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Strategies Health Care Leaders Use to Implement Strategic Change Initiatives Successfully

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Sophia F. Brown

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Walden University
2020

Abstract

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Successfully

by

Sophia F. Brown

PhD, Walden University, 2012

MSN, New York University, 2008

BSc, University of Technology, 2000

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Business Administration

Walden University

June 2020

Abstract

Health care organizations lose a significant competitive edge when leaders fail to align strategic change initiatives with necessary operational activities. Health care leaders who struggle to maintain a competitive edge are at high risk for failure. Pettigrew and Whipp's content, process, and context strategic change management and Hoshin Kanri (HK) program deployment models constituted the composite conceptual framework for this study. The purpose of this qualitative multiple case study was to explore strategies health care leaders use to implement strategic change initiatives successfully. The participants comprised of 4 strategic change leaders from 2 health care organizations in Manhattan, New York, who successfully implemented strategic change initiatives. Data were collected from semistructured interviews, company documents, and archival records and analyzed using methodological triangulation, coding, and thematic analysis. Themes emerged were situational awareness, communication, and leadership strategies. A key recommendation includes the need for health care leaders to approach strategic change implementation from a holistic approach to increase execution success. The implications for positive social change include the potential for health care leaders to create employment opportunities and improve the health and well-being of members in the community.

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Dedication

I dedicate this study to my two children, Sasha and Joshua. Thank you for cheering me on to the end, even when it meant personal sacrifice. My endurance and commitment to complete this course of study is an example for you to remember that hard work brings real joy and that you can achieve anything once you apply yourself and never give up. To my late mom, Daphne, even though you are sleeping the values you instilled in me live on. I hope to share this with you one day. To my sister, Renae, for being the ultimate friend and cheerleader; thanks for always believing in me. To my husband, Dr. Adekola, for supporting me in your unique and quiet way. Thank you for being my village; I could not have accomplished this without each of you, my support system.

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Section 1: Foundation of the Study

Business and corporate strategic plans have little value without implementation (Greer, Lusch, & Hitt, 2017). Strategic change is necessary for organizational growth and business success (Issel, 2016). Leaders must integrate strategic change initiatives into the work of frontline staff to realize competitive advantage (Ukil & Akkas, 2017). The misalignment between strategic goals and operational activities results in failures that are disruptive, costly, and threaten the economic viability of companies globally (Fedato, Pires, & Trez, 2017). The purpose of this study was to explore strategies health care leaders use to implement strategic change initiatives successfully.

Background of the Problem

Strategic change implementation is critical for business success (Issel, 2016). In health care, strategic change implementation is necessary to stem the rising health care cost, address disparity and access issues, mitigate supply and demand concerns, improve poor patient outcomes, adopt new technologies, and conform to regulatory mandates (Chin et al., 2018; Keehan et al., 2017; Naranjo-Gil, 2015). Health care leaders must understand the positive and negative impact of strategic change implementation on staff, workflows, and organizational processes (Mork, Krupp, Hankwitz, & Malec, 2018; Sarnikar & Deokar, 2016). Failure to successfully implement strategic change initiatives can worsen the already high health care cost and increase patient safety concerns (Mtebe & Nakaka, 2018; Palmer et al., 2018). Before embarking on strategic change implementation initiatives, leaders must assess organizational readiness and ability to

sustain the change and mitigate high-risk conditions to prevent failure (Timmings et al., 2016).

Most strategic change initiatives fail at implementation (Greer et al., 2017; Ukil & Akkas, 2017). According to Sull, Homkes, and Sull (2015), strategic change initiatives fail due to a lack of collaboration and coordination of activities among all members of the organization. Systems issues, staff reaction, and the intervention itself are barriers or facilitators of successful strategic change initiatives (Geerligs, Ranklin, Shepherd, & Butow, 2018). The management of system factors like environmental context, culture, organizational inertia, communication processes, leadership, and technology determine strategic change success (Bashir & Verma, 2019). Leaders must consider employees' attitude, behavior, and readiness for the change and employ strategies to mitigate adverse reactions that threaten successful implementation (Thakur & Srivastava, 2018).

The ease of integration and presence of organizational support can facilitate or inhibit change success (Geerligs et al., 2018). Leaders should help employees make sense of the change and identify strategies to integrate the change in current practice (Kraft, Sparr, & Peus, 2018). Tailoring change to match the intended context is critical for success (Boyd, Powell, Endicott, & Lewis, 2018). In addition to context, leaders must evaluate the relevance of content, process, and leadership style on strategic change success (Ahmad & Cheng, 2018). The objective of the current study was to explore the strategies health care leaders use to implement strategic change initiatives successfully.

Problem Statement

Health care organizations lose a significant competitive edge when leaders fail to align strategic change initiatives with necessary operational activities (Tang & Liu, 2016). Seventy percent of strategic change initiatives fail because of poor strategy execution (Ngan & Chung, 2017). The general business problem is some health care leaders are unable to implement strategic change. The specific business problem is some health care leaders lack strategies to implement strategic change initiatives successfully.

Purpose Statement

The purpose of this qualitative multiple case study was to explore strategies health care leaders use to implement strategic change initiatives successfully. The target population consisted of four leaders from two health care organizations in Manhattan, New York who have successfully implemented strategic change initiatives. The implications for positive social change include the ability to improve the social and human conditions of members of the community. Patients and health care recipients may benefit from access to safe health care, leading to fewer medical errors, treatment disparities, and premature deaths. Communities may benefit from more employment opportunities, improvement of the standard of living for residents, more cost-effective health care services, and having a healthy local workforce.

Nature of the Study

Qualitative, quantitative, and mixed-methods research are standard methods used by researchers when conducting a study (S. Turner, Kane, & Jackson, 2015). The qualitative method is appropriate to understand the meaning of a social phenomenon

through the interpretive process of analyzing data collected during semistructured interviews (Saunders, Lewis, & Thornhill, 2016). For this study, I selected the qualitative method to understand the strategies health care leaders use to execute strategic change successfully in the real-life setting of their organizations. Researchers use the quantitative method to examine relationships or differences between variables (Counsell, Cribbie, & Harlow, 2016). The quantitative method was not ideal for this study because the purpose was not to test hypotheses or examine variables' relationships or groups' differences. Turner, Cardinal, and Burton (2017) described mixed-methods research as the combination of both qualitative and quantitative methodologies into one study to provide a broader perspective and overcome the limitations of each approach to an inquiry. The mixed-methods approach was not appropriate because statistical testing was not necessary to achieve the purpose of this study.

Five designs in qualitative methodology are ethnography, grounded theory, phenomenological, narrative research, and case study (Saunders et al., 2016). The ethnographic design allows researchers to study cultural groups in their natural setting over a prolonged period (Davies, 2015). The study of cultural groups was not necessary to answer the research question in the current study. The grounded theory design enables the researcher to develop an abstract theory of a process or phenomenon grounded in the views of a group of participants (Corley, 2015). The grounded theory approach was inappropriate for the current study because the development of a theory was not required to achieve the purpose of the study. Researchers using the phenomenological design conduct semistructured interviews and prolonged engagement to understand the

meanings of lived experiences of the study participants about an event or phenomenon (Marshall & Rossman, 2016). The phenomenological approach was inappropriate for the current study because understanding the meanings of the lived experiences of participants was not the purpose of the study. The narrative design that includes person-to-person storytelling is used by researchers to understand participants' life experiences through folklore, drama, and oral history (Parker, Dickens, & Herlihy, 2019; Saunders et al., 2016), which was not appropriate for the current study. Researchers use the case study design to explore a phenomenon within an existing context and use diverse data sources to gain a holistic understanding (Larrinaga, 2017; Yin, 2018). The case study design was appropriate for the current study because I explored the strategies health care leaders use to implement strategic change initiatives successfully.

Research Question

The central research question for this study was the following: What strategies do health care leaders use to implement strategic change initiatives successfully?

Interview Questions

1. What strategies do you apply to implement strategic change initiatives?

2. What processes, techniques, or approaches do you use when implementing strategic change initiatives in your organization?

3. What strategies do you use to ensure that strategic change initiatives align with operational activities?

4. What execution strategies failed to result in the successful implementation of strategic change initiatives?

5. What were the key types of challenges you experienced when implementing strategic change initiatives?

6. What additional information regarding the strategies used to implement strategic change initiatives within your health care organization would you like to share?

Conceptual Framework

Pettigrew and Whipp's (1992) content, process, and context model of strategic change management and the Hoshin Kanri (HK) program deployment model (Akao, 1991) constituted the composite conceptual framework for this study. Pettigrew (1990) disagreed with the linear approach to strategic change management and emphasized the need to describe and analyze processes of change as dynamic and context based. The components of Pettigrew and Whipp's strategic framework are context, content, and process. Successful change is a result of the interplay among the content (or what) of change, the process (or how) of change, and the context (or where or why) of the change (Stetler, Richie, Rycroft-Malone, Schultz, & Charns, 2007). The content of change is the substance or the aspect of the organization undergoing the change (Nelson, 2003). The context of change is divided into the inner and outer context. According to Pettigrew (1987), the inner context of change describes the organizational elements that influence the change process, and the outer context refers to the social, political, economic, and competitive environment in which the change occurs. The process of change relates to the actions, interactions, and series of events necessary for change to happen (E. Hage, Roo, van Offenbeek, & Boonstra, 2013).

HK is a planning, implementation, and review framework that links the business strategy to execution (Witcher & Butterworth, 1997). According to Witcher and Chau (2007), HK is an integrative cross-functional approach that provides firms with the capacity to sustain strategic change through the management of priorities across all levels of the organization. The components of the HK model are focus, alignment, integration, and review (Da Silveira, De Lima, Da Costa, & Deschamps, 2017). Business leaders employing the HK guidelines use a process of goal alignment and horizontal and vertical communication and deployment to successfully implement change (Nicholas, 2016).

Operational Definitions

Catchball: Catchball is a two-way, top-down, bottom-up communication process that facilitates the sharing and distribution of plans and objectives within the organization (H. Ahmed, 2016).

Hoshin Kanri: Hoshin Kanri is a management approach that creates a bridge between strategic goals and daily operational activities (Nicholas, 2016).

Organizational change readiness: Organizational change readiness is the extent to which employees are prepared psychologically and behaviorally for the implementation of a change (Zainun, Johari, & Adnan, 2018).

Organizational culture: Organizational culture is a set of values and beliefs that dictates the behaviors and norms of employees (Mohelska & Sokolova, 2018).

Strategic change: Strategic change is a radical organizational change that is consciously initiated by top management, which creates a shift in priorities, structure, and key activities that go beyond incremental changes (Joshi & Jha, 2017).

Strategic change initiatives: Strategic change initiatives are discretional projects designed to help an organization achieve targeted performance (Ngan & Chung, 2017).

Strategy execution: Strategy execution is the translation of a chosen strategy into organizational actions to implement the activities required to achieve strategic goals and objectives (Dyer, Godfrey, Jensen, & Bryce, 2016).

Assumptions, Limitations, and Delimitations

Assumptions

Assumptions influence the value of the research (Noble & Smith, 2015). Assumptions are necessary assertions of the study that researchers cannot confirm, and without them the study cannot exist (Leedy & Ormrod, 2016). I assumed that participants would answer questions honestly and accurately, data collection techniques and instruments would be sufficient to answer the research question, and participants would be available for interviews and member-checking procedures. Based on my interactions with the participants, I believed participants were honest in answering the interview questions, the instrument was appropriate to get answers to the research question, and participants were available for interview and member-checking procedures.

Limitations

Limitations are inherent weaknesses in the study that the researcher cannot control and may hinder generalizability of the outcomes (Leedy & Ormrod, 2016; Morgado, Meireles, Neves, Amaral, & Ferreira, 2017). Studies conducted using the case study design have limited generalizability. Qualitative study findings are not generalizable, but the findings may be transferable if the research is bounded and based

in a specific context (Marshall & Rossman, 2016). When using the case study design, the researcher is both the instrument and the interpreter of the findings, exposing the risk of personal bias threatening the quality of the research (Yin, 2018). Awareness of personal prejudice and prejudgment is necessary before beginning the interview process (Moustakas, 1994). During the study, I bracketed activities for each phase of the research process. I exercised self-awareness throughout the process, used several sources of data to confirm findings, and included rich data description to increase objectivity. Netcoh (2017) identified time as a limitation of studies that include the case study design. The findings of this study were limited by the data collection period because changing conditions within the same organization may have produced a different result based on the collection time.

Delimitations

Delimitations are the characteristics that define the boundaries and limit the scope of the study (Qiu & Gullett, 2017). Researchers have control over delimitations of the study (Leedy & Ormrod, 2016). Delimiting factors include the research problem, research questions, sample size, and population selected (Yin, 2018). The purpose of this study was to explore strategies health care leaders use to implement strategic change initiatives successfully. Participants were leaders involved in successful strategic change implementation at two health care organizations located in Manhattan, New York. There may be leaders in different geographical locations or industries who have successfully implemented strategic change, but they were not within the scope of the current study.

Only leaders who are directly involved in the strategic change implementation process at the selected health care organizations were invited to participate in this study.

Significance of the Study

Health care leaders control cost and enhance health care quality by implementing strategic change initiatives to improve efficiency and maintain competitive advantage (Khalifa & Zabani, 2016; Seo, Park, & Lee, 2016). The successful implementation of strategic change initiatives is necessary for organizations' growth and health (Gębczyńska, 2016; Naranjo-Gil, 2015). The results of this study may increase health care leaders' awareness of the ability to execute strategies that may result in the successful implementation of strategic change initiatives.

Contribution to Business Practice

The findings of this study may contribute to business practice by identifying strategies health care leaders employ to implement strategic change initiatives successfully. Implementing strategic change initiatives may cut costs incurred due to inefficient processes such as overtreatment, billing failures, waste, and fraud and abuse (Anthony, 2017; Escobar-Perez, Escobar-Rodriquez, & Bartual-Sopena, 2016). Successful implementation of strategic change initiatives will reduce inefficiencies and lower health care cost (Lyu et al., 2017).

Implications for Social Change

The social change implications of this study include raising awareness of strategies that may be used to implement strategic change initiatives successfully, deliver more efficient and cost-effective health care, decrease medical errors and mortality rates,

and provide opportunities for families to improve social status through access to health care and increased employment opportunities. Inefficiencies in the health care system lead to health care access disparity and increase mortality rates of members of the community (Kindig, Nobles, & Zidan, 2018; Peterson, Belakovskiy, McGrath, & Yarrow, 2018). When health care cost is high, families may need to choose between food, education, shelter, and addressing their health care needs (Waal & Heijtel, 2017). Health care organizations that are successful at implementing strategic change initiatives may provide more employment opportunities for families in the social environment, improve the social and physical well-being of consumers, and increase the socioeconomic status of families. The social change implication for the successful implementation of strategic change initiatives in health care may have a positive impact on the health and well-being of health care consumers, providers, families, and community members.

A Review of the Professional and Academic Literature

The intent of this qualitative multiple case study was to explore strategies health care leaders use to implement strategic change initiatives successfully. In the literature review, researchers synthesize existing research on the topic and justify the need for additional studies about the problem (Marshall & Rossman, 2016). In the current study, a literature review was necessary to validate the problem, inform the research and interview questions, and support data triangulation. Researchers recommend a continuous literature review throughout the research process to maintain awareness and relevance of the research question under study (Onwuegbuzie, Frels, & Hwang, 2016; Onwuegbuzie & Weinbaum, 2016).

Pettigrew and Whipp's (1992) content, process, and context strategic change management model and the HK program deployment model constituted the conceptual framework for this study. The practice of studying strategic change as a linear, discrete entity within an organization without consideration for context, history, and process is inadequate (Pettigrew, 1987). Leaders must adopt a holistic approach to the study of change within organizations (Pettigrew & Whipp, 1992). The HK model provides a feedback loop in the strategic management process that links strategy to the operational level of the organization (Da Silveira et al., 2017). Understanding how health care leaders align, communicate, and implement successful strategic change initiatives may create awareness of how to reduce the number of failed implementations. According to Ngan and Chung (2017), 70% of strategic change initiatives fail within organizations. In this section, I begin with a review of Pettigrew and Whipp's (1992) strategic change model and the HK program deployment model as the conceptual framework for the current study. I also review alternative theories that were considered. Then I examine the strategies leaders use to implement successful strategic change initiatives. Subtopics included in the literature review are health care overview, strategic change implementation, strategy execution and alignment, facilitators and barriers to strategic change implementation success, and sustaining strategic change.

Primary research databases I used for this research were ABI/INFORM, Business Source Complete, EBSCO, Emerald Management Journals, Google Scholar, and SAGE. I searched a collection of peer-reviewed journals, dissertations, and textbooks to locate credible sources to gain an understanding of the current body of knowledge available to

support or contest the topic. The key words included *strategic change initiative*,

Pettigrew and Whipp strategic change, *Hoshin Kanri (HK) policy deployment model*,

health care, and *strategy alignment*, *change management*, and *sustaining change*. This

study included 331 sources, of which 292 (89%) were peer reviewed and 278 (95%) were

published within the last 5 years. A total of 184 sources are cited in the literature review,

of which 169 (97%) were peer reviewed.

Conceptual Framework

Pettigrew and Whipp strategic change theory. Pettigrew and Whipp's (1992)

strategic change model was used to understand the context, process, and content factors

that contribute to the successful implementation of strategic change within organizations

(see Figure 1). Pettigrew and Whipp (as cited in Koch & Friis, 2015; Panday, 2015)

developed their strategic change model to understand how to manage change for

competitive success within an organization. Traditional organizational change

management models describe change as an ordered and linear process of information

processing and rational choices (Bakari, Hunjra, & Niazi, 2017; Burnes & Bargal, 2017).

Pettigrew and Whipp's strategic change model deviated from traditional views and

emphasized the need to understand how the presence of conflicting interest, politics, and

culture influence change success (Sminia, 2016). According to Pettigrew (1987),

organizational change is a complex process that requires multilevel analysis over a

prolonged period and within a specific context.

Leaders must consider the internal (or microeconomic) and external (or

macroeconomic) factors that influence the change and explains the why of change

(Pettigrew & Whipp, 1992). The internal factors are the organizational elements that impact the change, such as resources, skills and capabilities, culture, and organizational politics (Pettigrew, 1987). The external factors are elements within the broader environment whose activities impact the change within an organization, such as politics and economic conditions (Dyer et al., 2016). Successful change leaders consider the internal capacity of the organization and climate of the external environment when implementing strategic change initiatives (Bunea, Dinu, & Popescu, 2016). During the implementation of strategic change initiatives, leaders must ensure that the organization is ready and the environmental conditions are suitable to influence success.
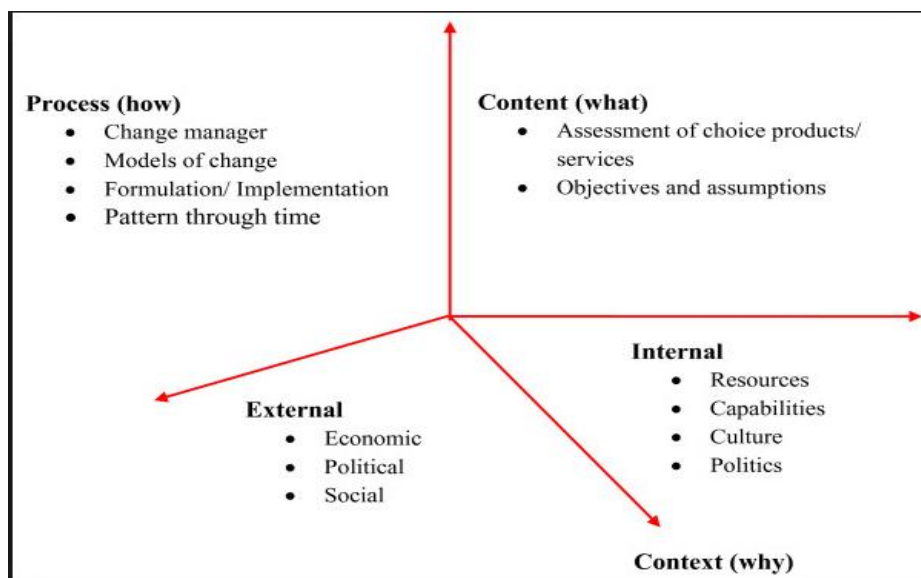
Figure 1. Dimensions of strategic change. Adapted from *Managing Change for Competitive Success*, p. 26, by A. Pettigrew and R. Whipp, 1991, Oxford, England: Basil Blackwell. Copyright 1991 by Basil Blackwell. Adapted with permission.

Content refers to the aspects of the organization affected by the change, such as technology, human resources, product, or culture (Pettigrew, 1987). The content dimension of change addresses the what of change. The content of change influences the

choice of service, objectives, and assumptions affiliated with the change (Pettigrew &

Whipp, 1992). According to Ahmad and Cheng (2018), the content of change may

address the impact of the change on the people of the organization. Employees are

affected by organizational change, and their actions and reactions determine success (Hon

& Lui, 2016). Employees' openness to the content of change influences acceptance and

success of strategic change initiatives (Augustsson, Richter, Hasson, & Schwarz, 2017).

Employees' behavior and commitment are necessary for successful change

implementation (Shah, Irani, & Sharif, 2016; Thuy & Van, 2020). Change leaders must

prepare employees for the change and implement strategies to encourage acceptance.

The process of change describes the actions, reactions, and interactions of

stakeholders as they transform the organization from the present state to the future state

(Pettigrew, 1987). An analysis of the process describes the how of change. Effective

process management is necessary for successfully deploying strategic change within an

organization (Gębczyńska, 2016). According to Pettigrew and Whipp (1992), the process

dimension of change addresses issues like social, political, and cultural factors within the

macro- and microeconomic environment. When exploring the process of change, leaders

must also discuss the role of the change manager, models of change, change formulation

or implementation, and the pattern of change through time (Dyer et al., 2016). In the

current study, I examined the change process from the implementation and deployment

perspective to understand the techniques, actions, and strategies health care leaders

employ to ensure the successful implementation of strategic change initiatives.

Hoshin Kanri policy deployment model. The HK policy deployment model also

provided a conceptual lens for this study. According to Akao (1991), HK is a planning,

implementation, and review framework for the management of change. In the 1950s, the

Japanese Union of Scientists and Engineers invented HK based on the teachings of Peter

Drucker (Da Silveira et al., 2017). HK became popular in Japan during the 1960s when

Bridgestone Tire Institute used it as a management system integrated with their total

quality control methodology (Akao, 1991). The first reported application of HK outside

of Japan was in 1989 by the Florida Power and Light Company in the United States

(Paraschivescu & Bacovia, 2018). HK has since been adopted in several industries and

processes such as manufacturing, education, quality management and lean initiatives,

human resource management, health care, and corporate social responsibility (H. Ahmed,

2016; Barnabe & Giorgino, 2017; Chiarini, 2016; Melander, Lofving, Andersson, Elgh,

& Thulin, 2016; Nicholas, 2016; Su & Yang, 2015). HK has also been successfully

adapted by some well-known multinational industries like Hewlett Packard, Fuji-Xerox,

Texas Instruments, A&T Lucent Technology, Rover Group, Tyco, Nissan, and Toyota

(Chiarini, 2016; Su & Yang, 2015).

Organizations that have adapted HK have reported several benefits and success

factors. Some benefits of HK are aligning stakeholders within the organization to a few

high-impact objectives, promoting organizational learning through process improvement

and root cause corrective action, and providing standardized user reporting on projects

(Nicholas, 2016; Su & Yang, 2015). During the implementation of HK, successful

leaders exhibit flexibility and employ extensive scanning and engagement (Melander et

al., 2016). Leaders must balance flexibility and formalization with policy deployment. When applied to corporate social responsibility, HK is more flexible than balanced scorecard, and the catchball feature creates consensus among managers and promotes staff involvement (Chiarini, 2016). In addition to flexibility, leaders must develop and document policies to support the change process (H. Ahmed, 2016).

When implementing strategic change, leaders must stay focused and lead the organization through the change (Dyer et al., 2016). The HK deployment model ensures that management and staff work together in the same direction toward a common strategic goal through vertical and horizontal alignment of the objectives and targets (H. Ahmed, 2016). HK aligns corporate strategic objectives with plans and activities and with middle management, teams, and the work completed by employees at the operational level (Barnabe & Giorgino, 2017). The HK planning process is successful because consensus is achieved by all members of the organization around the high-priority initiatives before engaging in project completion activities (Nicholas, 2016). In associating projects with high-priority initiatives, leaders assign resources like staffing and equipment to accomplish the change (S. Ahmed & Abdullahi, 2017).

Monitoring and evaluating are necessary for successful project implementation (Abdi & Kisimbii, 2017). Leaders must implement a rigorous review process to monitor alignment of strategic goals with project activities and proactively identify conditions that threaten project success. HK provides a systematic approach to integrate organizational strategy into daily routine through the adequate deployment of policies at all levels of the

organization supported by a review process (Tortorella, Cauchick-Miguel, & Gaiardelli, 2018).

There are several steps in the HK implementation process. Nicholas (2016) identified common themes associated with HK: vision, strategy, medium, and long-term goals; cascade goals and objectives, catchball and cross-functional management, means, ends, and targets; objectives linked to daily work, review, and control, and plan-do-check-act (PDCA). Leaders implement HK in four phases: focus, alignment, integration, and review (Ozkavukcu & Durmusoglu, 2016). Setting strategic goals is the first step in the HK planning process and should be guided by the organization's mission and recycled annually (Da Silveira, De Lima, Deschamps, & Da Costa, 2018). Organizations should focus efforts by identifying three to five breakthrough goals that account for the vision and long-term strategy of the organization, and should allocate resources and set targets to achieve them (Nicholas, 2016). Business leaders are encouraged to develop core objectives from the breakthrough goals and deploy them to every department to execute (Ozkavukcu & Durmusoglu, 2016).

Alignment is the phase in which the catchball method is used to cascade deployment of objectives vertically and horizontally in the organization (Da Silveira et al., 2018). H. Ahmed (2016) described catchball as the two-way, top-down, bottom-up process that facilitates the sharing and distribution of plans and objectives within the organization. The catchball mechanism is used to cascade the deployment of policies and plans throughout each level and department of the organization to foster alignment, agreement, and commitment (Da Silveira et al., 2018). The process of implementing

goals, objectives, plans, targets, and controls throughout all levels of the organization is called cascading (H. Ahmed, 2016; Nicholas, 2016). HK provides a cross-managed bridge between cross-functional teams and daily management (Akao, 1991). In cross-functional management, high-level objectives that cross the boundaries of business functions are effectively managed, which results in all departments moving in the same direction with alignment of efforts around the few established objectives (Da Silveira et al., 2018).

With HK, an integrated process is used to address goals, means, and targets. Integration is the phase in which employees engage in daily activities to accomplish the plan (Ozkavukcu & Durmusoglu, 2016). In the HK model, the purpose of each organizational level is to establish the actions or means necessary to accomplish the goals and targets set by the level above (Nicholas, 2016). Horizontal and vertical communication is facilitated in this process because managers interact with their supervisors and subordinates in setting and deploying goals (Chiarini, 2016). Objectives are also linked to daily work and operational activities and facilitate a closed loop process that promotes continuous improvement and organizational learning (Melander et al., 2016).

Reviews and controls ensure oversight of the HK process. The review phase is the checking cycle in which annual diagnosis, reflection, and learning occur (Nicholas, 2016). During the review cycle, plans are realigned with targets, and lessons learned are incorporated in plans (Melander et al., 2016). HK employs a rigorous review process that includes progress report presentation and assessment of achieving targets versus plans,

root cause analysis of failures, and corrective action plans (H. Ahmed, 2016). The review

process comprises self-assessment and problem diagnosis by all stakeholders, including

unit leaders, department and division executives, and the president (Akao, 1991).

Reviews are data driven and conducted in a reverse cascade process in which managers

meet weekly, monthly, and quarterly to assess performance, and the president prepares an

annual diagnosis report that is used to adjust plans and set breakthrough goals (Nicholas,

2016; Su & Yang, 2015). According to Paraschivescu and Bacovia (2018), HK employs

process management and performance measurement to ensure annual goal achievement.

Synthesis of Conceptual Framework

The conceptual framework for this study was a composite of Pettigrew and

Whipp's (1992) content, context, and process of change model and the HK policy

deployment model. Adapting Pettigrew and Whipp's perspectives to strategic change

management provides health care leaders with an understanding of the drivers of change

and the internal and external factors that influence strategic decision-making (May,

Johnson, & Finch, 2016). Pettigrew and Whipp's strategic change model allow for an

understanding of the impact of organizational culture, management styles, and leadership

on successful change implementation (Da Silveira et al., 2017). Although Pettigrew and

Whipp presented a dynamic model to view strategic change from a holistic perspective,

reported weaknesses are lack of focus, concreteness, and implementation difficulty

(Sminia, 2016). To circumvent these weaknesses, I incorporated HK or policy

deployment to understand the actions necessary to implement strategic change at the

operational level of the organization. HK is a focused framework that outlines discrete

steps in the execution process that are essential to create a link between strategy and daily operations (Da Silveira et al., 2017; Nicholas, 2016). In the current study, Pettigrew and Whipp's model was used to explain the contextual and structural aspects of strategy management, and HK provided a focused understanding of the process of converting strategic goals into operational activities.

Alternative Theories

Kotter's change management approach is used by organizational leaders to lead people through strategic change initiatives. Kotter (1996) described change as a social process where managers guide employees through an 8-step method of creating a sense of urgency, building a guiding coalition, developing a vision and strategy, communicating the vision, empowering employees into action, generating short wins, consolidating the change, producing more change, and anchoring the approach into the culture. Researchers adopted Kotter's change management model to successfully implement strategic changes in health care (Baloh, Zhu, & Ward, 2018; Casey et al., 2017; Small, Gist, Souza, Dalton, & Magny-Normilus, 2016).

Although Kotter's model is useful, scholars criticize it for the top-down approach and inflexibility when applied to change implementation (Bakari et al., 2017; Calegari, Sibley, & Turner, 2015). Implementing change without conforming to the step by step approach outlined by Kotter increase the risk of failure (Baloh et al., 2018). Because organizations are complex systems, it is necessary to apply a holistic approach to implement successful change (Pettigrew & Whipp, 1992). In adopting a holistic approach to change implementation leaders must consider the influence of environmental factors.

Leaders who monitor the internal and external environment during change adoption

facilitates organizational learning and promotes successful change (Felin, Foss, &

Ployhart, 2015). It is essential to lead people through change using a flexible process that

is adaptable to the environment.

The total quality management (TQM) theory also provided support for the current

study. TQM was developed by Deming in the 1950s and focused on integrating quality at

all levels of the organization (Deming, 1986). The elements of the TQM framework are

customer satisfaction, employee empowerment, continuous improvement, visionary

leadership, and creation of value (Kar, 2017; Nahyan & All, 2017). Business leaders who

adapt TQM tools and techniques to processes, improve organizational performance by

eliminating inefficiencies (Cho, Jung, & Linderman, 2017; Yousef & Yousef, 2017).

Success of TQM results from the plan-do-study-act control and feedback process (Park,

Kim, Kwon, & Yu, 2017). When applied to strategic change implementation in health

care, TQM may increase success by reducing variation in practice through

standardization, employee empowerment, department, and team integration, unified

organizational culture, and continuous learning (Ishanka & Gooneratne, 2018; Yousef &

Yousef, 2017).

Lean principles and tools which originated in the Toyota production system are

used to reduce waste and improve consumer value (Womack & Jones, 1996). Lean is a

systematic approach to strategy design, implementation, and measurement (Calopa,

Kokot, & Kokotec, 2020; Stalberg & Fundin, 2018). According to Raja, Vijaya, and Raju

(2018), leaders use Lean strategies to improve operational efficiency, remove waste, and

non-value-added activities. Lean organizations enhance performance among frontline

staff through employees' involvement and training (Bai, Satir, & Sarkis, 2019). Leaders

employ Lean principles like root cause analysis to solve problems, ensure smooth flow of

information throughout the system, standardization work, and promote effective

teamwork (Gupta, Sharma, & Sunder, 2016).

Like HK and TQM, Lean leaders use a plethora of tools to implement changes at

the operational level of the organization (Nicholas, 2016). Tools like value stream

mapping, PDCA cycle, spaghetti, and cause-and-effect diagrams are used to visualize and

optimize activities (Kovacevic, Jovicic, Djapan, & Zivanovic-Macuzic, 2016;

Realyvasquez-Vargas, Arredondon-Soto, Carrillo-Gutierrez, & Ravelo, 2018). Although

some leaders employ Lean successfully to improve processes and operational efficiency,

there is a high failure rate of these initiatives due to lack of commitment to change and

haphazard applications of the Lean principles and tools (Aij & Rapsaniotis, 2017;

Chiarini & Baccarani, 2016; Coetzee, van der Merwe, & Van Dyk, 2016).

Additionally, the implementation of Lean principles increases occupational stress

among employees and threaten change success (Stimec & Grima, 2019). Regardless of

criticisms leaders have successfully implemented Lean in health care to execute strategic

change, support a learning culture, reduce cost, and provide value to consumers

(Goodridge, Westhorp, Rotter, Dobson, & Bath, 2015). Implementing change initiatives

at the operational level of the organization is complicated, but business leaders who

employ dedicated policy deployment principles and utilize performance measurement

tools like Lean and HK may experience more success with strategic change

implementation (Barnabe & Giorgino, 2017).

Health Care Overview

The United States health care system is in crisis and needs reformation. The rising

cost of products and services is a significant driver of strategic changes in health care.

Health care spending increased by $933.3 billion between 1996 to 2013 with the price of

services accounting for 50% of this rise (Dieleman et al., 2017). The upward trend in

health care spending continues. In 2015, health care spending increased by 5.8% and

reached $3.2 trillion costing $9,990 per person annually to receive care (Martin, Hartman,

Washington, & Catlin, 2017). Keehan et al. (2017) predicted this growth would result in a

rise in the health care share of the gross domestic product from 17.8 percent in 2015 to

19.9 percent by 2025.

Even with the high cost of health care, U.S. citizens experience poor quality of

care and health outcomes. Americans spend more on health care than any other country

in the world, although they experience lower health outcomes and shorter life expectancy

(Squires & Anderson, 2015). While health care spending is high, the positive impact on

health outcomes is not apparent, and this may be due to process inefficiencies. Thirty-five

percent of wasteful spending in health care is due to clinical waste, excessive prices, and

fraud and abuse (Sahni, Chigurupati, Kocher, & Cutler, 2015). Lyu et al. (2017)

conducted a study among medical doctors in the American Medical Association database

and found that clinicians reported that 30-45% of medications prescribed, and tests and

procedures done are unnecessary. According to Joudaki et al. (2016), 10% of the annual

health care expenditure accounts for fraud and abuse violations. Health care fraud and abuse manifest in charging excessively for services, misusing codes on claims, making illegal referrals, soliciting or accepting remuneration for services reimbursed by federal programs, and submitting false claims (McWay & Kurian, 2017).

Strategic change is necessary for the U.S. health care system to remain viable. The current health care infrastructure is not conducive to transforming health care in the manner needed to maintain a competitive advantage. The strategy to fix health care includes replacing the fragmented health care system with an integrated delivery model, reimbursing for value, not volume, and providing better system oversight (Porter & Lee, 2013). Much of the increase in spending is due to the change in population size, the aging population, disease prevalence, and incidence, cost of care, high insurance premium, and technology (Dieleman et al., 2017; Hartman, Martin, Espinosa, & Catlin, 2018; Nilsen, Seing, Ericsson, Birken, & Schildmeijer, 2020). According to Santilli and Vogenberg (2016), macro environmental issues like pricing pressures, educational gaps, and the inefficient payment structure would continue to drive change in health care. Researchers found that applying the recommendations of Porter and Lee which includes a shift to integrated practice units adds value and improve patient outcomes (Low et al., 2017). Leaders must change the current health care delivery model to transform health care into a value-added industry.

Strategic Change Implementation

The implementation of strategic change is necessary for organizational growth and competitiveness. Strategy implementation or execution is the process of informing,

translating, and executing activities needed to achieve strategic goals (Dyer et al., 2016).

Strategy implementation follows the strategy formulation process (Lindsay, Jack, &

Ambrosini, 2018). Chief executive officers (CEOs) and board executives formulate

strategies for the organization to achieve success (O'Shannassy, 2016; Sarros, Sarros,

Cooper, Santora, & Baker, 2016). A strategy is only as good as its implementation.

Researchers found that only 10-30% of strategic change initiatives are implemented

successfully (Candido & Santos, 2015). The high failure rate of strategic change

initiatives may be due to the disconnection between strategy formulation and

implementation (Oskooee, 2017). Top executives formulate strategies but fail to involve

lower-level managers or provide guidance on how to implement changes throughout the

organization (Greer et al., 2017). During strategy formulation, executives should consider

resources and provide the support necessary for employees to successfully implement the

strategy (Leonardi, 2015). Without successful strategy implementation, it is difficult for

organizations to maintain competitive advantage (Mukerjee, 2016). Leaders should

establish clear links between strategy formulation and implementation to reduce the

failure rate of strategic change initiatives.

Continuous environmental changes create a sense of urgency for organizations to

implement strategic changes to remain viable (Andreeva & Ritala, 2016). Leaders must

choose the best strategic initiatives to increase the chance of survival (Galpin, 2018).

Leaders who are short-sighted when selecting change initiatives and setting the strategic

direction of the organization experience higher failure rates (Sull, Turconi, Sull, & Yoder,

2018). Demands created from the external environment, forces change in the internal

environment which generates tension that either increase or decrease change adoption (Dominguez, Galan-Gonzalez, & Barroso, 2015). Excessive change occurs when the demand for the change is greater than resources and will result in a negative reaction from employees (Johnson, 2016). Successful leaders choose appropriate strategic change initiatives and create an ideal implementation environment.

Health care leaders attempt to balance supply and demand limitations by implementing multiple strategic change initiatives simultaneously. Implementing multiple simultaneous change initiatives is stressful to the organization and employees affected by the change (Aslam, Ilyas, Imran, & Rahman, 2016). The implementation of strategic changes impacts the whole organization, alters strategy, and affect the structure, process, and people (Joshi & Jha, 2017). Consequently, the successful implementation of strategic change requires mobilization and coordination of resources controlled by managers at different levels of the organization (Dominguez et al., 2015; Sull et al., 2015). Because of resource limitations and the disruptive nature of change, organizations should implement no more than three to five major strategic change initiatives simultaneously (Galpin, 2018). When implementing strategic change initiatives leaders must be mindful of the impact of the change on the organization and employ strategies to mitigate the risk of failure.

Leaders should stay focused but exhibit flexibility when implementing strategic change initiatives. Maintaining the focus of the organization on the strategy is important to achieve success (Tawse, Patrick, & Vera, 2019). Effective leaders have the necessary focus and organizational skills to execute the strategy (Friis, Holmgren, & Eskildsen,

2016). Regrettably, organizations easily lose focus and take on other initiatives even before the complete implementation of one strategy (Lindsay et al., 2018). Leaders who focus the organization around a few specific strategic objectives are successful at reducing distractions and inefficiencies in change processes (Melander et al., 2016). Not all changes are necessary, and employees become disgruntled and disinteresting when implementing unnecessary changes (Lv & Zhang, 2017).

Strategy execution takes time and depletes the resources of the organization (Lowy, 2015). Furthermore, strategic change initiatives trigger the need for resource reevaluation and redistribution across the organization which may result in unexpected consequences (Li & Xu, 2020; Wiedner, Barrett, & Oborn, 2017). Strategic change initiatives fail because leaders abandon implementation efforts too soon (Conbrere & Heorhiadi, 2017). Leaders must be prepared for disruptions caused by strategic change initiatives and should not quit strategy when unexpected events occur.

Strategy implementation is the process of making the strategy unfold and successfully achieve the strategic objectives of the organization. Features of strategy implementation are having an action plan, strategy, leadership, and maintaining focus. The recipe for successful strategy execution involves creating clear objectives for people to follow, finding ways to measure performance, holding people accountable for their actions accurately, and rewarding excellent performance (Dyer et al., 2016). During implementation, leaders must decompose the strategy into activities and cascade the change throughout the organization (Gębczyńska, 2016). Leaders should reflect corporate strategy in specific plans and schedules, assign them to different departments, processes,

and individual working positions for execution (Nicholas, 2016). Action plans should

include a timeline, responsible parties, and a review process with appropriate corrective

action (Friis et al., 2016). Leaders use key performance indicators (KPIs) to measure

progress toward the attainment of action plans and change outcomes (Spackman et al.,

2019). KPIs are necessary because they provide management at various levels of the

organization with useful feedback and insight into the strategic change initiative

(Kuhfahl, Sehlke, Sones, & Howard, 2018). Successful leaders establish performance

criteria for the change and measure progress toward goal achievement.

Strategy Execution and Alignment

Alignment is a critical success factor in strategy execution. Alignment is the

degree to which design, strategy, and culture of an organization cooperate to achieve a

common or shared goal (Volk & Zerfass, 2018). Implementing a new strategy requires

alignment of resources and internal capabilities to the organizational context (Fedato et

al., 2017). To achieve success, leaders employ techniques such as informing, involving,

enhancing, motivating, and evolving when aligning structures, processes, and behaviors

among individuals in an organization (Hilligoss, Song, & McAlearney, 2017). Strategy

implementation involves widespread organizational changes so leaders must utilize

alignment strategies to increase success.

Alignment is the foundation of effective strategy execution. When considering

alignment, it is necessary to include business units, resource commitment, policies,

operations, structure, best practices, and culture (Sushil, 2017). Alignment of strategy at

the operational level occurs through synchronization between staff activities,

measurements of operational factors, and the use of feedback and data from operations to optimize processes (McAdam, Miller, & McSorley, 2019). Lack of alignment leads to limited support for middle managers and staff who are critical to successful change implementation (Engle et al., 2017). Effective alignment helps in achieving consensus and better coordination among components of the strategy execution process (Nicholas, 2016).

Effective alignment of strategy at different levels of the organization such as structure, operations, and best practice assist in successful strategy execution. Structure - strategy linkage is important for successful strategy implementation (Sushil, 2017). Even when structural factors are considered most companies struggle with strategy execution (Ivancic, Mencer, Jelenc, & Dulcic, 2017). Although structure influences successful strategy implementation, other alignment factors positively contribute to strategic change success (Sushil, 2017). When implementing strategic change initiatives leaders should take a holistic approach and consider alignment from the perspective of the external environment, strategy, process, structure, culture, and people (Volk & Zerfass, 2018). Leaders must conduct frequent environmental scans and infuse findings into strategic change initiatives because changes in the environment may influence success (Ivancic et al., 2017). Alignment strategies that go beyond structural concerns may result in more successful strategic change implementations.

Leaders who apply alignment and integration strategies across departments and functions refocus the organization on primary organizational priorities and are more successful when implementing change initiatives (Alagaraja, Egan, & Woodman, 2017).

Creating alignment enhance team integration and purposeful allocation of organizational

resources (Recardo & Toterhi, 2015). Weak links between operations and strategy results

in unclear direction, conflicting priorities, and failed initiatives (Sushil, 2017). Proper

alignment of resources like financial and human is necessary to ensure effective strategy

execution (Ghinea & Moroianu, 2016; Mugge, Abbu, Michaelis, Kwiatkowski, &

Gudergan, 2020). Alignment facilitates effective communication which positively

influences employees' acceptance of change (McAdam et al., 2019; Volk & Zerfass,

2018). Strategic change initiatives are necessary to improve organizational performance,

but without adequate alignment strategies, organizational goals are unattainable.

Facilitators and Barriers to Strategic Change Implementation Success

Health care leaders must adapt implementation strategies that may better meet the

growing and diverse needs of the changing health care organization and enhance change

success (Asrar-ul-Haq & Kuchinke, 2016). Successful organizational change leaders are

aware of the facilitators and barriers to change success and implement strategies to

mitigate failure and promote success.

Organizational change readiness. Organizational readiness to change is the

prerequisite to successful change implementation in health care (Al-Hussami, Hamad,

Darawad, & Maharmeh, 2017). Organizational readiness is the extent to which

employees are prepared psychologically and behaviorly for the implementation of a

change (Zainun et al., 2018). Leaders who understand organizational readiness to change

develop more effective and efficient change implementation strategies (Storkholm,

Mazzocato, Tessma, & Savage, 2018). Despite evidence demonstrating that it is essential

to assess organizational change readiness to promote implementation success, researchers found that readiness is often not assessed before strategy implementation (Timmings et al., 2016). Readiness for change and actions undertaken in the implementation of change is critical to the successful execution of strategic change initiatives (Engle et al., 2017). With increase assessment of organizational readiness to change leaders may achieve more success when implementing strategic change initiatives.

Leaders must assess organizational readiness to change at various levels of the organization. Organizational change readiness is multilevel and is associated with staffing, leadership, and resources adequacy (Sharma et al., 2018; Winters, Collins-Camargo, Antle, & Verbist, 2020). Leaders often address change readiness from the individual perspective, but there are also organizational level implications like communication, goal alignment, coordination, and strategic leadership (Benzer, Charns, Hamdan, & Afable, 2017). Leadership competency and decision quality increase strategic change implementation success (Al-Hussami et al., 2017). Leaders who determine the organizations' ability to adapt to change and readiness for change experience more successful change implementations.

Change readiness increase the capacity of the organization to implement successful change initiatives (Spaulding, Kash, Johnson, & Gamm, 2017). According to Kotter (1996), many organizational change initiatives fail because leaders neglect to create enough readiness for the change. During change preparation leaders must mold employees' attitude and encourage commitment to the change (Adil, 2016). Employees' commitment to change may be improved through formal and informal communication

(Appelbaum et al., 2017). Change leadership contributes to employees' commitment to change by providing high-quality change communication and stimulating employee participation in the implementation of change (der Voet, 2015; Holten, Hancock, & Bollingtoft, 2020). When assessing readiness, it is necessary to assess employees' belief system about the potential change; and their knowledge, skills, and ability to perform after implementation (Timmings et al., 2016). Leaders must assess employees' commitment and readiness to accept change because employees play a pivotal role in change success.

Organizational structure. Strategic change implementation is difficult because it often requires changes in the formal structure of the organization. Structural changes involve making changes to the goals, purpose, and strategy of the organization (Lynch & Mors, 2018). Structure determines information flow and decision making at different organizational levels to achieve the mission and goals of the organization (Dyer et al., 2016). Structure includes the assignment of tasks and resources to accomplish the organizational goals (Burton & Obel, 2018). Structure follows strategy. For successful implementation of strategic change initiatives, leaders should adjust the structure of the organization to suit the strategy (Karim, Carroll, & Long, 2016). Consequently, during a strategic change, leaders must adjust operational activities to meet the changing needs of the environment (Kral & Kralova, 2016). Leaders must understand the impact of the change on organizational structure and employ strategies to enhance employees' ability to achieve the company's mission and goals.

Change to the organizational structure affects employee networks. As the formal structure of the organization changes employees' ability to maintain work-related networks are disrupted (Lynch & Mors, 2018). Work-related networks are where employees access the resources and knowledge necessary to complete operational tasks (Rogan & Mors, 2017). Organizational structure determines the relation between team members at different levels in the organization and describes the relationships between supervisors and information flow (Koohborfardhaghighi, Lee, & Kim, 2016). Leaders must investigate organizational networks or work-related relations between individual and organizational silos and build bridges between functions and groups disrupted by strategic change (Rydzak & Monus, 2018). Efficient information flow between cross-functional teams and employee networks increase successful implementation of strategic change initiatives.

Structural obstacles influence organizational success. Structure impacts the ability of the organization to survive (Renzi, Sancetta, & Orlando, 2017). The nature of the organizational structure is a precursor to the successful implementation of business strategies (Fedato et al., 2017). Inflexible organizational structure is an obstacle to strategic change implementation (Nazemi, Asadi, & Asadi, 2015). Consequently, the organization's ability to change determine its chance of survival (Renzi et al., 2017). Strategic change initiatives are successful when leaders mitigate obstacles and integrate the change within the organization.

Leadership. Leadership plays a pivotal role in the success or failure of strategic change initiatives. Top executives determine the vision and strategic direction of the

organization (Greer et al., 2017). Lack of support and feedback from senior executives, limited team involvement, and communication failures negatively influence strategic change implementation (Bernardo, Anholon, Novaski, Silva, & Quelhas, 2017). Successful strategic change implementation requires commitment from executives and senior managers (Narikae, Namada, & Katuse, 2017). The leadership team champions change by improving communication and promoting inclusiveness (Bates & Atkins, 2017). Executives may use strategic communication to create alignment with the organizational objectives and empower employees to accept change (Argenti, 2017). Ineffective leadership leads to poor communication of the organizational goals and strategic vision and increase uncertainty when implementing strategic change initiatives.

Change management involves adopting strategies, procedures, and technologies to address changes in the external and business environment (De Lellis, Di Leva, & Sulis, 2018). Leaders must be aware of the opportunities and threats in the changing internal and external environment such as technological, demographic, economic, legal, social, and political and appropriately exploit them to improve organizational success (Nazemi et al., 2015; Wang, Li, & Qi, 2020). Strategic change initiatives affect all levels of the organization, and leaders must employ a holistic approach to change management to mitigate obstacles (Michel et al., 2016). Barriers encountered during the implementation process account for the failure of strategic change initiatives.

The change management literature revealed that leadership practices, styles, and behaviors influence change success (Levene & Higgs, 2018). Transformational, transactional, and laissez-faire leadership are common leadership styles found in the

literature (Raziq, Borini, Malik, Ahmad, & Shabaz, 2018). Transformational leaders

employ influence, charisma, and emotional engagement to inspire followers to exhibit a

positive attitude towards change (Richter et al., 2016). In contrast, transactional leaders

value structure and use tactics like rewards and punishment to nudge subordinates to

accept change (Guy, 2018). The structure provided by leaders using the transactional

leadership style helps employees prepare for change and support the implementation

process (Von Treuer et al., 2018). Laissez-faire is a leadership approach in which leaders

provide minimal support or tools and allow employees to make decisions independently

without guidance (Bligh, Kohles, & Yan, 2018). According to Yasir, Imran, Irshad,

Mohamad, and Khan (2016), laissez-faire leadership negatively influence change

capacity and implementation success. When preparing to implement strategic change

initiatives health care leaders must assess change readiness and employ the most

appropriate leadership style to promote success.

In health care, no one leadership style is appropriate for all situations. Effective

health care leaders must adopt the leadership style that is appropriate for a given context

or situation (Lacerenza, Marlow, Tannenbaum, & Salas, 2018). Successful leaders utilize

strategies like encouragement, trust building, creating a shared vision, rewards and

incentives, and effective communication to create transparency and motivate team to

accept change (Reed, 2017). Commitment, communication, coordination, and monitoring

are organizational leadership factors that influence successful strategic change

implementation (Narikae et al., 2017). The ideal leadership style for successful health

care strategic change implementation is one that is context specific and supportive of operational activities.

Successful leaders help employees connect to a higher purpose and build a positive team culture which is necessary to effect positive change (Herd, Adams-Pope, Bowers, & Sims, 2016; Owens, Eggers, Keller, & McDonald, 2017). Leaders must engage with stakeholders at all levels of the organization to successfully implement strategic change initiatives (K. Wilburn & R. Wilburn, 2017). Middle managers influence successful strategic change by maintaining a relationship with top management, embracing the strategy, and aligning roles and skills necessary to attain the strategic objectives of the organization (Austin, Chreim, & Grudniewicz, 2020; Ukil & Akkas, 2017). Frontline leadership is critical to strategic change success because of their influence on the daily activities of operational staff and health outcomes (Joseph & Bogue, 2018; Mianda & Voce, 2018). Leadership engagement throughout the organizational hierarchy facilitates change success.

Leaders of health care change initiatives must understand the health care landscape, develop a culture that embraces, and welcome change, and empower teams to be successful (Herd et al., 2016; Sullivan, Ibrahim, Ellner, & Giesen, 2016). Leaders should empower each team member to function autonomously in completing job functions (Feldman, 2018). Health care leaders must exhibit collaborative leadership to leverage the expertise of multi-disciplinary teams while transcending structural and cultural barriers which promote inefficiencies (Ward et al., 2018). The culture of the

organization determines staff satisfaction, sense of value, and organization performance (Owens et al., 2017).

Organizational culture. Organizational culture influence employees' behavior. Organizational culture is a set of values and believes that dictates behaviors and norms of employees (Mohelska & Sokolova, 2018). Culture is a collective agreement that distinguishes organizations (Dhingra & Punia, 2016). Within organizations, culture may manifest as language, shared values and beliefs, symbols, legends, stories, and physical environment (Arslangilay, 2018). Organizational culture creates a sense of identity and commitment among employees which support stability and influence change acceptance (Mehrtak et al., 2017). People are the reason strategy fails or succeeds, and culture is stronger than strategy (Eaton & Kilby, 2015). As organizations undergo strategic change, individuals are forced to participate in various change initiatives (Zondi & Mutambara, 2016). Since people are affected by an organizational change, leaders must be aware of how culture impacts employees' acceptance of the change as this may positively or negatively influence change success.

Culture is a strong predictor of employees' readiness to change. Successful change leaders prepare employees for the change (Heine, Beaujean, & Schmitt, 2016; Mugge et al., 2020). During strategic change execution leaders are encouraged to exercise openness, involve employees early, and embrace confrontation because these are strong predictors of change readiness (Dhingra & Punia, 2016). Organizations characterized by a culture of innovativeness and risk-taking are more flexible and respond positively to change (Tavare, 2017). Additionally, a positive organizational

culture, senior management support, effective performance monitoring, building and maintaining a skilled workforce, and cohesive interdisciplinary teamwork influence successful strategic change implementation (Taylor, Clay-Williams, Hogden, Braithwaite, & Groene, 2015). As leaders engage in activities to ready the organization for a change, it is necessary to develop a positive organizational culture through support and flexibility.

The success of strategic change initiatives is dependent on the leaders' ability to integrate the change within the organization (Fedato et al., 2017). Change leaders are encouraged to assess the fit between strategy and culture because compatibility positively influences change success (Chen, Huang, Liu, Min, & Zhou, 2018). The lack of fit between strategy and culture leads to conflicts in values and norms which results in employees' resistance to change (Kotter, 1996). Leaders who address cultural issues before embarking on strategic change initiatives are more likely to succeed (Heine et al., 2016). Leaders must educate themselves about the culture and needs of the organization before embarking on strategic change initiatives and implement strategies to offset risks and facilitate success (Davis & Dolson, 2018). Organizational culture is effective when it supports the mission, goals, and strategy of the organization (Mohelska & Sokolova, 2018). An effective culture matches the business needs and aligns with employees' norms and values (Mustafa-Elqadri, & Priyono, 2015). Culture change may be necessary to promote strategic change success (Zondi & Mutambara, 2016). Dhingra and Punia (2016) advised leaders to make strategic changes within the current context of the organization

because culture change takes many years. A culture that supports the organization's strategy facilitates successful strategic change implementation.

Communication. Communication is essential during strategic change implementation. Success or failure of strategic change initiatives is dependent on how leaders manage communication (Luo, Song, Gebert, Zhang, & Feng, 2016). How, when, and how much leaders communicate the change, vision, and strategy predicts change success (Jones-Schenk, 2017). Communication involves activities that enable information creation, distribution, receipt, acknowledgment, and understanding (Senaratne & Ruwanpura, 2016). Communication is critical during strategic change implementation because it facilitates the flow of messages through interactions that occur using speech, gestures, texts, and discourses (Cornelissen, Durand, Fiss, Lammers, & Vaara, 2015). According to Eriksson and Fundin (2018), visualization is necessary to communicate change as a process. Communication is essential because it is the tool used for announcing, explaining, and preparing people for the change which may positively impact health care leaders' ability to implement successful change initiatives.

Clear and effective communication is a critical success factor for strategic change implementation. The quality of the communications and employees' ability to make sense of the change is necessary for success (Fedato et al., 2017). Effective communication is a two-way process that involves all levels of employees within the organization (White, 2016). Effective communication inspires employee trust, encourages a collaborative culture, and reduces resistance to change (Livesey, 2016; Sverdrup & Stensaker, 2018). Effective communication facilitates stakeholder engagement and participation in the

change management process (Butt, Naaranoja, & Savolainen, 2016). Leaders who use effective communication strategies, when implementing strategic change initiatives, may help employees accept and incorporate the change in daily operations.

Effective communication involves the alignment between the message and the medium. The communication medium employed may impact user perception, and the ability to decode and understand the message (Eriksson & Fundin, 2018). Communication can be face-to-face, verbal, written or nonwritten, or formal or informal (Kral & Kralova, 2016). Leaders communicate using bulletins, suggestion box, letters, memos, emails, phone calls, reports, meetings, handbooks, surveys, and hallway and dinner chats (Butt et al., 2016). There are various modes of communication. The mode of communication does not have to be elaborate, but it must be accurate, complete, timely, and include appropriate stakeholders (Link, 2018). Communication is a tool used to share messages and encourage employees to accept change. Well-informed employees have a more positive attitude towards change (den Heuvel, Schalk, & Van Assen, 2015). During the change process, communication needs to increase, and leaders should provide an opportunity for open communication to prevent distrust among employees (Le, 2015). Communication is ineffective when it is inadequate. When communication is inadequate rumors and misrepresentation of the message ensues (Düren, 2016). Ineffective communication includes giving information too late, not including the right stakeholders in the message, or providing incomplete information (Düren & Ross, 2015). Leaders who communicate change effectively promotes hope, provides support, increases subordinate orientation, and increases employees' commitment to change (Luo et al., 2016).

Employee resistance. Employees have a natural propensity to resist change (Okumus, Bilgihan, Ozturk, & Zhao, 2017). Employees resistance to change may be due to habit, job's security, economic factors, fear of the unknown, increasing workload, and threats to interpersonal relations (Kuzhda, 2016). Employees exhibit resistance to change by voicing their concerns about the change (Cinite & Duxbury, 2018). To reduce resistance leaders should educate employees about the rationale for the change and the impact of change on job functions (Kuzhda, 2016). Leaders should also involve employees in change decision making early as this will encourage participation and inspire acceptance (Mathews & Linski, 2016). Leaders should involve employees in pre-implementation, planning, and implementation stages and provide adequate training and support to promote change acceptance (Okumus et al., 2017). Leaders can help employees overcome resistance and accept change by involving them in the change process.

Employees' attitude towards change may determine change success. Employees who do not understand the motivation for the change are distrustful and will question the motive behind the change (Blanca & Ramona, 2016). Trust is a necessary factor for change acceptance (Gigliotti, Vardaman, Marshall, & Gonzalez, 2018). Employees who question the motive of management for implementing the change is likely to exhibit resistance (Blanca & Ramona, 2016). Because change is difficult, it is imperative that leaders motivate employees through training and skills development activities to increase change acceptance and readiness (Thakur & Srivastava, 2018). Leaders can help

employees develop a positive attitude towards change by ensuring adequate preparation for the change.

The introduction of change is disruptive to employees and may elicit various emotional response. To overcome emotional and behavioral resistance from employees, leaders should utilize strategies to transform from having a negative to a positive attitude toward change and innovation (Hon & Lui, 2016; Li & Hsu, 2016). Leaders should be aware that employees may not perceive their actions and reactions to change as resistant and may excuse their behavior as having the best interest of the organization (Kulkarni, 2016). Employees perception of the change determine resistance or acceptance of a strategic change initiative (Afrianty, 2020; Will & Pies, 2018). Supportive leaders remove sources of change resistance and initiate structures for work accomplishment (Jones & Van de Ven, 2016).

The action of leaders influences employees' response to change. According to Balogun, Bartunek, and Do (2015), leaders sensemaking of strategic change evolved as they dialogued with senior leaders, managers, and employees. Leaders who understand the change are better able to share the purpose of the change with employees. Leaders can also address employee resistance to change through negotiations and agreement like offering incentives (Kuzhda, 2016). Leaders must support employees during change through the provision of organizational and emotional support (Thakur & Srivastava, 2018). Some leaders also use coercion strategies to encourage change acceptance. But leaders should use coercion as a last resort to encourage employees to accept the change since this may lead to distrust (Kuzhda, 2016). Over time, supportive leadership reduces

change resistance (Jones & Van de Ven, 2016). Leaders can help employees overcome resistance and become more accepting of strategic change initiatives by utilizing appropriate strategies.

Sustaining Strategic Change

Sustaining change is the final stage of the strategic change implementation process (Dick et al., 2018). Willis et al. (2016) defined sustained change as the long term and deeply embedded changes in values, beliefs, and assumptions of employees within an organization. Sustaining strategic change in an organization has two aspects: implementing the change in all organizational units and groups and keeping the new behavior ongoing even after initial implementation (Dick et al., 2018; Willis et al., 2016). Researchers argued that the reported high failure rate of strategic change initiatives might be erroneous because of the lack of a standard measure and definition for change success and sustainability (Candido & Santos, 2015; Moore, Mascarenhas, Bain, & Straus, 2017). Given the complexity of the health care system, leaders must consider a comprehensive sustainability model that address setting, context, intervention, and external support factors when implementing strategic change initiatives (Colon-Emeric et al., 2016).

Sustaining strategic change initiatives require making the change the new way of doing business in the organization (Meissner, 2018). Leaders must facilitate institutionalizing the change within the culture of the organization by articulating how it positively impacts shared goals and values (Dick et al., 2018). Permanent change takes time because employees must acquire new skills and develop trust in the change (Dyer et al., 2016). Hence, leaders should implement strategies to integrate new strategic changes

into the culture of the organization and avoid regression into the pre-implementation stage.

Existing organizational structures may prevent the proper anchoring of change in the organization (Clausen & Kragh, 2018). The guiding principles for sustaining change are aligning change with vision and action, fostering distributed leadership, promoting staff engagement, creating collaborative relationships, and allowing for continuous learning (Canterino, Cirella, Piccoli, & Shani, 2020; Willis et al., 2016). Continuous training and funding are necessary for sustaining change in large health care systems (J. Hage & Valadez, 2017). According to Green, Bell, and Mays (2017), senior leadership support is essential to sustain strategic change.

Concise, continuous communication is necessary for sustaining change. Dick et al. (2018) advised leaders to communicate change consistently and in a series of smaller steps because it is less overwhelming to employees and is more useful for sustaining change initiatives. Leaders must integrate and communicate strategic change at all levels of the organization to ensure sustainability (Gutberg & Berta, 2017). Oversight and monitoring systems like audits, steering committee oversight, revising policies and procedures, and encouraging leadership involvement are necessary to sustain change (Higuchi, Davies, & Ploeg, 2017). Leaders could monitor sustainability by using process control and performance boards which are two visual management tools to track progress or identify deviation from goal (Silver et al., 2016). Leaders should implement strategies to sustain strategic change like aligning change with success criteria metrics, incorporating the change in improvement huddles, standard work, and employee's

performance incentive programs (Dick et al., 2018; Green et al., 2017; Silver et al., 2016).

Transition

Section 1 consisted of a background of the study including the problem and purpose statements, and the research question. I used Pettigrew and Whipp's (1992) context, content, and process strategic change model and the HK or policy deployment (Akao, 1991) framework as the conceptual lens to evaluate the problem under study and the associated research question. Also included in this section were the significance of the study, social change impact, and a review of the relevant literature.

In section 2, I presented a description of the project including an overview of the role of the researcher, participants, the research method, research design, and population. Additionally, I provided information about research ethics, data collection instruments, techniques, and data organization techniques. I concluded this section with a description of the data analysis plan, and reliability, and validity considerations. Section 3 is the final section of this study, and consisted of the presentation of the findings, recommendations for action and future research, a reflection of my experience, and conclusion.

Section 2: The Project

Section 2 includes a restatement of the purpose statement and a description of the role of the researcher, participants, and research methodology and design. The section also contains information about the population and sampling method, ethical research, data collection instruments and techniques, and data organization techniques. I conclude this section with a discussion of data analysis, reliability, and validity.

Purpose Statement

The purpose of this qualitative multiple case study was to explore strategies health care leaders use to implement strategic change initiatives successfully. The targeted population consisted of four leaders from two health care organizations in Manhattan, New York who have successfully implemented strategic change initiatives. The implications for positive social change include the ability to improve the social and human conditions of members of the community. Patients and health care recipients may benefit from having access to safe health care, leading to fewer medical errors, treatment disparities, and premature deaths. Communities may benefit from more employment opportunities, improvement of the standard of living for residents, more cost-effective health care services, and having a healthy local workforce.

Role of the Researcher

The primary function of the researcher in qualitative research is to establish procedural thoroughness to support data collection, data organization, data analysis, and presentation of findings (Marshall & Rossman, 2016). In qualitative studies, researchers serve the role of the primary data collection instrument (Farooq & de Villiers, 2017; Van

den Berg & Struwig, 2017). As the data collection instrument, the researcher must be able to conduct thorough, unbiased interviews, as well as review documents and exercise advanced observation skills to capture accurate and reliable data (Denzin & Lincoln, 2018). In the current study, I employed a multiple case study design and interacted with participants through semistructured interviews and review of company documents and archival records and gained an in-depth understanding of the strategies health care leaders use to implement strategic change initiatives successfully.

As a registered nurse and project manager, I have over 25 years of experience implementing strategic change initiatives in health care organizations. My experience may have influenced the study because I am aware of the issues faced during the implementation of strategic change initiatives in health care. Given this knowledge, I brought my perspectives, opinions, and personal biases to this study. The experience of the researcher may provide valuable insights and challenges to the study (Greene, 2014). To mitigate risks and develop awareness of bias, qualitative researchers employ bracketing, interpretive thinking, and critical reflexivity (Wadams & Park, 2018). Qualitative researchers who apply bias reduction strategies during data collection, coding, and data analysis could eliminate personal bias and increase trustworthiness (Clark & Veale, 2018).

To reduce the influence of personal bias on the findings of this study, I applied procedures to ensure that the results were valid and reliable. Before the interviewing process, I engaged in the process of bracketing in which I examined and recorded my personal biases about the topic. Researchers bracket their experience by acknowledging

their personal biases before conducting interviews (Moustakas, 1994). During data collection, researchers must exercise active listening to deliberately engage with participants and improve the quality of the interaction (Spataro & Bloch, 2018). I took notes during the interview and documented observations, which increased rigor and validity. Researchers ground research in evidence from the literature to reduce bias (Gog, 2015).

During the interview, I adhered to the interview protocol and refrained from leading or guiding participants responses. Yin (2018) recommended the use of an interview protocol to provide structure and maintain the integrity of the qualitative case study. Castillo-Montoya (2016) supported this notion and encouraged use of an interview protocol to adhere to research standards, guide the interview process, mitigate bias, and allow for gaining insight into the participant's experience. An interview protocol replicates data collection procedures and ensures a consistent process during each interview (McGonagle, Brown, & Schoeni, 2015). The interview protocol allows for the uniformity of questions for each participant.

I conducted the interviews in a private, quiet location to facilitate the open sharing of personal experience and opinions. Researchers should create an interview environment free from noise and distrations that is comfortable to enhance acurate data collection (Dikko, 2016). During scheduling, I allowed each participant to choose the location and time of the interview. Interviewing is a necessary tool for collecting evidence to support case study research (Yin, 2018). During the interviewing process, researchers must maintain confidentiality and gain the trust of participants (Petrova, Dewing, & Camilleri,

2016). I ensured confidentiality by allowing each participant to choose the location and time of their interviews.

During each interview, with the permission of the participant, I took notes and recorded the conversation to enhance recollection and facilitate accurate data transcription. After the data reporting, I stored all recordings and notes on a thumb drive in a locked box, which will be retained for 5 years. At the end of 5 years, I will destroy the thumb drive, notes, and any physical company documents to protect the confidentiality of human subjects as recommended in the Belmont Report (1979). Throughout the data collection and data analysis phases, I engaged in the process of critical reflection and double checking to reduce the potential for misinterpretation of the participant's responses (see Elo et al., 2014). Open coding of data was used during analysis to capture common themes that emerged as I reviewed the interview transcripts (see Elo et al., 2014). Also, data analysis involved summarizing interview responses through the lens of the conceptual framework selected for this study.

Researchers have an ethical obligation to participants. Researchers must observe ethical standards when conducting studies involving human subjects (Yin, 2018). Stichler (2014) affirmed the need to protect human subjects who participate in research. The Belmont Report is a regulation that protects human subjects who participate in research and includes special consideration for vulnerable populations (Mclaughlin & Alfaro-Velcamp, 2015). The Belmont Report (1979) outlined the minimum standards researchers must follow during a study: acknowledging participants rights for anonymity and

confidentiality, voluntary participation, and beneficence and justice. I applied the recommendations described in the Belmont Report when conducting this study.

Marshall and Rossman (2016) advised researchers to maintain ethical standards throughout the study. As the researcher, I informed participants of their rights before conducting interviews and provided details about the protection of confidentiality and the management, storage, and use of data after the interviews. During the informed consent process, I informed participants that they could withdraw from the study at any time even after data collection without fear of consequences. After data collection, I used member-checking to increase research validity and mitigate bias.

Participants

The participants in this qualitative multiple case study were four change leaders from two health care organizations in Manhattan, New York who have experience with implementing successful strategic change initiatives. Participant selection was nonrandom because I needed to interview subjects who were knowledgeable and successful in implementing strategic change within a health care organization. According to Leedy and Ormrod (2016), qualitative researchers use a purposeful sample to select participants who will provide relevant information about the research question. Purposive sampling involves targeting research subjects from the population with the ability to share experience about the phenomenon under study (Benoot, Hannes, & Bilsen, 2016; Grafton, Reid, & Coyne, 2016; Newton, 2017). Establishing inclusion and exclusion criteria is necessary to create boundaries for the sample (Robinson, 2014). Inclusion criteria for this study included health care leaders from the selected organizations who

have been instrumental in the successful implementation of strategic change initiatives within the last 5 years. The exclusion criteria were leaders and staff who were not involved in implementing strategic change initiatives within health care organizations.

I selected participants because of their experience and knowledge of the topic. To identify participants, I gathered a list of all health care organizations in Manhattan, New York. I searched social media, LinkedIn, and Google to make contact with prospective participants. Researchers can use social media profiles of prospective participants to determine eligibility (Dodge & Chapman, 2018). Establishing access through formal gatekeepers is necessary to get approval to conduct interviews with staff of an organization (Yin, 2018). After I received IRB approval from Walden University, I established a working relationship through telephone conversations and email communication with the gatekeeper and prospective participants who met the eligibility criteria. Gatekeepers were asked to assist in making introductions to other members of the selected organizations who met the eligibility criteria. From these introductions, I recruited participants for interviews and continued to interview until no new themes emerged. Researchers must inform participants of their rights and obtain informed consent from participants before data collection (Perrault & Keating, 2018; Phillippi & Lauderdale, 2018). Before commencing the study, I emailed an invitation to prospective participants requesting their time to engage with me through interviews to facilitate the collection of data for this study. Invitations included details about the objectives of the study, the reason for participants' selection, and the inform consent process.

Research Method and Design

Researchers use qualitative, quantitative, and mixed-methods approaches in business and social science research. According to Saunders et al. (2016), qualitative researchers search for patterns and meanings through a process of inductive reasoning to understand the environment in which participants live and work. The qualitative method is used to gain a rich understanding of participants' experiences and perceptions of a phenomenon (Yin, 2018). Quantitative researchers approach research from a deductive perspective, beginning with theory and examining relationships among variables (Christenson & Gutierrez, 2016). In quantitative studies, researchers deduce meanings from numerical data and apply statistical tests to make predictions, identify patterns of behavior, and examine relationships (Saunders et al., 2016). Some researchers argue there is no absolute truth, so it is necessary to study phenomena from both a qualitative and quantitative perspective to gain a comprehensive understanding (Leedy & Ormrod, 2016). The mixed-methods approach involves the combination of qualitative and quantitative methods to study phenomena (Thiele, Pope, Singleton, & Stanistreet, 2018).

Research Method

I selected the qualitative method for this study. Researchers who use qualitative methodology conduct an in-depth review of a phenomenon in its natural setting (Leedy & Ormrod, 2016). The qualitative approach is appropriate to explore the nature of a phenomenon, gain new insight into an issue that may lead to theory development, validate claims and assumptions of a theory in a real-world context (Saunders et al., 2016). Qualitative research is interpretive and focused on a specific context, which allows

for the holistic understanding of the participants' experience with the phenomenon under study (Marshall & Rossman, 2016). The qualitative method provides for the exploration of the views of research participants through the use of open-ended questions, review of company documents, and observations (Leko, 2014; Yin, 2018). In the current study, I employed the qualitative method to explore strategies used by health care leaders to implement strategic change. Using the qualitative approach, I was able to gain an in-depth understanding of the experiences of participants who implemented strategic change initiatives and the tools and techniques used to enhance success.

Although the qualitative method was most appropriate for the current study, I also considered other approaches. There are three standard approaches to research inquiry: qualitative, quantitative, and mixed methods (P. Turner et al., 2015). Whereas the qualitative method allows for open exploration of the research topic, the quantitative method does not allow for this flexibility. The quantitative method is theory driven and used to examine the relationships among variables through numerical data and statistical analysis (Saunders et al., 2016). Although there is value in numbers, in the current study, employing the quantitative method would not have allowed for the rich understanding of the strategies used by health care leaders to implement strategic change initiatives successfully. I also considered the mixed-methods approach because of the ability to explore a phenomenon from both qualitative and quantitative perspectives. The mixed-methods approach was not appropriate for this study because quantitative data were not needed to answer the research question (see S. Turner et al., 2017). After completing a review of the three methods of research inquiry, I determined that the qualitative method

was appropriate to answer the research question: What strategies do health care leaders use to implement strategic change initiatives successfully?

Research Design

The design of the study must align with the research method selected. The research designs for qualitative studies are ethnography, grounded theory, phenomenological, narrative, and case study (Marshall & Rossman, 2016). The ethnographic design involves immersion and prolonged exposure in a cultural group to collect data about daily events and personal experiences (Davies, 2015). The ethnographic design is ideal for the study of cultural groups, which was not the focus of the current study. The grounded theory design is focused on theory development and does not support the in-depth exploration of the case of interest (Corley, 2015). The phenomenological design allows for data collection of the lived experiences and perceptions of participants through interviews (Gorichanaz, 2017). The phenomenological design was not appropriate for this study because there was no need for understanding of the lived experience of participants. The narrative design involves studying the life of one individual to give a chronological account of an event (Parker et al., 2019). This design did not align with the purpose of my study.

The case study design allows for the exploration of a problem from various perspectives (Larrinaga, 2017). The case study design is appropriate to understand a phenomenon as it occurs in the real world (Yin, 2018). In case study research, open-ended questions are used to allow participants to describe the phenomenon under study (Tran, Porcher, Tran, & Ravaud, 2017). In qualitative studies, researchers read and reflect

on the answers of participants and derive meanings about the concept of interest. In the

current study, I employed a case study design to obtain a rich and holistic understanding

of the strategies used by health care leaders to implement strategic change initiatives

successfully. The case study design was appropriate because it allowed for the in-depth

examination of the problem using different data sources (see Ridder, 2017). Researchers

should continue interviewing participants until data saturation (Saunders et al., 2016).

Researchers achieve data saturation when no new themes emerge during data collection

(Patton, 2015). Although interviews were the primary data collection method for this

study, I also conducted a review of appropriate company documents and archival records

relevant to the line of inquiry to support data validation and determine data saturation.

Population and Sampling

Trochim, Donnelly, and Arora (2016) defined the study population as the group to

which the findings of the study is generalizable. Depending on the problem statement the

population may be too large, disperse, or inaccessible to study. Researchers redefine the

population into a more manageable subset called target population (Saunders, et al.,

2016). The target population for this study were leaders from two health care

organizations in Manhattan, New York who have successfully implemented strategic

change initiatives in their organization.

Convenience and purposeful sampling are two nonprobability methods

researchers use to select participants for studies. In a convenience sample, participants are

chosen based on accessibility, and geographical proximity (Etikan, Musa, & Alkassim,

2016). Convenience samples might lead to findings that are not trustworthy or

generalizable to the population of interest (Leedy & Ormrod, 2016). In purposeful

sampling, researchers use judgment to select participants that will be able to provide

answers to the research question (Saunders et al., 2016). The purposeful snowball

sampling technique involves identifying people who meet established eligibility criteria

for participation in the study and those persons then recommend others who meet the

requirement to participate (Elo et al., 2014; Robinson, 2014). Purposeful snowball sample

is appropriate when the population of interest is hard to reach or inaccessible (Trochim et

al., 2016). In this study, purposeful snowball sampling was used to choose participants

who possess unique experiences and may share insights on a phenomenon under study.

The eligibility criteria for inclusion in the current study were being a health care leader in

Manhattan, New York, have implemented strategic change initiatives successfully at the

chosen organization, and have implemented successful strategic change initiatives within

the last five years.

For the current study, I interviewed four participants from two health care

organizations and continued data collection until there were no new themes, codes, or

data. The ideal sample size for qualitative studies is dependent on the research question,

objective, and method (Patton, 2015). For example, quantitative researchers believe the

larger the sample size, the better the chance of having a representative sample especially

with survey research (Leedy & Ormrod, 2016). For qualitative studies, smaller samples

are acceptable because there is more interaction between the researcher and participants

which allow for extensive data collection (Elsawah, Guillaume, Filatova, Rook, &

Jakeman, 2015). Employing semistructured interviews, a minimum of 5-25 participants is

ideal (Saunders et al., 2016). Yin (2018) supported this notion and recommended a minimum sample size of 3-5 participants for case study research. Researchers concluded that the focus of qualitative studies is on data saturation and not sample size (Wakefield & Blodgett, 2016).

Conversely, other researchers recommend that the depth of the data should determine sample size in qualitative studies and purported that data collection should continue until data saturation is reached (Fusch & Ness, 2015; Patton, 2015). I assumed data saturation when there were no new ideas from any of the data collection sources. To verify data saturation, I asked participants to provide explanations and clarify the meanings of statements made during the interview. After the interview, I confirmed data saturation through member-checking.

After gaining access, getting IRB approval from Walden University, and informed consent from participants, I conducted interviews. In this study, participants had the flexibility to choose between a telephone and face-to-face interview. Traditionally, researchers use face-to-face interviews in qualitative studies (Hilgert, Kroh, & Richter, 2016). With the increased use of telecommunication technology and telecommuting within organizations I provided an opportunity for participants to choose the most convenient method. Zhang, Kuchinke, Woud, Velten, and Margraf (2017) found no statistically significant difference between data collected by face-to-face and telephone interviews. According to Leedy and Ormrod (2016), regardless of the interview approach researchers must clarify answers and seek more information about questions during data collection.

I conducted the interviews at a time and place selected by each participant. Participants were asked to schedule the interview at a time when they can dedicate 60 minutes protected time to engage in conversation. I was prepared to break the interview into more than one session but this was not necessary. Researchers must conduct interviews in a quiet, private location that is free from noise, interruptions, or distraction (Yin, 2018). Participants were given the flexibility to choose a location outside the work environment to host the interview. However, participants preferred the office location so I asked them to reframe from checking emails or taking phone calls during the interview session. The interview environment should be comfortable to stimulate natural conversation flow (Bredart, Marrel, Abetz-Webb, Lasch, & Acquadro, 2014). To encourage natural conversation, I followed an interview protocol, prepared and used open-ended questions to guide the discussion, actively listened to participants, and used prompts to seek clarification where necessary. With the permission of participants, during each interview, I took notes and recorded conversations. I also requested samples of company documents and archival records used in the planning, and implementation of strategic change initiatives such as meeting notes, memos, project and change management tools, and, policy and procedure documents to use for data validation and triangulation.

Ethical Research

Researchers participating in research using human subjects must conform to ethical guidelines. The Belmont Report (1979) outlined the following guidelines for researchers to follow when conducting studies, and these include: acknowledging

participants as autonomous agents, ensuring that the research will result in no harm or beneficence to participants; and guaranteeing just and fair treatment of participants. In preparation for conducting this study, I completed the National Institute of Health (NIH), protecting human research courses to attain detailed knowledge about the ethical guidelines for research. Institutional Review Boards (IRB) are implemented by organizations to provide the oversight necessary to enforce the ethical standard in research (Page & Nyeboer, 2017). Before conducting the current study, I received IRB approval number 11-05-19-0133881 from Walden University.

Ethical issues can occur during participant recruitment and selection, data collection, maintenance of participant privacy, protection of confidential data, and dissemination of information. Developing a trusting relationship with participants influence the quality of data (Marshall & Rossman, 2016). In developing a trusting environment, researchers must exhibit transparency and disclose plans for protecting privacy, confidentiality, and data use (Lohle & Terrell, 2014). I followed the research best practices provided by Walden University and the Belmont Report to ensure that I interact with participants in an ethical manner.

Consent Process

According to Perrault and Keating (2018), informed consent is the process of informing participants of their rights, and potential risks of participating in the study, and obtaining a participation agreement. Before conducting interviews, participants read and attested to the terms and conditions of the informed consent. During the informed consent process, I explained the purpose of the study, the rights of participants, and the data

protection procedure. Each participant was required to reply 'I consent' via email as an indication of an agreement to voluntarily participate in the study and to respond to questions truthfully and honestly. Participants were also told of their rights to withdraw from the study.

Research Withdrawal Process

In this study, participants could withdraw at any point before I publish the research findings. I told participants that they may refuse to answer any questions during the interview, and post-interview they could request that I do not include their contribution in the final publication. Also, I informed participants that their decision to withdraw will not have any negative consequences on their job or physical well-being. Although, participants had the option to withdraw from the study in person, by email, or telephone communication with the researcher, no participants requested a withdrawal.

Incentives

Providing incentives can motivate participants to participate in the research but may lead to ethical concerns of paying for participation. Participant's agreement to participate in the study must be of free will (Marshall & Rossman, 2016). In this study, I provided no incentives and participants were notified that participation is voluntary.

Data Security

In this study, I complied with Walden University IRB guidelines to secure, retain, and destroy study materials. During the interview, I took notes, recorded verbal exchange, and requested company documents and archival records to support claims. After the study, I secured documents, recordings, and associated transcriptions in a

locked safe for five years. At the end of the required five-year period, I will destroy

thumb drive and study materials. Researchers have an ethical obligation to protect study

participants. According to Leedy and Ormrod (2016), researchers should present findings

in a manner that de-identify participants. Saunders et al. (2016) recommended assigning

codes to each participant to ensure anonymity. In this study, I protected the participant's

anonymity by assigning pseudonyms or codes to label and identify organizations and

participants using the order O1P1, O1P2, or O2P1, O2P2. Assigned codes aid in data

management and participant identification.

Data Collection Instruments

The researcher is the primary data collection instrument in qualitative research

(Marshall & Rossman, 2016; Yin, 2018). As the researcher, I collected data mainly

through semistructured interviews guided by open-ended questions. Using open-ended

questions in interviews allowed participants to express ideas and share experiences freely

without the constraints of structured choices (Leko, 2014). In the current study, I asked

health care leaders about their experience in implementing strategic change initiatives.

Using semistructured interviews, I obtained an in-depth understanding of the tools and

techniques used to implement strategic change initiatives successfully. I used an

interview protocol to maintain consistency while asking questions to participants. An

interview protocol serves as a guide and allow for consistency and the fair and equitable

administration of interview questions (Schwab & Syed, 2015).

In addition to semistructured interviews, the case study design allows for the

collection of data from multiple sources like observation, archival records, and company

documents (Yin, 2018). For this study I requested copies of project documents, policy and procedure documents, and a sample of meeting agenda and minutes used in planning and executing strategic change initiatives. Using more than one data collection sources enhanced validity.

To enhance the reliability and validity of data, I conducted member-checking. After completing data collection, I used member-checking to verify whether my interpretation of participants' response is accurate. Member-checking is the process of having each participant review the summary of the interview for accuracy (Marshall & Rossman, 2016). Member-checking adds credibility to the findings of qualitative studies (Harvey, 2015). Before using member-checking, researchers must have strategies to address disagreements and be willing to conduct further analysis (Birt, Scott, & Cavers, 2016). After each interview, I transcribed the recorded data, reviewed archival data, and company documents, and present a summary document to each participant within seven days, for review and confirmation. I conducted member-checking procedures shortly after interview and asked participants to validate the accuracy of the researcher's interpretation of the data. During member-checking one participant provided written clarification to interview question responses and these changes were accepted and included in the final study.

Data Collection Technique

In qualitative case study research, researchers use multiple data sources to increase rigor and enhance the credibility of the findings (Yazan, 2015; Yin, 2018). In this study, I used the following sources for data collection, semistructured interviews,

archival document analysis, and review of company records. Before data collection, I received IRB approval from Walden University. I used social media LinkedIn and Google to identify and contact prospective participants who met the eligibility criteria. I stopped making social media contact when prospective participants from two health care organizations provided approval for me to conduct the study at their sites and shared email contact information of another prospective participant. I contacted eligible participants via email and invited them to participate in the study (see Appendix A). Each of the four prospective participants contacted completed an interview. During this stage, I established a working relationship with each participant by introducing myself and sharing information about my background and research interest, explaining the purpose of the study and their role, and discussing the estimated time commitment and inclusion criteria.

Each participant introduced me to at least one other prospective participant from the same organization who met the eligibility criteria. I then sent an introductory email, which included an overview of the study and an invitation to participate. All prospective participants contacted met eligibility criteria and agreed to participate in the study. One participant requested a meeting to clarify expectations. This participant agreed to participate in the study after we had a 10 minutes telephone conversation about the purpose of the study and the data protection plan. I emailed an informed consent form to prospective participants who expressed willingness to participate in the study. Participants were required to email 'I consent' to the researcher before each interview. I informed participants of their right to withdraw from the study at any time and that

participation is voluntary with no incentives. I received the 'I consent' email confirmation from each participant before each interview and none of the participants withdrew from the study. I scheduled interviews according to each participant's preference at a convenient time and location. Two participants from separate organizations requested face-to-face interviews, and the remaining two participants preferred telephone interviews.

Semistructured Interview

During each interview, I followed an interview protocol to maintain consistency among participants (see Appendix B). Using an interview protocol in semistructured interviews allow a researcher to collect data about the topic of interest while allowing participants to openly share experiences within the limitation of the area of focus (Schwab & Syed, 2015). I used semistructured interviews to gain a rich understanding of participants' experience in implementing strategic change initiatives. Through these interviews, I gathered information about the techniques used to overcome barriers and promote successful implementation. Semistructured interviews allow participants to elaborate on questions asked and share details about perception, and practices related to a real-life phenomenon (Yin, 2018). Reported disadvantages of semistructured interviews are it is time-consuming to schedule, transcribe interviews, and analyze voluminous data (Marshall & Rossman, 2016). During each interview, I recorded the audio exchange using an Apple iPhone recorder and took handwritten notes to aid in accurate data transcription.

Review of Company Documents

A review of company documents allows for data triangulation because the researcher can corroborate verbal responses with documents (Pacho, 2015). Company documents could provide background information necessary to understand the context and rationale for decisions made (Marshall & Rossman, 2016). Company documents are specific and allow for repeated review but may be inaccessible due to privacy concerns (Yin, 2018). For this study, company documents included methodology templates, project plan, policy and procedure documents, and other documents used in communication. During each interview, as participants discussed the materials used in their project planning and management process, I asked for samples of these documents. I sent a follow-up email after each interview to thank participants for their time and to remind them to email sample documents (see Appendix C). Three out of the four participants shared sample documents, which included project tracker, project plan, and mission statement. These documents were reviewed, analyzed, and reported on as part of the findings of this study.

Archival Document Analysis

Archival data analysis is another method used in data collection. Archival data in this study were both publicly available or internal to the company. According to Deller (2019), when relying on archival company data, it is necessary to follow up with participants to reduce data delivery time lag. In this study, I emailed participants the day after the interview to follow up on the request for archival documents. Participants shared

project documents such as communication plans and implementation metrics, and these were reviewed, and analyzed until I attained data saturation.

Member Checking

Member-checking is the process of following up with participants to validate whether the researcher accurately interprets their responses to interview questions (Thomas, 2017). Member-checking allows participants to verify whether the researcher correctly described their answer to each interview question (Marshall & Rossman, 2016). After data collection, I paraphrased the interview responses in my own words and created a summary document for member-checking. I emailed a summary document to each participant to review and verify the accurate interpretation of responses to the interview questions. All participants confirmed the accurate interpretation of interview responses within the allotted 7 days' timeframe. One participant provided further clarification to responses, and I included these changes during data analysis. Member-checking presents an opportunity for participants to correct information, provide clarification, or add more details (Fusch & Ness, 2015; Harvey, 2015).

Data Organization Technique

Data organization is necessary for data management, maintain integrity, and aid in efficient analysis. In the current study, I collected data from several participants using multiple sources. For proper management, I established a labeling convention for files, interview scripts, documents, and summary data to quickly identify participants. Qualitative researchers use codes to hide participants' identity and to reinforce the reliability and validity of data analysis (Emmel, 2015; Stuckey, 2015; Yin, 2018). I used

the code OP to represent the organizations and participants, and I added 1, 2, or 3 to identify the organization and the interview position of the participants. I also use codes to identify the data source. For example, I labeled the interview provided by the first participant and organization as O1P1, and documents submitted labeled O1P1D1. I followed this labeling protocol to organize data and maintain confidentiality.

Researchers encourage the use of technology in data collection, organization, and storage to facilitate ease of analysis (Moylan, Derr, & Lindhorst, 2015). In this research, I organized interview recordings, handwritten notes, and company documents such as project tracker and communication plan. The handwritten notes were used to register biases and observations made during data collection which allowed for comprehensive data analysis. I used an audio recorder to record the interviews and transcribed data in the Microsoft Office software to manage and control data. The data management strategy for these sources included the creation of electronic folders for each organization and participant using the labels O1P1, O1P2, and O2P1, using one folder to store data provided by each participant. Within each folder, I created subfolders for interviews, and documents. The interview subfolder contained the recording, transcribed data, and a scanned copy of handwritten notes. The document subfolders included electronic communication, consents, and sample company documents provided by each participant. I used a dedicated thumb drive to store any data collected for this study.

After data collection and organization, I uploaded electronic documents into NVivo 12 for further organization, and analysis. NVivo is a commercial software often used by qualitative researchers to identify themes and patterns during data analysis

(Sarma, 2015; Woods, Paulus, Atkins, & Macklin, 2015). I will retain all research documents which includes interview transcripts, notes, logs, and recordings for five years. Physical documents and the thumb drive will be stored in a locked safe during this period. After 5 years I will shred paper documents and physically destroy the thumb drive making it permanently unreadable.

Data Analysis

Data analysis is the process of analyzing collected data (Vaughn & Turner, 2016). Researchers employ triangulation techniques in data analysis to converge data collected from various sources to decrease the deficiency of a single strategy and increase the ability to interpret the findings (Lawlor, Tilling, & Smith, 2016; S. Turner et al., 2017). Four types of triangulation techniques are data triangulation, investigator triangulation, theory triangulation, and methodological triangulation (Fusch, Fusch, & Ness, 2018). Researchers defined the different types of triangulation as data correlates people, time and space; investigator compares the findings of other researchers; theory relates multiple theoretical perspectives; and methodological links multiple data collection methods (Joslin & Müller, 2016; Korstjens & Moser, 2018). I used methodology triangulation to enhance the quality of the findings by analyzing data from interviews, archival and company documents, and handwritten notes until data saturation.

During data analysis researchers engage in the process of coding, categorizing, and developing themes identified in the data collected through the interview process (Marshall & Rossman, 2016). Yin (2018) described thematic analysis as a five-step data analysis approach that comprises of data compilation, deconstruction, reconstruction,

analysis, and conclusion. During data analysis researchers immerse in the data, offer

interpretation through analytic memos, and search for an alternative understanding

(Marshall & Rossman, 2016). After data collection, I compiled interview notes, and

recordings, and organized them in one related document into a database. Then, I

breakdown the data into categories, assign codes, and identify common themes. Similar

to other researchers, I engaged in the process of open and focused coding until all

interview and notes are coded (Maher, Hadfield, Hutchings, & de Etyo, 2018). I used

NVivo 12 to assist in data analysis. According to Robins and Eisen (2017), NVivo allows

for data coding, theme identification, document review, and query. Researchers use

NVivo to index and categorize data making it ready for analysis (Woods et al., 2015).

According to Onwuegbuzie et al. (2016), a continuous literature review is

necessary throughout the entire research process to ensure that the problem is still

relevant. During the thematic analysis, I compare and contrast findings with existing

literature, which include new studies published since the initial search. I also correlated

derived themes against the conceptual framework to gain insight into the strategy's health

care leaders uses to ensure the successful implementation of strategic change initiatives.

Pettigrew and Whipp's (1992), context, process, and content, strategic change, and HK or

policy deployment models (1991) was the conceptual framework for this study.

Reliability and Validity

Reliability

Reliability is the extent to which the measure is consistent, replicable, or

dependable (Trochim et al., 2016). Researchers ensure dependability by describing the

research process in sufficient details so another researcher can replicate (Elo et al., 2014).

An interview protocol outlines the procedures and rules to collect data and increase the

reliability of the research (Yin, 2018). I kept a detailed audit trail and followed the

interview protocol to facilitate replication and dependability.

Validity

Validity is the truth-power or the trustworthiness of the research (Leedy &

Ormrod, 2016). Researchers use member-checking to improve the reliability and validity

of the study (Birt et al., 2016). Trustworthiness qualitative research must satisfy

credibility, transferability, dependability, and confirmability (Korstjens & Moser, 2018).

Credibility ensures that the study is a reflection of the problem or the measure aligns with

the intention (Maher et al., 2018). I enhanced credibility by incorporating member-

checking, methodological triangulation, and using handwritten notes about the study.

Transferability address the ability of the findings to be transferable to other

situations (Korstjens & Moser, 2018). Marshall and Rossman (2016) advised researchers

to leave transferability of the findings to the reader and future researchers. Transferability

confirms whether participants respond to the same questions and allow for transferability

to another setting (Patton, 2015). I ensured transferability by providing a thick description

of the problem under study and followed the interview protocol.

Qualitative researchers use confirmability to minimize investigator bias by

ensuring that the findings are reflective of the data (Korstjens & Moser, 2018).

Researchers use member-checking to enhance confirmability. Member-checking is the

process of providing data summary and interpretation to participants to validate findings

(Marshall & Rossman, 2016). Researchers use member-checking and detail record keeping to ensure confirmability (Connelly, 2016). I ensured confirmability of the findings by capturing detail notes and engaging in member-checking before publishing the results of the study.

Data saturation during data collection is the point at which no new information emerges (Tran et al., 2017). Determining data saturation is difficult because researchers are limited only to the information found at a point in time. According to Fusch and Ness (2015), failure to reach data saturation impact the quality of the research. In qualitative research data saturation and the decision to stop collecting data is dictated by the researcher's judgment and experience (Tran et al., 2017). Data saturation occurs when there is enough information to replicate the study (Fusch & Ness, 2015). In the current study, I assumed data saturation when no new themes, codes, or data emerge on the topic from the sample population, and there is enough information to replicate the study.

Transition and Summary

In Section 2, I addressed the role of the researcher, participant selection, research method, data collection techniques, data organization techniques, data analysis, and reliability and validity. I also included in section 2 a discussion about research ethics and population. Section 3 comprised of the presentation of findings, application to professional practices, the implication for social change, the recommendation for action, and recommendations for future study. I conclude section 3 with reflections and conclusion.

Section 3: Application to Professional Practice and Implications for Change

Introduction

The purpose of this qualitative multiple case study was to explore the strategies health care leaders in Manhattan, New York use to implement strategic change initiatives successfully. This final section includes the presentation of findings, application of findings to practice, implications for social change, recommendations for action, recommendations for further research, and reflections. In the current study, I conducted semistructured interviews with four health care leaders from two organizations who have more than 5 years of experience with implementing strategic change initiatives. I also reviewed company documents and archival records to explore the strategic change implementation process.

To maintain participants' confidentiality, I used codes (O1P1, O1P2, O2P1, O2P2) to identify participants and their associated organization. Each participant responded to the six interview questions (see Appendix D). The duration of the interviews was 30-45 minutes. The interviews were audio recorded, transcribed, and coded. Findings indicated that health care strategic change leaders use various strategies to implement strategic change initiatives successfully.

Presentation of the Findings

The research question for this study was the following: What strategies do health care leaders use to implement strategic change initiatives successfully? I used NVIVO 12 to aid in code assignment and theme identification. After data analysis and coding, various keywords were identified (see Table 1).

Table 1

Interview Questions and Keywords

#	Interview questions	Keywords
1	What strategies have you used to successfully implement strategic change initiatives?	Communication, frontline staff involvement, demonstrate organization values, provide oversight, vision alignment, leadership buy-in, stakeholder awareness
2	What processes, techniques, methods, or approaches did you follow when implementing strategic change initiatives in your organization?	Culture of improvement, standard methodology and tools like Lean, True North, A3, audit checks, frontline staff support, coaching, PDCA cycle, transparency, frequent updates, measure progress towards goals, communication, team meetings, training, workshop, pre/post surveys
3	What strategies do you use to ensure that strategic change initiatives align with operational activities?	Leadership involvement, Gemba-visit at work site, create process and value stream maps, communication, frontline staff awareness, clarify impact of change on current work, knowing both the current state and the future state, staff engagement, reinforcement, incentives
4	What execution strategies failed to result in the successful implementation of strategic change initiatives?	Too many changes at once, lack of executive support, not motiving or energizing people, not helping staff visualize personal benefits, unclear communication, not understanding the strategic landscape, inflexible plan, lack of oversight and follow-up, not trying
5	What were the key types of challenges you experienced when implementing strategic change initiatives?	Multiple competing initiatives, lack of time, regulatory and political climate, culture, employee and stakeholder resistance, incentive structure, unclear communication, lack of shared vision, limited resources, sustaining the change
6	What additional information regarding the strategies used to implement strategic change initiatives within your health care organization would you like to share?	Start simple, gain trust, nothing worth doing is easy, engaged leader, passionate people

The three primary themes that emerged from the data analysis were situational awareness, communication, and leadership strategies (see Figure 2). The presentation of findings includes a detailed discussion of each theme and alignment of results with the literature and the conceptual framework used to inform this study.
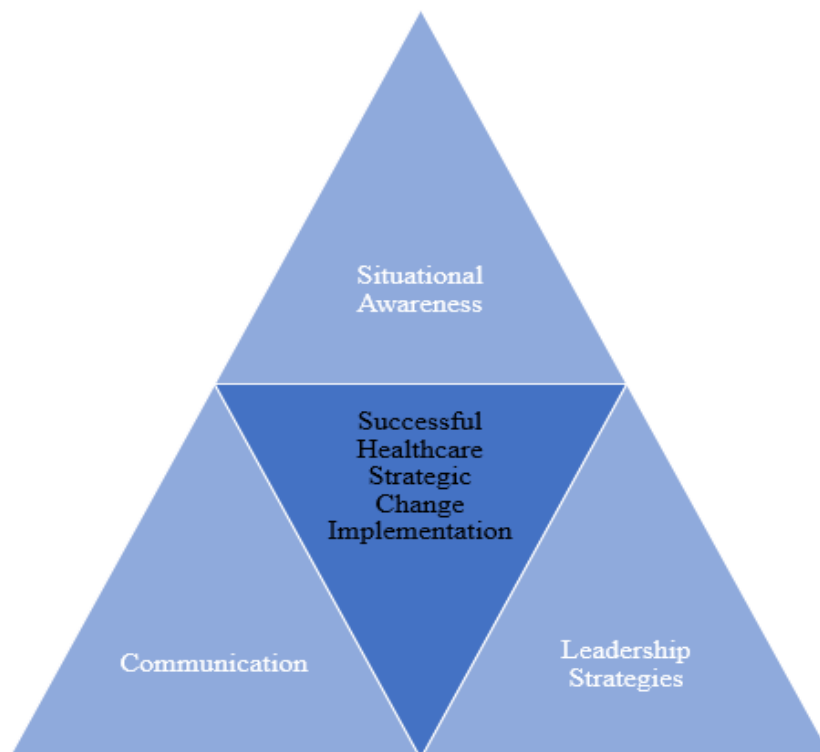
Figure 2: Major themes for strategic change implementation success.

Theme 1: Situational Awareness

One finding of the current study was situational awareness is necessary for the successful implementation of strategic change initiatives in health care. Situational awareness involves the perception and understanding of the current context of change (Almeida et al., 2019). Participants in the current study shared that numerous changes in the health care ecosystem create a state of constant change in local organizations.

Participants viewed situational awareness from two perspectives: (a) understanding how changes in the external environment create a need for local organizational changes and (b) readying the local organization to adopt new change initiatives (see Table 2). In this study, references to situational awareness occurred 23 times and were categorized as subthemes external and internal environment awareness.

Table 2

Situational Awareness References and Subthemes

Themes/subthemes	Organization 1		Organization 2	
Participant	O1P1	O1P2	O2P1	O2P2
Theme 1: Situational awareness				
Subthemes:				
Internal environment	X	X	X	
External environment	X		X	X

External environment. Having situational awareness of the external environment is essential to anticipate changes necessary to maintain a competitive advantage (Pettigrew & Whipp, 1992). The climate of the external environment, such as politics, technology, new knowledge, and economic conditions, generates significant changes in health care organizations (Bunea et al., 2016; Dyer et al., 2016). According to Gavil and Koslov (2016), the frequency of change in a highly regulated health care environment threatens implementation success. Participants in the current study shared examples of external environmental changes that are challenging to implement. O2P1 and O2P2 asserted that the current regulatory health care environment, such as the move from volume- to value-based pricing, issues around the opioid crisis, and the high maternal

death rate, create constant change in their organization. Changes imposed by the external environment may not be operationally feasible for health care organizations to implement (Dominguez et al., 2015). According to O2P2, the move to value-based pricing in health care creates implementation challenges for leaders because some providers are still using the volume-based approach while adopting this change, so initially it is not cost-effective to implement this change.

Political and economic environmental pressures give rise to an increase in mergers and acquisitions in health care (Parikh, Haque, Miller, & Dimick, 2019). Mergers and acquisitions are another external factor that is generating many changes in health care organizations (Chesley, 2019). One participant in the current study shared that being a product of a recent merger and acquisition in the health care industry creates an opportunity for the organization to increase population reach and expand programs, which is a significant source of change in the resulting organization. Viewing mergers and acquisitions in a positive light was an unusual finding in the current study because previous researchers indicated the adverse effects of these transactions. For example, Walia and Boudreaux (2019) found that mergers and acquisitions hurt health care consumers because the associated regulatory policies raise allocative efficiency, surplus, and overall cost.

The findings of the current study revealed that participants are aware that changes in the external environment have both a negative and positive impact on the internal organization. When discussing the effects of the external environment on change implementation, O1P1 equated these changes as "being in a state of constant pressure."

O2P1 expressed a sense of being trapped and stated "being in an industry as regulated as health care, although changes are needed, you do not have the flexibility and ease to implement them." Having situational awareness of the drivers and sources of strategic health care changes is necessary to prepare the organization for change implementation success.

Wambua and Omondi (2016) advised strategic change leaders to employ environmental scanning to gain insight about trends and external forces of change and develop an effective response to position for future success. According to Amuna, Shobaki, and Naser (2017), without external environment analysis, organizations will fail to survive the effects of environmental factors that threaten viability. Although participants in the current study did not provide details about specific steps taken to maintain environmental awareness, they all agreed that their knowledge of the external environment determines which strategic change initiative to implement. In the current study, situational awareness allows leaders to analyze and choose the actions needed to implement strategic change initiatives to maintain a competitive advantage.

Internal environment. Having awareness of the external situation does not guarantee the successful implementation of strategic change initiatives in health care organizations (Felin et al., 2015). When considering situational awareness in the context of change implementation, it is also necessary to evaluate the impact of the change initiative on the internal environment (Bunea et al., 2016). According to Fischer et al. (2017), there are three levels of situational awareness: perception of the situational elements, comprehension of elements in the situation, and projection of their meaning in

future situations. Having awareness of the organizational level factors that may impact change implementation is important for success (Al-Hussami et al., 2017). Internal environment analysis should include organizational features such as resources, capability, culture, structure, and management style (Dyer et al., 2016).

According to Fedato et al. (2017), leaders who consider the internal environment when implementing change are more successful. In the current study, O2P2 reinforced this assertion and stated "one critical component that should not be missed is the perspective of the internal situation that influences the strategic process to a great degree." Awareness of the internal situation is necessary to determine the best strategic change initiative to implement (Fedato et al., 2017). Poor situational awareness harms strategic change implementation success (May et al., 2016). Participants in the current study confirmed that health care leaders consider the internal environment when developing, planning, and implementing strategic initiatives to ensure success. O2P2 stated "any change management process that does not include the internal perspective is poised for failure."

Situational awareness of the internal environment helps health care leaders plan for successful change implementation. Participants (n=3) shared that before implementing strategic change initiatives, it is crucial to understand the problems in the organization. O1P2 mentioned that conducting a culture survey before change implementation provided insight into what changes would resonate with employees. O1P1 and O2P1 reported that without understanding the culture and people of the organization, it is challenging to implement and sustain change.

Employing situational awareness allows for comprehensive evaluation and sound decision-making when implementing changes (Li, Huang, Wang, & Li, 2019). Participants in the current study engage in various activities to increase understanding of the work environment. In Organization 2, participants explained that before embarking on strategic change initiatives, they develop a current state analysis to get a good sense of the current situation and assess change readiness. Before strategic change implementation, participants in Organization 1 conduct a similar activity that they called process mapping. O1P1 shared that before doing process mapping, a visit to the physical work environment is necessary.

A visit to the worksite allows leaders to learn about the work and observe the physical environment that will be impacted by the change. Understanding the workflows and physical layout is necessary for successful change implementation (Mork et al., 2018). Seeing the work environment increases leaders' awareness of change readiness from a physical perspective and provides insight into how the change will impact the people and workflows. The findings of the study confirm Burton and Obel's (2018) finding that leaders who understand organizational readiness for change implement specific strategies to promote success. According to Engle et al. (2017), the actions taken by leaders while preparing for the change implementation impact success.

Theme 2: Communication

Communication is the process of relaying messages (Koschmann, 2016). Communication is necessary for strategic change implementation success because it is the means of sharing information about the desired state and the steps needed to get there

(Luo et al., 2016). From the thematic analysis of the interview responses and company

documents in the current study, communication was a common theme used to ensure

successful implementation of strategic change in health care organizations. The

communication theme was mentioned 22 times throughout the interviews (see Table 3).

Table 3

Communication References

Themes	Organization 1		Organization 2	
Participant	O1P1	O1P2	O2P1	O2P2
Theme 2: Communication	X	X	X	X

Participants described communication as the two-way process of sharing

information between employees and executives in the organization. O2P1 stated "I keep

my leader regularly updated….and I filter information as it goes back to my staff." O2P2

added "we use communication to share the vision for the change but also to receive

feedback about the change." Two-way communication allows for the distribution and

sharing of plans required for successful strategic change implementation (H. Ahmed,

2016).

Purposeful use of communication by an organization aids in mission fulfillment

and provides alignment between the organization's vision and goals (Falkheimer et al.,

2016; Volk & Zerfass, 2018). All participants in the current study agreed that purposeful

communication is necessary for successful change implementation. O2P2 reported "to be

successful in change management, the one thing leaders must do is to be clear in

communicating what the vision is." O1P2 asserted that communicating the values of the

organization and getting others to recognize these values in others is necessary to promote change success. Through purposeful communication, leaders help employees make sense of the change (Kraft et al., 2018). According to O1P1, "before embarking on a change initiative it is vital to understand the people and the work to develop a useful communication plan." O1P2 stated "we help employees make sense of the change within their context." O2P1 also described a strategy of simplifying and presenting the change in terms that are meaningful to employees.

Effective communication inspires trust and increases employees' commitment to change (Appelbaum et al., 2017; Sverdrup & Stensaker, 2018). According to O2P2, "I use communication to influence individuals within the organization to participate in the vision and feel motivated to pursue that vision. Communication promotes transparency." O2P1 mentioned "communication encouraged openness and realized through frequent updates with key stakeholders about the progress of the change project." Two participants (O1P2, O2P2) reported that resistance is a big barrier to change acceptance; they use communication as a tool to keep staff informed. Uninformed staff are more resistant to change adoption (Pomare, Churruca, Long, Ellis, & Braithwaite, 2019). O2P2 used communication to energize people and motivate them to view the change through the lens of the opportunities afforded by the change. People are more likely to accept change when they can visualize personal benefits (Kuzhda, 2016). O2P1 also added that "frequent communication helps to maintain momentum and show that the change implementation project is a priority."

According to Falkheimer et al. (2016), effective communication is not a one-time event but a process of moving messages throughout a medium. Findings confirmed that when implementing strategic change, communication is a process that includes consideration for timing and activities. Participants from Organization 2 provided a detailed account of when, how, and why to communicate when embarking on a strategic change initiative implementation. O2P2 stated, "when implementing strategic change an initial kickoff meeting with key stakeholders is used to set expectations early and establish priorities." Participants shared that after the kickoff meeting, incremental communication facilitates maintaining contact with stakeholders. O2P1 shared "if stakeholders do not hear anything about the project for six weeks, a month, or three months they are no longer motivated to keep it going." Participants agreed that communication should be frequent, accurate, and intentional.

According to Butt et al. (2016), the chosen communication medium must be appropriate for the message. In the current study, participants shared that they used a combination of emails, and biweekly, and monthly tracking meetings to facilitate mutual communication about the change. O2P2 shared that an initial kickoff meeting provided an opportunity for all project stakeholders to be in the same room. O2P1 added, "biweekly face-to-face meetings provided an environment for project-level updates about project status." For the frontline support staff, O1P2 stated," although opportunities for face to face communication is encouraged, sharing information via email is necessary because these are used as reference guides when needed." According to McAdam et al (2019), during strategic change implementation, leaders should provide the opportunity to

get feedback from the worksite. O1P1 opined that "daily debrief meeting after implementing the change was used to get input about employees' adoption experience and address identified issues." According to Jones-Schenk (2017), the frequency of communication and the quality of the information communicated determine the change success.

Various communication tools are used by health care organizations to implement strategic change initiatives successfully. In Organization 1, tools mentioned were True North, A3 form, E6, communication plans, PDCA cycle document, and newsletter. According to O1P1, 'True North' is a framework used to create alignment and get everyone working in the same direction.' O1P1 also shared that Gemma -walks, debriefing, and meetings are used to monitor and communicate progress. For Organization 1, the company documents reviewed were the True North, PDCA cycle document, and the newsletter, and I found that they supported the information shared by participants. For Organization 2, the 'Values board,' the project tracker, and project plans were tools used to facilitate communication during the change. I reviewed the 'Values board' and the project tracker in this study. During my visit to both organizations, to conduct the interviews, the True North tool and the Values board were visibly on display in several public areas. Having these tools on display confirmed the findings of Eriksson and Fundin (2018) that visualization is a useful tool to communicate process change.

Theme 3: Leadership Strategies

The process of implementing change management begins at the top, the leadership' (Greer et al., 2017). Leaders inspire trust, which is necessary to reduce

resistance and promote change acceptance (Gigliotti et al., 2018). In the current study, the

theme of leadership was mentioned 14 times in the current study. All participants

attributed their strategic change implementation success to the guidance provided by

executive leadership (see Table 4).

Table 4

Leadership Strategies References and Subthemes

Themes/subthemes	Organization 1		Organization 2	
Participant	O1P1	O1P2	O2P1	O2P2
Theme 3: Leadership strategies				
Subthemes:				
Executive leadership	X	X	X	X
Employee engagement	X	X	X	X

Executive leadership: Leadership is the process of influencing the activities of an

organization towards goal achievement (Levene & Higgs, 2018). Leaders set the strategic

direction of the organization, which is necessary for strategic change success (Sull et al.,

2018). The findings of the current study confirmed that leaders promote strategic change

implementation success by creating the vision, helping employees make sense of the

change, and aligning and integrating the change at the operational level of the

organization. O2P2 stated, "at the outset leadership should be at the forefront of any

change because they set the change agenda and direction." In Organization 1, participants

overwhelmingly attributed their change implementation success to having a visionary

executive leader. O1P2 opined, "we have a very good and supportive president, and he

allows you to fail…he is one of the best things to have in this work." O1P2 agreed and

stated "our president is open-minded and creates a mindset that failure is just an opportunity to reflect on what is missing and learn from that experience."

Participants in the current study emphasized that leaders determine the culture of the organization, which determines change success. According to Wisdom (2019), lack of executive engagement negatively influences change success because they promote commitment, accountability, and involvement in the strategic change implementation. O1P1 mentioned that engaging executives early before embarking on a strategic change initiative and inspiring them to buy-in to the strategy is necessary for success. O2P2 opined that it critical to have all executives onboard before embarking on any change initiatives because strategic change affect all departments in the organization.

Participants agreed that getting leadership involved is necessary for strategic change implementation success because they set priority about issues and influence diffusion of the change across all levels of the organization. Participants were mindful that the siloed nature of health care makes it difficult to implement change initiatives. O2P1 commented, "the siloed nature of health care makes it difficult to implement change." O1P1 opined, "when implementing change, some leaders may be skeptical about the change at first, so it is critical to get them on board."

Leaders align and integrated change in health care organizations. Leaders must integrate change in operations and daily work because misalignment may lead to implementation failures (Fedato et al., 2017; Ukil & Akkas, 2017). O2P1 commented, "sometimes there is just a tremendous amount of resistance when change is not completely aligned." O1P2 postulated "in ensuring alignment I make the change visible

and meaningful for employees." Leaders should create opportunities for employees to see the change in action (Canterino et al., 2020; Higuchi et al., 2017). O1P2 implemented a "value of the month newsletter and provided opportunities to show employees what good looks like." According to Da Silveira et al. (2018), a critical function of leaders during change implementation is to propel the change among cross-functional teams across all departments in the organization. In the current study, participants shared that leaders allow for change diffusion by fitting any new change within the current portfolio of work and filtering new changes through the lens of whether the change will advance the organization's objectives and vision.

Leaders must provide support for successful change. Leaders provide support through the establishment of standards (Nicholas, 2016). Having a standardized measure to support the change process is necessary for success (Moore et al., 2017). Dyer et al. (2016) advised leaders to maintain accountability during strategy execution. Standards also allow for the creation of alignment and synchronization of activities (McAdam et al., 2019). The findings of the current study supported the creation of an accountable environment and keeping stakeholders informed and aware of their responsibilities during strategic change implementation as necessary. O1P2 stated, "True North helps us with setting and determining priorities." O1P1 added, "having a standard support structure like True North helps to hold team members accountable for their aspect of the work." Although participants from Organization 2 did not mention 'True North,' O2P1 described a process of team-based project review with critical milestones, and progress towards goals as the process of maintaining and ensuring stakeholder accountability. O1P1 and

O1P2 mentioned that involving frontline staff in the creation of the measurement of success for the project informed by the high-level standards of the organization allowed for peer-level oversight and change implementation success.

Successful change leaders provide a flexible structure to support change implementation (Tavare, 2017). The findings of the current study compared to that of Karim et al. (2016), who stated that leaders must adjust the structure of the organization to suit the strategy. In the current study, participants from both organizations expressed that structure allowed them to experience change implementation success. The results of the current study confirmed the findings of Sushil (2017) that strong links promoted change success. All participants reported that strong ties between operations and strategy enabled successful strategic change implementation. O2P1, said "my team reports up to the chief medical officer who oversees anything related to patient safety across the company. I keep my leader looped in and regularly updated, and he brings those to his boss, who is the chief medical officer." O1P1 stated, "leaders practice active Hoskin Kanri, during the yearly executive retreat informed by the report on the change initiatives of the prior year and other factors, the executives determine which key strategic change initiatives to focus on."

Employee engagement: According to Bhatt and Sharma (2019), employee engagement addresses the relationship between employee experiences and shape work and behavior within the organization. Employee engagement is multidimensional and should include emotional, physical, and cognitive engagement in daily work (Jia, Yan, Liu, & Huang, 2019). The findings of the current study aligned with Joseph and Bogue

(2018) that involving frontline employees in the change process is critical to success. O2P2 focusing on employee engagement, reiterated "the frontline has to participate in giving input into the development of the vision. If you do not know the perspective of the frontline, the vision that you create would be incomplete." Both O1P1 and O2P1 mentioned that involving employees early, providing an environment that promotes transparency, and having good feedback loops about implementation progress are necessary to encourage alignment.

Leaders must build employees and organizational capacity to change (Dyer et al., 2016). Leaders can create capacity by developing employees' skills, letting them know how they are doing, and coaching them on how to improve. According to Okumus et al. (2017), training is necessary for change acceptance and skills development. The findings of the current study supported the assertion of Thakur and Srivastava (2018) that training allows for skills development, which is required to reduce change resistance and increase adoption. O1P1 stated "training is necessary for knowledge transfer." Even when not associated with a specific change initiative, leaders in Organization 1 routinely trained employees on Lean methodologies - green and black belt. OIP1 opined that the more staff who understand the work, the more people will understand the methodology and the "less my team has to do hand-holding."

Mentorship and coaching are other strategies used by study participants to engage employees and increase change implementation success. Strategic change implementation disrupts employee work-related networks and requires them to form new ones (Lynch & Mors, 2018; Rogan & Mors, 2017). In the current study, mentorship was

a method used to reestablish networks. In Organization 1, leaders employed a formal

mentorship program to help frontline staff understand the strategic change methodology.

According to O1P1, in addition to training, her organization provides coaching and

mentorship. O1P1 commented, "when we first started doing the work, we hung with the

team for about three months after to work closely with them. And now, we do a lot of

coaching and mentorship. The more we get other people who understand the

methodology, the less my team has to do hand-holding because they got it." In the current

study, during the mentoring relationship, leaders provided resources that the organization

uses to implement successful change. O1P1 shared that during implementation, tools, and

resources like the standard of work template and audit checklist are provided to staff to

help them manage change projects.

Successful leaders help employees work across organizational boundaries and

ensure that the organization's processes and systems are in support of the change.

According to Stinglhamber, Ohana, Caesens, and Meyer (2020) perceived organizational

support is the extent to which employees believe the organization cares about their well-

being and values. The results of the current study confirmed that organizational support is

necessary for the successful implementation of strategic change in health care

organizations. The findings of the current study expanded those of Zipfel et al. (2019)

that organizational support is needed at the beginning of the implementation plan and

during execution. In the current study, I found that support is also necessary to sustain the

change after initial implementation. According to Geerligs et al. (2018), training, audits,

and feedback, and end-user involvement are supportive components necessary for

strategic change success. The findings of Geerligs et al. were replicated in the current study but included skills development, mentorship, standards, and structure as additional factors that influence successful change implementation in health care.

Reflecting on the feedback from the study participants, during the implementation of strategies, change leaders held employees accountable for specific tasks needed to complete the change. Participants (n=3) asserted that employees, especially at the frontline, should be involved in planning, oversight, and shepherding the work of implementing the change. O2P2 added that the amount of engagement depends on the type of change initiative and the job function of the stakeholder. Involving employees in all aspects of the change create motivation and reduces resistance (Afrianty, 2020). O2P1 remarked, "people are more likely to accept change when they can visualize personal benefits." Miech et al. (2018) mentioned that the use of champions is one strategy health care organizations used to effect successful change; in the current study, most participants shared this finding. Although all participants agreed that employee engagement is necessary for success, one participant (O1P2) indicated that the use of frontline based champions was not successful because of limited resources to provide support. Findings from the current study confirmed that executive leadership support promoted change success. These findings are similar to that of Gupta and Rous (2016) that change implementation gains momentum through collaboration and employee engagement.

Findings From Company Documents and Archival Records Analysis

Much of the previous discussion was about the findings derived from the interviews except for the communication section. However, a thorough review of the company documents submitted by the participants revealed that they also support the findings of the study. During the interviews, participants from Organization 1 made multiple references to True North'. A review of the True North metrics supported the finding that situational awareness, communication, and leadership strategies are critical strategic change implementation success factors. The True North metrics also demonstrated the values of the organization and showed that the organization realize its vision through the streams of safety and quality, patient experience, financial stewardship, and flow. Strategic change leaders in this health care organization use the tenets of True North to understand the current situation and ensure that change initiatives are in alignment.

The PDCA worksheet, another document reviewed, provides an in-depth understanding of how leaders plan and execute change and used data to determine what actions to take. The 'values newsletter' was also reviewed, and this demonstrated a strong focus on employee engagement. The values newsletter contains excerpts from various categories of staff about their experience and provides qualitative insight in how the organization leaders and staff make sense of the change. In Organization 2, the values board, the project tracker, and the company website were company documents and archival records reviewed. Similar to the 'True North' in Organization 1, the 'Value board' is used for strategic change prioritization. In Organization 2, people formed the

center of the value statement with integrity, excellence, inspiration, and caring as

significant tenets of the organization's values. The project tracker revealed details of the

project stakeholders, the tasks needed to achieve the change, and the progress, goals, and

challenges.

The review of company documents and archival records from both organizations

revealed leaders provided an organizational support structure conducive for the

successful implementation of strategic change initiatives. According to Aarons, Ehrhart,

Moullin, Torres, and Green (2017), organizational support is necessary for strategic

change implementation success. The findings of the current study, which were supported

by the company documents and archival records, reinforced the importance of situational

awareness, communication, and leadership strategies as critical to the successful

implementation of strategic change.

Findings Alignment With Conceptual Framework

The conceptual framework for this study was the composite of Pettigrew and

Whipp's content, context, and process of change and HK or policy deployment models.

The findings of this study aligned with the conceptual framework. The situational

awareness finding, closely aligned with Pettigrew and Whipp's strategic change model,

which highlighted the importance of understanding the impact of environmental factors

on change implementation success. The findings of the current study supported the

assertion that leaders who are aware of the forces in the external environment and the

opportunities and limitations within the internal environment are employing strategies to

successfully implement strategic change initiatives (Dominguez et al., 2015; Galpin,

2018). After having a good understanding of the situation, health care leaders must develop and implement an effective communication plan, involving stakeholders and leaders to disseminate the change initiative within the organization. Within the organization, leaders must provide the needed resources necessary to facilitate successful implementation.

The findings of the study also aligned with the HK principles of the conceptual framework. The results of the current study supported having a specific action plan, timeline, and a feedback loop that is necessary for successful change implementation (Friis et al., 2016; Kuhfahl et al., 2018; Li & Xu, 2020). In the current study, participants shared details about the tools and techniques used to engage stakeholders and lead the organization through successful change implementation. According to Nicholas (2016), HK helps leaders maintain focus and align the change within the organization. Participants from both organizations described a process of leadership aligning the change and providing feedback to top leadership to inform further change. The current study also supported the findings of Da Silveira et al. (2017) that HK helps leaders maintain focus and identify competing priorities that may threaten the success of strategic change implementation.

Applications to Professional Practice

Even though the findings of this study are not generalizable, they may provide health care leaders with an awareness of the strategies used by some industry leaders to implement strategic change initiatives successfully. Health care leaders can apply the findings of this study to inform decisions that may result in more successful

implementation of strategic change initiatives. The findings of this study included three main themes: situational awareness, communication, and leadership strategies.

Health care organizations undergo constant changes to improve patient outcomes and care delivery (Moussa, Garcia-Cardenas, & Benrimoj, 2019). According to Galpin (2018), organizations must execute strategies successfully to realize anticipated value. By incorporating the findings of the current study in strategic change implementation plans, health care leaders may achieve more successful change initiatives necessary to maintain a competitive advantage. The results of this study expanded the change management literature by emphasizing the need for a holistic approach to change implementation. This study revealed that successful healthcare change leaders consider the internal and external environmental situations when implementing change and contemplate the impact of organizational support, stakeholders, and leadership involvement during change execution.

The findings of this study also provided insight into how to communicate and integrate the strategic change initiative into the practice setting to promote success. The study participants provided details about how they communicated and integrated each strategic change initiative at the operational level of the organization. Leaders who employ effective communication systems share the vision and incorporate the change into practice effectively (Laureani & Antony, 2017; Narayanan & Adams, 2017). Leaders may apply the findings of the current study to modify implementation strategies which may lead to more successful change initiatives execution.

Implications for Social Change

The findings of this study could help health care strategic change leaders implement more successful strategic change initiatives necessary to improve the health and wellbeing of community members. The results of this study might contribute to positive social change by increasing health care change leaders' awareness of the strategies known to influence the successful implementation of strategic change initiatives. Health care leaders can use the findings of the current study to inform the development of communication plans necessary to provide clarity of purpose to maintain accountably and reduce unnecessary stress during strategic change implementation. According to Aslam et al. (2016), change implementation is a stressful process that may negatively affect employees' behavior and productivity.

Understanding that situational awareness is necessary to inform how to communicate, prioritize, and oversight change, health care executives must constantly surveil the internal and external environment and develop strategies to mitigate risks proactively. Health care leaders can use the findings of this study to reduce inefficiencies within the health care system by implementing solutions to increase access to care, reduce health care disparity, and increase employment opportunities for community members.

Recommendations for Action

The findings of the current study revealed that health care strategic change leaders who are aware of the existing organizational and environmental situation, employ communication and leadership strategies that results in more successful change

initiatives. According to Mtebe and Nakaka (2018), successful strategic change implementation is necessary to reduce health care costs and patient safety concerns. Previous researchers highlighted communication and leadership involvement as essential for successful change implementation (Bernardo et al., 2017; Greer et al., 2017). The findings of the current study supported those assertions but added more details about the frequency, content, and tools necessary for effective communication. From the leadership involvement perspective, the findings of this study revealed that the level of leadership involvement, such as creating and disseminating the vision, helping stakeholders to understand the vision, and aligning and integrating the activities needed to adopt the change are all required for success. According to Higuchi et al. (2017), leadership involvement is necessary to sustain change. Reflecting on the findings of the current study I recommend that before embarking on strategic initiatives leaders must examine their level of participation because creating and sharing the vision is not enough to sustain change.

Situational awareness was a finding of the current study that was resounding as critical for change implementation success. Without intimate knowledge of the internal and external situation and how this impacts the change, implementation failure will occur (Dyer et al., 2016). Health care organizations are complex, having various stakeholders, motivators, and structures, it is not ideal to use the same strategy for all strategic change implementation (Colon-Emeric et al., 2016). In the current study, participants discussed a range of strategies used to influence success. All participants at Organization 1 emphasized that having a visionary, flexible, and insightful senior executive was the

recipe for successful strategic change implementation. Health care leaders must realize

that although they cannot control all conditions that may influence success, having

awareness, and being flexible to adjust to the changing environment are foundational

skills needed when implementing strategic change. Being reactive will not prevent

implementation failures.

Leadership strategies which include executive leadership and employee

engagement are additional findings of the current study that health care leaders cannot

overlook. Previous studies address stakeholder engagement from a single perspective. For

example, Bakker and Albrecht (2018) mentioned the need for an effective bottom-up

strategy to engage employees and improve work performance. Conversely, Richter et al.

(2016) focused on leadership as necessary for successful implementation efforts. The

findings of the current study illuminated the need to engage all stakeholders that will be

impacted by the change. Organizations are social networks and any change will have

upstream and downstream effects (Lynch & Mors, 2018; Rogan & Mors, 2017). Health

care leaders cannot continue to implement change in silos (Rydzak & Monus, 2018). The

findings of the current study demonstrated that getting all stakeholders involved was

necessary to reduce resistance and increase implementation success.

Leadership support is necessary for success (Green et al., 2017). The findings of

the current study replicated that of previous studies that lack support and commitment

from executives' limit change implementation success (Bernardo et al., 2017; Narikae et

al., 2017). The findings of the current study revealed that health care leaders must support

employees – through training, mentorship, and skills development activities and promote a structure that is amicable to change adoption and implementation.

I recommend that health care leaders involved in implementing strategic change initiatives review the findings of the current study to understand the strategies used to increase change implementation success. I plan to distribute the results of this study at professional conferences, seminars, and in scholarly journals. I also plan to present the results within my local network, using presentations and workshops. With the knowledge that 70% of change initiatives fail during implementation, it is necessary to share the strategies some health care leaders found essential for success.

Recommendations for Further Research

The purpose of this qualitative multiple case study was to explore the strategies health care leaders use to implement strategic change initiatives successfully. Recommendations for future studies include replicating this study in different geographical locations, applying different research methods and collecting data at different time points, and conducting this study among different categories of workers within health care organizations.

The limitations of this study were that it was cross-sectional, qualitative, and involved only two health care organizations in Manhattan, New York. Although my findings were valuable, they are not generalizable. According to Marshall and Rossman (2016), qualitative studies are not generalizable, but when correctly done, the results are transferable. I recommend that more research about the problem using larger sample size,

and in a different geographic location is necessary to understand the strategies other health care leaders are using to implement strategic change.

According to Counsell et al. (2016), quantitative studies are ideal for showing the relationship among variables. Due to the qualitative nature of the current study, I am unable to hypothesize if some strategies are more predictive of success, replicating this study using a quantitative method would have provided that insight. Situational awareness was a major theme found in this study. Because of the finding that the situational influences change implementation success, I recommend further research to understand the relationship between the current situation, strategy selection, and change implementation success.

Replicating this study using a different qualitative method may have yielded mixed results. In this study, I collected data at one-time point. I recommend a longitudinal study to understand whether data collection time would impact the study findings. Finally, the target population for this study was health care leaders directly involved in the change implementation process. I recommend that further research among other health care stakeholders who were impacted by the change as this may reveal other themes necessary for change implementation success.

Reflections

Being a registered nurse for over 20 years, I have a good understanding of the opportunities and challenges within health care from the perspectives of a clinical professional. According to Keehan et al. (2017), without strategic change, health care costs will continue to rise. Feeling helpless about the health care cost predictions and

recognizing a knowledge deficit about health care as a business, I decided to embark on this program of study. During this journey, I gained extensive knowledge about business concepts and how to apply them to solve health care problems. The need for strategic change in health care resonated with me throughout the program and formed the basis of my final research project.

During the DBA Doctoral Study process, my specific problem statement changed several times. After several attempts at crafting the ideal business problem statement, I zoomed in on strategic change implementation, then absorbed myself in the literature to understand the current trends. I knew that change projects sometimes fail but did not understand the extent to which these failures occurred. During this study, I gained in-depth knowledge about the strategies successful health care leaders are using to implement change.

Throughout this process, I developed personally and professionally. I developed perseverance and tenacity, a skillset that will last a lifetime. On this journey, I realized that I work best in the early morning hours before daybreak and that feedbacks are necessary for growth and improvement. Professionally, I learned that acknowledging personal biases, using triangulation, and staying close to the data are ways to provide credible evidence. I became aware that asking the right questions is necessary for understanding the problem. My critical thinking skills and ability to examine concepts from various perspectives also improved. As I aspire to become a senior leader in health care, I will apply these new insights into my daily practice to inform decision making.

Conclusion

Health care organizations must implement strategic change initiatives to remain viable and competitive. The purpose of this multiple qualitative case study was to understand the strategies health care leaders use to implement strategic change initiatives successfully. The findings of this study confirmed that implementing strategic change initiatives guided by the composite of Pettigrew and Whipp's content, content, and process of change model and HK program deployment model may help health care leaders implement more successful strategic change initiatives.

During data analysis, three themes emerged as necessary for change implementation success in health care. These themes are situational awareness, communication, and leadership strategies. The findings of this study may help strategic change leaders select, prioritize, communicate, implement, and monitor strategic change initiatives appropriately to increase implementation success. Health care leaders who adopt specific strategies to improve communication, engage employees, and provide an environment supportive of the change are more successful at executing change initiatives necessary to improve the living conditions of health care consumers.

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Appendix A: Invitation to Participants

Dear Healthcare Leader,

I am Sophia F. Brown, a doctoral student at Walden University. I want to invite you to participate in a research study I am conducting to ascertain the strategies healthcare leaders in your organization use to implement strategic change initiatives successfully. I would like to interview individuals who have experience with implementing strategic change initiatives and can share their experiences and strategies used to ensure success. The ideal participant must have been involved in planning and implementing strategic change initiatives within the last five years. The data collected will be confidential, and participation is voluntary.

If you agree to participate, please review the attached inform consent form which provides additional details about the study. Before participating in the study, I request that each participant review and indicate agreement with the terms outlined in the informed consent form. The interviews may be conducted face-to-face or telephone and is expected to last about 60 minutes. Participants can withdraw from the study at any time without fear. All collected data will be de-identified and kept confidential.

If you are interested in participating, please contact me at sophia.brown@waldenu.edu or via telephone (917) 583-2759 or share your contact information and I will connect with you. Thank you for your time and consideration to participate in this study.

Sincerely,

Sophia F. Brown

Appendix B: Interview Protocol

The purpose of the interview is to explore the strategies health care strategic change leaders use to implement change initiatives successfully. Four strategic change leaders from two health care organizations in Manhattan New York will be interviewed using the questions below, in the order presented. I will engage in the following activities during the data collection process.

1. I will introduce myself to each participant as a doctoral student with Walden University and provide an overview of the purpose of the study, the consent process, measures I will use to maintain confidentiality, and the anticipated length of the interview.

2. I will seek permission from participants to audio record the interviews and share that they can withdraw from the study at any time. I will be prepared to write interview responses should a participant desire no audio recording.

3. I will ask participants to begin by introducing themselves. The introduction should include job title, a brief overview of job functions, and years of experience with strategic change implementation.

4. I will begin asking interview questions as outlined below. During this process, I will watch for non-verbal cues, exhibit active listening, paraphrase as needed for clarity, and ask probing questions to gain a clear understanding of the response.

   a. What strategies do you apply to implement strategic change initiatives?

   b. What processes, techniques, or approaches do you use when implementing strategic change initiatives in your organization?

    c.   What strategies do you use to ensure that strategic change initiatives align with operational activities?

    d.   What execution strategies failed to result in the successful implementation of strategic change initiatives?

    e.   What were the key types of challenges you experienced when implementing strategic change initiatives?

    f.   What additional information, regarding the strategies used to implement strategic change initiatives within your healthcare organization, would you like to share?

5.   At the end of the questions, I will thank each participant for their time and stop the audio recording. Anticipated interview time is about 60 mins.

6.   I will inform participants to expect a follow-up email within a few days with a summary of my interpretation of their responses. I will ask participants to review the summary document and provide feedback about inconsistency with my understanding of their responses. I will request a follow-up telephone call to clarify any discrepancies.

Appendix C: Post Interview Follow-up Email

Dear Health care Leader,

Thank you for taking time from your busy schedule to speak with me about the strategies you use to implement change initiatives successfully. I appreciate the information shared and will share my overall findings with you when my study is published. As a follow up to our recent conversation please share samples of the documents and tools you use to support the change implementation process. In a few days I will forward my interpretation of your response to the interview questions for your feedback.

If clarity is needed, please contact me at sophia.brown@waldenu.edu or via telephone (917) 583-2759. Thank you for your time.

Sincerely,

Sophia F. Brown.

Appendix D: Interview Questions

1. What strategies do you apply to implement strategic change initiatives?

2. What processes, techniques, or approaches do you use when implementing strategic change initiatives in your organization?

3. What strategies do you use to ensure that strategic change initiatives align with operational activities?

4. What execution strategies failed to result in the successful implementation of strategic change initiatives?

5. What were the key types of challenges you experienced when implementing strategic change initiatives?

6. What additional information, regarding the strategies used to implement strategic change initiatives within your health care organization, would you like to share?

Appendix E: Summary of Findings

Table 5

Summary of Findings, References, and Subthemes

Themes/subthemes	Organization 1		Organization 2	
Participant	O1P1	O1P2	O2P1	O2P2
Theme 1: Situational awareness				
Subthemes:				
Internal environment	X	X	X	X
External environment	X		X	
Theme 2: Communication	X	X	X	X
Theme 3: Leadership strategies				
Subthemes:				
Executive leadership	X	X	X	X
Employee engagement	X	X	X	X