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Leadership Strategies to Achieve Organizational Excellence

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This is to certify that the doctoral study by

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Walden University
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Abstract

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MBA, Saint Leo University, 2013

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Doctoral Study Submitted in Partial Fulfillment

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Abstract

Inadequate quality management tools and processes can lead to inefficient hospital operations and poor organizational performance. Community hospital leaders who fail to improve operations and organizational performance risk negatively impacting patient care and profitability. Grounded in the theory of high-performance work systems (HPWS), the purpose of this qualitative single case study was to explore strategies community healthcare leaders use to effectively employ quality management approaches to improve operations and achieve organizational excellence. The participants comprised 5 community healthcare leaders in the northeast United States who effectively used quality management approaches to improve operations and achieve organizational excellence. Data were collected from semistructured interview questions and company documents. Thematic analysis was used to identify 5 strategies: quality management tools and techniques, data measurement and analysis for performance improvement, strategic planning, leadership engagement, and sponsorship, employee engagement, and deliberative management of resources. Key recommendations include pursuing business process improvement, using high-performance work system strategies, investing in special quality training, and enhancing in-house quality management staff. The implications for social change include the potential for hospital leaders to reduce waste, improve healthcare delivery, and operational efficiency, resulting in a healthier patient population and community.

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Dedication

I dedicate this study to the women in my life who were both critical in raising and remind me that I could be anyone in this world; my mother, Carrie Rhodes Turner and my late grandmother, Clorine Dunkley. I also dedicate this study to the men from my childhood and beyond that were my constants until I met my husband; my uncle, William Dunkley and my “Pops,” Albert Turner. You all set fine examples and fostered an environment for me to flourish in life.

I also dedicate this study to my nuclear family who were all supportive during this journey. You all do not realize how the thought of each of you and our life together has motivated me to overcome my greatest challenges. Thank you to my husband, John Blakely, our daughters, Brittany and Tiffany Blakely, for allowing me to pursue the keys to unlock my doors to personal excellence!

> "The will to win, the desire to succeed, the urge to reach your full potential...these are the keys that will unlock the door to personal excellence." (Confucius)

Acknowledgments

I would like to acknowledge all of the individuals who were supportive and helpful during my quest to complete this journey. I am grateful to co-workers, academicians, family members, an extended network of professionals, and close friends who all provided an ear, sounding board, encouragement, and prayers in support of my success.

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Section 1: Foundation of the Study

U.S. healthcare continues to evolve to increase efficiency while improving medical care delivery, reducing patient errors and waste (Adams, O'Brien, & Scruth, 2015). Leaders need strategies and the infrastructure to foster a work environment committed to excellence through continuous improvement and high-performance standards. According to Miller, Duesing, Lowery, and Sumner (2018), leaders have an opportunity to leverage quality management practitioners in their operational strategy to meet organizational challenges. To achieve excellence in hospitals, healthcare leaders should cultivate an environment and a workforce that practices systems thinking, quality vision with supportive organizational infrastructure, continuous improvement, and adaptive capability (Vaughn et al., 2014). There are various quality management (QM) methods, tools, and techniques that aid leaders, individuals, and teams to improve work processes and achieve organizational excellence.

Background of the Problem

Some leaders achieve optimal organizational performance that results in excellent patient care and patient satisfaction (Adams et al., 2015). Healthcare leaders need strategies to employ QM tools and techniques effectively to consistently yield quality healthcare delivery and overall exceptional organizational performance (Vaughn et al., 2014). The findings of this study could contribute to academic and professional practice by providing awareness of implementation strategies that healthcare leaders may use to optimize the utilization of QM approaches to further optimize, improve performance in

their organizations, and provide the highest quality patient care. Healthcare delivery systems that provide high-quality patient care may help to maintain the overall health of the surrounding community.

Problem Statement

Organizational leaders have implemented various quality management philosophies and approaches, over the past 2 decades, in their quest to achieve exceptional business outcomes and superior company performance (Kumar, Maiti, & Gunasekaran, 2018). In a study conducted by Branco, Wicks, and Visich (2017), more than 80% of community hospitals used some form of quality tool and process improvement approach in healthcare. The general business problem that I addressed in this study was that leaders lack a consistent use of quality management approaches to improve performance in healthcare organizations. The specific business problem was that some leaders in community hospitals lack the strategies to identify practices and consistently employ quality management approaches effectively to improve processes and achieve organizational performance excellence.

Purpose Statement

The purpose of this qualitative, single case study was to explore strategies that community hospital leaders use to employ quality management approaches effectively to improve operations and achieve organizational excellence. The target population was five executive leaders within a community hospital in the northeast region of the United States who have successfully leveraged quality management approaches to improve

healthcare delivery and achieve organizational excellence. The findings from this study may contribute to social change by improving healthcare delivery which can result in a healthier patient population and community.

Nature of the Study

I used the qualitative methodology to conduct this study. Qualitative research is viewed as interpretive because researchers explore the subjective meanings of the behaviors and experiences under study (Saunders, Lewis, & Thornhill, 2019). Using a qualitative research method requires observation in a natural setting to describe the environment under exploration. Morgan (2015) defined quantitative research as forming hypotheses, developing measures, collecting data, and building knowledge for examining relationships among variables. I did not formulate or test hypotheses to build knowledge about variables' relationships or groups' differences; therefore, the quantitative research method was not suitable for this study. Mixed-methods research requires combining data collection and analytical procedures using both quantitative and qualitative methods by testing hypotheses and interviewing research participants (Turner, Cardinal, & Burton, 2017). I did not use the mixed-method design for this research study because I did not plan to test hypotheses or variable relationships.

There are three types of qualitative research design that researchers can apply: phenomenological, ethnographical, and case study. According to Yin (2017), a case study design is useful for research explaining a circumstance or requiring an extensive description of phenomena. Case study research is ideal when a group, organization, a

change process, or an event is a key focus for understanding the nuances within a context of the natural setting (Saunders et al., 2019). According to Aagaard (2017), the phenomenological method is used to explore the meanings of participants' lived experiences to produce a constructive understanding of the environment. Ethnographic research is applied to describe the culture of groups through participant observation and interviews with those under study (Oğuz, 2015). The goals for this study did not include understanding the meanings of participants' experiencing phenomena or a description of a group's culture through observation, which were my reasons for not choosing phenomenology or ethnography designs.

Research Question

The primary research question in this study was: What strategies do leaders use in community hospitals to effectively employ quality management resources to improve operations and achieve organizational excellence?

Interview Questions

1. How does your organization define organizational performance excellence?
2. What quality management approaches do you use within your organization for achieving operational efficiency and improvement?
3. How do you assess the effectiveness of your strategies to achieve the desired performance outcomes?
4. How does your organization identify and prioritize the initial projects for justifying and demonstrating the benefits of improving operations?

5. What types of overall quality management or improvement training does your organization provide to leaders, managers, and employees who participate in improvement strategies?
6. What strategy is used to obtain employee involvement in improvement efforts?
7. How does your organization use cost or performance metrics to prioritize improvements in your organization's key business processes?
8. What additional information would you like to share about your organization's leadership strategies to effectively employ quality management approaches to improve processes and achieve organizational performance excellence?

Conceptual Framework

The theory of high-performance work systems (HPWS) was the conceptual framework I selected to shape this study. The Commission on the Skills of the American Workforce introduced the HPWS theory (National Center on Education and the Economy, 1990). HPWS is an integrated structure of practices that are internally and externally consistent in an organization (Rasheed, Shahzad, Conroy, Nadeem, & Siddique, 2017). The theory of HPWS was described by Boxall and Macky (2009) as the method service industry firms use to shape operational focus to gain a competitive edge and achieve organizational excellence. According to Jiang and Liu (2015), the common elements in high-performing work systems are self-managed teams, decentralized decision making, selective staffing, open communication, performance contingent-compensation, and training. Boxall and Macky (2009) accounted for the use of HPWS

theory across industries and discovered what works when empowered and enabled team members to pool expert knowledge to make better business decisions. The HPWS framework applied to this study because of major tenets of the theory aligned with the characteristics of high-performing companies with exceptional performance and organizational excellence.

Operational Definitions

Organizational performance excellence: The pursuit and achievement of organizational goals to satisfy customers with superior results (Latilla, Frattini, Petruzzelli, & Berner, 2018).

Process improvement: The action to enhance how one performs a set of job functions or work tasks (Prasad, 2016).

Quality management: An approach using tools and techniques to aid in the overall outcome in association with organizational functioning and improving services, products, and business processes to generate positive customer satisfaction and competitive advantage (Barouch & Ponsignon, 2016; Pimentel & Major, 2016).

Quality management tools and techniques (QMT&T): The critical factors that should exist in an organization for successful use and application of QM approaches in businesses (Bamford & Greatbanks, 2005).

Total Quality Management: A cross-functional approach using seven basic quality tools focusing on customer satisfaction, process, product development, and satisfying the customers' delight in the quality of products or services in use (Kumar et

al., 2018).

Assumptions, Limitations, and Delimitations

Assumptions

Assumptions are expected in a study because researchers have no control over factors that they cannot verify (Bansal & Corley, 2011). Assumptions are beliefs that the researcher assumes are true (Ellis & Levy, 2009). For this study, I assumed that participants would be open, honest, and truthful in their responses to interview questions. Another assumption was that the organization that I researched would provide access to documents related to the topic to provide data essential to supporting the study.

Limitations

Limitations of a study are explicit threats that are beyond the control of the researcher but should be summarized (Prowse & Camfield, 2013). A limitation of this study was that the sample size might not represent other organizations in the sector or region. Another limitation was that the results of the study might not transfer or apply to other industries or organizations. A third limitation was that participants would not be able to acknowledge personal bias regarding successful or less desirable outcomes using QM tools and techniques.

Delimitations

Delimitations are elements in a study that the researcher defines that are relative to the place or manner they are constructed (Cunliffe, 2011). The purpose of this study was to explore strategies leaders use to employ QM approaches to improve procedures in

pursuit of organizational performance excellence in a single hospital. Personnel, other than healthcare leaders, involved in the organizational performance were not be included in the study. The interview questions exploring strategies for performance improvement and organizational excellence did not address other administrative or operational areas in healthcare management.

Significance of the Study

Healthcare delivery consists of elaborate and complex systems of tertiary centers for significant medical needs and small community hospitals serving rural communities that do not have easy access to specialty and sub-specialty care. As a result of healthcare delivery complexity, organizational leaders should be able to determine the strategic priorities that best serve the patients and communities they care for and equip the staff with the competency to maintain efficient operations and provide satisfactory service. Latham (2014) stated that leaders should use their influence to highlight the quality and their training in improvement and transformation necessary to cultivate an environment committed to providing the best service and continual improvement. Leaders of healthcare delivery systems throughout the United States are hiring or contracting quality consultants with the expertise and knowledge of lean principles, Six Sigma, facilitation, process re-engineering, team building, project management, and other management philosophies to drive optimal operations and improvement (Adams et al., 2015). Quality departments help leaders plan and conduct initiatives to improve operational efficiency and achieve exceptional performance throughout their organizations. Leaders within

high-performing hospitals are most effective when they engage in improvement initiatives, pursue organizational efficiency, and foster a culture committed to providing quality healthcare for the benefit and satisfaction of their customers, the patients (Vaughn et al., 2014).

Contribution to Business Practice

The results of this study might offer leaders strategies for achieving organizational excellence and improvement through the development and deployment of a variety of quality management methods, techniques, and tools. The rapid and ever-changing evolution of healthcare requires a sustainable quality strategy that leaders can leverage (Ramadan & Arafeh, 2016). Identifying strategies that assist leadership in employing QM to improve overall performance, may increase patient satisfaction and gain operational efficiency through the alignment of the organizational vision, mission, values, goals, and objectives. According to Ramadan and Arafeh (2016), the delivery and overall quality of healthcare have many dimensions to improve, including satisfaction, timeliness, effectiveness, equity of care, efficiency, and patient-centeredness.

Implications for Social Change

The results of this study might provide leaders with an awareness of implementation strategies to improve healthcare delivery from hospital executives who have successfully created a culture of quality, high-performance, and continuous improvement. When hospitals experience high efficiency and continued operational improvement, funding becomes available for use in enhancing healthcare delivery. When

leaders leverage cost savings to target improvement throughout their hospitals, the funds are typically used to acquire other resources for the staff (McFadden, Henagan, & Gowen, 2009). Hospital improvements lead to better outcomes and improved quality of patient care, which results in a healthier and happier patient populace (Adams et al., 2015).

A Review of the Professional and Academic Literature

A researcher uses the literature review to demonstrate a depth of knowledge in a field of study while exploring previous studies, ideas, theories, and findings in research (Onwuegbuzie, 2018). The review of literature includes peer-reviewed articles, seminal works, and informational textbooks. I used the research question to guide the exploration of existing literature about the strategies that leaders use to maximize QM resource utilization in their pursuit of organizational performance excellence. In this review of the literature, I provide information about the conceptual framework that was used to shape this study, prominent QM techniques and tools, critical success factors necessary for achieving organizational performance excellence, leadership engagement in QM activities, and the prevalent business models and evaluative methods to assess the degree of organizational excellence maturity.

I reviewed the literature using Walden University Library databases to search for peer-reviewed journals, seminal works, and informational books. The databases that I used included ProQuest, Business Source Complete, ABI/INFORM Complete, Academic Search Complete, ScienceDirect, Taylor & Francis, Emerald Management, and

EBSCOhost. I organized the literature review into nine sections including the following keywords to conduct forward, and backward searches of select databases: (a) *conceptual framework high-performance work systems*, (b) *alternate and rival theories*, (c) *quality management tools and techniques*, (d) *leadership engagement in quality*, (e) *QM staff and consultants*, (f) *organizational performance excellence,* (g) *evaluation methods to assess organizational performance excellence, and (h) healthcare studies of improvement and organizational performance excellence*. I conducted additional searches of available databases for the following keywords: business excellence models, business maturity models, continuous improvement models, performance measurement, quality management, total quality management, service quality, organizational change management, and transformational leadership. The number of references included in this study totals 187 sources. The breakdown of sources includes 165 (88%) articles published between 2015–2020 and 25 (12%) articles from journals or textbooks published before 2015.

Conceptual Framework

High-performance work systems. In this section, I discuss the HPWS conceptual framework, the origin of the theory, the major tenets, supporting theories, and studies that align with the use of this conceptual framework. The theory of HPWS includes characteristics related to the findings in this study. Leaders use the tenets of HPWS theory to improve organizational performance through employee commitment, productivity, and capability (Posthuma, Campion, Masimova, & Campion, 2013). Evans

and Davis (2015) defined HPWS as a system of highly-skilled and agile employees who are empowered to affect change for improved performance of organizational work.

The origin of the conceptual framework that shapes this study began in the U.S. federal government. The Commission on the Skills of the American Workforce (National Center on Education and the Economy, 1990) first introduced the theory of high-performance work systems to solve a 20-year problem occurring across the United States of decreased productivity and stagnant wage earnings. High-performance work systems is a strategic human resource management (SHRM) approach comprised of a system of human resource practices that enhance productivity, employees' skills, and employees' commitment for a company by breaking down job tasks into smaller repetitive responsibilities (Fu, Flood, Bosak, Morris, & O'Regan, 2015). According to Wu, Hoque, Bacon, and Llusar (2015), the HPWS elements include teamwork, employee involvement, selective hiring, and extensive training that collectively create a positive effect on organizational performance. The major elements of this conceptual framework are the main reasons for selection and use of the theory in this study.

The major tenets of the theory of HPWS vary across the professional and academic literature and in practice across industries. Organizations that implement HPWS vary as leaders adopt elements key to their companies' performance outcomes (Shin & Konrad, 2017). According to Jiang and Liu (2015), the common elements in high performing work systems are (a) self-managed teams, (b) decentralized decision making, (c) selective staffing, (d) open communication, (e) performance contingent-

compensation, and (f) training. According to Posthuma et al. (2013), 61 independent practices exist across nine core categories in HPWS that include (a) promotions, (b) performance management, (c) turnover and retention management, (d) employee relations, (e) communication, (f) recruitment and selection, (g) job and work design, (h) training and development, and (i) compensation and benefits.

Caldwell and Floyd (2016) identified seven work practices prevalent in HPWS (a) train by commitment, (b) high results-based compensation, (c) ensure employee security, (d) reduce status barriers, (e) decentralize decision-making, (f) selective hiring, and (g) share key information. Built as a system to increase employee commitment through building trust by increasing decision-making, and creating partnerships, HPWS reduces management control while expecting highly competent employees to pursue excellence and improve the organization (Rasheed et al., 2017).

According to Arthur, Herdman, and Yang (2016), the following eight program operational areas are the primary features of HPWS: (a) internal promotions, (b) information sharing, (c) employment security, (d) performance-based pay, (e) autonomous job design, (f) performance appraisals, (g) employee participation, and (h) employee training and development. Without a universal definition of HPWS, different variations of the doctrine exist across industries. The following recurring components of the conceptual framework are in use across most industries: (a) skilled workforce, (b) leader and employee engagement, and (c) information sharing and knowledge management.

Talented and high-quality workforce. According to Arnold, Goodson, and Duarte (2015), developing the workforce is necessary to sustain a high-performing workforce that is equipped to improve, deal with rapid changes, and function effectively in a dynamic environment. To build a qualified and high-skilled workforce, leaders can initiate work practices, including career development, extensive training, selective hiring initiatives, and use a robust recruitment process (Robbins, Garman, Song, & McAlearney, 2012). Employees in high performing organizations receive ongoing training to sustain competency in their area of expertise and QM specialty training to continuously improve operations and processes (Etchegaray & Thomas, 2015). When leaders involve employees in targeting changes to improve the work environment, employee engagement increases.

Employee and leader engagement. Employee engagement has a positive impact on productivity, performance outcomes, satisfaction, financial revenue, and organizational excellence (Bakker, 2017). According to Stoyanova and Iliev (2017), the characteristics of an engaged employee include their identification with the organization, visualization of the bigger organizational picture with a positive outlook, and constant search for opportunities to improve organizational performance. Organizational leaders who focus on employee engagement ensure employees interact with managers, clients, colleagues, and stakeholders in ongoing daily activities (Shantz, 2017).

Information sharing and knowledge management. Information sharing is commonly known as knowledge management, which is the procedure in businesses for

saving, disseminating, and acquiring information that employees share in the performance of work duties (Ashraf, 2016). According to Zawila-Niedźwiecki (2015), high-performing organizations' managerial knowledge and information through actions of procurement, processes, storage, distributive activities ensure widespread reach to the entire workforce. Healthcare workers provide high-quality service and satisfy customers when employees harness their knowledge and expertise (Ashraf, 2016).

HPWS in healthcare. There are limited studies on the use of HPWS in the healthcare sector within the United States. Robbins et al. (2012) found the following subsystem of components in a study of HPWS theory utilization in a healthcare delivery system: (a) a highly-skilled quality workforce, (b) high staff engagement and commitment to work, (c) leader influence to run the organization, and (d) empowerment of frontline staff. Healthcare executives highlighted information sharing, teamwork, training, empowerment, performance appraisals, process improvement, and the use of quality management techniques among the most important HPWS practices that have a direct impact on patient safety (Etchegaray & Thomas, 2015). Kellner, Townsend, and Wilkinson (2017) examined the HPWS framework in the health care system and found the key tenets in use, such as performance management and teamwork, significantly impacted employee behavior and organizational performance. Shin and Konrad (2017) explored causality between organizational performance and the use of HPWS in companies and discovered that organizations gradually implement HPWS as the workforce matures in knowledge and experience.

The application of the major HPWS tenets exists globally in non-healthcare settings. According to Etchegaray and Thomas (2015), HPWS utilization is more prevalent in other industries than healthcare. Elorza, Harris, Aritzeta, and Balluerka (2016) discovered that employees and managers have differing views and perceptions of the application of HPWS theory, the impact on individual behavior, organizational outcomes, and performance. The use of HPWS is costly to implement although organizations can gain benefits from the use of the tenets that will result in an improvement in organizational performance, customer satisfaction, and overall employee commitment (Hong, Jiang, Liao, & Sturman, 2017). Lee, Werner, and Kim (2016) found substantial investment associated with an incomplete implementation of the HPWS theory resulting in a decrease in employee attraction towards companies that lack focus on quality. The use of the general systems and agency theories complement HPWS and may also be in use within companies.

Alternate and Rival Theories

General systems theory. General systems theory (GST) is one of many subsets of organizational theory introduced by Von Bertalanffy in 1968 as a means to improve firm performance with an emphasis on external and internal feedback loops (Shin & Konrad, 2017). The adaptive process of GST complements the use of HPWS as both theories build iterative utilization and gradual integration of practices when the workforce matures with knowledge, skill, and competency. The founders of GST believed the approach supported team communication, cooperation, knowledge and information

sharing, and promotion of scientific discovery across disciplines (Rousseau, 2015). Caws (2015) opined that to grasp a system, one should be able to engage in a point of view that is outside of the system under study. Issues with GST includes ambiguity and varying interpretation due to the complexity and lack of widespread use of GST in business practice.

Confusion and theoretical debate about GST are the primary reasons that I did not use this theory as the conceptual framework for this study. Although research about GST utilization suggests that implementation of the theory promotes improvement when managers discover feedback about business practices, the theory does not include drivers of change based on operational efficiency or the impetus to achieve optimal organizational performance (Rousseau, 2015). GST tenets do not include professional growth and development of the workforce, holistic communication that cascades to all employees, or increasing employee engagement and empowerment. Leaders should embrace philosophies and leverage techniques that not only improve the process, but also enhance workforce actions, reduce expenses, increase revenue, and provide high-quality service with satisfaction.

Agency theory. In researching conceptual frameworks that could shape this study, agency theory was among the prospective theories aligning to the research question about how leaders pursue organizational excellence. The agency theory, known as the theory of the firm, was introduced in 1776 by Adam Smith and expanded by additional theorists such as Ross and Mitnick, Alchian and Demsetz, and Jensen and

Meckling in successive decades (Panda & Leepsa, 2017). In 1976, Jensen and Meckling expanded agency theory in economics by describing attributes focusing on decision making, performance incentives, workplace relationships, and vertical and horizontal interactions among employees in the workplace (Lopes, 2016). According to Evans and Tourish (2017), agency theory is useful when exploring how organizations ensure the alignment of interests for improved company performance. Hong et al. (2017) opined that the use of agency theory allows the owner of a company to survive in the competitive market and sustain business performance. Conflicts of interest and self-gain in a workplace have resulted in the erosion of ethical behavior, corporate misfortune, and financial collapse when leaders use agency theory irresponsibly (Evans & Tourish, 2017).

Evans and Tourish (2017) explained growing concern about the separation of ownership and management, employee dedication, loyalty, and self-interest as compromising factors in companies. Leaders are responsible for cultivating a work environment that rewards employees who exhibit behavior that aligns with the company values, ethics, code of conduct, and expectations (Evans & Davis, 2015). The concerns about the self-serving use of agency theory may lead to risky corporate social responsibility with compromising performance; which are the primary reasons I did not select this theory as the conceptual framework for this study.

Management school of theories. There are management methods that are considered general schools of thought that inform how leaders manage organizations. Dahlgaard-Park, Reyes, and Chen (2018) identified the following methods of

management theory categories: (a) the empirical school, (b) the mathematical school, (c) the decision theory school, (d) the human behavior school, (e) the empirical school, and (f) the social system school. The tenets of these theories include distinctive elements of approaches and frameworks that managers use to solve problems. These theories are identified as the management theory jungle due to a phenomenon of chaos and confusion created as leaders attempt to implement without a roadmap (Dahlgaard-Park, Reyes, & Chen, 2018). Fredriksson and Isaksson (2018) found that leaders use Total Quality Management (TQM) and a variety of quality management techniques to align business processes with strategic goals.

Quality Management Approaches

There are QM tools and techniques that originated with the introduction of common QM philosophies. There are several quality management philosophies and approaches to improve business operations that leaders can leverage in any industry or geographic location (Tickle, Adebanjo, Mann, & Ojadi, 2015). Fredriksson and Isaksson (2018) found that within an organization, a QM philosophy exists with supportive and foundational elements, principles, methods, and tools. There are several quality principles attributed to pioneers such as Shewhart, Deming, Crosby, Juran, Ishikawa, Shigeo Shingo, and Feigenbaum; who shared the common belief that everyone in an organization should engage in continuous improvement (Dahlgaard-Park et al., 2018). According to Kumar et al. (2018), leaders around the world adopt quality management philosophies and appropriate tools to assist their organization in meeting strategic objectives, improve

business processes, and drive overall performance achievements. Dahlgaard-Park et al. (2018) identified companies and quality experts around the world known for implementing QM philosophies and models of excellence to include Toyota production systems and Xerox. Fredriksson and Isaksson (2018) recommended three foundational principles necessary for the successful use of QM tools and techniques to improve business practices: teamwork, a culture of continuous improvement, and a focus on satisfying customer needs.

A review of practitioners' utilization and outlook of the various quality management techniques and tools revealed a lack of consistency and sustainability in some organizations. The lack of consistency has impeded the widespread and consistent application of the same appropriate approaches to solving organizational problems, improving operations, and achieving excellent performance (Carnerud, 2018). According to Ismyrlis (2017), the evolution of the existing quality philosophies to the total quality management (TQM) framework caused an international expansion of the use of quality approaches in organizational management systems. Within the QM community, practitioners regard TQM as the foundational management philosophy and backbone for the various QM philosophies in use (Dahlgaard-Park et al., 2018). Fredriksson and Isaksson (2018) discovered that organizations use different QM philosophies when one philosophy fails to assist leaders in delivering the expected organizational results. Tickle et al. (2015) examined the common techniques adopted across business sectors and highlighted various industries that place a different emphasis on quality management

adoption, utilization, and implementation. According to Fredriksson and Isaksson (2018), organizations will augment their QM approach with defined tools to capture pertinent operations data, skilled staff in data analysis, and decision-making mechanisms to drive the key performance indicators organizational leaders identify as pertinent to success.

The key to the leadership strategy to pursue organizational excellence is the selection of the best methods and tools to improve operations. According to Tickle et al. (2015), choosing the appropriate tool is paramount to success, given the hundreds of existing strategies in use in improvement projects. Ismyrlis (2017) discovered that large organizations typically implement more than one QM method resulting in more skilled and specialized quality staff to assist with the organizations' improvement initiatives. Fredriksson and Isaksson (2018) discovered that leaders use parallel quality philosophies concurrently for accomplishing organizational improvement. Across the various QM philosophies, quality principles, and tools, practices are interchanged and used in improvement projects.

Zeng, Zhang, Matsui, and Zhao (2017) found that during the last 20 years, QM adoption has been widespread and associated with a company's financial and operational performance goals and results. Leaders should focus on QM implementation strategies before conducting training and chartering improvement teams. Dubey (2016) found higher failure rates of QM implementation in companies that fail to take a comprehensive, holistic approach to the widespread and cascading utilization of quality methods and tools. Hospital leaders included in a research study were found to use at

least one problem identification and solving tool with various quality methodologies (Branco et al., 2017). Firms that neglect staff competency and training in quality and improvement methods, but promote employee participation, overlook the systematic encouragement necessary for ensuring success in projects and continuous monitoring of sustainment and control plans (Zeng et al., 2017). Fredriksson and Isaksson (2018) stated the importance of combining organizational principles with the appropriate quality concept and tools in use. The effective use of QM techniques and tools to achieve organizational performance excellence can be unsuccessful if leaders and staff do not learn the purpose and appropriate use of various approaches (Bamford & Greatbanks, 2005).

QM Philosophies

Organizations often adopt a QM method while avoiding the full implementation of a specific QM philosophy. In contrast, leaders of organizations will also implement more than one philosophy. Kumar et al. (2018) identified the following common quality philosophies and management methods that are known and widely accepted for the past twenty years: (a) TQM, (b) Six Sigma, (c) Lean manufacturing, (d) theory of constraints, and (e) the International Organization for Standardization (ISO) 9001 standards. Of these methods, TQM is considered the most evolved and used to boost organizational management and performance (Ismyrlis, 2017). The latter systems lean, the theory of constraints, and ISO 9001 are in use less frequently (Jacobs, Swink, & Linderman, 2015).

Total quality management. Total quality management is the most common

global QM philosophy across industries. Many quality practitioners consider TQM philosophy and techniques as the overarching method in use within an organization (Fredriksson & Isaksson, 2018). Breja, Banwet, and Iyer (2016) defined TQM as a set of activities carried out across a company efficiently and effectively to achieve goals while providing the highest quality product or service to customers at the appropriate price and time. Other researchers define TQM as a quality strategy to manage and implement quality improvement efforts across an organization (Dahlgaard-Park et al., 2018; Montgomery & Borror, 2017). Leaders use TQM to focus on customer delighters, customer-focused improvements, and process enhancements to satisfy customers using statistical tracking and monitoring methods (Kumar et al., 2018). Calabrese and Corbò (2015) warned that five barriers impede successful adoption and implementation of TQM principles: (a) lack of quality planning, (b) lack of leadership of quality efforts, (c) inadequate resources, (d) lack of focus on customers, and (e) scarcity of TQM resources.

Aquilani, Silvestri, Ruggieri, and Gatti (2017) highlighted critical success factors that are key to TQM implementation: top management commitment, leadership focus on satisfaction, information and analysis, metrics, training and education, strategic planning with QM department involvement, supply chain management, teamwork, service design, process management, and employee relations and engagement. According to Eriksson (2016), as companies fail in TQM implementation, they turned to other methodologies such as Six Sigma and Lean. In contrast, Calabrese and Corbò (2015) outlined the following stages of the quality management maturity via a grid for organizations to

determine their stage of development or maturity: (a) stage 1-uncertainty, (b) stage 2-awakening, (c) stage 3-enlightenment, (d) stage 4-wisdom, and (f) stage 5-certainty. Fredriksson and Isaksson (2018) suggested that TQM functions are in use through three interdependent components: tools, methods, and values.

Six Sigma. Six Sigma implementation is considered an administrative innovation, which can vary by tools, and adoption strategy within organizations (Jacobs et al., 2015). Almorsy and Khalifa (2016) found that many healthcare systems adopt quality improvement approaches traditionally found in manufacturing such as Six Sigma; which is a method that relies on a team effort to improve performance, remove waste, improve speed and quality while improving customer satisfaction. Researchers defined Six Sigma as a business improvement method that maximizes value by improving customer satisfaction while improving the speed and quality of products or services provided while cutting costs (Laureani & Antony, 2017). Some organizations currently combine the Lean methodology with Six Sigma implementation as a combined QM strategy to improve operational efficiency.

Lean manufacturing. According to Fredriksson and Isaksson (2018), Lean thinking was a strategy Toyota implemented based on operational aspects such as people, partners, interdependencies, and process management philosophy. Lean manufacturing is a process improvement method aimed at delivering services and products faster and at a lower expense. Branco et al. (2017) suggested that hospital leaders are adopting Lean methodology, at an increasing rate, in tandem with other quality methods or tools to reach

their goals of improving healthcare delivery. Lean is considered an improvement method that will enhance the quality of health care through the use of tools and data (Almorsy & Khalifa, 2016). The nine steps in Lean implementation include finding a change agent, knowledge, crisis, value stream mapping, reorganizing while removing non-value, creating a Lean future state, sustaining improvements, policy utilization for standardization and accountability, and customer engagement (Fredriksson & Isaksson, 2018). Tools commonly found in Lean methodology implementation include 5S, value stream mapping, process mapping, and direct observation (Branco et al., 2017). According to Rees and Gauld (2017), the use of lean in healthcare leverages HPWS techniques such as teamwork, employee engagement, and a highly-skilled workforce for continuous improvement efforts.

Theory of constraints. The theory of constraints (TOC) is considered a management philosophy that recognizes limits of optimal performance in a system and provides a set of measures or management systems to track (Gupta, Bridgman, & Kaur Sahi, 2015). According to Kuruvilla (2017), the theory of constraints was developed by Eliyaju Goldraft as a scheduling method in the manufacturing industry that recognized an organizations' business units as many links in a chain connected by the working relationships and mission. In healthcare, the TOC technique is becoming useful in hospital measurement to identify scarce or critical services to improve efficiency and measure the impact on the system of delivery. It is common practice to find the theory of constraints utilization in tandem with Lean methodology in organizations

(D'Andreamatteo, Ianni, Lega, & Sargiacomo, 2015).

ISO 9001. Finally, ISO 9001 is the most recent QM philosophy that is a holistic approach to managing a system of operations. According to Breja et al. (2016), ISO 9001 is a universal quality management system model that comprises four prongs: management commitment, improvement, product or service realization, and resource management aimed at meeting customer requirements. Quality professionals purport the ISO standards to be a highly-acclaimed, effective tool in support of QM and an international standard across multiple industries (Salgado, Beijo, Sampaio, Mello, & Saraiva, 2016). Samman and Quenniche (2016) defined ISO standards as the template documentation system that informs the essential elements of organizational procedures.

Quality Management Tools

Knowing the appropriate tool or technique to solve business problems may have a significant impact on the sustainability, credibility, and continued use of quality management resources (Zeng et al., 2017). According to Ismyrlis (2017), the use of various tools and techniques, in public and the private sector across manufacturing and services industries, has resulted in the discovery of 21 common quality management tools and techniques in existence. The following tools are most commonly used for process management, benchmarking, and process improvement: (a) Six Sigma; (b) plan-do-check-act cycles; (c) customer surveys; (d) balanced scorecard; (e) strengths, weaknesses, opportunities, threats analysis; (f) business process re-engineering; (g) 5S; (h) quality management system; (i) best practices; (j) focus on customer service and customer

satisfaction; (k) employee suggestion schemes; (l) process and value stream mapping; and (n) questionnaires (Tickle et al., 2015).

Six Sigma as a tool. Companies implement Six Sigma as a quality management philosophy and as an available tool to streamline procedures, reduce variation, and remove waste. The model of Six Sigma includes the functions: define, measure, analyze, improve, control (DMAIC). Six Sigma serves as a resource for strategic process improvement using statistical data analysis to make reductions in defects that dissatisfy customers (Almorsy & Khalifa, 2016). According to Branco et al. (2017), value stream mapping is a QM tool widely used in Six Sigma to find value and non-value-added steps and waste in procedures. Organizations that adopt Six Sigma as a tool have to cultivate a hierarchical infrastructure and complete specialized training before using the tools to target improving procedures and performance metrics (Jacobs et al., 2015).

Plan-do-check-act cycles. One of the QM pioneers, Shewhart, was the first to introduce the four-step method: plan, design, check and act (PDCA) to improve a process area (Samman & Quenniche, 2016). Montgomery and Borror (2017) opined that the Shewhart or PDCA cycles are a fundamental process improvement tool that continues to evolve, and organizations that use the Six Sigma DMAIC model leverage this tool. The Shewhart cycle consists of a set of steps divided into four stages: plan, do, check and act; the cycle continues as a team of employees test improvements in working conditions and process changes until successful results are achieved to sustain and permanently implement (Borkovskaya, Degaev, & Burkova, 2018). Improvement teams often pilot

procedural enhancements in procedures using the plan-do-check-act (PDCA) cycles before sustaining permanent changes.

Customer surveys. The study of customer satisfaction is a common practice across industries and global business to understand consumer behavior, to gauge the satisfaction of service, and improve service or products (Liberati & Mariani, 2018). Fredriksson and Isaksson (2018) stated that the aim of TQM implementation, in addition to resource reduction, is to improve or maintain customer satisfaction. Customer surveys are standard questions asking key stakeholders about basic needs, experiences, and satisfaction with service or products (Willand, 2015). Many organizations query both internal and external customers of service and product delivery to gauge experience across the entire cycle of service. Most organizations design and operate their customer satisfaction survey mechanisms through a controlled process with the quality management department who then share scores internally and publicly for transparency (Lee & Park, 2015). Customer satisfaction scores are one of many performance indicators that organizational leaders track through a scorecard, dashboard, or report to determine the efficiency of operations.

Balanced scorecard. Singh and Sethi (2017) defined the balanced scorecard as a powerful tool that managers use to measure and track the performance of strategic business outcomes across the organization in financial and non-financial areas. According to Breja et al. (2016), companies that use the balanced scorecard to significantly improve their processes, customer focus, and internal procedures by

maintaining metrics of business outcomes and translating strategy into action. The use of the balanced scorecard provides organizational leaders with a snapshot of the performance of their business for determining the need for improvement, additional resources, or an early indication of issues in a department. The balanced scorecard allows the organization to link short-term performance outcomes to long-term strategic goals through the creation of working plans that track metrics (Singh & Sethi, 2017).

Strengths, weaknesses, opportunities, and threat analysis. Strengths, weaknesses, opportunities, and threats (SWOT) analysis is a planning, development, and decision-making tool to a program or service within an organization to identify areas of focus for sustainment, improvement, and identification of strategic objectives to stay competitive (Willis & Thurston, 2015). The SWOT analysis process includes facilitation of team participants through a process to identify the strengths weaknesses, opportunities, and threats in a program area before planning projects to mitigate weaknesses and opportunities. According to Casselman, Onopa, and Khansa (2017), SWOT analysis is useful in prioritizing initiatives, adjusting strategic positions in the competitive market, and creating strategies to improve the product or service. Leaders should use SWOT analysis when planning short-term objectives to achieve long-term strategic goals.

Business process reengineering. Business process reengineering (BPR) is a QM tool mainly in use in the manufacturing industry. BPR is a large-scale method of analysis tool that examines the relationships between processes, activities, time, cost, and the resources to improve and optimize task completion across an integrated system (Hakim,

Gheitasi, & Soltani, 2016). According to Taher and Krotov (2016), business process automation and reengineering are improvement methods to rethink and redesign organizational processes to reduce cost, optimizing time to complete work, and improve quality. Hakim et al. (2016) described a team's completion of BPR through the following steps: identify and categorize the business process; define business goals in implementing BPR and associated metrics; evaluate the effect of each category of business process through the use of quality function deployment.

5S. Kleszcz (2017) defined 5S as a tool for sorting and organization. Companies use the 5S tool to eliminate waste and improve the use of resources through the following five steps: sort, sort, set in order, shine, and sustain. 5S is used in healthcare to reduce inventory, organize presurgical procedures, decrease travel, and other non-value-added steps employees perform in their jobs (Randhawa & Ahuja, 2018). Companies often implement 5S and other lean tools simultaneously as they seek to increase efficiency, improve employee morale, reduce waste, and delay (Cardoso, Bassi, Bertosse, Saes, & Achcar, 2018). The manufacturing sector uses 5S to ensure orderly operations in the development of products. According to Randhawa and Ahuja (2018), the use of the 5S methodology can improve process performance, standardization, and decrease operating costs as a result of neat, clean, and efficient work areas.

Quality management system. According to Fredriksson and Isaksson (2018), the quality management system (QMS) includes organizational values, purpose, methodologies, and tools that leaders use in the organization. Silombela, Mutingi, and

Chakraborty (2018) described the QMS as an organization's infrastructure of hard and soft QM tools and techniques to support programs and processes. Companies implement a QMS as part of their business strategy while pursuing performance excellence and process improvement (Solomon, Bester, & Moll, 2017). According to Ismyrlis (2017), many organizations utilize the ISO 9001:2015 standards to establish a QMS due to the design and purpose to organize the essential business procedures for success.

Best practices. Leaders use best practices in various systems, procedures, and industries as an indication of a positive, successful practice with sustained effectiveness and results (Goode, 2018). Best practices may be methods, process steps, or administrative steps that industry leaders identify with consistently successful outcomes with recommendations to replicate in other work areas (Ray et al., 2018). Phan et al. (2018) defined best practices as the optimal functioning of a process that determines successful spread and sustainment of procedures or steps by the workforce.

Customer service and satisfaction. Brcic and Latham (2016) stated that customer satisfaction drives the level and service or product delivery to consumers across business industries. Most businesses measure the level of quality of service customers experience as a measure of organizational performance and success (Fernandes & Solimun, 2018). Companies use customer surveys to measure and benchmark several factors of service for customer feedback about their experience while obtaining products or services from employees (Afthanorhan, Awang, Rashid, Foziah, & Ghazali, 2019).

Employee suggestion schemes. Employee suggestion systems are one of the

oldest forms of employee engagement tools that are in use for innovation and creativity from employee ideas (Lasrado, Arif, & Rizvi, 2015). According to Lasrado, Gomiseck, and Uzbeck (2017), employee suggestion schemes have proven to improve product quality, improve the process, and the work environment. Employee engagement in organizational improvement through the process of sharing ideas exists in most industries and businesses. Employee suggestions will remain a common tool for employee innovation because suggestion schemes allow work teams and individual participation in organizational improvement through the generation of their ideas (Lasrado, 2015).

Process and value stream mapping. Carmignani (2017) considers value stream mapping (VSM) as one of the best tools to eliminate non-value added steps while completely mapping a process. VSM is a methodology included in the Toyota production system improvement method and is considered the most effective mapping of a process to include activities employees perform to create a product or provide service to a customer (Sunk, Kuhlang, Edtmayr, & Sihn, 2016). Nowak, Pfaff, and Karbach (2017) described the act of value stream mapping to quantify resources, visualize workflow and restructure and reduce waste over five phases: current state process map development, identification of waste, development of solutions, envision the future state, pilot new process before implementation, measure outcomes post-implementation for success.

Questionnair*es*. According to Schrepp, Cota, Gonçalves, Hinderks, and Thomaschewski (2017), questionnaires are the best method to obtain subjective data from various stakeholders to gain the user experience of a product or service an organization

provides. Administrators create questionnaires that include classification and attitudinal questions using a Likert-grading scale that may be given to customers via hard copy or using automation such as a web service or telephone encounter (Hassine & Amyot, 2016). Zhang, Kuchinke, Woud, Velten, and Margraf (2017) found that companies administer questionnaires by four data collection methods that yield different responses to include a telephonic interview, online, offline, and a face-to-face interview. Well written, simple, structured questions help companies collect responses that assist in improving products and services (Hassine & Amyot, 2016).

Leadership Engagement in Quality

Leadership visibility and active participation in continuous improvement activities are critical success factors essential to inspire the workforce to pursue organizational excellence and foster a culture of quality and continuous improvement in any organization (Laureani & Antony, 2017). Historically, the journey to implement a quality program began with a leader, with organizational influence, attending a quality seminar or reading a book who returns to their office charging managers to implement a new method to become the best in business (Miller et al., 2018). Leaders at all levels should engage in improvement activities to demonstrate the significance of their commitment to excellence and building a great company. Liao, Chen, Hu, Chung, and Liu (2017) opined that organizations should have supportive leadership, training in quality methods and principles, the ability to articulate a vision and inspire innovation to achieve superior performance. Calabrese and Corbò (2015) stated that a lack of leadership and

management support of quality impacts strategic planning, leadership development, the maturity of a quality management system, the scarcity of QM resources, loss of focus on processes, and a lack of employee involvement in improvement. Leadership involvement in continuous improvement is vital for the successful implementation and sustainment of QM philosophies, tools, and techniques that support exemplary performance (Laureani & Antony, 2017).

Quality management training. Quality management is traditionally introduced in an organization through communication, training, and the launch of improvement projects (Miller et al., 2018). Everyone involved in QM program implementation should train in areas such as team building, QM awareness, problem-solving skills, communication, quality control, and technical aspects of their job, program, or process area (Ngambi & Nkemkiafu, 2015). Laureani and Antony (2017) discovered five themes, from their study of leadership for Lean Six Sigma, essential for effective use of QM methods: communication, employee motivation, program deployment, leadership style, and training. Tickle et al. (2015) opined that poor training, lack of leadership involvement, and focus on skill in the use of improvement tools and techniques would result in project failures. Leaders and employees alike should be trained in the business excellence model of choice, to understand the practices of high-performance operations, performance improvement, and continuous improvement through innovation that is necessary to achieve organizational excellence (Arnold et al., 2015).

Project sponsorship. Leaders should support efforts to improve programs and

processes by launching team initiatives with clear goals and objectives. Ngambi and Nkemkiafu (2015) stated that leadership involvement in improvement projects boosts reduction in costs and employee satisfaction while also citing the emphasis of leadership commitment to quality as critical to organizational performance. According to Laureani and Antony (2017), leaders should target areas of resistance and get involved when problems arise to assist teams in overcoming barriers to improvement. Leadership sponsorship, commitment to improvement, and a keen focus on customer and stakeholder requirements provide direction and focus on legitimate quality projects, which are the actions taken when pursuing excellent business practices.

Focus on customers and stakeholders. According to Elkington, Pearse, Moss, Van der Steege, and Martin (2017), leaders should develop skills in conflict management and resolution to connect with the workforce, stakeholders, and build the necessary customer orientation for business sustainability. Stakeholders and customers are individuals who have an interest or stake in an organization's operation as a supplier, an input, or output of a company's service (Appelbaum, Calcagno, Magarelli, & Saliba, 2016). Aquilani et al. (2017) stated that when companies involve customers and stakeholders in process and service development, they co-create value, which significantly impacts satisfaction.

Critical Areas of Focus for Organizational Performance Excellence

Companies describe organizational excellence as achieving the highest quality outcomes of the services and products they provide to their customers based on

satisfaction and sales data. According to Carnerud (2018), fostering a culture of quality has increasing importance in organizations that are pursuing quality and business excellence. The organizational performance involves the leaders' and staff pursuing and successfully achieving company goals and objectives to satisfy customers' needs with superior results (Latilla et al., 2018). Ferdowsian (2016) opined the development and operationalization of excellence and ethics in a company is essential for implementing one of the emerging business excellence models and ultimately achieving the status of excellence.

The most prominent internationally known business excellence models include the Deming prize, Malcolm Baldrige national quality award, and the European Foundation for quality management award (Garza-Reyes, Visnevskis, Kumar, & Antony, 2015). Organizational leaders who believe their companies demonstrate superior business excellence often apply for assessment and awards from one of the business excellence models as an indicator of achieving outstanding performance status. According to Harrington (2005), businesses should focus and manage five pillars simultaneously to achieve and sustain organization excellence: process management, knowledge management, change management, resource management, and project management. Leaders carefully combine the most appropriate quality management approaches and business excellence practices that will collectively assist them in achieving organizational performance excellence (Adams et al., 2015).

Process management. Managers perform process management at the micro- or

macro- levels and include factors such as inputs, outputs, suppliers, process steps, customers, and process measurement (Harrington, 2005). Process management work is completed by staff familiar with the work and commonly facilitated by quality management personnel who are trained with various mapping techniques to include basic flowchart, value-stream mapping, and swim lanes. According to Jacobs et al. (2015), to achieve excellence, managers should continuously search for innovation, improve business processes, and enhance operating performance.

Knowledge management. Organizations that successfully attain organizational excellence establish environments where knowledge sharing exists, people learn, and make contributions equal to initiatives (Ferdowsian, 2016). According to Harrington (2005), the control of tacit and explicit knowledge of a business is essential for a company's continuity, succession, and historical context of operational information. Adams et al. (2015), stated that managers and quality consultants should possess knowledge of performance improvement and strategic management to convey, understand, and practice change and infrastructure development. Knowledge management was emphasized by Ferdowsian (2016) as individualized energy each employee in high-performing organizations should possess along with motivation, commitment, personal satisfaction, ethical reasoning, responsibility, and creativity.

Change management. Leaders should manage change to lead organizations through improvement successfully. According to Dubey (2016), flexibility is one of the six stages necessary to evolve into an agile business excellence model company that can

perceive, react, anticipate, and recover from change. Jacobs et al. (2015) stated that underperforming organizations are more likely to accept change in policy and practice due to the need to challenge existing norms in pursuit of improvement. Rieley (2016) believed organizational leaders should address those resistant to change to avoid a shortage of change agents to make better decisions for the future. According to Adams et al. (2015), the healthcare environment is high stress with constant variability; therefore, an environment of resilience, creative solutions to problems, and the lack of change inhibition should exist.

Resource management. High performing firms spawn innovation enabling experimentation that leads to idea generation, especially when there are extra or excess resources to practice improvement (Jacobs et al., 2015). Ferdowsian (2016) cautioned leaders that to achieve excellence, they should maximize the use of resources by addressing conflict, infighting, intense internal conflict among teams, or lack of cohesion and alignment. In healthcare, the Dyad leadership model highlights human resource management as a leadership domain with shared responsibility and critical for successful outcomes in the improvement of care delivery (Saxena, Davies, & Philippon, 2018).

Project management. Projects are critical activities that enable staff in companies to deliver quality service and products to customers (Harrington, 2005). Successful project management includes teams tracking activity logs, key personnel, the project charter, goals, and milestones over time (Bunger et al., 2017). According to Harrington (2005), leaders should facilitate projects through process improvement and

change management to manage chaos organizations experience during implementation phases.

According to Dubey (2016), organizations around the globe adopt QM models to achieve system-wide organizational excellence. Leaders of organizations believe that if they pursue an organizational excellence award, the act of preparing their employees and organizing systems will result in operational efficiency (Jacobs et al., 2015). Leaders should determine the critical success factors that are necessary to foster a culture of excellence and sustained organizational performance (Ferdowsian, 2016).

Customer focus. The majority of quality management philosophies include a component with emphasis on customer focus and satisfaction. There are many barriers to successful program improvement; however, inadequate focus on customer needs is a common challenge (Calabrese & Corbò, 2015). According to Carnerud (2018), within the last ten years, program metrics considered essential in developing a quality culture that has increased focus on customer requirements. Focus on customer needs and their ongoing satisfaction is often included in continuous data collection as an indicator of improvement and success in business outcomes.

Benchmarking. According to Tickle et al. (2015), monitoring, best practices, and performance benchmarking are commonly used QM techniques to gauge organizational success when compared to other companies, and industries around the world. Measurement of program metrics and other quality data points comprise most evaluation methods of organizational performance excellence (Chakraborty & Kaynak 2018).

Thurer, Tomasevic, Stevenson, Fredendall, and Protzman (2018) stated that excellence models provide the framework for companies to compare themselves across the differing and similar industries by benchmarking and performance scores.

Employee engagement. For employees to actively engage in quality management activities, they should receive the training necessary for continuous improvement. According to Calabrese and Corbò (2015), employees should understand how to improve business performance, the purpose of their tasks, and be empowered to increase involvement in the work environment. In a study exploring Six Sigma adoption, Jacobs et al. (2015) explained that the chief executive officers who participate in the initial training lead the effort and determine the focus of improvement projects to pilot before implementing permanent changes. Jacobs et al. (2015) found that leadership's engagement in the QM activities positively impacted the perception and early adoption of organizational commitment to engage in Six Sigma learning and subsequent pilot projects for improvement. Leadership and employee involvement are essential. An individual competency to select the appropriate tools and techniques to utilize may be necessary to improve a process or procedure successfully.

Effective quality function deployment. According to Ezzell, Cudney, Phelps, and Mazur (2016), quality function deployment (QFD) is a structured, cost-effective, timely, strategic planning tool to evaluate the best options to meet customer needs. Quality function deployment is a methodology or tool for widely-used quality management philosophy (Fredriksson & Isaksson, 2018). QFD involves the development

of a matrix after completing multiple steps to identify expectations. Often termed the "house of quality," a quality function deployment matrix includes the voice of the customer, customer requirements, and overall common organizational focus on integrating customer demands (Dehe & Bamford, 2017). The use of QFD in organizations results in a better understanding of needs, lower customer dissatisfaction, improved quality of service, fewer problems and increased customer satisfaction (Ezzell et al., 2016). Organizations develop QFD matrices to determine areas of focus and purposeful identification of delight to satisfy customers. The QFD matrices can assist analysts to capture vast amounts of customer requirement data with a competitor's information to assist decision-makers (Dehe & Bamford, 2017).

QM Staff and Consultants

According to Fundin, Bergquist, Eriksson, and Gremyr (2018), QM practitioners within organizations should work with leaders to advance the quality agenda and foster a culture of continuous improvement in pursuit of organizational excellence. Ramu (2018) urged organizational leaders and QM consultants to emphasize the importance of quality based on the following primary responsibilities: (a) gather customer expectations, (b) verify internal controls and compliance, (c) liaise with accrediting bodies, assessors, and external reviewers, (d) manage customer complaints, (e) manage the document control systems, and (f) performance measurement and monitoring. Yankelevitch (2015) suggested that QM staff work with departments across an organization to achieve high performance by breaking down barriers, using worthwhile QM approaches and tools to

assist with improvement. Quality management staff should constantly work to change the misperception of a transactional paper maintenance unit through partnerships, adding value by improving operational efficiency, and working with staff to prevent issues (Ramu, 2018). Leaders and quality consultants commonly use business models, such as Baldrige, to assess, reorganize, restructure, and streamline operations to improve outcomes in healthcare (Parast & Golmohammadi, 2019). Griffith and Patel (2017) discovered that organizations with supportive infrastructure, open culture for change transformation, and consultants knowledgeable about organizational excellence models are more successful in achieving superior performance outcomes. The role of the QM consults can be pivotal in an organization on a journey in pursuit of organizational excellence.

Evaluation Methods to Assess Organizational Performance Excellence

Organizations participate in quality award processes as a way to support quality management and gauge the success of their program (Eriksson, 2016). According to Thurer et al. (2018), performance excellence translates to organizational performance management with results based on improvement in overall efficiency, effectiveness, capability, and the successful delivery of value to customers and stakeholders. Ferdowsian (2016) studied the prominent national excellence and quality frameworks to identify the major categories found in assessment tool to include (a) leadership development and excellence model; (b) strategic planning; (c) corporate values; (d) workforce health assessment; (e) human resource management; (f) customer service and

satisfaction; (g) knowledge management; (h) collaboration, (i) decision making and conflict resolution models; (j) clear, and consistent internal/external communication systems; (k) continuous improvement and process management teams; (l) ethics and social responsibility; (m) quality assurance and management; (n) clarity of mission and vision; and (o) meaningful corporate values and guiding principles. Among the various quality awards and the evaluation criteria, the recognition for receiving the award is a testament to a companies' successful QM program implementation and performance excellence achievement (Eriksson, 2016).

Several quality awards have launched in the last three decades. Dubey (2016) discovered an increasing interest in business excellence models across business industries. Thurer et al. (2018) found over 80 awards and highlighted the following widely used quality and business excellence models: Shingo model for operational excellence, the Deming Prize, Malcolm Baldrige national quality award (MBNQA), and the European Foundation for quality management excellence. Research into these business excellence models reveals similar themes and assessment criteria with minimal differences. According to Eriksson (2016), the contemporary quality award procedures includes an examination of the organizations' operations, by examiners or assessors, and a comparison with an evaluative criterion and scoring convention to determine status among the highest-scoring finalist for the respective award given.

Shingo model for operational excellence. Thurer et al. (2018) started the Shingo Prize for excellence in manufacturing to honor Shigeo Shingo. According to Found,

Lahy, Williams, Hu, and Mason (2018), the Shingo model is used by leaders who want to propel their organizations' operational excellence or continuous improvement methods. The Shingo concept of operational excellence includes five key concepts: (a) aligned management system and principle-centered culture; (b) principle-driven results that inform behavior expectations; (c) primary focus on behaviors and results; (d) strategic use of tools such as Lean, Shigeo Shingo, and TQM to shape ideal results and employee behavior; (e) principle-centered culture designed to support long term outcomes (Found et al., 2018).

The Deming prize. According to Breja et al. (2016), the Deming Prize was established in 1951 to honor Dr. William Deming and his contribution to the statistical process control method popularized in Japan. The Deming prize is considered one of the highest awards in quality management and considered similar to the caliber of MBQNA award winners and the European quality award equivalent. The evaluative criteria for the Deming prize include categories such as policies, human resources, operations, information management, quality assurance, improvement, strategic planning, knowledge management, and ongoing maintenance (Garza-Reyes et al., 2015).

Malcolm Baldrige national quality improvement act (MBQNA). MBQNA originated in the United States in 1987 to recognize companies for business excellence achievement and quality in their industry (Lee & Ooi, 2015). Arnold et al. (2015) described the establishment of MBQNA in 1987 and the award origin after the US Secretary of Commerce, Malcolm Baldrige, who was known to be a champion for

competitiveness and quality in U.S. businesses. Many companies around the world use the Baldrige criteria as a self-assessment measurement tool, for benchmarking, and to apply for the award for excellence in business performance (Breja et al., 2016). The most prestigious federal government quality award program is now known as the Baldrige Performance Excellence Program (Hallam, Valerdi, & Contreras, 2018). The Baldrige criteria for performance excellence (CPE) includes a comprehensive program with the following attributes: emphasis on excellence; systematic management; performance measurement; thorough training; evidence-based treatment; and employee rewards (Griffith & Patel, 2017).

According to Schulingkamp and Latham (2015), the healthcare criteria for performance excellence (HCPE) is a framework for improvement and research findings support that utilization will result in high performance, improvement in patient experiences, safety, and efficiency. Healthcare organizations did not become eligible for the MBNQA until the creation of criteria for the healthcare industry in 1998 (Arnold et al., 2015). According to the (Baldrige performance excellence, 2019), the criteria for performance excellence in health care includes following a set of behaviors and beliefs common in a high-performing organization: (a) visionary leadership, (b) patient-focused excellence, (c) valuing people, (d) systems perspective, (e) ethics and transparency, (f) managing for innovation, (g) management by facts and data, (h) organizational learning and agility, (i) focus on success, (j) delivery of value and results, and (k) contributions to community health and surrounding society. Baldrige examiners use standard criteria to

assess organizations for the performance excellence award, in seven areas critical for managing and performing as an organization, such as leadership, customer focus, operations, process management, strategic planning, data collection and analysis, and business results (Garza-Reyes et al., 2015).

Leadership. Leaders of an organization set the vision, mission, strategic goals, and initiatives that support the business they operate. Leadership expectations are communicated to the entire workforce to ensure employees understand the priorities, cultural norms, and values, and set the tone for the organizational culture. Organizational leadership is a criterion for evaluation in quality award applications for healthcare performance excellence. Applications for quality and performance award recognition begins with questions that assess how leaders govern operations while deploying the vision and values throughout organizational processes, measures, and goals while incorporating input from suppliers, stakeholders, partners, workforce, and patients (Griffith & Patel, 2017). According to Arnold et al. (2015), there is an expectation that today's healthcare leaders cultivate an environment focused on continuous improvement while staying abreast of the management practices that improve learning and employee development systems in organizations. The leadership category of the Baldrige HCPE application explains the methods leaders employ to convey the mission, vision, values, competencies, and strategic goals to the workforce, stakeholders, and patients (Baldrige performance excellence, 2019). Leadership has a direct impact on process quality, information, metrics, and data analysis in an organization and is responsible for setting

the strategic focus and establishing employee competency standards (Mellat-Parast, 2015).

Strategy. Leaders develop organizational strategies with priorities to provide direction for the establishment of a strategic planning process, the implementation plan, and ongoing monitoring of metrics to track progress. Quality award-winning organizations emphasize the need for leadership direction and decision making through goals, action plans, and initiatives that have linkages to the business strategy and customer needs (Hallam et al., 2018). According to Rao (2016), there is a new soft leadership paradigm in organizations with expectations that leaders set goals, build strong teams, motivate, and recognize employees when they achieve company goals and objectives. The company goals should have strategic goals that directly link to customer needs (Lengnick-Hall, 1996).

Customers. Customers' focus is a key area of emphasis for organizations pursuing performance excellence. The goal of customer focus is to illustrate how an organization addresses stakeholder and customer expectations through customer engagement activities and the voice of the customer (Schulingkamp & Latham, 2015). Organizations seeking quality recognition demonstrate how they solicit feedback in policies and practices while emphasizing employee training to satisfy stakeholders' and patients' desires or needs. Afthanorhan et al. (2019) defined customer satisfaction as the level of quality service that reaches a customer's expectation. According to Schulingkamp and Latham (2015), patient and stakeholder satisfaction are two key measurements that hospitals compare

their data against competitors.

Performance measurement and analysis. According to Hewko and Cummings (2016), performance measurement and analysis is the development and maintenance of processes and systems that measure outcomes and monitor results. Performance measures and analysis include data that inform the status of core procedures and systems that produce services or products for customers (Baldrige performance excellence, 2019). The workforce efficiency and effectiveness in operations improve when employees engage with leaders to examine how work processes evolve to offer a quicker or better quality product and service (Evans & Davis, 2015).

Workforce. According to Arnold et al. (2015), in organizations with a high-performing workforce, management emphasizes developmental learning, agility, openness to change, and fosters a culture of continuous improvement. Examiners, who evaluate organizations for quality award recognition, ask leaders to explain their process for assessing the capacity of the workforce, hire new employees, manage change, engage the workforce, and develop employee careers. The MBNQA criteria for the assessment of employee development and staff learning includes content about organizational core competencies, ethical business practices, knowledge management, and short- and long-term action plans to achieve strategic goals.

Operations. Found et al. (2018) defined the origin of operations from a description of expending labor on activities within a business. Operations management is a common area of evaluation within quality award performance criteria. According to

Schulingkamp and Latham (2015), the operations addresses overall process design, management, improvement, and overall work systems. Organizational leaders should know how their company manages, improves, and innovates health care services and work processes that serve the patient while achieving success (Baldrige performance excellence, 2019).

Organizational results. Organizational results detail a company's deliverables, which account for healthcare outcomes and other process results. Parast and Golmohammadi (2019) opined that when leaders implement changes in pursuit of excellence in healthcare, they restructure and design systems, processes, and services that center on the patient. The MBNQA framework measures leaderships' ability to empower their workforce to achieve goals and outcomes with superior results while continuously improving service delivery (Lee & Ooi, 2015). Leadership vision and organizational direction are critical for the results of products or services rendered in a business (Peng & Prybutok, 2015).

There has been extensive research of the MBNQA framework and results support the belief that when adopted, the business performance model will assist company leaders with overall performance improvement within their organizations (Lee & Ooi, 2015). There are common behaviors and norms found in organizations that have won the Baldrige award for performance excellence and other quality awards. In a study conducted by Griffith and Patel (2017), Baldrige recipients practice the following actions: (a) explicit commitment to values and mission, (b) a culture of empowerment, (c) top-

down and bottom-up strategic goals and planning, (d) performance measurement and monitoring, (e) systematic continuous improvement, (f) extensive training, (g) evidence-based protocols, and (h) a robust employee recognition program.

European Foundation for Quality Management Excellence (EFQM).

Excellence is described as strategies, best-in-class performance, and outstanding practice in the management of an organization and business results (Breja et al., 2016). According to Garza-Reyes et al. (2015), the EFQM award allows an assessor to evaluate companies on their status in the areas of leadership, people management, resources, process, business results, policy, strategic planning, customer satisfaction, employee satisfaction and impact on society. Companies that wish to implement a business excellence model can use EFQM as a model approach to introduce a culture of continuous improvement and a culture of quality (Gómez, Costa, & Lorente, 2017). The EFQM, Deming prize, and MBNQA business models share similar themes, criteria, an emphasis on continuous improvement and process management (Garza-Reyes et al., 2015). Leaders from the various business sectors apply for evaluation and assessment of these prominent performance excellence award programs.

Healthcare Studies of Improvement and Organizational Excellence

In a study of quality in a healthcare delivery system, Adams et al. (2015) observed the leaderships' approach to quality of care improvement initiatives involved the use of assessment teams lead by a quality consultant group. Team support from leadership includes training, coaching, leadership feedback, and ongoing attention. According to

Adams et al. (2015), a consultant group supported leadership, and unit-based teams created a supportive infrastructure inclusive of coaching, quality training, and facilitative meetings to ensure alignment with organizational goals while efficiently driving improvement using appropriate quality tools and techniques. The leaders of a healthcare system should complete extensive quality training to champion improvement projects and facilitate change management efforts. Leadership involvement with teams is considered a critical success factor for the successful use and integration of any quality management approach (Ismyrlis, 2017).

Another study of hospitals' use of quality management approaches, revealed different results in patient outcomes and patient satisfaction scores (Branco et al., 2017). Relational issues among improvement teams may occur as team members understand problems differently, disagree on the initial losses, and share the commitment to a newly designed process (Baker, Suchman, & Rawlins, 2016). Chartering teams with leadership support and consultative quality management experts can lead to the enhancement of process, procedures, and overall operations throughout a company to ultimately achieve organizational performance excellence (Adams et al., 2015).

Healthcare organizations need to adapt to a rapidly changing environment where technological growth outpaces the practice of medical protocols. Arnold et al. (2015) stated that leaders in healthcare should elicit high performance to adapt to the rapidly changing environment and foster employee learning for continuous improvement. Leaders and employees alike should engage in organizational performance improvement

initiatives. Excellence in health care requires an organizational and individual commitment to providing timely quality care and team coordination in an environment that cultivates the integration of teams and solid work processes (Griffith & Patel, 2017).

Transition

In section 1 of the study, I included information about the challenges of healthcare leaders to provide quality medical care effectively and efficiently while achieving excellent performance results. I explained the background of the problem, problem and purpose statements, research and interview questions, and the nature of the study. I discussed the conceptual framework, key operational definitions, assumptions, limitations, and delimitations of the study. Lastly, I reviewed, analyzed, and synthesized articles from the review of professional and academic literature in specific areas to include the selected conceptual framework, supporting and contrasting theories, quality management approaches, leadership engagement in quality activities, organizational performance excellence, and evaluation methods to assess organizational performance excellence.

In Section 2, I present the proposed research project to include the purpose of the study, the role of the researcher, research method, and design. I will discuss population sampling, ethical impact, the collection of data, data analysis, reliability, and validity. In Section 3, I will discuss the research findings, including a review of the general research question. The presentation of findings from the data collection, analysis, and identification of themes will conclude the study.

Section 2: The Project

The purpose of this qualitative, single case study was to explore strategies that hospital leaders use to employ quality management approaches effectively to improve processes and achieve organizational performance excellence. Researchers who utilize the descriptive case study design detail in-depth research of lived experiences in the actual environment (Fusch & Fusch, 2015). In Section 2, I will address information about the purpose of the study, the role of the researcher, participants, research methodology and design, sampling, ethical research, data collection, and transition to the last section.

Purpose Statement

The purpose of this qualitative single case study was to explore strategies that hospital leaders use to employ quality management approaches effectively to improve processes and achieve organizational performance excellence. The target population was five leaders within a hospital located in a community hospital in the northeast region of the United States that have successfully leveraged quality management tools and techniques to improve healthcare delivery. The findings from this study may contribute to social change through the improvement of healthcare delivery, resulting in a healthier patient population and community.

Role of the Researcher

I was the sole researcher for this qualitative single case study. The definition of research is the act or activity to test a hypothesis or develop new knowledge in an existing context (Haylett, 2009). According to Santos et al. (2017), researchers should

avoid situations that pose a conflict of interest, result in unethical practices, or demonstrate bias in a study. *The Belmont Report* was a response to unethical practices in research and contained a framework for researchers to follow (Haylett, 2009). It was my responsibility to complete research by interviewing participants and reviewing documentation in an ethical matter, without conflicts of interest while managing bias. I conducted interviews, made personal observations, examined pertinent organizational documents about their quality program, and conducted semistructured interviews with participants.

A researcher should conduct interviews and review documents responsibly while ensuring ethical practices by taking steps to mitigate risks to participants while avoiding bias (Nebeker, Linares-Orozco, & Crist, 2015). The principles in *The Belmont Report* include respect for persons participating in the research project, justice for each participant devoid of underserved benefit, and fairness for each participant (Haylett, 2009). To fulfill the principles in *The Belmont Report*, I conducted interviews responsibly through autonomous interviews. I ensured that each participant's engagement was objective and fair by asking the same interview questions of each participant. The Institutional Review Board at Walden University oversaw and approved my plans for this study before I conducted any collection of data.

As the data collection instrument, the establishment of controls was vital to avoid researcher bias. I am a quality manager working in the federal government, in an area of regulatory oversight, and my experience with QM approaches, tools, and techniques,

caused a strong potential for bias, assumptions, and misinterpretations. According to Reichow, Barton, and Maggin (2018), sources of bias include misunderstanding data, mechanical error, delays in data collection, variability in interview sessions with researcher, and holiday or seasonal breaks in research. I mitigated the risk of bias through the use of rigorous data analysis, a consistent protocol (see Appendix A) during interviews, and company document review. The use of open-ended responses mitigates a researcher's resistance to examining data through a personal lens (Yin, 2017). East (2015) stated that researchers could avoid aspects of bias by ensuring there are no limits on the interpretation of findings or selective highlights of the information shared. Further actions can be taken to manage bias, including the timely completion of research data analysis to avoid misinterpretation, establish agreements such as conflicts in interest, informed consent, and statement of financial support.

Participants

According to Yin (2017), participants are persons from whom the researcher collects data through observation, interviews, or review of case study reports. I interviewed five healthcare leaders who are executives within a hospital that have successfully demonstrated the use of quality management approaches to improve processes and achieve organizational performance excellence. To identify the appropriate healthcare leader participants, I contacted a U.S. federal organization that manages, facilitates, and examines organizations that apply for national recognition for quality and performance excellence in the healthcare category for recommendations. Saunders et al.

(2019) advised researchers to prepare for participant interaction by considering how to manage cultural reflexivity, which includes determining whether to conduct interviews separately or as a group. I conducted this qualitative case study through individual interviews, took field notes of my observations from study participants, and reviewed organizational documents that explained the organizational policies and processes for quality planning, strategic planning, performance measurement, process improvement, performance excellence evaluation, customers, and key processes.

In preparation for the study, I contacted participants through an organizational point of contact, using a letter of invitation explaining the purpose of the research. I established a working relationship during the planning stage to conduct interviews. To prepare for interviews, I reviewed the informed consent form and used an interview protocol to guide the progression of inquiry to capture pertinent data to inform participant answers to the research and interview questions related to the purpose of the study (see Appendix A).

According to Wengraf (2001), the research interview improves knowledge from conversational interaction as the researcher asks semistructured, scripted questions (see Appendix B) as a primer that should trigger additional commentary participants want to share. I gained access to hospital leaders through an assigned point of contact, through a request during the initial engagement with the hospital administration. According to Marshall, Klocko, and Davidson (2017), participants may feel unclear about expectations during initial interactions due to the lack of planning information. Gaining access to

participants through electronic mail and phone calls confirmed that the appropriate people from the hospital participated in interviews and were verified using the criteria for participant selection.

Researchers develop a selection criterion for participant identification to ensure the appropriate individuals participate in the study (Lockwood, Munn, & Porritt, 2015). The criteria for participants included their organizational role as an executive or senior-level leader within the health care system of interest, experience with quality management approaches, and at least a year of experience at the current hospital as a member of leadership during the time of the application and evaluation for performance excellence recognition.

Research Method and Design

I used the qualitative research method to conduct a single case study to discover how healthcare leaders successfully leverage QM approaches to achieve organizational excellence. According to Saunders et al. (2019), researchers use the qualitative research method to interpret and make sense of the subject of study in their natural setting to appreciate the more in-depth understanding. I used the qualitative methodology to conduct this study as I examined leaders in their environment to make observations and conduct semistructured interviews.

Research Method

The use of a qualitative research method is viewed as interpretive because researchers explore subjective meanings about the behaviors and experiences under study

(Saunders et al., 2019). According to Park and Park (2016), the focus of qualitative research involves gaining meaning or understanding of an experience. I interviewed hospital executives to gain an understanding of the ways they use QM methods and tools to achieve performance excellence throughout medical programs and healthcare delivery. A researcher's approach, using the qualitative method, should be flexible and evolve to explore meaning through interviews (Jamali, 2018).

Researchers that conduct quantitative research leverages the use of numerical data from a highly structured collection technique (Saunders et al., 2019). The methodological foundation of quantitative studies test hypotheses through statistical analysis (Ridder, 2017). For this study, I used non-numerical data collection through semistructured interviews. I did not plan to test a hypothesis during this study and did not use a quantitative method.

Morgan (2015) stated that quantitative variables and qualitative themes are in use in mixed methods research. The design of mixed methods research includes qualitative data collection techniques with quantitative analytical procedures (Saunders et al., 2019). Researchers use mix methods when a study includes quantitative data as a primary source and qualitative data as the secondary informational source (White & Miller, 2019). I did not use mixed methods for this study because I did not study variables.

Research Design

The research design of this study was a single case study with semistructured interviews, the review of interview notes, the review of organizational documents, and

direct observations of hospital leaders in their environment to explore their strategies to leverage QM tools to pursue excellence within their organization. Yin (2017) detailed four types of single case study: a single case with holistic design, a single case with an embedded design, multiple cases with holistic design, and multiple cases with embedded design. I conducted a single case study with a holistic single-unit of analysis. Ridder (2017) stated that a single case study design is ideal and justifiable, where a case represents a critical test of the existing theory. Researchers use the case study design to explore patterns and meaning in a particular context (Radley & Chamberlain, 2012).

There are three types of qualitative research design I considered for this study: phenomenological, ethnographical, and case study. According to Goad and Jones (2017), researchers will conduct a phenomenological study to focus on making meaning of lived human experience to uncover and interpret cognitive processing to reveal the understanding of a phenomenon. In contrast, Kegler et al. (2019) stated that researchers' use of the ethnography design to examine culture over time with continuous observation, while building rapport with the surrounding community. I did not study the culture of the organization over time nor did I study leaders to uncover the cognitive processing of a phenomenon. I did not consider ethnographical and phenomenological designs appropriate for the study. Ridder (2017) explained that researchers conduct case studies to explore the real-life phenomenon of a group, organization, event, or individual resulting in deep description and insights.

According to Yin (2017), there are three case study types: exploratory,

explanatory, and descriptive. During the exploratory case study, the researcher explores what is occurring to ascertain insight about a topic of interest through *what* or *how* questions (Saunders et al., 2019). I interviewed hospital leaders to understand how they use QM approaches in their pursuit of organizational excellence resulting in the Malcolm Baldrige quality award recognition in healthcare. According to Flynn and Hartfield (2016), the use of thematic analysis to examine each interview may result in the discovery of key statements, meaning, and group themes from the data. According to Cairney and St. Denny (2015), when interviewees are unable to explain, directly observing behavior in their natural environment may reveal additional information.

Researchers conduct explanatory case studies to seek answers to questions that explain presumptions and causal links to real-life experiences (Baxter & Jack, 2008). An explanatory research study is useful when researchers are explaining how or why a condition, event, or a sequence of events happen (Yin, 2018). According to Saunders et al. (2019), researchers use explanatory studies to explain a situation and to explore the relationships between variables.

Yin (2017) defined the purpose of a descriptive case study as an effort to describe a phenomenon in its real-world context. Diaz-Correa and Lopez-Navarro (2018) defined descriptive case study research as an analysis of a phenomenon through the use of a theoretical framework. Researchers use descriptive case studies to gain an accurate account of events, situations, or persons through who, what, when, how, and why questions (Saunders et al., 2019).

I achieved data saturation by conducting individual interviews until there was no discovery of new themes or subthemes. According to Fusch and Fusch (2015), failure to achieve data saturation in research has an impact on the validity and the quality of data collection. Hancock, Amankwaa, Revell, and Mueller (2016) stated that the novice researcher might achieve the gold standard of data saturation when there are no new emerging themes, and the research findings permit transferability. In addition to conducting interviews and reviewing multiple sources of data, I triangulated data from all methods of data collection used during this study. Yin (2017) stated that data triangulation from multiple sources of evidence allows the researcher to produce valid results. Observation and review of company documents about quality planning, strategic goals and objectives, performance measurement, audits, and internal assessments provided additional data to compare themes and subthemes. The selection of the appropriate participants informed adequate sampling to explore the research and interview questions.

Population and Sampling

The population studied was executive healthcare leaders who successfully used QM approaches in their company to achieve organizational performance excellence. According to Stuart and Rhodes (2017), determining the target population is a critical step and will depend on the questions of interest during the study. Leaders shape the vision, mission, and strategic focus of an organization and are the best population to interview and explore QM methods in use to achieve superior outcomes (Anderson &

Jamison, 2015). Cairney and St. Denny (2015) advised that once a researcher decides to conduct interviews, the next steps are the selection of individuals who will be researchers' sampling size and the appropriate sampling method.

The target population and sampling size for this study included five executive-level healthcare leaders with a history of successfully using QM methods to achieve performance excellence. Purposive sample selection is a method that researchers utilize to identify samples using specific criteria that is not random (Olsen, Orr, Bell, & Stuart, 2013). I purposively selected the population after I identified hospitals that were awarded performance excellence recognition in the past 10 years and consulting with the executive director of the federal government organization that assesses applications for the national quality award, Baldrige. According to Saunders et al. (2019), non-probable sampling includes a range of techniques to select participants of business research, case study research, or market surveys. Yin (2017) defined the purposive selection of a case to understand further or to illuminate the use of theoretical concepts. The use of purposive, homogeneous sampling in case study research focuses on a group, level, or occupation in an organizational hierarchy (Saunders et al., 2019). I ensured data saturation by focusing attentively on the emergence and depletion of new data and themes to code from interview participants, field notes, or company documents.

I worked with an organizational point of contact from the site to identify and request hospital executives that fit criteria that included at least one year in a leadership position in the organization, direct involvement in hospital operations, process

improvement, and performance measurement. Once I identified prospective participants, I contacted them via electronic mail, explained the research and nature of the study, and completed planning to interview them in an office within the hospital. I requested an interview setting that was private, comfortable, and within a reasonable walking distance of each interview participants' office. Jenner and Myers (2019) opined that interview settings that are convenient for participants, private and in-person, result in more sharing of experiences.

Ethical Research

I followed Walden University policies and procedures to obtain approval from the institutional review board (IRB) before contacting the prospective participants in this study. According to Perrault and Keating (2018), the IRB reviews and approves the study and the informed consent form to ensure that the researcher will conduct an ethical research project. Researchers should follow the basic ethical principles from the Belmont Report: (a) respect for persons, (b) beneficence, and (c) justice (Haylett, 2009).

The informed consent process includes a requirement for study participants the time to review relevant information about the research before obtaining their agreement to participate (Cooper & McNair, 2018). In addition to informing participants of their rights and the process, researchers should ensure individuals participating in research know that they can withdraw at any time (Perrault & Keating, 2018). Haylett (2009) discussed the general principles in the Belmont Report for individuals participating in research projects to include prevention of a lack of underserved benefit while ensuring

fairness. I asked study participants to review and complete an informed consent form which outlined the process and provided relevant information about the research. The invitation letter to participants included instructions for participants should they wish to withdraw from the study and any stage. There was no incentive to participate in the study. I used available templates from Walden University to develop documents and obtained the necessary approvals before conducting data collection for the research study.

All records that I created for the study will remain secure in a safe and will remain in a personal drive for 5 years following the completion of the research. I will destroy all research documents by shredding, after the 5-year requirement, to maintain confidentiality. In addition to securely storing research documents, I assigned codes such as IP1, IP2, and IP3 instead of names to protect the privacy and confidentiality of the organization and participants in the study. According to Kirilova and Karcher (2017), assigning codes to interviewees and locations is one way a researcher can apply broad logic to deidentify participants. The final document will not include the names of participants or the company where they are employed. Walden University IRB approval number for this study: 10-25-19-0676189.

Data Collection Instruments

I served as a data collection instrument for this study. I used an interview protocol (Appendix A) to conduct semistructured interviews, reviewed company policies, and other organizational documents while ensuring reliable data gathering through member checking and data triangulation. Ridder (2017) emphasized that traditional case study

design includes interviews as the primary and most important data collection source. A researcher conducts semistructured interviews with a ready list of questions and will often ask follow-up or probing questions during the discussion (Chu & Ke, 2017; Goad & Jones, 2017).

I used interviews, observation, and secondary sources to gather data and other useful information discovered during the study that is relevant to the overarching request question. Researchers will use multiple methods of data collection when conducting qualitative studies (Park & Park, 2016). According to Kegler et al. (2019), the researcher, who serves as the data collection instrument, will use more than one of the following collection techniques to obtain data during the study: (a) focus groups, (b) interviews, (c) photovoice, (d) observation, and pulling information from secondary sources. A researcher may use a variety of interview approaches such as telephonic, online questionnaires, face-to-face interviews, focus groups, and panels (Zhang et al., 2017).

After interviews, I asked participants to review summaries to clarify information in follow-up meetings via email. Goad and Jones (2017) stated that member checking and peer debriefing are two methods to ensure the trustworthiness and quality of data collection. According to Ridder (2017), the review of documents, observations, and interview responses are data the researcher will use in combination to ensure reliability through data triangulation.

Data Collection Technique

The primary data collection technique for this study was semistructured, face-to-

face interviews in a location that the participants selected. I used an interview protocol (Appendix B) to guide interviews with participants. According to Yin (2017), interviews are the most important aspect of case study research. An interview is an excursion into the life of the respondent to discover the phenomenon under study (Ridder, 2017). Cairney and St. Denny (2015) stated that although the research question and conceptual framework shape a case study, the progression and exploration facilitates the information that the researcher gathers during interviews. There are risks when considering the use of interviews as the primary data collection technique in a study.

Ridder (2017) described case study design as the catch-all category for research that does not fit into any other method while attributing a negative connotation about using case study research that explores differences and similarities across multiple cases. Yin (2017) described weaknesses from interview evidence such as respondent and participant bias, reflexive responses from respondents, and inaccuracy in the interpretation of interview responses. Determining the adequate number of interviews to conduct for data quality and depth for a research study continues to be a challenge for a qualitative case study (Cairney & St. Denny, 2015). Saunders et al. (2019) posited that data collection obtained primarily from participant interviews is devoid of context that leads to understanding views and the cultural environment. When there are challenges and complexities to planning research data collection, a pilot case study may be conducted to formulate the final protocol (Yin, 2017).

I did not conduct a pilot case study for this research project because I prepared

participant interview questions to support the overarching research question. Researchers conduct pilot case studies when an extensive relationship occurs with the participants in the actual case. According to Yin (2017), a researcher might conduct a pilot case study to assist with the formulation of questions and for convenience, access, or geographical proximity. The interview protocol (see Appendix A) for this study prompted questions about the organizations' pursuit of performance excellence in a healthcare setting. I identified and selected the target population after I identified a healthcare organization with national recognition for healthcare delivery, performance excellence, and customer satisfaction results.

I continuously reviewed data collected from the study, transcribed interview responses from participants and followed up with additional or clarifying questions as necessary. Baxter and Jack (2008) stated that researchers should collect and analyze data while integrating member checking procedures to verify participants' agreement with accuracy and the interpretation of responses. According to Goad and Jones (2017), researchers can attest to the trustworthiness of interview data through member checking and debriefing. Saunders et al. (2019) explained that the procedures for participant validation of interview data collection include sending information back to participants to confirm the accuracy and capture corrections. I organized and maintained data relevant for this study and stored information in a secure location.

Data Organization Technique

To keep track of data collected from the study, I maintained journals, recordings,

and research logs. All hard copy records and documents that I obtained from the participating organization will remain secure in a safe with electronic storage of information on a personal hard drive for 5 years following the completion of the research. I will destroy all research documents, after the 5-year requirement, to maintain confidentiality. Information gathering strategies a researcher might use during the data collection phase includes field notes, peer-to-peer data examination, and reflection journals (Baxter & Jack, 2008). Yin (2017) identified the following sources of evidence and data collection in a case study: (a) participant observation, (b) interviews, (c) documentation, (d) physical artifacts, (e) archival records, and (f) direct observation. I anticipated the accumulation of interview data, field notes of my observations, company documentation, and archival records during my study. I secured copies of all documents relevant to my study, at all times, in a locked briefcase and password-protected laptop. According to Saunders et al. (2019), the collection of primary and secondary sources of data acquired during research may trigger the early analysis to determine if additional information is necessary to answer the research question and achieve data saturation satisfactorily. In my early analysis of the data, I secured both hard and electronic copies of the materials I accumulated during the interview process.

Data Analysis

Interviews, direct observation, archival records, and documentation are the multiple sources of data used in this study to find answers to the overarching research question. During and after data collection, I analyzed data by developing a strategy using

the principles and methods appropriate for qualitative case study research. The analytic strategy included evaluating the research data to look for early patterns and tabulating the frequency of significant occurrences. According to Yin (2017), the following four principles are applicable when using computer software in case study research: (a) using multiple sources of data, (b) creating a database to capture data from the study, (c) maintaining a rigorous chain of evidence, (d) prudent use of data from electronic sources. After collecting data from this study, the analysis plan included the process for examination: triangulation, identifying themes, and coding.

Triangulation of different and independent sources of data assists researchers in confirming the outcomes from data analysis (Saunders et al., 2019). Yin (2017) discussed the following types of data triangulation in case study research: (a) theory triangulation, (b) data triangulation, (c) methodological triangulation, and (c) investigator triangulation. I considered two of the four triangulation methods for this study: methodological and data. Methodological triangulation is a type of data analysis that allows a researcher to evaluate multiple sources of data to explore the effectiveness of programs (Drouin, Stewart, & Van Gorder, 2015). Kern (2018) defined data triangulation as a subdivision of data across space, time, and people. Yin (2017) described data triangulation as a corroboratory strategy to compare similar findings from the various data sources. The early analysis of data from participant interviews, records, documents, and direct observations from this study influenced my approach to triangulation based on findings.

The review of academic and professional literature for this study was the primer

for the preliminary themes or theoretical propositions that link to the conceptual framework, topical area, and industry. The data collection plan for this study included capturing notes from the interviews, transcripts, archival documents, and direct observations to associate with the preliminary themes and identify other emerging themes. As I continued data collection and linked information to themes, I compiled the information using NVivo software to assist me in analyzing the data from the various sources. The use NVivo 12 software version aided in my identification of certain words and key phrases to eventually map and identify key themes. Swygart-Hobaugh (2019) opined that data analysis software could assist the researcher by enhancing the coding process and identification of themes. Yin (2017) described three process steps when using computer software to manage data: (a) compile the data, (b) disassemble the data or identify themes, and (c) reassemble the data. I correlated the themes found in this study with the professional and academic literature, the conceptual framework, and any recent study publications while writing this prospective study. The use of thematic categorization was useful in the presentation of findings, study recommendations, implications for future research, and study conclusions.

Reliability and Validity

Reliability

Reliability in research design refers to the ability to replicate an earlier research method and design to achieve similar or the same findings (Saunders et al., 2019). According to Yin (2017), reliability is a demonstration that data collection procedures

and other operational aspects of a study a new researcher can replicate with equal to minimal error and bias. I addressed the dependability of this study by member checking summary responses to the interview questions from the protocol (Appendix A). Organizational documents, data collection, data analysis, and observational field notes detailed the information I collected during interviews. According to Abdalla, Oliveira, Azevedo, and Gonzalez (2018), reliability is linked to the credibility of a study as the presence of both is evident through the successful triangulation of multiple data sources. Fusch and Fusch (2015) opined that triangulation is a way to ensure data validity.

Validity

I established the validity of this study through the quality of data collection, accuracy of analysis and interpretations, and the general report of findings. Saunders et al. (2019) defined research validity as the appropriate measurement, accuracy of data analysis, and the generalizability of results findings. Transferability, confirmability, and saturation of data are the components that researchers use to demonstrate research validity. Gill, Gill, and Roulet (2018) explained that transferability is the extent to which a researchers' findings can be of use from one context to another with a relatively close degree of fit. To ensure transferability, I provided detailed explanations of the interview protocol, the criteria for participant selection, the conceptual framework, and the relevant concepts in the literature from my study. Confirmability is the measure taken in research to assure conclusions drawn in the summary of findings are from the participants and without biased accounts from the researcher's perspective (Abdalla et al., 2018). To

assure confirmability about this study, I triangulated data from all sources gathered during the study to include interview summaries, company documents, field observations, and archival records. Failure to achieve data saturation negatively impacts the validity of researchers' findings (Fusch & Fusch, 2015). To reach data saturation, I interviewed multiple leaders from the same organization using the same interview protocol (Appendix A). I leveraged data from participant responses and triangulated data from company documents and archival records to identify the key themes used in the discussion of findings in the final section.

Transition and Summary

In Section 2, I explain the research project proposal to include the purpose of the study, the role of the researcher, research method, and design. I discuss population sampling, ethical impact, data collection plan, data organization, data analysis, reliability, and validity. In Section 3, I discuss my findings to answer the general research question. I present findings from my data collection, analysis, identification of themes, application to professional practice, implications for social change, recommendations for future research, reflections about the doctoral process, and a conclusion.

Section 3: Application to Professional Practice and Implications for Change

Introduction

The purpose of this qualitative single case study was to explore strategies that community hospital leaders used to effectively employ quality management approaches to improve operations and achieve organizational excellence. To collect data and information about quality management strategies that leaders leverage in pursuit of excellence, I conducted semistructured interviews with five experienced hospital executives. These five executives met the criterion that included employment in a health care delivery system with the distinction of excellence as determined by the U.S. Presidential Quality Award through the Baldrige Performance Excellence Program in the health care sector. The administration of the Baldrige award program is through the National Institute of Standards and Technology (NIST) for organizations that demonstrate holistic organizational excellence.

I traveled to each executive's place of employment to conduct interviews, review company documents, and journal field observations. I reviewed company documents such as standard operating procedures, organizational performance metrics, action plans, and other project documents. Through data analysis and triangulation, I identified the following themes: (a) measurement and analysis for performance improvement, (b) strategy and strategic planning, (c) leadership direction, sponsorship, and engagement, (d) employee engagement and empowerment, and (e) resource management. In this section, I will present the findings from my study, discuss applications to professional practice, the

social change impact, and provide recommendations for actions and future research. Finally, I will reflect on my experience throughout this doctoral process before concluding the study.

Presentation of the Findings

The overarching research question for this study was: What strategies do leaders use in community hospitals to effectively employ quality management resources to improve operations and achieve organizational excellence? To explore and answer the overarching research question, I interviewed five healthcare executives of one healthcare delivery system that has successfully achieved and sustained organizational performance excellence while receiving national recognition through the Baldrige Performance Excellence Program in healthcare. The participants in this case study were all healthcare executives employed at the partner organization involved in this research project, which is a community hospital located in the northeast United States.

Each participant's identity in the presentation of findings will remain confidential and labeled as IP1, IP2, IP3, IP4, and IP5 to preserve their privacy. During the interviews, I utilized ADA dictation application software to convert audio speech to text and Microsoft Word to prepare and transcribe the data. I used NVivo 12 software to assist in the coding, categorization, and data analysis to identify themes. I triangulated data, stemming from exact words and phrases, from the interview transcripts, company documents, and field observations to identify the following prevalent themes that describe leadership strategies to achieve organizational excellence: (a) measurement and

analysis for improvement, (b) strategy and strategic planning, (c) leadership direction, sponsorship, and engagement, (d) employee engagement and empowerment, and (e) resource management.

Theme 1: Measurement and Analysis for Performance Improvement

Each interview participant highlighted the importance of measuring performance, analyzing performance data for core programs and procedural areas, and improving when opportunities are discovered. The participants discussed the importance of measuring outcomes and comparing outcomes with similar organizations to determine if performance exceeds or meets the standard of care in a respective area. Interview participant number one (IP1) indicated that the organization's leaders define performance excellence as the outcomes ranked in the top 10% among any similar organizations providing a type of service. IP1 noted, "how do you know if your procedures and performance outcomes are the best?" IP2 stated that benchmarking against the best of healthcare industry performers is the only way to determine if their organization is among the highest performers in specific areas of patient care. IP2 also stated that organizations must look at performance goals and metrics regularly to cultivate an environment of excellence and continuously improve based on indications of goal achievement. All participants described the committee review process in their organization and the frequency in which they review performance data at intervals of iterative improvement, confirming the sustained performance, and informing strategic planning initiatives in successive quarters and years. Table 1 provides the key terms that link to measurement,

analysis, process, and performance improvement from all the interview participants.

Table 1

Measurement and Analysis for Performance Improvement

Reference	Frequency	Weighted percentage	Similar words
Performance	79	1.45	---
Improvement	78	1.43	improve
Process	59	1.08	processes
Benchmarking	59	1.08	outcomes, benchmark
Analysis	50	1.00	measure, analyze, assess
Goals	38	0.70	initiatives

Performance metrics are useful for leaders who evaluate current organizational performance, search for the root of medical problems, target improvement in operations, and to monitor performance over time (Horvat & Filipovic, 2020). Thornton, Tooher, Ogle, von Dadelszen, Makris, and Hennessy (2016) stated that benchmarking is a proven method to examine the quality of healthcare when the data is provided and allows providers to make improvements when they find opportunities for improvement. IP1 discussed the various benchmarking tools in use for tracking financial and clinical data and how the use of these data sets allowed the leaders to identify areas of most significant improvement. IP2 describe the use of supplemental data from government and national databases for benchmarking when direct data is not available. IP3 highlighted the importance of benchmarking and described it as a process to help define performance across the organization and ultimately indicate excellence. IP4 stated that benchmarking

is how they determine if they are performing at a higher level when comparing to peer groups in healthcare. IP5 opined that benchmarking is the only way to know that you are successful or performing at a level that is in the top decile of peers or at a higher level of excellence in specific clinical areas.

Data collection of process and outcome metrics are indicators for managers about the status of process and program efficiency and effectiveness. The establishment and continued collection of quality measurement data are of extreme importance to increase the value of care provided to patients (Chawla & Darlow, 2018). IP1 described the organizational approach to reviewing metrics and goals repeatedly through various councils, committees, and leadership meetings. IP2 detailed the various metrics and data collected that align with the organizational pillars. For example, there is a metric to collect training and educational data because of the strategic pillar for the workforce. IP3 highlighted the organizational approach to constant improvement through visual department boards that list goals and metrics specific to each work area. IP4 emphasized how leaders use the visual display boards to track and measure effectiveness and identify issues when the data trends in the wrong direction. IP5 explained how the data measurement and analysis efforts to recognize opportunities for improvement trigger the performance improvement framework in use across the healthcare system.

IP4 discussed the performance improvement framework used within the organization that includes activities that cascade through committees from the senior leadership quality management review committee. IP4 described the various quality tools

such as Plan-Do-Check-Act (Shewhart cycles) and Six Sigma DMAIC model to charter improvement actions when they discover opportunities through the various scorecard metrics, and performance improvement (PI) showcases found in every department. All participants emphasized the existence of the PI initiatives in every department that cascade down to individual employees assigned in the respective work areas. IP5 described the collective measure of scorecards, performance data, and overall alignment of processes to the mission of the health care system and the refreshment of annual strategic goals. IP5 explained how organizational leaders review metrics, at every level of the system, and how they are held accountable to demonstrate that performance projects are meaningful, advance the mission, and improve the overall satisfaction of the patients. All participants described a constant review of critical areas of focus and the processes for which they are considered the business owners' and champions' responsibility to engage with staff across the workforce to ensure successful outcomes. The organizational documents that describe the procedures for the leadership system and the strategic planning process include graphics and descriptions that explain how the pillars and goals cascade from the mission and across phases of deployment and implementation.

Linkage to the extant literature. Nadziakiewicz and Mikolajczyk (2019) stated that to assess the quality of medical care, you must use indicators and criteria that connect to specific standards. High-performance hospitals develop and sustain an operational strategy of tracking and reporting metrics in both clinical and financial areas that inform overall performance to compare to peer organizations. Stan (2018) stated that leaders

must institute mandatory steps to achieve high efficiency and excellence, including attentive analysis of practices and a plan to measure to improve performance. Chakraborty and Kaynak (2018) highlighted the relationship between organizational process-level performance and the quality management practices present in a hospital. Organizations that employ a robust strategy to continuously review performance metrics and full implementation of a quality management system may out-perform their competitors due to a rigorous and disciplined focus on the daily performance of business processes taking place in the delivery of healthcare to the patient population served. Chakraborty and Kaynak (2018) found a strong correlation in hospitals with excellent outcomes in patient care, high-performing teams, and a system of tracking quality performance. According to Tickle et al. (2016), organizations with business excellence perform well above their competitors and ensure the vision, mission, and performance expectations are communicated and understood by all employees with regular reviews to ensure sustained success. The participants and their company documents revealed the existence of systems to track, monitor, and trend data to indicate ongoing performance and staff with specific training in quality, process improvement, and problem-solving techniques to proactively address issues.

Parast and Golmohammadi (2019) discovered that the tools used in hospitals for benchmarking are useful in assessing the organization's quality system. Benchmarking, among similar competitors, provides some indication of an organization's performance status. According to Cotrim, Filho, Leal, and Galdamez (2018), benchmarking compares

planned and actual performance, projects, and practices to comparable performance and projects to identify the best practices. When leaders can benchmark against their competitors, they obtain invaluable information about whether they perform among the best or identify opportunities for improvement. To institute an environment of continuous improvement, leaders must use a performance measurement system to measure overall management and performance (Thurer et al., 2018). Silombela et al. (2018) found that leaders with a system that can trend data, identify problems, and trigger solutions can effectively improve business operations. The company documents revealed a comprehensive network of integrated business processes, aligned to strategic objectives, and visual display boards of daily monitors to track performance.

Linkage to the HPWS conceptual framework. Posthuma et al. (2013) opined that the design and use of the theory of high-performance work systems (HPWS) could enhance how an organizations' employees perform by improving engagement through increasing capability, productivity, and commitment. Performance management is one of several core practices found in the application of HPWS. Rasheed et al. (2017) stated that highly competent employees pursue excellence and improve the organization as managers empower and convey high expectations and outcomes of their employees. The discovery of a robust system of performance measurement, analysis, and improvement from the leaders interviewed at participating organization, supports the information found in the literature and the conceptual framework used in this study as evidenced by all interview participants' descriptions. The company documents detail how metrics that

support various goals are cascaded, tracked, and available on visual display across the campus. The leaders interviewed for this study explained the connection of performance measurement to the strategic objectives and goals they establish across the organization, revealing the next key theme: Strategy and Strategic Planning.

Theme 2: Strategy and Strategic Planning

A robust system reinforces the organizational strategy and engages all employees (Kellner et al., 2017). According to Griffith and Patel (2017), models for organizational excellence emphasize concentrating on strategic goals and the company's strategic situation. The emphasis on strategy and strategic planning might explain why every interview participant stated that many of their actions began with the organizational strategic planning process. IP1 explained that during the strategic planning process, the leaders developed goals that support the organization's crucial pillars that align with the strategic plan. Some of the pillars are quality, safety, workforce, patient satisfaction, and medical staff. IP2 stated that the organization has multiple feedback loops to inform the effectiveness of strategies in use. Annually, when starting the strategic planning process, they examine data from all sources. IP3 discussed leadership's intentional alignment of its strategic planning process with the finance and budget review cycle to ensure proper resource allocation to support the goals. IP4 stated that the way leaders maintain the "pulse" of the organization is through the use of scorecards with alignment to the strategic goals. IP5 described their constant review of the scorecards after explaining the process begins with strategic planning, setting goals and direction for the year, and

cascading those plans to every individual in the organization. The organizational schematic of the strategic planning process described each process step in intimate detail and the roles involved in the planning, deployment, and performance improvement phases of the plan. The leaders shared an example of the strategic plan that they prepare annually. The annual plan includes the mission, vision, and cascading goals that align to other crosscutting efforts such as employee engagement, employee turnover, patient safety, and patient experiences. Silombela et al. (2018) stated that the management of information, planning, and control of the system is paramount to achieve organizational outputs. The organization's comprehensive documentation of strategy and its strategic planning process was outlined in several documents, visual displays, and articulated by every interview participant. Table 2 is a summary of references to strategic planning.

Table 2

Reference to Strategy and Strategic Planning by Interview Participant

Interview Participant	# of References	Coverage	Words and phrases
IP1	2	10.99%	strategic plan, strategy, pillars, planning, projects, goal deployment
IP5	1	18.47%	systems and structures, reach our mission, strategic planning process, system-level scorecard,
IP3	0	14.26%	strategic planning process, pillars, vision, strategies, integrate, interconnectedness
IP2	9	9.11%	strategic planning process, strategic plan, roll-up of projects, pillars, alignment, planners
IP4	8	12.87%	align strategically, strategic goals, cascading process, all levels of the organization

Every interview participant highlighted the necessity that business processes, goals, projects, and initiatives all align with the strategic plan. Ferdowsian (2016) opined

that leaders of organizations would not achieve excellent performance unless they satisfy customers, engage, and align the workforce with the overall objectives and goals. IP3 described alignment with strategy as the place "where you make sure that everyone is on the same page and singing from the same sheet of music." According to Posthuma et al. (2013), organizational strategy within a high performing organization integrates strategy and innovation at the policy level to provide guidance and direction while promoting a creative work environment.

IP4 described the cascading process for strategic goals as a critical element to drive engagement at the front lines. The level of engagement empowers employees as they contribute to the overall goals and objectives of the organization, and it has become a part of their culture. IP5 advocated for the robust strategic planning process and the engagement of leadership at every level. IP5 stated that the top executives expect results and hold everyone accountable for achieving successful outcomes. The organizational procedure for the strategic planning process lays out the four phases of planning with color-coding, process mapping, and a numbering sequence that is illustrative of the sequential steps the leaders take to analyze, identify gaps, develop goals, cascade, report, identify and track improvement, and review efforts continuously.

Linkage to the extant literature. Huang, Knittle, Wantuch, and Francis (2020) discovered that healthcare administrators had changed their focus by integrating technology into strategies to assist in the improvement of patient populations, engage employees and patients, and phase in new efficiencies in operations. Strategic planning

has a significant impact on an organizational focus on the customer and their satisfaction (Parast & Golmohammadi, 2019). Singh and Sethi (2017) stated that the only way to enhance organizational performance is by measuring what is essential, and the fulfillment of this requirement. The participants from the partner organization, provided company documents that describe the strategic planning process that identified vision, goals, and areas of focus with an intricate planning process. The participants detailed an integrated process for planning, deploying, and improving performance throughout the organization. Lastly, the leaders use a balanced scorecard that lists high-level goals and special projects reported quarterly with benchmarking against competitors.

Silombela et al. (2018) stated that leaders must establish various applications such as problem identification, data analysis, process analysis, quality control, decision making, and planning to be effective. Each interview participant explained an application of each of these attributes in responses during their interviews. The span of leadership control requires systematic oversight and data collection that informs culture, satisfaction, portfolio performance, service delivery, strategy, and strategy execution through plans (Saxena et al., 2018). All participants and company documents informed the existence of a highly integrated, aligned, and widely known strategic planning process.

Thurer et al. (2018) stated the leaders must align inputs, outputs, and the customer wants with the operations strategy to maintain strategic advantage. Alignment to meet customer needs is paramount. Alignment of purpose, goals, and direction across an organization is equally necessary to avoid mismatched or unmet customer or stakeholder

needs. When targeting improvement to business processes in strategic goals, the tools leaders use must also align with the comprehensive organizational strategy to ensure transparent decision making supported by data (Laureani & Antony, 2017). All participants discussed the alignment of strategic planning goals and objectives across departments and the cascading effect on every individual in the healthcare system.

Linkage to the HPWS conceptual framework. Kellner et al. (2017) researched the theory of high-performance work systems in organizations. They found the practice of strategic management as an essential factor to survive while providing an optimal balance of employee-focus to improve overall performance with leadership direction. In response to the interview questions, the participants repeatedly emphasized the importance of strategic planning to all of their organizational initiatives. According to Parast and Golmohammadi (2019), leaders must engage the workforce in a way that directs and creates a high-performing environment to enable employees to adapt to change and succeed. The approach and expectations the healthcare leaders convey about the strategic projects and employee engagement lead to the next key theme involving leadership engagement. Ferdowsian (2016) stated that the best strategy for leaders pursuing excellence is to establish a stable foundation in the fabric of the culture and with a vision for high-performance and efficiency in day-to-day operations.

Theme 3: Leadership Direction, Sponsorship, and Engagement

Leadership is considered a vital attribute to improve quality and performance in health care delivery (Saxena et al., 2018). Parast and Golmohammadi (2019) found that

leadership and human resource practices are the two most important factors for quality implementation in hospitals. Company documents outline leaderships' facilitation of setting direction, establishing goals, cascading directives, monitoring action plans, mentoring and development staff, and continuously improve business processes.

IP1 and IP2 explained the systematic review of projects and alignment to goals and objectives with methods to monitor data throughout the performance period. IP1 strongly emphasized that the system design and areas of focus guide their organizational performance. The customer requirements are the foundation and driver of every project to ensure meeting patient needs. IP3 stated that the quality management system and initiatives are the infrastructures that the leaders leverage as a governance board to track and monitor all activities taking place across the organization. There are expectations that leaders, at every level of the organization, cultivate an environment of creativity and continuous improvement. All leaders are required to complete annual quality training to include Six Sigma belt courses and certifications. The expectation is that leaders should be competent in mentoring, coaching, and developing the workforce.

IP4 is a certified Six Sigma belt trained to lead and facilitate improvement projects. They added that the training allowed them to inspire the workforce to adapt to a culture of continuous performance improvement. IP5 explained that they also completed specialized quality training and highlighted the importance of recognizing employees for their engagement in improvement work as crucial for the realization of cost savings and waste reduction each year. Laureani and Antony (2017) stated that quality training is a

mechanism for engaging staff in improvement. Leadership must be visible, leading the charge, and recognizing employees when they participate in projects that improve the organization. All participants stated that organizational culture supports transparent communication. collaboration, continuous improvement, and constant learning. The organizational documents described the leadership system; a systematic approach to deploying the mission, vision, strategic objectives, goals, and cascading of expectations to employees. Another company document detailed the learning management system and competencies for training the various roles across all departments. Table 3 provides a summary of leadership direction, sponsorship, and engagement.

Table 3

Reference to Leadership Direction, Sponsorship, and Engagement by Interview Participant

Interview Participant	# of References	Coverage	Words and phrases
IP5	10	17.69%	leadership, know the direction, drive the level of improvement, responsibility, focus, nursing leadership
IP4	9	20.73%	review committee, leaders and executives, led the journey, senior leader tenure
IP3	10	16.01%	leadership triad, governance, leadership system, owner, senior- level, leadership model
IP2	7	15.22%	improvement council, physician leadership, business management
IP1	8	9.93%	committee, leadership system, strategic & operational leaders, build commitment

Tickle et al. (2016) examined the business excellence practices and found that organizations that possess approaches, systems, tools, and techniques are successful in achieving an efficient operation. An approach includes resources such as strategic

planning, project sponsorship, and management commitment in support of the mission and work of a company. IP3 explained the quality management system in use by detailing the committees and communicative methods that cascade throughout the organization. The integrated system helps the leaders review projects and examine all activities that occur to improve healthcare delivery. IP3 and IP4 stated that the leadership system they have implemented aided the transformational organization to become a high-performing system. IP5 described the leader's role in strategic project execution and performance as the champion with the responsibility to provide resources and remove barriers that impede the staff from accomplishing goals. Roberts et al. (2019) found that leaders who create an environment where employees learn to use improvement tools in regular operations, with coaching, perform better than competitors. Leaders establish strategic goals and continuously measure hospital quality performance because the data contributes to the hospital's reputation compared to their peer organizations (Chakraborty & Kaynak, 2018). IP4 opined that the cascading process from the strategic plan is the critical element that drives employee engagement at the front lines. All participants and organizational documents defined the expectation for leaders to facilitate and sponsor improvement efforts throughout every department through a partnership with their workforce.

Linkage to the extant literature. Leadership must inspire the need for an organizational plan to improve performance, allocate resources, train the workforce in improvement, and establish the structure to manage improvement initiatives (Henderson,

O'Mara, Bishop, Arnold, & Whitfield, 2020). Laureani and Antony (2017) stated that leaders who exhibit specific characteristics and traits are crucial in the deployment of quality and continuous improvement programs. All of the interview participants detailed their extensive involvement in business operations, continuous improvement, and the strategic planning process on an ongoing basis. Communication, training, and employee motivation were all critical factors in the experiences that each participant detailed in their journey to achieve higher organizational performance. Strategies to increase the adoption of improvement tools and a culture of continuous improvement are strong leadership, upper management support, training, and strong alignment to strategy (Tickle et al., 2015). Organizational documents clearly stated leadership expectations such as the requirements that they understand vital goals, set direction, align and cascade goals to the workforce, implement action plans, achieve plans, mentor and develop people, and adapt systems and structures to support continuous performance improvement.

Linkage to the HPWS conceptual framework. Leaders who are successful in achieving high-performance in healthcare create an environment where shared leadership models with partnerships between the workforce, clinicians, and managers. Robbins et al. (2012) found that leaders who implement the components of HPWS must demonstrate a focus on performance and improvement. Leaders who foster an environment of empowerment and sponsor projects that involve their staff positively influence the workforce perception of the characteristics of a high-performing organization. All interview participants discussed their roles as change agents and detailed how they

communicated to the workforce about continuous improvement and learning beyond their job duties. Organizational documents reference continuous learning, continuous process improvement, and a focus on patients within an enterprise system model. Rasheed et al. (2017) stated that leaders and subject matter experts must provide frequent communication, interact with employees, give them a feeling of empowerment, and an opportunity to participate in decision-making processes. The type of partnership and engagement described in the literature and present in this organization leads to the next theme, employee engagement.

Theme 4: Employee Engagement and Empowerment

Written reports, data metrics, and verbal dialogue among leaders and staff promote constructive dialogue and engagement through story-telling about performance and ongoing improvement (Brown, 2020). Saxena et al. (2018) discovered evidence linking staff engagement in reducing patient complications and employee attrition. According to Kellner et al. (2017), employee engagement is a vital tenet of the theory of high-performing work systems (HPWS). The implementation of HPWS in healthcare could have a positive impact and improve business performance. IP1 described employee onboarding and training to include their introduction to the mission, vision, goals, and pillars of the organization before they are required to complete various training modules of quality and performance improvement. IP4 emphasized how leaders engage the workforce through the introduction and alignment of the goals and the cascading process impacting every individual's performance plan.

IP5 believes that employee recognition pathways engage employees by showcasing efforts through the improvement of work. They celebrate their initiative through recognition of in front of organizational leaders and peers. All participants in this study reported the involvement of all employees, throughout the organization, in quality training, process improvement projects, and innovation promoting techniques. The organizational documents outlined leadership, middle-management, and employee training and competencies, workforce expectations, use of organizational knowledge, and evaluation measures. Company documents explained the knowledge, technology, and information sharing policies, procedures, practices, and expectations for organizational learning at every level of the workforce from senior leaders to employees across the workforce. According to Roberts et al. (2019), to implement a quality-focused approach, leaders must offer flexibility to engage employees, encourage their involvement in decision making, and engage in actions focused on improvement. All participants shared their many experiences engaging the workforce through various phases of evolution to improve the work environment while cultivating a learning organization with a determination to continuously improve the work, work processes, patient care, and the overall patient experience.

Ferdowsian (2016) found that employees who were engaged would tirelessly follow through with their work without an expectation for recognition, reward, or financial incentives. When employees are committed to the organization, they are motivated to perform and satisfy their customers because of their personal pride and

positive outlook about their job. The leadership's commitment to comprehensive basic training in quality and improvement tools is essential to garnering engagement and motivation to participate in project teams (Laureani & Antony, 2017). The definition of business excellence includes the perception that an organization's leaders prove that the services provided are indispensable to customers and stakeholders, partner with their suppliers, and exist in an inclusive employee environment. Metaxas et al. (2019) defined business excellence as the satisfaction of stakeholders and customers while simultaneously achieving an organization's outstanding performance. Alternatively, Tickle et al. (2015) stated that excellence in strategies, meeting stakeholder expectations, and excellent business practices validated by assessments, define business excellence in firms. The participants and partner organization provided company documents to support stakeholder satisfaction rates, customer (patient) satisfaction rates, and business performance outcome data to support their status in the top 10% of competitors for similar community hospitals.

The organization was recognized for the Baldrige Performance Excellence Program in healthcare after the leaders completed the application for an assessment and a successful site visit by Baldrige Examiners. The interview participants describe their employee engagement behaviors, including seeing the bigger picture, believing in the mission, actively engaging to make the department better, and a positive perception of their job and improvement projects. Throughout their "Baldrige journey," which took place over several years, the organizational leaders engaged the workforce by

communicating plans to pursue organizational excellence, implementing specialty training in quality and improvement methods, chartering several improvement projects, and developing a regular reporting process to monitor performance metrics. Table 4 is the frequency employee engagement was referenced.

Table 4

Reference to Employee Engagement by Interview Participants

Interview Participants	# of References	Coverage	Words and phrases
IP5	15	19.47%	my team, their data, direct reports, everybody, everyone, employee unit-level orientation, we, engage employees, people, cadre, employee recognition
IP4	9	18.91%	all members, across the organization, "all teach, all learn," driving employee engagement, members, development of the workforce, developing people
IP1	8	9.36%	their goals, incentives, multiple staff categories, engage employees, everybody, every department, every individual, talent, coaching staff, folks, frontline staff
IP3	8	11.02%	frontline level, down to every level, employees, employee engagement, feedback to staff, employees, longevity, loyalty, highly tenured staff, feed the culture, new folks
IP2	4	10.90%	talent, folks, each level, people, each role, everybody's individual planner, workforce, information for employees

IP1 explained the cascading process of involving employees in projects that support the strategic plan as both an incentive and a cultural expectation. Leaders expect employees to participate in improvement projects within their assigned work area, and successful participation positively impacts performance ratings and career development opportunities. IP1 also described how mentoring and coaching for performance allows leaders to identify talent within the workforce. It affords them a proactive opportunity to

conduct succession planning as they identify potential talent during the progression of a project. The organizational leaders have developed a robust program to grow their workforce in specific areas of focus and offer specialty training options.

IP2 stated that emerging leaders, from the workforce, are often identified during the annual performance review process to mentor and shape for future leadership succession. Administrators will often work to establish development plans for interested employees and individuals that express an interest in continuous learning and growth in leadership and quality areas. All interview participants believed that any random employee would be able to detail the strategic goals and improvement projects for their department. The cascade of goals to all frontline employees, combined with a continuous feedback loop, results in leaders and employees always discussing projects and problem solving upon the discovery of opportunities.

According to IP3, employees stay involved with improvement efforts because they complete annual quality training and receive coaching on projects within their departments. The rewards and recognition pathways are two mechanisms that highlight staff involvement in projects that also positively impact performance and staff perceptions about the organization. The staff becomes a part of the solution when they are empowered to innovate and try new ways of working and are recognized for their accomplishments. IP3 stated that a critical factor of the continued success of an organization is the longevity of the workforce and high tenure. The senior staff feeds the positive culture and orient the new employees when they start working who observe their

co-worker connectedness to the mission, sharing of knowledge, and experiences.

IP4 stated that the cascade process for projects to frontline staff contributes to the organization's success because the employees often develop ideas for the department projects that align with the strategic plan. Lasrado et al. (2017) found that organizations are successful with innovation at work when employee ideas thrive, and they observe the implementation of their suggestions into new programs. Employees are motivated and empowered when asked to provide suggestions or recommendations to improve operations. IP5 described the evolution of staff engagement and recalled the power of involving frontline staff to improve healthcare as the transformational milestone for the organization. The organizational leaders developed an innovative system to harness employee ideas to ensure proper resourcing and vetting for successful implementation.

Linkage to the extant literature. The research findings highlight a linkage between leadership, engagement, and the improvement of healthcare outcomes (Brown, 2020). Stoyanova and Iliev (2017) emphasized that employee engagement, expressed in mental, emotional, and physical connection with the company, must inspire them and make them feel that they contribute to the organization’s development and success. The sustained success of the partner organization, involved in this study, is believed in part due to the involvement of every employee within the healthcare delivery system. Bakker (2017) suggested that the key to attracting and maintaining a high-performing, engaged, and productive workforce is by providing work context that is an excellent fit with the employees’ expectations for their role and the work environment. Laureani and Antony

(2017) stated that the transformational leadership style is essential to inspire employees when communicating the need for change, garnering commitment to the mission and vision of the organization and cultivating an environment of continuous learning and improvement.

Linkage to the HPWS conceptual framework. Lee et al. (2016) suggested that the use of HPWS has the potential to enhance organizational performance through actions that improve employee commitment, productivity, capability, and leveraging their expertise as the primary source of competitiveness. IP5 described how nursing cadre engages in improvement projects and problem-solving discussions when data for tracking goals reveal opportunities for improvement. IP5 stated by involving the nurse managers in the problem-solving conversation, their level of commitment and, using their expertise solidified sustainable actions with minimal changes. Organizations that maximize the engagement of employees increases the workforce empowerment, commitment, tenure, and responsibility for the outcomes, goals, and key initiatives. According to Etchegaray and Thomas (2015), the employee engagement component of HPWS was prevalent in 50% of companies under study. The organizational documents discuss employee and workforce engagement as a partnership with leadership and management to achieve goals, objectives, and projects that align with the strategic plan. Saxena et al. (2018) opined that the engagement of staff is vital for improving patient outcomes, reducing patient complications. The joint-partnership paradigm drives the overall performance to manage costs and achieve operational efficiency. They are engaging the workforce while

managing resources that support their efforts segue to the last major theme.

Theme 5: Resource Management

All interview participants emphasized the importance of properly managing resources to achieve goals and significant objectives. IP1 explained that department-level projects include factors that address budget reduction, waste management, or cost-saving projections. When data indicated the lack of fully expensed departmental budget allocations, organizational leaders discovered the additional benefit of improvement initiatives due to staff saving resources during projects. IP2 described direct involvement of the chief financial officer and chief informatics officer on the quality improvement council to advise about the impact of resources during project discussions. The use of lean and other process improvement methods not only improve the quality and timeliness of service but can also lower expenses in organizations (Laureani & Antony, 2017). IP3 discussed the widespread use of Lean and Six Sigma, by improvement teams, chartered from a continuous loop of project identification aimed at improving the patient experience. The managers examine the impact of the projects concerning the cost of care, length of stay, and revenue generation as balancing measures to help with decisions about initiatives and the potential to improve quality outcomes.

IP4 outlined the leadership review method to ensure any project they use with time, energy, or monetary investment in full alignment with the priorities of the strategic plan. IP4 stated that any organization could obtain tools and techniques aimed at maximizing products or services, however, to attain a high level of performance, leaders

must drive the culture of improvement and create the optimal environment to utilize the tools accurately while teaching staff along the way. Chakraborty and Kaynak (2018) stated that healthcare performance includes the tracking of quality of care, cost, utilization, patient satisfaction, finances, and hospital resource efficiency for maximum use. Training and tracking are paramount to any resource utilization schema. IP5 emphasized employee participation in quality training in Lean, Six Sigma, 5S, and process mapping to help the organization become conscientious about resources and examining initiatives that add value.

All of the interview participants believed the environment of collaboration and communication allows leaders and staff to make equal contributions, thereby collectively managing resources while continually finding ways to perform work more efficiently and effectively. All the participants stated that tools and their systematic approach enabled controlling operational costs, waste reduction, and cost savings. The deployment and use of Six Sigma were beneficial to standardize work processes, reduce variation by constantly identifying and eliminating waste, increase automation, and enhance workforce productivity through innovation. The organization's quality procedures indicated the tracking of cycle time within the workflow, productivity across departments for similar work tasks, and other in-process measures reported through various scorecards. Saxena et al. (2018) found that shared responsibility for resources, integration, and efficiency in operations lead to success. Table 5 includes the frequency resource management was referenced by IPs.

Table 5

Reference to Resource Management by Interview Participants

Interview Participant	# of References	Coverage	Words and phrases
IP5	7	10.88%	planning, projects, save costs, reduce waste, stewardship, able to maximize, contributing to overall margin, reminding people, sharing the same message
IP4	6	15.55%	key facets, resource-time & energy, cost-saving initiatives, focus, financially viable, cost metrics, eliminate unnecessary cost
IP1	6	6.81%	budget, manage waste, cost reductions, inflation is our enemy, we experience increases in costs and benefits, cut their expenses, cut expenses
IP3	8	12.26%	Identification of projects, aligned strategy with budget planning, cost driver, intentional about projects, balancing measures, good stewards
IP2	7	11.27%	project alignment with initiatives, cost/quality/access approach, added costs, balance, not all about the $

Linkage to the extant literature. Madlabana, Mashamba-Thompson, and Petersen (2020) highlighted the need for healthcare employees to be competent, feel rewarded for their contributions, and equipped with the necessary tools to ensure excellent performance. According to Matthew (2014), firms with excellent resource management practices such as actions to socialize, train, motivate, evaluate, and compensate employees achieve not only organizational goals but also produce high-performing individuals. All interview participants described similar characteristics about their workforce during the research interviews. A highly tenured staff maintains institutional knowledge and efficiently manages resources, which ultimately results in cost savings. Hong, Jiang, Liao, and Sturman (2017) asserted that the management of

resources is an organization's most valuable asset for long-term success, sustainability, and survival. IP1 detailed the daily auditing practice across departments through the visual displays that outline the goals and objectives that align with organizational strategy. IP2 stated that the daily controls, various internal and external feedback loops provide insight for leaders and managers to monitor and adjust resources as needed. IP3 believed the integration of various systems and daily monitors ensure staff is not just performing a bunch of random activities that do not advance or support the strategic goals. IP4 highlighted the use of tools and monitors to track the goals to focus everyone and engender a culture of continuous improvement and efficiency of operations. IP5 recalled the pride the nursing workforce feels when contributing to improvement initiatives that have a major impact on organizational resources, save costs, reduce waste, and improve patient care.

Linkage to the HPWS conceptual framework. Resource management practices such as employee development, selective hiring, pay-for-performance, and employee incentives are commonly used HPWS practices in healthcare. The leaders from the partner organization provided several examples that demonstrate the use of these practices in their health care system. Shin and Konrad (2017) stated that organizations adopt the various tenets of HPWS and other non-related strategies iteratively. Leaders and staff accumulate knowledge and experience that leads to a high-performing company. The company documents describe the organizational system of learning that includes drivers for culture, innovation, and measurements. The interview participants detailed the

organization's robust process for employee development at the senior leaders, middle management, and workforce levels. IP3 and IP5 highlighted the low turnover rates, retention, and tenure of the workforce and how the continuity contributes to their success and high performance.

Other Contributing Strategies

Interviewing these five healthcare executives to explore the strategies that successfully helped them achieve excellent performance within their organization was most revealing. The common themes from each participant were performance measurement and analysis for improvement; strategic planning; leadership direction, sponsorship, and engagement; employee engagement and empowerment; and resource management. In addition to similar thematic input from the interview participants, there were other strategies they shared using other frameworks in tandem during their organizational excellence journey. Some of these strategies included using a quality consultant and developing a quality management program equipped with training, tools, and techniques.

Leaders often use several methodologies or frameworks in tandem when attempting to positively shift organizational performance or service delivery. Chakraborty and Kaynak (2018) stated that tenets from several methods or approaches could be complementary, offering an overarching roadmap that incorporates strategies from various frameworks with a focus on healthcare quality. The executives employed with the partner organization participating in this study highlighted their use of Baldrige, change

management principles, Magnet status for nursing, and Six Sigma methodologies. The executives contracted a consultant, with expertise in all the methods and frameworks in use, to provide coaching and advise the leadership council in their planning.

The use of a consultant with extensive experience with Baldrige, improvement, and customer focus was essential to the excellence journey described by the executives interviewed during this study. Griffith and Patel (2017) advocated for a cadre of consultants with a deep understanding of quality to assist with implementation plans. There are several consulting firms that aid with business process improvement, change management, understanding Baldrige, patient safety, and strategic planning. The use of a consultant can be helpful working alongside leaders to develop and plan the changes and improvement in an organization.

According to Ferdowsian (2016), organizations that enhance their internal training programs with engaged leadership proactively prevent costly issues during their journey to excellence. Each participant in this study discussed requirements for training the workforce as a subset of the leadership strategy to engage the workforce. The partner organization involved in this study employs an in-house quality cadre to facilitate training and improvement projects and a consultant to advise the leadership of their overarching long-term strategies. The executives and the partner organization that participated in this study demonstrated effective use of QM tools and techniques to achieve organizational excellence in healthcare and have sustained their status for the past ten years.

Applications to Professional Practice

U.S. public hospitals have less resources for quality health care delivery, compared to private and for-profit hospitals, and must control finances and quality of care despite the challenges of caring for the uninsured and underinsured patient populace (Po, Rundall, Shortell, & Blodgett, 2019). This study provides insight into the strategies used by healthcare executives to employ quality approaches to attain operational efficiency, reduce expenditures, and ultimately achieve organizational performance excellence. The strategies that each interview participant shared have been proven to be successful and had a positive impact on improving their operations. The application of a performance measurement system to identify opportunities for improvement, a robust strategic planning process, engagement of leaders and all employees, and the deliberate management of resources will reduce healthcare expenditures, waste of supplies and equipment, improve operational efficiency, and improve both patient care and their satisfaction.

Healthcare leaders need strategies that they can implement, sustain, and result in timely improvements that will result in a positive impact on operations. Performance reporting and analysis enables organizations to identify areas for improvement, track and support change efforts, and provide information about outcomes (Levesque & Sutherland, 2020). The best leaders gather information, plan, engage with others, and take action to drive results (Pater, 2020). The key to an engaged workforce includes retention strategies, job satisfaction efforts, training, onboarding, and acculturation into an organization

(Shufutinksy & Cox, 2019). Polonsky (2019) stated that leaders must acknowledge failures and embrace vulnerability on their journey to engage with their workforce to identify opportunities for improvement, create the need for change, and cultivate an environment committed to providing the best possible care.

Quality improvement in healthcare has been the focus of research studies for more than 20 years without the discovery of one solution that works for every organization (Chakraborty & Kaynak, 2018). A combination of methods and approaches that leaders learn, master, and leverage to act based on the needs of the organization. An awareness of the successful strategies that healthcare executives use to achieve an optimal level of performance, effectiveness, and efficiency can be applied by leaders in other healthcare delivery systems and beyond.

Implications for Social Change

Hospitals that provide the best possible care for patients prolong the life of individuals and lead to healthier communities. Thurer et al. (2018) found that organizations that sustain excellence have little to zero waste, positive patient satisfaction, and consistently higher scores for clinical patient outcomes. Learning the strategies from leaders who have successfully achieved and sustained operational excellence can be used as a model to implement similar practices in other healthcare systems. Using quality cadre and consultants with expertise in quality tools and techniques equips organizational leaders to strategically develop plans to gradually make iterative changes to improve business proficiency and healthcare delivery. The use of

qualified consultants with specialized experience allows the organization to improve patient care more effectively and steadily to achieve an efficient operation (Adams et al., 2015).

Recommendations for Action

Healthcare executives and their senior leadership team can utilize the strategies to implement similar efforts on a journey toward excellence or operational efficiency. The strategies provided may align business processes, engage leaders and employees in other ways, refocus on patient needs, save costs, reduce waste, and train the workforce on methods for continuous improvement. Sharing the results of this study and information via presentations through the annual conferences or training courses could raise awareness. The most useful conferences include those hosted by national organizations for quality such as the American Society for Quality, the National Institute for Standards and Technology, academic institutions, or other quality-focused webinars. The dissemination of results can include articles published in peer-reviewed journals. The specific recommendations that may assist other health care organizations to include: (a) make a decision to pursue business process improvement and seek better operational efficiency; (b) implement the strategies deployed in high-performing organizations such as training and sustaining a highly trained and qualified workforce, employee and leader engagement, knowledge management initiatives, performance-based pay, and empowerment through job design; (c) invest in training for leadership, and the entire workforce, in quality approaches, tools, and techniques useful in process improvement

such as Lean, Six Sigma, 5S, performance measurement, PDCA, customer surveys, and create a robust quality management system; (d) charter councils or committees that have overarching oversight of the processes that span the organization with a focus on the management of the process, metrics, knowledge, resources, projects, and initiatives focused on the voice of the customer (patient), and comparatively benchmark clinical outcomes with similar hospitals; (e) create and hire a quality management consultant or team for in-house expertise to build a QM program; and lastly (f) assess the organization's success with their journey to excellence by applying to award winning programs such as Baldrige, EFQM, the Deming Prize, or other quality and business assessments.

Recommendations for Further Research

The purpose of this qualitative single case study was to explore strategies that hospital leaders use to effectively employ quality management approaches to improve processes and achieve organizational performance excellence. After completing interviews with healthcare executives and conducting data analysis, I identified five themes that are critical for leaders to leverage quality management methods to achieve organizational excellence in healthcare: (a) measurement and analysis for improvement (b) strategy and strategic planning, (c) leadership direction, sponsorship, and engagement, (d) employee engagement and empowerment, and (e) resource management.

This study had three limitations: sample size, transferability of results to other industries than healthcare, and my ability to manage personal bias regarding the use of

QM tools and techniques. Future researchers should consider larger sample sizes, such as multiple case studies, to explore leadership strategies in pursuit of excellence. Future research efforts could explore the same business problem in a different industry other than healthcare. Lastly, to manage personal bias, future researchers should develop an interview protocol to ask standard questions of every interview participant and report the data collected during the study regardless of conflicting or contradictory evidence. Given these limitations and my discoveries during the research process, I recommend the following considerations for further research: a) further, explore the utilization of the strategies when implemented in other healthcare organizations with different complexities of patient care, b) conduct a quantitative or mixed-methods study to explore the various strategies and current utilization in healthcare organizations with excellent performance, high patient satisfaction, and high operational efficiency, c) explore the utilization of the strategies when implemented in other industries, d) research the role and impact of the quality practitioner and cadre in an organization, and e) research the utilization of models and theories of organizational excellence.

The Role of the Quality Practitioner in an Organization

Yankelevitch (2015) opined that the function of the quality department in an organization is limited, resulting in nominal involvement and contribution to achieving company results. The role of the quality practitioner should evolve with deliberate planning at the executive level within a company. The quality department is a foundational function that boundary spans the organization with constant engagement

with staff in operations, logistics, communications, marketing, finance, and core business practices (Yankelevitch, 2015). Leaders need staff with experience and expertise with quality tools, change management methods, and strategic planning techniques to stay abreast of constant changes in every business industry. Augmenting the use of quality management methods with other frameworks might enhance an organization's pursuit of excellence.

Knowledge About Organizational Excellence Models and Frameworks

As businesses, across all industries, search for approaches to improve operational efficiency and increase competitive advantage. New theories and models of excellence have emerged that leaders could leverage for use and implementation of practices. Dawn Ringrose (2013) examined existing organizational excellence frameworks available internationally and in every industry to elucidate and consolidate the practices and principles of existing frameworks to fill the void of an implementation guide. Several flagship organizations, with excellent performance, are sharing their business excellence models for application and implementation in other companies. Thurer et al. (2018) identified three prominent business excellence models: Tom Peters' model, G. Kanji's model business excellence, and the 4P Model by Dahlgaard-Park and Dahlgaard. There are over twenty different operational excellence definitions that are further delineated based on service, operational, and business excellence descriptions. Metaxas and Koulouriotis (2019) take great care and consideration to carefully examine the various journals and context that exists in current literature regarding business excellence models

(BEM). Additional research to further explore BEM frameworks across sectors is an area ripe for future ventures.

Organizational excellence framework. Ringrose (2013) conducted extensive research on the leading practices across several management frameworks across the globe. The result of the research includes a global framework for organizational excellence independent of an assessment process or an award program. The organization's excellence framework (OEF) includes nine principles, nine key management practices, managerial areas of focus, and organizational areas of focus. Metaxas and Koulouriotis (2019) defined organizational excellence as the simultaneous state of satisfaction among stakeholders and customers based on the measured performance of a company's critical success factors. Additional research is needed to explore the development and testing of excellence frameworks for use in all industries (Metaxas & Koulouriotis, 2019; Ringrose, 2013).

Operational Excellence (Op-Ex). Found et al. (2018) described a business model used in Boston Scientific as a whole system approach for achieving strategic, operational excellence. Further study of this model reveals underpinnings or linkages to concepts such as Lean, agile, and the Toyota production system. The Institute for Operational Excellence (Powell & Strandhagen, 2012) opined that organizations achieve operational excellence when each employee in a company can articulate the flow of value and problem-solve to proactively and continuously identify problems before breakdown. Although the Op-Ex model does not currently include a unifying theory, the compilation

of existing theories and dimensions can be useful by leaders in other industries and sectors (Found et al., 2018). Future qualitative or quantitative research to further explore this model for use in other industries may lead to widespread use or an update or unification of more than one QM methodology.

Reflections

The doctoral journey has afforded me a greater appreciation of the research process and challenged my abilities to write with an academic voice. Before beginning my doctoral journey, I worked for years in the military and the federal government: these environments required an entirely different style of writing, gathering and reporting data, and preparation of correspondence. I currently work in the area of quality management, and my working environment experiences are quite different from the strategies discovered in the academic and professional literature and the partner organizations' findings. For me to successfully navigate the doctoral process, I had to unlearn various habits in writing, learning, data collection, accepting feedback, and interacting with peers. I am immensely grateful for the experience and possess greater humility and openness for feedback and facilitation of ideas. I am now equipped with the knowledge and procedural approach to research and to make scholarly contributions to healthcare and quality professions. I believe I can research with confidence to produce results with the highest rigor and ethical integrity learned from the doctoral process. After I complete this study, I will continue to identify topical areas of research and utilize the skills acquired from my academic experience to make contributions to advance the field of quality and quality management.

Conclusion

The purpose of this qualitative single case study was to explore strategies that hospital leaders use to employ quality management approaches effectively to improve

processes and achieve organizational excellence. I conducted this research study with healthcare executives in a partner organization that has successfully leveraged quality tools and techniques to pursue improved operational efficiency. The findings from this study may contribute to social change by improving healthcare delivery, resulting in a healthier patient population and community.

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Appendix A: Interview Protocol

What You Will Do	What You Will Say: Script
Introduce yourself, summarize the purpose for the interview and provide an overview of the process.	Hello. My name is Cherron Blakely and I am a doctoral student in the Doctor of Business Administration (DBA) program at Walden University. Thank you for taking the time to participate in this study called "Leadership Strategies to Achieve Organizational Excellence." This interview will be recorded and any information I collect will remain confidential.
Process steps: • Ask participant research and interview questions' • Watch for nonverbal cues and body language; • Ask follow-up probing questions to get more in-depth responses.	Research Question What strategies do leaders use in community hospitals to effectively employ quality management resources to improve operations and achieve organizational excellence? Interview Questions 1. How does your organization define organizational performance excellence? 2. What quality management approaches do you use within your organization for achieving operational efficiency and improvement? 3. How do you assess the effectiveness of your strategies to achieve the desired performance outcomes? 4. How does your organization identify and prioritize the initial projects for justifying and

	demonstrating the benefits from improving operations? 5. What types of overall quality management or improvement training does your organization provide to leaders, managers, and employees who participate in improvement strategies? 6. What strategy is used to obtain employee involvement in improvement efforts? 7. How does your organization use cost or performance metrics to prioritize improvements in your organization's key business processes? 8. What additional information would you like to share about your organization's leadership strategies to effectively employ quality management approaches to improve processes and achieve organizational performance excellence?
Wrap up interview; thank participant.	This concludes the interview. I would like to thank you for your participation in this study.
Explain to the participant the process for their review of an interview summary. Provide a timeframe when the participant will receive follow-up email for their review of the summary.	I will playback the recording of the interview we have completed today. Within a week, I will provide you with a summary of your responses for each question. I will ask that you confirm, by responding to my e-mail, that the information is accurate. You will be able to confirm if I have missed any information or to add any additional information.

Follow-up Member Checking	
Send an e-mail to each individual participant with a summary of their responses.	(Email message content): I have reviewed the recording of your interview; a summary of your answers from the recorded interview is included in this message. Please confirm by e-mail if this information is correct for the following questions. Please let me know if I have missed anything and if there is anything you would like me to add. 1. Question, summarized response and synthesis of the interview interpretation as needed. 2. Question, summarized response and synthesis of the interview interpretation as needed. 3. Question, summarized response and synthesis of the interview interpretation as needed. 4. Question, summarized response and synthesis of the interview interpretation as needed. 5. Question, summarized response and synthesis of the interview interpretation as needed. 6. Question, summarized response and synthesis of the interview interpretation as needed. 7. Question, summarized response and synthesis of the interview interpretation as needed. 8. Question, summarized response and synthesis of the interview interpretation as needed. 9. Question, summarized response and synthesis of the interview interpretation as needed.

Appendix B: Interview Questions

1. How does your organization define organizational performance excellence?
2. What quality management approaches do you use within your organization for achieving operational efficiency and improvement?
3. How do you assess the effectiveness of your strategies to achieve the desired performance outcomes?
4. How does your organization identify and prioritize the initial projects for justifying and demonstrating the benefits from improving operations?
5. What types of overall quality management or improvement training does your organization provide to leaders, managers, and employees who participate in improvement strategies?
6. What strategy is used to obtain employee involvement in improvement efforts?
7. How does your organization use cost or performance metrics to prioritize improvements in your organization's key business processes?
8. What additional information would you like to share about your organization's leadership strategies to effectively employ quality management approaches to improve processes and achieve organizational performance excellence?