2020

Managerial Competencies Driving Successful Change Initiatives: A Multiple Case Study of Healthcare Administrators

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Abstract

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MA, Walden University, 2009

BS, University of South Carolina, 2006

Dissertation Submitted in Partial Fulfillment

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Doctor of Philosophy

Management

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Abstract

Healthcare administrators' competencies for driving successful strategic change initiatives in healthcare organizations remain outdated and limited in the management literature. The purpose of this qualitative, multiple case study was to explore the perceptions of healthcare administrators on the specific nature of management competencies needed to drive successful strategic change initiatives within healthcare organizations. To address the research problem and purpose of the study, qualitative data were collected from multiple sources of evidence, including semi-structured interviews with seven healthcare administrators, archival data, and reflective journaling notes. This study was framed by Kash, Spaulding, Johnson, and Gamm's conceptual framework, the comparison of success factors for change model, developed to identify success factors for strategic change initiatives in healthcare organizations. Ten themes emerged from the data analysis (textual data and cross-case synthesis), with five coding categories grounded in the conceptual framework: (a) critical evaluation of daily problems, (b) train and develop strong healthcare administrator skills, (c) attention to multiple healthcare technologies, (d) develop foresight capabilities, and (e) network management. Patient quality of care has always been a central axiom of healthcare's social responsibility mission within local communities and society at large. Implementation of new insights from this study addressing cutting-edge challenges faced by healthcare administrators in the post-COVID-19 environment may lead to improved quality of patient care and thus contribute to positive social change across various sized healthcare facilities.

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Chapter 1: Introduction to the Study

Variations in the success of organizational change implementations may be related to the competencies of managers to acquire and use new knowledge to ensure successful initiatives (Ginter, Duncan, & Swayne, 2018; Kash, Spaulding, Gamm, & Johnson, 2017; McCalman, Jongen, & Bainbridge, 2017). Poor change implementation rates in the healthcare sector may also be due to the substantial organizational changes, management competency challenges, and continual interaction with many internal and external elements that create an overwhelmed and complex system (Powell et al., 2017).

If ongoing strategic management changes are not addressed successfully, the complexity of healthcare management will widen the margin for error and variability in practice, a reality already documented in healthcare management (Akhtar et al., 2018; Wick et al., 2015). Ongoing strategic change initiatives in health care require specific management competencies. Furthermore, leadership must implement strategic change initiatives that meet the needs of stakeholders. It remains the responsibility of health care administrators and managers to successfully drive these ongoing change initiatives while delivering high-quality, cost-efficient patient health care (Gillis & Whaley, 2018; Kelly & Young, 2017; Nigam, Huising, & Golden, 2014).

This chapter presents the background literature leading to the problem statement formation, including a description of the gap in the scholarly literature. Following is a presentation of a logical alignment between problem, purpose, and research question and the conceptual framework of the study. Finally, this chapter presents the significance,

assumptions, limitations of the study, along with the definition of key terms used throughout this document.

Background of the Study

Persistence by senior leadership within healthcare organizations to implement strategic change initiatives has led to the multiple findings of case studies, articles, and journals involving relevant data concerning the aforementioned topic (Sligo et al., 2019). The mining of these data has also revealed a gap in the literature, which pertains to different implementation strategies and their success. Empirical studies provide evidence of the effectiveness of quality initiatives, such as lean process improvement. The results of a study on lean process improvement have major implications for enhancing safety and financial performance in healthcare service organizations (Dobrzykowski et al., 2016).

Kotter (2001) examined the differences between management and leadership and whether both can coexist within large organizations. Organizations are actively seeking individuals with leadership potential. The reason for this is to combine strong management with strong leadership to keep pace with an ever-changing global economy. Kotter (2001) determined that individuals who can manage and lead have the most potential at the organizational level. One of the most frequent mistakes that over-managed and under-led corporations make is to embrace long-term planning as a solution for their lack of direction and inability to adapt to increasingly competitive business environments (Kotter, 2001). Organizations manage change through planning, budgeting, organizing, and staffing. In contrast, leadership within organizations focuses on coping

with change through alignment of goals and setting a direction. If leadership is tasked with initiating change, it could well be assumed that management would organize the change (Krawczyk-Sołtys, 2017).

Another study was conducted to identify key success factors related to the implementation of change initiatives in the health care industry. In-person, semistructured interviews were conducted with healthcare leaders at two large healthcare organizations. Kash, Spaulding, Johnson, and Gamm (2014) identified 10 success factors for the implementation of change initiatives. The top three success factors were culture and values, business processes, and people and engagement. These findings suggest that many strategic change initiatives rely heavily on the successful performance of leaders who are focused on managing support services (Kash, Spaulding, Johnson, & Gamm, 2014). Perla et al. (2013) applied a modified Delphi technique to scan multiple sources of literature, focusing on current themes in large-scale improvement initiatives in healthcare. The four primary drivers that emerged from the scan were planning and infrastructure, system factors, the process of change, and performance measures (Perla et al., 2013). The current evidence available does not identify any effective strategies to change organizational culture through managerial competencies in healthcare organizations (Dobrzykowski, McFadden, & Vonderembse, 2016; Ginter et al., 2018). Given the challenges facing today's healthcare administrator, scholars and practitioners report mixed results on the competencies presently required for healthcare managers to meet the challenges of strategic change management in today's healthcare environment (Krawczyk-Sołtys, 2017; Parmelli et al., 2011).

Problem Statement

Implementing even seemingly simple health care innovations has proven to be challenging in the healthcare sector, with a reported success rate of less than 50% for change initiatives challenges (Birken, Lee, Weiner, Chin, & Schaefer, 2013; McCalman, Jongen, & Bainbridge, 2017). Hospital institutions continue to experience massive and disruptive change due to technology, rising healthcare costs, and changing healthcare legislation (McColl-Kennedy et al., 2017). If this disruptive change cannot be successfully managed through proper and updated healthcare management strategies within the healthcare sector, economists judge that in 2020, one in three hospitals in the United States have close or reorganized into an entirely different type of health care service provider (Burkey, Bhadury, Eiselt, & Toyoglu, 2017; Tian et al., 2017). The general problem is that even though researchers recommend the need for strong management in healthcare settings, healthcare managers' competencies remain limited in the process required to manage and implement such change initiatives successfully in healthcare settings (Ginter et al., 2018; Perla, Bradbury, & Gunther-Murphy, 2013).

Given the challenges facing today's healthcare administrator, scholars question whether the competencies presently required for these professionals are enough to meet the challenges of ongoing strategic change management in today's healthcare environment (Costello, West, & Ramirez, 2014; Krawczyk-Sołtys, 2017; Parmelli et al., 2011). Conceptual models and frameworks developed in the change management literature do not specify the relationships among individual and organizational constructs. This literature gap calls for a deeper understanding of how these factors coalesce to

influence implementation success for change initiatives and to strengthen the capacity for change in healthcare settings (Nusem, Wrigley, & Matthews, 2017; Powell et al., 2017). The specific problem is that healthcare managers' competencies remain outdated and limited for driving successful strategic change initiatives in healthcare organizations (Gillis & Whaley, 2018; Kash, Spaulding, Gamm, & Johnson, 2017; Powell et al., 2017).

Purpose of the Study

The purpose of this qualitative, multiple case study was to explore the perceptions of healthcare administrators on the specific nature of management competencies needed to drive successful strategic change initiatives within healthcare organizations. To address the research problem and purpose of the study, qualitative data were collected from multiple sources of evidence, including interviews, government reports regarding the healthcare industry, and reflective journaling notes (Merriam & Tisdell, 2015). The sources were triangulated to establish the trustworthiness of the analysis (Guion, Diehl, & McDonald, 2011; Merriam & Tisdell, 2015).

Research Question

What are the perceptions of healthcare administrators on the specific nature of management competencies needed to drive successful strategic change initiatives within healthcare organizations?

Conceptual Framework

This study was framed by a conceptual framework, the comparison of success factors for change model, which was developed by Kash, Spaulding, Johnson, and Gamm

(2014) in a landmark study identifying success factors for strategic change initiatives in healthcare organizations. In this and other studies, researchers recommended that future qualitative studies were needed to further define the specific nature of successful strategic change initiatives in healthcare organizations (Kash, Spaulding, Gamm, & Johnson, 2014; Kash, Spaulding, Johnson, & Gamm, 2014). The purpose of this qualitative, multiple case study was to explore the experiences of healthcare administrators on the specific nature of successful strategic change initiatives within their healthcare organizations. Extant research focuses primarily on the outcomes that measure only one dimension of success at one level of the organization (Gamm & Vest, 2009; Kash, Spaulding, Gamm, & Johnson, 2014).

Evaluations of change efforts and conventional methods in healthcare research, especially the reliance on linear research designs or simplistic statistical associations, must be supported using observation and an in-depth investigation of the complexity of change, the interdependence of agents, unforeseen circumstances and consequences, and the significance of local context (Braithwaite et al., 2017). A need exists for a more comprehensive and theory-based evaluation framework to assess what drives successful change initiatives within health care systems and how it is driven (Helo & Welliver, 2018). Organizational change research may benefit from a multidimensional examination of different types of change initiatives through a qualitative research approach. The examination evaluated the "how" and "why" of successful strategic change initiatives implemented in healthcare facilities (Kash, Spaulding, Gamm, & Johnson, 2013; Walker et al., 2017). The findings of the empirical investigation were aimed at advancing a

deeper understanding of knowledge on successful strategic change initiatives implemented by administrators at U.S. healthcare facilities and contributing original qualitative data to the study's conceptual framework.

In a comprehensive literature review of conceptual models for organizational change, three foundational models of successful emergent change provided the foundational research for developing the comparison of success factors for change model (Kash, Spaulding, Gamm, & Johnson, 2014), the framework for this study. These three models were as follows: a) Kanter, Stein, and Jack's (1992) *ten commandments for executing change*; b) Kotter's (1996) *eight-stage process for successful organizational transformation*; and c) Luecke's (2003) *seven steps*. Additionally, Kash, Spaulding, Gamm, and Johnson (2014) recommended that emergent organizational change models also be evaluated according to Young's (2000) *seven lessons from the Veterans Health Administration (VHA) model,* a conceptual model based on empirical research conducted on organizational transformation in the VHA system in the early 1990s.

Kash, Spaulding, Johnson, and Gamm (2014) added these conceptual models to their conceptual framework to include the results of one of the few, and rare, studies focusing on the application of multiple change initiatives in the healthcare sector (Kash, Spaulding, Gamm, & Johnson, 2014). Such convergence of theories adds clarity to the phenomenon under study and the unique experiences of healthcare administrators(Stake, 2006). The comparison of the success factors for change model (Kash, Spaulding, Johnson, & Gamm, 2014), which frames this study, provided a diverse theoretical

perspective, unified in its value and scope, and appropriate for analytical generalization, rigor, reliability, and validity in qualitative studies (Billups, 2014).

Nature of the Study

The nature of this study was qualitative, so that there was alignment between the method and purpose of the study, and thus providing data for the research question. A multiple case study design was used to achieve that purpose, which helped develop a better understanding of the experiences of healthcare administrators on the specific nature of successful strategic change initiatives within their healthcare organizations (Yin, 2017). Furthermore, researchers used the experiences of individuals to gain an in-depth understanding of complex human behavior when conducting a qualitative inquiry (Merriam & Tisdell, 2015). The qualitative approach, when applied to an empirical investigation, is consistent with the social constructivist paradigm. As an extension of the traditional social development theories, the social constructivist paradigm focuses on how people construct meanings from their daily life experiences (Burr & Dick, 2017).

In qualitative research, the researcher is the main instrument of study (Merriam & Tisdell, 2015), and the choice of an appropriate qualitative design depends on the nature of the phenomenon to be explored (Yin, 2017). For example, for a contemporary topic of investigation, such as strategic change initiatives in healthcare organizations, a case study design would be the most appropriate methodology for exploring such a phenomenon. A multiple case study is especially appropriate when the goal is to replicate findings across multiple cases to draw comparisons so that the researcher can predict contrasting or similar results based on a theory (Yin, 2017). In choosing the case study research design,

this researcher did consider other case study designs such as exploratory, descriptive, intrinsic, and instrumental (Gibbert & Ruigrok, 2010).

This researcher chose to use the case study methodology because of the variety of strategies available to answer phenomena-driven research questions. A case study approach is broad enough to provide a researcher with the flexibility needed to conduct research and extend a current theoretical model (Harder & Norlyk, 2010). The need for structure and flexibility in extending a theoretical model may be ineffective when using a design like phenomenology, which focuses on the meaning of experience, or with narrative inquiry and its uncritical personal storytelling. The case study method was selected to provide data to answer the central research question: "What are the perceptions of healthcare administrators on the specific nature of management competencies needed to drive successful strategic change initiatives within healthcare organizations?" To meet the research design needs of this investigation, Yin (2017) recommended that "the case study method is pertinent when your research addresses either a descriptive question (what happened?) or an explanatory question (how or why something happened?)" (p. 112).

The researcher explored differences between and within cases by using the multiple case study approach (Baxter & Jack, 2008; Yin, 2017). Furthermore, the researcher examined many cases to understand the differences and similarities among them (Eisenhardt & Graebner, 2007). The unit of analysis in a case study can be an individual, group, and organization, among others (Yin, 2017). The unit of analysis for this study was the healthcare administrator. When the focus is only on individuals, the

study's central phenomenon is the context and not the target of study (Eisenhardt & Graebner, 2007; Yin, 2017), and, therefore, the investigation becomes an employee study and not an organizational study. In an employee study, the optimum qualitative design to retrieve data with the goal of theory building is a multiple-case study design (Eisenhardt, 1989).

Participants for this case study were recruited using purposeful criterion and snowball sampling strategies (Baxter & Jack, 2008); they were screened according to the following inclusion criteria: adults over the age of 18; employed as a healthcare administrator in a healthcare organization located in the United States for a minimum of 2 years; and possessing knowledge of their experiences with the topic of the study. The researcher conducted seven individual interviews with participants recruited for this study. Schram (2006) recommended a range of 5 to 10 participants for a qualitative study, stating that a larger sample size could interfere with an in-depth investigation of the phenomena under study. The interview instrument consisted of open-ended, semistructured interview questions. Data collected through interviews were thematically coded. The identified themes were used for data triangulation. Data triangulation was used to corroborate the facts found within the multiple data sources (Guion et al., 2011).

Definitions

Change initiatives: This term refers to a series of actions taken to implement a transformation process within an organization. Looking to provide healthcare in a financially sustainable manner in today's complex healthcare environment (Hartviksen, Aspfors, & Uhrenfeldt, 2017; Kash et al., 2017) is an example of a change initiative that would be enacted within a healthcare organization.

Healthcare administrator: An individual who is termed a healthcare administrator is the central point of control and authority within a medical facility. They are a senior leader who implements changes while staying in compliance (Delmatoff & Lazarus, 2014).

Healthcare organization: This term refers to an organization that exists to provide health-related services to their target demographic while accepting the responsibility to drive ongoing change initiatives successfully and deliver high-quality, cost-efficient patient health care (Gillis & Whaley, 2018; Kelly & Young, 2017; Nigam, Huising, & Golden, 2014).

Leadership: This term refers to an individual or individuals within the healthcare industry who are tasked with making administrative decisions and implementing strategic change initiatives while accessing an organization's ability to acquire and use new knowledge to ensure successful initiatives (Kash, Spaulding, Gamm, & Johnson, 2014).

Organizational culture: This term refers to the values and behaviors of an organization. Implementing successful change initiatives can be determined by an

organizational culture such as one which values fellow employees, the level of their perceived engagement, and service quality higher than more traditional factors such as leadership and communication (Kash, Spaulding, Johnson, & Gamm, 2014; Weech-Maldonado et al., 2018).

Assumptions

First, it was assumed that the participants of the study would answer honestly and to the best of their ability. Honesty by each participant allows the researcher to base the analysis of each response on the true perception and belief of the participant, and it also allows for greater reliability of the data collected.

Second, it was necessary to assume that the participants would be willing and forthcoming in reporting their experiences. This would allow for their shared experiences, responses, and motivations to serve as a firm foundation for deep and confident analysis.

The third assumption was that the participants would be motivated because they believed the study would provide insight that was useful to them, directly or indirectly. As a result, it was believed that their? Responses would be the product of deliberate thought and contribution that was meaningful.

Fourthly, it was assumed that there would be no limits to full participation by the contributors. The participants' workload, company culture, or schedule outside of the job could have been a deterrent, leading to partial participation by the respondent, which

would result in fragmented data collection. It was assumed that participants would not be deterred from full participation and would feel comfortable in doing so.

Finally, it was assumed that the collection method would allow the participants to give a sufficient account of their experience in their place of work. It was necessary to have a level of understanding of the workplace conditions in order to gain a proper context of the participants' responses. Furthermore, it was assumed that the participants might feel that the data collected from them would provide insight based on their collective view of the organization.

Scope and Delimitations

The participants of the study were drawn from a population of healthcare administrators who met the study's inclusion criteria through the professional network LinkedIn. This criterion-based sampling helped gather a heterogeneous group of participants to support maximum variation sampling (Benoot, Hannes, & Bilsen, 2016). Maximum variation sampling in qualitative research relies on the researcher's judgment to select participants with diverse characteristics, with the goal of maximum variability within the primary data, which, in this multiple case study, were the responses to the interview protocol (Palinkas et al., 2015).

Evidence that aligns with proof of successful change initiatives has been found to be marginal at best [citation needed]. Although it has been identified that a tremendous amount of work is being done around the world to improve healthcare, the initiatives tend to be fragmented and their evaluations rather weak (Perla et al., 2013). Research gathered

on successful change initiatives from the sample population may be limited, based on previous evaluations from previous research. Furthermore, even though some researchers recommend the need for strong management in healthcare settings, the healthcare managers' competencies that are required to manage and implement such change initiatives successfully in healthcare settings remain limited (Dobrzykowski, McFadden, & Vonderembse, 2016; Ginter et al., 2018; Perla, Bradbury, & Gunther-Murphy, 2013).

Research involving the sample group was conducted using semistructured interviews and assuming participant–observer and complete observer roles. The interview questions were varied, semistructured, and closed-ended; the main theme focused on implementing successful change initiatives. Senior healthcare administrators were the focus. Conceptual models and frameworks developed in the change management literature do not specify relationships among individual and organizational constructs. This literature gap limits knowledge and a deeper understanding on how senior healthcare administrators' competencies coalesce to influence the implementation of change initiatives and strengthen the capacity for change in healthcare settings (McAlearney et al., 2013; Powell et al., 2017). Previous research has shown that a gap in literature does exist, based upon current evidence, which does not offer a deeper understanding of the central study topic—hence the use of a qualitative method and a small sample to provide data for the research question (Dobrzykowski, McFadden, & Vonderembse, 2016; Ginter et al., 2018). The lack of statistical generalization limits the transferability of data results (Yin, 2017). However, this was not the aim of this study, and I followed

recommendations by Stake (2006) on showing the transferability of multiple-case study findings.

Limitations

Certain factors that may affect a research study are out of the researcher's control. These factors are known as limitations and should be openly acknowledged in reference to conducting a case study or different types of research (Yin, 2017). For example, one limitation of this research was my professional background in the medical field. My experience accrued as a healthcare worker and manager could bring about bias. To counteract it, I decided to focus on the private sector of healthcare, whereas all my experience has been accrued working for government entities. Furthermore, the use of methodological triangulation, or the use of different research methods to reduce bias, aided me moving forward (Anney, 2014).

The second limitation was the lack of current evidence that might identify any effective strategies to [word missing?] change initiatives which have been identified through an association with managerial competencies in healthcare organizations (Dobrzykowski, McFadden, & Vonderembse, 2016; Ginter et al., 2018). Hence, a lack of literature on the aforementioned subject does infer a limitation in reference to managerial competencies to be identified by healthcare administrators. To counter this limitation, I used a qualitative case study, which allowed me to explore the topic and view it from a variety of different angles and lenses, while using a variety of data sources (Baxter &

Jack, 2008). For this would help suffice and provide data results that may be used as evidence to the contrary if relevant.

Significance of the Study

It is the responsibility of health care administrators to successfully manage ongoing change initiatives and to deliver high-quality, efficient, patient healthcare in a financially sustainable manner, in today's complex healthcare environment (Hartviksen, Aspfors, & Uhrenfeldt, 2017; Kash et al., 2017). There is a need for more comprehensive research to evaluate health care administrators' abilities and capacity to involve successful change initiatives within health systems (Roberts et al., 2016). Fulfilling the purpose of this study is significant to theory offerings, which are new, original, and gather cumulative qualitative data to validate further the comparison of the success factors for change model developed by Kash, Spaulding, Johnson, and Gamm's (2014). These authors suggested that variations in the success of organizational change implementations may be related to an organization's ability to acquire and use new knowledge to ensure successful initiatives).

Significance to Practice

This study may be significant to practice in that it informs healthcare administrators on the specific nature of successful strategic change initiatives through the narratives of their peers. Research from scholarly papers recommends the great need for high-quality leaders and strong management (Perla et al., 2013). The extant literature is lacking in empirical investigation with recommendations for practice on how healthcare

administrators may enact change management protocols aimed at achieving high-quality success within health care organizations (Kash, Spaulding, Johnson, & Gamm, 2014; Powell et al., 2017). Healthcare administrators may also benefit from empirical research regarding overall successful strategic change initiatives within specific departmental areas in healthcare, such as financial management, financial budgeting, insurance bill payment, negotiation for patient bill payment, human resources, quality of care, and patient outcomes (Khatri, Gupta, & Varma, 2017).

Significance to Theory

This study may be significant to theory in generating new knowledge on how successful strategic change initiatives can be mobilized through the healthcare administrators' leadership to support successful engagement with multiple initiatives (Arroliga, Huber, Myers, Dieckert, & Wesson, 2014). This is an ongoing challenge in today's healthcare facilities. Addressing and offering recommendations through the lens of the comparison of success factors for change model (Kash, Spaulding, Johnson, & Gamm, 2014) for effectively applying strategic changes within the healthcare sector may help healthcare administrators hone their ability to innovate in delivering services that cut across organizational, political, geographical, and sectorial boundaries. Although these concepts are not new, robust, yet easily accessible, practice frameworks remain limited for integrating them effectively within health systems' day-to-day operations and culture (Roberts et al., 2016). Knowledge disseminated from empirical investigations may be significant in guiding healthcare administrators on leadership skills needed to implement

successful change initiatives during disruptive changes due to technology, rising healthcare costs, and changing healthcare legislation (McColl-Kennedy et al., 2017).

Significance to Social Change

This study may be significant for social change with respect to patient quality of care. Patient quality of care has always been a central axiom of healthcare's *social responsibility mission,* which focuses on improving the health of local communities and society at large (Campbell, Sullivan, Sherman, & Magee, 2011). Patient quality of care has also long been considered an indicator of successful organizational management within healthcare facilities (Olson et al., 2018). Success factors related to strategic change management in organizations are well documented in the management literature (Hornstein, 2014). However, this topic remains understudied in healthcare facilities facing multiple organizational change challenges (Kash, Spaulding, Johnson, & Gamm, 2014; McAlearney et al., 2013).

Consequently, annual spending on health care and resource allocation in this area far exceeds global norms without clear clinical benefit to patient healthcare delivery (Powell et al., 2017). Today's healthcare industry across the United States is plagued with partially successful and unsuccessful strategic change initiatives across all types of healthcare organizations, due to narrow, single-level change initiatives that undermine patient quality of care (Grol, Wensing, Eccles, & Davis, 2013). By 2020, one in three hospitals in the United States will close or reorganize into a different type of healthcare provider (Burkey et al., 2017) unless change initiatives dealing with today's disruptive organizational changes within the healthcare sector cannot be successfully implemented

(Tian et al., 2014). Implementation of new insights from this study on the specific nature of successful strategic change initiatives addressing cutting-edge challenges faced by healthcare administrators may lead to improved quality of patient care (Jeyaraman et al., 2017), and thus contribute to social change across variously sized healthcare facilities.

Summary and Transition

Healthcare administrators' competencies for driving successful strategic change initiatives in healthcare organizations remain outdated and limited in the management literature. The purpose of this qualitative, multiple case study was to explore the perceptions of healthcare administrators on the specific nature of management competencies needed to drive successful strategic change initiatives within healthcare organizations. To address the research problem and purpose of the study, qualitative data were collected from multiple sources of evidence, including semistructured interviews with seven healthcare administrators, archival data, and reflective journaling notes. This study may be significant for social change with respect to in the focus area of patient quality of care. This chapter described the alignment of the study regarding the background of the literature review, leading to the need to be investigated through the problem and purpose of the study. The research question is reaffirmed by the content within the chapter laid out by the conceptual framework and followed by the significance of the study, scope, and delimitations of the study. Furthermore, definitions of key terms used throughout this document are included in this chapter. Scholars report a gap in the literature on perceptions of healthcare administrators on which management competencies are needed to drive successful change initiatives.

Chapter 2 will provide a literature review detailing the challenges facing today's healthcare administrator and the managerial competencies needed to meet the challenges of ongoing strategic change management in today's healthcare environment. The literature review will also explore conceptual models for organizational change and review gaps in the literature in reference to research on the aforementioned topic of the dissertation.

Chapter 2: Literature Review

Even though researchers recommend the need for strong management in healthcare settings, healthcare managers' competencies in the process required to manage and implement such change initiatives successfully in healthcare settings remain limited (Dobrzykowski, McFadden, & Vonderembse, 2016; Ginter et al., 2018). Recent research has reported results of inconsistent and failing strategic change management models practiced by healthcare administrators (Lecci & Morelli, 2014; Roberts, Fisher, Trowbridge, & Bent, 2016). The specific problem is that healthcare managers' competencies for driving successful strategic change initiatives in healthcare organizations remain outdated and limited (Gillis & Whaley, 2018; Kash, Spaulding, Gamm, & Johnson, 2017; Powell et al., 2017). The purpose of this qualitative, multiple case study was to explore the perceptions of healthcare administrators on the specific nature of management competencies needed to drive successful strategic change initiatives within healthcare organizations.

In Chapter 2, the literature search strategy and the conceptual framework on which the research is grounded will be presented. I will present a synthesis of knowledge on the challenges facing today's healthcare administrator and the managerial competencies needed to meet the challenges of ongoing strategic change management in today's healthcare environment (Costello, West, & Ramirez, 2014; Krawczyk-Sołtys, 2017; Parmelli et al., 2011). Finally, I will present a critical analysis of the scholarly literature on which this study is grounded.

Literature Search Strategy

The literature research strategy involved multiple online databases and physical books, along with news articles, journals, and case studies. For the searches, I used the Thoreau Multi-Database and the following keywords: *management, change initiatives, leadership, healthcare,* and *healthcare administrators.* I narrowed my search to articles published within the last 5 years.

When looking for more refined results within the Thoreau database, I could combine keywords or phrases in different combinations while searching under different topic headers. There is also the option to look for keywords such as *leadership* in the title, subject, or other aspects of the search availability. Furthermore, the search engine allows searching by the name of the author when seeking out a particular article. I utilized this technique when looking for articles that contain the same keyword in the subject or title and may be written by the same author or group of authors. Full text is another option that can be selected so that the articles which appear are not just pieces of a full article.

Other research databases were utilized, such as Business Source Complete, Google Scholar, and Google Books. Outside of the Thoreau Multi-Database Search engine, I would rely on Google Books to procure relevant literature from authors who have keen expertise on the dissertation topic and research methods. For instance, Google Books allowed for the review and purchase of certain book texts that are relevant to

qualitative method research and change initiatives. Yin (2017) explained that the case study method is pertinent when your research addresses either a descriptive or an explanatory question. The content within the textbook by Yin has provided guidance for conducting case study research in reference to the dissertation topic and its supporting elements.

Conceptual Framework

This study is framed by a conceptual framework, the comparison of success factors for change model developed by Kash, Spaulding, Johnson, and Gamm (2014) in a landmark study identifying success factors and managerial competencies for strategic change initiatives in healthcare organizations. In this and other studies, researchers recommended that future qualitative studies were needed to further define the specific nature of successful strategic change initiatives in healthcare organizations (Kash, Spaulding, Gamm, & Johnson, 2014; Kash, Spaulding, Johnson, & Gamm, 2014). The purpose of this qualitative, multiple case study was to explore the experiences of healthcare administrators on the specific nature of successful strategic change initiatives within their healthcare organizations. Extant research focuses primarily on the outcomes that measure only one dimension of success at one level of the organization (Gamm & Vest, 2009; Kash, Spaulding, Gamm, & Johnson, 2014). Evaluations of change efforts and conventional methods in healthcare research, especially the reliance on linear research designs or simplistic statistical associations, must be supported using observation and an in-depth investigation of the complexity of change, the interdependence of agents, unforeseen circumstances and consequences, and the

significance of local context (Braithwaite et al., 2017). The findings of this empirical investigation were aimed at advancing a deeper understanding of knowledge on successful strategic change initiatives implemented by administrators at U.S. healthcare facilities and contributing original qualitative data to the study's conceptual framework.

In a comprehensive literature review of conceptual models for organizational change, three foundational models of successful emergent change provided the foundational research for developing the comparison of success factors for change model (Kash, Spaulding, Gamm, & Johnson, 2014), the framework for this study. These three models were as follows: a) Kanter et al.'s (1992) ten commandments for executing change; b) Kotter's (1996) eight-stage process for successful organizational transformation; and c) Luecke's (2003) seven steps. Additionally, Kash, Spaulding, Gamm, and Johnson (2014) recommended that emergent organizational change models also be evaluated according to Young's (2000) seven lessons from the VHA model, a conceptual model based on empirical research conducted on organizational transformation in the (VHA) system in the early 1990s. Kash, Spaulding, Johnson, and Gamm (2014) added this model to their conceptual framework to include results of one of the few, and rare, studies focusing on the application of multiple change initiatives in the healthcare sector (Kash, Spaulding, Gamm, & Johnson, 2014). Figure 1 illustrates the comparison of success factors for change model (Kash, Spaulding, Gamm, & Johnson, 2014), which lists and cross-references success factors for change across four influential models from the change management literature.

FIGURE 1
Comparison of Success Factors for Change Models

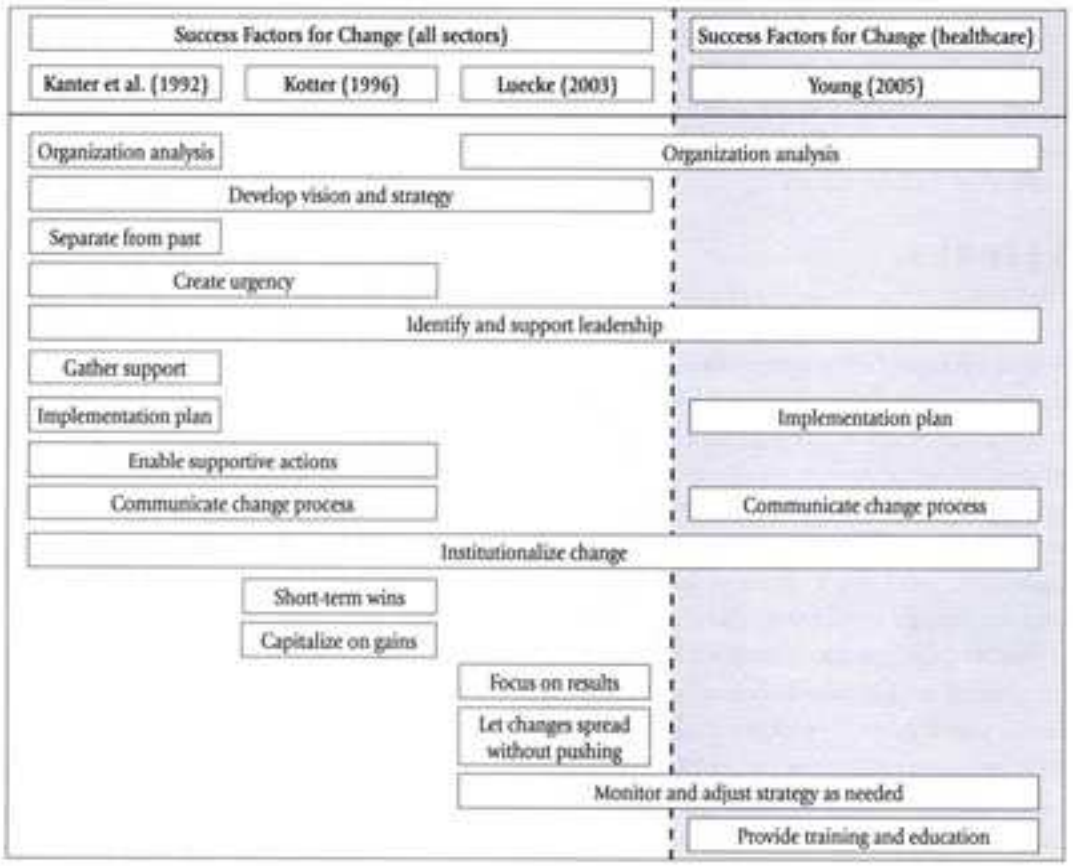

Figure 1. The comparison of success factors for change model. From "Success Factors for Strategic Change Initiatives: A Qualitative Study of Healthcare Administrators' Perspectives," by B. A. Kash, A. Spaulding, L. Gamm, and C. E. Johnson, 2014, *Journal of Healthcare Management, 59*, p. 67.

All the above models indicate that there is a shared concept of the need for change founded on managerial competencies (Kash, Spaulding, Johnson, & Gamm, 2014). The primary drivers of change in a healthcare organization as cited in studies in the extant literature also align with drivers of change as defined in this study's conceptual

framework, the comparison of success factors for change model (Kash, Spaulding, Johnson, & Gamm, 2014): factors like decisive and transformational leadership, recruitment and development of a strong employee support system, and usage of system-wide unity and organization-wide networked communications (Kanter et al., 1992). Kotter (1996) and Luecke (2003) defined the consequence involving all organizational stakeholders in creating a powerful narrative for change.

Kanter et al. (1992) and Young's (2000) research explored the need for a well-structured change program, whereas Kotter (1996) and Luecke (2003) studied the application of evidence-based strategy in driving organizational change initiatives. Such convergence of theories provides clarity to the phenomenon under study and the unique experiences of healthcare administrators, the unit of study and analysis in this qualitative, multiple case study (Stake, 2006). The comparison of success factors for change model (Kash, Spaulding, Johnson, & Gamm, 2014) that frames this study provides a diverse theoretical perspective, unified in its value, scope; and appropriate for analytical generalization, rigor, reliability, and validity in qualitative studies (Billups, 2014).

Literature Review

Theoretical Foundations of Organizational Change

Kanter's theory of change. According to Kanter et al. (1992), the change irrespective of the sector is multi-directional as well as ubiquitous. This indicates that at one time, it can occur in any direction. This process of change is thus more or less a continuous process. According to Kanter's theory of change, the operation of an organization is driven by the behavior and attitude of the employees. The change is

mainly proposed by analyzing the different behaviors that the employee exhibits and based on some structural supports. The following three precepts provide a brief of Kantar's theory of change:

- The informal and the formal sources derive the power.
- For meeting the goals of an organization, it is important that the staff has access to all the resources.
- Raising the skills and knowledge of the staff may increase the productivity of an organization.

Thus, for communicating such changes in the organization, leaders share the needed strategy in a top-down approach so that every employee in the organization is aware of the changes and the goals of the organization. Sharing ideas or spreading knowledge will lead to staff collaboration and the development of innovative ideas that help to improve the performance of the healthcare organization. Thus, to foster change within the organization, senior management should permit personnel to socialize and communicate effectively with their subordinates, peers, and superiors. Further, empowering the staff is also deemed as important (Kanter, Stein, & Jack, 1992). Kanter's theory states that employees who feel that they have huge workloads should be rewarded for their efforts and contributions, which in turn will help them to support change and engage in more work (Kash, Spaulding, Gamm, & Johnson, 2014).

Kotter's eight-stage process for successful organizational transformation. According to Kotter (1996), almost 75% of any organization's management is intended to

"buy into" the change. This indicates that an individual entity of any organization needs to work exceptionally hard during the first step and pay out momentous time as well as an energy-building exigency, prior to moving onto the next step. The eight steps of Kotter's theoretical model are the following:

Creating urgency. This means examining the competitive and market realities and identifying and discussing the important opportunities as well as potential crises for stimulating people to sign up for the changes in their organization. To change the overall business process in the healthcare system, one first needs to analyze the overall structure of the organization. The first step of Kotter's model allows the identification of the potential scenario and threats that display what would happen in the future. However, the first step of creating urgency begins to discuss the convincing reason for changing and talking as well as thinking about the change. Apart from that, this step of Kotter's model assists in examining the future opportunities that may be achieved by the healthcare organization after changing the organizational structure (Hornstein, 2014; Kotter, 2012).

Developing a powerful coalition. This means assembling a group with the power to support and put effort into changing and attracting important change leaders by showing commitment and enthusiasm. This will help to encourage the employees to work together in a team and support collaborative change. The second step of Kotter's organizational change model allows the organization to identify the true leaders as well as managers. Implementation of Kotter's model may allow the company in the healthcare industry to ask for an emotional commitment of their true leaders within the organizational process (Kash, Spaulding, Gamm, & Johnson, 2014).

Create a strategic vision. Create a vision for steering change effort and create strategic initiatives for achieving the vision. The third step of Kotter's model determines the value of the organization that forces them toward central changing. Before attempting to initiate any type of change in the organization process of the healthcare industry, it helps to develop a short summary about the future and what will happen in the future for the organization. Thus, the healthcare organization can make changes properly according to their resources that allow them to make successful organizational changes (Kotter, 2012; Ocasio, Laamanen, & Vaara, 2018). However, to execute the vision of the company that helps promote and leads change successfully in the future, proper steps must be followed that assist in creating an appropriate strategy for such healthcare imperatives like intensive care of the patients (Kotter, 2012; Luxford et al., 2011).

Empowering others to act on the vision. This means to build engagement and alignment by sharing stories of vision and change. However, it should be noted that the communication should be heartfelt and simple. Thus, communicating the strategies and visions would help to develop new attitudes and behaviors. This step of Kotter's model helps in addressing the people's concerns, which align with a successful vision of the organization (Kotter, 2012). Moreover, this part combines every opportunity with the change vision. This vision may change the organizational process and enable future organizational functions to take place, such as a change in hiring people, offering new training to the staff, reviewing employee's performance, and so on.

Enable action by removing barriers. The fifth step is to empower actions, which would help to remove the changing obstacles and change the structures and systems that

may work against the organizational vision. As soon as an organization looks for change, this step empowers the staff to display their skills and knowledge, thus identifying change leaders. To empower the staff and maintain successful changes within the organizational workplace, the healthcare admoinsitrator may consider employee rewards for changes, and recognize the people via removing barriers (Kotter, 2012; Luxford, Safran, & Delbanco, 2011).

Generate short-term wins. The sixth step of the model is to develop short-term wins that consistently produce, track, and evaluate the large and small accomplishments with the outcomes. To achieve success and keep change-initiatives within the organization, Kotter's model helps in selecting the extensive project with proper justification (Kotter, 2012; Ocasio, Laamanen, & Vaara, 2018).

Sustain acceleration. The seventh step is to sustain acceleration for means of increasing the credibility for changing systems, policies, and structures that may not link with the vision, and to develop, promote and hire the employees who may execute the vision, reinvigorate the new processes along with volunteers, themes and new projects. Apart from that, Kotter's step model, especially this step, motivates managers and helps to analyze the reasons behind the success or failure of the business and the appropriate strategy for generating successful change initiatives (Kotter, 2012; Van der Voet & Vermeeren, 2017).

Institute the change. Lastly, it is to incorporate the changes in the culture of the organization. This means to articulate the link among the behavior of the employees with the success of the corporation. Making continuous efforts to make sure that changes are

seen in the organization will help to change the culture of the organization. This is the last step of Kotter's eight-step change management model. This step describes that overall change must be granted permanence to sustain a long-term change vision. Finally, the conversation between the actors involved at all stages of the change must be kept alive by the organizational leader.

Luecke's seven steps of managing change. The seven steps of managing change and transition by Luecke (2003) produced a self-reinforcing circle of commitment, coordination, and employee competency. The steps are below as follows:

Step 1. Mobilize commitment and energy by identifying both the issues that the business is facing as well as the solutions. It allows the organization in the business sector to develop more commitment with the stakeholders. Thus, they can identify the potential problems of the business, along with its solutions (Nusem, Wrigley, & Matthews, 2017). The first step of Luecke's seven steps allows the business marketers to develop great commitment with others.

Step 2. Create a shared vision for organizing and managing the competitiveness within the business process. After developing the shared vision to manage and organize business, companies can potentially run their business and maintain firm control in directing successful change management (Al-Haddad & Kotnour, 2015).

Step 3. Identify the appropriate leaders for the business. Once the leaders are identified, a business can operate successfully in their changed environment. The successful identification of employees in leadership roles allows for decisions to be made without hesitation. Leaders are solely responsible for business decisions and take

responsibility for the decisions made. Leadership within business operations plays a major role in controlling the overall business process.

Step 4. Emphasize the short-term results, not organizational activities. Achieving short-term goals and objectives successfully allows for developing successful change management. However, short-term goals may be analyzed in better ways rather than long-term goals. Through short-terms goals, an organization may increase long term success as well as growth rate. Measurable success also may be achieved by short-term goals. It also provides appropriate direction of growing business in a proper way (May & Stahl, 2017).

Step 5. The changes should start from the periphery and then should extend to other business units in the organization without being pushed through by the top management (Albach, Meffert, Pinkwart, & Reichwald, 2015).

Step 6. Institutionalize a pattern of success in the organization through structures, systems, and formal policies (Ferlie et al., 2015). Appropriate structure and proper policies assist the organization in achieving recurring success, especially during changes in business (Kotter, 2012).

Step 7. Adjust and monitor strategies to respond to the problem and make effective changes to the system. Implementing a monitoring strategy will be an effective and efficient way of increasing business quality and, in turn, will reduce stress across the healthcare organization. Moreover, it helps to develop better project team integration and setting up risk-based monitoring (Parker, Charlton, Ribeiro, & Pathak, 2013).

Young's Veterans Administration Hospital model of transformation. The VHA's transformation plan reveals that the transformations include legal reforms that impede internal changes. To accomplish the positive changes in the organization, the top management should collaborate with the interests of different stakeholders. Thus, the leaders should typically control both the external and internal environment that will contribute towards the substantial successful transformation.

Creating and managing different channels of communication from both levels, highest and lowest of the organization. This includes informing the employees about the transformations, for example, through meetings or video conferences or written notice. This would help the employees to be attentive about the change that is going to happen in the organization (Zuehlke, Kotecki, Kern, Sholty, & Hauser, 2016).

Focusing on training and education. In order for the organization to proceed with the change, it is important to train and educate every person in the organization about the transformation and develop their skills and attitudes according to the changes (Atkins, Kilbourne, & Shulkin, 2017).

Balancing the operating unit with the systems unit. All the activities and the function of the organization must be reviewed properly, and the unwanted things should be removed from the operating units. Only the leaders who are handling the system can make this decision. However, they sometimes face issues in making the right decisions. Thus, it is important to make the decision structure and requirement, decentralized and

improved according to the best fit of the organization supporting change (Garrido et al., 2017).

The Healthcare Manager's Competencies and Successful Change Initiatives

Healthcare managers have an important role in translating top-level policies, strategies, and resources in practical improvements. Furthermore, managers are required to combine both management and leadership in their everyday roles (Hartviksen, Aspfors, & Uhrenfeldt, 2017). Implementing successful change initiatives within a healthcare organization requires individuals from the top-down to be committed to change and have the necessary tools to implement and maintain change implementations. Many healthcare managers are tasked with implementing successful change initiatives, yet they do not possess the necessary managerial competencies to do so (Ginter et al., 2018).

The ability for organizations to regularly improve, whether in clinical excellence, quality of care, customer service, or market share, is an area of continued practice and research (Kash et al., 2017, p. 340). Research has been conducted to evaluate how strategic change initiatives are implemented, how leaders promote organization success, and how the work culture affects organizational performance (Kash et al., 2017). Hence, a research roadmap can be created to show the process of implementing a strategic change initiative from start to finish while detailing the role of those involved. This is important as not all change initiatives are deemed a success after implementation.

A recent study looked at the resiliency and ability of healthcare facilities to operate during a major disaster. Examples of a major disaster would be a tsunami,

earthquake, hurricane, or any event where the possibility of widespread damage and possible human causalities may exist. The study looked at the healthcare facilities and their ability to develop and successfully implement preventive measures, healthcare staff capacity, and the role of healthcare staff (Achour, Munokaran, Barker, & Soetanto, 2018). The conclusions of the research suggest that different facts such as fatigue and motivation affect the healthcare staff and hinder their ability and willingness to perform. It was recommended that healthcare facilities present their employees with more opportunities to acquire knowledge and develop new skills that will enable them to deal with circumstances that may arise from natural disasters (Achour et al., 2018).

Another study looked at which National Center for Healthcare Leadership (NCHL) competencies were referenced by healthcare leaders as most important for success in today's changing healthcare environment (Weech-Maldonado et al., 2018). The study focused on three individual level competencies: diversity attitudes, implicit biases, and racial-ethnic identity. The framework of the study involved implementing a planned diversity intervention involving two hospital systems, one to receive the intervention and another to be the control. Surveys and questionnaires would be administered after implementation in one facility and compared against the control facility in the two hospital systems. It was hypothesized that the intervention hospitals would experience more improvement on each of the three organization level competencies than their respective control hospitals (Weech-Maldonado et al., 2018, p. 32). The results of the study showed that each intervention hospital showed improvement in respect to diversity and cultural competency than their respective control counterparts.

In particular, the change leadership competency appeared to serve as a "metacompetency" encompassing the other competencies as tools or strategies in service to the constant change leadership required in today's healthcare leader environment (Herd, Adams-Pope, Bowers, & Sims, 2016, p. 228). The competencies mentioned above are also successful tools that management may also utilize to successfully implement change initiatives (Weech-Maldonado et al., 2018). These tools would be important for healthcare leadership and management teams who are looking to possibly implement a planned diversity intervention (Lucas et al., 2018).

Even though researchers recommend the need for strong management in healthcare settings, healthcare managers' competencies that are required to process and successfully implement such change initiatives in healthcare settings remain limited (Dobrzykowski, McFadden, & Vonderembse, 2016; Ginter et al., 2018). Furthermore, effective leadership of change may require the following: a commitment to transparency; involving stakeholders so they feel that their voices are heard; making listening a personal priority of the leader; going overboard in communicating; emphasizing that the sought-after change is achievable; and developing a motivating narrative (Blumenthal, 2017, p. 3). A gap in literature may exist that shows support for managers being able to successfully implement change. This may be due to managerial competencies and their liminality or could be attributed to ineffectiveness of management in healthcare organizations to implement change (Lee, Mcfadden, & Gowen, 2018; Prasher & Anthony, 2018).

The abundance of source literature attributed to healthcare manager's competencies and change initiatives does have a primary focus on a particular individual or position within the healthcare industry: healthcare managers (Hartviksen, Aspfors, & Uhrenfeldt, 2017). Leaders within healthcare facilities are looking to improve health care by decreasing emergency room wait times, eliminating waste, and improving customer service. These same leaders will look to their managers to help implement change initiatives and enforce policy guidelines. Nevertheless, management in the 20th century has enforced a risk versus reward culture where managers may do whatever takes to meet an objective set by leadership depending on the reward. For instance, if a healthcare manager achieves objectives set by their leadership, they are rewarded. These rewards are usually financial and are separate from a standard pay raise. If the objectives are not met, the result could be a work demotion, or possible termination (White & Griffith, 2010).

This current system encourages these behaviors, which encourage seeking whom to blame for problems or unmet goals rather than how to fix or achieve them (Toussaint, 2015). The Veterans Administration scandal in 2014 served as a great example of this risk versus reward culture. Managers at the VA were rewarded for reducing or maintaining the time it took for patients to get an appointment in Phoenix and at other facilities around the country. Without help or guidance to improve their internal processes and with an ever-increasing number of patients requiring assistance, managers in Phoenix manipulated the schedules and falsified records to look as though they were meeting objectives. Patient needs were unmet, but remember, the objective was to reduce the wait-time metric, not to meet patient needs (Toussaint, 2015, p. 3).

The Nature of Disruptive Change and Challenges in Today's Healthcare Organizations

Medical facilities face a variety of disruptive changes and organizational challenges, which can be attributed to changes in technology, rising healthcare costs, and changing healthcare legislation (McColl-Kennedy et al., 2017). In addition, financial pressures have forced some organizations within the hospital industry into facility closures, mergers, consolidations, and acquisitions (Costello, West, & Ramirez, 2014). The effects of organizational change to financially survive can be seen as hospital mergers between larger conglomerates are taking place in the private industry with smaller medical clinics either merging or closing. Economists theorize that by 2020, one in three hospitals in the United States will close or reorganize into an entirely different type of health care service provider (Burkey, Bhadury, Eiselt, & Toyoglu, 2017; Tian et al., 2017). This may affect the quality of patient care that exists in many privatized medical facilities. Furthermore, opportunities to implement successful change initiatives may be limited due to the changes and challenges listed previously.

Hospital organizations have utilized different methods over the years, such as lean process improvement, financial reconstruction, and management overhauls to survive in a highly competitive marketplace where the customer base and mortality rate continue to flourish (Lee et al., 2018). For instance, a study was conducted to compare two processes, Lean and Six Sigma, and determined how their implementation by hospitals will improve hospital performance. The lean process focuses on increasing efficiency through reduction and eliminating waste. Six Sigma focuses on improving processes by

examining data and utilizing a team-based approach to find a resolution. The authors of the study suggested the co-implementation of both systems in health care organizations after this had been previously proposed by practitioners and researchers. . The results of the study provided empirical evidence for the superiority of the combination of Lean and Six Sigma in reference to health care organizational improvement (Lee et al., 2018). Thus, the combination of both systems will improve hospital organization functions and will allow for change initiatives to be implemented, possibly using Lean, Six Sigma, or a combination of both systems (Gamm & Vest, 2009).

Recently, healthcare personnel receive training in integrating design thinking into strategy involving multimodal change approaches and problem solving (Bennett & McWhorter, 2019). Design thinking principles go beyond single-user decision making, but also require managers to transform their approach to strategy by integrating multiple and more varied types of data and viewpoints that can advance an organization's strategic ends. Given the importance but also the challenges of integrating design thinking and strategic management, strategy scholars have sought to tackle the synergies between the two fields by examining different aspects of the strategy function. Each aspect brings a different strategy focus to the fore (Barrett, 2017). When evaluating strategy plans, whether in non or for-profit, managers must first identify issues where a design strategy will help bring new products and services that are customer-centric (Wrigley, Nusem, & Straker, 2020).

A recent case study recognized the role of hospitals as complex organizations that link health necessities and designing innovative solutions (Djordjevic & Novak, 2019).

Health care organizations will need to rely on advancements in technology not only to supply advanced care to patients but to ensure continuity of care due to the unreliability of qualified medical personnel. For instance, in Serbia, health care costs continue to rise as medical personnel demand more pay and operating costs for medical facilities are on the rise (Djordjevic & Novak, 2019). The implementation of E-health communication systems is meant to help providers within these facilities communicate medical record information back and forth at a faster rate than before. Furthermore, opportunities for medical education are more attainable as doctors and other medical personnel will have more access due to the introduction of an e-network to their medical facility. The study recommends that each facility in Serbia implements the E-health communication systems, whether it is private industry or public industry such as the government (Djordjevic & Novak, 2019). E-health technology continues to be a constant in medical facilities that are looking to outlast their competitors. Hospitals in the Balkan states are embracing and implementing the changes necessary to survive.

Alternative innovation rationales to the mainstream innovation approach facilitate the creation of high-quality solutions and promote universal access to healthcare (Bianchi, Bianco, Ardanche, & Schenck, 2017). Based on a case study in a public hospital, frugal innovations when used, under resource scarcity conditions, are an adequate innovation approach for organizations operating under both severe resource restrictions and universal access to healthcare mandates. A frugal approach to innovation allows hospitals to solve particular healthcare necessities in a specific domain (Kelly & Young, 2017). Two frugal innovations were the subject of the research literature. The

first item developed was a neuronavigator. The neuronavigator would be used for image-guided surgical procedures. The second item developed was a human milk pasteurizer. It was created to help improve the newborn mortality rate. Both of these items were designed for use in developing countries (Bianchi et al., 2017).

The case study showed that frugal innovations are part of a successful management strategy. Moreover, the two examples in the case study can be defined as frugal innovations as they make efficient use of available resources to improve healthcare services (Bianchi et al., 2017). Long-term survival requires adaptation to the ongoing changes in the environment. Furthermore, stakeholders need change, and any unmet stakeholder need can ultimately impair excellence (White & Griffith, 2010, p. 72). By definition, frugal innovation is defined as a novel and satisfactory solution under resource scarcity conditions (Bianchi et al., 2017, p. 74). Hence, frugal innovations can meet the needs of stakeholders medically as well as financially.

The introduction of frugal innovations into the medical technology marketplace offers a second option to private sector hospitals that may be struggling financially due to their rural placement. A 2016 Hospital Vulnerability Index report identified 355 hospitals located within such communities, suggesting their loss would further jeopardize the health of the local community they serve (IVantage Health Analytics, 2016). Healthcare leadership within these hospitals outlined within the report should consider alternative options such as frugal innovations. They are cost-effective and designed to serve the needs of the community and respective healthcare organizations (Bianchi et al., 2017). For when constrained by geographical principalities, one must make do with what is

available, hence a focus on frugality as a means of survival until there is a healthy level of sustainment.

Options outside of financial mergers and acquisitions do exist for hospital organizations looking to stay afloat in a highly competitive industry. Relationship-based business networks or RBNs are networks that exist based on trust, satisfaction, and joint decisions (Akhtar et al., 2018). RBNs can be utilized by organizational leaders and management to develop relationships with internal and external stakeholders. Furthermore, management can develop RBNs with other organizations which may enhance sustainability-based competitive advantage (Akhtar et al., 2018). Hospital organizations may elect to cut costs and regulate their spending in hopes of being able to survive long enough to remain relevant in a competitive marketplace. Current hospital waste has been deemed significant, with a repeated claim that 30% of U.S. healthcare spending is wasteful (Einav, Finkelstein, & Mahoney, 2018, p. 1). A strong demand to cut costs has been especially warranted in healthcare organizations that tend to rural populations. A current goal in terms of pricing has been set in rural hospitals, which looks for a 5–6% deduction of costs per year while working towards a 5-year target of a 25–30% cost reduction (IVantage Health Analytics, 2016).

Cutting costs may lead to a smaller profit margin (Einav, Finkelstein, & Mahoney, 2018). Capital is often needed to successfully implement change initiatives. Hence, a medical facility may become stagnant in the services they offer because they are focused on cutting costs instead of investing in new technology and medical programs. This does not mean that spending more is necessarily a solution for ailing healthcare

organizations, either. Research has shown that more services and higher spending do not result in better outcomes; indeed, they often produce just the opposite result (Dobrzykowski et al., 2017). Finding the perfect financial balance and investing in employees may be what keeps a healthcare organization in business while others fail around them.

The California Association of Neurological Surgeons (CANS) holds an annual meeting to provide informative content in relation to their field. The meetings have taken place since 1973. However, over the past 20 plus years, the focus, content presented, and participants involved have changed dramatically. For instance, in 1996, the meeting had 15 presentations, with only one being by a non-physician. In 2011, of the nine presentations presented, only one was by a physician practicing full time. Fast forward to 2017, 23 presentations were made with only one non-physician presenting.

The evolution of the focus of the CANS annual meeting from 1996 to 2017 is quite striking. In 1996, the neurosurgical health of the patient was center-stage, and the cast was predominantly practicing physicians. In 2011, the financial health of the neurosurgeon was center-stage and the cast predominantly industry spokespersons and medical administrators. In 2017, the cast was again composed of physicians, but the financial health of neurosurgery had taken over center-stage (Andrews & Crisp, 2017, p. 998). CANS, and many of those who attended it had evolved from advocating for improved neurological care to focusing on profitable health care in a span of 20 years (Andrews & Crisp, 2017).

Driving Successful Strategic Change Initiatives in Healthcare Organizations

Change management has been defined as "the process of continually renewing an organization's direction, structure, and capabilities to serve the ever-changing needs of external and internal customers" (Moran & Bornstein, 2014). In respect to change initiatives, the implementation of processes, policies, and technological innovations takes place in healthcare organizations to serve external and internal customers. The healthcare industry is very competitive, which induces rapid change within healthcare facilities. Due to this notion, sustainability may be used as a tool to frame leadership priorities and enhance alignment amongst stakeholders around the promotion of health (Rich, Singleton, & Wadhwa, 2018). Sustainability within healthcare organizations is achieved by driving successful, strategic change initiatives (Kash et al., 2014).

Sustainability in the healthcare industry is considered a state of constant change as the healthcare organization must grow or evolve to suit the stakeholder's needs (Blumenthal, 2017). Sustainability is particularly important for healthcare for two reasons. First and foremost, healthcare expectations are to "first, do no harm." Failure to meet the mandates of sustainability results in harm to the community. Because sustainability is an integral dimension of health status, it is implicitly or explicitly incorporated into the mission of the organization. Second, healthcare is a huge resource consumer. Meeting the mandates of sustainability does fulfill a commitment to corporate social (CSR) responsibility by not harming stakeholders. A good mission statement for a healthcare organization will mention their commitment to providing quality care. Hence,

their focus is on not harming stakeholders, that is, the patients they see (Rich, Singleton, & Wadhwa, 2018, p. 10).

There is an issue that healthcare organizations are facing when it comes to satisfying stakeholders and meeting objectives (Esparza & Rubino, 2018). The issue is that individuals tasked with initiating change within healthcare organizations are found to be rather ill-equipped and lack the skills to do so. Healthcare managers' competencies for driving successful strategic change initiatives in healthcare organizations remain outdated and limited (Gillis & Whaley, 2018; Kash et al., 2017; Powell et al., 2017). Furthermore, the current evidence available does not identify any effective strategies to change organizational culture through managerial competencies in healthcare organizations (Dobrzykowski et al., 2016). Hence, there is a lack of evidence regarding managers' ability to influence their healthcare organizations enough to impact the work culture, and this can be a primary driver when looking to implement successful change initiatives (Perla et al., 2013).

Success factors for change implementation in health care organizations have been found to be different from other sectors (Fitzgerald & McDermott, 2017). Health care workers tend to rate items such as organizational culture, fellow employees, the level of their perceived engagement, and service quality higher than more traditional factors such as leadership and communication (Kash, Spaulding, Johnson, & Gamm, 2014; Weech-Maldonado et al., 2018). Lapses in healthcare competencies can be improved by effective leadership and their ability to develop key competencies before embracing new responsibilities. Effective leaders are known for their optimism, transparency, high

ethical standards, and their ability to inspire their followers (Jeyaraman et al., 2017). Leadership within healthcare organizations can best equip their healthcare managers by providing them with some of the same tools and similar skillsets that they use to drive successful change initiatives. For organizational leadership must have confidence in those from the top-down that similar competencies and skillsets exist in those whom they depend upon to drive change (Esparza & Rubino, 2018).

Additional research has been conducted concerning healthcare organizational competencies outside the United States. Canada, where they have their own issues with medical care in the private sector, has lapses in healthcare similar to those in the United States (Jeyaraman et al., 2017). Research is currently being conducted to identify evidence associated with return on investment (ROI) in healthcare organizations associated with leadership quality, leadership development programs, and the existing evaluative instruments (Weech-Maldonado et al., 2018). A six-stage methodological framework is being used to map the relevant literature and will assist in preparing results. Results of the research determined that even though considerable variability existed between different leadership programs, the programs appear to be consistently associated with enhanced leadership skills. Furthermore, the ROI metrics used as existing measurement tools did not seem affected as two-thirds reported using ROI financial metrics (Jeyaraman et al., 2017).

Although research continues to present a consistent theme that supposes a lack of managerial competencies disrupting the success of change initiatives, one may allude to

the fact that change can be driven beyond those with managerial limits (Dobrzykowski et al., 2018). Organizational culture plays a big role in the success of implementing change initiatives. A recent study looked at what are the best methods to implement change in a healthcare organization. The study and its subsequent methodology ignored the normal top-down approach to management and focused on involving as many people as possible in the decision-making process by dividing them into teams. Each team worked on problems presented and found solutions. Metrics such as performance and development were tracked for each group. Furthermore, surveys were presented on employee engagement and culture. The results of the study yielded positive results by showing that employees worked much faster and more effectively when they were aligned and shared a common purpose. In addition, the organizational culture was also stronger and more dynamic as a result of the teams. Thus, it was determined that sustaining change is a lot easier when these aforementioned conditions are in place (Brickman, 2016).

Quality Improvement Initiatives Needed in Healthcare Systems

Perception is often seen as reality. In reference to managerial competencies, an official title reflects a certain accumulation of work knowledge. Perceptions are very similar to assumptions because they assume that someone may be competent in a particular job setting based upon a given title. Research has alluded to the ineffectiveness of management in healthcare organizations to implement change (Prasher & Anthony, 2018). Healthcare administrators are often the leaders, managers, and sometimes the elected individuals who are the face of the organization for which they work (Esparza & Rubino, 2018). It would only seem natural that individuals who are asked to carry out

their tasks and enact change initiatives over time should have similar qualities endowed upon them. Hence, healthcare leadership would not ask a cafeteria manager to implement a change initiative in regards to re-routing medical care to reduce Emergency Room wait times. Healthcare administrators usually seek out a manager based on specific competencies related to job title or possibly a recommendation by another leader within the healthcare organization (Katz, 1974). However, are these leaders to assume that a manager with a certain title or even similar skill set to their own would be able to successfully implement an assigned change initiative? Part of implementing any change initiative involves understanding change management. Change management, regardless of the setting, involves convincing human beings to give up something they know for something new and uncertain (Blumenthal, 2017, p. 7).

Healthcare leaders can look for examples of positive achievements in regards to the daily works completed by the global Apollo Hospitals Group, where information is disseminated across an integrated healthcare system with a capacity of over 9,000 beds (Barston et al., 2018). Apollo's ACE@25 is a clinically balanced scorecard across 64 hospitals that measures benchmarks and seeks to enhance the standard of patient care and safety. In Apollo's own view, it has reinforced potency, excited quality improvement, and reduced variation (Dewan et al., 2015). Piwowar et al. (2008) provided helpful recommendations for leaders searching for an example of knowledge sharing initiatives. Their seven key recommendations include sturdy leadership, which is needed to encourage knowledge sharing. This, in turn, can accelerate scientific progress, which will come in the form of improved patient outcomes, reductions in research costs, and faster

adoption of successful innovations. Underpinning this is a need to ensure that all healthcare leaders and staff are trained within the principles of knowledge sharing and yield a sense of commitment, as and where appropriate. To add, standardized and comprehensive education is likely to be an important factor in decreasing knowledge withholding. Continuing education ought to be part of interdisciplinary team training (Barson et al., 2018).

Transformational Change Through Implementation of Health Information Systems

Transformational change entails a significant change in the ways an organization elects to operate (Swanson, Cattaneo, Bradley, Chunharas, Atun, Abbas, Katsaliaki, Mustafee, & Best, 2012). Necessitating management, structural, cultural, and organizational shifts, transformational change is vital for successfully adopting and implementing large-scale health information systems (HIS; Sligo et al., 2019). HIS that are properly put into effect in healthcare organizations have the potential to improve healthcare as well as safety parameters, boost efficiency, enhance aid, and drive down clinical errors. For these organizations, transformation aims to be able to provide patients with consistent and systematically safe and high-quality care through improved clinical and structural processes. Such a change initiative is representative of new supportive infrastructure, such as HIS. Nevertheless, the management of transformational change is complex, and there are challenges in predicting outcomes (Halvorsrud, Lillegaard, Røhne, & Jensen, 2019).

HIS implementation is costly, complicated, comes with high risk, and could have a negative impact and these factors have played a role in the essentially low success rates

of implementation (Sligo et al., 2019). A clear understanding is needed of all aspects of the organization's external context, in order to bring about successful transformational change. At the same time, among the organizational categories to be addressed are the need for internal structures (Sligo et al., 2019) and the importance of stable governance. Good governance in healthcare systems supports appropriate delivery of healthcare services, realized through the setting of priorities, monitoring of progress, maintaining accountability, and forming organizational culture. Healthcare organizations, however, are characterized by complex structures and often complicated lines of decision-making (Lee, Mcfadden, & Gowen, 2018).

On the international stage, governance in healthcare has, over the past three decades, experienced significant changes and amendments (Parker et al, 2013). This makes it difficult to measure and understand governance. Notwithstanding, there is a clear correlation between indistinct governance structures and poor outcomes. Quality governance demands agreement in direction, command, and accountability (Barson et al., 2018).Clear, consistent, stable governance is vital for successful transformational change. This is often accomplished by including individuals with good institutional knowledge and memory and making sure continuous monitoring and evaluation of the process are established and maintained (Dobrzykowski, McFadden, & Vonderembse, 2016). Using quality data obtained as a reference point for improving quality of care is a powerful tool. This is especially certain when the data indicators are clear due to said data being collected with proven methods and handled properly. Experienced, skilled evaluators, with the proper measurement and interpretation systems in place, are necessary to

achieve quality data results. Measurement systems ought to be expressly designed into improvement activities from the start, and they need to be adequately resourced. Continual monitoring and feedback loops are crucial to transformation success. However, note that the measurement needs to be suitable for the purpose, and involve individuals across the organization who understand and have faith in the measures while undergoing large-scale change initiatives with strict time constraints (Barrett, 2017, p.12).

The dual hierarchical clinical and managerial structures found in healthcare organizations can lead to challenges in the quest for transformation (Braithwaite et al., 2017). The decisions of managers may have little effect if clinicians cannot readily discern the positive returns of implementing change on their practices and for their patients. Further, there are indications that subcultures characterized by their own hierarchies and values exist within healthcare organizations. This, too, presents challenges and difficulties in implementing a cohesive approach to transformation. As such, successful transformation critically depends on an experienced and skilled change agent leading a team able to cope with uncertainty and deal with challenges and setbacks. Additionally, engaging clinical and managerial employees and also administrative staff, IT experts, and contractors is essential for transformational change (Birken et al., 2013).

Budgeting for transformational change is complex and can be difficult to contain (Ginter et al., 2018). A few of the costs associated with transformational change include hardware and software costs, the costs of supporting the implementation of new systems, training of management staff and end users, program simulations, and related operational activities before, during, and after implementation (Al-Haddad & Kotnour, 2015).

Organizational change can be stressful and can be rather confronting for staff. Research shows that successful transformational change in healthcare organizations is dependent upon an abundant amount of training and support offered so that individuals at all levels and in all roles understand their tasks in the changing environment (Herd et al., 2016).

Training across the organization requires adequate funding to cover the costs of the individuals and their replacements receiving training; adequate funding will also be required to train existing staff (White & Griffith, 2010). There are suggestions within the literature that allude to providing incentives for training, which assists in promoting positive attitudes during organizational change (Lucas et al., 2018). The research literature tends to focus on the influence of organizational and cultural factors, although cost and adequate funding are additionally acknowledged. Healthcare organization transformation inevitably requires technological advancements and change, the costs of which are some of the most commonly cited barriers (Kelly & Young, 2017).

Technology as a Component of Change Management in Healthcare Systems

Technology is a crucial component of the transformation, from stretched healthcare systems with disorganized and inefficient delivery systems to coordinated management of healthcare (Kelly & Young, 2017). This is often an endeavor to provide better healthcare and reduce costs. Information Technology is the final grouping of checklist items included on the checklist. The importance of knowledge about existing technology and interoperability is the first information technology category to which healthcare administrators should pay attention. Hence, administrators should be well aware of how critical usability is as a factor, in reference to the design and development

of healthcare IT systems. Systems that are well designed, from a usability standpoint, increase the utility of the system, decrease potential error, enhance user acceptance, and may lead to increased productivity (Barret, 2017).

To achieve potential success, the technology ought to be compatible with the organization's culture and current work processes while being superior to the previous systems, ideally at a lower cost (Kelly & Young, 2017). If the new IT system is perceived as troublesome, difficult to implement or use, or detrimental to existing practices, staff are unlikely to use the new system or may operate it incorrectly. Furthermore, if the new technology system is deemed inferior to the existing one by the organizational culture, resistance can possibly lead to unacceptance of the new technology system (Barrett, 2017).

Information technology is evolving rapidly. The average life cycle of medical devices varies from 18 to 24 months while the utilization of knowledge and communication technologies in healthcare is increasing at a dramatic pace. As a result, healthcare organizations undergoing transformational change need to have sound IT management in place and have a comprehensive understanding of current technology options available (Braunstein, 2018. Early health technology assessments by healthcare organizations are encouraged to evaluate technologies in development. This can be done to secure the future of IT investments and maximize the social impact on future research and development (Bisui & Misra, 2018).

Among the key criteria to consider during the assessment of new and existing technology is the IT requirement for interoperability (Braunstein, 2018). Interoperability

is the ability for different information technology systems and software applications to communicate, exchange knowledge and data, and use subsequent information that has been exchanged. Interoperability can reduce costs, but healthcare organizations need to ensure that they do not compromise the quality or integrity of their native systems for organization interoperability (Braunstein, 2018). Research has suggested that certain factors can either help facilitate or limit IT implementation in clinical settings. An analysis of the research found that training on new IT systems which were being implemented was frequently cited as contributing to successful implementation. Inadequate or the lack of sufficient training was deemed to more than likely impede implementation (Powell et. al, 2017).

The research also noted that developing good strategies for training and support are vital (Gillis & Whaley, 2018). The content of these subsequent trainings must reflect sensible ways to integrate training into a work schedule because clinicians have very limited available time. Continuing education and sustainment training needs to occur regularly throughout the process of change. To add, overcoming issues before implementation by including relevant staff in design and testing, keeping employees informed about the timing and effects of changes, as well as providing employee's reassurance in reference to their knowledge of how to use the technology, are ways to ensure successful implementation (Trinidad, 2016).

Managers of organizations taking up the endeavor of transformational change will need to decide to what extent it is profitable for their organizations to outsource IT services. Moreover, the aforementioned organizations will need to define the nature of

their business relationship with the IT companies to which they wish to outsource their services. Outsourcing is a business decision made by an organization to contract-out or sell the organization's IT assets, people, and/or activities to a third party supplier, who in exchange provides and manages certain assets and IT services for financial returns over an agreed period of time (Leimeister, 2010).

If an organization wants to remain competitive in the private sector, they may need to outsource aggressively to gain efficiencies needed to do so (Porter, 1996). Successful outsourcing may involve a strategic alliance which entails the sharing of risks and rewards. Such partnerships are common in healthcare organization transformational change projects. To ensure the success of an outsourcing endeavor during change implementation, outsourcing experience is vital (Drucker, 1994). Any organization that actively seeks out a new sourcing option in terms of new suppliers, new services, or new engagement models should appropriately plan for the possibility of false starts and mistakes. Although outsourcing can be complex, dynamic, and uncertain, the literature reiterates the importance of contract management and formal and informal controls throughout the process to ensure the success of an outsourcing endeavor (Drucker, 1994).

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Literature Gaps on Healthcare Administrators' Role in Successful Change Management Initiatives

Contextual factors specific to the healthcare sector, such as changing population demographics, updated health care protocols (Gordy & Trunkey, 2014), labor regulations (Free, 2013), and enhanced standards of care (Ash, Seago, & Spetz, 2014), have triggered ongoing challenges within health care organizations (Lega, Prenestini, & Rosso, 2017; Marsh, Goetghebeur, Thokala, & Baltussen, 2017). Improving hospital efficiency is a critical concern for health care managers and policymakers (Nigam et al., 2014). Furthermore, ongoing strategic change initiatives in health care require specific management competencies, and it remains the responsibility of health care administrators to successfully manage these ongoing change initiatives while delivering high-quality, cost-efficient patient health care. In an effort to improve patient safety and financial performance, many healthcare organizations have implemented quality initiatives (Dobrzykowski et al., 2016).

Quality improvement initiatives have been prolific for many years across every part of healthcare systems (Barson et al., 2018; Centre for Social Research and Evaluation, 2013). Because of this, healthcare leaders struggle to identify which initiatives are successful and in which context, to implement their own versions. Whereas

work is emerging to provide guidance (Ovretveit, 2017), the practical impact of the gap between what is relatively known and can be actually implemented, is compounded by the context in which healthcare outcomes and financial costs, long predicted by the aging populations of higher income countries are now profoundly affecting providers, funding organizations, and people (Boyd, Fried, & Tinetti, 2012).

The need for healthcare leaders to respond to this context is immense, as is their desire to do the right thing by working to improve population outcomes, continuity of care, efficiency, and the overall patient experience (Barson et al., 2018). A key challenge is achieving consensus on the initiatives healthcare leaders should implement to improve the level of quality and how to correctly respond to the changes they may face. There is no shortage of research providing recommendations for improvement initiatives, typically centered on specific interventions (Sligo et al., 2019).

A large variety of reports about organizational efforts to implement change suggest that, if emulated elsewhere, improvements should result (Halvorsrud et al., 2019). Whereas there is no shortage of initiatives, there is a shortage of initiatives that come with recommendations for how they might be implemented in similar contexts. In essence, practical advice which might be aimed at improvement and applied in a healthcare system is rather scarce. Healthcare systems leaders can be found at the macro, meso, and micro levels across such a system and produced by such leaders themselves through a consensus-building process. They are then asked to provide guidance on how these initiatives should be implemented (Barson et al., 2018).

Recent research has reported results of inconsistent and failing strategic change management models practiced by healthcare administrators (Lecci & Morelli, 2014; Roberts, Fisher, Trowbridge, & Bent, 2016). Transformational change in healthcare organizations is notoriously complicated and challenging, but there are now enough examples detailed in the literature to identify the factors that impede or support successful transformation. Avoiding pitfalls is not straightforward for healthcare administrators, and requirements for successful implementation in healthcare systems will continue to evolve with the process: the nature of complex systems means that they will always be adapting and changing. If healthcare administrators ensure that they understand the nature of change and are properly trained in this transformational change, this can mean a smoother road than previously documented in the literature (Barson et al., 2018).

A need exists for a more comprehensive and theory-based evaluation framework to assess how and what drives successful change initiatives within health care systems (Helo & Welliver, 2018). Organizational change research may benefit from a multidimensional examination of different types of change initiatives through a qualitative research approach. The examination will evaluate the "how and "why" of successful strategic change initiatives implemented in healthcare facilities (Kash, Spaulding, Gamm, & Johnson, 2013; Walker et al., 2017).

Summary and Conclusions

In Chapter 2, I presented a synthesis of knowledge and critical analyses of the extant literature within the topic area of managerial competencies for leading successful,

strategic management initiatives within today's healthcare sector. The needs, the demand, and the structure of the present health care industry have changed dramatically, and the working principals changed in accordance with the time. There is a dramatic difference between the required administrative competencies of earlier times and the present time to ensure the sustainability of healthcare service in the United States today and for the future. The ability of healthcare administrators to acquire new knowledge, understand how to benefit from it, and the challenges linked to the effective use of new knowledge are the criteria necessary for leading transformational change in today's environment. Research has recommended the general need for strong management in healthcare settings; however, few scholarly papers provide specific insight into managerial competencies required to successfully manage such change initiatives.

In Chapter 3, the research method for qualitative, multiple case study research is discussed. Following that, procedures for recruitment, participation, and data collection are presented and applied to the present research strategy. The data analysis plan is addressed as well as issues of ethical procedures and trustworthiness of data within the study.

Chapter 3: Research Method

The purpose of this qualitative, multiple case study was to explore the perceptions of healthcare administrators on the specific nature of management competencies needed to drive successful strategic change initiatives within healthcare organizations. To address this gap, and remaining consistent with the qualitative paradigm, a multiple-case study methodology was used, with the unit of analysis being the healthcare administrator.

The researcher conducted seven individual interviews with participants recruited for this study. Data triangulation was used to corroborate facts found within the multiple data sources (Guion et al., 2011). Meeting the purpose of this study may generate new knowledge about the specific managerial competencies that healthcare administrators need to drive successful strategic change initiatives in today's healthcare facilities (Gillis & Whaley, 2018; Kash, Spaulding, Gamm, & Johnson, 2017).

This chapter will provide a detailed presentation on the following: research methodology and design rationale, the participant selection strategy, the role of the researcher in data collection and analysis processes and procedures, assumptions and limitations of the study, ethical considerations, and issues of trustworthiness.

Research Design and Rationale

In line with recommendations for further research by scholarly researchers (Gillis & Whaley, 2018; Kash, Spaulding, Gamm, & Johnson, 2017; Powell et al., 2017), the findings of this empirical investigation are aimed at advancing knowledge on healthcare managers' competencies for driving successful strategic change initiatives and contributing original qualitative data to the study's conceptual framework. Qualitative data were collected for this study to help understand emergent concepts and meanings based on participant responses (Yin, 2017). In line with the purpose of this study, the study's CRQ was as follows:

What are the perceptions of healthcare administrators on the specific nature of management competencies needed to drive successful strategic change initiatives within healthcare organizations?

Healthcare staff members, both clinical and administrative, continue to experience disruptive change in the workplace due to technology, rising healthcare costs, and changing healthcare legislation (Barson et al., 2018). Economists judge that in 2020, if this disruptive change cannot be successfully managed within the healthcare sector, one in three hospitals in the United States will close or reorganize into an entirely different type of healthcare service provider (Burkey, Bhadury, Eiselt, & Toyoglu, 2017). Scholars and healthcare policymakers recommend that healthcare administrators be prepared for updated technology changes, budget cuts, and continuous digital transformation within their organizations. Specific knowledge of managerial competencies that are required to drive successful change initiatives in healthcare settings remains limited (Ginter et al., 2018).

The nature of this study is qualitative; thus, there is a logical alignment between the method and purpose of the study, and thus provide answers for the central research question. A multiple case study design was used to gain an in-depth understanding of the experiences of healthcare administrators on the specific nature of successful strategic change initiatives within their healthcare organizations (see Yin, 2017). Furthermore, researchers use the experiences of individuals to gain an in-depth understanding of complex human behavior when conducting a qualitative inquiry (Merriam & Tisdell, 2015). The qualitative approach, when applied to an empirical investigation, is consistent

with the social constructivist paradigm, which centers on how people construct meanings from their daily life experiences (Cooper & White, 2012).

In a multiple case study, the case may be a person, an event, an entity, or another unit of analysis (Yin, 2017). The unit of analysis for this study was the healthcare administrator. When the data focus is only on individuals, the study's central phenomenon becomes the context and not the target of study (Eisenhardt & Graebner, 2007; Yin, 2017), and, therefore, the investigation becomes an employee and not an organizational study. In an employee study, the optimum qualitative design to retrieve data with the goal of theory building is a multiple-case study design (Eisenhardt, 1989). This approach that the "case" itself may be a person in a multiple case study is often used in business and management studies in the scholarly literature such as in Brown (2017) (airport managers); Komodromos (2014) (university employees); and Neubert (2016) (tech firm owners). Yin's (2017) multiple-case study approach attempts to replicate the same findings across multiple cases by tracing the differences and similarities between and within cases; study results created in this way are considered "robust and reliable". These strengths led to the choice of a multiple-case study design, which allows for the contrast, comparison, and synthesis of multiple viewpoints during the analysis phase (Eisenhardt, Graebner, & Sonenshein, 2016; Yin, 2017).

In choosing the case study research design, this researcher did consider other case study designs such as exploratory, descriptive, intrinsic, and instrumental (Gibbert & Ruigrok, 2010). I chose to use the case study methodology because of the variety of strategies available to answer phenomena-driven research questions (see Yin, 2017). A

case study approach is broad enough to provide a researcher with the flexibility needed to conduct research and extend a present theoretical model (Harder & Norlyk, 2010). The need for structure and flexibility in extending a theoretical model may be ineffective through a design like narrative inquiry and its personal storytelling approach or phenomenology that focuses on the meaning of a lived experience. Because the goal of the study was to gain a deeper understanding of healthcare administrators' perceptions on the specific nature of management competencies needed to drive successful strategic change initiatives within healthcare organizations, lived experiences are not as important as the exploration of the specific knowledge that can emerge from the participants' interviews of the phenomenon under study.

Grounded theory is used when the theories resulting from the study are grounded and are a unique outcome of the data from the study (Merriam & Grenier, 2019). This method of research was also not considered given that this study begins with the idea that a conceptual framework, the comparison of success factors for change model developed by Kash, Spaulding, Johnson, and Gamm (2014), is employed as a theoretical lens through which to view the study's problem that takes into consideration the context studied. To meet the research design needs of this investigation, Yin (2017) recommended that "the case study method is pertinent when your research addresses either a descriptive question (what happened?) or an explanatory question (how or why something happened?)" (p. 112). Instead of using the hypotheses, the case study researcher may develop "theoretical propositions", which are used to drive the data analysis of the case (Yin, 2017) and are derived from the academic literature, theories,

analysis of empirical data, or the researcher's personal experience. The use of a multiple case approach is particularly useful here because it allows the researcher the flexibility required to iterate and extend a theoretical model (Stake, 2006). New knowledge emerges from the recognition of patterns in the collected data and the logical arguments that underpin them (Eisenhardt & Graebner, 2007).

Role of the Researcher

As the researcher, I was bound to the role of an observer. I did not maintain a relationship of any kind with the participants beyond what was required to gather and disseminate research. Participants were not included in the study with whom I have an ongoing personal or professional relationship. Nor did I attempt to interview them as to avoid any form of discomfort or bias. I did not perform any of the interviews at my current place of employment, nor did I provide any incentives for participation that will encourage or increase bias so that the effects of power and conflict of interest are minimized or eliminated altogether. An effective multiple case study relies on the expertise and the skills of the researcher while being able to sustain the trustworthiness of data when questioned (Stake, 2006). For a case study to be efficient and academically acceptable, the researcher must exhibit a prominent level of integrity and professionalism. I provided the Recruitment Letter (Appendix A) and the Consent Form (Appendix B) to each participant before the study began and put great emphasis on the ethical expectations as it relates to the Walden University's Institutional Review Board (IRB). Additionally, I conducted all interviews via Skype or Facetime, which are both social networking tools that encourage the participant to provide in-depth responses.

Finally, I recorded the responses of each participant and conducted a member check, so that validity, credibility, and reliability were ensured.

Methodology

A qualitative, multiple case study allows the in-depth study of meaningful characteristics of real-life events (Yin, 2017). Therefore, a qualitative multiple-case study design was used to gain a deeper understanding of the perceptions of healthcare administrators on the specific nature of management competencies needed to drive successful strategic change initiatives within healthcare organizations. The multiple-case study approach was appropriate for this qualitative study, given that the data collected would answer "how" and "why" questions, and the study was bounded by time (Stake, 2010). The multiple-case study approach involves comparing and contrasting data from several units of analysis when the goal of the study is to extend a theoretical or conceptual framework by providing a more complex picture of human interactions compared to a single case study (Eisenhardt & Graebner, 2007). Cross-case synthesis is recommended as the data analysis technique in a multiple case study to strengthen the trustworthiness of the data and enhance the exactness of the research findings (Baxter & Jack, 2008; Yin, 2017).

The qualitative research method precludes a situation where the data are collected for analysis on individuals within a specific context, such as in the case of healthcare administrators within healthcare organizations located within the United States. In this multiple case study, data were collected through multiple sources including (a) a

semistructured interview protocol whose items have been designed and validated by previous researchers; (b) archival data in the form of government reports on the sustainability of healthcare organizations (Yin, 2017); and (c) reflective journaling notes (Merriam & Tisdell, 2015) kept by the researcher throughout the data collection process.

Purposeful selection of participants is utilized in qualitative data collection and analysis, and this study specifically used criterion and network sampling strategies (Yin, 2017). Recruited participants fulfilled the inclusion criteria for study participation: adults over the age of 18; employed as a healthcare administrator in a healthcare organization located in the United States for a minimum of two years; and possessing knowledge regarding their experiences with the topic of the study (see Merriam & Grenier, 2019; Stake, 2010). Characteristically, a qualitative multiple-case study design involves research questions and interview questions for uncovering participants' experiences and perceptions on a specific topic, participant selection rationale, data collection and field strategies, a two-step data analysis structure, and a reporting template (Stake, 2013).

A participant pool selected through purposeful sampling launches the multiple case study design. The researcher conducted seven in-depth, individual interviews with participants recruited for this study (see Saunders et al., 2018). Schram (2006) recommended a range of five to 10 participants for a qualitative study, stating that a larger sample size could interfere with an in-depth investigation of the phenomena under study. Further, the qualitative approach is the most convenient method designed to achieve an in-depth investigation of a topic on which little is known or exists in the extant

literature. A large sampling size has the tendency of creating error biases in the findings or may even create unexpected conflicts during the fact-finding processes (Baxter & Jack, 2008).

Participant Selection Logic

Population. Given that the study's purpose called for a deeper understanding of the perceptions of healthcare administrators on the specific nature of management competencies needed to drive successful strategic change initiatives within healthcare organizations, the population from which this study's participants were selected included all healthcare managers who work in the healthcare industry in the United States and who are presently listed on the LinkedIn online professional network. As of October 20, 2019, there were approximately 472,724 LinkedIn profiles of respective users that listed "healthcare administrator" as their respective current job title. As noted in research by Kash et al. (2013), healthcare administrators are an integral part of the building process, working closely and often coordinating with medical staff and other stakeholders relative to their organization. A total of seven participants were recruited from the identified population as the purposeful sample for this multiple case study. A larger sample size could weaken the deep investigation of the phenomena under study, and the upper limit of 10 participants will ensure reaching saturation quicker (Fusch & Ness, 2015; Halkias & Neubert, 2020).

Sampling strategy. To identify and recruit participants for this multiple case study, I used Yin's (2017) concept of replication logic. The concept of replication logic

defines that each case in a multiple case study is treated as a distinct experiment and as a unit of analysis (Eisenhardt & Graebner, 2007). Because case studies do not involve experimental controls or manipulation, this method fits the purpose of this study and provides a deeper understanding of healthcare administrators' perceptions on the specific nature of management competencies needed to drive successful strategic change initiatives within healthcare organizations. Participants for this case study were recruited using purposeful criterion and snowball sampling strategies. Snowball sampling is the most common form of purposeful sampling, and it is initiated by the key investigator asking a few key participants who already fulfill the criteria for the study to refer others who also potentially meet the criteria (Merriam & Tisdell, 2015).

Sampling criteria. The inclusion criteria for recruiting study participants were as follows: (a) adults above 18 years of age, (b) a minimum of two years' experience in their current or similar role as a healthcare administrator, (c) employed in a healthcare facility located within the United States, and (d) possess knowledge regarding the study topic (see Stake, 2006). The specific participant selection logic ensures that all potential participants meet the minimum requirements for recruitment and subsequent participation in the study through in-depth interviews.

Sampling selection. The process for identifying and selecting participants in order to gather information through interviews about their views, attitudes, and opinions regarding the leadership competencies most needed in the job market for healthcare administrators enabled in-depth investigation of the phenomenon (Rowley, 2012). I

actively worked to select participants through criterion and network sampling who can potentially provide the richest data. I then established a rapport once I was assured of their full understanding of the phenomenon and their ability to provide in-depth data for analysis and interpretation (Rowley, 2012). The focus of the chosen sampling strategy was to ensure a participant pool that can contribute to a sound understanding of the central study topic and not just generalizations (Baxter & Jack, 2008).

Sample size and saturation. A small sample of seven participants was chosen for this multiple case study. The reason for this was to increase the chances of reaching saturation faster and also to ensure a trustworthy study that would be of superb quality and have validity (Fusch & Ness, 2015). The number of participants chosen for this study on healthcare administrators' views on leadership competencies most needed in the job market for entry-level healthcare administrators provided a thick and rich data pool for the study.

Initially, I identified healthcare administrators' who fulfilled my sample's inclusion criteria through the LinkedIn online professional network, which served as my recruitment tool (see Stokes et al., 2019). I asked them to contact me via personal message on LinkedIn. When the participants were recruited for the study and had signed their Informed Consent form, I arranged for interviews to be conducted via Skype (see Janghorban, Roudsari, & Taghipour, 2014). Skype enables the interview interaction to avoid contextual information influencing the researcher and to maintain an unbiased atmosphere (Sipes, Roberts, & Mullan, 2019). The study participants shared their views

and professional experience regarding the necessary leadership competencies required of healthcare administrators to drive change in a healthcare industry facing serious sustainability challenges.

Instrumentation

The goal of instrumentation in a case study, according to Yin (2017), is to gather data from multiple sources through instruments of data collection and processes that are valid and reliable to answer the research questions posed in the study. Hence, gathering appropriate instrumentation that aligns with the purpose of the study, providing answers to qualitative research questions, and contributing original data to the conceptual framework is an important process (Merriam & Tisdell, 2015). Themes would come to light through the appropriate choice of instrumentation that fulfilled the purpose of this study, which was to explore the perceptions of healthcare administrators on the specific nature of management competencies needed to drive successful strategic change initiatives within healthcare organizations. Three sources of data were utilized throughout this study: (a) a semistructured interview protocol (see Appendix C) whose items have been designed and standardized by previous researchers; (b) archival data in the form of government labor reports on the healthcare industry (see Yin, 2017); and (c) reflective field notes (see Merriam & Tisdell, 2015), which were kept by the researcher throughout the entire data collection process.

The results of the study were the result of carefully executed and rigorously planned data collection procedures. A common data collection method in qualitative

studies, the semistructured interview, offers the researcher a deeper understanding of a phenomenon or phenomena from the participant's perspective. In this exploratory multiple case study, the validated interview protocol addressed the purpose of the study and answered the study's CRQ: What are the perceptions of healthcare administrators on the specific nature of management competencies needed to drive successful strategic change initiatives within healthcare organizations?

This research used multiple sources of evidence during the data collection process to explore various perspectives with interview participants within the context of the study. Data triangulation assisted in assuring the dependability of results and for improving the quality of the study (Stake, 2010). Triangulation of data sources was conducted to further establish the trustworthiness of the study's data analysis (Guion, Diehl, & McDonald, 2011; Merriam & Grenier, 2019).

Semistructured interview protocol. The primary tool used in the research was face-to-face semistructured interviews with open-ended, focused questions asked of the participants (see Yin, 2017). The semistructured interviews consisted of a guide of specific questions or a protocol to delineate the process. The interviews centered on seven well-chosen questions grounded in the conceptual framework and the reviewed literature presented in Chapter 2 (see Rowley, 2012). Potential participants were asked of their availability for an interview via a recruitment letter (Appendix A) that informed interviewees of the basic nature and purpose of the research. A consent form (Appendix B) was provided to potential participants, and the researcher used a semistructured

interview format (Appendix C). The questions asked of the participants were focused, semistructured questions that were completed in about 30-60 minutes (Yin, 2017).

Toone (2003) developed the interview questions in an open-access study exploring the bio-psycho-social physical, emotional, and social impact of organizational changes on midlevel managers in healthcare facilities, by basing each item from the theoretical literature, the authors' knowledge of change management, and experiences of researching SMEs. The questions were designed to assist in gaining a better understanding of the outcomes that have resulted from healthcare changes, in an effort to provide senior leaders with an improved understanding of the impact of change on the workforce and influence them to consider the welfare of people when planning and implementing changes in healthcare delivery. (Toone, 2003, p. 4)

Toone's (2003) interview protocol was also designed to elicit facts about the nature of each manager's healthcare facility and contains prompts to facilitate conversations around the facts. Aligning with Toone's instrument design, there are three separate sections to the interview protocol: (a) company data, (b) professional experience of the participant, and (c) the semistructured questions addressing the purpose of the study, as can be seen in Appendix C.

Adoption of the interview protocol items was also used in a 2016 multiple-case study investigation by Tanwani (2016), who explored healthcare managers' perceptions on the nature of their successful strategic change initiatives in healthcare facilities in the Northeastern United States. To reach maximum variation sampling and extend the

study's conceptual and theoretical framework required for a PhD-level study, I was able to interview participants from throughout the United States. Given that the interview protocol questions were validated via two previous studies, no pilot study was required to duplicate this process.

The validity of this study's instrumentation depends on the matter of transferability. Transferability is similar to external validity, as both notions are involved with the amount to which the outcomes of one study can be useful to other settings (Merriam & Tisdell, 2015). This poses a challenge for many qualitative studies as findings are usually limited to specific settings and individuals (Shenton, 2004), and, as a result, it is plausible that the outcomes from this research will be applicable to individuals beyond the participant group.

Archival data: Government and private-sector reports on the healthcare industry in the United States. To authenticate qualitative data during fieldwork such as the interviews in the study along with evidence of two or more different sources and in addition to data analysis later, triangulation is used as an analytic technique and central aspect of case study research (Yin, 2017). Triangulation plays a pivotal role during the qualitative research process and may be viewed as a mindset rather than a methodological technique in the case of substantiated or conflicting ideas and data (Guion et al., 2011). In this case study, I was able to directly capture and record the actual data and triangulate the results of the qualitative interviews with evidence from archival documents (see Yin, 2017) in the form of public-sector government and private sector reports on the

healthcare industry in the United States. While analyzing the interview transcripts, I realized that archival data could overlap, offering a distinct advantage by identifying replication between interview data and contextual conditions, which can be significant when studying the participants' perceptions, ideas, and experiences, to the phenomenon of study. Yin (2017) states that the all-encompassing method of incorporating different but specific approaches to the data collection and the analysis of that data can yield and identify situations and similar results.

Reflective field notes. The criteria that underlie the study and the research question will ultimately dictate how the researcher utilizes observation. Observation that is unstructured as a reflector of field note usage is a source of data collection because the study is grounded in the interpretivist paradigms (Lauderdale & Phillippi, 2018). The third instrument used for data collection from the participants of this study was reflective field notes developed by the researcher during the semistructured interviews carried out via LinkedIn (Merriam & Tisdell, 2015). Being able to connect with participants in distant locations helped aid in the process of replication (Janghorban, Roudsari, & Taghipour, 2014).

Netnography is an online data collection method that may include introspection, interactions, and interviews (Merriam & Tisdell, 2015), and, as with most interactions that take place online, data collection methods are recorded and saved automatically, reflective field notes supersede observational field notes. Reflective field notes enable the researcher to record their observations in accordance with their personal online experiences (Lauderdale & Phillippi, 2018), process the reasons behind the cultural

actions observed, and offer different vantage points into the transpiring and functioning of online social interactions (Kozinets, 2019). The process of reflective field notes is inductive, so it may be useful to take notes on various online social experiences such as social groups or sites that may emerge from the qualitative data collection (Yin, 2017).

Procedures for Recruitment, Participation, and Data Collection

The data collection methods of this study were as follows: demographic questionnaire, the semistructured interview, existing government reports regarding the healthcare industry, content analysis of the extant literature, and reflective journaling notes (Merriam & Tisdell, 2015). With an interview protocol grounded in my conceptual framework, the comparison of success factors for change model developed by Kash, Spaulding, Johnson, and Gamm (2014), my research goal was to complete an in-depth study on healthcare administrators' perceptions on the specific nature of management competencies needed to drive successful strategic change initiatives within healthcare organizations.

Recruitment procedures commenced once the Walden University IRB had given full approval for initiating my study (Approval No. 02-28-20-0125887). I used the LinkedIn online professional platform to identify healthcare administrators who are currently employed within healthcare organizations located in the United States (see Stokes et al., 2019). I asked them to accept my invitation to connect on the platform, and then expressed interest in them participating in my study through the LinkedIn messaging system. Once a connection had been confirmed, I sent a letter of invitation to individuals

whom I am connected with on LinkedIn as well as posting flyers or invitation letters to specific professional groups on LinkedIn, such as the *Healthcare Administrator Forum* (https://www.linkedin.com/groups/6527372/). I was able to first confirm through an introductory email that they fulfill the inclusion criteria for study participation: (a) adults above 18 years of age, (b) a minimum of two years' experience in their current or similar role as a healthcare administrator, (c) employed in a healthcare facility located within the United States, and (d) possess knowledge regarding the study topic.

Once the participants meeting the inclusion criteria were identified, I requested the preferred mode of communication from every participant. Once the identified participants signed the IRB-approved Inform Consent Form (Appendix B), I requested a mutually convenient appointment time to conduct in-depth, face-to-face individual interviews with each participant recruited for the study via Skype. I was able to confirm that LinkedIn would not retain the identities of the participants or any rights to the data provided. The minimum number of interviews conducted for a multiple case study is five participants, and I continued past this number until I reached data saturation, which was seven participants, with similar data noted from Participants 5, 6, and 7 (see Halkias & Neubert, 2020; Schram, 2006).

For a rigorous study, I needed to ensure that the participants were able to comprehend the purpose and nature of the research and the questions formulated. I was able to use a transcribed format to write out the answers verbatim from each participant to make certain that I do not leave out any parts of their responses and have to refer or

rely on faulty memorization. An interview protocol was provided (Appendix C) that reflected upon each question being asked of the participants. The initial demographic questions inquired about the participant's age, sex, place of employment, education level, length of employment, work experience accrued, and scope of supervision. I also inquired about their contributions to their inherent organizations through implementations of change initiatives. Their views on the success of the change initiatives they implemented versus actuality provided an added reference point in determining the sample.

My interview questions primarily focused on healthcare administrators' perceptions of the specific nature of managerial competencies needed to drive successful strategic change initiatives within healthcare organizations. The data collected through the interviews were aimed to meet the purpose of the study while utilizing a qualitative research approach (Merriam & Tisdell, 2015).

Appropriate candidates for interviewing were healthcare administrators with a wealth of knowledge in relation to their position who preside at the supervisory level. These candidates are agents of change as I am looking for interviewees who have experience with change leadership and its characteristics (Blumenthal, 2017). Walden University's IRB provided approval before the data collection began. The selected healthcare administrators received notification prior to participating regarding the purpose of the study. Furthermore, the criteria for the participant's inclusion must be met in that sufficient data collection for interviews is suitable for use (Yin, 2017). The range

of age, sex, and other demographic features were acceptable and are available for replication if another sample is to be taken (Yin, 2017).

The interviewees selected were healthcare administrators within their respective organizations with accrued work experience and a defined leadership role. The sample population's experiences and responses to the interview questions were recorded electronically or handwritten. A sample that includes healthcare administrators with experience in leadership positions from organizations across the United States enables variance to affect the sample, and such a procedure increases efficacy in the replication process (Yin, 2017). All interviews were conducted using video conferencing software, and Microsoft Excel software was used to record electronically, analyze, and document the data retrieved from the interviews.

As soon as the interviews began, I introduced myself to every interviewee who had accepted my invitation to willingly participate in the research process. Seven healthcare administrators from the sample were interviewed to gather information on their perceptions on the specific nature of managerial competencies needed to drive successful strategic change initiatives within healthcare organizations. Once the LinkedIn interviews were finalized, I thanked each participant for their cooperation. I was able to make sure that the participants were aware of the possibility of future contact for any clarifications needed in reference to data collected on areas of the interview that were not clear or unresolved. If, for some reason, an interviewee should feel uncomfortable at any time during the interview process, they were able to disconnect from the live feed with

the click of their mouse button (Janghorban, Roudsari, & Taghipour, 2014). An email was sent to the interviewee to verify if they had chosen to disconnect or if it was a technical error. Upon verification, either the interview was restarted or the collected data were discarded of properly.

Qualitative research interviewing, although direct, easy, and universal, can be performed well or poorly (Furgerson & Jacob, 2012). For this study, the questions and the responses were documented electronically during the interview. I personally transcribed the notes from the interview to a Microsoft Word document via typed form. The interviewees and the responses that were recorded were categorized into themes based on the research questions to help create my database. An Excel spreadsheet was utilized to categorize and analyze the data as collected. To add, NVivo, in my estimation, also works great for those who align with the case against verbatim transcription (Davidson & Halcomb, 2006). NVivo was used to categorize data results and filter them using its system of nodes. I also used an Excel spreadsheet and the NVivo program in helping filter relevant data.

One of the most important values in qualitative research is assessing the trustworthiness of the data throughout the study. Another important value in qualitative research is data saturation. If data saturation is not reached, the impact will hamper the quality of the research conducted and the validity of the data content collected (Fusch & Ness, 2015). The number of interviews that are needed for a qualitative study to reach data saturation is not quantifiable, yet the researcher takes what is available (Bernard, 2013). Interviews are one method used to reach data saturation to satisfy a study's results

(Fusch & Ness, 2015). I included individuals that researchers do not normally consider that can be identified through snowball sampling (Bernard, 2013).

All of the participants that were selected were interviewed one time, and there were no follow-up interviews once the initial interview was complete. The only exception made to the aforementioned was if, during a video conference interview, a technological error was to disrupt the feed. The interview was then restarted after reaffirming this with the interviewee. As previously mentioned, I also made sure that the participants were aware of the possibility of future contact for any clarifications needed in reference to data collected on areas of the interview that were not clear or unresolved (see Stake, 2006).

Every interview participant received a copy of the transcribed responses via email, including assurance that their personal information and any other written materials that pertain to the research, data collection, and reports remained confidential for at least five years minimum. I provided a one-page summary of the research findings to the interview participants, so they were aware of the general results of the study and thanked them again for their participation. An access code or password per se was installed on the computer in an effort to limit the retrieval of any research data and provide further safeguards. I accessed the research data as needed. I reiterated to the interview participants that the responses given will remain confidential and that their privacy is protected and will be retained in a password-protected file for a period of five years—after which they will be destroyed. This was detailed in an outline guide constructed to

ensure the privacy and confidentiality of the interview participants (see Yin, 2017). I provided this outline to those who asked.

Data Analysis Plan

In case study research, the researcher determines the appropriate sample size based on the topic of study. The main responsibility when facilitating the interview is knowing the amount and type of data that are needed and managing the interview to elicit quality responses (Furgerson & Jacob, 2012). Questions in the interview revealed authentic and relatable trends among the interviewees that connected to the overall purpose of the qualitative study. Healthcare administrators and their perceptions of the specific nature of managerial competencies needed to drive successful strategic change initiatives within healthcare organizations were the unit of analysis for this study. Theoretical propositions were connected when utilizing "Why" or "How" questions in analyzing case studies (Yin, 2017). To achieve this goal, a semistructured format was utilized to construct questions for the interview in reference to the study. The data were categorized based on the information gathered from the semistructured questions and answers. In reaching the conclusions of the study, the researcher analyzed what the interviewees have said, looking for patterns, while reviewing and integrating the differences in multiple locations (Merriam & Grenier, 2019).

The data analysis process for the government reports, interview transcripts, and field notes entailed a compilation of all data yielded from the interviews and archival documents. The process required fusing all of the data collected into categories and

themes to gain a thorough insight into the facts presented through content analysis. To ensure that the data collected were accurate, transcription of the data was used. The data were then analyzed, coded, and categorized using the Microsoft Excel spreadsheet or the NVivo coding method (Yin, 2017). In developing a case study database, identified themes, words of significance, viewpoints, or documented work and the analysis thereof are reliable, referred to, and attributable (Yin, 2017). The interviews were analyzed and organized using thematic analysis, which assisted with the development of the models and themes in the data (see Yin, 2017).

Data analysis in the study involved two stages. The first stage was the within-case analysis of each of the selected cases. The second stage was a cross-case analysis of data to seek similarities and differences across the categories and themes (Yin, 2017). For individual within-case analysis, data collected from transcribed interviews and field notes were arranged in segments, indexed with line numbers, and arranged according to the interview questions for easy identification of codes (Finfgeld-Connett, 2014). The identified codes were recorded in a matrix form using a Microsoft Word table that has columns to capture the data segments, the assigned codes, and the researcher's reflective notes that were able to, among other things, capture emerging patterns (Saldaña, 2016). Codes that share common meanings were classified into categories and themes (Saldaña, 2016). Each case in the cross-case synthesis was evaluated as a separate case, but the synthesis of the data from each case strengthened the robustness of the study's results (Eisenhardt & Graebner, 2007; Yin, 2017).

Although there is no best way for the analysis of qualitative data (Maxwell, 2012), I chose an analysis option that fits the available data. Maxwell (2012) wrote that the essence of coding in qualitative data analysis is not to count items but to "fracture" data by rearranging texts to facilitate the comparison of items within the same category. Codes are used to capture words and phrases that have the same meaning, and the categories are used to connect them. I used the descriptive coding method (Saldaña, 2016) as the basic analytical technique for this study. The descriptive coding method is used to symbolically assign meanings to segments of data providing an inventory of words or phrases for indexing and categorization of data (Saldana, 2016). The descriptive coding method is recommended by Saldana (2016) for novice qualitative researchers who are still learning how to code qualitative data.

Yin (2017) recommends cross-case synthesis as the most appropriate data analysis technique in multiple case study research. Cross-case synthesis is more efficient than content analysis for a Ph.D. study where we must also compare and contrast cases, not just analyze individual cases (Yin, 2017). The cross-case synthesis technique involves treating each case as a separate study and aggregating findings across a series of individual cases. In this way, the cross-case synthesis does not differ materially from other research syntheses that aggregate and compare findings across a series of individual studies. Designs that use both within-case and cross-case synthesis have been found to provide a better platform for the generation of theoretical propositions and constructs than those that use only the within-case analysis (Barratt, Choi, & Li, 2011). I followed Yin (2017), who recommended a “ground up” strategy for the analysis of case study data.

This strategy involves an analysis of the data from "ground up," thus allowing key concepts to emerge by close examination of data. This strategy was the most appropriate for the analysis of the multiple-case study data that emanated from this study, as it allowed me to align the emerging concepts with the central research question (Yin, 2017). This strategy was also consistent with the descriptive coding method (Saldaña, 2016), which is the analytical technique that was used in the study.

Once the data were coded from the interview questions, themes were linked to classifications grounded in the conceptual framework and scholarly literature reviewed in Chapter 2. The codes identified common themes that arose from the responses given by the participants while collecting research and other notes obtained by the researcher (see Merriam & Tisdell, 2015). Following recommendations by Stake (2006) on the transferability of multiple case study findings through naturalistic generalization, the findings deemed important had at least three confirmations and validations by the participants. Each of these important interpretations that were derived from the thematic analysis of the data collected was supported by the data gathered (Stake, 2006).

To aggregate the results of thematic analysis, cross-case synthesis was the analytical technique used in these studies (Yin, 2017). This type of synthesis allowed the researcher to determine whether the case studies were comparable through analyzing convergence and divergence of the collected research data (Yin, 2017). Each of the cases provided evidence of healthcare administrators' perceptions on the specific nature of

managerial competencies needed to drive successful strategic change initiatives within healthcare organizations.

Issues of Trustworthiness

Credibility

For research to be fact, it must be credible. If there is no credibility to research compiled, the research has wasted the time of the participants in the sample. Furthermore, the researcher has wasted their own time. Researchers strive to maintain strong professional competence. This includes ensuring the accuracy of research collected, divulging the research methods used and limitations of said work, and striving to maintain a level of credibility (Yin, 2017). Credibility is established when there is confidence placed in the truth of the qualitative research findings and determined based on whether or not the research findings represent believable and trustful information drawn from the research participants' original data based on the correct interpretation of their perceptions or views (Anney, 2014). The qualitative approach utilized in the research study established a strong core of evidence for the case by adopting credibility strategies based on accrued experience, the time spent on sampling, reflexing, triangulation, member checking, peer examination, interview techniques, and establishing the authority of research and structural coherence (Merriam & Grenier, 2019).

The purpose of this qualitative, multiple case study was to explore the perceptions of healthcare administrators on the specific nature of management competencies needed to drive successful strategic change initiatives within healthcare organizations. I

interviewed seven participants that I sought out on Linkedin, a business ware social media website, and through snowball sampling. As previously mentioned by Fusch and Ness (2015), a larger sample size could weaken deep investigation of the phenomena under study, whereas the upper limit of 10 participants will ensure reaching saturation quicker. Part of ensuring credibility means achieving saturation without compromise. Hence, I did not want to seek out candidates to simply reach saturation, which would induce bias and cause research to default against trustworthiness criteria (Anney, 2014). The minimum number of interviews conducted for a qualitative, multiple case study should be five participants, and I continued past this number until I reached data saturation, which was seven participants, with similar data noted from participants 5, 6, and 7 (see Halkias & Neubert, 2020; Schram, 2006).

I explained to the participants that they may end the interview at any time. As previously mentioned, the video conferencing interviews can be disconnected with one click. I wrote their answers and also electronically recorded them. I sent each participant their transcribed responses when the interview was done. Triangulation and member check procedures were facilitated to make sure the interview participants had an opportunity to review both the data collected and the interpretations I made about the interview data.

Transferability

Anney (2014) defines transferability as to what degree the qualitative research data results can be generalized to other situations and applications in other settings or

groups. Hence, as a researcher, you are providing evidence that your research is applicable to other settings. The researcher can enhance transferability judgment by doing a thorough job of describing the research context through thick, rich, and deep descriptions of the results and purposeful sampling, where the researcher focuses on key assumptions central to the research (Houghton, Casey, Shaw, & Murphy, 2013). Furthermore, the researcher should provide a detailed description of the inquiry. The inquiry gave extensive detail and explicit descriptions of field notes, observations, sample characteristics, data collection and interpretation so that the reader can determine that the conclusions made by the researcher are transferable to other settings, situations, or groups (Houghton et al., 2013). This allowed individuals who read over the research to decide if the data collected and analyzed amassed a state of transferability that could be applied to their preferred settings.

Dependability

Dependability in qualitative research refers to the stability of data over time and over conditions. It is an evaluation of the quality of the data collection, data, and theory generation that has been undertaken in a study (Ellis, 2019, p. 111). An examination of the process that was used to collect, record, and analyze data helps determine dependability. Dependability can be confirmed by using a method called check coding (Miles, Huberman, & Saldana, 2014). Two researchers demonstrate that the same data have been reviewed by multiple researchers, and it has been agreed upon where the data fits and which codes need to be explained (Ellis, 2019). If inconsistencies should arise in the findings, they will need to be addressed before dependability can be confirmed.

Confirmability

Confirmability is referred to as the degree to which the results of an inquiry could be confirmed or collaborated by other researchers in reference to one's data (Anney, 2014). Confirmability is confirmed when the results of an inquiry are neutral, accurate, and free of reflexivity or the researcher's expressions of inner thoughts, feelings, and insights (Karagiozis, 2018). Confirmability is necessary for a qualitative study as the results of the inquiry will reflect the truthfulness of the participants. In reference to this case, confirmability was used to examine the truthfulness of the data collected from participant interviews in reference to healthcare administrators and their views on managerial competencies.

Ethical Procedures

In accordance with policies set forth by Walden University, any student wishing to conduct research on human subjects must obtain approval from Walden University's IRB. The IRB is a process that clears any research performed using human beings or human subjects with the intent of preventing harm and providing protection for the human subjects involved (Furgerson & Jacob, 2012). Ethical challenges may arise when conducting research and could present in all stages of the study. These ethical challenges include but are not limited to protecting the subject's anonymity, securing confidentiality, procuring informed consent, avoidance of harm, and ensuring privacy (Yin, 2017).

To help minimize the risk of being curtailed by numerous ethical challenges during the data collection process, I abided by the guidance set forth by the Walden

University IRB. Furthermore, I relied on training that was supplied by the National Institute for Health (NIH) and the Collaborative Institutional Training Initiative (CITI) and subsequently completed in relation to conducting student research. I used the script I developed so that my interview participants would understand their rights as a person being studied, as it ensured the research was conducted in an ethical manner (Furgerson & Jacob, 2012). A personal computer contains the research data and is currently password-protected to limit the retrieval of any research data. I reiterated to the interview participants that the responses given will remain confidential and will be retained in a password-protected file for a period of five years, after which the responses will be destroyed. This is detailed in an outline guide I constructed to ensure the privacy and confidentiality of the interview participants (see Yin, 2017). I provided this outline when asked.

Summary

The purpose of this qualitative, multiple case study is to explore the perceptions of healthcare administrators on the specific nature of management competencies needed to drive successful strategic change initiatives within healthcare organizations. This topic was chosen because research in relation to healthcare managers' competencies for driving successful strategic change initiatives in healthcare organizations is outdated and limited. To address the research problem and purpose of the study, qualitative data were collected from multiple sources of evidence, including interviews, government reports regarding the healthcare industry, and reflective journaling notes. Semistructured interviews were conducted using video conferencing software while sampling participants from Linkedin

profiles based on the keywords “hospital administrator.” The interview questions were primarily focused on healthcare administrators’ perceptions of the specific nature of managerial competencies needed to drive successful strategic change initiatives within healthcare organizations.

Chapter 4 contains the application of the findings from the qualitative, multiple case study to professional practice, implication, presentation of the research findings, and recommendations for future research.

Chapter 4: Results

The purpose of this qualitative, multiple case study was to explore the perceptions of healthcare administrators on the specific nature of management competencies needed to drive successful strategic change initiatives within healthcare organizations. To address the research problem and purpose of the study, I used qualitative data that were collected from multiple sources of evidence, including interviews, government reports on the healthcare industry, and reflective journaling notes (Merriam & Tisdell, 2015). A triangulation of data sources was conducted to establish the trustworthiness of the study's data analysis (Guion, Diehl, & McDonald, 2011; Merriam & Tisdell, 2015).

During my time collecting and analyzing data, I was able to gain a better understanding of the perceptions shared by healthcare administrators about managerial competencies. The interviews enabled elaboration of their personal experiences and unexpected data to emerge (Ferguson & Jacob, 2012). These data were collected, analyzed, coded, and used in support of the results of this multiple case study. Also, the data collected from the interviews were used to reaffirm the gap in the literature presented in Chapter 2 and referenced against my research question. The research question that guided the research design of this study was as follows: What are the perceptions of healthcare administrators on the specific nature of management competencies needed to drive successful strategic change initiatives within healthcare organizations? I was able to find evidence in support of the research question as it is listed in my literature review and subsequent research as there was no shortage of research that provided recommendations for improvement initiatives, typically centered

on specific interventions (Sligo et al., 2019). I was also able to identify gaps in the literature, which are identified in my literature review and subsequent research. As stated previously in Chapter 2,

> Whereas there is no shortage of initiatives, there is a shortage of initiatives that come with recommendations for how they might be implemented in similar contexts. In essence, practical advice which might be aimed at improvement and applied in a healthcare system is rather scarce. (p. 56)

The focus of many scholarly articles and journals was hard to ignore: healthcare managers' competencies for driving successful strategic change initiatives in healthcare organizations remain outdated and limited (Gillis & Whaley, 2018; Kash et al., 2017; Powell et al., 2017). Healthcare leaders in this study struggled to identify which initiatives were successful and in which context, to implement their versions (Veet et al., 2020). Whereas work is emerging to provide guidance (Ovretveit, 2017), the practical impact of the gap between what is relatively known and can be implemented is compounded by problematic issues within the context of healthcare: financial costs, aging populations, providers, funding organizations, and a financially unsustainable industry sector (Boyd, Fried, & Tinetti, 2012; Veet et al., 2020). The need for healthcare leaders to respond to this context was immense, as is their desire to do the right thing by working to improve population outcomes, continuity of care, efficiency, and the overall patient experience (Barson et al., 2018). Hence, the research presented in this chapter will reflect

upon the knowledge and experiences of healthcare administrators at solutions for implementing change within their organizations.

In this chapter, I describe the results of the multiple case study research I compiled and divide it into two main steps. The first is a thematic analysis of the data collected based on the study's multiple sources: (a) a semistructured interview protocol (see Appendix B); (b) archival data in the form of government labor reports; and (c) reflective field notes which I kept throughout the entire data collection process. The second step follows a cross-case analysis in which I synthesize the findings of the initial thematic analysis of data to answer the study's central research question, "What are the perceptions of healthcare administrators on the specific nature of management competencies needed to drive successful strategic change initiatives within healthcare organizations?"

Researchers use the experiences of individuals to gain an in-depth understanding of complex human behavior when conducting a qualitative inquiry (Merriam & Tisdell, 2015). Many of these experiences are documented in journals and articles which are displayed for public use. The multiple case study approach allows for data from multiple resources to be collected and examined for similarities and differences. Furthermore, a multiple case study approach is especially appropriate when the goal is to replicate findings across multiple cases to draw comparisons so that the researcher can predict different or similar results based on a theory (Yin, 2017). A gap in literature addressing the problem of the study existed as two reasons: managerial competencies and their

liminality and the ineffectiveness of healthcare managers and their organizations to implement change (Lee, McFadden, & Gowen, 2018; Prasher & Anthony, 2018).

Research Setting

In this multiple case research study, I collected research data by conducting interviews with seven healthcare administrators utilizing the interview protocol in Appendix C. I recruited the participants via their LinkedIn profile and through snowball sampling. Once consent was acknowledged, the interviews were scheduled to take place. No in-person interviews took place due to the COVID-19 pandemic, which limited social contact.

The inclusion criteria for recruiting study participants were as follows: (a) adults above 18 years of age, (b) a minimum of 2 years' experience in their current or similar role as a healthcare administrator, (c) employed in a healthcare facility located within the United States, and (d) possess knowledge regarding the study topic (see Stake, 2006). The specific participant selection logic ensured that all potential participants met the minimum requirements for recruitment and subsequent participation. Furthermore, I made sure that all potential participants read the Letter of Recruitment and understood the inclusion criteria. Each participant was aware that their identities would be protected and of the confidentiality afforded to them during the data collection process. A copy of their interview transcript was messaged to each participant.

Demographics

I conducted the interviews using Skype or phone telecommunication platforms. All the interviews were recorded by using one of two recording devices: Voice Recorder, a free program that captures audio recordings via my personal computer, and a phone-based audio call-recorder. The interviews ranged from 9 minutes, 44 seconds up to 23 minutes, 50 seconds. The participants who took part in the study were seven healthcare administrators employed in a U.S.-based organization. To add, all participants featured in the research were at least 18 years of age. Every participant interacted with diverse employees of various cultural backgrounds daily, and all were responsible for managing or leading them on the job.

The demographic variables considered for this study were if the participant was over the age of 18, gender, knowledge of the topic, number of years' experience as a healthcare administrator, and role in the organization. These variables were relevant in defining the conceptual framework. The given assumed names are presented by the generic letter P for "participant," and Y is the numerical identifier assigned to each participant. The full demographics follow in Table 1.

Table 1

Participants' Demographics and Characteristics

Participant	Over 18	Gender	Knowledge of topic	Years of experience	Role in organization
Participant 1	Y	Female	Y	20	Chief nursing officer
Participant 2	Y	Female	Y	4	Primary care
Participant 3	Y	Male	Y	25	Chief executive officer
Participant 4	Y	Female	Y	15	Unit director of ER / outpatient clinic
Participant 5	Y	Male	Y	6	Healthcare administrator
Participant 6	Y	Female	Y	3	Nursing home administrator
Participant 7	Y	Male	Y	25+	Chiropractic physician with private practice

Data Collection

Approval to begin collecting data came from the Walden IRB (02-28-20-0125887) on February 28, 2020. My IRB approval is set to expire on February 27, 2021. Keeping this in mind, data collection began almost immediately, with the first contact being made in ten days. Data collection continued until June 10, 2020, as a total of seven participants were interviewed. Data saturation became apparent upon completion of data collection from all seven participants. Although there was a variety of positions and

experience levels represented, the participants conveyed responses that were generally aligned with few outliers. Data triangulation was used to corroborate facts found within the multiple data sources (Guion et al., 2011). The minimum number of interviews required for a qualitative, multiple case study should be five participants, and I continued past this number until I reached data saturation, which was seven participants, with similar data noted from Participants 5, 6, and 7 (see Halkias & Neubert, 2020; Schram, 2006).

The primary tool used in the research was semi-structured interviews with open-ended, focused questions asked of the participants (see Yin, 2017). The semi-structured interviews consisted of open-ended questions specific to the dissertation topic meant to evoke answers based on the experiences of the participants. The interviews centered on seven well-chosen questions grounded in the conceptual framework and the reviewed literature presented in Chapter 2 (see Rowley, 2012). The participants were asked of their availability for an interview via a recruitment letter (Appendix A) that informed interviewees of the fundamental nature and purpose of the research. A consent form was provided to potential participants, and I utilized a semi-structured interview format (Appendix C). Each participant met the study's inclusion criteria and consented to participate. After consent was documented, an interview was scheduled with the participants. To reach data saturation and collect interviews from willing participants, 21 individuals were contacted, with seven completing an interview. Snowball sampling enabled eight individuals to be contacted out of the target sample, with four of them completing an interview.

Initial Contact

The first initial contact was made on March 6, 2020, via the website LinkedIn. The individual whom I initially contacted did not respond. A second individual was contacted on March 9, 2020, via the LinkedIn website. This individual did respond to my query via LinkedIn, and we began to converse. The study topic was explained to the individual, and once their interest was piqued, the Letter of Recruitment and Informed Consent Form were sent for review. I received consent on March 21, 2020, and completed the interview four days later. The interview was transcribed, and a copy was sent to the first participant in my study.

Interviews

I arranged for the interviews to be conducted via Skype (see Janghorban, Roudsari, & Taghipour, 2014). Skype enables the interview interaction to avoid contextual information influencing the researcher and to maintain an unbiased atmosphere (Sipes, Roberts, & Mullan, 2019). Due to the current pandemic, the IRB at Walden University allowed for alternative methods about contacting and collecting research data. Participants were allowed to interview via video conferencing software, telephone, online, or in writing. Two participants opted for using video conferencing software, two completed telephone interviews, and three submitted their answers in writing.

Basal, Smith, and Vaara (2018) state that effective scholarship or qualitative research per se requires alignment between one's research questions, data, and analysis.

To present scholarly data, interview questions were presented in a repetitive format to yield to said alignment. The questions asked of the participants were focused on semi-structured questions that were completed in about 10–30 minutes (Yin, 2017). I used a semi-structured interview format to present seven questions to the participants (Appendix C). None of the questions were modified, nor were any dismissed for bias or prejudice.

Furthermore, all questions were presented in the same order to each participant. A compelling multiple case study relies on the expertise and the skills of the researcher while being able to sustain the trustworthiness of data when questioned (Stake, 2006). Hence, presenting questions in a similar format to each participant in the study would enrich the trustworthiness of the data and leave very little room for margin of error.

Reflective Field Notes and Journaling

The value placed by myself on reflective field notes and journaling may be different from that of other dissertation studies. This narrative is based upon my data collection experience over the past few months that took place during the COVID-19 pandemic of 2020. It was not until I was fully immersed in my data analysis that the collective value of my notes began to pay dividends. For instance, Clay (2020) mentions that researchers should prepare to work remotely and modify their research and analysis during the pandemic. Even though I was already preparing to conduct most of my research from my home computer, I had to prepare for others to conduct interviews remotely, and this proved to be a challenge.

Furthermore, as previously mentioned, concessions were made by the Walden University IRB about conducting research. Continuous adjustments were made to how and when the research was collected. To understand how much the adjustments impacted my Ph.D. journey the past couple of months, I relied on my reflective field notes. This is what I noticed.

The reflective field notes helped me track how many individuals were contacted, in which ways they were contacted, who did not participate, and how many interviews were conducted. The reflective field notes started with the first individual contacted and ended with the last participant interviewed. The notes were typed in short sentences and phrases, but legible for someone to understand the details of what happened. My field notes showed patterns in data collection and let me know how difficult it was to collect from LinkedIn with blanket messages and keyword searches. The expansion into snowball sampling produced more participants than anticipated. Plus, snowball sampling allowed the inclusion of individuals whom researchers may not have access to (Bernard, 2013). The responses gathered were very detailed and unique, plus they came from a broader audience during a tumultuous time. Out of the seven participants who interviewed, four of them were located using snowball sampling.

Observational data were kept in the reflective field notes and played a crucial part in the data collection process. For instance, one individual who was contacted was rather eager to participate and stated they were somewhat “opinionated on this subject” about my dissertation topic. While this did not seem alarming at first, informed consent was given by the individual quicker than any other individual previously had. Without going

into great detail, the individual was not very cooperative in regards to scheduling an interview but continued to offer their opinions on my dissertation topic freely via our communication system. The reflective field notes, combined with personal observations, allowed me to make an informed decision in regards to denying the individual from participating in my research.

The field notes told a story of my data collection journey, which was rife with misfires, frustrations, and full of days without contact from those whom I would ask to participate in my research. While these struggles may not be vividly documented in the field notes, the dates and small events of each day were recorded. Being reminded that the first individual that I contacted did not even respond, or that I went 36 days between interviews from my third and four participants, the reflective field notes were just that, reflective.

Transcript Review

Interview transcription happened the same day, and communication in regards to this was kept intact with participants to ensure accuracy. Each participant received a copy of their transcribed interview in its natural form and asked to check it for accuracy. Furthermore, the delivery of the transcribed interview to each participant was documented to ensure accuracy. The exchange process implemented reduced concerns over the accuracy of data and improvement of credibility (Merriam & Tisdell, 2015). Once the participants verified the accuracy of the transcripts, they were then coded and stored for five years.

Data Collection Issues During the Pandemic

In February 2020, the world began to be affected by a flu-like virus that came to be known as the Coronavirus, or COVID-19. The virus caused many individuals to lose their lives and led to a mandatory quarantine in many countries, including the United States. As if the loss of life was not catastrophic enough for most to deal with, the mandatory quarantine led to many businesses closing their doors and people being sent home. Thus, record unemployment rates now plague many places around the globe; and especially in the US, where over five weeks, more than 26.4 million initial unemployment claims were filed (US News.com, 2020). Furthermore, those who were able to work would be deemed essential employees with the right amount of them having careers in the medical field. My dissertation research, which focused on healthcare administrators as part of my sample, was about to face an uphill battle.

There was no contingency plan to collect research if a pandemic or other natural disaster was to take place. To say that I was ill-prepared would be an understatement. However, data were still collected from willing participants. Relying on snowball sampling, I asked a few participants who already fulfilled the criteria for the study to refer to others who also potentially meet the criteria (Merriam & Tisdell, 2015). Each referral was treated the same as any other willing participant. They were given a Letter of Recruitment, a Consent Form, and my contact information.

Furthermore, adjustments were made in regards to contact and data collection methods as allowed by the IRB at Walden University. Hence, researchers were now allowed to expand to nonpersonal ways of communicating and collecting research

because the pandemic encouraged “social distancing,” or staying at a safe distance from others to prevent the spread of COVID-19. My chosen method of collecting data was via video conferencing software, but this new expansion by the IRB allowed me to take a new approach in my research methods.

Data Analysis

For raw data analysis, the descriptive coding strategy discussed by Saldaña (2016) was used in this study. I adopted a descriptive coding strategy to the raw data in a way to use emerging words and phrases for categorization and thematic analysis. The raw data obtained from the transcripts (collected from the interviews), contained the experiences of all seven participants (see Saldaña, 2016). The information collected from the participants’ interviews provided an in-depth contextual understanding of the perceptions of healthcare administrators on the specific nature of management competencies needed to drive successful strategic change initiatives within healthcare organizations.

In qualitative research studies, the process of data collection is driven by coding. This often causes the researcher to reshape instruments and perspectives as the study progresses. This reshaping of the data analysis process is what occurred during this multiple case study, which in turn led to themes that emerged from healthcare administrators employed in healthcare organizations located in the United States. Considering that qualitative exploratory studies are used to explore real-world issues to understand the processes behind an under-researched area, the social phenomenon can be

explored as soon as the data collection process commences and continues through the multiple case study data analysis processes (Eisenhardt, 1989; Halkias & Neubert, 2020).

An inductive research approach was used as part of the multiple case study strategy, as it allowed themes to emerge from the data, and hence allowed healthcare administrators' perceptions employed in healthcare organizations located in the United States to emerge and make recommendations for further research (Yin, 2017). According to Stake (2013), multiple case study methodology does not quite fit all research purposes, but mainly for those advancing theory generation and theory extension. This approach enables the researchers to explore, compare, and contrast research results across cases (Stake, 2013).

The capacity of a multiple case study to elicit common findings from across different settings is one of its design strengths. In multiple case study research, theoretical replication involves the testing of theory through comparison of the findings with new cases. If pattern-matching between data and propositions emerges in a series of cases, theoretical replication can manifest through a new series of cases that have contrasting propositions. The use of replication logic in case studies also allows for the development of a rich, theoretical framework (Halkias & Neubert, 2020; Yin, 2017).

Theory extension achieved through a multiple case study design rests on three methodological pillars: a data analysis process of rich and comprehensive data, an effective research design, and a well-developed research question that directly aligns with the purpose of the study (Halkias & Neubert, 2020). Each conceptual construct, as

viewed in Table 2, is grounded in well-measured and appropriate data from the literature. Rigorous multiple case study designs control for theoretical variation that is not of interest to establish both transferability and generalizability (Stake, 2010). I conducted an extensive literature review to identify new and unanswered questions as well as refine theoretical contributions after the study. Evaluation of multiple data sources through a triangulation process determines the credibility of the evidence of the phenomena through a two-step process, first using thematic analysis and then with a cross-case synthesis process (Yin, 2017).

I conducted my thematic analysis by hand-coding the data by systematically mapping out code in a descriptive approach (Saldaña, 2016, p. 102). This descriptive coding method was used to assign meanings to the identified blocks of data, forming an inventory of words or phrases that are used for indexing and categorization of data. Saldaña (2016) recommended that the descriptive manual coding method was more effective and suitable for a novice researcher to use than Computer Assisted Qualitative Data Analysis (CAQDAS) software programs for this study's analysis of data.

Themes were generated from the analysis of the revealed from the interview data that described the daily experiences of the participants (Vaismoradi et al., 2016). As soon as the transcript review checking process was finalized, I hand-coded the interview notes and used a Microsoft Excel spreadsheet to record the participants' transcribed responses. The triangulation of data, along with word coding, also allowed the recognition of

patterns and increased dependability by drawing attention to recurrent data between cases (Yin, 2017).

Yin (2017) recommends cross-case synthesis as the most appropriate data analysis technique in multiple case study research. Cross-case synthesis is more efficient than content analysis for a Ph.D. study where we compare and contrast data across cases, not just within individual cases (Yin, 2017). The cross-case synthesis technique involves treating each case as a separate study and aggregating findings across a series of individual cases. In this way, the cross-case synthesis does not differ materially from other research syntheses that aggregate and compare findings across a series of individual studies. Designs that use both within-case and cross-case synthesis have been found to provide a better platform for theory extension and identifying conceptual category constructs than those that use only the within-case analysis (Barratt, Choi, & Li, 2011).

I followed Yin (2017), who recommended analysis of the data from "ground up," thus allowing key concepts to emerge by close examination of data. This strategy was the most appropriate for the analysis of multiple case study data that emanated from this study, as it allowed me to align the emerging concepts with the central research question (see Yin, 2017). This strategy was also consistent with the descriptive coding method (Saldaña, 2016). Once the data were coded from the interview questions, themes were linked to classifications grounded in the conceptual framework and scholarly literature reviewed in Chapter 2. The codes identified common themes that arose from the

responses given by the participants while collecting research and other notes obtained by the researcher (see Merriam & Tisdell, 2015).

Following recommendations by Stake (2006) on the transferability of multiple case study findings through naturalistic generalization, the findings deemed necessary had at least three confirmations and validations by the participants. Cross-case synthesis allowed the researcher to determine whether the case studies were comparable through analyzing convergence and divergence of the collected research data (Yin, 2017). Each of the cases provided evidence of healthcare administrators' perceptions of the specific nature of managerial competencies needed to drive successful strategic change initiatives within healthcare organizations.

Following is a description of the finalized categories and themes which emerged from this multiple case study, illustrating how coding was done for each of the identified categories and themes. In total, five coding categories grounded in the study problem and the conceptual framework enclosing a total of 10 themes were gleaned from the thematic analysis of this study's data. The categories are (a) critical evaluation of daily problems, (b) train and develop for strong healthcare administrator skills, (c) attention to multiple healthcare technology issues, (d) develop foresight capabilities, (e) network management.

The five coding categories are grounded in the study's conceptual framework, the comparison of success factors for change model developed by Kash, Spaulding, Johnson, and Gamm (2014), and developed in a landmark study identifying success factors for strategic change initiatives in healthcare organizations. In this and other studies,

researchers recommended that future qualitative studies were needed to define further the specific nature of successful strategic change initiatives in healthcare organizations (Kash, Spaulding, Gamm, & Johnson, 2014; Kash, Spaulding, Johnson, & Gamm, 2014). Extant research focuses primarily on the outcomes that measure only one dimension of success at one level of the organization (Gamm & Vest, 2009; Kash, Spaulding, Gamm, & Johnson, 2014).

Evaluations of change efforts and conventional methods in healthcare research, especially the reliance on linear research designs or simplistic statistical associations, must be supported using observation and an in-depth investigation of the complexity of change, the interdependence of agents, unforeseen circumstances and consequences, and the significance of local context (Braithwaite et al., 2017). A need exists for a more comprehensive and theory-based evaluation framework to assess how and what drives successful change initiatives within health care systems (Helo & Welliver, 2018). Organizational change research may benefit from a multidimensional examination of different types of change initiatives through a qualitative research approach. This study evaluated the "how" and "why" of successful strategic change initiatives implemented in healthcare facilities (Kash, Spaulding, Gamm, & Johnson, 2013; Walker et al., 2017).

The findings of the empirical investigation were aimed at advancing a deeper understanding of knowledge on successful strategic change initiatives implemented by administrators at U.S. healthcare facilities and contributing original qualitative data to the study's conceptual framework. The data analysis considered all data obtained from the study's archival data in the form of government and private business reports on the U.S.

healthcare industry. Additionally, my reflective field notes were kept throughout the data collection process and were used to reflect on participants' responses during the within-case and cross-case data analysis.

Five coding categories listed below are grounded in the conceptual framework, and 10 themes gleaned from the thematic analysis.

Coding: *Critical evaluation of daily problems*

Themes: (a) Use design-thinking principles for problem-solving; (b) Be assertive in making needed personnel changes; (c) Balance resource capacity of time, money, and people

Coding: Train and develop strong healthcare administrator skills

Themes: 1) Training in management and finance; 2) Develop an inclusive leadership style; 3) Involve team members in change initiatives

Coding: Attention to multiple healthcare technology issues

Themes: 1) Stay updated on healthcare technology

Coding: Develop foresight capabilities

Themes: 1) Communicate a clear, long-term vision of change

Coding: Network management

Themes: 1) Nurture communication and respect with stakeholders; 2) Consider outsourcing options for suppliers and services.

What follows in this section is a definition of each theme gleaned from the data analysis and grounded in the literature and conceptual framework.

Use design-thinking principles for problem-solving. This theme refers to a problem-solving method that involves balancing the dual mission of economic survival and innovating solutions to organizational change initiatives in product and service development and implementation (Nusem, Wrigley & Matthews, 2017).

Be assertive in making needed personnel changes. This theme refers to hospitals and leadership personnel, focusing on improving management systems and making personnel changes to improve their healthcare organizations (Toussaint, 2015).

Balance resource capacity of time, money, and people. This theme refers to how productive resource capabilities play a role in defining the strategic management framework (Kash et al., 2013).

Training in management and finance. This theme refers to how a leadership instilled culture focusing on learning can offer new training opportunities and bridge gaps in organizational awareness (Atkins et al., 2017).

Develop an inclusive leadership style. This theme refers to developing a better relationship with employees by using the following six signature traits: visible commitment, humility, awareness of bias, curiosity about others, cultural intelligence, and effective collaboration (Bourke & Espedido, 2020).

Involve team members in change initiatives. This theme refers to leadership involving subordinates and peers in change initiatives through employee engagement and empowerment (Kash et al., 2014).

Stay updated on healthcare technology. This theme refers to the positive effects of healthcare technology on the expansion of healthcare services (Bianchi et al., 2017).

Communicate a clear, long-term vision of change. This theme refers to the steps that must be taken to help execute the vision of a company to promote and lead change successfully in the future (Kotter, 2012).

Nurture communication and respect with stakeholders. This theme refers to leadership, focusing on nurturing a relationship of respect with stakeholders and other employees by promoting and using open communication (Kash et al., 2014).

Consider outsourcing options for suppliers and services. This theme refers to the core competency of aggressive outsourcing that leadership must apply on occasion to gain efficiency within their respective organizations (Katz, 1974).

Table 2 below shows the finalized categories and themes of this multiple case study, along with several examples of participant quotations to illustrate how the coding took place for each of those categories and themes.

Table 2

Coding and Theme Examples

Participant	Interview Excerpt	Category	Theme
Participant 1	"We implemented Studer. Studer is a way to lead people. It's a national program that you can become a part of that teaches you leadership	*Critical evaluation of daily problems*	1) Use design-thinking principles for problem-solving; 2) Be assertive in making needed personnel

Participant	Interview Excerpt	Category	Theme
	skills so that you can better, so that your team can be more successful. It was a three year commitment that we implemented		changes; 3) Balance resource capacity of time, money, and people
Participant 4	Starting an improved clinical protocol for fall management. Falls are the most common injury patients experience in emergency rooms due to prolonged bed rest, medication, vision problems. These symptoms after being in an emergency room for a number hours is very common among the elderly- a large population we treat here. With the new protocol we say prolonged hospitalization due to falls decrease. There was no problem in adopting this. The staff was happy to adopt a procedure that made their work smoother and allowed them not to break attention from a patient to run and treat an accidental fall within our own clinic.		
Participant 2	"So St Augustine was primarily managerial, making sure that the team was implementing their	*Train and develop strong healthcare administrator skills.*	1) Training in management and finance; 2) Develop an inclusive

Participant	Interview Excerpt	Category	Theme
	tasks on a daily basis properly, minimizing waste. So a lot of my Lean Six Sigma training came into play as far as minimizing waste and minimizing waste as far as time and resources, financial resources. Again with training, making sure that was up to date. Correcting any personal issues and helping people out with their personal issues"		leadership style; 3) Involve team members in change initiatives
Participant 3	"Accounting skills, some medical and medical technology education, foresight capabilities, negotiation skills, leadership skills, fast and fair problem solving—good management skills. Computer software can indeed help keep track of ledgers, expenditure, etc., but without certain people and negotiation skills to complement technology, all the tech in the world can't do the job for you"	*Attention to multiple healthcare technology issues*	1) Stay updated on healthcare technology;
Participant 5	In terms of vendors for surgical supplies, they must sign agreements that any purchase orders must be submitted at least 24 hours before a procedure		

Participant	Interview Excerpt	Category	Theme
	and must gain administrative approval, or we are not charged.		
Participant 4	"Attention to emerging technology, knowledge of the problem, initiative, foresight to see how things will go wrong if we did not implement changes, good analytical skills, team management, communication, role model behavior… Vision – a leader, must have a clear vision about where they want to take their organization and how they want to get there. Adaptability – you need to be nimble and willing to make changes on the fly. The outcome is more important than the process!"	*Develop foresight capabilities*	1) Communicate a clear, long-term vision of change
Participant 6	Communication, good numbers skills—you must be fast on your feet with that when it comes to costs. Collaboration with other teams. Network with others outside of your organization. Negotiate and be a diplomat. Be assertive. You have to say a lot of no's and swallow	*Network management*	2) Nurture communication and respect with stakeholders; 3) Consider outsourcing options for suppliers and services.

Participant	Interview Excerpt	Category	Theme
	your own guilt even when someone is begging that this or that expense will save lives.		
Participant 5:	When it comes to services we have outsourced, we can drive a hard bargain in a market that is now very strained with freelancers begging for contracts. For example, contracts for IT maintenance due to the current pandemic situation can easily be negotiated. We can save up to 30% on those contracts. We avoid vendors dropping off the invoice for expensive surgical products or equipment after the procedure has already taken place, hurting hospital profits. You have to drive a hard bargain or figure out the vendor's next move to outwit them. They can be formidable when it comes to reaping profit.		

As previously noted, each of these themes belongs to their respective categories (see Table 2). The frequency of occurrence varied for several themes in such a way that some cases presented themes that were more prominent than others. These themes will be

defined and discussed in detail in the Cross-Case Synthesis and Analysis section of this chapter, along with a visual representation graph to illustrate the frequency of occurrence for every theme across the cases.

Evidence of Trustworthiness

Credibility

Credibility is established when there is confidence placed in the truth of the qualitative research findings and determined based on whether or not the research findings represent believable and trustful information drawn from the research participants' original data based on the correct interpretation of their perceptions or views (Anney, 2014). The qualitative approach utilized in the research study established a strong core of evidence for the case by adopting credibility strategies based on accrued experience, the time spent on sampling, reflexing, triangulation, member checking, peer examination, interview techniques, and establishing the authority of research and structural coherence (Merriam & Grenier, 2019).

The purpose of this qualitative, multiple case study was to explore the perceptions of healthcare administrators on the specific nature of management competencies needed to drive successful strategic change initiatives within healthcare organizations. I interviewed seven participants that I sought out on Linkedin, a business ware social media website, and through snowball sampling. As previously mentioned by Fusch and Ness (2015), a larger sample size could weaken in-depth investigation of the phenomena under study, whereas the upper limit of 10 participants will ensure reaching saturation

quicker. Part of ensuring credibility means achieving saturation without compromise. Hence, I did not want to seek out candidates to simply reach saturation, which would induce bias and cause research to default against trustworthiness criteria (Anney, 2014). The minimum number of interviews conducted for a qualitative, multiple case study should be five participants, and I continued past this number until I reached data saturation, which was seven participants, with similar data noted from participants 5, 6, and 7 (see Halkias & Neubert, 2020; Schram, 2006).

I explained to the participants that they may end the interview at any time. As previously mentioned, the video conferencing interviews can be disconnected with one click. I wrote their answers and also electronically recorded them. I sent each participant their transcribed responses when the interview was done. Triangulation and member check procedures were facilitated to make sure the interview participants had an opportunity to review both the data collected and the interpretations I made about the interview data.

Transferability

Anney (2014) defines transferability as to what degree the qualitative research data results can be generalized to other situations and applications in other settings or groups. Utilizing an online professional network to select candidates across the United States offered a wide variation for this study and improved transferability. Transferability relies on the rich, descriptive data provided in the detailed accounts of the agentic experience of each participant (Yin, 2017). The careful and purposeful selection of the

sample of healthcare administrators increased transferability by providing a comprehensive understanding of the context of the study.

Video conferencing and other IRB approved methods of interviewing enabled the researcher to communicate with participants in faraway locations, which aided in replication. This turned out to be somewhat helpful during the pandemic. Furthermore, utilizing the approved interview methods enabled the interview interaction to avoid contextual information, which helped avoid personal reflexivity from the researcher and maintaining a highly unbiased atmosphere (Sipes, Roberts, & Mullan, 2019). In presenting the results, I gave extensive detail and explicit descriptions of field notes, observations, sample characteristics, data collection, and interpretation so that the reader can determine that the conclusions made by the researcher are transferable to other settings, situations, or groups (Houghton et al, 2013).

Dependability

Dependability in qualitative research refers to the stability of data over time and conditions. It is an evaluation of the quality of the data collection, data, and theory generation that has been undertaken in a study (Ellis, 2019, p. 111). The participant selection process was carefully analyzed for dependability. The recruitment selection was based on a purposeful sample obtained by a criterion-based search of the online business network, LinkedIn (Stokes et al., 2019). Participants were messaged or emailed the criteria for participation in the study and had to confirm whether they met the criteria for consideration. Those who expressed interest were sent a consent form and letter of

recruitment, which reiterated the criteria for participation. Interview questions also required the participant to state they met the criteria. Interview questions were pilot tested and developed to provide answers within the context of an empirical setting for this study; the purpose was to enhance dependability (Denzin & Lincoln, 2011).

The outside auditor of the research audit trail is the methodology expert of my Dissertation Committee. The methodology expert examined the following five stages of the audit process: (a) pre-entry, (b) determination of audibility, (c) formal agreement, (d) determination of trustworthiness (dependability and confirmability), and (e) closure (Denzin & Lincoln, 2011). Materials include archived audiotape, written, and member verified transcripts, field notes, and reports which display findings that resonate with seminal methodology literature.

Confirmability

Confirmability is referred to as the degree to which the results of an inquiry could be confirmed or collaborated by other researchers about one's data (Anney, 2014). Confirmability is confirmed when the results of an inquiry are neutral, accurate, and free of reflexivity or the researcher's expressions of inner thoughts, feelings, and insights (Karagiozis, 2018). About this study, confirmability was used to examine the truthfulness of the data collected from participant interviews about healthcare administrators and their views on managerial competencies. Confirmability of qualitative data is strengthened by the use of instruments that are designed not to depend on research manipulation, although my beliefs and characteristics as an analyst are an inherent part of the study. Qualitative

methodology processes such as triangulation (Shenton, 2004; Yin, 2017), a purposely selected variant sample (Merriam & Tisdell, 2015), and audit trails which capture the researcher's background, context, and prior understanding (Denzin & Lincoln, 2011) were useful in developing a "commonality of assertion" (Stake, 2013). Besides, reflective field notes and journaling have been maintained throughout the study to capture my beliefs and observational interpretations. The field notes also reduced researcher bias by increasing self-awareness before, during, and after the data collection process and during data analysis (Merriam & Tisdell, 2015).

Study Results

Extant theories can be expanded and enhanced with a multiple case study design that is utilized for gathering data to answer a qualitative research question. Extension of theory using a multiple case study design can contribute value to a particular theoretical perspective and further define the boundaries of the original theory (Halkias & Neubert, 2020). Multiple cases are like multiple experiments; the previously developed theory can be compared and extended to account for the empirical results of the case study (Yin, 2017). By recording the perceptions of healthcare administrators, a more in-depth understanding was provided on the specific nature of management competencies needed to drive successful strategic change initiatives within healthcare.

The research question guiding this study was as follows*: "*What are the perceptions of healthcare administrators on the specific nature of management competencies needed to drive successful strategic change initiatives within healthcare

organizations?" This multiple case study revealed the perception and professional experiences of the participants, which emerged from the data analysis and can be attributed to the related themes and patterns presented in the results of the study. The data analysis techniques to produce the study's results are presented in this section in a two-step procedure: (a) thematic analysis of the textual data and (b) cross-case synthesis analysis (see Yin, 2017).

An analysis that examines the similarities, differences, and themes across cases is referred to as a cross-case synthesis analysis. The cross-case analysis is utilized when the unit of analysis is a case, which is a bounded unit just as an individual, artifact, place, or event or a group (Yin, 2017). A multiple case study approach was used as the analysis of data throughout so that the new group of data was compared to the existing data throughout the entire study to contrast and compare the thematic patterns across cases (Yin, 2017). The goal in this phase of the analysis was to create rich, thick commentaries from every participant, which would reveal their personal experiences and perceptions of the phenomenon under exploration (Stake, 2006).

The primary intention behind the two-step process in the data analysis phase was centered on the development of thick, rich, relevant descriptions emerging from each interview participant that could further unveil their experiences and views on the central topic of study. The data analysis takes into consideration the overall data collected that included interviews, archival data, reflective journal notes, member verified transcriptions, and the findings of seminal research articles. The analysis continued with

the procedure of cross-case synthesis for familiarity, unfamiliarity, and redundancy as well as crystallization of the data compiled (Stake, 2013). The themes that emerged were classified and cataloged, and the findings were cross-referenced for graphic representation. This procedure established the groundwork for cross-case analysis, where each case is managed separately yet analyzed collectively with other cases in the study, strengthening generalizing the findings (Eisenhardt, 1989; Yin, 2017). I followed the same procedure for the collection of data for all the seven participants. I adopted a consistent process for manual coding, categorization, and identification of emergent themes across the seven cases (Yin, 2017).

Phase 1: Thematic Analysis of the Textual Data

There are step by step processes in the literature that suggest how to conduct a relevant and rigorous thematic analysis (Nowell, Norris, White, & Moules, 2017). The written narrative of the thematic analysis provides "a concise, coherent, logical, nonrepetitive, and interesting account of the data within and across themes" (Nowell et al., 2017, p. 1). A thematic analysis must also include a clear presentation of the logical processes that depicts how the findings were developed overall so that the implications that are made about the data set are considered dependable and credible. The thematic analysis that I conducted for this study followed Gummesson's (2017) suggestion to include direct quotes from participants as a foundational element of the final report.

This case study revealed the perceptions of healthcare administrators, as well as patterns and themes developed from the raw data collected from the interviews and

subsequent data analysis. The identification of these patterns and themes took place through a thematic analysis of the textual data (see Yin, 207). The process involved comparing various themes that emerged from the analysis of the data generated through multiple sources (interview, field notes, and archival data) and comparing the findings with the theoretical proposition generated from the literature review (Eisenhardt, et al, 2016).

Yin (2017) noted that the strength of a case study's findings rests in its ability to be generalized to the theoretical propositions established from the literature. To this end, and given that this study was framed by a conceptual framework developed by Kash, Spaulding, Johnson, and Gamm (2014), the comparison of success factors for change model, the alignment of the conceptual framework to the overall findings was critical in interpreting the results to arrive at a deep understanding of the study topic. Also, comparing the findings with findings from similar studies helped me in validating the findings of the study. Analyzing, interpreting, and reporting discrepant cases is necessary as it may help the researcher broaden, revise, or confirm the patterns emerging from the data analysis and further enhance the study's credibility (Stake, 2013).

Discrepant cases are data that are out of congruence with the pattern or explanation that emerges from the data analysis (Maxwell, 2012). I reported the outcome of this multiple case study by using thick descriptive narratives and presented a holistic picture of the perceptions of healthcare administrators on the specific nature of management competencies needed to drive successful strategic change initiatives within

healthcare organizations. No discrepant data were significant or reached data saturation in order to influence the study findings (see Halkias & Neubert, 2020).

The data analysis reflected all of the data collected and comprised interviews, field notes, member-checked transcriptions, and findings presented in the seminal literature (Yin, 2017). I used a thematic analysis recommended by Yin (2017) to categorize data from my qualitative research, in order to gain a deeper understanding of the study participants' views, behaviors, or qualities in a natural setting to answer the central research question (Yin, 2017). Because there is no one procedure in the literature on how to develop a rigorous and relevant thematic analysis, the discussion of a thematic analysis should provide a logical, coherent, concise, nonrepetitive, and unassuming account of the data within the identified themes (Boyatzis, 1988; Yin, 2017).

Supported by key insights from the seven in-depth interviews in the form of direct participant quotes, this section presents the 10 themes that emerged and are analyzed and presented concerning the central research question. I referred to the literature to build a valid argument for chosen themes and entwine findings with literature. I further used the data to aid the main point in building a convincing explanation to readers and ensure analytic credibility. In this section, I present a detailed meaning of each theme, as revealed through the direct voices and representative quotes of healthcare administrators on the specific nature of management competencies needed to drive successful strategic change initiatives within healthcare organizations.

Use design-thinking principles for problem-solving. Participants discussed their problem-solving methods to deal with strategic change. Two discussed how a design thinking approach is now widely accepted across many disciplines, both in medical services and management. This approach allowed healthcare administrators to solve complex problems and use design thinking in a healthcare environment as one of the possible pathways for innovation. Participant 1 stated:

> And it involved everybody from the associate to the president of the company, and how we led day to day and strategically. We changed everything. We changed evaluations, we changed how we communicate with people, we changed how we rounded, and completely upturned the way we did things.

Most participants agreed that they solved problems for the sake of both economic survival and innovating solutions to organizational change initiatives in product and service.

Be assertive in making needed personnel changes. This theme refers to hospital administrators at times needed to make difficult decisions in personnel issues in order to move change forward. Participants found that those who could not adapt to change start turning counterproductive in their work. They discussed that technology adaption required personnel whose focus remains on focusing on improving healthcare management systems and rather than resist technology updates. Participant 4 recalled an incident that illustrates this point:

> The truth is I had to transfer two employees due to them being a weak link in our team process. They wanted to stay with the old ways and were silently angry when a person younger than themselves wanted to change systems that had been in place for a number of years. They began to be sarcastic, rude to the younger employees and doing a kind of work slow-down. I made those personnel changes quickly. What things that worries me is that they were older women who has served the hospital for many years but did not want to adjust to technology changes or leadership changes in terms of having a younger person as leader of the team.

Balance resource capacity of time, money, and people. To maximize resources capabilities, participants needed to balance priorities within their change initiatives in terms of how much time an initiative would take to complete. Time pressures and time management weigh heavily on a healthcare administrator, so they must recognize the time to be parceled out to bring a change initiative to a successful conclusion. Participant 2 stated:

> That whole concept of work smarter, not harder. For some people I have to say it obviously in a different way. People that didn't have a military background. So like with the time, 15 minutes early you're on time, on time you're late. Normal people don't understand that. So it's that mindset and just saying it in different ways so it connects to different people. Again, communication and knowing the people you're talking to.

One participant said the field is riddled with unfinished projects that eventually are dropped with the next admission. Participant 5 stated:

> As I said above, it's always a delicate balancing act with trying to outfox the fox at times, especially with vendors. Doctors usually come around after they realize we are all in this together to keep the hospital and units within the hospital going.

Today's healthcare administrators must plan for an adequate budget to hire top performers that can drive the change without high overhead expense.

Training in management and finance. Almost every participant had some training- from professional development seminars to MBA studies, to learn more on the latest finance and management tools applicable to leaders in today's healthcare system. Participant 4 stated: "My role is that of a Unit Director of a large Emergency Department/Outpatient Clinic is open 24/7 all year round. I have both a healthcare background (Clinical Nursing) and an MBA." From Participant 5: "I started as a Navy social worker and then earned a Master's degree in Hospital Administration before reentry to civilian life."

Develop an inclusive leadership style. Each participant expressed one or more of these inclusive leadership traits in their work as healthcare administrators: be visible and committed, be humble, be aware of your biases, hone cultural intelligence at every opportunity. From Participant 6*:*

> My philosophy is that I'm there to serve them, make their lives easier. I had a manager once who always said that leaders take care of their team members and the team members take care of the customer. So that's kind of what I've subscribed to in my professional career is making sure that I know every position inside and out so that I can step up to the plate when somebody needs some extra support or, whatever it may be at the time.

Some participants voiced their views on inclusive participation in decision making. From Participant 7:

> I'd say open communication, trust, a lot of transparency, for sure. And I'd say sincerity, being genuine, being honest upfront about everything. I know that I don't do anything at all without running it past my team. I always try to get their input, good or bad. I think that opens the door to, if there's concerns, we can address them as a team and figure out what we need to do is the best possible, is the best practice. That way we're not leaving anybody behind thinking that this isn't the right thing. So we really aimed for a hundred percent input and having everybody on board with what we're doing before we forge ahead to the next step.

Involve team members in change initiatives. Participants saw themselves as leaders who need to guide subordinates and peers in change initiatives. Participants practiced employee engagement and knew when it was time to empower an individual or an entire team to drive the desired change initiative. From Participant 2:

> We can change our plan, because I'm listening to them, and bringing it to other staff members. So that way it was more of a team effort, not just me telling them a directive. It was more of a group effort. Everybody's felt that they were included in the process. And it wasn't just my project, it was all of our project.

Stay updated on healthcare technology. Just like receiving management and business education aimed at healthcare administration, almost every participant mentioned professional development and training needed to remain updated on today's healthcare technology to drive efficient healthcare services. From Participant 2:

> I relied on my own personal managerial understanding, and in my relationships with people to manage the clinic. So as far as the actual business aspect, I went to seminars, to stay abreast of new, primarily business models that I could utilize. I went to seminars to learn about new technology and new billing technology.

From Participant 7:

> For me as a practitioner and, and a business owner, it's incumbent to stay abreast of new technology and stay abreast of an understanding of, um, of how to apply your knowledge in a business setting. Because, um, because it's constantly changing. Even when, even when you think it's not changing, it is.

Communicate a clear, long-term vision of change. Before attempting to initiate any type of change in the organization process of the healthcare industry, participants brainstormed their long-term vision with trusted peers to clarify their own goals and

action plans. From Participant 3: “Vision – a leader must have a clear vision about where they want to take their organization and how they want to get there.” Participants agreed that developing such a long-term vision of change takes clear communication and reaching into the manager’s toolbox to utilize foresight capabilities and forecast analysis to execute the vision of change. From Participant 5:

> The management team needs to work together to mitigate risk, and the doctors can’t see it as us and them situation. We do a lot to show the doctors respect and, in turn, expect their cooperation on cost-cutting to ensure the stability of their income from the hospital. Chronic over spenders usually don’t last long here. We just can't afford them to keep them and keep the doors open.

The vision of change requires a healthcare administrator creating an appropriate strategy for such healthcare initiatives to get the whole team on board with the change. Participant 1 stated:

> So you always have, it's usually divided in thirds, right? So you've got your high performers who want to do the right thing, who want to do what you want to do. As long as you set the vision they're willing to do it. So those are kind of your early adopters and those folks that you can rely on. Those are the ones that you usually make train the trainers or the champions. And then we had a large group that were very hesitant to change because they felt like as a non-profit organization why were we changing the way that we provided care that they felt was … For those that didn't know me, spending time with the staff and being able to answer their questions. So more rounding, more talking, more town halls, more

> transparency I guess, is what I'm looking for as a word. Is just making sure that I always answered their questions so that they would bring themselves along. And as a leader, I think that's more what you have to rely on than like hands-on skills is setting that vision and getting people to join with you in that vision.

Nurture communication and respect with stakeholders. Participants saw their role as a leader beyond their own immediate subordinates**.** Those that saw a change initiative beginning to drive permanent change also were the ones who reached out to stakeholders and other employees to become part of the process, even in some small way. Some participants intimated that when a healthcare administrator involves various organizational stakeholders in new planning, it can create a compelling narrative for change. From Participant 5:

> Network with others outside of your organization. Negotiate and be a diplomat. Be assertive. You have to say a lot of no's and swallow your own guilt even when someone is begging that this or that expense will save lives.

From Participant 6:

> Well, I think that foresight and network management are definitely big ones (referring to managerial competencies). Just being proactive with the whole team. Once we start identifying trends that are going to lead to changes that need to be made, such as with the state, with everything that's been going on with the COVID-19. When we see a proposed rule, we jump on it as if it's been finalized and approved. We get ready. So, being proactive with everyone involved is a big one for us, I believe.

Consider outsourcing options for suppliers and services. In today's financially strapped healthcare business environments, participants supported seeking and mining outsourcing information to gain efficiency in operations. Aggressive outsourcing takes strategic alliances and the sharing of risks and rewards within the management team members. At times, healthcare administration had to actively seek out outsourcing options in terms of medical equipment suppliers and new IT services, and learn more about contract management to ensure a successful outsourcing endeavor. From Participants 5:

> When it comes to services we have outsourced; we can drive a hard bargain in a market that is now very strained with freelancers begging for contracts. For example, contracts for IT maintenance due to the current pandemic situation can easily be negotiated. We can save up to 30% on those contracts.

Phase 2: Cross-Case Synthesis and Analysis

Cross-case synthesis is recommended for data analysis to strengthen external validity, the trustworthiness of data, and provide a more vigorous multiple case study research (Merriam & Tisdell, 2015). To identify patterns within the data, the analytic process includes both within-case and cross-case analyses for multiple case study designs. In later stages of the analysis, related literature is often introduced to refine constructs and theoretical mechanisms (Halkias & Neubert, 2020). The cross-case synthesis method was used as a data analysis technique for this study considering the issues of complexity and difficulty in identifying links and patterns associated with the investigation of real-life experiences can be controlled by carrying out a cross-case

correlation which enhances the validity and generalization of the study (Yin, 2017). Besides, the use of a cross-case synthesis technique helps in achieving an organized analysis of the reasoning connecting the research data to the study's concept (Cooper & White, 2012; Yin, 2017).

Thematic analysis was followed by cross-case analysis being a continuous process as each of the seven cases was separately analyzed. Recurrence of themes emerged to support theory extension by comparing similarities and differences among cases in this multiple case study through cross-case synthesis (see Halkias & Neubert, 2020 and Stake, 2013) to achieve the study purpose of exploring the perceptions of healthcare administrators on the specific nature of management competencies needed to drive successful strategic change initiatives within healthcare organizations. While convergent and divergent data across cases were identified, data which were considered unrelated to the study's purpose were removed (Yin, 2017).

Figure 2 below illustrates the cumulative frequency of theme occurrence by participants where I present a combination of thematic analysis results from each case such that readers are provided with a graphical representation of how numerous themes converged across cases from the findings of this multiple case study.

Figure 2. Multiple case analysis (frequency of occurrence of a theme by participants).

The iterative cross-case analysis was done after I had separately analyzed each case. I identified recurrent themes across the data that achieve the purpose of the study, which was to explore the perceptions of healthcare administrators on the specific nature of management competencies needed to drive successful strategic change initiatives within healthcare organizations. Themes' cumulative frequency of occurrence, as I have graphically presented in Figure 2, shows how I conducted the cross-case analysis on the convergent and divergent data across the seven cases. The graphical representation, as I have shown in Figure 2, represents a visual analysis of multiple cross-case analysis on the healthcare administrators' perceptions on the specific nature of management

competencies needed to drive successful strategic change initiatives. Below I present the issues brought up by the healthcare administrator participants of this study that encase the seven most prominent themes emerging from the cross-case analysis. The implications of the managerial practice and research of these seven themes will be further analyzed in Chapter 5.

Using design thinking principles and balancing time, money, and human resources to drive successful change initiatives were the two themes that reoccurred prominently across data collected from all seven cases. This generally implies assembling a team with the power to support successful change initiatives, also placing money and resources into hiring the right change leaders by showing commitment and enthusiasm. This will help to encourage the employees to work together in a team and support collaborative change. Design thinking has emerged as an important way for designers to draw on rich customer insights to enhance their products and services. However, design thinking is now beginning to influence how health care leaders' managers go about strategic management and, in particular, how they implement 'design-led strategy.' Much of the knowledge managers' gain about their market emerges from observation and know-how (i.e., tacit knowledge)—even through instinct, rather than codified/structured forms of expertise. This places a premium on the ability of managers to change their and their team members' cognitive mindset, empathize with their customers, and observe the unexpected, as is emphasized in managing through design principles.

Two other prominent themes that reoccurred across data collected from six out of the seven cases include developing an inclusive leadership style and involve team members in change initiatives. Six out of the seven participants mentioned that to be inclusive leaders, they seek out diverse ways of thinking among their team and encourage such to strengthen communication among team members. These healthcare administrators gave a high value to employee engagement and knew when it was time to empower an individual or an entire team to drive the desired change initiative.

The next three prominent themes that emerged across data collected from five cases out of the seven cases included aspects of self-development: management and finance training and education, knowledge of updated healthcare technology, and using these resources to create a clear vision for change that is communicated to the team. Developing such a long-term vision of change takes clear communication and reaching into the manager's education and experience to competently forecast risk management issues to enact change. A healthcare administrator's managerial competencies in the areas of self-development may be the most important feature for predicting successful change initiatives, with a focus on manager characteristics such as attention to the technology and initiatives, network management, creativity, and foresight capability.

Triangulation

Triangulation of data sources promotes more careful consideration of data and enhances the overall trustworthiness of data while improving the quality of the study (Guion et al., 2011; Yin, 2017). Hence, as a qualitative researcher, I ensured appropriate

choice of instruments that would yield themes to support insights resulting from studying the perceptions of healthcare administrators on the specific nature of management competencies needed to drive successful strategic change initiatives within a healthcare organization. This research used multiple sources of evidence during the data collection process to explore various perspectives with interview participants within the context of the study. Data triangulation assisted in assuring the dependability of results and for improving the quality of the study (Stake, 2010). Three sources of data were utilized throughout this study: (a) a semistructured interview protocol (see Appendix C) whose items have been designed and standardized by previous researchers; (b) archival data in the form of government labor reports on the healthcare industry (see Yin, 2017); and (c) reflective field notes (see Merriam & Tisdell, 2015), which were kept by the researcher throughout the entire data collection process.

Data triangulation was used to corroborate facts found within the multiple data sources (Guion et al., 2011). My positionality and reflexivity, as a researcher, was supported through the results gleaned from accurate interview transcription (Deggs & Herenandez, 2018). The credibility of findings was also sustained by sharing interview transcripts with participants for transcript review, a portion of the member checking process, which allows participants to review and correct their transcribed words for any inaccuracies (Merriam & Tisdell, 2015). Interview transcripts were also supplemented with handwritten notes where the contextual report of nonverbal cues such as smile, nod, tone of voice, and facial expression was recorded, yielding more comprehensive documentation of participants interchange.

To ensure a standardized data collection process, I used an interview protocol to guide my face-to-face semistructured interviews (see Appendix C). Audit trail reveals the evidence concerning the study's plan development (Stake, 2013), and it comprises the documentations, including archival data in the form of government labor reports on the healthcare industry. The dependability of this study was also enhanced through audit trail and methodology triangulation, where data from reflective notes and government archival data reports were comprehensively cross-referenced.

A triangulation of data sources was conducted to establish the trustworthiness of the study's data analysis (Guion, Diehl, & McDonald, 2011; Merriam & Tisdell, 2015).

I read approximately 350 scientific peer-reviewed scholarly articles and journals to allow me to continue the method triangulation process towards answering the research question. I annotated approximately 150 articles out of the 350 articles, including government, business, and media reports, which I found to be relevant to my study topic. Although not substantial enough for use in the literature review, these articles and journals were used as a source to complement the face-to-face semistructured interview. The information from these archival data helped me to formulate meaning behind recurring concepts and ideas emerging from the data analysis and grounded in the conceptual framework. Triangulation, as such, enhances the richness of data (Fusch & Ness, 2015). Study results and findings were analyzed and interpreted within the context of the conceptual framework and how these findings extend theory. Findings in a multiple case study

confirm or extend the existing knowledge in the discipline, as each case presented can be grounded in the reviewed literature (Stake, 2010).

Summary

In this chapter, I presented a case by case analysis of seven participants, followed by a cross-case analysis and synthesis to answer this study's central research question: "What are the perceptions of healthcare administrators on the specific nature of management competencies needed to drive successful strategic change initiatives within healthcare organizations?" This multiple case study revealed the perceptions and professional experiences of the participants, which emerged from the data analysis and can be attributed to the related themes and patterns presented in the results of the study.

The data analysis techniques to produce the study's results were presented in this section in a two-step procedure: (a) thematic analysis of the textual data and (b) cross-case synthesis analysis (see Yin, 2017). A total of five codes emerged from the findings of this multiple case study, which enclosed a total of 10 themes. These provided rich data on the experiences of participants. The five codes that emerged are (a) critical evaluation of daily problems, (b) train and develop for strong healthcare administrator skills, (c) attention to multiple healthcare technology issues, (d) develop foresight capabilities, (e) network management.

I utilized cross-case analysis and synthesis as a data analysis technique to consolidate critical findings from the individual case study as soon as themes across multiple cases in the study were arranged. The 10 themes that emerged from the data

analysis process include (a) use design-thinking principles for problem-solving, (b) be assertive in making needed personnel changes, (c) balance resource capacity of time, money, and people, (d) training in management and finance, (e) develop an inclusive leadership style, (f) involve team members in change initiatives, (g) stay updated on healthcare technology, (h) communicate a clear, long-term vision of change, (i) nurture communication and respect with stakeholders, and (j) consider outsourcing options for suppliers and services.

Supplementing the binding data source, I enhanced the study's data trustworthiness by deploying methodological triangulation of three data sources which included a semistructured interview protocol, archival data in the form of government reports on the healthcare industry (see Yin, 2017), and reflective field notes (see Merriam & Grenier, 2019). The multiple case study results were further comprehensively analyzed and interpreted within the context of the conceptual framework, the comparison of success factors for change model developed by Kash, Spaulding, Johnson, and Gamm (2014) in a landmark study identifying success factors for strategic change initiatives in healthcare organizations. In this and other studies, researchers recommended that future qualitative studies were needed to define further the specific nature of successful strategic change initiatives in healthcare organizations (Kash, Spaulding, Gamm, & Johnson, 2014; Kash, Spaulding, Johnson, & Gamm, 2014). The purpose of this qualitative, multiple case study was to explore the experiences of healthcare administrators on the specific nature of successful strategic change initiatives within their healthcare organizations. Extant research focuses primarily on the outcomes that measure only one

dimension of success at one level of the organization (Gamm & Vest, 2009; Kash, Spaulding, Gamm, & Johnson, 2014).

In Chapter 5, I will present a future interpretation of the findings from this study in contrast to the literature review in Chapter 2 of this document. The implication of the findings to social change, theory, practice, and policy will also be detailed in Chapter 5. I will also demonstrate how my study extends the body of knowledge on healthcare administrators' managerial competencies for driving successful strategic change initiatives. Finally, I will describe how future scholars and researchers can extend the findings of this study.

Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of this qualitative, multiple case study was to explore the perceptions of healthcare administrators on the specific nature of management competencies needed to drive successful strategic change initiatives within healthcare organizations. To address the research problem and purpose of the study, I used qualitative data that were collected from multiple sources of evidence, including interviews, government reports on the healthcare industry, and reflective journaling notes (Merriam & Tisdell, 2015). Triangulation of data sources was conducted to establish the trustworthiness of the data analysis (Guion, Diehl, & McDonald, 2011; Merriam & Tisdell, 2015).

By using qualitative research methodologies, I was able to gather data that reflected on the perceptions shared by participants in the study on managerial competencies needed to implement strategic change. Furthermore, the interviews allowed for further elaboration of their personal experiences and for unexpected data to emerge (Ferguson & Jacob, 2012).

A qualitative, multiple case study approach allowed me to give voice to healthcare administrators on the specific nature of management competencies needed to drive successful strategic change initiatives within healthcare organizations. This study was framed by a conceptual framework, the comparison of success factors for change model, developed by Kash, Spaulding, Johnson, and Gamm (2014), in a landmark study that identied success factors for strategic change initiatives in healthcare organizations. In this and other studies, researchers recommended that future qualitative studies were needed to further define the specific nature of successful strategic change initiatives in

healthcare organizations (Kash, Spaulding, Gamm, & Johnson, 2014; Kash, Spaulding, Johnson, & Gamm, 2014). The use of a multiple case study approach was particularly useful here because it gave me the flexibility required to iterate and extend a theoretical model (Halkias & Neubert, 2020; Stake, 2006). New knowledge emerges from the recognition of patterns in the collected data and the logical arguments that underpin them (Eisenhardt & Graebner, 2007).

Thematic analysis and cross-case synthesis and analysis of data from face-to-face interviews with seven participants revealed the following10 themes: (a) use design-thinking principles for problem-solving, (b) be assertive in making needed personnel changes, (c) balance resource capacity of time, money, and people, (d) training in management and finance, (e) develop an inclusive leadership style, (f) involve team members in change initiatives, (g) stay updated on healthcare technology, (h) communicate a clear, long-term vision of change, (i) nurture communication and respect with stakeholders, and (j) consider outsourcing options for suppliers and services.

Interpretation of Findings

The findings of this multiple case study confirmed or extended current knowledge in the discipline, with each case presenting examples of issues discussed in the literature review. In this section, the study's findings are presented and reviewed in the context of the five coding categories that emerged from the data analysis: (a) critical evaluation of daily problems, (b) train and develop for strong healthcare administrator skills, (c) attention to multiple healthcare technology issues, (d) develop foresight capabilities, (e)

network management. I compare each of these categories with relevant concepts from the conceptual framework and the extant literature reviewed in Chapter 2. I provide evidence from the seven semistructured interviews to support how the study's findings either confirm, disconfirm, or extend existing knowledge. This process of analyzing and presenting data evidence for theory extension in a multiple case study demonstrates the complexity of responding to the inductive and deductive evaluation process of qualitative data (Halkias & Neubert, 2020). Extension studies, such as this multiple case study, provide not only replication evidence but also support the extension of prior research results by offering valuable insights and new theoretical directions (see Bonett, 2012).

Critical Evaluation of Daily Problems

The results of my study confirmed scholars' viewpoints that healthcare administrators must formulate daily strategic problem-solving strategies planning if management initiatives will affect long-term change within their healthcare organizations. This study aligns with conclusions drawn by Braithwaite et al. (2017) that managerial evaluations of change initiatives must be supported using specific problem-solving skills and an in-depth understanding of the complexity of change, the interdependence of agents, unforeseen circumstances and consequences, and the significance of local context. Study participants confirm they received training in integrating design thinking into strategy involving multimodal change approaches and problem-solving (Bennett & McWhorter, 2019). When evaluating strategy plans, health care managers must first identify issues where a design strategy will help bring new healthcare products and services that are customer-centric (Wrigley, Nusem, & Straker,

2020). The study results extend knowledge on the synergy between integrating design thinking and strategic management. Each aspect brings a different strategic focus to the fore (Barrett et al., 2017).

Train and Develop Strong Healthcare Administrator Skills

The study results confirmed scholars' viewpoints that healthcare administrators must focus on the training and development of employees. Subsequent training and development of employees within a healthcare organization helps ensure successful implementation and understanding of change initiatives. Results of the study align with research literature as notated by Atkins et al. (2017), which states in order for the organization to proceed with the change, it is essential to train and educate every person in the organization about the transformation and develop their skills and attitudes according to the changes. Furthermore, Achour et al. (2018) stated that healthcare facilities present their employees with more opportunities to acquire knowledge and develop new skills that will enable them to deal with circumstances that may arise from natural disasters.

Participants from the study confirmed in the results that training and development was one of the central themes discussed. Multiple participants mentioned the inclusion of team members in the process of implementing change initiatives. Training and development of employees by leadership would make the transition less tenuous for those employees involved. Participants from the study also confirmed that a lack of training did exist. About change initiatives, Powell et al. (2017) stated that inadequate or the lack of

sufficient training was deemed to more than likely impede implementation. Participants in the study made sure to emphasize the importance of training and developing while stressing the lack of those mentioned above and its possible harmful effects.

Attention to Multiple Healthcare Technology Issues

The results of my study confirm the vital role that healthcare technology, and the knowledge thereof, plays in ensuring the implementation of successful change initiatives. Multiple participants in the study addressed the recurring theme of healthcare technology and its role in healthcare organizations. The results of the study align with themes in the literature that refer to the positive effects of healthcare technology on the expansion of healthcare services (Bianchi et al., 2017). Moreover, a recent case study recognized the role of hospitals as complex organizations that link health necessities and design innovative solutions (Djordjevic & Novak, 2019).

The data gathered from the study confirmed the theme alignment as multiple participants mentioned healthcare technology and its benefits. The study results extended knowledge about the adverse effects of not keeping abreast of new advancements in healthcare technology. Barrett (2017) states that if a new technology system is deemed inferior to the existing one by the organizational culture, resistance can lead to unacceptance of the new technology system. Data gathered from the study participants confirmed the reference to keeping abreast of new advancements in healthcare technology.

Develop Foresight Capabilities

The results of the study confirmed that participants recognize foresight as a managerial competency relative to successful change implementation. The study aligns with the conclusions that hospital administrators relied on the managerial competency of foresight to help realize the unforeseen circumstances and consequences if changes are not implemented (Braithwaite et al., 2017). Data collected from the study relayed a central theme of focusing on foresight as a managerial competency.

Network Management

The results of my study confirmed scholars' viewpoints that communication is a managerial competency that promotes successful change initiatives; and, more importantly, helps to sustain them. A recent study conducted concerning strategic change showed that all 30 participants in the study believed that management is critical in an organization undergoing a strategic change. Furthermore, management must provide a communication strategy to share information with employees, supporting that in order for change to be sustained (Komodromos, 2014). To add, Drucker (1994) states that to ensure the success of an outsourcing endeavor during change implementation, outsourcing experience is vital.

The results of my study align with the research literature and similar studies proposed. To add, the theme of network management refers to leadership, focusing on nurturing a relationship of respect with stakeholders and other employees by promoting and using open communication (Kash et al., 2014). The study results expanded upon knowledge to open communication and outsourcing.

Limitations of the Study

Limitations in this study emerged from the beginning of the data collection period due to two main factors, sample population, and a global pandemic. My sample population was to consist of healthcare administrators who would be recruited from the social networking website LinkedIn. The global pandemic asked for those in the healthcare industry to become very involved in treating those who were ill. Furthermore, "social distancing" was encouraged, which meant individuals were discouraged from having close contact with each other. To address these two issues, I would have to focus on alternative methods of data collection.

I did not have a contingency plan in place if a pandemic was to disrupt the collection of study data. The Walden IRB, however, provided a list of alternative methods of data collection in response to the global pandemic. I relied on snowball sampling and asked a few participants who already met the criteria for the study to refer to others who also potentially meet the criteria (Merriam & Tisdell, 2015). Furthermore, utilizing the approved interview methods enabled the interview interactions to avoid contextual information, which helped avoid personal reflexivity from the researcher and maintaining a highly unbiased atmosphere (Sipes, Roberts, & Mullan, 2019). Hence, my personal bias due to time spent working in the healthcare field was limited. The use of methodological triangulation, or the use of different research methods to reduce bias, was also used to reduce this bias (Anney, 2014).

Recommendations

The study was the first of its kind conducted within the topic of managerial competencies among healthcare administrators taking on change initiatives. Notes were taken during data collection, and close communication maintained to answer any additional questions from the participants due to the unforeseen circumstances of COVID-19. Data were documented at every step to provide more productive and more meaningful recommendations. Given the challenges facing today's healthcare administrator, scholars question whether the competencies presently required for these professionals are enough to meet the challenges of ongoing strategic change management in today's healthcare environment (Krawczyk-Sołtys, 2017; Nusem, Wrigley, & Matthews, 2017).

Conceptual models and frameworks developed in the change management literature do not specify relationships among individual and organizational constructs. This literature gap limits knowledge and a deeper understanding of how these factors coalesce to influence implementation success for change initiatives and strengthen the capacity for change in healthcare settings (Powell et al., 2017). Now that the study is completed and has documented the perceptions of healthcare managers' competencies for driving successful strategic change initiatives in healthcare organizations (see Gillis & Whaley, 2018; Kash, Spaulding, Gamm, & Johnson, 2017) the question remains of where the healthcare administrator goes from here in the age of COVID-19.

Recommendations for Managerial Competencies for Healthcare Administrators to Manage Change During the COVID-19 Pandemic

One issue that became noticeably clear throughout my conversations and interviews with healthcare administrators, most who were nurses and physicians, is that medical personnel need to think more about the business side of health care. Front line medical personnel have been getting business degrees for years. However, newer training programs need to take into account the challenges facing healthcare administrators at this point in history. These kinds of business courses should be tailored specifically to the needs of doctors, such as justifying the expense of a new robotic surgery center or streamlining workflow to make patients healthier. Professional development instruction can focus on much-needed skill areas for today's healthcare administrator: developing design-thinking problem-solving skills, leadership, communication, negotiation skills, financial risk management, accounting for the "contribution margin" from a particular department in the hospital and updated (and continually evolving) healthcare information systems.

Healthcare facilities are closing at a rapid rate, yet the pandemic has ushered in a new era of business challenges for healthcare administrators. More than 350 rural hospitals across 40 states are vulnerable, particularly those in the South (Guidehouse Research, 2020). Those hospitals represent more than 222,350 annual discharges, 51,800 employees, and $8.3 billion in total patient revenue (Kacik, 2020). What managerial competencies must be further developed to manage a business crisis when a healthcare facility navigates through a devastating change such as bankruptcy? With the coronavirus

pandemic in full swing, America's already-ailing hospitals are being pushed even further into financial ruin. The pandemic threatened to force a growing number of hospitals to file for bankruptcy or even close, which may result in some $202.6 billion in losses for hospitals across the country by September 2020, according to the American Hospital Association (Kaiser Permanente News, 2020).

The role of the healthcare administrators in bankruptcy begins way before the facility closes. Rural healthcare administrators in smaller facilities find themselves in an even worse struggle for survival than their urban counterparts. Financial and organizational crisis management is now demanded more than ever of healthcare administrators. The pandemic will create an accelerated tipping point, and healthcare facilities will be forced to restructure or close quicker than expected. Multiple healthcare facility closings, whether the large urban hospital or a small rural, will raise illness and death rates due to patients' lack of timely treatment in emergencies, chronic care, and catastrophic illnesses. Managerial competencies in healthcare risk management during the pandemic era are now the new requirement for healthcare administrators. Foresight capabilities and design-thinking problem solving identified in this study have now become a necessity as hospital administrators await government aid, and when their facilities can resume money-making elective surgeries to prevent bankruptcies.

Recommendations for Future Research

Using design thinking principles and balancing time, money, and human resources to drive successful change initiatives were the two themes that reoccurred

prominently and even overlapped across data collected in the interviews from all seven cases. Healthcare systems are becoming increasingly conscious of the quality of care delivered, along with the provision of value-driven services. Nevertheless, the majority of innovation in the realm of healthcare has been focused on products and services. Beyond being the major contributor to healthcare expenditure, these technology-driven innovations treat medical staff as the primary stakeholder and do little to improve the patients' quality of care, and presents an opportunity for future researchers to explore other forms of innovation in the context of healthcare.

As a human-centered approach, design thinking offers a method for holistically exploring problems, meeting stakeholder needs, and has been established as a means of driving innovation. Focus on future research within the domain represented by these two themes may provide opportunities for future research that will allow for a more contextual examination of healthcare administrators' essential management competencies needed to drive successful strategic change initiatives. As this research is only in its preliminary stages, the role of design has been limited to the identification and definition of potential objectives (Beckman, 2020).

Future research could provide additional case study research to validate the results of this study further and further explore the applicability of specific design methodologies in the context of health and medicine, and evidence design outcomes in public, private, national, and international healthcare contexts. As established in the literature, design methodologies are well suited to complex problems that address the

needs of various stakeholders within an organization (Trischler, Zehrer, & Westman, 2018). With a number of the problems facing today's healthcare administrators, design-based thinking offers an established methodology for conceptualizing, prototyping, and testing potential solutions for urgent challenges in the context of today's health and medicine domains (Shluzas, Aldaz, & Leifer, 2016).

Organizational leaders in all industry sectors are increasingly turning to design approaches as a panacea for uncertainty and disruption (Shluzas, Aldaz, & Leifer, 2016). However, frictions between design and typical management practices make integrating design into organizations difficult. To do this well, it is necessary to foster the coevolution of two types of design capabilities: deep expertise in design practices and extensive understanding, application, and scaffolds of design (Beckman, 2020). How can healthcare administrators empower their teams through design-thinking and work within realistic budgets to deliver quality-driven patient services in an uncertain pandemic and post-pandemic environment? One example of such needed research is documented by (Shluzas, Aldaz, and Leifer (2016), who explored the capabilities and boundaries of a hands-free mobile augmented reality (AR) system for distributed healthcare. They used a developer version of the Google Glass™ head-mounted display to develop software applications to enable remote connectivity in the healthcare field. With this technology, the nursing administrative team participating in this change initiative made optimum use of system usage, data integration, and data visualization capabilities. Further, they conducted a series of pilot studies involving medical scenarios. Such research initiatives

need the support of healthcare administrators to address how future IT systems engineering projects can be used at enhancing telemedicine access and distributed care.

In the broader context of distributed collaboration for improved healthcare delivery, future research can further examine the use of technology for complex distributed problem solving through interdisciplinary collaboration. Through design-thinking principles and balancing time, money, and human resources to drive successful change initiatives, such research can help healthcare administrators gain an improved understanding of the benefits of human augmentation through enhanced visualization and auditory capabilities, on healthcare team performance. Design thinking management research can explore how artificial intelligence systems may influence behavior change in situations requiring acute decision-making through interaction between healthcare administrators, healthcare technology experts, and point-of-impact health delivery personnel.

Based on the findings of this study, other recommendations for future research supported by practitioners and scholars that address more specific areas beyond what the sample reported include:

- Those working in any capacity in the healthcare field have fears and perceptions regarding their frontline work during the pandemic and the lack of personnel protective equipment. More research is needed to document their fears for themselves and the wellbeing of their families and what protections

they expect from their healthcare organization (urooj, ansari, siraj, khan, & tariq, 2020)

- Developing protocols to adopt virtualized treatment approaches that reduce the need for physical meetings between patients and health providers (webster, 2020)
- Leveraging data science to support healthier administrators in the fight against covid-19 by developing protocols for electronic health record-based rapid screening processes, laboratory testing, clinical decision support, reporting tools, and patient-facing technology (latif et al., 2020)
- Researching to address challenges associated with treating vulnerable populations, the additional support required for employees, and how the pandemic could change healthcare delivery within specific community contexts (McKinsey & Co., 2020)

Implications

Positive Social Change

Concerning positive social change, I want to bring more focus to corporate social (CSR) responsibility by healthcare organizations and their response to failed change implementations with the consistent dismissal of senior leadership. Multiple healthcare organizations are in the private and public sector dismissed medical directors and other top-level personnel to respond to calls for change and focus on CSR. In some cases, these dismissals were justified. In particular, the VA scandal in 2014, which involved charges

of manipulation and falsification of medical waiting lists and system-wide to hide delayed or inadequate treatment, which may have caused the deaths of some of those waiting for care. (Noonan, 2014).

The outcome of the VA scandal involved the dismissal of top-level personnel, including the Secretary of the VA, who stepped down. This event was one of the first instances of CSR by a healthcare organization that piqued my interest. As an individual who has worked in the healthcare field for many years, I took a vested interest in wanting to know why senior leadership continued to "pay the toll" for mistakes made and unsuccessful change implementation. I knew there was a breakdown in the healthcare system in general, as this continued to be a consistent response. Nevertheless, I began to wonder if those who are tasked with carrying out specific job duties assigned by senior leadership or healthcare administrators per se possessed the skill set or acumen to complete the job? More importantly, what does the supervisory staff think is the skill set that is required by their employees to complete the job duties assigned? This led to the formulation of the dissertation topic and the research question; "What are the perceptions of healthcare administrators on the specific nature of management competencies needed to drive successful strategic change initiatives within healthcare organizations?" Listed below is how I intend to use my research to enact positive social change.

As stated previously, there is a shortage of initiatives that come with recommendations for how they might be implemented in similar contexts. In essence, practical advice which might be aimed at improvement and applied in a healthcare

system is rather scarce. Hence, literature was abundant about how a change initiative should of could be implemented, as there was no shortage of research providing recommendations for improvement initiatives, typically centered on specific interventions (Sligo et al., 2019). Nevertheless, there was a gap in the literature about the managerial competencies which may be needed to do so. I conducted a multi-case study analysis, reviewed government reports, and collected interview data from study participants to conclude that implementation of successful and innovative change initiatives is crucial for hospital organizations to remain competitive and active in today's healthcare communities. Per the literature, by 2020, one in three hospitals in the United States will close or reorganize into a different type of healthcare provider (Burkey et al., 2017) unless change initiatives dealing with today's disruptive organizational changes cannot be successfully implemented within the healthcare sector (Tian et al., 2014).

Furthermore, healthcare administrators who participated in semi-structured interviews in this study shared their experiences with what types of managerial competencies were used to implement strategic change initiatives successfully. I used the data provided to chart recurring themes, as seen in Figure 2, based on the cross-case analysis. Articles and journals were used as a source to complement the face-to-face, semi-structured interview. The information from these archival data helped me to formulate meaning behind recurring concepts and ideas emerging from the data analysis and grounded in the conceptual framework. Besides, the research provided answers to the research question.

With the compiled research and a published dissertation, I intend to show the results to those in the medical community as a reference guide for what may possibly be the real drivers behind failed or successful change implementation. The healthcare administrators' who were interviewed provided a list of managerial competencies that would indicate success within their healthcare organization. The literature review and other research articles show different ways to correct errors for the unsuccessful implementation of change initiatives. The unfortunate side effect of these errors has been the CSR response of the removal of senior leadership. I hope that this study's new knowledge presented will help others gain a better understanding of managerial competencies and the role they play in implementing change initiatives. Implementation of new insights from this study on the specific nature of successful strategic change initiatives, addressing cutting-edge challenges faced by healthcare administrators, may lead to improved quality of patient care (Jeyaraman et al., 2017), and thus contribute to social change across various sized healthcare facilities.

Implications for Policy

Healthcare policy must address both factors associated with general organizational contexts (e.g., organizational culture, organizational climate, transformational leadership) and factors associated with strategic organizational contexts (e.g., implementation climate, implementation leadership). During this crisis time in healthcare, policymakers can act as mediators and moderators of implementation effectiveness. A study conducted in April 2020 concluded that doctors had fears and perceptions which need to be addressed while policymaking (Urooj et al., 2020). The use of mixed methods research in such policy initiatives will complement those efforts, adding nuance to our understanding of when and how contextual factors influence proximal and distal outcomes related to the implementation of effective managerial practices in healthcare.

Enacting policies to promote CSR with regards to the current pandemic taking place would show managerial practices, would be a sound way to test a healthcare organization's ability to implement change initiatives. Furthermore, evaluations of individuals who would be implementing these policies could take place as you would like to have the most skilled people working for you during a pandemic. Nevertheless, it is best to keep in mind that the pursuit of CSR should not be at the expense of profits (Siegel & Waldman, 2008). Hence, stakeholders and shareholders alike must be appeased

in regards to enacting a policy for strategic change, which is meant to serve the public's safety interest, yet hopefully, yield profitability.

Institutional Implications

This research has been conducted when the world is going through a pandemic, and all businesses and organizations are affected. After the epidemic, healthcare in the industry will face a new reality, and the need for successful change initiatives to adjust to the new challenges will be greater than ever. The results of this study brought forth two areas of emphasis for hospitals and other health care organizations in the current environment and the post-pandemic era: financial management and marketing communications. Healthcare administrators skilled in incorporated agile methodologies and lean principles, utilizing data-driven technologies, have shown improved profitability during this economic and health disruption. These managers are adept at using communication technologies, excellent leadership skills, and remote team collaboration to promote resilience and financial success in the "new normal" environment. Nevertheless, these administrators are more the exception than the rule in small, medium, and even extensive healthcare facilities across the nation at this tipping point in global economics.

Heath and Ni (2009) state that each organization has the right to operate profitability in a manner that meets or exceeds the standards of its stakeholders. Concerning financial management, healthcare administrators need to evolve and innovate, seeking new opportunities for revenue generation, especially in smaller-sized

and rural settings, but not at the expense of quality. They must leverage high-cost AI to improve healthcare services and save money in the long run. An example of such an innovative, cost-saving measure could be creating frugal innovation such as the neuronavigation. The neuronavigation would be used for image-guided surgical procedures. The second item developed as a frugal innovation was a human milk pasteurizer. It was created to help improve the newborn mortality rate. Both of these items were designed for use in developing countries (Bianchi et al., 2017).

Another option would be utilizing smaller locations, which are less expensive but currently underutilized. Rural hospitals, for example, look for a 5–6% deduction of costs per year while working towards a five-year target of a 25–30% cost reduction, maybe a great way to take advantage of cost expenses (IVantage Health Analytics, 2016). Healthcare administrators may also tap stimulus packages and increase collaboration with universities to access resources from inexpensive, well-trained interns. The Federal government has the authority to approve funds to be released in the new government stimulus packages, which may be utilized by healthcare organizations to combat the current pandemic.

Perla et al. (2013) stated that program marketing is one of the four resourcing needs for practical efforts guiding implementation and sustainability. As for marketing communications, health care organizations need to invest now in positive messaging, effectively using social media marketing. Short videos can be created that highlight what organizations are doing to ensure the safety of consumers returning for elective surgeries. Virtual tours on websites that show what hospitals will look like when full operations

resume can make a positive impact on marketing communications. Brand and reputational risk management should highlight what leaders are doing to ensure the continued safety of their employees and patients. Chronological blogs and newsletters that provide evidence of this must be a vital component of any marketing strategy. The effective and responsible use of a marketing campaign by a healthcare organization can also be seen as corporate social responsibility, thus appeasing stakeholders in the local community.

Unquestionably, communication is a crucial component in all steps of the health care process. Whether it is sharing patient information through electronic records with another facility or a group of health care professionals discussing how to treat current and incoming patients, the need for concise, effective communication is always present in the health field. Fortunately, health care systems today are better able to draw upon effective communication channels, such as email, social media, podcasts, press releases, and web pages. Some hospitals already have suitable online COVID-19 protocols, are engaged with their communities, and will undoubtedly capture market share if these efforts are sustained. It is essential that communications across hospital systems' have consistent timing and messaging from all leaders. Everyone dealing with both internal and external communications must be on the same page as different situations will call for different messages. In the case of a virus, the public will want the spokesperson to be a physician in scrubs with a stethoscope around their neck rather than a manager in a business suit. A business or financial issue can best be addressed by a senior hospital administrator or board member.

Theoretical Implications

The process of analyzing and presenting data evidence for theory extension in a multiple case study demonstrates the complexity of responding to the inductive and deductive evaluation process of qualitative data (Halkias & Neubert, 2020). Extension studies, such as this multiple case study, provide not only replication evidence but also support extending prior research results with offering valuable insights and new theoretical directions (see Bonett, 2012). Given the challenges facing today's healthcare administrator, scholars question whether the competencies presently required for these professionals are enough to meet the challenges of ongoing strategic change management in today's healthcare environment (Costello, West, & Ramirez, 2014; Krawczyk-Sołtys, 2017; Parmelli et al., 2011). The lack of conceptual models that specify relationships among individual and organizational constructs and frameworks in the change management literature resulted in a lack of exploratory research on how these factors coalesce to influence implementation success for change initiatives and strengthen the capacity for change in healthcare settings (Nusem, Wrigley, & Matthews, 2017; Powell et al., 2017).

Healthcare managers' competencies for driving successful strategic change initiatives in healthcare organizations remain outdated and limited (Gillis & Whaley, 2018; Kash, Spaulding, Gamm, & Johnson, 2017; Powell et al., 2017). Fulfilling the purpose of this study is significant to theory offerings, which are new, original, and gather cumulative qualitative data to validate further the comparison of success factors

for change model developed by Kash, Spaulding, Johnson, and Gamm's (2014). Kash, Spaulding, Johnson, and Gamm (2014) suggested that variations in the success of organizational change implementations may be related to an organization's ability to acquire and use new knowledge to ensure successful initiatives (Kash, Spaulding, Gamm, & Johnson, 2014). In line with recommendations for further research by scholarly researchers (Gillis & Whaley, 2018; Kash, Spaulding, Gamm, & Johnson, 2017; Powell et al., 2017), the goal of this empirical investigation aimed at advancing knowledge on healthcare managers' competencies for driving successful strategic change initiatives and contributed original qualitative data to the study's conceptual framework.

Recommendations for Practice

No leader, manager, or administrator operates in a vacuum. The evidence from this study's sample highlights the impact of organizational-level factors that influence managerial competencies of health care administrators. How healthcare administrators plan, develop, and implement change initiatives for better implementation outcomes suggests a need for healthcare policymakers to explore interventions further that more explicitly target the organizational context. Opportunities to develop, refine, and test organizational-level implementation strategies can include improving organizational culture in health care and further develop classic interventions such as the Availability, Responsiveness, and Continuity (ARC) and Leadership and Organizational Change (LOCI). Such research to define organizational interventions in the age of COVID-19 may demonstrate the utility of implementation strategies which in turn may serve as

exemplars for and guide healthcare administrators to adaptively respond to the daily leadership challenge they face within their healthcare facilities

Conclusions

The purpose of my research was to understand managerial competencies and how they drive successful change initiatives. The perceptions by healthcare administrators' on what managerial competencies are needed to drive successful change initiatives furthered my knowledge. The participants in this study played a pivotal role in providing first-hand accounts of implemented change initiatives utilizing managerial competencies. The primary tool used in the research, semi-structured interviews with open-ended questions, allowed the expansion of shared experiences by the participants (Yin, 2017). Hence, the study participants shared their views and professional experience regarding the necessary leadership competencies required of healthcare administrators to drive change in the healthcare industry facing severe sustainability challenges.

The data from the study was used to conclude reference to managerial competencies to successfully implementing change initiatives and future research. As previously mentioned, data from the study aligns with conclusions drawn by Braithwaite et al. (2017) that managerial evaluations of change initiatives must be supported using specific problem-solving skills and an in-depth understanding of the complexity of change, the interdependence of agents, unforeseen circumstances and consequences, and the significance of local context. Study participants confirm they received training in integrating design thinking into strategy involving multimodal change approaches and problem-solving (Bennett & McWhorter, 2019).

Future research should focus on the integration of managerial competencies into the management of individuals tasked with implementing change initiatives within healthcare organizations. As Sligo et al. (2019) stated, literature was abundant about how a change initiative should of could be implemented, as there was no shortage of research providing recommendations for improvement initiatives. The consistent recommendations about providing solutions to the implementation process do not look at if the people who are implementing the process are the right people for the job. Hence, future research, based on the managerial competencies presented in this dissertation, is suggested.

I would like to add that 6 years ago, when this journey started, I was focused on improving the healthcare and well-being of my fellow man. Humans deserved to be treated more humane by healthcare systems that in my opinion at the time, were focused solely on profit and cherry-picked stakeholder appeasement. Six years later, healthcare organizations around the world would have no choice but to respond to a global pandemic with little regard to profit or competition. This has shown me that my opinion, which was met with great resistance during my research, that the unexpected that we fear can bring about the unexpected that we cheer. This is just a small part of what has been revealed to me over my dissertation journey. I do believe it was worth sharing as sometimes the small parts leave the biggest impressions.

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Appendix A: Letter of Introduction and Recruitment

Good day, I am a doctoral student at Walden University inviting you to participate in my research about how healthcare administrators manage strategic change initiatives within their work environment. The purpose of this study is to explore healthcare administrators' perceptions of the managerial competencies needed to drive strategic change initiatives within healthcare organizations.

New insights gained from this study on addressing cutting-edge challenges faced by healthcare administrators may lead to improved quality of patient care, and thus contribute to social change across various sized healthcare facilities. I believe that your experience would be a great contribution to the study. Therefore, I am reaching out to discern if you might have interest in participating in the research. Participant's eligibility for this study includes the following criteria: 1) at least 18 years of age, 2) a minimum of two years' experience in their current or similar role as a healthcare administrator, 3) employed in a healthcare facility located within the United States.

An Informed Consent form is attached to this email that explains in further detail about the key elements of the research study and what your volunteer participation will involve for this research study. After reading the Letter of Recruitment and attached Consent form, if you would be interested in participating in this study, kindly confirm your interest by responding to with the words, "I consent" via Linkedin e-mail or personal e-mail if requested by you, the participant.

If you would like to request additional information, you may reply to this email.

Thank you in advance for your consideration.

Respectfully,

William Selsor

Appendix B: Informed Consent Form

Walden Institutional Research Board Approval Number: 02-28-20-0125887

Appendix C: Interview Protocol

Date:_____

Interviewee: (Identifying Number_____)

Years of Experience as a Healthcare Administrator: _____

Size of your Healthcare Organization: _____

Location (State): _____

Researcher to Participants Prologue:

Thank you for agreeing to participate in this study. I am going to be asking you questions regarding your experiences in your professional role as a healthcare administrator. We are going to be focusing specifically on your professional and managerial experience in implementing successful strategic change initiatives within your healthcare organization. You are invited to elaborate where you feel comfortable and decline from doing so when you do not have information to add. If you need clarification from me, please ask. Are you ready to begin?

Interview Questions:

1. How would you describe your role as a manager/ leader in your healthcare organization?
2. How would you describe two successful strategic change initiatives you implemented as a team leader at your healthcare organizations?

3. What would you say where the organizational factors that led to the successful implementation of these two strategic change initiatives?
4. What do you believe were the managerial competencies you most relied on to successfully implement these changes? (possible examples: *attention to emerging technology, personal perceptions of the problem, initiative, network management, foresight capability*)
5. How did your staff react initially to the introduction of these strategic change initiatives?
6. What managerial competencies did you leverage to support your staff's long-term response to these strategic change initiatives?
7. Are there other issues of concern in relation to managerial delivery of successful strategic change initiatives in a healthcare organization that you feel would provide helpful information for this study?

Researcher to Participants: *Thank you for your time and participation in this study.*

Optional Probes

1. *Can you tell me a bit more about that?*

2. Can you explain that answer?

3. How did you pull from your previous knowledge to implement that strategy?

4. What makes implementing that strategy difficult or rewarding?

5. Do you have anything further you wish to add on that point?