

2020

Strategies for Small Businesses Negotiating Contracts with Hospitals

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Walden University

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Walden University

College of Management and Technology

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Patricia G. McCoy

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Walden University
2020

Abstract

Strategies for Small Businesses Negotiating Contracts with Hospitals

by

Patricia G. McCoy

MA, Webster University, 1986

BS, Texas Woman's University, 1981

Doctoral Study Submitted in Partial Fulfillment
of the Requirements for the Degree of Marketing
Doctor of Business Administration

Walden University

December 2020

Abstract

Failure to successfully negotiate contracts can have negative impacts on business survivability. Contract negotiations are ways medical suppliers and hospitals establish mutually beneficial relationships to increase profitability and longevity while innovating to improve patient care. Grounded in the resource dependency theory and the grand theory of negotiation, the purpose of this qualitative multiple case study was to explore strategies used by Texas physician preference item (PPI) suppliers to successfully negotiate contracts with hospitals to improve profits and sustain their small business beyond 5 years. The participants comprised 11 small business leaders in Texas who successfully negotiated contracts with hospitals to improve profits and sustain their small business beyond 5 years. Data were collected using semistructured interviews along with the review of organizational documents. Through content analysis, five major themes emerged: building trustful and mutually beneficial relationships; research and experience; positive, confident, and patient attitudes and behaviors; communication skills; and flexible and compromising strategies. A key recommendation is for PPI suppliers to establish strong verbal and nonverbal communication skills for successful negotiation processes. The implications for positive social change is the potential for small business growth to supporting employment and fuel the economy and medical device innovation to improve healthcare outcomes for hospitals and patients.

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Dedication

I dedicate this study to my late mother, Virginia Akins McCoy. Her love, encouragement, time, soul, and mentorship made this dream a reality.

Acknowledgments

I want to reflect on the people who supported and helped so much throughout my doctoral study. I would especially like to thank Dr. James Glenn, the chair of my committee. As my professor and mentor, his expertise, guidance, understanding, and patience have been invaluable throughout the doctoral program. I was extremely fortunate to have a professor who took interest in my work and who responded to my questions and queries so promptly. I would like to thank the members of my committee for their extreme patience in the face of numerous obstacles. I would like to thank Diane for her valuable guidance and support needed to choose the right direction.

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Section 1: Foundation of the Study

Background of the Problem

Physician preference items (PPIs) are broadly characteristic of medical equipment, devices, and supplies encompassing general surgical devices, implants, and instruments for which physicians have strong preferences that guide hospital purchasing (Shbool, 2016). Healthcare expenditures in the United States include approximately \$200 billion for the purchase of medical devices, with the majority of funds spent by hospitals to obtain PPIs (Burns, Housman, Booth, & Koenig, 2018). Shbool and Rossetti (2017) reported that 40% of hospital costs are for supply chain activities, with 61% of the total supply expenditures spent on PPIs. Vendors of PPIs negotiate contracts with hospitals to meet those PPI needs (Grennan & Swanson, 2018). Particular negotiation strategies often facilitate optimal contract negotiation processes (Thompson et al., 2016) that enable healthcare suppliers to maintain business value and competitiveness and ensure profitability and continuity (Nijmeijer, Huijsman, & Fabbriotti, 2014).

Small businesses, including PPI suppliers, comprise over 99% of all U.S. firms, employing about 50% of the private sector workforce (Kull, Kotlar, & Spring, 2018; U.S. Department of Commerce [USDC], 2015). The well-being of small businesses is of major concern for some business leaders (National Federation of Independent Business, 2016), largely because two thirds of small businesses fail to survive beyond the 10-year mark (Small Business Association [SBA], 2018). There is a recognized need to support small business suppliers of medical devices, which the Food and Drug Administration (2017)

defined as medical device businesses with gross receipts or sales or less than \$100 million in a tax year.

When suppliers of medical devices are unable to continue their operations, the threat to U.S. economic stability can undermine innovation and progressive research and development (Marcus et al., 2016). Small business suppliers of PPIs must secure funding for development, commercialization, and marketing, then strategically negotiate with buyers interested in their products (DiMaio, Potz, Thatcher, & Squiers, 2017). One way that small business PPI vendors sustain profitability and growth is through effective bargaining and contract negotiations with hospitals for PPI items (Grennan, 2014). Effective use of bargaining power in negotiations is among the strongest of determinants of small business profitability (Pervan, Curak, & Kramaric, 2017).

The U.S. healthcare industry is a key avenue for small business growth (Prasanna et al., 2015). Health commodity contracts represent substantial revenues from accommodating the needs of more than 18.5 million Americans (Arney, Yadav, Miller, & Wilkerson, 2014). Opportunities within the healthcare supply chain are vast (Coates, 2015; Vitalari, 2016); however, financial constraints and governmental regulations make it necessary for purchasers to negotiate with vendors, while vendors aim to maximize profits to sustain their business efforts (DiMaio et al., 2017). Contract negotiations are particularly important to small businesses that meet the health needs of Americans, such as supplying PPIs and medical devices (DiMaio et al., 2017; Lingg, Wyss, & Durán-Arenas, 2016; Willging et al., 2016). Research-based knowledge about contract negotiation strategies that small business PPI suppliers successfully use with hospitals

may help other small business PPI suppliers improve business growth, profitability, and longevity.

Problem Statement

Contract negotiations are ways PPI vendors and hospitals establish mutually beneficial relationships to increase profitability and longevity (Grennan & Swanson, 2018). As hospitals aim to keep PPI costs as low as possible (Burns et al., 2018), approximately 4,000 medical equipment providers with less than \$1 million in assets experience higher than normal business failure rates, with 56% of medical equipment small businesses closing within 5 years and 70% failing within 10 years of starting (SBA, 2018; USDC, 2015). The general business problem was that some small business medical equipment providers may enter contract negotiations without preparation, jeopardizing sales, profits, and business viability. The specific business problem was some small business PPI suppliers lack strategies to successfully negotiate contracts with hospitals to improve profits and sustain their businesses beyond 5 years.

Purpose Statement

The purpose of this qualitative multiple case study was to explore successful strategies used by Texas PPI suppliers to successfully negotiate contracts with hospitals to improve profits and sustain their small business beyond 5 years. The population, from which I recruited a purposeful sample of 11 participants, consisted of small business owners and operators who negotiated contracts with hospitals for the purchase of medical devices, including PPIs, and who had been in business in Texas for at least 5 years. The implications of this study for positive social change pertain to the potential for PPI small

business suppliers to improve negotiating strategies that sustain their small businesses, benefiting the communities in which they operate through higher employment, economic prosperity, and tax revenues. Improved negotiation strategies could lead to increased sustainability among medical device and equipment businesses and the revenues required to foster and sustain medical device and equipment innovations to benefit the patients in hospitals who depend on them for improved health and well-being.

Nature of the Study

The three types of research methodologies are quantitative, qualitative, and the mixed method (Maxwell, 2015). I used the qualitative method in this study. Using the qualitative methodology enables a researcher to conduct exploratory research and consider external and contextual factors (Ranney et al., 2015). Unlike qualitative researchers, quantitative researchers examine and analyze the relationships and differences between variables (Zaforteza et al., 2015). A mixed method study contains both qualitative and quantitative methods for addressing the research questions (McIntosh & Morse, 2015). Exploring strategies that small business suppliers of medical devices, including PPIs, use to negotiate contracts with hospitals did not require using deductive logic, examining and analyzing relationships among known variables, or drawing inferences to generalize findings. I used an inductive form of inquiry, identifying themes and patterns that emerged from participant interview responses to answer the research question; therefore, the qualitative method was appropriate for this study.

There are several design options when conducting research using a qualitative method. Researchers seeking to explore and address questions regarding *what* and *how to*

use a case study approach (Yin, 2016). Other research designs, including phenomenological, ethnographic, and grounded theory research, were not appropriate for this study based on the following reasons. Researchers use the phenomenological design when seeking insights into the meanings of lived experiences, typically looking for the invariant constituents of those experiences of groups or individuals (Willis, Sullivan-Bolyai, Knafl, & Cohen, 2016). I did not use the phenomenological design because I gathered strategies through the collection of multiple sources of data instead of seeking the meaning of participants' lived experiences derived from their narrative descriptions. An ethnographic design is an inductive, interpretive approach that applies to the study of human behaviors relative to a given culture, including organizational culture (France, Wells, Lang, & Williams, 2016). Ethnography was not appropriate for this study because my primary concern was with business strategy, not organizational culture. Singh and Estefan (2018) posited researchers use the grounded theory design when seeking to generate a hypothesis or a potent and useful theory based upon a preexisting context or phenomena. Grounded theory was a design that did not align with the applied research required in a doctor of business administration (DBA) doctoral study. A qualitative multiple case study was the most appropriate approach for this study to explore the contract negotiation strategies of small business owners and operators who sell medical devices, including PPIs, to hospitals to sustain profitability for at least 5 years.

Research Question

The research question was: What successful strategies do Texas PPI suppliers use to negotiate contracts with hospitals to improve profits to sustain their small businesses for at least 5 years?

Interview Questions

1. What contract negotiation strategies have been successful when negotiating PPI supply contracts with hospitals?
2. How did you determine and develop those negotiating strategies?
3. What types of communications do you believe are necessary for successfully negotiating contracts with hospitals?
4. What attitudes during negotiations do you believe lead to the most successfully negotiated contracts with hospitals?
5. How would you describe your bargaining power and abilities in relation to your negotiation strategies?
6. What barriers did you encounter when you sought to implement the strategies for negotiating contracts, and how did you address the barriers?
7. How did you assess the effectiveness of your strategies to negotiate contracts with hospitals?
8. What else would you like to share concerning your experiences in developing and implementing strategies for negotiating contracts with hospitals to remain profitable for at least 5 years?

Conceptual Framework

Conceptual frameworks are the lenses researchers use to explore and understand concepts presented in the literature to construct a workable model based on the findings (Zumitzavan & Michie, 2015). Resource dependency theory and the grand theory of negotiation constituted the conceptual framework for this qualitative multiple case study. Emerson (1962) introduced the idea of the power of parties in resource-dependent relationships. The power of the party in control of the more essential resource can increase when needed resources are important, scarce, or nonsubstitutable, such as in various types of hospital purchasing needs (Montgomery & Schneller, 2007). Stevens (1958) highlighted the need for negotiation theory in the business world. The key proposition of negotiation theory is a company's use of contracts to achieve economic growth and conduct business (Stevens, 1958). Key constructs of the negotiation theory are (a) bargaining, (b) compromise, and (c) process (Stevens, 1958). The negotiation theory expanded over time to apply to a variety of business, academic, and legal settings (Fick, 1989) and culminate in what Borbely, Ebner, Honeyman, Kaufman, and Schneider (2017) called the grand theory of negotiations, based on supporting theories of negotiations that emerged over time. In combination, I expected the resource dependency theory and grand theory of negotiation to represent a useful means for exploring and understanding the strategies small business owners who sell PPIs use to negotiate contracts with hospitals to sustain profitability for at least 5 years.

Operational Definitions

The following terms were relevant to the central topic of this study. The definitions for these terms add the context necessary to understand the meaning of their use in this study.

Bargaining: A process in negotiations, bargaining refers to the strategic interactions, tactics, and efforts used in the coordination of the behaviors of at least two parties to achieve the common or diametrically opposed goals of the parties involved in the negotiation process (Espín, Exadaktylos, Herrmann, & Brañas-Garza, 2015).

Bargaining power: A phrase characterizing inequalities between buyers and sellers entering negotiations, bargaining power was first “used to assert some lack of equality between buyers and sellers in a market” (Dunlop & Higgins, 1942, p. 1).

Negotiation: The process by which two or more interested parties act to reduce perceived goal discrepancies to agree on mutually beneficial terms of a relationship (Brett & Thompson, 2016; Kapoutsis, Volkema, & Lampaki, 2017).

Negotiation strategies: The tactics, skills, and processes applied to negotiations; as applied to this study, negotiation styles are not the same as negotiation strategies, although an awareness or preference of a negotiation style may influence negotiation processes or strategies (Miller, 2014).

Negotiation style: The ways a negotiating party acts or behaves; five broad categories of negotiation styles include (a) competing or aggressive, (b) collaborating or cooperative, (c) compromising, (d) accommodating or conceding, and (e) avoiding (Miller, 2014).

Physician preference items: Broadly characteristic of medical supplies, devices, and equipment encompassing general surgical devices, implants, and instruments for which physicians have strong preferences that guide hospital purchasing (Burns et al., 2018; Shbool, 2016).

Relational governance: The identification and use of social controls to promote social interactions and shared visions, often involving business leaders who attempt to establish trust during exchanges and negotiation processes (Addae-Boateng, Wen, & Brew, 2015; Overbeke, Bilimoria, & Somers, 2015).

Small business: Independent business with fewer than 500 employees (SBA, 2018); the Food and Drug Administration (2017) defined a small business in the medical device industry as one that generates less than \$100 million per year in gross receipts or sales.

Assumptions, Limitations, and Delimitations

The identification of assumptions, limitations, and delimitations of qualitative research studies adds to the credibility of the study through transparency and its internal validity (Wu, Thompson, Aroian, McQuaid, & Deatrck, 2016). Sharing the assumptions, limitations, and delimitations for this research study helps readers understand the purpose of the study and how it applied to business operations.

Assumptions

Assumptions are unprovable conditions of the research study, including factors accepted as true within the context of the research study (Oltmann, 2016). The first assumption was that the small business owners and operators who participated in the

study provided honest and sufficient data to arrive at an answer to the research question.

The related assumption was that I would be able to recruit participants to achieve data saturation, or the point at which no new information appeared to emerge from ongoing data collection efforts. I assumed that the method and design of the study were appropriate for the goals and that I appropriately applied the features of qualitative analysis in ways that minimized bias and led to meaningful, research-driven strategies that could help small business PPI suppliers more successfully negotiate contracts with hospitals to improve long-term profitability.

Limitations

Research reports must include a careful discussion of limitations, which are the uncontrollable shortcomings or potential threats to validity (Tobi & Kampen, 2018). The limitations may be due to the delimitations and scope of the study or the study design or qualitative methodology (McAlearney, Walker, Moss, & Bickell, 2016). It may seem that the identification of a study's limitations would highlight the weaknesses of a study, thereby weakening the study itself; however, identifying the limitations, strengths, and weaknesses of a study can highlight the need for future research and how the limitations shape the researcher's conclusions and interpretations, giving greater transparency to the study (Ting-Fok, Henry, & Allen, 2015). The first limitation was the population of the study was Texas PPI suppliers, and data from this location-specific population may not adequately reflect the experiences of all small business owners in healthcare who sell medical equipment to or from other parts of the world. The second limitation was the focus on only small businesses in the healthcare industry in Texas that supplied medical

devices, including PPIs, because the findings do not necessarily reflect strategies used by larger companies. The third limitation was the study occurred during a finite period of time. Future conditions may change in ways that limit the findings to more immediate business applications.

Delimitations

Delimitations are the parameters of a research study to maintain a practical and achievable scope for the research project (Tanhueco-Tumapo, 2016). Delimitations help the audience understand the scope of the research study. The first delimitation was the study population and geographic location. The emphasis of this study was on small business suppliers of medical equipment and devices known as PPIs, who were geographically dispersed across Texas and had stayed in business for at least 5 years. Small business owners and operators in industries other than healthcare, who did not sell PPIs, or who were located outside of Texas were not included in the study. Small business owners who failed to sustain their businesses for at least 5 years were also excluded from this study.

Significance of the Study

In this qualitative multiple case study, I explored successful strategies used by Texas small business PPI suppliers to negotiate contracts with hospitals to sustain their small businesses beyond 5 years. Medical device suppliers are fundamental to U.S. healthcare needs, but their successes depend on effectively negotiating agreements (DiMaio et al., 2017). By helping to prevent small businesses in the healthcare industry from losing revenues, successful contract negotiation strategies could provide struggling

small business owners means for remaining profitable. The findings of this study contribute to advancing positive social change and fostering the economic growth of small businesses in the healthcare industry by providing insights to improve business efficiency, value, innovation, and the quality of goods and services that can stem from additional revenue investments and sustained employment in the communities served.

Contribution to Business Practice

Supply chain small business owners must make decisions about how to achieve their objectives of maximizing profits, which requires the negotiations of contractual relationships in ways that ensure profitability and continuity of their businesses (Sadjadi, Asadi, Sadeghian, & Sahebi, 2018). Business owners' successful negotiation of optimal contractual relationships enhances profit-making and revenues to help business owners in the healthcare industry improve the quality of products and services, advance innovation, and provide supportive work environments (Nijmeijer et al., 2014). Increasing complexity and competitive intensity in the supply chain business environment led researchers to stress the importance of the examination of contract mechanisms and negotiations to the profits of supply chain members (Sadjadi et al., 2018). Van den Heuvel, Kapada, Stirling, and Zhou (2018) explained how contractual payments enable healthcare business owners to become high-quality suppliers, develop improvements, and continue innovations to maintain the value and competitiveness of their businesses. Thompson et al. (2016) revealed that the negotiations of particular types of contracts might have successful outcomes resulting from the use of particular negotiation

strategies. The results of the current study may help business owners improve decision-making related to contractual relationships to ensure profitability and continuity.

By promoting competition, small business owners in the healthcare industry who sell medical equipment could become more innovative to meet the demands of their existing and expanding consumer base via developing new devices and treatment options (DiMaio et al., 2017). Companies may have to develop new technology to differentiate themselves from competitors and to produce medical devices and equipment that become PPIs (Burns et al., 2018). An important aspect of innovation is the ability to negotiate (Berends, Smits, Reymen, & Podoyntsyna, 2016). Many contract negotiators believe that particular negotiation strategies, such as the use of checklists, master guides, and training tools, help contract negotiations progress more smoothly and successfully (Thompson et al., 2016) but that collaborative, competitive, or compromising styles are characteristic of buyer-seller negotiations (Prado & Martinelli, 2018). The findings from this doctoral study provide owners and operators of medical equipment small businesses with ideas for developing successful strategies to negotiate contracts with hospitals to increase profits and maintain business continuity.

Implications for Social Change

The failure of small businesses within the healthcare industry is a significant social concern and affects society because the economic activity of small businesses constitutes a large portion of the gross domestic product of the United States (Memili, Fang, Chrisman, & De Massis, 2015). The implications for social change from this research are the potential for small business owners who sell medical equipment to

hospitals to grow, innovate, and create jobs. Prasanna et al. (2015) identified the U.S. healthcare industry as a key avenue of growth for many small businesses, many which engage in innovative research and development. The successes and failures of small businesses affect employment and the national GDP (SBA, 2018); therefore, it is important that small business owners who supply hospitals sustain their operations at least 5 years and ideally beyond 10 years (Goss, 2015). The results of this study are relevant to small business hospital suppliers who aspire to remain profitable beyond 5 years leading to the creation of jobs, fueling of innovation, and improvement of the U.S. GDP.

A Review of the Professional and Academic Literature

In this qualitative multiple case study, my intent was to explore prior research and theories related to strategies some small business owners in the healthcare industry use to negotiate contracts to sustain profitability. The reason for a review of professional and academic literature is to assess previous research, explore the phenomena, and identify the relationships between concepts (Haddaway, Woodcock, Macura, & Collins, 2015). This subsection contains discussions of literature that represent a critical analysis and synthesis of peer-reviewed journals, reports, and scholarly seminal books to illustrate the sufficient depth and value of this inquiry.

I begin the review with an overview and introduction to the contract negotiation literature discussed in greater detail in the sections that follow. An explanation of the conceptual framework starts with resource dependency theory and continues with the identification and description of the germinal theories of negotiation that led to

contemporary applications in recent research. The discussion of negotiation theories and their relevance to small businesses selling medical supplies and equipment leads to a summary of the supporting theories that culminated with a grand theory of negotiation applied in this research study.

Also included in this review of the existing, peer-reviewed body of knowledge are explanations and examples of prior research pertaining to negotiation styles and the complex factors previously revealed as parts of negotiation processes. The focus then shifts to contractual agreements, relationships between buyers and sellers, and the nature of small businesses and the healthcare industry that may affect contract negotiations. These sections of the literature review contain a synthesis of prior, but recent, rigorous research and the findings from both qualitative and quantitative studies about the various facets of negotiations discussed. Finally, I identify and synthesize the literature on PPIs and discuss what scholars know about negotiations between hospitals and PPI suppliers to complete the literature review.

The databases used in the literature search included ABI/INFORM Complete, Business Source Complete, EBSCOhost, Emerald Management, LexisNexis Academic, ProQuest, Sage Premier, Science Direct, Walden University Library, and U.S. government databases. Keywords in the search criteria included *negotiation*, *negotiation theories*, *contracts*, *healthcare*, *small business*, *sustainability*, *medical equipment*, *medical commodities*, *medical devices*, and *PPIs*. As part of my literature review, I searched for peer-reviewed, scholarly articles and scholarly books. This doctoral study contains 280 references, as shown in Table 1, including 21 books, three dissertations, and

nine government websites. Of the 243 peer-reviewed articles, 225 published between 2015 and 2018 are a part of the literature review and support my decisions for the theory and methodology used in the study. Approximately 87% of the total references were published in scholarly journals during the last 5 years.

Table 1

Sources for Study

Reference type	Published 2015–2018	Published < 2015	Total sources
Nongerminal, peer-reviewed periodicals	225	18	243
Germinal, peer-reviewed periodicals	0	4	4
Books	9	13	21
Dissertations	3	0	3
Government	7	2	9
Total	244	37	280

Overview of Contract Negotiation Strategy Literature

Leaders of companies that function as suppliers have concerns about meeting profit targets; however, contracts, if negotiated and formed optimally, can help maximize profits (Deng & Yano, 2016). Contracts represent opportunities to increase profits for companies (Jäger, Loschelder, & Friese, 2017), especially suppliers, who must be able to respond to market demands quickly and maintain operational efficiency that leads to longevity (Thomas, Thomas, Manrodt, & Rutner, 2013). Given the increased complexity

of a progressively global society, competition in the 21st century increased among suppliers such that contracts and contract management became increasingly significant to company profits and the innovative capacity and longevity of medical device suppliers (Van den Heuvel et al., 2018). To support company longevity and profits, theorists began to view contract negotiations as critical parts of ongoing dependency relationships that influence future intentions and interactions between buyers and suppliers (Emerson, 1976; Thibaut & Kelley, 1959; Thomas et al., 2013).

Mathematical models, such as Stackelberg's (2011) approaches to the supply chain, demonstrated the statistically significant links between suppliers, contracts, and their profit potentials. Considering medical device suppliers' profits and costs in the analysis of the profit functions of suppliers, Van den Heuvel et al. (2018) concluded that medical device contracts and successful contract negotiation strategies can improve the competitiveness and profitability of a supplier, whose aim is to maximize profits, foster long-term and stable relationships with buyers, and contribute solutions to healthcare problems.

Thomas et al. (2013) noted a gap in knowledge about negotiation strategies and buyer-seller relationships that affect business profits and longevity, which additional research about contract negotiation strategies could help to fill. Empirical evidence built on theoretical models led to various labels of negotiation styles and strategies, which I detail in the following subsections. Among the different strategies are win-win and win-lose approaches that suppliers often use to negotiate over contract terms, including price, delivery, shipment schedules, and quality standards to enhance both profits and

relationships that affect longevity (Thomas et al., 2013). During those negotiations, the most common strategies include collaborative win–win approaches and competitive win–lose tactics (Prado & Martinelli, 2018).

Win–win negotiation strategies may foster more long-term buyer-supplier relationships, although win–lose negotiation strategies may result in greater economic benefits for suppliers (Thomas et al., 2013). With a sample of 78 business leaders in the southeastern United States, Thomas et al. (2013) empirically tested the impact of negotiation strategies on buyer–supplier relationships using an independent variable of the type of negotiation strategy and a dependent variable of relational interdependence. Win–lose negotiation strategies decreased the quality of ongoing buyer–supplier relationships, even though there may have been more supplier profit potential (Thomas et al., 2013). The results of the research by Thomas et al., among other empirical evidence detailed in the literature review sections that follow, indicate that contract negotiations and the strategies used impact profits, long-term business relationships, and the longevity of supplier companies.

In the sections that follow, I provide detailed discussion of study results about the positive relationships among effective contract negotiations, bargaining power, and small business profitability that scholars, such as Pervan et al. (2017) and Jäger et al. (2017), reported in the peer-reviewed research. Medical supplies, devices, and equipment represent billions of dollars in major hospital costs, with approximately 61% of hospitals' total supply expenditures for PPI contracts, representing a potentially profitable avenue for small business profits and the longevity of PPI suppliers (Montgomery & Schneller,

2007). Much of the research about contract negotiations between hospitals and PPI suppliers emphasized the need for hospitals to get more for less, leaving the small business owners of PPI suppliers with growing challenges (Grennan & Swanson, 2018). However, surveyed contract negotiators reported that some strategies, including planning and training components, facilitate smoother and more successful contract negotiation processes (Thompson et al., 2016) and that some styles, such as collaborative, competitive, or cooperative, may be more beneficial in certain circumstances (Prado & Martinelli, 2018).

Relevant to this study of contract negotiations between small business PPI suppliers and hospitals and examined individually in the literature review were the ideas that healthcare contract negotiations involve communication strategies, applicable technologies, interorganizational management, and strategic planning based on multifaceted knowledge. The relationships between healthcare businesses affecting negotiations may be more complex than others, involving a high level of trust, loyalty, cooperation, and various motivating factors, examined individually in the literature, such as communication and expectations from the relationship (Terho, Eggert, Haas, & Ulaga, 2015). To understand strategies for successful contract negotiations, researchers seek to disentangle complexities, which were topics that emerged as central to this research and discussed in depth in the literature review subsections that follow.

Complexities of negotiations involve multiple factors that may affect the degree of success of negotiations (Crump, 2015). For example, Perks and Oosthuizen (2013) discussed negotiations in terms of the perceptions of risks and abilities of negotiating

parties, and Grennan (2014) emphasized learning in the development of bargaining abilities that could influence contract negotiations between hospitals and PPI suppliers. Rajavel and Thangarathinam (2015) claimed that negotiations might involve misperceptions, aggressive behaviors, or uncertainties about the preferences and goals of opponents, implicating emotions and the temperament of the parties involved in the negotiation. Other related topics that emerged from the literature include personality differences, language and semantics, as well as verbal and nonverbal communication skills (Zhao & Nie, 2015). The ethical standards by which companies operate also may affect negotiation strategies (Kelchner, 2016), as explained in greater detail in the sections that follow.

The landscape of healthcare also continues to change rapidly, with new tools for negotiating, such as technologies, which can lead to a strategic edge in contract negotiation (Krupinski & Weinstein, 2014). How motivating factors, technology, and related tools, especially in the healthcare industry, affect negotiations, may be important information relevant to the study of effective or successful negotiations (Clay-Williams et al., 2018). Part of negotiating healthcare contracts involves how parties will manage the contracts. For example, Perks and Oosthuizen (2013) discussed how contract management and monitoring expectations could affect future negotiations. Accordingly, these concepts emerged from the body of peer-reviewed publications discussed in the literature review sections that follow.

Conclusions drawn from the small business, healthcare, and negotiation studies synthesized in the sections that follow are that multiple factors, such as leadership

qualities and styles, competitive and community atmospheres, strategies, and planning, impact revenues and the longevity of small businesses (Zohar, 2015; Zumitzavan & Michie, 2015). The nature of revenue generation by small business owners involves identifying opportunities for new revenues and using education about economics, the environment, media, culture, and politics to negotiate in their business processes (Carayannis & Grigoroudis, 2016). The review of the literature culminates in an address of small businesses and their revenue strategies, such as the process and importance of negotiating contracts. Especially relevant to this study was the gap in the literature about small business owners who supply medical devices, including PPIs, to hospitals, which is also addressed in the subsections that follow.

Resource Dependency Theory

With this study, I contributed to the literature on contract negotiation by examining the strategies that small business PPI suppliers use to negotiate contracts with hospitals in greater detail; the contract negotiations between small business PPI suppliers and hospitals represents a process of dependence between two parties. The resource dependency theory posits that the power possessed by parties, such as individuals and groups in interorganizational or intraorganizational relationships, is best understood through the analysis of the resources controlled by each party (Pfeffer & Salancik, 1978). Emerson (1962) introduced the idea of treating individuals and groups as parties in a power network, connecting two or more parties through power-dependence relations. Consideration of this power network enables meaningful analyses of complex power structures that can affect the outcomes of those power relationships (Emerson, 1964).

The power of one party over another depends on the relative importance of the resources that each party may control (Pfeffer & Salancik, 1978). If one party is in control of resources that are essential to the other party, then this dependence equates to greater power of the party in control of those resources (Ford & Johnson, 1998). The power of the controlling party can increase when needed resources are important, scarce, or nonsubstitutable, such as in various types of hospital purchasing needs (Montgomery & Schneller, 2007). The greater a buyer's dependence is on its suppliers, the more the buyer needs to maintain a relationship through flexibility and cooperation (Navarro-García, Sánchez-Franco, & Rey-Moreno, 2016).

Applied to healthcare settings, hospitals, and medical suppliers, the concept of countervailing power pertains to the idea that essential parties may be separate yet interdependent entities who may negotiate to form alignments and realignments (Galbraith, 1967). Examples in healthcare systems are between hospitals and the businesses that supply medical equipment, devices, supplies, and technologies; both must find ways to benefit their businesses and professions and, therefore, are unusually dependent in significant ways (Light, 1993). Medical suppliers engage in power relations with hospital leaders who pursue their goals of cost reductions in a dependency context while ensuring quality healthcare, safety, and trust (Montgomery & Schneller, 2007). The relevance of the resource dependency theory to this study was that hospitals and suppliers both seek to strengthen their bargaining positions, which may affect negotiation strategies depending on the importance of the resources to negotiating parties. According to Montgomery and Schneller (2007), suppliers may have the greater balance of power in

negotiations of contracts for PPIs and hospitals may need to find ways to match the financial rewards that suppliers seek.

Negotiation Theory

The grand theory of negotiation applies to this study, which emerged from several seminal theories of negotiation, including game theory, choice theory, and principled negotiation, as described in the subsections below. Stevens (1958) introduced the business world to the concept of negotiations, arguing for an emphasis on understanding why parties decide to enter into negotiations in the first place. Without an understanding of related information, it would theoretically be impossible to know what negotiation strategies would work in particular negotiations. Simon (1957) similarly claimed that for optimal decision-making, such as those that occur during negotiations, people require important information to behave rationally. From these original concepts, negotiation theory grew to embody the idea that with adequate information, it is possible to theorize about the tactics that could work best for rational people during negotiations (Caputo, 2013).

Most contract negotiations have the same goals, including to come to an agreement that meets the intended purpose and to come to terms that last long enough to establish long-term business relationships (Tomlinson & Lewicki, 2015). The goal-related key constructs of the negotiation theory include the concepts of bargaining, compromise, and a negotiation process (Stevens, 1958). Tied to business success, negotiations involving effective bargaining are a large part of small business performance and profitability in many industries and settings. For example, a structural equation

modelling study of 118 small businesses operating in the European manufacturing sector revealed that sensitivity to industry rivalries (sensing threats) and bargaining power (sensing and seizing opportunities in negotiations) were the most important determinants a firms' performance and profitability (Pervan et al., 2017).

A dissection of negotiation theory includes an accounting of the negotiation structure and the negotiators, as well as common errors negotiators may make. Caputo (2013) described the modern applications of the negotiation theory as entailing a consideration for how rational negotiators should behave in real-life negotiations. Alternatively, the idea of negotiation theory is that people are not perfectly rational; instead, there are limitations imposed by the extent of emotional, cognitive, and intellectual capabilities, based on information available to negotiators (Cyert & March, 1963; Simon, 1957) that affects the bargaining, compromise, and negotiation processes that Stevens (1958) described. Therefore, negotiation theory encompasses the appreciation of the composition of the negotiating structure that includes additional considerations about the parties involved, the issues of negotiation, and the preferences, interests, and knowledge of the negotiating parties (Caputo, 2013).

Earlier negotiation theory continued to evolve into modern research-applied negotiation theory. The applications of modern-day negotiation theory continued by psychologists, sociologists, business relations experts, lawyers, and public policy specialists, among other scholars, professionals, and practitioners engaged in advances in conflict resolution (Borbely et al., 2017). Negotiation theory remains the focus of interested scholars and other professionals partly because of the recognition of the

importance of the role of the negotiation process in the business environment (Gan, 2017). As applied in business, negotiations provide opportunities for company leaders to develop strategic partnerships, secure new clients, and protect their businesses (Perks & Oosthuizen, 2013).

Within the healthcare industry, negotiations are crucial, especially for small businesses (Grennan, 2014). To remain profitable, small business owners and innovators in healthcare, who sell medical equipment, including PPIs, typically find it advantageous to negotiate effectively with hospitals, large healthcare partnerships, medical providers, payers, and patients (DiMaio et al., 2017). The main conclusion drawn from applications of negotiation theory in small business and in healthcare is contract negotiations are crucial to the business successes of healthcare providers and medical equipment suppliers (Caupito, 2013).

The continuously expanding multidisciplinary research represents a remarkable volume of knowledge about the driving forces of negotiation, how parties behave in the process, and how to overcome conflicts and barriers to mutually satisfactory decisions that emerge from negotiations. This wide body of negotiation literature that began with some of the seminal work of Stevens (1958) is starting to coalesce. The grand theory, which grew from contributing theories, such as game theory and choice theory, represents an interface and synthesis of the negotiation knowledge that stemmed from and remains largely distributed among multiple disciplines (Borbely et al., 2017).

Grand theory. Conclusions drawn and applications to this study of the following facet of negotiation theory research include the idea that there are different theories and

models of negotiation that developed over time. The most relevant to this study is the grand theory of negotiation, which is a theory that grew through developmental phases and the contributions of different paradigms of thought further detailed below. In this study, there is consideration of the main tenets of negotiation theory and the supportive components of contributing theories, which culminated in what Borbely et al. (2017) called the grand theory of negotiation.

Contributing to the grand theory are original concepts of negotiation theory, including normative and prescriptive components, such as game theory and mathematical applications, to generate ideal bargaining models (Kuhn, 1962; Schelling, 1960; Von Neumann & Morgenstern, 1944). These original concepts led to the idea of rational decision making and behavioral thought paradigms and the influence of cognitive and mental models, emotions, ethics, biases, perceptions, and cultural issues in negotiations (Clay-Williams et al., 2018). Following the more contemporary application of negotiation theory, the current direction of descriptive cognitive and behavioral orientation of negotiation theory apply to this research study.

The grand theory represents an interface and synthesis of the negotiation knowledge that grew from contributing theories, such as game theory and choice theory (Borbely et al., 2017). Game theory contributions included the four parts about the players, strategies, payoffs, and the information given to or in possession of the players. The choice theory model indicates that people have a choice about how they behave and interact with others; people can choose behaviors to achieve better outcomes in negotiations (Davies et al., 2016), which can apply in this study. Principled negotiation

theorists extended the limited strategic choice theory to include additional prescriptive negotiation elements, including interests, relationships, options, legitimacy, alternatives, commitments, and communication (Alfredson & Cungu, 2008). However, there is also an understanding that the underlying assumptions of the rationality of behaviors may limit both game theory and choice theory applications in real-world settings and thus in this study. Therefore, the complexities of negotiation that may stem from a lack of rational stability across all negotiation situations received additional consideration as a part of the concepts forming the conceptual framework of this study.

Game theory. Schelling (1960) and Kuhn (1962) began to apply theory termed the *game theory* to the domain of social sciences, including applications to negotiation. Economists, through the game theory, began to provide normative guidelines for negotiating decision makers. Von Neumann and Morgenstern (1944) first theorized about game theory, which more recently widely applied in many diverse fields, including politics, business, economics, and the biological sciences. Contemporary applications of game theory often pertain to economic theory and the analysis of the behaviors of decision makers during certain types of interactions (Dedov, 2015). Compared with classical analytical methods of game theory, a focus on subjective probabilities and accurate data became of lesser importance, but the emphasis remains on the concepts of computed probabilities and outcomes of the preferences of and benefits to decision makers (Rass, König, & Schauer, 2017). For example, in game theory, the four parts considered a part of the probabilistic and data collection process pertain to the players, strategies, payoffs, and the information given to or in possession of the players, which in

this study would pertain to the hospitals and PPI suppliers. The theoretical elements of game theory revolve around the idea of a player's selected strategy, questions about the most optimal responses to the strategies of opponents, and the idea of equilibrium.

According to Bonau (2017), game theory can align with strategies for decision making that involve perspectives about players' actions under given circumstances; however, the practical applications of game theory lag because of the underlying assumptions of the rationality of behaviors and the lack of more practical applications across diverse real-world settings.

Choice theory. A related concept to game theory and germinal negotiation theory is the theory of choice. Strategic approaches to negotiations involve the idea of choice, whereby strategic negotiation models are similar to models of rational choice. Negotiators, described as rational decision makers, choose decision alternatives to achieve goals. Stevens (1958) originally examined the difference between bargaining and negotiation within the context of a choice theory model, followed by investigations by Messick and McClintock (1968) into the motivational bases of choices in the context of experimental games. The choice theory model indicates that people have a choice about how they behave and interact with others. People can choose to change their behavior to achieve better outcomes in negotiations. When negotiators understand behavioral perceptions, they can opt to behave in ways that support their goals, which typically involve two or more parties attempting to agree (Davies, Oake, Beiko, & Houle, 2016). In this study, hospital and PPI suppliers negotiated through choices in behaviors and interactions intended to meet their contract goals.

Principled negotiation. Proponents of the integrative school of the theory of negotiations emphasize problem-solving toward an all-win situation as an approach to negotiations (Fisher & Ury, 1981). Theorists of principled negotiation extend the limited strategic choice theory of distributive bargaining to frame negotiations as processes that depend on how negotiators manage four essential elements: interests, people, options, and criteria. In subsequent expanded theoretical development, the four initial elements evolved into seven prescriptive negotiation elements: interests, relationships, options, legitimacy, alternatives, commitments, and communication (Alfredson & Cungu, 2008). Reyes (2014) contended that principled negotiation is not a strategy of negotiation and stems from a theory founded on incomplete definitions and erroneous assumptions. Reyes argued for a focus beyond the theory of principled negotiation to encompass theory that accounts for practical solutions to the challenges posed in different types of negotiations. Rather than attempting to invariantly apply an all-purpose theory, method, or strategy, such as principled negotiation, Reyes, Borbely et al. (2017), and Alfredson and Cungu (2008) highlighted the value of combining theoretical insights complementarily, combining theories to study strategies in negotiations for specific goals, which in this study applies to contract negotiations between hospitals and PPI suppliers.

Negotiation Styles

Several scholars labelled different categories of negotiation styles to describe the general ways personality styles and interests guide negotiators' behaviors and actions in negotiation processes (Grabowska & Kozina, 2016). One of the best known and widely applied negotiation style models originated with Thomas (1976), who identified five

different styles based on the two dimensions of assertiveness and cooperativeness.

Assertiveness is a concept about how individual attempt to satisfy self-interests, and cooperativeness is about how individuals attempt to satisfy the other party's concerns (Kilmann & Thomas, 1977). During negotiations, business leaders may strategically determine when assertiveness or cooperativeness is appropriate to strengthen their positions (Clay-Williams et al., 2018). According to the Thomas model, a competing style stems from relatively high concerns for self, along with low concerns for others, and a collaborating style stems from high concerns for self and others. Moderate concerns for self and others is characteristics of a compromising style (Thomas, 1976). Low concerns for oneself along with high concerns for others is an accommodating style, while an avoiding style would stem from a low concern for oneself and for others, measurable via a Thomas and Kilmann Instrument (Kilmann & Thomas, 1977).

These five negotiating styles, which became foundational to related research instruments, revolve around individuals' behavioral intentions when engaged in interpersonal situations that involve conflict or require negotiations (Kilmann & Thomas, 1977). The culmination of these models into subsequent research instruments, such as the Thomas and Kilmann Instrument were useful to scholars interested in the impacts of styles on organizational outcomes. For example, after studying 126 business owners associated with the Tennessee Small Business Development Center, Dunne, Aaron, McDowell, Urban, and Geho (2016) found that owners selecting competitive bargaining to overcome conflicts and barriers during negotiation experienced increased small business innovation.

In their comprehensive review and case study analysis of negotiation styles, Grabowska and Kozina (2016) discussed the five styles of negotiations, along with principled negotiation models and other styles advanced by scholars over time. Preuss and Wijst (2017) studied the different models and styles of negotiations using a large online negotiation simulator that enabled “phase-specific analysis of negotiation styles via an elaborate coding scheme” (p. 505). The conclusion drawn from both studies were that negotiators vary in their styles, both within and between different negotiation processes (Grabowska & Kozina, 2016; Preuss & Wijst, 2017). A necessary condition to reach mutually beneficial agreements is the performance of negotiators which, if efficient and effective, results in good performance that usually contributes to mutually beneficial quality agreements (Grabowska & Kozina, 2016). Phase-specific negotiation strategies can enhance negotiator performance leading to improved outcomes (Preuss & Wijst, 2017).

According to Miller (2014), negotiation style is not the same as negotiation strategies, tactics, or processes. In a study of 352 Israeli college students in the fields of management, Miller tested data for a correlation between the negotiator-stated style (measured via questionnaires) and the actual practiced negotiation style (measured via the Thomas and Kilmann Instrument). The Thomas and Kilmann Instrument identifies their behavioral preferences for interactions with others (Clay-Williams et al., 2018). There was not only no correlation found between stated and practiced negotiation styles, but only 2.6% of the sample practiced the style they perceived they practiced, which for half of the participants was the collaborating style (Miller, 2014).

Conclusions from the mixed research about negotiation styles in business management indicate that an appreciation of negotiation strategies may not stem from a study of negotiation styles when researchers rely on self-reported data. Self-reports of data is a common method for measuring negotiation styles (Clay-Williams et al., 2018). However, in scholarly research, self-reported descriptions of negotiating styles may be biased or inaccurate reflections of realities (Miller, 2014). While the models of negotiations styles may be informative, the capture of real-world lived experiences, such as the negotiation strategies used by PPI suppliers to negotiate contracts with hospitals, involves the effort to examine actual tactics, skills, and processes applied to negotiations.

Negotiation Complexities

To understand strategies for successful contract negotiations, researchers seek to disentangle the complexities of negotiation processes. Some of these complexities represent factors distancing one from the rationality assumed in earlier theories. For example, Wang, Northcraft, and Van Kleef (2012) noted the idea that emotions that can be counterproductive and that the emotional limitations of negotiators can limit negotiator effectiveness. However, emotional inconsistency and unpredictability may contribute to negotiation advantages (Sinaceur et al., 2013). Terho, Eggert, Haas, and Ulaga (2015) added personality differences, nonverbal communication skills, and listening abilities as potentially influential in negotiations, especially in cross-cultural contexts.

Communication is also an integral part of negotiations, although the optimal communication strategies in negotiations remain a subject of ongoing debate (Zhao &

Nie, 2015). Zohar (2015) also emphasized effective communication skills in successful negotiations, also adding critical thinking skills as essential for successful negotiators. Groves et al. (2015) added cultural knowledge (or cultural intelligence) and behavioral flexibility as important to successful negotiations.

Menkel-Meadow (2009) posited that negotiation had become more complex (in theory and practice) as more information was available regarding how to conduct successful negotiations. For example, conclusions from the case study analysis of U.S. and Australian trade were that negotiation complexities involve multiple factors that have significant roles in the degree of success of negotiations, including design, context, process, structural and relational elements, and decision analysis (Crump, 2015). Focusing on process and relational elements, Perks and Oosthuizen (2013) studied 165 small, medium, and large business leaders in South Africa who discussed the complexity of negotiation choices made by buyers when confronting multiple suppliers, and the perceptions of risks as a part of the complexity in negotiation processes. As a basis for understanding strategies for successful contract negotiations, researchers undertook additional studies to understand the individual elements that add to the complexities of the negotiation process, as follows.

Rationality and emotions. Emotional limitations of negotiators may limit the negotiator effectiveness in contract negotiations, such as temperament of the parties and emotions, such as anger, as natural responses to conflict arising among negotiation parties. For example, Wang et al. (2012) recruited 61 students from a large American university and randomly assigned them to negotiation conditions involving an opponent

who was an angry actor and an opponent who was a neutral actor. Conclusions were that anger can cause concessionary and retaliatory responses of negotiators that can be counterproductive, with possible long-term implications for the disgruntled party, who may earn a negative reputation as a difficult negotiator (Wang et al., 2012). Rajavel and Thangarathinam (2015) similarly claimed that negotiation conflict might occur when there are misperceptions, aggressive behaviors, or uncertainties about the preferences and goals of opponents. In their regression study of 168 full-time English-speaking Internet-based employees, Kapoutsis et al. (2017) added happiness and sadness as potentially powerful affect variables in their study of bargaining power and negotiation processes. Optimal business performance, according to the authors depends on intercommunication and business-to-business negotiation processes between the parties (Kapoutsis et al., 2017).

To help eliminate emotions from the negotiation process, Rajavel and Thangarathinam (2015) empirically evaluated and recommended a heuristic decision making model designed to minimize emotions and negotiation conflict through technology-guided behavioral responses by parties. An alternative viewpoint was to address rationality and emotions from the perspective of creativity. Wilson and Thompson (2014) conducted a meta-analysis of empirical studies and tests of the influence of creativity on negotiation performance. While also commenting on the complex multi-faceted constructs involved with negotiations, the authors concluded by reiterating what they called a widely held belief that creative thinking is necessary for win-win negotiations.

However, concerning the complexities of negotiations, predictability can have its disadvantages. For example, emotional inconsistency and unpredictability can lead to the other party making concessions and sacrifices more often than dealing with other more predictable parties (Sinaceur, Adam, Van Kleef, & Galinsky, 2013). In part, this is because negotiators who believe they are consistent and predictable may have less control or be unable to predict the future outcomes, which could undermine successful negotiations and optimal business performance (Sinaceur et al., 2013). For this reason, emotional inconsistency represents a manipulation in the form of alternating between emotions to further persuade the outcome of the negotiation (Sinaceur et al., 2013). Those showing emotional inconsistency as a strategy may be unlikely to effectively use this strategy over the long-term and across all cultures, as people will begin to suspect that this is a negotiation tactic and not how the person feels.

Communication. Improvement in communication strategies represents a negotiation tactic documented in the previous theoretical and scholarly literature about negotiation (Zohar, 2015). Terho et al. (2015) studied 816 leaders from 30 globally operating organizations, with a focus on understanding the buyer-seller relationship through the examination of emotional intelligence, personality differences, communication skills, and listening abilities. Conclusions were that communication skills and listening abilities skills are facets involved with the workplace, requiring an in-depth understanding of colleagues, clients, and individual partnerships that can be useful in the control or influence of buyer and seller interactions, including in negotiations (Terho et al., 2015).

When utilizing different negotiation strategies, it is typically important to ensure clarity of language and semantics, although Zhao and Nie (2015) studied the documented benefits to remaining vague and the role of vagueness as a negotiation strategy for certain communicative purposes. Sambuco et al. (2013), who analyzed interview data from 100 recipients of the National Institutes of Health awards and 28 of their mentors, highlighted communication as important to boundary setting in negotiations. Forms of communication, such as persuasion, can be important skills to develop for effective ways to negotiate, manage conflict, and develop self-construal and exhibited face concern (Gan, 2017). The role of communication in negotiations pertains to the study of the business of healthcare, because the understanding of and application of best practices in communication may improve interactions between clients and providers or negotiation outcomes.

Cultural differences. Globalization also plays a significant role in negotiation theory. With firms and individuals across various countries working together to come to an understanding, the role of culture and negotiator expectations vary (Menkel-Meadow, 2009). Terho et al. (2015) studied a sample of 816 salespeople and directors from 30 internationally operating sales organizations in Europe, North America, and Asia, utilizing multilevel structural equation modeling, and concluded that a firm's sales strategy related to market performance and affected selling performance both directly and indirectly, but that insensitivity to differences in culture, personality, or behaviors can be problematic in negotiations (Terho et al., 2015). Qualitative research, such as case studies of interfirm relationships in domestic and international contexts, also drew attention to

the importance of relationship value and cultural sensitivity to modern day business outcomes (Voldnes & Kvalvik, 2017), including future purchase expansion (Skarmeas, Zeriti, & Baltas, 2016).

Terho et al. (2015) used examples of introversion and extroversion, how negotiators energized, how individuals interpret the world, how people make decisions, and how others approach life and work, as part of cultural or personality attributes that affect business processes, such as negotiations. In some cultures, there is an expectation that negotiations will be more aggressive; however, Menkel-Meadow (2009) posited that if one party acts aggressively with another party who has different expectations, the negotiation may be in jeopardy due to a lack of understanding. For this reason, the data supports that it is critical to thoroughly research and understand the motivations, cultural expectations, and experience of the other negotiating parties.

The complexities of understanding negotiation involve a consideration of cultural differences, such as with Chinese companies known to be difficult for American and European countries due to the differing negotiation styles used by Chinese business professionals (Ma, Dong, Wu, Liang, & Yin, 2015). For example, Ma et al. (2015) studied 200 business students in simulated negotiation exercises, with a focus on Chinese negotiation behaviors and negotiation outcomes. Conclusions were that Western negotiators, who confront growing diversity and changing demographics, could have a better chance of fairer negotiations with better outcomes when engaged in negotiation processes involving appreciation for cross-cultural ideals of rational behaviors (Ma et al., 2015).

Groves, Feyerherm, and Gu (2015) studied 113 full-time employed MBA students through negotiation exercises, controlling for previous negotiation and international experiences, personality characteristics, and emotional intelligence, focusing on the impact of cultural intelligence on negotiation performance. The authors concluded that cultural intelligence predicted negotiation performance, with additional cooperative, adaptive, and interest-based negotiation behaviors partially mediating the relationship (Groves et al., 2015). Hughes, Allen, Doheny, Petsoulas, and Vincent-Jones (2013) conducted three case studies of purchaser-provider contracting behaviors in England and Wales, suggesting that cooperation is necessary to resolve conflict, and recommended negotiating on equal terms, building trust into the process, especially among culturally dissimilar negotiators. With the changing demographics, it is likely that more businesses will need to become proficient in their understanding of culturally different negotiation styles to develop strategic partnerships and sourcing contracts.

Ma et al. (2015) advised that to have effective negotiations, it is important that all participants acknowledge cultural differences that might impact the negotiation. Groves et al. (2015) opined that negotiations across different cultural groups had relatively poor results when individuals or parties exhibited limited cultural knowledge and behavioral flexibility. Negotiators with prior experience working in international negotiations and their cultural intelligence predicted successful negotiation outcomes (Groves et al., 2015). Although the topic of this doctoral study was not cultural complexity, the extensive prior research in the cultural aspects of negotiations represent illustrations of the related

complexities and importance of knowledge of the negotiation parties in the negotiation process, consistent with negotiation theory.

By educating employees, small business owners can become much more aware of how other cultural differences may react to a buyer's or seller's personality traits, emotional inconsistencies, and behavior patterns (Terho et al., 2015). This sensitivity makes for an exceptional insightfulness for any business workings; there is higher appreciation for supportive attempts, acceptability, and tolerance levels (Johnston, Le, & Cheng, 2017). Learning the aspects related to nonverbal behavior geared towards organization culture can further understanding in the intercultural business world (Bonaccio, O'Reilly, O'Sullivan, & Chiocchio, 2016). These concepts relate to this study because a small business owner who sells medical equipment may develop stronger business relationships that will promote good communication skills in negotiations that may lead to a promising future relationship across different settings.

Negotiation tactics. Scholars seek to identify how negotiations can be the most productive and successful without damaging delicate relationships between different companies. Many view negotiations as adversarial processes (Sambuco et al., 2013). However, Tomlinson and Lewicki (2015) conducted a focused analysis of the extant negotiation literature, with an emphasis on tactics that could satisfy four contract negotiation objectives, including reaching agreements that are (a) optimal for both parties, (b) fulfill intended purposes, (c) last, and (d) will lead to future negotiations. The authors concluded that integrative negotiation tactics may be the most successful approach to contract negotiations, largely because when a long-term business relationship

is anticipated, participants are more willing to compromise and reach mutually beneficial goals (Tomlinson & Lewicki, 2015).

Negotiation tactics are important, even outside of the parameters of contract-oriented business meetings and often stem from formal and informal learning processes (Sambuco et al., 2013). Ade, Schuster, Harinck, and Trötschel (2018) recommended that negotiators become educated about how to use those learned negotiation skills to make a profit. In two comparative studies of business negotiators with different goal orientations, negotiators who had learning goals were more likely to be more cooperative when compared with negotiators without them (Tasa, Celani, & Bell, 2013). The results of a repeat comparative study indicated that when negotiators strive to meet identified learning goals, they tend to have a greater understanding of the other parties' interests and motivations when coming to a negotiation (Tasa et al., 2013).

Based on their study of over 800 business leaders from 30 international companies throughout Europe, North America, and Asia, Terho et al. (2015) concluded that benefits to conditional learning about psychological and sociological factors include mitigating dissent in business environments, including in negotiations. Rajavel and Thangarathinam (2015) also claimed that negotiation conflict might occur when there are misperceptions or uncertainties about the negotiation parties' interests, motivations, preferences, and goals, so learning goals in building negotiation skills should include a drive to understand the parties involved. Tasa et al. (2013) argued that negotiators' goals may fail to include an understanding of the drivers of behaviors and negotiators from

highly-competitive organizations may be less willing to learn and compromise than negotiators from more highly collaborative organizations.

Sambuco et al. (2013) interviewed 100 award-winning graduates and 28 of their mentors, and reported that while mentors focused on flexibility and shared interests that result in win-win situations, graduates emphasized power, leverage, strategies, and negotiation training as necessary for the successful negotiators of contracts. Regarding learning, some high schools and colleges began teaching the art of negotiation and negotiation tactics, and negotiation skills have become a more common training emphasis in businesses, including healthcare settings (Clay-Williams et al., 2018). These represent skills that can help students throughout their professional and personal lives. Gan (2017) stressed how teaching students to use the goals-plans-action theory, where students learn to create persuasive messages, could help students with practical negotiations. These findings relate to this study because like negotiations, social interactions are goal-driven processes that one can learn and conceptualize to apply different ways to reach goals, develop tactics, and implement the selected plans.

Negotiation ethics. The ethical standards by which any given company operates also may affect negotiations (Kelchner, 2016). Ethics may affect a company because ethics relates to the behaviors of individuals in the organization's environment (McKay, Nitsch, & Peters, 2015). Haller, Fischer, and Frey (2018) described this ethical orientation regarding organizational citizenship behavior and indicated the mediating roles of cognitive and affective trust in ethical orientation in the context of organizational citizenship behaviors. For example, if an employee faces an issue, ethical behavior is

about doing the right thing according to the company's ethical standards. Holtbrügge, Baron, and Friedmann (2015) applied a social cognitive approach in their study of ethics, indicating that personal attributes and organizational conditions influenced ethical attitudes which influenced outcomes for organizations from business processes.

Performing, creating, and sustaining proper and moral behaviors comprise the precedence for the company's ethical standards that promote a positive environment for contract negotiations (Zohar, 2015). Ethics encompasses the values and principles an organization uses to manage the decisions and actions of the employees; however, McKay et al. (2015) questioned the degree to which businesses neglect ethics as a motivator toward successful organizational outcomes, such as those that stem from contract negotiations. When any organization employs a variety of people with differing backgrounds and a variety of individual interests, sets of principles guide decisions, policies, and procedures to encourage trust among businesses that can help maintain a common vision and positive reputation to support the company goals (Wilson & Thompson, 2014). Negotiators may be less likely to opt for questionable negotiation tactics when they feel that their reputations might be at risk, or they could destroy relationships, trust, and loyalty (Paparoidamis, Katsikeas, & Chumpitaz, 2017).

There are various ways ethical considerations become an important aspect of the decisions that influence contract negotiations, which could enhance or undermine a company's profit potential. Because ethical culture is the environment of the organization and how the employees respond to an external or internal stimulus (Kelchner, 2016), ethics is a part of contract negotiation because it can be a driving force of the decisions

negotiators make, which can stem from greater or relatively lower ethical orientations. Wilson and Thompson (2014), who studied creative thinking as a causal factor in negotiation performance, also examined several types of unethical tactics that negotiators leverage to advance their outcomes, including misrepresentation. The authors recommended future research to disentangle their findings of a positive association between dishonesty about ethical dilemmas, increases moral flexibility, an ability to justify unethical actions, and creativity in the context of negotiation tactics (Wilson & Thompson, 2014).

Conclusions drawn from the literature about the complexities of negotiations are that they may now involve more parties than ever before, all with different sets of expectations, personal preferences, and experiences as negotiators. All parties may not have the same knowledge of negotiation theory or strategies. Depending on how much each party knows about negotiation theory, the participants may have inherent advantages. Factors such as theories, strategies, and best practices may help small business owners in healthcare who sell medical equipment become better negotiators and use negotiation skills to facilitate long-term relationships with other proprietors.

Negotiation skills and strategies may be synonymous with tactics, which scholars, such as Tomlinson and Lewicki (2015), claimed typically involve some level of compromise to reach mutually beneficial goals and minimize conflict proactively in negotiation processes. Application of the tactics, strategies, and skills required of successful negotiators to deal with the complexities of negotiations involve some level of education and learning (Ade et al., 2018). Rajavel and Thangarathinam (2015)

recommended that learning involve educating oneself about the drivers of negotiators' behaviors, such as the interests, motivations, preferences, and goals of the negotiating parties. Implications for this study are that social interactions, like negotiations, are goal-driven processes that one can learn, conceptualized to reach goals through the implementation of selected, informed plans.

Another factor relevant to this study of negotiations that add to the complexity of negotiations is the ethical standard by which a negotiator operates. Personal attributes and organizational conditions influence ethical attitudes that can impact organizations, employees, and business processes, such as negotiations (Holtbrügge et al., 2015). Ethical standards and what Zohar (2015) calls ethical philosophy has a place in contract negotiations and may promote a positive environment; ethical culture of the organization influences contract negotiation because it can be a driving force of the decisions negotiators make. The idea of ethics is also relevant to this study because as Wilson and Thompson (2014) described, there may be unethical tactics, such as dishonesty or misrepresentation, negotiators leverage to advance their outcomes.

Business Contracts

Business contracts are the formalized enforceable agreements about responsibilities and expectations, resulting from the choices negotiators make, based on the types of prescriptive negotiation elements (interests, relationships, options, legitimacy, alternatives, commitments, and communication) that Alfredson and Cungu (2008) described. Formalizing enforceable agreements represent the duties and trust between different organizations or individuals that may enhance the type of rationality

Schepker, Oh, Martynov, and Poppo (2014) highlighted. An idea advanced in prior negotiation theory was that people engage in problem-solving toward an all-win situation (Fisher & Ury, 1981), which business contracts may ultimately represent. Without contracts, business owners may not understand expectations (Griffith & Zhao, 2015). Therefore, the idea of establishing a contract encompasses an assumption of the rationality of negotiators in real-world settings to choose behaviors and accept terms by which parties agree (Davies et al., 2016). Negotiation theory in practice, involving players, strategies, payoffs, and information lead to the formation of business contracts if that is the intent of the negotiation. The contractual process begins with the processes of bargaining that Stevens (1958) emphasized; however, people may require important information to behave rationally, which is consistent with the view of Christ et al. (2012) who emphasized the role of trust in the contractual process and business contract performance.

Business contracts are critical to outlining responsibilities and expectations, formalizing verbal promises into enforceable agreements that can be used to outline duties and build trust between different organizations or individuals (Schepker et al., 2014). Typically, contracts present clearly who is responsible for what commitment over the course of the agreed upon time frame (Arney et al., 2014). In previous decades, contracts helped to safeguard the economic risks for companies involved in partnerships and transactions (Schepker et al., 2014). The process of developing a contract can be slow and expensive, requiring legal departments to work together and to create documentation for the contract itself (Dahlquist & Griffith, 2017).

Without contracts, business owners may not understand what is expected of them or have recourse (Wang, Terziovski, Jiang, & Li, 2017). Duan (2012) used a case study approach to explore the relationship between formal contracts and governance among five organizations across China. Conclusions drawn were that in diverse businesses, it is imperative to define rights and obligations to facilitate long-term business relationships with other business partners. Representing economic safeguards for business investments with other companies, business contracts are outlines of relationship commitments and expectations (Leonidou, Aykol, Hadjimarcou, & Palihawadana, 2018). Accordingly, a major part of any contract is how an agreement becomes enforceable when an organization does not fulfill the agreement with the other company (Leonidou, Aykol, Fotiadis, & Christodoulides, 2018).

Research and real-world application are adding to an understanding of the importance of business contracts and healthcare contract procurement. Contractual agreements in healthcare and healthcare commodities represent the provisions of the terms and conditions under which purchasing and orders for goods or services may occur for a defined timeframe (Arney et al., 2014). Researchers, such as Obremskey, Dail, and Jahangir (2012) focused on business contracts between hospitals and medical suppliers, with the intent of generating evidence-based approaches to financially responsible contract negotiations for medical supplies, devices, and technologies to support patient care. Montgomery and Schneller (2007) analyzed interview data from 25 participants of four hospital systems in the Midwest, Southwest, and West, to understand drivers of contract negotiations between hospitals and PPI suppliers. Although some systems had

centralized processes for contracting non-PPI supplies, they found no consistent models for PPI contracts or contract negotiations even within the same facilities and systems; because PPI costs can vary dramatically, Montgomery and Schneller claimed that hospital contracts with suppliers represent essential but not standardized or straightforward relationships.

Contractual business relationships. The principals that guide contract relationships between organizations can affect negotiations and contracting approaches, either cooperatively or competitively (Cao & Lumineau, 2015; Perks & Oosthuizen, 2013; Wilson & Thompson, 2013). Focusing on process and relational elements, Perks and Oosthuizen (2013) studied 165 small, medium, and large business leaders in South Africa who discussed the negotiation choices made by buyers when confronting multiple suppliers, and the perceptions of risks in contract relationships and negotiation processes. Perks and Oosthuizen reported that all leaders in their quantitative study regarded negotiation best practices and optimal contracting strategies as desirable; however, while small business leaders focused more on the negotiation process, large business leaders focused more on creating long-term relationships. A consensus was that establishing long-term contractual relationships through successful buyer-supplier contract negotiation processes can lead to mutually beneficial business profits and firm longevity (Perks & Oosthuizen, 2013).

The manner by which companies and individuals forge relationships through honoring contracts reflects the trustfulness of the person or organization and can affect future negotiations. Thomas, Manrodt, and Eastman (2015) conducted a qualitative study

of 15 buyers and suppliers to explore how ongoing supply chain relationships impact negotiation strategies. Results reported by Thomas et al. were that prior negotiation interactions build histories and relationships between organizations, which creates trust in future expectations that impact future negotiations.

Christ, Sedatole, and Towry (2012) developed and experimentally validated a theoretical model of the effects of contract frame on trust and effort in the contract setting, emphasizing the role of trust in the contractual process. Multiple regression analysis of data from 386 employees in the top 1,500 manufacturing and service companies in Taiwan revealed that trust, in general, promotes such economic value among interrelated companies, whereby trust increases the likelihood of negotiated strategic alliances, as well as productivity and engagement of employees within companies (Wang & Hsieh, 2013). Following analysis of 102 American interfirm contracts representing a data set of over 150,000 pages of documents, Malhotra and Lumineau (2011) noted two different types of trust involved in business contracts: goodwill-based trust and competence-based trust. Greater control provisions in contracts increased trust in competence, but decreased the amount of goodwill trust between organizations, with a net decrease of the likelihood of continued collaboration between the organizations (Malhotra & Lumineau, 2011). Zohar (2015) described the concept of competence-based trust as a belief in the outcomes of the negotiation and contractual process. Malhotra and Lumineau also concluded that perceptions of fairness, as well as trust, are important in the development of contractual relationships that enhance revenues.

Poppo and Zhou (2014) argued that trust, as well as fairness, are important in contract negotiation and performance. Poppo and Zhou studied a sample of over 280 buyer–supplier dyads which led to their conclusions that procedural fairness partially mediated the contractual complexity and distributive fairness partially mediated contractual recurrence. Poppo and Zhou posited that it is in the owner's best interest to build trust and both procedural and distributive fairness in the contract negotiation process to increase the likelihood of recurring long-term contractual relationships. Arney et al. (2014) similarly emphasized the importance of enhancing transparency and accountability in the contract procurement system, leading to greater trust and confidence in the negotiations for contract, resulting in more closed long-term contracts, improvement in contract efficiency, health commodity availability, and suppliers' abilities to respond to buyers' needs.

Generalizing across different populations, contract types, and contexts, Harmon, Kim, and Mayer (2015) conducted two experimental studies about how contract interpretations affect trust and management of contract relationships. Harmon et al. concluded that, despite having well-outlined responsibilities and contracts, violations still occurred and can jeopardize the trust of future contract negotiators. Without trust, parties may be more inclined to include strict enforcement clauses that may impede the other party's ability to keep to their side of the deal; further, if owners perceive unfair practices within contracts, they may not renew the contract (Poppo & Zhou, 2014).

Cao and Lumineau (2015) argued that trust in relational governance with formal contracts between organizations affects the strength of organizational relationships. In

their analysis of a dataset of over 100 European and American buyer–supplier contracting mechanisms, Lumineau and Quélin (2012) discovered that the controlling and coordinating functions of an organization's formal contracts depended on the relationships between the businesses. The analysis of mail survey data from 211 internationally operating distributors of industrial products revealed that seller responsiveness, relationship management capabilities, relational governance were important determinants of customer-perceived relationship value in formalized buyer-supplier agreements, which could affect the profits and sustainability of companies (Skarmeas, Zeriti, & Argouslidis, 2017). There was an additional consensus in the research literature that governance principals guiding relationships often involved cooperation or competition between organizations, which influenced contracting mechanisms, negotiations, and disputes (Cao & Lumineau, 2015; Perks & Oosthuizen, 2013; Wilson & Thompson, 2013).

When organizations had well-defined governance strategies that encompassed the leaders' aspirations to developing organizational trust between businesses, they were more likely to experience satisfaction with other partner organizations (Cao & Lumineau, 2015). Based on an analysis of data from 178 international companies, and interviews with 17 contract experts, conclusions were that trust in governance lead to better organizational relationships, contract performance, and business potential (Cao & Lumineau, 2015). Lumineau (2017) later claimed that, despite the growing scholarly interests in contracts, trust, governance, and relationships between businesses, there

continues to be a limited understanding of how the constructs of contracts and trust or distrust interact.

Lumineau (2017) did theorize that there are trade-offs inherent in governance choices, evaluated regarding information-processing and decision-making mechanisms related to contracts. Krishnan, Geyskens, and Steenkamp (2016) studied a meta-analytic dataset of over 15,000 strategic alliances and 82 independent samples and concluded that the effectiveness of contractual mechanisms and interorganizational trust could be suboptimal with conditions of behavioral and environmental uncertainties. Furthermore, Zhang, Liu, and Liu (2015) studied the divergent effects of trust and deception in international organizational negotiations and described trust as a significant aspect of negotiation styles.

While relationships between businesses can be difficult, they can be more complex than those involving trust. For example, in addition to trust, ideal contractual relationships between businesses can stem from loyalty, cooperation, and negotiations that lead to mutually beneficial success (Perks & Oosthuizen, 2013). Malatesta and Smith (2012) examined how a local municipality awarded 130 contracts and reported that larger companies with more assets and specific investments received more contracts and better monitoring. Malatesta and Smith also concluded that contracting incentives, rewards, sanctions, and controls could improve accountability, but those provisions were typically influenced by previous contract experiences between entities. Wilson and Thompson (2013) called negotiators “incentivized” toward maximizing their outcomes, which might

jeopardize negotiations and undermine potentially mutually beneficial relationships (p. 362).

Few studies involved the examination of interrelationship skills and the respective desired outcomes (Brett & Thompson, 2016). Rodrigues, Braghini, and Sola (2017) studied 78 industries internationally, through map complexity analysis and related hypotheses testing, focusing on front-end strategic planning for interdependence. The authors reported that company concerns were for reducing uncertainties and risks to enhance profits and build contractual long-term relationships that sustain business viability, which could stem from knowledge building, efficient communication processes, and confidence building (Rodrigues et al., 2017). Prado and Martinelli (2018) studied 13 dyads of buyers and sellers in the United States and Brazil, in a case study analysis of negotiating strategies, focusing on factors such as communication, price, quality, and expectations from the relationships. Terho et al. (2015) also stressed communication but emphasized the role of communication, such as body language, that can affect relationships between people, as well as the role of empathetic and indicative listening in business events, like negotiations.

Contract management. Part of negotiating contracts involves determining how parties will manage the contracts. With technology becoming a more critical part of most modern businesses, it is sensible that contracts and contract management would shift to electronic means. The implementation of Partner Relationship Management systems and computer-mediated communications to directly manage and negotiate emerged in the changing digital landscape (Ludwig, Tom van Laer, Ruyter, & Friedman, 2016). Watson,

Weaven, Perkins, Sardana, and Palmatier (2018) called digital communications and Internet technology one of the most significant business developments of recent decades, enabling relational business strategies in digital settings. Since the ability to negotiate effectively and achieve agreements that are equitable has been a long-time issue of struggle in buyer–supplier relationships, frustrated company leaders began to turn to ways technology could facilitate positive business processes (Rocco & Bush, 2016). Electronic contract management could ensure both parties honor the contract, but Donada, Mothe, Nogatchewsky, and Ribeiro (2017) noted that better types of contractual compliance systems and interorganizational management control systems could eventually serve as the intermediary between contracted organizations and improve relationship quality and performance. Other published ways to manage contracts effectively include developing outcome-based contracts that use value-driven relational assets, which medical industry leaders may consider for healthcare purchasing (Thompson et al., 2016).

In their conclusions from the quantitative study of 200 small, medium, and large businesses, Perks and Oosthuizen (2013) also discussed how contract monitoring could affect future negotiations. For example, parties can evaluate each other on dimensions such as price guarantees, quality assurance, customer service, product reliability, speed in delivery, and other factors meaningful to the parties, to use in future negotiations. Brownfield, Garavalia, Gubbins, and Ruehter (2016) analyzed interview data from eight focus groups of 35 pharmaceutical experts attending two national pharmacy meetings. Brownfield et al. similarly stressed the importance of monitoring that could shape

concerns about renegotiation motives, such as intended versus actual use of payments, costs and benefits analysis, and poor performance. Accordingly, contract management analysis can be negotiations tools and benefit negotiators who evaluate contracted parties on a continuous basis by measuring performance.

According to Perks and Oosthuizen (2013), formal performance reporting procedures with regular communication can help with contract management and provide legitimate reasons for justifiable renegotiations. Berends et al. (2016) discussed the dimensions which affect a company's performance, including competitive strategies, proven effective leadership strategies, recognized performance value, and innovations that can increase profitability and become leverage in contracting. For these reasons, Brownfield et al. (2016) stressed contract renegotiation clauses as considerations during the initial negotiation phases.

Business contract negotiations. Applications to this study of business contract research include understanding the nature of contracts and attitudes about contracts that could affect negotiations. A summary of the related findings is that Christ et al. (2012), Harmon et al. (2015), and Zohar (2015) among others, emphasized the role of trust in the contractual and negotiation process. Poppo and Zhou (2014) added a sense of fairness as well as trust as important to successful negotiation and contract performance outcomes. Arney et al. (2014) stressed the importance of transparency and accountability, leading to greater trust and confidence in the contract negotiation process. In addition to trust, ideal contractual relationships between businesses can stem from loyalty, cooperation, and negotiations that lead to mutually beneficial successes (Perks & Oosthuizen, 2013).

Despite the literature and findings indicating that beneficent approaches involving trust, cooperation, transparency, loyalty, and accountability in contracting, Wilson and Thompson (2013) underscored the idea that the main incentive for negotiators is maximizing their outcomes. Accordingly, Prado and Martinelli (2018) focused on motivators for negotiation strategies, such as price, quality, relationships, and the related incentives, which in some cases were optimal expectations from competing, seeking to protect self-interests, and maximizing the profitability of businesses. However, a lack of trust, cooperation, transparency, loyalty, and accountability might jeopardize negotiations and undermine the potential for mutually beneficial contractual relationships (Wilson & Thompson, 2013).

Finally, with respect to business contracts, the review of the literature indicated that technology could also impact contract management, as well as negotiations, as organizations continue to shift to electronic means of conducting business (Ludwig et al., 2016). Technology-related behaviors and information technology alignments during negotiations can be vital to the negotiation, performance, and management of contracts and buyer-seller relationships (Rocco & Bush, 2016). Brownfield et al. (2016) and Perks and Oosthuizen (2013) also discussed how technology could also inform leaders about negotiation points, such as intended versus actual use of payments, costs and benefits analysis, performance indicators, price guarantees, quality assurance, customer service, product reliability, speed in delivery, and other factors meaningful to the parties. The negotiation points derived from technological contract and performance management

could be useful by negotiators in future negotiations as negotiations tools or legitimate reasons for justifiable renegotiations.

Small Business Strategies

The review of the significance of small businesses in the American economy provided a meaningful context for understanding the value of this research. American small businesses, often described by tax status, employee size, or income and assets, have different business models. For example, a sole proprietorship also known as an entrepreneurship, does not incorporate and generally has a single individual serving as the official small business owner, while partnerships and corporations involve more than one owner (Kirkland, 2015). The SBA (2018) provided guidelines for definitions of small businesses that includes the definition of a small business as one with less than 500 employees although small businesses provide the majority of new jobs in the United States. More than 90% of small businesses involve less than 20 employees each and report an annual adjusted gross income of less than \$200,000, which only accounts for one-quarter of the total income generated by small businesses in the country (Gandy, 2015).

Much of the previous small business research revolved around small business challenges, reasons some small businesses collapse while other businesses grow and profit, and strategies different types of small business leaders use to sustain their companies and enhance positive growth (Tang, Li, & Liu, 2015). The scholarly focus grew to encompass qualitative and quantitative studies of small businesses with different sizes, employees, revenues, and industries with the purpose of contributing to small

business success (Gandy, 2015). Williams (2016) highlighted an increase in research on the growing number of small business owners from diverse demographic groups.

Conclusions drawn included the idea that revenue generation by small business owners requires using education about economics, the environment, media, culture, and politics to identify opportunities (Carayannis & Grigoroudis, 2016). However, the identification of opportunities then requires the leaders to use resources, employee competencies, marketing and public relations efforts, operational functionality, and technical capabilities to pursue those opportunities.

Contained in the peer-reviewed literature are explanations about how the evolution of business models has been affected by the paths of entrepreneurial-led small businesses firms. Similar approaches to entrepreneurship and different elements of small businesses have included evaluating the prior research that continued into the 21st century as a major scholarly focus (Volery & Mazzarol, 2015). Much of the research focused on small business challenges and reasons why some small businesses collapse under the weight of responsibility, while other businesses grow and profit creatively. Conclusions drawn were that multiple factors, including but not limited to the characteristics and motivations of small business owners, leadership qualities and styles, competitive and community atmospheres, strategies and planning, impact revenues and the longevity of small businesses (Turner & Endres, 2017). For example, research into small businesses led to the insight that founders tended to take more risks to accomplish their visions, but there is a fine line between risk-taking based on authenticity and based on overconfidence (Tang et al., 2015). The latter can lead to unnecessary risk-taking

which can lead to undermining the negotiating power of the firm as related to their real value.

A regression-based study of 25 indicators of competitiveness, productivity, and innovation competence levels of private sector management initiatives across 19 countries indicated small business owners identify opportunities for new revenues using education about economics, the environment, media, culture, and politics (Carayannis & Grigoroudis, 2016). Turner and Endres (2017) added resources, employee competencies, strategic and operational business planning, and technical capabilities as important to revenue generation and continued small business success. Owner, manager, and stakeholder characteristics in successful small business contract negotiation have been subjects of research, with the hopes of encouraging leaders (Blackburn & Wainwright, 2013).

There is general agreement among scholars (references) that it is not so much the age of a business, or how owners established it, or the position in the market of the business that influences growth or sustainability, as much as other contextual factors which are more difficult to pinpoint (Blackburn & Wainwright, 2013). The consensus in the literature was that diverse small business approaches, rather than one single approach, capture the attentions of consumers and prospects for potential contractual relations, which support small business success (Bush, 2016). Multistrategic initiatives, including contract relations and interorganizational commitment, enhance profitability and longevity (Gandy, 2015).

Business models vary, especially in healthcare fields (Berends et al., 2016). For example, in many aspects of business operations, there are significant differences between nonprofit and for-profit business models. However, all business models involve generating some level of profit, even if those profits become reinvestments to accomplish nonprofit purposes instead of returning dividends to investors (Savona, Soumare, & Andersen, 2015). Small businesses can be for-profit or nonprofit, but goals for both models often include developing critical components to interaction skills between companies and their respective communities.

Using national government contract survey data, Witesman and Fernandez (2012) examined the systematic difference between types of companies and found that nonprofits had better contracting processes, contract performance, and received longer contracts, despite less monitoring. Regression analysis performed by Dong (2015) with data from over 13,000 hospitals showed that leaders of for-profit, public, and nonprofit hospitals had different financial, contractual, and negotiation incentives. Results indicated that while all hospitals were driven toward optimal financial management goals, for-profit hospital leaders were motivated by contractual and market pressures, while reputation and quality were motivators of public hospital leaders (Dong, 2015). One strategy both types of business models could implement to improve contract outcomes is to set realistic and well balanced expectations with their clients from the beginning of the contract.

Small business owners may negotiate contracts to sustain long-term competitive advantages. The results of contract negotiations between small businesses typically result

in interdependent small businesses along with some types of interconnectivity with the community of consumers (Spence, 2016). Jindal and Newberry (2015) suggested that business leaders may make a strategic decision that requires some sacrifice to remain profitable and sustainable. There is a tradition of short-termism, which has become an increased practice within the small business milieu which could undermine longer-term combined strategies among organizations. Companies could maintain a sharper focus on long-term impacts of strategic decisions because longer term investments tend to align businesses with commitment and loyalty that can represent responsibility. That responsible, loyal, and committed practices are seen as part of a good strategy, and not just peripheral to it. Brownfield et al. (2016) similarly highlighted loyalty and long-term commitment in contracts as something the majority of their 35 focus group participants expressed as a perceived need. Perks and Oosthuizen (2013) similarly stated that negotiation could be a powerful tool for building long-term relationships, advising buyers and suppliers to apply strategies to build long-term relationships to be competitive and enhance long-term sustainability and profitability.

Small business contract negotiation. Small business owners make decisions about how to achieve their objectives of maximizing profits, which often requires the negotiations of contractual relationships in ways that ensure profitability and continuity of their supply chain businesses (Prado & Martielli, 2018). The successful negotiation of optimal contractual relationships of business owners can enhance revenues to maximize profits, improve the quality of products and services, advance innovation, and provide reliable work environments (Nijmeijer et al., 2014). Increasing complexity

and competitive intensity in the supply chain business environment led to research interests in contract mechanisms and negotiations of supply chain members (Sadjadi et al., 2018). Negotiation strategies are an embedded part of these small business strategies that suppliers typically implement to enhance profitability through growth and to sustain their businesses (Prado & Martielli, 2018).

Company leaders engage in negotiations to sustain long-term competitive advantages, typically resulting in interdependent small businesses that have interconnectivity with the community of consumers (Spence, 2016). Jindal and Newberry (2015) discussed strategic decisions business owners may make that involves some sacrifice to remain profitable and sustainable, even though negotiations can be a powerful tool for building long-term relationships to be competitive and enhance long-term sustainability and profitability. Strategic initiatives, including negotiations leading to optimal contract relations and interorganizational commitment, enhance profitability and longevity (Gandy, 2015).

Increasing complexity and competitive intensity in the supply chain business environment led researchers to stress the importance of contract mechanisms and negotiations to the profits of businesses in a supply chain (Prado & Martielli, 2018). Sadjadi et al. (2014) conducted a case study of two manufacturers and one retailer in an American technology supply chain, with focus on how business owners make decisions about how to achieve their objectives of maximizing profits, and the ways that suppliers structure and negotiate contracts to ensure profitability and continuity of their businesses. Conclusions drawn by Sadjadi et al. were that the negotiations typically involve service

and price points, with buyers looking for discounts that might also improve the performance and profits of suppliers. The authors noted that a supplier's consideration of a discount rate range is important because there may be a unique discounted rate where the supplier's profit is maximal; accordingly, negotiations often revolve around decisions about that point (Sadjadi et al., 2014).

Healthcare Industry

The successful negotiation of optimal contractual relationships of healthcare business owners can enhance revenues to help suppliers in the healthcare industry maximize profits, improve products and services, advance innovation, and provide sustainable work environments (Nijmeijer et al., 2014). A qualitative comparative embedded case study of internationally operating healthcare small businesses, conducted by Nijmeijer et al. (2014), included document analyses, observations, and 96 semistructured interviews with leaders, using within-case and cross-case comparative thematic analyses. Included in the findings were that optimal contractual relationships lead to business growth, and negotiations can represent competitive advantages that enhance the likelihood of business survival, quality, and financial performance (Nijmeijer et al., 2014). Conclusions drawn by Nijmeijer et al. were that business advantages from contractual payments enabled healthcare business owners to grow as high-quality suppliers, develop improvements, and continue innovations to maintain the value, competitiveness, profitability, and continuity of their businesses.

With sustainability concerns also growing within the corporate, nonprofit, and government sectors, effective strategies to negotiate terms of sustainability are becoming

requirements for successful health-related small businesses who engage in business with those sectors (Elliott & Kaufman, 2016). Conclusions drawn from a meta-analysis of 64 related peer-reviewed articles were that, because of the political and economic climates that surround healthcare organizations, negotiation is increasingly important to collaborative business successes from community collaborations (George, Scott, Mehra, & Sriram, 2016). Negotiation and conflict management skills have also gained attention as effective tactics used by business owners for dealing with issues of sustainability and the environment (Elliott & Kaufman, 2016). For example, Pfajfar et al. (2017) surveyed 105 domestic market buyer-supplier pairs and concluded that both functional and dysfunctional conflict are natural parts of buyer and seller relationships. However, reports in the healthcare literature about strategies for conflict resolutions as a part of negotiations to increase collective capabilities are rare (George et al., 2016).

The ways in which lobbying power and the for-profit structure of the United States healthcare industry disempower negotiations is seen in business-to-business transactions and culture, reflected onto the consumer (Sherman, 2015). In keeping with the culture of lobbying and networking which undermined authentic negotiations, healthcare business-to-business transactions typically occur through established relationships which reflect a favor system unrelated to fair negotiation and unbiased business practices (Kushnik, 2015). This practice also reinforces the status quo of medicine, pricing, and treatment technique, which makes it all the more difficult for smaller alternative businesses to get their product and awareness of it on the market (Sherman, 2015).

Bishai, Paina, Li, Peters, and Hyder (2014) created an artificial system as a laboratory to study health allocations and discussed a model of healthcare purchasing and contracting policies that may enhance what the authors called the “class power of curative care interests” (p. 28), explaining how clinicians, hospitals, and medical commodity manufacturers may exaggerate spending toward higher future health spending. Bishai et al. attributed the bias to “power politics” which the authors claimed are unavoidable in healthcare policy and spending. Based on their analysis of budget impacts on decision-making, Iskrov, Dermendzhiev, Miteva-Katrandzhieva, and Stefanov (2016) similarly discussed how policymakers are less successful at appealing for cost-effectiveness and more successful at rationalizing health spending. Bishai et al. called the associated favoritism that results both structural and systematic.

In light of known biases and favoritism in healthcare spending and other industries, Blackburn and Wainwright (2013) conducted a regression model study of 360 small and medium-sized healthcare businesses that showed the effects of organizational loyalty involved consideration of how organizations sustain relationships. In healthcare business-to-business, maintenance of transactions is often through organizational loyalty, although competition increases opportunity. Although organizational loyalty may be lacking in healthcare, knowledge of products and their uses in the organization provides a competitive negotiation advantage (Montgomery & Schneller, 2007). In addition, businesses with an informed business plan led by informed leaders tend to perform better in contract negotiations because there is a clear picture of

where and how the companies could compromise and continue to thrive (Blackburn & Wainwright, 2013).

An examination of reimbursement by third-party payers in 19 states indicated rapidly changing experiences and applications of healthcare, including the Internet as negotiation tools for medical technologies, which can lead to a strategic edge in contract negotiation (Krupinski & Weinstein, 2014). There is a danger of becoming over-reliant upon technology in healthcare, but it may be necessary in a global society where the distance between negotiators may impede their abilities to take fuller advantage of their bargaining powers remotely. How technology and distance, especially in the healthcare industry, affect negotiations are factors that may be taken into account when under negotiation (Clay-Williams et al., 2018). Based on the review of global scientific literature on international business negotiation innovations, knowing the technical communication and innovation capabilities of the other negotiators helps to prepare effective supportive negotiation tools. Clay-Williams et al. (2018) highlighted technical skills and negotiation toolkits that can be helpful with negotiations in the healthcare industry.

There are many factors contributing to and complicating the economics of healthcare costs in the United States (Jakovljevic & Ogura, 2016). Gosdin (2014) discussed a lack of general practitioners and over-abundance of specialists, fee-for-service practices, collusion between medical schools and hospitals with the pharmaceutical industry, chronic inflation of prices, end-of-life costs, the high number of uninsured and under-insured, fraud, waste, administrative costs, malpractice suits, and

technology. Many of these issues stem from the root cause of the profit motive in healthcare, and this is why the economics of healthcare resemble the boom and bust of consumer capitalist models (Diebel, 2015).

Crawford et al. (2017) posed several questions pertaining to the valuation of medical supplies and equipment and services in relation to spending and the outcomes for patients, providers, and financial stakeholders. Concerns expressed by Crawford et al. included healthcare spending on high-cost, low-value treatments, patients not receiving care in the most cost-effective settings and ways, significant variations in care quality related to spending, poor care that worsens outcomes and increases costs, and systematic endorsement of the complexity of the healthcare system that adds to the already high administrative costs. Crawford et al. voiced similar concerns as Bishai et al. (2014) that patients may also receive insufficient amounts of certain types of care that may be effective and of high value, but that may not fund the relatively powerful agendas of other healthcare stakeholders. As Bishai et al. noted, there is a favor system that appears to benefit clinic care and treatment models, rather than a focus on prevention. Therefore, the structural systematic nature of endorsed healthcare spending may make it difficult for medical supplies and equipment oriented toward prevention to gain greater attention.

Accordingly, small businesses must be creative to negotiate positive contract strategies, which will support their navigation of these corruptions (Gosdin, 2014). A new approach to strategic contract negotiation in healthcare is the practice of strategic purchasing and group purchasing, organizing to cut down on prices and turn this into savings for patients in the hopes of cultivating reciprocal relationships (Gorji, Mousavi,

Shojaei, Keshavarzi, & Zare, 2018). Consumers want to know companies are accountable and eliminating waste in the healthcare system (Gosdin, 2014). The successful negotiation that includes these goals may benefit the consumers who have vested interests in the success of the organizations.

Applications of the findings from the literature to this study include the acknowledgment that healthcare-related contract negotiations include aspects of communications strategies, database creation, campaign management, segmentation, strategic planning, and consultation. The intricacies of the healthcare industry that can influence negotiations and therefore negotiation strategies may be of importance in this study. Small businesses might face some difficulties in their quests for the procurement of contracts and contract negotiations. Small business successes in the healthcare industry may stem from organizational loyalty and knowledge of products and informed business plans for contract negotiations of where and how the companies could compromise and continue to thrive (Blackburn & Wainwright, 2013).

The healthcare space is rapidly changing the experience and application of healthcare, as new technologies apply (Krupinski & Weinstein, 2014). Although Clay-Williams et al. (2018) emphasized the benefits of face-to-face negotiations, technology in the healthcare industry may affect negotiations as factors taken into account when under negotiations at a distance. Small business leaders must be able to implement positive contract strategies to support their navigation of these technologies. A new approach to strategic contract negotiation in healthcare is the practice of group purchasing that may help companies demonstrate accountability and curtail waste in the system (Gosdin,

2014). Relevance to this study of these concepts from the literature included the idea that healthcare contract negotiations include an understanding of communications strategies, applicable technologies, organizational management, and strategic planning based on adequate knowledge of the industry and various challenges within the system.

Physicians Preference Items

PPIs are broadly characteristic of medical equipment, devices, and supplies, including general surgical devices, implants, and instruments for which physicians have strong preferences that guide hospital purchasing (Shbool, 2016). The healthcare expenditures in the United States include approximately \$200 billion for the purchase of medical devices, with a substantial proportion of the money used by hospitals to obtain PPIs (Burns et al., 2018). Shbool and Rossetti (2017) reported that 40% of hospital costs are for supply chain activities, with 61% of total expenditures for supplies spent on PPIs. Vendors of PPIs, including small businesses, typically negotiate contracts with hospitals for the fulfillment of PPI needs (Grennan & Swanson, 2018).

Obremskey et al. (2012) studied value-based purchasing of PPIs through the use of a physician-driven committee to uncover evidence-based and financially responsible methods acquiring PPIs. Underlying the research efforts was the idea that PPI costs are rising as a significant part of hospital supply spending. According to Obremskey et al., PPIs represent a significant expense for hospitals and the rising costs may make it difficult to provide services that require PPIs.

Montgomery and Schneller (2007) conducted interviews with 25 hospital staff involved with PPI purchasing at four major hospital systems in the American Midwest,

Southwest and West. Montgomery and Schneller noted the attempts of U.S. hospitals to systematically improve control over purchases by creative contracting with suppliers, group-purchasing organizations, or through local contracts. Favorable pricing terms in contracts related to hospitals' commitments to buy specific volumes of a product, described as contract compliance. The authors also noted findings that contract compliance was more feasible for pharmaceutical needs and common supplies, such as bandages and syringes, but more difficult to ensure for PPIs that could vary widely (Montgomery & Schneller, 2007).

Regarding the negotiations of hospitals for PPI items and hospital purchasing, Grennan (2014) used data from the Millennium Research Group's Marketrack survey on the prices and medical device quantities exchanged between hospitals and suppliers, with the purpose of estimating a structural supply and demand model pertaining to bargaining and prices. Grennan concluded that uniform pricing worked against hospitals via a "competition softening effect" and also focused on a "bargaining effect" (p. 147). The author concluded that when hospitals and suppliers negotiate prices, the buyer's willingness to pay, suppliers costs, and competition are important to negotiations, but that bargaining ability (the negotiators' abilities to reach favorable terms) was also a determinant of price (Grennan, 2014). Variations of bargaining abilities explained 79% of PPI price variations and Grennan reported that bargaining abilities appeared to be company-specific. Lewis and Pflum (2015) similarly studied hospital negotiations and also reported that price gaps hospital systems were attributable to bargaining power

differences. Grennan concluded that learning was an important channel shaping bargaining abilities.

Using purchase order data from about 15% of U.S. hospitals between 2009 and 2014, Grennan and Swanson (2018) showed that hospitals with access to benchmarking information were able to negotiate lower prices in contracts of PPIs. The authors concluded that information is a potentially important driver in hospital negotiations with medical suppliers, but that there are also costs associated with the time and labor invested into gaining relevant bargaining power information. Grennan and Swanson recommended additional research into medical supply-side competition, complexities of contracts (such as multiple product bundles), and the mechanisms that affect bargaining and negotiations of hospitals for medical supplies.

The peer-reviewed literature indicated that the subject of PPI costs, bargaining and negotiations with medical supply companies, and costs have been subjects of peer-reviewed research for over a decade (Grennan & Swanson, 2018; Montgomery & Schneller, 2007). However, there is much less information about the experiences of medical suppliers in the negotiation and bargaining processes with hospitals. Montgomery and Schneller (2007) described PPI suppliers as potentially power parties in negotiations because they hold the valuable and often scarce resources hospitals need. While there is plentiful research indicating that contracts and contract negotiations are an integral part of many small businesses, especially hospital suppliers, there is a gap in the body of knowledge about their experiences and negotiation strategies, as a potentially powerful party in negotiations.

Conclusions

The review of the literature provided a meaningful context for understanding the value of this research. The successful negotiation of optimal contractual relationships can enhance revenues to help small business owners in the healthcare industry maximize profits, improve the quality of their products and services, advance innovation, and maintain business continuity that can lead to sustainable workplaces (Nijmeijer et al., 2014). As hospitals attempt to decrease spending, small business owners, who sell medical equipment including PPIs, rely on effectively and successfully negotiating contracts with hospitals to sustain their businesses and continue their medical innovations (DiMaio et al., 2017). Successful strategies for contract negotiations can result in more closed long-term contracts, improvements in contract processing efficiency, sustained health commodity availability, and healthcare suppliers' abilities to respond to buyers' needs (Arney et al., 2014).

Negotiations exist among the broad spectrum of organizations, including government and private sector organizations, while negotiation mechanisms and training continue to draw research attention (Ade et al., 2018). Authors, such as Caputo (2013), noted gaps in the literature of negotiation studies that ongoing research should help to fill. Specifically, scholars, included Grennan and Swanson (2018) encouraged a better research-driven understanding of the negotiations and bargaining processes between medical equipment suppliers and hospitals. While hospitals attempt to decrease spending, small business owners, who sell medical equipment including PPIs, must be able to effectively and successfully negotiate contracts with hospitals to sustain their businesses

and continue innovations (DiMaio et al., 2017). Because most small businesses in healthcare find it difficult to compete with larger organizations, the study of contract negotiations may be especially helpful to owners aspiring for profitability, business longevity, and ongoing contributions to medical innovations.

Negotiation theory is the matrix through which small businesses may improve their relationships in the challenging industry of healthcare. Many small businesses are made or broken by the strength of their negotiation powers, but this strategy is not well-taught in business schools (Grennan, 2014). Researchers understand that the motivations behind why organizations enter into negotiations are key for how those negotiations are carried out and what they bring to the business both in the short and long-term (Stevens, 1958). Applying resource dependency theory viewpoint, suppliers of PPIs may have a greater share of the power in negotiation relations because they are in control of resources that hospitals need (Montgomery & Schneller, 2007).

Many factors influence how effective negotiation strategies may proceed in small business interactions (Ma et al., 2015). However, gaining negotiation acumen may result from study, exposure, and empathy, leading to proactive solutions when both business parties compromise in the face of pressing concerns (Elliott & Kaufman, 2016). Effective contract negotiation strategy entails looking for as many mutual benefits as possible while managing the inevitable challenges of conflict. Much of negotiation strategy has to do with elements of perception, behavior, emotions, ethics, and reputation. There are also many ways to prepare for relationship management, strategic alignments, and various innovative negotiation approaches (Gosdin, 2014). Knowledge of culture and the nature

of one's competitors combine with knowledge of the complexities of negotiations to create successful strategies, but which may also overwhelm some small business owners; however, this process may become easier through the application of research-driven strategies leading to strategic business contacts who may be specialists in their field (Schepker et al., 2014).

Researchers emphasized that nurturing reward structures go a long way towards encouraging business loyalty and contract fulfillment (Christ et al., 2012). Relationships are a big part of successful contract negotiation and successful fulfillment, leading towards mutual beneficence in business over time, best accomplished when choosing the right partners that well-align (Aykol & Leonidou, 2018). Contract negotiations for long-term success involve picking the right partners, applying the right incentives in the right language, and honoring cultural translations, while optimizing contract goals from the very beginning stages.

As researchers delve deeper into the values needed for today's successful business leaders, the importance of emotional intelligence and interpersonal relationship skills cannot be overestimated (Brett & Thompson, 2016). For small business healthcare leaders, who sell medical equipment, these skills in negotiations may be crucial, given the relative size of their organizations. Such sensitivity may be imperative when managing relationships, as the background matrixes are different from those who are both in business from the same perspective (Terho et al., 2015). The Internet's capacity provided many small businesses a route to organizational relations, transforming strategic contract

negotiations, but also may undermine the emotional, social, and interpersonal relations traditionally a part of the negotiation process (Langer & Yorks, 2018).

With relevant information about the healthcare industry in mind, the negotiators adopt strategies, predict payoffs, and continuously seek information to optimize their business contract outcomes. Optimizing business contracts via the negotiation process appears to require that negotiators also adapt their behaviors in ways that support their goals, which may require specialized knowledge of negotiating platforms, technology, or culture (Davies et al., 2016). Additionally, a negotiators' cognitive awareness and perceptions of ethical issues, biases, favoritism, related political issues may influence strategy that Clay-Williams et al. (2018) discussed as a theoretical component of negotiation processes.

Figure 1 includes the various factors that emerged from the literature as potentially important to contract negotiations between PPI suppliers and hospitals. Goals of hospitals may be to reduce spending and goals of PPI suppliers may be to increase profits and forge long-term relationships. The likelihood of having collaborative, competing, or accommodating goals emerged from the types of negotiation styles that one may apply, as well as the nature of the industry. Attitudes affect negotiations and may relate to personal styles as well as emotionalism. Ethical orientations may also affect negotiation tactics. Both verbal and nonverbal communication were factors deemed important in negotiations. Finally, bargaining power and abilities are likely to have a role in successful contract negotiation strategies.

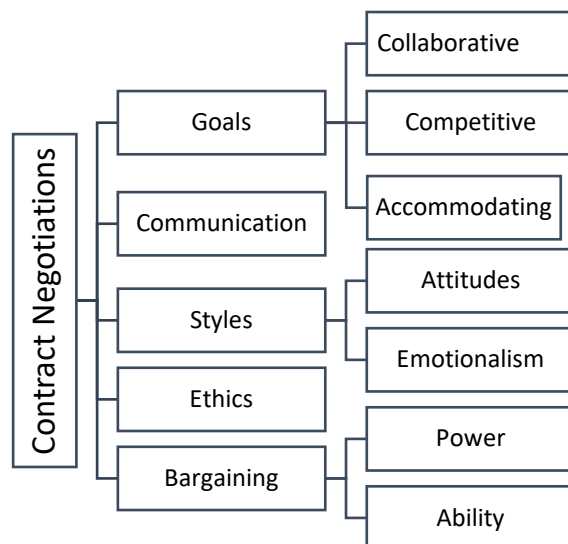


Figure 1. Contract negotiation factors.

In summary, tactics that could work best for rational people during negotiations may lead to long-term successful business relationships (Tomlinson & Lewicki, 2015). The constructs of the negotiation theory that include the concepts of bargaining, compromise, and a negotiation process (Stevens, 1958) may be especially complex in light of the particularities of the healthcare field. Therefore, part of the negotiator knowledge that theorists claim is a requirement for successful negotiations may encompass additional considerations about the issues of healthcare negotiations, and the interests of the negotiating parties (Caputo, 2013). Despite some of the challenges that may encumber negotiators in the healthcare industry, it is still possible to develop strategic partnerships, secure new clients, and protect their businesses, as Perks and Oosthuizen (2013) suggested.

Transition

Section 1 included the background to the problem, problem statement, and purpose statement. Also included was the nature of the study, presented to justify the qualitative multiple case study to explore what strategies successful small business owners in healthcare, who sell medical equipment, use to negotiate contracts to remain profitable. Included in the section were the research question, interview questions, conceptual framework, definitions, assumptions, limitations, and delimitations of the study. Section 1 concluded with a discussion on the significance of the study and a review of the professional and academic literature. The literature review included synthesized information about negotiation, business contracts, sustainability, buyer-seller relationships, business strategies, and the healthcare industry.

Section 2 begins by revisiting the purpose statement of the study and continues with the role of the researcher, the selected participants, and a detailed discussion on the research methodology and design. Also described is the population and sampling method, ethical steps applied in the research, data collection instruments, approaches to data organization, and data analysis techniques. The section concludes with a discussion on the reliability and validity of the study.

Section 2: The Project

Business owners using effective strategies to negotiate contracts increases a company's sustainability (Elliot & Kaufman, 2016). Exploring the strategies successful small business owners who sell medical equipment use to negotiate contracts to remain profitable was the focus of this qualitative multiple case study.

Section 2 includes descriptions of the qualitative method and case study design. I also describe the role of the researcher, participant selection, and the steps taken for ethical consideration of the participants. The data collection and analysis procedures and the steps taken to ensure reliability and validity are also provided.

Purpose Statement

The purpose of this qualitative multiple case study was to explore successful strategies used by Texas PPI suppliers to negotiate contracts with hospitals to sustain their small business beyond 5 years. The population, from which I recruited a purposeful sample of 11 participants, consisted of small business owners and operators who negotiated contracts with hospitals for the purchase of medical devices, including PPIs, and who were in business in the state of Texas for at least 5 years. The implications of this study for positive social change pertain to the potential for PPI small business suppliers to improve negotiating strategies that sustain their small businesses, benefiting localities through employment, economic prosperity, and tax revenues. Improved negotiation strategies could lead to sustainability among medical device and equipment businesses and the revenues required to foster and sustain medical device and equipment innovations to benefit the patients in hospitals who depend on them for improved health

and well-being.

Role of the Researcher

The role of a researcher in qualitative research is a highly debated topic (Råheim, 2016). However, the consensus is that the role of the researcher is to develop and implement the research methodology and design, recruit participants, collect and analyze the data, and present the findings (Roller, 2015). In qualitative studies, the researcher is the data collection instrument. Because the researcher acts as the instrument in semistructured interviews, it is the role of the researcher to act ethically, create unique conversational spaces, and minimize sources of bias (Garbarski, Schaeffer, & Dykema, 2016). I was the only data collection instrument in this study. Ranney et al. (2015) noted triangulation, or the use of data collection techniques including a combination of different data sources, should be employed to ensure trustworthiness of analysis and reduce bias. Wu et al. (2016) claimed that an essential component of qualitative research is the collection of data encompassing multiple perspectives. In this study, participant responses from 11 semistructured interviews as well as business documents, public records, websites, digital media records, and other documents related to contract negotiation for the supply of PPIs to hospitals by small business owners in the United States were used as the research data for analysis. I conducted face-to-face, semistructured interviews that enabled me to collect and analyze data from the participants, then synthesize, report, and interpret my findings.

An additional aspect of the role is the researcher identifying biases related to data collection and analysis to ensure the findings are accurate (Hargittai, 2015). Accordingly,

I selected, justified, developed, and implemented the research methodology and design; recruited participants; collected and analyzed the data; and presented the findings with a discussion of the potential biases and limitations of the study. To minimize biases and avoid partiality, Yin (2016) suggested researchers record the interviews, take notes, and conduct member checking, which occurred in this study. Hall, Chai, and Albrecht (2016) recommended bracketing to minimize personal bias and influence. By bracketing, also known as consciously recognizing and setting aside personal bias, I enhanced the trustworthiness of the results of this doctoral study.

Ranney et al. (2015) identified the primary role of the researcher in qualitative research as essential in creating a systematic, well-defined, data collection protocol. I used a multiple case study design and conducted semistructured, face-to-face interviews with open-ended questions following a data collection protocol. To provide the level of structure required to minimize bias and optimize data collection efforts, Ranney et al. stressed the importance of adhering to a thoughtful and comprehensive data collection protocol. Semistructured interviews based on a data collection protocol represent opportunities to ask probing questions based on the participants' response to the planned questions that can yield answers leading to topical themes (Shalhoub, Marshall, & Ippolito, 2017). McIntosh and Morse (2015) agreed that a semistructured approach allows individual participants to respond to the same questions in the same order while also offering some degree of flexibility. To aid in conducting the semistructured interview, I developed the interview questions after a thorough review of the literature. I digitally audio recorded each interview; transcribed the interviews; and in my report of

findings, discussed the limitations, similarities, and gaps that existed between the findings established from prior research relative to the current research, as recommended by Güss (2018).

I worked in the healthcare industry for more than 25 years, with extensive experience in sales and marketing. As a sales and marketing professional, I sold and promoted medical devices and equipment, medical services, and pharmaceutical services. Although I worked in the industry, I never owned a small business. Over the years, I helped small business owners negotiate contracts, and I have a background in negotiating contracts; however, I consciously set aside my preconceived notions about the topic to remain free from the bias that could have resulted from previous knowledge about the topic.

Another responsibility of the researcher is to treat the human research participants with respect and in an ethical manner (Audrey, Brown, Campbell, Boyd, & Macleod, 2016). During this study, I adhered to the standards established in *The Belmont Report* (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1979), which contains an outline of ethical principles to apply during research with human participants. Before collecting data, each selected participant received a copy of the consent form identified as the Consent to Participate Form. I ensured, through use of the informed consent form, that participants understood their right of withdrawal from the study at any time. A copy of each participant's signed acknowledgment of his or her rights will remain in a locked safe only accessible by me for 5 years. After 5 years, I will shred all hard copies of the participants' consent forms.

Participants

Researchers must develop a process to recruit participants to control bias and efficiently obtain an appropriate, unbiased sample (Oltmann, 2016). I used professional e-mail databases and Internet research to identify and gain access to the prospective participants. Researchers are using Internet-based sites, such as Google, or LinkedIn and other social media to gain access to a specific target based on a job title, company size, industry, and location (Arigo, Pagoto, Carter-Harris, Lillie, & Nebeker, 2018). In addition to using Internet-based sites, I contacted small business owners who sell medical supplies and equipment by searching the SBA databases. Hospitals also publish contracts and vendor lists on their publically accessible hospital websites, which were a means of accessing the names and contact information for PPI suppliers to hospitals, including Texas hospitals.

Ferreira, Buttell, and Ferreira (2015) recommended researchers design the eligibility criteria to ensure subjects who are especially vulnerable to risks do not receive exposures to risks. Participants in this study were small business owners in the healthcare industry who sold medical equipment. The participants were suppliers of medical devices, including PPIs, who were at least 18 years old, had experience successfully negotiating contracts with hospitals, and who owned or operated a medical device small business that remained in business for over 5 years.

This qualitative multiple case study pertained to strategies successful small business owners in healthcare who are selling medical equipment use to negotiate contracts to remain profitable. The participants consisted of small business owners in the

healthcare industry selling medical equipment, including PPIs, in the United States who used strategies to successfully negotiate contracts with hospitals to sustain profitable businesses for at least 5 years. Researchers enroll participants with specific similarities in a study through purposeful sampling to ensure meaningful results (Benoot, Hannes, & Bilsen, 2016; Duan, Bhaumik, Palinkas, & Hoagwood, 2015). I used purposeful sampling to obtain information from knowledgeable participants. The participants were from lists provided by healthcare organizations and the SBA. After initial screening, small business owners and operators from the lists received a letter containing a list of study demographics and a Consent to Participate Form, which contains the study parameters. I selected the first 10 participants, from at least three separate companies, who matched the case study profile by sorting through the replies that included expressed interests in the study. When I did not receive 10 replies of interest, I continued to send invitations in the same manner until I reached the minimum sample expectation of 10 participants from at least three companies. I continued recruitment for a sample size of 11 participants.

I sent interested parties that fit the study criteria a formal invitation to participate in the study. Data collection included 11 semistructured interviews with multiple informants and the review of their business documents, public records, websites, digital media records, and other documents related to the negotiation of contracts for medical devices supplied to hospitals. The interviews and my screening of documents and other research data continued until reaching data saturation. Booth (2016) recommended that researchers collect data until the same data appears repeatedly. I was the only researcher collecting data for this study and was able to notice when data became repetitive.

Research Method and Design

I used a qualitative multiple case study approach in this study. Tonkin-Crine et al. (2016) described a research strategy as encompassing the method researchers use to develop a comprehensive plan for a research study, including selecting a suitable research design from the options considered. Wu et al. (2016) explained that the method and design should facilitate the study of the sample from the population to ensure optimal understanding. The research strategy involves the identification of a suitable population and selection of a research sample from that population who can provide enough data to answer the research question (Ranney et al., 2015). In the following subsections, I justify the selection of a qualitative multiple case study to explore the strategies successful small business owners in healthcare who are selling medical equipment use to negotiate contracts to remain profitable.

Research Method

Cleland (2017) explained that a scholarly research method involves data collection, data analysis, and interpretation of the data. Researchers may select a research method based upon the nature of the study, the type questions, and analysis of data. Scholar practitioners may choose from qualitative, quantitative, and mixed method research approaches (Tonkin-Crine et al., 2016). I reviewed characteristics of the quantitative, qualitative, and mixed methods before selecting a qualitative method, which I anticipated would include open-ended interview questions and the collection of narrative data to answer qualitative research questions. In this study, I answered the

research question by collecting in-depth, verbal data from participants using open-ended questions during individual, semistructured, face-to-face interviews.

Wu et al. (2016) described how a qualitative methodology approach can be useful in uncovering and understanding complex behaviors. In this study, I focused on behaviors including those strategic directions selected and described by participants that may also influence behavior changes. Yin (2016) stated that there are five characteristics of qualitative research: (a) studying the participants in their environment, (b) depicting the participants' thoughts and opinions, (c) observing the environmental conditions, (d) discovering new insights during the research process, and (e) using more than one source in the research study. In this study, I used the qualitative method to discover new insights during the research process and depict the participants' experiences through use of more than one data source.

My primary motivation for selecting the qualitative method was the opportunity to collect the data by interviewing participants and examining documents from the interviewees' work environments. The collection of rich qualitative data may lead to greater insights about participants' experiences than quantitative research (Benoot et al., 2016; Shalhoub et al., 2017). This study is characteristic of a qualitative approach because the nature of the data collected from interviews and document review was qualitative. Researchers selecting a qualitative method do so to cultivate the study of a phenomenon to attain trustworthy results (Ranney et al., 2015). The qualitative research method involves first-hand information from multiple informed participants who can convey detailed accounts of their experiences (Patton, 2015).

Some researchers prefer the quantitative method for gathering data by administering surveys that yield fixed responses (Guetterman, Fetters, & Creswell, 2015). However, reliance on a single source of data collection or using a quantitative method based on known variables may limit findings (Fusch & Ness, 2015). Tonkin-Crine et al. (2016) described the quantitative method as the utilization of mathematical means to test hypotheses, and because I did not intend to use quantitative means to answer research questions that involved measurable factors, numerical data were not aspects of this study. Instead, I implemented what Lewis (2015) recommended, which was researcher interaction with participants to build rapport. Building rapport with the participants may aid with the subjects answering the questions without reservations (Garbarski et al., 2016). Building rapport and expansive data could lead to additional perspectives that a quantitative study may exclude (Oltmann, 2016).

Duan et al. (2015) described a mixed methods approach for rigorous research, which includes strengths and limitations. Warfa (2016) similarly discussed mixed methods approaches to data collection and analysis; the time commitment could be a disadvantage because of the incorporation of both methods and the potential difficulty of integrating and connecting findings. Green et al. (2016) also described mixed methods as promising but infrequently used due to the limitations researchers may face in implementing their studies. A mixed method approach for this doctoral study was a consideration. However, the answer to the research question was more likely to stem from identifying the trends in the textual data than from performing or adding a potentially time-consuming unnecessary statistical analysis component.

Research Design

I conducted a multiple case study design. The case study design is a widely accepted design among qualitative method designs (Watkins, Fisher, MiSaghian, Schneider, & Clifford, 2016). Yin (2016) recommended the case study design for researchers seeking new insights by asking probing questions, collecting multiple forms of data, and triangulating data. Other qualitative research designs include phenomenological, ethnographic, and grounded theory, which are not appropriate for this study for various reasons. Researchers use the phenomenological design when seeking insights into the meanings of lived experiences, typically looking for the invariant constituents of those experiences (Willis et al., 2016). I did not use the phenomenological design because this research pertained to business strategies, potentially identifiable through multiple data sources, instead of seeking the meaning of participants' lived experiences. An ethnographic design typically applies to the immersive study of human behaviors relative to a given culture, including organizational culture (France et al., 2016). Ethnography was inappropriate for this research because my focus was on business strategy, not organizational culture. Foley and Timonen (2015) described the grounded theory as a design used to build theory. Accordingly, the grounded theory did not represent an applied research effort required in a DBA doctoral study; grounded theory research is more appropriate for theoretical Ph.D. research that requires researchers to build theory from qualitative data. Among the designs of a qualitative method, a multiple case study was the most appropriate design for this study to explore

business strategies by asking probing questions, collecting multiple forms of data, and triangulating data.

Population and Sampling

I used a purposeful sampling approach to draw from the larger population a sample of 11 participants (PPIs suppliers who negotiate contracts with hospitals) from several different small businesses in Texas that remained in business for at least 5 years. Oltmann (2016) discussed how relatively small sample sizes are not uncommon in qualitative research; however, the small sample should consist of informed representatives of the population of interest. Researchers select participants who represent specific characteristics of a population (Palinkas et al., 2015). Although I used a relatively small sample, sampling was purposeful to include a representative group of informants, and sampling ceased when I reached data saturation, which was an end to qualitative data collection, recommended by Fusch and Ness (2015). Benoot et al. (2016) recommended researchers select and describe a sample from the population studied to enhance transferability of findings. I selected and describe the sample in the presentation of findings.

Qualitative research requires fewer participants than quantitative research (Yin, 2016). Marshall and Rossman (2015) explained that researchers conducting a qualitative study focus on exploring and identifying issues related to phenomena; therefore, scholar practitioners typically concentrate on the views and opinions of fewer participants in greater depth than a quantitative study. Qualified respondents participated in the study until data saturation occurred. Ranney et al. (2015) explained that reaching saturation

occurs when a researcher no longer learns anything from subsequent interviews with participants and additional data collection efforts yield redundant information. As suggested by Morse (2015b), when the interviews with the small business owners who sell medical equipment no longer provided new insights, I acknowledged that data saturation occurred.

Small business owners in the healthcare industry, who sell medical equipment in Texas, including PPIs, to hospitals and who met the study criteria, based on self-report in response to recruitment efforts, received invitations to participate in the study. Small businesses in this industry sell medical equipment, such as surgical, medical, and dental instruments, appliances, and consumable goods. Wu et al. (2016) and Gentles, Charles, Ploeg, and McKibbin (2015) outlined purposeful sampling, which entails examining a particular group in which all the sample members have similarities. Palinkas et al. (2015) also described purposeful sampling as selecting participants who represent specific characteristics of a population, which in this study were small business owners in the healthcare industry, selling medical equipment, and who successfully used contract negotiations as a strategy to remain profitable. Owners of mid-size and large businesses did not receive an invitation to participate because of the focus on the research. Using large companies for the study would not achieve the desired answer to the research questions. The population for this qualitative multiple case study included only small business owners selling medical equipment, who successfully used contract negotiations as a strategy to remain profitable.

Halcomb and Peters (2016) similarly stressed the importance of the relationship between the researcher and participant in qualitative studies, which should involve a level of trust that ensures reports of participants are thorough and honest, including meeting the eligibility for inclusion in the sample. For inclusion in the purposeful sample, the prospect has to be an adult seller of medical devices, who successfully negotiated contracts with hospitals for PPIs, and whose company remained in business for at least 5 years. Each prospective participant, identified through publically available information, received an invitation to participate. After receiving acknowledgment of interest and eligibility, prospective participants received a Consent to Participate Form with a request to return the signed form before providing data.

I did contact each prospective participant by phone or e-mail to confirm eligibility and offer additional explanations of the consent form and purpose of the study, thereby volunteering to answer any questions or address concerns about eligibility and participation in the study. Also addressed were the date and time for the interview and the selection of a meeting location. Garbarski et al. (2016) suggested building rapport, and by discussing the purpose of the interview and answering concerns from the research participants, the interviewer builds trust and reduces the likelihood of sampling errors or bias.

Prior to the interview, I did remind each participant that I would record the interview and conduct follow-up interviews and member checking with the goal of ensuring data saturation and enhancing the trustworthiness of findings. Collecting interview responses during the interview using a digital recorder, a notepad, and a pen

helped ensure accuracy and facilitated the identification of data saturation, which is the point when no new information appears to emerge from data collection efforts (Ranney et al., 2015). Saunders et al. (2018) explained that qualitative researchers demonstrate trustworthy steps in their study when they record the interviews and ensure data saturation. The resulting saturation of the data depends on the quality of the recordings and subsequent transcriptions so the researcher can identify when data become repetitive (Ranney et al., 2015). Following initial data collection from 10 participants, I continued to add to the data and purposeful sample until I determined, after 11 participants, that data were becoming repetitive and no new information appeared to emerge.

Semistructured interviews should occur in a setting that has the least distraction to the participants and the researcher, to increase comfort and rapport (Garbarski et al., 2016). I selected a quiet location for recording when conducting the interviews, to enhance communication and the likelihood of capturing audible, rich data. Some participants may be comfortable interviewing in familiar surroundings such as their workplace; interviewing participants in their natural settings may provide additional insights into the research study, such as the dynamics of the settings (Kwasnicka, Dombrowski, White, & Sniehotta, 2015). After a participant agreed to interview at their small business location, we chose a quiet room with a comfortable environment; however, there was an option to choose an alternative interview setting. Ranney et al. (2015) suggested vetting the prospective research setting before data collection; accordingly, I ensured adequate privacy and environmental controls, such as an optimal room temperature and the reduction of noise, interruptions, distractions, and excessive

noise. A comfortable location helps the participants speak freely and enhances the interaction between the participant and the researcher (Oltmann, 2016).

Ethical Research

The Walden Institutional Review Board (IRB) provided the guidelines for this ethical research. Data collection did not occur until after I received IRB approval (Appendix). Ferreira et al. (2015) described how ethical considerations are critical in qualitative research involving human participants. Moreover, respect for persons, beneficence, and justice should remain a central focus, according to the *Belmont Report* (National Commission for the Protection of Human Subjects, 1979). Using the framework of the *Belmont Report* as a guide, I protected participants in this doctoral study using three ethical principles: respect of persons, beneficence, and justice. Garbarski et al. (2016) suggested establishing rapport and a common understanding of words and concepts of the research and data collection plans, while Lin et al. (2019) recommended that researchers provide and explain an adequate written informed consent form. I attempted to build trust with the interviewees through consent forms and explanations to help the participants respond freely and to adhere to ethical research guidelines involving respect of persons, beneficence, and justice.

Informed Consent Process

Ethical guidelines in qualitative research with human participants requires that no person participate in research study without a clear understanding of the terms of their individual participation (Largent & Lynch, 2017). Informed consent is a key principle outlined in the *Belmont Report* that conveys the voluntary nature of participation and

other rights and responsibilities (National Commission for the Protection of Human Subjects, 1979). There is widespread agreement on the legal and ethical appropriateness and the general content and rules for informed consent for research involving human research subjects (Rebers, Aaronson, van Leeuwen, & Schmidt, 2016). By providing participants informed consent, I allowed subjects an opportunity to make decisions based upon the specific aspects of the study. Each participant received an informed consent document titled Consent to Participate Form. The Consent to Participate Form included: (a) the purpose of the study, (b) an outline of the procedures followed, (c) the research questions, (d) the voluntary nature of the study, (e) the disclosure that there would be no compensation or gifts, (f) the risks and benefits of participating in the study, (g) information on the steps taken to protect the subject's privacy, and (h) the contact information for the researcher, as well as a Walden University representative. Participants received two consent forms with accurate information and clear instructions and a request for participants to sign and return one form and keep the other for their records. All participants returned their signed Consent to Participate Forms after having had the opportunity to review the details of the study and ask questions about their rights and responsibilities as participants in the study. Audrey et al. (2016) explained that providing participants an adequate amount of time to review and discuss the terms of consent helps to ensure prospective subjects' understanding of their rights and responsibilities, thereby adhering to ethical research standards.

Withdrawing From the Study

Participants did have the right to withdraw from the study at any time and for any reason, or no reason at all; however, there were no requests to withdraw from the study. Dekking et al. (2016) asserted that participants should not feel pressure to remain in the study and may withdraw at any time. The option for an individual to withdraw, along with the lack of tangible incentives for opting in or remaining in a study are measures of whether participation is voluntary (Largent & Lynch, 2017). The Consent to Participate Form included written assurance that withdrawing from the study at any time, without incurring penalties or negative consequences, was an option. Tam et al. (2015) asserted that researchers should fully disclose the research project, as well as inform the participant of the right to withdraw from the study at any time. Therefore, in giving consent, participants had the right to withdraw this consent as well as the right not to answer any or all questions. In addition, I was sensitive to any signs of objection from the participants that could have demonstrated distress or disinterest, to demonstrate attention and respect.

Incentives for Participation

Participants did not receive monetary rewards or gifts for participating in the study. Largent and Lynch (2017) explained the long history and ethical concerns about incentives for recruitment and financial compensation for participants' time and expenses, but Chen, Lei, Li, Huang, and Mu (2015) recommended researchers avoid providing incentives as a benefit of study participation. Some researchers may use remuneration as an incentive when the response rate is low; however, Lebreton et al.

(2018) noted the biasing effects of incentives. As detailed in the Consent to Participate Form, there were no incentives to participate in this study. It is not uncommon for researchers to present in the informed consent document that participants will not receive tangible incentives for participating in the study (Fink, 2015).

Ethical Protection of the Participants

Information gained from the participants during the research project did not include items that could become personal identifiers, thereby adhering to confidentiality procedures recommended by research experts, such as Audrey et al. (2016). The protection statement of the participant's privacy is in the Consent to Participate Form. Audrey et al. noted that participants should not experience distress, embarrassment, offense, fright, or harm from participation or data collected in the study. Wallace and Sheldon (2015) opined that researchers are responsible for protecting the participants. To protect the confidentiality of the participants, I did not include the participants' names, contact information, names of the companies, or any personal or company identifiers. Saunders, Kitzinger, and Kitzinger (2015) recommended researchers protect a participant's anonymity by using generic identifiers to identify each participant. An alphanumeric identifier, such as Company A, Company B, and Company C replaced participants' company names, and Participants were known as PA through PK. Kuchinke et al. (2016) agreed researchers should protect the privacy and anonymity of participants, often accomplished through replacing the participant's name and the company name with a sequential identification code.

Ranney et al. (2015) claimed that the greatest risks for participants in qualitative research is a breach of confidentiality; therefore, steps included reducing threats to confidentiality. To preserve confidentiality, I kept the research data in a locked cabinet and had a password to protect the computer files. The Consent to Participate Form included the measures to protect the participants' rights, including maintaining the confidentiality of the participants. I will keep all the data in a secure location for 5 years. I reminded participants before their interview that their identification and responses would remain confidential.

Data Collection Instruments

Ranney et al. (2015) described the ways that qualitative researchers act as instruments through the implementation of a clear data collection strategy, obtaining data in a rich and reproducible manner. Interviewing study participants in their natural environments provides a scholar practitioner an opportunity to observe and describe the setting in addition to capturing the data from sources such as interviews (Kwasnicka et al., 2015). Yin (2016) stated that case study researchers use a variety of data sources, as they act as the instrument for data collection, thereby identifying participants' experiences, observing and describing the environments associated with case study research in meaningful processes that help readers understand the settings in which the research occurs. Accordingly, I acted as the instrument for data collection through semistructured interviewing, recording and transcribing verbal data, reviewing documents, and observing and describing the case study settings.

The interviews were face-to-face and semistructured. Garbarski et al. (2016) opined that researchers conduct incisive interviews to yield rich and meaningful data. Semistructured interviews involve asking participants questions that may transcend the interview into a conversation between the participants and the researcher (Oltmann, 2016). In comparison to a structured interview, semistructured interviews include the flexibility to probe and ask additional questions based on participants' initial responses; as explained by Palinkas et al. (2015), the interviewer uses broad open-ended questions moving progressively to additional narrower questions about specific concepts of interest. A structured interview limits a researcher's opportunity to clarify the participants' responses by asking probing questions (Yin, 2016). To obtain in-depth data and reserve opportunities to ask additional probative questions, I planned and carried out semistructured interviews.

Moylan, Derr, and Lindhorst (2015) highlighted the increasing reliance of qualitative researchers on technology for data collection, such as the phone or computer for mobile or remote interviews. However, collecting data via face-to-face interviews establishes an opportunity for researchers to gather verbal responses as well as observe nonverbal gestures and behavior (Oltmann, 2016). Ranney et al. (2015) warned that, although interviews by telephone or computer may be necessary because of travel or time limits, they may not lead to the collection of data that is equal in quality, honesty, or thoroughness in comparison to face-to-face interviews. I intended to conduct face-to-face interviews, but did prepare for the possibility that I might need to conduct telephone interviews because of time or travel constraints of the participants.

The initial interview questions that represented the guiding concepts for the semistructured interviews were questions about key concepts that emerged from a review of the literature related to the conceptual underpinnings of this study. During the interview process, open-ended questions may lead to additional questions with probative value (Ranney et al., 2015). The nature of open-ended interview questions can motivate interviewees to share more detailed data that lead to more insights than would stem from short answers to closed-ended questions (Rohrer, Brümmer, Schmukle, Goebel, & Wagner, 2017). Asking open-ended questions during a semistructured interview can lead to the answers to *who, what, and why* questions posed during the research process (Oltmann, 2016). McIntosh and Morse (2015) highlighted how open-ended questions during a semistructured interview might increase the depth and detail of participants' responses, eliciting stories and minimizing biases. Therefore, semistructured interviews with open-ended questions were the format for the collection of interview data in this study.

The data collection protocol that included the initial guiding interview questions, member checking process, and data collection procedures for the review of documents is in the Appendix. Booth (2016) claimed that systematic protocol-driven data collection strategies help the researcher adhere to a disciplined research process. Ranney et al. (2015) similarly emphasized the use of a systematic, well-defined, data collection protocol. I used a data collection protocol for the interviews, member checking process, and for the review of documents, with the purpose of adhering to a disciplined, systematic data collection process.

There were initial guiding questions on the interview portion of the data collection protocol. The questions were about contract negotiation strategies believed to have helped sustain the small business longevity. Additional questions were about methods the participants felt work best to negotiate contracts. Inquiry advanced to the barriers encountered when implementing strategies for negotiating contracts, and how the participant addressed the barriers. The questions included how participants assessed the effectiveness of strategies to negotiate contracts. For the last question, I invited participants to share additional information about their experiences with negotiating contracts to remain profitable.

Methodological triangulation and member checking represent opportunities for qualitative researchers to mitigate bias and enhance the trustworthiness of the study (Hargittai, 2015). Methodological triangulation began with the collection of data from semistructured interviews, the review of documents, company websites, and public records. Member checking enhances the trustworthiness of the research findings (Harvey, 2015). Moniz et al. (2016) explained that member checking allows participants the opportunity to make corrections, clarify the data, and add new insights to the research. When participants engage in member checking, they help eliminate bias in the interpretations of data and may add to the clarity and depth of findings (Ranney et al., 2015). Hussein, Jakubec, and Osuji (2015) explained that qualitative researchers need to demonstrate acceptable levels of rigor enhanced through a member checking process. For this study, member checking occurred to improve the likelihood that findings would be

thorough, accurate, and free from bias, which is a step that Wu et al. (2016) described as enhancing the trustworthiness of the research.

Data Collection Technique

Techniques to collect data include semistructured interviews and the review of documents, following a data collection protocol. There are advantages and disadvantages of the data collection techniques; however, semistructured interviews and the review of documents are among the most frequently used techniques for data collection in qualitative case design research (Cleland, 2017; Green et al., 2015; Yin, 2016). I conducted field testing and included member checking in the research process. Varpio, Ajjawi, Monrouxe, O'Brien, and Rees (2017) are among the numerous research experts who recognized triangulation, data saturation, and member checking as common techniques for adding to the trustworthiness of qualitative case study research. I used triangulation, saturation, and member checking to enhance the trustworthiness of this qualitative case study. Saunders et al. (2018) described data saturation as the point when data appear to become redundant during ongoing data collection efforts. I continued data collection until I reached the point of data saturation. I recognized data saturation as the point at which no new information appeared to emerge from ongoing data collection efforts.

Interview Data

I explored strategies participants used to negotiate contracts by conducting semistructured, face-to-face interviews based on initial open-ended questions. Yin (2016), Cleland (2017), and Ranney et al. (2015) are among the many qualitative research

experts who described interviews as appropriate data collection techniques for researchers conducting case studies. Cleland claimed that most qualitative research studies have well-planned structure and often include interviews conducted according to data collection protocols. Using a methodical approach to collect data, the initial guiding questions and the data collection protocol represented the level of structure appropriate for a systematic approach to data collection. Interview scheduling and setting selection occurred by phone and e-mail, during which time I also invited additional questions or concerns informants might have had about their informed consent and participation in the interview process. Addressing any concerns of the participants before the interviews facilitates the comfort, trust, and rapport between the interviewer and interviewees that can be an advantage of interview-based data collection (Garbarski et al., 2016).

There were advantages and disadvantages to conducting semistructured face-to-face interviews with open-ended questions. When interviewers ask open-ended questions and the format is semistructured, the participant can answer the question in any direction as the conversation moves from the main question to a deeper and more detailed level (Ranney et al., 2015). Kvale and Brinkmann (2015) suggested the interviewers may not fully comprehend one or more of the participant's responses. Therefore, I asked participants to clarify responses to some questions, to address that potential disadvantage. By clarifying answers, the participants may also perceive that the interviewer is listening and interested in the discussion, thereby building rapport, responsiveness, and engagement (Garbarski et al., 2016).

Asking open-ended questions in a semistructured format allows researchers the opportunity to gain additional insight from the data (McIntosh & Morse, 2015). A potential challenge is that interviews should continue until data saturation, leading to voluminous amounts of data that are difficult to analyze (Cleland, 2017). Recording and transcribing answers to open-ended questions enhance the accuracy of data collection techniques, but can be labor-intensive and time-consuming (Garbarski et al., 2016). However, I used Word, Excel, and QSR NVivo 11 software for organizing and coding data, which was helpful in managing and analyzing the large amount of interview data that added depth to the study.

Nonverbal cues may occur during the face-to-face interview, leading to additional questions after observing the nonverbal cues from participants (Kvale & Brinkmann, 2015). However, nonverbal cues that occur during a face-to-face interview pose a disadvantage to the researcher because the interviewer may guide the participant's behavior or a researcher may be influenced by participants' nonverbal cues (Oltmann, 2016). Therefore, I used self-awareness, self-regulation, and verbal protocols, such as encouraging participants' thinking-aloud processes during data collection to avoid biases, as recommended by Güss (2018).

Kvale and Brinkmann (2015) identified the potential time, travel, and cost disadvantages of face-to-face interviews. If needed to accommodate the time and travel constraints prospective participants faced to complete face-to-face interviews, I planned to conduct telephone interviews as necessary and appropriate to achieve data saturation. Although there is a general consensus in the research literature that face-to-face

interviews may enhance participants' responsiveness, the telephone interview is an acceptable technique for data collection, especially when recorded and transcribed into verbatim textual accounts of the interview process (Broome, 2015; Eldridge et al., 2016).

Another disadvantage to interviews is that interruptions, distractions or difficulties hearing can slow down interviews and negatively affect the rapport and relationships between interviewer and interviewees, jeopardizing the quality of data (Garbarski et al., 2016). Oltmann (2016) recommended that researchers using a face-to-face interview select an ideal location for conducting a qualitative interview, such as a comfortable and quiet place without distractions. By conducting a face-to-face interview in a relaxed environment, I facilitated the opportunities to engage and develop meaningful conversations with the participants. To avoid unanticipated costs, distractions, and interruptions, I asked participants about the availability of a conference room or meeting room at their business locations. We decided on mutually agreeable locations that were accessible, private, quiet, and free from interruptions, as suggested by Garbarski et al. (2016) to minimize discomfort and anxiety and maximize the quantity and quality of interview data.

Face-to-face interviews allow participants to respond spontaneously, but the interviewer must concentrate on the questions and participants' answers, while also observing nonverbal cues (Oltmann, 2016). Ranney et al. (2015) recommended that researchers follow their data collection protocol, such as their interview guide, and record the interviews to eliminate the need for extensive note-taking and to concentrate on the questions and answers presented. Oltmann (2016) suggested that researchers demonstrate

rigor and enhance the validity of their study when they audio-record interviews.

Recording a face-to-face interview is advantageous for the researcher because focus can remain on participants' behaviors, establishing rapport, and maintaining eye contact (Garbarski et al., 2016). Ranney et al. suggested recording interviews by using audio, video, or both. I collected interview data using audio-recording devices, a notepad, and a pen. To assist with interviewing, I used the Livescribe Echo, SmartPen and a Toshiba digital recorder.

The accuracy of the data is dependent on the quality of the recording along with notetaking and written observations that can complement an audio transcript so any additional complexity of the data may be captured (Ranney et al., 2015). To preserve the likelihood of capturing verbatim data, I planned for notetaking and backup devices, extra power sources, and even two recording devices simultaneously to prevent loss of data from equipment failure, which was an obvious disadvantage. Researchers need to prepare for interviews to be able to capture data and may need to allot additional time for setting up the recorder, conducting a sound check, ensuring the batteries are working, and checking the tape's length (Kvale & Brinkmann, 2015). I planned to use two audio recording devices (such as a smartphone and digital recorder), each fully charged with new batteries, to record interviews. I had another recorder, extra power sources, and a laptop with audio recording capabilities. Before each interview, I examined the recording devices to ensure they were functioning properly, and checked the notebook to ensure there were enough pages for notations as necessary and appropriate during the interview processes. To prevent the disadvantage of the potential loss of data from mistakenly

erasing recordings, I transcribed the audio recordings immediately following each interview, to preserve verbatim data in an electronic Word file on my password protected personal computer.

Document Review

The second source of data was the review of documents provided by participants, and reviewing company affiliated websites and public records. I did attempt to collect the types of documents potentially relevant to case study research, including notes and memos, publically available published documents (including those on company websites), analyst reports, and any policies, procedures, manuals, and related company documents made available for review. Adding the review of documents from multiple sources facilitates triangulation, which Cleland (2017), Yin (2016), and Wu et al. (2016) recommended to scholars and practitioners engaged in qualitative case study research designs. The first approach I used is asking the participants for documents that I could review to help explain, support, or clarify some of their answers to the open-ended questions. Assurances of confidentiality, guarantees of data protections, and reminders of the relevance of the study topic likely increase a participant's willingness to provide documents for review (Audrey et al., 2016). An additional method was to review publically available information about the companies, including company websites to search for convergence and divergence of the data from those sources.

The aforementioned methodological triangulation approaches are data collection techniques that were likely to increase the validity of the study and are therefore represented opportunities to add depth to the study findings (Raeburn, Schmied,

Hungerford, & Cleary, 2015). Disadvantages to document review include the possibility that there are no documents offered, the documents are outdated, biased, inaccessible, or weak in quality and evidence (Booth, 2016). However, recognizing potential shortcomings throughout the steps of the study is an expected practice in rigorous and scholarly research, requiring consideration of these limitations in the final interpretations of the data (Forsythe et al., 2016).

Field Testing

Eldridge et al. (2016) explained that scholars may embrace several different meanings of a pilot study or field testing, but that pilot studies and field testing typically occur to develop and improve a research project in advance of actual data collection in the wider or larger main study. I conducted field testing of the interview questions, which was a process that accommodated input from research experts to assess, evaluate, and improve the interview questions and data collection protocol planned for this study. Forsythe et al. (2016) called the research experts involved in improving data collection plans (such field testing) consultants, collaborators, and stakeholders, who contribute to improvements of the instrument and data collection protocol. For this study, the research experts engaged in the field testing process were a panel of four individuals, including dissertation committee members and consultants, all with earned doctorate-level degrees and significant knowledge of qualitative research concepts. Thabane et al. (2016) called this process a component of planning and preparation whereby it allows researchers opportunities to discuss, add, remove, or modify the data collection protocol and interview questions based on input from experts in the field.

Member Checking

In addition to field testing, member checking occurred to enhance the trustworthiness of the study. Cleland (2017) called member checking “respondent validation” (p. 61) or a technique for comparing a researcher’s account with those of the participants to add clarity and mitigate bias. Harvey (2015) claimed that member checking has been a way to enhance validity when researchers incorporated participants’ reactions to the initial interpretations of the data analysis into the study findings. Member checking after each interview can provide an opportunity for respondents to evaluate and add to the initial interpretations of data (Birt, Scott, Cavers, Campbell, & Walter, 2016). Accordingly, member checking followed the review of documents and the collection, transcription, and initial triangulation of data. Because member checking process is a part of the data collection protocol planned for this study, I sent all participants a brief summary of the initial interpretations of the data via e-mail to invite their clarifications, explanations, rebuttals, and insights into those initial interpretations. Participants responded to the member checking invitations thereby adding support to the findings of the study.

Data Organization Technique

Obtaining and preserving the physical integrity and security of the data was crucial to the successful completion of this doctoral study. As Noble and Smith (2015) observed, each stage in qualitative research is individually and collectively essential, as a gap in any phase or loss of data can result in the compromise of optimal research outcomes. Collections of raw data require the researcher’s input and conscientious

treatment if the information is to become relevant or viable for the study (Benoot et al., 2016). To preserve and protect data, I used electronic audio-recordings in storable files, transcribed those files into Word processing documents, and retained transcriptions, documents, and notes from document reviews in data analysis software files. Bufoni, de Sousa-Ferreira, and Oliveira (2017) explained that these computer programs are helpful to manage the data during the collection process. For this study, the qualitative analysis software QSR NVivo 11 software was helpful to me in organizing and analyzing the qualitative data, as recommended by experts, such as Zimawe (2015).

To protect the identities of participants while also preserving, organizing, and labeling data confidentiality, each recording of a participant had a code, such as PA to indicate the first participant completing an interview. The second participant interviewed and coded was PB, and so on until I completed all the participants' interviews and achieved data saturation. The identity of each participant was confidential. Walden IRB required I protect the identity of each participant. The raw data, including paper copies of the transcribed interviews, interview notes, archived records, and third-party documents remained in a secure safe. Electronic data on a password-protected computer and external hard drive were only accessible to me. All data will remain in security for a minimum of 5 years in the secured safe and password-protected computer. At the end of 5 years, I will shred the hard copies of the data and will permanently erase the data on the hard drive electronically.

Data Analysis

Data analysis represents the phase in which a researcher transmutes information, such as raw data from interviews and document reviews, into useable and verifiable knowledge that is worthy of interpretation and dissemination (Forsythe et al., 2016; Taylor, Henshall, Kenyon, Litchfield, & Greenfield, 2018). The details below include the sequential process for the content analysis process applied in this study. I identified and discussed the role of the software in the content analysis strategy to help me search for major themes and how I subsequently compared those thematic findings to the published, peer-reviewed literature and underlying theoretical perspectives for this study. The data collection from multiple informants and data sources, including interviews and document review, led to triangulation during the data analysis process. Collectively, the purpose of these steps in the analysis of data was to provide the basis for the answer to the research question about contract negotiation strategies utilized by successful small business leaders in the healthcare sector who sell medical equipment to hospitals.

Data Analysis Process

Cleland (2017) noted that researchers in the social sciences need to carefully approach the stage of data analysis, as there are limitations to the processes involved with qualitative methods. Goals underlying qualitative data analysis include making conceptual and interpretative contributions, which lack numerical and statistically-derived data, arguably emblematic of its unscientific footing (Booth, 2016). Optimal data analysis choices that ensure accurate, verifiable, and relevant interpretations of data represent essential steps in qualitative studies (Stuckey, 2015). Sutton and Austin (2015)

argued that in lieu of presenting statistically derived data analysis findings, the researcher employing qualitative methods should address the rigorous use of qualitative research by adequately describing the sampling results, data collected, and categorized structured coded meaning units leading to thematic findings, discussed in light of the conceptual framework and participants' own words. Toward that end, the data analysis process selected was content analysis, identified by Hong, Pluye, Bujold, and Wassef (2017) as one of the more common approaches to data analysis in case study research.

The study's core design, a qualitative case-based approach and a triangulated methodology involved content analysis to identify, classify, and compartmentalize the findings. Authors such as Wu et al. (2016) described content analysis as similar to a quantitative approach to qualitative data, by which the analyst remains cognizant of the frequencies that identifiable words, phrases, ideas, and subjects emerge from the data, both within and across cases. Taylor et al. (2018) analyzed qualitative analysis approaches in the previously published research literature and noted the presence of rich narrative examples from the data that support emerging themes and the meaning of the themes uncovered by the data analysis process. I searched for themes using a content analysis approach within and across cases and provided additional support for those themes through the presentation of narrative examples, excerpts from the data, and discussion of meaning, when necessary and appropriate to provide convincing support for those findings.

This process involved the consideration of multiple forms of data derived from multiple informants, which led to the type of triangulation that Hong et al. (2017) and Wu

et al. (2016) emphasized as an important component of case study research. Other proponents of case study research, such as Raeburn et al. (2015) claimed that triangulation helps improve the depth of data analysis and confirmation reliability and validity in a study. I used triangulation in the data analysis process by maintaining a focus on areas of divergence and convergence of the multiple data sources and including those findings in the report of the results and discussion of findings. Case oriented qualitative research designs seek to generate data representing multiple participants' viewpoints and to identify findings derived from expressed experiences that researchers can compare with other data to corroborate the meaning and application of findings (Raeburn et al., 2015). Neale (2016) contended that these approaches were more effective when research participant responses are comparable to other forms of data to support and contextualize their findings. Data analysis occurred to help me frame the information derived from participants, triangulate data, and generate a depth of findings from the information gathered and relevant to the study.

Data Analysis: Sequential Process

The sequential analysis of the content analysis began by observing data. Baškarada (2014) claimed this first step involves listening to the recordings of interview data, reading the transcriptions, and studying the data, including documents, review notes from documents, and transcribed interview data. My observations included developing an appreciation for data saturation, looking for initial possible categories of data, similarities between cases, noticeable differences in accounts or data, and repetitive words, ideas, and phrases that became obvious to me as the observer. Cleland (2017) claimed that

immersion in the data during these initial data analysis steps informs the next step of data analysis. Taylor et al. (2018) similarly identified this step of the data analysis developing an appreciation of the data.

Reviewing the information gleaned from the interviews consisted of listening to recordings of the participants and reading repeatedly about their transcribed experiences, perceptions, and reflections. The aforementioned approach ensures a complete understanding of what is said and written by examining the responses through more than one medium (Yin, 2016). Reviewing the hard data selected for the study was somewhat laborious. However, the tasks also represent a crucial point within the research process that ensures the validity of the more subjective aspects of qualitative research (Cleland, 2017).

Observing data led to the second step which Baškarada (2014) described as thinking, reflecting on the scope and breadth of data in a process led to the generation of codes and categories of words, phrases, ideas, context, and the meaning of those codes or categories. Taylor et al. (2018) similarly identified these steps of the data analysis steps as developing an understanding of the data and recognizing the points of convergence and divergence of ideas. Detailed and documented systematic thought processes can add to the depth and specificity of findings by broadening observations (Tonkin-Crine et al., 2016). In this step, I thought about the data observed with the intent of developing a deeper understanding of the data, while looking for convergent and divergent ideas.

The ideas generated by this observation and thought process directly related to the research question; during this process, researchers also remove inaccurate, incomplete,

and irrelevant data (Yazan, 2015). Accordingly, Baškarada (2014) called the next step data reduction, which is the disregard of data unrelated to the potential answer to the research question. Similarly, Booth (2016) recommended reducing data that could obscure the patterns that become apparent within the smaller set of data. I engaged in data reduction to help keep my focus on the remaining data that were relevant to the study.

In the last steps, Baškarada (2014) recommended focusing attention on the remaining reduced and categorized data identified in previous steps, while synthesizing the terms, ideas, and phrases into meaningful patterns and trends from which major themes emerge. Major themes begin to emerge from recognizable patterns and trends that occur within and across datasets and sources informing the study (Yazan, 2015). Cleland (2017) described this step as the identification of the conceptual categories that can coalesce to form descriptive themes. I focused my attention on the qualitative data analysis step to uncover emerging themes from the patterns of concepts that ultimately led to the documented insights and understandings reported as the major thematic findings in this study.

The last sequential step Baškarada (2014) described is the scrutiny, revision, titling, and reflection upon the major emergent themes, as well as the identification of minor themes or subthemes. Wu et al. (2016) and Cleland (2017) explained member checking as a process of participant input into the initial interpretations of data and the thematic elements that emerged, with the purpose of ensuring comprehensiveness. I conducted member checking, subsequently incorporating participant feedback, organized

in a hierarchy, extracting data that were examples of the primary support for those themes.

Data Analysis: The Role of Software

A qualitative analysis challenge may be effectively managing large amounts of data while attempting to distinguish between categories and information subsets (Cleland, 2017). While the challenge often represents an implicit drawback of qualitative designs, operating according to a case study orientation and effective planning incorporating the appropriate use of technology can mitigate this risk (Zamawe, 2015). QSR NVivo 11 software is helpful in organizing and coding data to add depth to analysis of the information (Bufoni et al., 2017). Computer programs aid qualitative research combining data together in ways that would be difficult for researchers to accomplish manually. I used QSR NVivo 11 software to organize and code data to add depth to analysis of the information.

Cleland (2017) identified the multiple benefits of utilizing computer programs for data analysis in qualitative designs, including enhanced depth and richness of the findings by the opportunity to make and store notes and explanations of codes. However, even the most ardent supporters of technology's role in data analysis have suggested that advanced technology cannot address core research problems alone. Tonkin-Crine et al. (2016) noted that researchers still have the essential role of setting core parameters, as well as, ascribing and assessing data's value. In brief, computer technology can assist researchers to achieve clearly defined objectives, but it was up to me, as the researcher and analyst, to determine the objective and value. Use of QSR NVivo 11 software was instrumental in

sorting through participant responses, in correlating responses together to generate core findings, and in linking unrelated data streams together in a logical sequence, as noted by Bufoni et al. (2017). At the same time, data derived from the research, the research questions, and conceptual framework provided the impetus for the analytical orientation toward findings from the content analysis process that the software supported.

Data Analysis: Correlating Data, Themes, and Research Literature

One of the final challenges I faced at the stage of data analysis was that of correlating the data derived from the study and themes that emerged from it, with the conceptual orientation and the theory I provided in my literature research. The process of data analysis involves the detailed and laborious work of sorting through the information gathered, representing the phase during which a researcher fulfills a commitment to the applications of a given theory (Hong et al., 2017). Using the conceptual framework, I progressed through the analysis process to make connections and to use previously gathered information as the conceptualized guideposts for coherent and optimal labor during the data analysis process. The study's conceptual framework was coherent and relevant and the methodology led to the richness of detail and information reported.

In qualitative-based designs, it is possible that the real-world nature of the data from case studies may threaten theoretical coherence by providing reams of data that challenge rather than support theoretical premises (Yin, 2016). However, I prepared to nevertheless address the possibility by viewing results and findings through the lens of my chosen approach and by carefully documenting gaps between theoretical assumptions and actual results. A study's framework is a basis to achieve cohesion between theories,

expectations, and results (Booth, 2016). The goal is to ground the analysis through categorized themes according to relevant conceptual issues, notating instances where results diverge from theoretical and literature-guided expectations (Cleland, 2017). Literature research was also critical as a guiding principle although not all results were consistent with previously published findings.

Reliability and Validity

Various considerations, such as dependability, confirmability, transferability, and credibility address concerns about the reliability and validity of qualitative research, also known as trustworthiness (Forero et al., 2018). Schloemer and Schröder-Bäck (2018) discussed feasibility, applicability, and validity in qualitative research results, also noting the importance of transferability, dependability, confirmability, and credibility which can stem from steps to enhance trustworthiness. Hadi and Closs (2015) recommended researchers conducting qualitative research use methodological triangulation and member checking following data saturation to enhance credibility, dependability, and confirmability of the study, with detailed descriptions of the process, steps, data, and findings to enable others to make appropriate judgments about transferability. The following subsections include explanations of how I enhanced the trustworthiness of the study by the aforementioned means.

Dependability

I conducted reliable research by ensuring dependability, which Sbaffi and Rowley (2017) described as similar to the quantitative idea of reliability. Forero (2018) recommended documenting the data collection and analysis process in addition to

recording all changes ensures dependability. I used a guiding research question with well-aligned interview questions to gain data that led to a better understanding of the participants and their experiences. Reliability stems from triangulation of data from interviews and related documents to yield results that correspond with one another (Leung, 2015). Data triangulation, selected for the study, occurs by compiling and analyzing differing sources (Noble & Smith, 2015). I used data triangulation providing more than one perspective about the issues discussed, helping ensure the reliability and validity of core findings. The data analysis process consisted of analyzing each component separately and in conjunction with one another.

In addition, I used member checking to ensure trustworthiness by summarizing participants' responses, providing initial interpretations of data, and asking the participants to review the findings. Participants authenticating the findings added value, as the process helps ensure the researcher's objectivity of interpretations based on data quality and saturation (Birt et al., 2016; Noble & Smith, 2015; Ranney et al., 2015). The QSR NVivo 11 software was useful to organize, code, and triangulate data in a dependable and consistent way. Using methodological triangulation to review transcripts, conduct member checking, and analyze data enhances reliability (Tonkin-Crine et al., 2016). I examined the interview transcripts for errors, triangulated the data, and engaged participants in member checking.

Credibility

I continued to collect data until data saturation occurred. Finally, to ensure optimal data saturation, I included additional interviews and participants until I was

confident that I reached the point at which no new data appeared to emerge from ongoing data collection efforts. Data saturation for qualitative research is a recommendation of qualitative research experts, such as Wu et al. (2016). Data saturation can lead to a sufficient amount of data from diverse sources that may enhance the credibility of a study (Guetterman, 2015). I used the saturated data in a triangulation and member checking process intended to heighten the credibility of the study. Güss (2018) explained that methodological triangulation enhances the fullness and credibility of findings. Sbaffi and Rowley (2017) identified methodological triangulation as one way scholars believe they can enhance research trust and credibility, mitigating biases by analyzing data from various sources. Member checking and cross-checking the data for accuracy heightened the trustworthiness, also viewed as validity, in a qualitative case study (Yazan, 2015). Therefore, I aimed for data saturation, used methodological triangulation, and included a member checking process.

Confirmability

Confirmability often relates to a study's ability to undergo external scrutiny (Kornbluh, 2015). To ensure confirmability throughout the data collection process, I will keep data in storage and available for inspection for 5 years. I aspired to achieve data saturation, described findings in rich detail, and justified, used, and explained triangulation. I read and reread the interview data to ensure appropriate alignment with reported findings, and selected exemplary quotes to report, a method applied and discussed by Audrey et al. (2016). Güss (2018) recommended that researchers should journal their experiences and biases, audit the data to ensure the accuracy of the data

collection, and enlist peer-review into the research process, which are steps planned for this research study. To ensure accuracy, I transcribed recordings, and used coding to search for themes when analyzing data, as described by Oltmann (2016). Triangulation and reliance upon computer software also enhanced confirmability. By relying upon triangulation, a researcher can identify possible errors, potential bias sources, or inconsistencies (Wu et al., 2016). The use of QSR NVivo 11 software, in conjunction with manual analysis, can also increase carefully preserving interview notes and data, to enhance confirmability and decrease the likelihood of error (Cleland, 2017).

Transferability

Transferability, the ability to transfer findings presented in one study to a different setting, is similar to generalizability in quantitative research, a marker of a study's validity (Morse, 2015a). However, in qualitative case study research, the information gathered about the companies could help contextualize settings and participants' responses, but may not be appropriately transferable (Cleland, 2017). Prudent judgments about appropriate transferability is the responsibility of readers (Schloemer & Schröder-Bäck, 2018), aided by the detailing the research design and methodology in the context of its written component, carefully identifying the limitations and delimitations that may impact the results (Noble & Smith, 2015). My approach involved identifying the study's methodology and assumptions, detailing the setting and sample, identifying delimitations and discussing limitations, gaps, and the unexplored topics that future researchers might potentially undertake.

Transition and Summary

Section 2 began with the purpose statement. I described the role of the researcher, participant selection, and the research method and design to support the selection of a qualitative multiple case study. Discussions included issues pertaining to ethical research, data collection instruments, organization, and analysis techniques. Lastly, Section 2 concluded with a discussion on ensuring reliability and validity in the study. In Section 3 are the presentation of the findings from the study, the significance of the study, and the potential implications for social change. The section concludes with recommendations for action, further study, and a summary of the study.

Section 3: Application for Professional Practice and Implications for Social Change

Introduction

The purpose of this qualitative multiple case study was to explore strategies used by Texas PPI suppliers to successfully negotiate contracts with hospitals to improve profits and sustain their small business beyond 5 years. The overarching research question was: What successful strategies do Texas PPI suppliers use to negotiate contracts with hospitals to improve profits to sustain their small businesses for at least 5 years?

Section 3 includes the results of the data analysis. Eleven PPI suppliers from Texas answered interview questions about their negotiation strategies. In this section, I also discuss field testing, research setting, demographics, data collection, data analysis, and evidence of trustworthiness. From analysis of the interview data, together with the data from document review, five themes emerged, which are presented and discussed.

Presentation of Findings

In the following subsections, I provide details about how the research steps occurred, the results of sampling, and the findings from the analysis of data collected for this study. Topics covered include field testing, the case-based research setting, demographics of the recruited sample, and the process and results of the triangulation and thematic analysis of qualitative data. Detailed descriptions of the informants and their companies, the demographics of the sample, and the geographical settings of the study are provided to assist readers in making prudent judgements about transferability of findings. The information gathered about the companies are also presented to contextualize the settings

and participants' responses. Decisions regarding transferability may also depend on the details of the research design and methodology and the thoughtful identification of the assumptions, limitations, and delimitations of the study (Hyett, Kenny, & Dickson-Swift, 2014). The findings represent the answer to the research question that guided this study.

Field Testing

Field testing, in lieu of a pilot study, occurred prior to the interviews with participants. The field testing helped me to develop and improve the interview questions in advance of actual data collection from the study sample. I conducted field testing of the interview questions by accommodating input from research experts to assess, evaluate, and improve the interview questions and data collection protocol planned for this study. For this study, the field-testing consultants were a panel of three doctoral committee members and one professional research consultant, all with earned doctorate-level degrees and significant knowledge of and experience with qualitative research concepts. These field-testing consultants contributed to improvements of the instrument and data collection protocol via suggested modifications to the data collection protocol and interview questions. The use of an expert panel to review and prepare the instrument and field testing of the interview protocol enhanced the credibility of data collection efforts for this study.

Research Setting

All the Texas-based companies represented in the sample began operating as small businesses at various times during the 21st century. Five of the companies began in 2014, two companies began in 2015, and two began in 2010, with one forming in 2012

and one starting up in 2009. Two companies had annual revenues in excess of \$40 million. The majority of the companies in the sample reported annual revenues ranging from \$2.5 million to \$6 million, with the most commonly reported annual revenues of approximately \$5 million. One company owner reported belonging to the SBA classification of a Minority-Owned Small Business and one of the companies was a Service-Disabled, Veteran-Owned Small Business.

Specifically, Company A (i.e., the Service-Disabled, Veteran-Owned Small Business) and Company B started in 2010 and grew into award-winning organizations with an average of 10 employees each with 5-year contracts with multiple hospitals, resulting in revenues in excess of \$40 million per year. Company C started in 2014 as a Minority-Owned Small Business and reported two employees with an organizational annual income of approximately \$3 million. Company D began in 2014 and employs six people with an annual income of approximately \$4.5 million. Company E began in 2015 and maintains annual revenues of \$5 million through the efforts of one employee. Company F is a home-based business that began in 2012, also reporting a \$5 million annual revenue with three employees. Company G also reported a \$5 million annual revenue, with three employees and having started in 2015. Company H began in 2014, and reported a \$5 million annual revenue from the efforts of three employees. Company I also began in 2014, growing to four employees and an annual revenue of \$5.5 million. Company J started in 2009, reporting a \$6 million revenue with eight employees. Company K began in 2014 and grew into an organization with three employees and a \$2.5 million annual revenue.

Demographics

Eleven Texas suppliers of PPI hospital products who negotiate contracts with hospitals were included as a part of the sample. I identified the participants by accessing publically available contact information from Texas professional organizations. Contact information from membership lists of the organizations included their names, companies, mailing addresses, and phone numbers, which were confirmed via Internet searching. I invited 162 people to participate. Seventy-three declined to participate, 78 did not respond, and 11 agreed to participate. No one requested to be withdrawn from the study once they agreed to participate.

The sample included 10 men and one woman, all married, as shown in Table 2. The majority of the sample was Caucasian, with one African American female and two Asian males. Six members of the sample held master's degrees, and one earned a doctorate-level degree in pharmacy. One participant did not complete education beyond high school, and the remainder of the sample possessed bachelor-level college degrees. The average age of the sample was 52, with a range between 36 and 72 years. The average number of years of experience of the sample was 20 years negotiating contracts, with a range of between 10 and 30 years.

Table 2

Sample Demographics

<u>Sample</u>	<u>Race</u>	<u>Gender</u>	<u>Education</u>	<u>Age</u>	<u>Experience</u>
A	Caucasian	Male	High School	72	30
B	Caucasian	Male	BS	36	10
C	African American	Female	BS, MBA, PharmD	50	20
D	Caucasian	Male	BS	45	12
E	Caucasian	Male	MBA	62	22
F	Caucasian	Male	BS	64	25
G	Caucasian	Male	MBA	52	30
H	Asian	Male	MBA	40	15
I	Caucasian	Male	BA	58	20
J	Asian	Male	MBA	42	15
K	Caucasian	Male	MBA	53	20

Data Collection

Data collection occurred through interviews and the review of documents. All the participants signed the informed consent forms in person and provided me with a copy. I interviewed all the participants in person and face-to-face, using the Livescribe Echo SmartPen and Voice Recorder App for the iPhone 11 as a backup. The average duration of the interviews was about 40 minutes. Use of a consistent data collection protocol and a computer-based, structured electronic means to store and organize data helped to ensure dependability. Using the interview protocol prevented digression, wandering, or bias.

Following a thoughtful and comprehensive data collection protocol provided the level of structure to minimize bias and optimize data collection efforts. Bracketing further helped minimize personal bias and influence. After each interview, I reviewed the company's available profit and loss statements and toured and met the staff in some cases. The average time spent reviewing documents was 25 minutes with each participant. Other documents noted included documents related to revenue generation, operating procedures, newspaper articles, and awards.

The use of transcriptions of audio-recorded interview data to produce verbatim textual accounts of participants' experiences, transcript review, and member checking allowed for the triangulation of data, which enhanced the likelihood that the results would be replicable and that findings are consistently dependable. Transcription of the interview data combined with notes from the review of documents resulted in 53 double-spaced, typed pages of textual data collected from the 11 participants in the sample. During transcriptions, it became obvious that the content of the data appeared to become repetitive, which was an indication of data saturation. Similar ideas began to emerge from ongoing data collection efforts. Further inspection of the data, following transcriptions of audio-recorded interview sessions, confirmed the belief that data saturation occurred after the completion of the 11 interviews with participants in the sample.

Data collection continued until data saturation, which helped to enhance credibility and eliminate the possibility that conclusions were unfounded or biased. Achieving data saturation was an indicator that data were sufficient to demonstrate confirmability. The collection of data from an informed purposeful sample comprised of

multiple informants also enhanced the credibility of data and study findings.

Triangulation, encompassing the collection of multiple forms of data, together with additional data collection and validation through transcript checking and member checking heightened the credibility of the study. The opportunity for participants to review my initial interpretations of data and to challenge, clarify, and explain findings in greater detail also added to the dependability of the study, results, and conclusions drawn from the findings.

Data Analysis

Data analysis occurred inductively, moving from coded units to larger representations leading to major themes, as I previously described in Section 2. The sequential process of the content analysis began by observing data; reviewing documents; listening to recordings of the participants; and repeatedly reading their transcribed experiences, perceptions, and reflections. Synthesizing common terms, ideas, and phrases into meaningful patterns and trends led to the identification of major themes. Emerging themes from the patterns of concepts represented documented insights that helped to answer the research question. I used computer software, including NVivo, Microsoft Word editing functions, and Microsoft Excel spreadsheet options, to search and sift through the data with the purpose of identifying codes, categories, and emerging patterns from the large volume of qualitative textual data. Triangulation and the use of computer software helped to reduce possible errors in thinking and related inconsistencies in the data analysis process. From this analysis process, themes emerged from the major data codes as shown in Table 3. The coded categories combined into five major themes,

discussed and presented in the order of the most prominent to least prominent findings from the data.

Table 3

Thematic Categories

Thematic categories	Frequency	Contributing participants
Trust and relationship building	74	PA/PB/PC/PD/PE/PF/PG/PH/PI/PJ/PK
Research and experience	61	PA/PB/PC/PD/PE/PF/PG/PH/PI/PJ/PK
Patient/confident/positive attitude	60	PA/PB/PC/PD/PE/PF/PG/PH/PI/PJ/PK
Communication skills	42	PA/PB/PC/PD/PE/PF/PG/PH/PI/PJ/PK
Flexibility and compromise	18	PA/PB/PC/PD/PE/PF/PG/PH/PI/PJ/PK

Study Results: Major Thematic Findings

Five major themes emerged from data analysis. The first theme was about building trustful and mutually beneficial professional and personal relationships. The second theme encompassed the idea of research and experience to formulate ideal strategies in given situations. The third theme concerned maintaining positive, confident, and patient attitudes and behaviors. The fourth theme pertained to strong verbal and nonverbal communication skills. The fifth theme related to the use of flexible and compromising strategies instead of a one-size-fits all approach.

In the following subsections, I discuss the five major thematic findings. Each section includes explanations of the key words, concepts, and ideas that were repetitive in the data that led to the thematic findings. Inclusion of relevant exemplary participant

quotations helps to substantiate context and represents key evidence for the thematic findings.

Theme 1: Building trusting and mutually beneficial professional and personal relationships. Discussed by all the participants in the study, the idea of building “trust” emerged from the data 36 times. For example, PB emphasized building a “relationship of trust” adding that there can be a, “win-win if we are willing to trust each other, be ethical, find the common ground ... I want my clients to trust me and believe I support what they’re doing - saving patient’s lives and improving quality of life.” PC said, “You may not always trust all parties in the contract negotiations, but working to build a trustful and mutually beneficial professional relationship will increase the likelihood of a positive versus negative outcome.” PD explained, “Initially, there is a blind trust between negotiators... trusts that I’m going to give the best price and I trust the Materials Manager will reorder and stock my product...the relationship starts there. Over time the relationship is strengthened.” Nurturing trust is a necessary part of relationship building for successful negotiations.

Trust is a concept that also emerged repeatedly from the review of the peer-reviewed literature. Medical suppliers in particular engage in relations with hospital leaders who pursue their goals of cost reductions in a dependency context, while ensuring aiming to ensure quality healthcare, safety, and trust (Montgomery & Schneller, 2007). According to participants, these leaders must be able to trust that suppliers have the best interests of patients in mind. Wilson and Thompson (2014) noted that encouraging trust among businesses helps maintain a common vision and positive reputations that support

mutual goals. Moreover, the manner by which companies honor contracts reflects trustfulness of which can affect future negotiations (Thomas et al., 2015). Participants' sentiments were similar to the findings of Christ et al. (2012), which were that trust, in general, promotes economic value among interrelated companies and increases the likelihood of negotiated strategic relationships.

All of the participants described "lack of trust" as a "barrier." PE similarly said, "There is a trust factor. That's definitely a barrier. The majority of the time the buyer has never heard of myself or company... There is apprehension and cautiousness when it comes to trusting." PE added, "There are a couple of things I do early on to handle or overcome the lack of trust. I start to build relationships as soon as I can...to demonstrate my company's legitimacy ...worth, demonstrate my credibility." PI claimed, "It takes a lot of time to overcome the trust factor. But I always remain direct and don't sugar coat anything. When the hospital sees that my honesty and patience are genuine and consistent – they begin to trust me." PK said, "Take the time to build the trust so people know your reputation and the value you bring." Trust pertains to the person, the product, the company, and the future of the relationship.

Participants discussed trust in the people, companies, products, and terms negotiated, in ways that were similar to the descriptions of Malhotra and Lumineau (2011) who noted two different types of trust involved in business contracts: goodwill-based trust and competence-based trust. Like participants, Malhotra and Lumineau described the lack of trust as a barrier; decreased goodwill trust related to a net decrease of the likelihood of continued collaboration between organizations. Zohar (2015)

described the concept of competence-based trust as a belief in the outcomes of the negotiation and contractual process, which participants in this study emphasized as essential to successful contract negotiation outcomes.

Trust is an essential aspect of positive relationships, required for successful negotiations. Relationship building emerged from the data 38 times, discussed by all of the participants in the study. PB said, “After it is all said and done, I guess my negotiation strategies are research, building a relationship, be a resource, and compromise...I build relationships!” PD concluded, “Negotiation strategies that I use are building a relationship ...As the relationships grow and strengthen, trust is built over time as well...a relationship with one person may open the door to new business.” Relationship building is a process that requires attention and commitment.

Participants’ emphasis on building trustful long-term relationships was consistent with the findings from the peer-reviewed literature. For example, Poppo and Zhou (2014) described how building trust in the contract negotiation process increases the likelihood of recurring long-term contractual relationships. Christ et al. (2012) and Schepker et al. (2014) discussed how verbal promises are translated into enforceable contractual agreements based on growing trust between organizations, and how trust is influential on renewable contractual processes that ultimately affects business performance. Consistent with participants’ experiences, Arney et al. (2014) also previously emphasized that trust-building results in more closed long-term contracts, improvement in contract efficiency, health commodity availability, and suppliers’ abilities to respond to buyers’ needs. Like

participants, Cao and Lumineau (2015) highlighted how trust-building leads to better organizational relationships, contract performance, and business potential.

Building relationships also takes time and patience. PE claimed “There is a relationship. It takes time like anything... there are conversations that are not necessarily business related...the folks I do business with at the hospital are more than customers.” PF said, “It takes awhile but that relationship factor is important. You have to like people in this business. If you don’t it’s not for you.” PG talked about, “building the relationship ... Try to get to know them... It takes time though... I stay in contact with them as much as they let me. Find out their birthday... anniversary...Favorite football, basketball, hockey, baseball team.” PG added, “Build and grow the relationship – don’t stop contact even if you don’t get the sale.” PI said, “Take time and build relationships. Know the market, the competition, and most importantly the prospects – customers.... it takes time and hard work.” PK similarly said, “Take the time to build the relationship and trust so when it’s time to negotiate people know your reputation and the value you bring to the hospital and patients.” Relationship building, according to participants, applies to professional as well as personal relationships, which can enhance the likelihood of successful negotiations of hospital contracts.

Trust and relationship building have been integral in prior theoretical research on contract and negotiation theory. For example, Christ et al. (2012) developed and experimentally validated a theoretical model, emphasizing the role of trust in the contractual process. Participants’ shared experiences were consistent with the previously noted finding that relationships between organizations can be take time to develop, and in

addition to trust, ideal contractual relationships between businesses can stem from loyalty and cooperation (Perks & Oosthuizen, 2013). Nijmeijer et al. (2014) and Zhang et al. (2015) described trust as a significant necessary factor in successful negotiation relationships, which participants agreed takes time to cultivate and nurture. Like participants in this study, Papanicolaou et al. (2017) previously explained how negotiators build relationships through fostering trust and loyalty. Supply chain small business owners continuously engage in ways that ensure profitability and continuity of their businesses (Sadjadi et al., 2018), which participants explained requires time and patience as they strive to build loyal collaborative networks.

Theme 2: Research and experience help to form ideal strategies. The strategy of researching the hospital and the negotiation setting was a major theme that emerged from the data. All of the participants in the study discussed strategies for research in preparation for negotiations, which emerged from the data 39 times. For example, PA said, “I try to find out as much as I can about hospital, the physicians, and other person(s) I’m meeting with... I do a lot of research to find out what I’m up against” and identified successful strategies as including “research.” PB said, “The one strategy which is constant with any hospital when negotiating is research... research is my strategy.” PD shared, “I’ve found that the more I know about the hospital, the spine surgeons, the competition, the distributors – the less money I’m leave on the table. I do a lot research by networking and using Google.” PE discussed, “Researching, taking the time to investigate, researching the account, the players, etcetera. It pays off in the long run.” PG said to, “Do the research...know the challenges.” The common finding in the data, as

also supported by documents illustrating related research process notes, was that research is necessary for negotiation success with hospitals.

The emphasis of participants on learning about the people of the organizations with whom they will negotiate is consistent with previously published theory and related research findings. For example, Tasa et al. (2013) detailed how an adequate understanding of the other parties' interests and motivations can contribute to strategic advantages in negotiations. Participants emphasized the development of perceptions based on sufficient research, consistent with the discussions by Perks and Oosthuizen (2013) and Grennan (2014) pertaining to learning that could influence perceptions about negotiating parties, such as with hospitals and PPI suppliers. Rajavel and Thangarathinam (2015) claimed that negotiations might involve misperceptions or uncertainties about the preferences and goals of opponents. According to participants in this study, negotiators of contracts can minimize misperceptions and uncertainties through a thorough and dedicated research process.

Findings that participants rely on research to negotiate successfully is consistent with germinal negotiation theorists that focused on information available to parties (Cyert & March, 1963; Simon, 1957) that affects the bargaining, compromise, and negotiation processes (Stevens, 1958). More contemporary scholars of negotiation theory emphasize negotiating structure that includes considerations about the parties involved, the issues of negotiation, and the preferences, interests, and knowledge of the negotiating parties (Caputo, 2013), which are concepts stressed by participants in this study for successful negotiations. Scholars, such as Menkel-Meadow (2009) and Terho et al. (2015),

discussed how a lack of understanding can jeopardize negotiations; data supports thoroughly researching and understanding the motivations, expectations, and experiences of the other negotiating parties to achieve successful negotiations, which are strategies described by participants in this study as necessary for contract negotiation strategic success.

Research, according to participants, helps them formulate a strategy specific to each context. PE explained, “I do the research on the account, I develop the strategy. I develop the negotiating strategies based on what I found out about the account.” PF described, “research to find out who the decision makers are and if there are any shortfalls with an existing contract between the competitor and the hospital” PF elaborated, “After I do the research on the account, I develop the strategy. I develop the negotiating strategies based on what I found out about the account.” PH said, “I find out as much as I can about the clients ...It’s a lot of research. Using that information helps me determine what my strategy will be.” PI described, “Leveraging what I’ve found out about the hospital’s goals, the neurosurgeons, their issues, and how my product compares to the competition.” PJ said, “I won’t necessarily know the strategy without finding out as much as I can about the hospital and its players.” PK claimed, “Knowing what I’m walking into is beneficial. Whatever research I can do upfront about the hospital, people I’m meeting, competition, distributors, and GPO is a plus... when it comes time for discovery, I know which way to go.” The idea expressed was that research informed strategy.

Participants' reports aligned with the recommendations by Rajavel and Thangarathinam (2015) to learn about the interests, motivations, preferences, and goals of the negotiating parties to conceptualize ways to reach goals through the implementation of selected, informed plans. The emphases of participants on research is consistent with the grand theory of negotiations, which according to Caputo (2013), embodies the idea that with adequate information, it is possible to theorize about the tactical strategies that could work best during negotiations. The selection of strategy, based on knowledge about the players, also aligns with the tenets of the game theory, which in this study would pertain to the hospitals and PPI suppliers. The theoretical elements of game theory revolve around the idea of selecting a strategy based on answers to questions about the opponents; according to Bonau (2017), game theory encompasses strategizing decision making based on perspectives about players' actions under given circumstances. Some participants in this study even described their opponents as "players" and noted the importance of research that informs them about their opponents.

Experience helps guide negotiation strategy, discussed by all the participants on 22 occasions during the interview sessions. For example, PB said, "Through time I've tweaked what I've learned ... through experience I perfected my style." PC discussed, "learning in all of these negotiations... you learn negotiation strategies techniques just simply from your experiences... experience guides your path." PC added, "Some of it was just really intuitive and some of it was pulling from everything I had in me. I cannot really say that I learned it from anybody showing me." PG said that successful negotiation strategies, "came with experience. And, I've been in sales all my life, so I

guess it's engrained in me." PJ similarly discussed, "Developing my strategies from being in sales all my life - through experience figuring out what worked and didn't work." PF said, "Over time, I've learned –hit and miss. I've been in sales for over 20 years...From past wins and failures, I've figured out what works and doesn't." The consensus in the data was that experience was necessary to become successful negotiations of PPI supplies with hospitals.

In theoretical terms, Simon (1957) similarly claimed that for optimal decision-making, such as those that occur during negotiations, people require important information that shape their behaviors. Participants in the study identified and described experience as a source of important information necessary for successful negotiations. Experiences informed their strategies, which is consistent with the theoretical premise that, with adequate information (including experience), it is possible to successfully develop and apply particular tactics that could work best for rational people during negotiations (Caputo, 2013).

Experience is a negotiation asset noted in the published literature that participants stressed as a major contributor to their strategic negotiation success. Participants explained that the application of the tactics, strategies, and skills required of successful negotiators involves some level of education and learning, as previously noted by Rajavel and Thangarathinam (2015). Prior experience working in particular types of negotiations was a predictor of successful negotiation outcomes noted in previous studies (Groves et al., 2015). Participants expressed the ideas, also noted in the literature, that negotiations are goal-driven processes that one can learn and practice, and that although negotiation

tactics stem from formal and informal learning processes (Sambuco et al., 2013), experience was a major driver of success. Like Ade et al. (2018), participants described how negotiators become educated through experience about how to use learned negotiation skills to make a profit.

Theme 3: Positive, confident, and patient attitudes and behaviors. All of the participants spoke of a positive attitude as a part of successful negotiation strategies, which emerged from the data 39 times. For example, PA said, “Having a positive, good, and confident attitude helps.” PB said, “Be positive...Your attitude shows a lot. People pick up on it. Definitely a positive attitude - optimistic are the attitudes to have when negotiating any contract.” PC said, “A positive attitude, confidence, and patience are key elements to successful contract negotiations.” PD described, “Having confidence, a good attitude, and thinking positive. ...Being positive. I know anything can happen before the contract. But, you have to go the negotiation table thinking and acting positive.” PG said, “Having a positive attitude goes a long way...having an upbeat attitude and being open-minded helps. I think being positive shows not only confidence in myself but in the product and service that I’m negotiating to provide.” PI talked about “Having an open attitude... Being positive and friendly. People pick up on your emotions.” The common idea expressed was that being positive was necessary to be successful in negotiations.

A central tenet of the choice theory of negotiations is that people can choose their behavior to achieve better outcomes in negotiations, similar in ways that participants described. Negotiators can opt to behave in ways that support their goals (Davies et al., 2016), which according to participants in this study involves choosing to be positive and

confident. Rajavel and Thangarathinam (2015) claimed that negotiations revolve around behaviors, implicating emotions and temperament of the parties involved, consistent with participants' expressed experiences. The related idea of negotiation theory is that emotional, cognitive, and intellectual capabilities can limit negotiations (Cyert & March, 1963; Simon, 1957), which participants in this study similarly acknowledged.

Several participants explained how a positive attitude can be contagious, which helps lead to successful negotiations. PE discussed, "Having a positive attitude and PF claimed, "If you don't have a positive attitude and everything is doom, the negotiation table is not for you. Having a positive attitude is contagious." PH similarly believed in "having a good attitude - a positive attitude will lead to successful negotiations with anything in any business...a positive attitude is not a guarantee that you will win the contract, but it can impact the relationship ... It's contagious." PJ also said, "Positive thinking is contagious." Positive optimistic attitudes, according to participants, is a requirement for successful negotiations.

Previously published similar findings were that personal attributes and attitudes can impact organizations, employees, and business processes, such as negotiations (Holtbrügge et al., 2015), which were beliefs shared by participants in this study. Like participants, Zohar (2015) also previously claimed that the promotion of a positive environment can influence contract negotiation because it can be a driving force of the decisions negotiators make. As discussed by participants in this study and the proponents of the grand theory of negotiation, behavioral thought paradigms, cognitive and mental models, and emotions can influence negotiators and the outcomes of negotiations (Clay-

Williams et al., 2018). Wang et al. (2012) similarly noted the idea that emotions that can be productive or counterproductive, and Kapoutsis et al. (2017) added happiness and sadness as potentially powerful affect variables in their study of bargaining power and negotiation processes. Participants in this study added to the understanding of how positively expressed emotions could become strategic advantages in their contract negotiations with hospitals.

Confidence was a concept discussed by the majority of participants, emerging 21 times from the data. For example, PA said, “A confident attitude helps.” PB claimed, “You need to have confidence.” PE talked about confidence in terms of “closing the sale... If I’m not confident, then I shouldn’t be in this business.” PH explained that the client must have confidence in the supplier, adding that, “clients need to have confidence in me as a business owner, my product, and my team.” The explanations were that showing confidence as a negotiator cultivated confidence of the other party in the negotiator, supplier, and product.

Like participants, Arney et al. (2014) similarly previously emphasized the importance of enhancing confidence which could result in more closed long-term contracts, improvement in contract efficiency, and suppliers’ abilities to respond to buyers’ needs. However, Tang et al. (2015) highlighted a fine line between authenticity and overconfidence, whereby the latter can undermine negotiating power as related to real value. Confidence, according to participants, stems from the idea that negotiators opt for tactics that enhance their reputations, to build the kinds of relationships, trust, and

loyalty that Pappas et al. (2017) highlighted as necessary for long-term successful supplier relationships.

Regarding confidence in the product, PB and PC discussed confidence in the product as an asset during negotiations. PD explained, “If you are not showing confidence, why should the Material Manager feel confident about doing business with you. Do you not believe or have trust in your own product?” PF similarly said, “You’ve got to have a confidence in yourself and product. If not, everyone will see that you are not confident – why should they buy from you?” Likewise, PG discussed a strategy of confidence in “myself, the product, and service that I’m negotiating to provide.” Confidence, according to participants, is a requirement for successful negotiations.

The participants’ discussions of confidence in the products aligned with previously published findings pertaining to the reduction of uncertainties and risks to buyers; such confidence building can enhance profits through strengthening contractual long-term relationships that sustain business viability (Rodrigues et al., 2017). Confidence of buyers in the products, according to Van den Heuvel et al. (2018), enable healthcare business owners to grow into high-quality suppliers, developing improvements, and continuing innovations to maintain the value and competitiveness of their businesses.

Patience was an aspect of successful negotiation strategy discussed by the majority of participants 21 times. For example, PB said that patience is an important part of the strategy, adding that, “Being patient provides an opportunity for me... additional time to learn more ... understand why they are using the competitor ... what the hospital

was paying ...and lastly, to figure out the buyer's expectations." PD discussed "patience" to find that "win-win" which can take the "longest time." PG explained, "I've found through time I've become a very patient individual – it takes the hospitals so long sometimes to figure out what they want and need, which are two completely different things." PI shared, "I developed my strategies over the years. It takes time and patience... When the hospital sees that my honesty and patience are genuine and consistent – they begin to trust me." PK claimed, "As a small medical device supplier to become profitable takes time and a lot of patience. The common idea expressed was that patience is necessary to be a successful negotiator of PPI contracts with hospitals.

Patience, according to participants, is a requirement for the learning and research process believed to contribute to successful contract negotiations. Grennan and Swanson (2018) showed that information is a potentially important driver in hospital negotiations with medical suppliers, but that there are also costs associated with the time and labor invested into gaining relevant bargaining power information. According to participants in this study, the time and labor invested can lead to stronger long-term relationships and result in greater profits, growth, and contractual successes. Thomas et al. (2015) similarly noted that patience can help establish histories and relationships between organizations, which impact future negotiations.

The findings pertaining to patience also align with previous research indicating that win-win strategies require time to develop. The related idea advanced in negotiation theory was that people invest time and effort into problem-solving to be able to achieve an all-win situation (Fisher & Ury, 1981). Sambuco et al. (2013) reported that

experienced negotiation mentors focused on flexibility and the cultivation of shared interests that result in win-win situations. Thomas et al. (2013) identified how win-win negotiation strategies can foster more long-term buyer-supplier relationships, although win-lose negotiation strategies may result in greater economic benefits for suppliers. Shonk (2020) claimed that, although negotiators hope for win-win negotiation outcomes, where there is promise of mutually satisfying outcomes and long-lasting successful business relationships, concrete strategies for generating a win-win contract may be elusive and require patience and time.

Theme 4: Strong verbal and nonverbal communication skills. Strong communication skills as integral to negotiation strategies emerged from the data 19 times, including written, spoken, nonverbal, and listening skills. For example, PH explained, “The types of communications are writing well, speaking well, and nonverbal communication, which are really important... body language and eye contact and facial expressions are interpreted by others early on.” Regarding nonverbal communication, PB said, “Nonverbal communication is important ...A firm handshake with everyone... Before and after the meetings. Look people in the eye. Relax, as hard as it is and smile... People pick up on facial expressions and body language.” Nonverbal communication, according to participants, is as important as written and verbal communication in the negotiation process.

Communication is one of the emphasis of principled negotiation theorists, who extended the choice theory to include such prescriptive negotiation elements (Alfredson & Cungu, 2008). Like the participants in this study, other scholars, such as Terho et al.

(2015), discussed communication skills and listening abilities as influential in negotiations. Nonverbal behavior is influential in the business world (Bonaccio et al., 2016). The small business owners who sell medical equipment in this study believed that they fostered stronger business relationships through attention to their communication skills in negotiations to promote a promising future relationship.

All of the participants discussed writing well as necessary for successful negotiations, which was apparent in related documents provided for review. PG explained that, "Writing is important" because "nowadays some of the negotiating is done in exchanging emails on a secure site." About writing well, PH claimed, "Writing well is so important. People only take a few minutes to read through the contract or letter of agreements so being clear and succinct helps." PB claimed that, "Writing well is important... you do have to understand and write ... after both sides sit down to finalize the negotiations there are so many red lines - editing from both sides." PD said, "you have to intelligibly articulate why your product is the best choice... Writing well is important." PE explained, "Being able to write well is important because the Buyer has to understand... Writing well is necessary." PF identified "skills in writing" as necessary to "to describe intelligibly the features and benefits of the product, how to use it, and the contraindications" and in writing the "contract or letter of agreement" and making "edits" to the agreements. PI said, "Communicating effectively whether it's speaking or writing helps." PJ explained, "Negotiating what you want both in writing and verbally is relative. So, writing and speaking intelligibly are necessary." The consensus in the data was that written skills are important requirements for successful negotiations with hospitals.

Continuous improvement in communication strategies represents a negotiation tactic documented in the previous theoretical and scholarly literature about negotiations (Zohar, 2015). Principled negotiators manage interests, people, options, and criteria through their communications (Alfredson & Cungu, 2008). Sambuco et al. (2013) highlighted communication as important to boundary setting in negotiations. The role of communication in negotiations is especially pertinent to the business of healthcare, because the understanding of and application of best practices in communication may improve interactions between negotiators, which can have positive implications for patients.

Speaking skills emerged from the data 23 times, as an important aspect of negotiation strategy. About speaking, PH said, “When it comes to speaking it helps to be articulate. Selling requires me to be persuasive- clear and succinct.” PD believed “you have to intelligibly articulate” and PG similarly described, “Being articulate. Able to get your point across in a succinct manner.” PE claimed that, “speaking well, being articulate is important. I often have to discuss the contract terms... we talk.” PB said, “you have to be able to speak intelligibly – is it intelligibly speaking or speaking knowledgably ...conversation may require that I’m completely informational. Another conversation may require I’m persuasive – selling them on the benefits of working with me.” PI similarly emphasized, “the knack of persuasion.” Verbal skills were a part of the strategy deemed necessary for successful negotiations of hospital contracts.

The shared experiences of participants in this study, consistent with prior literature reports by scholars such as Gan (2017), are that forms of communication, such

as persuasion, can be important skills to develop for effective contract negotiations.

Optimal business performance, according to the participants in this study, depends on intercommunication, which Kapoutsis et al. (2017) described as highly influential on the outcomes of business-to-business negotiation processes between parties. Communication is an integral part of negotiations, although the optimal and most effective communication strategies in negotiations remain a subject of ongoing debate (Zhao & Nie, 2015; Zohar, 2015). Nevertheless, participants believed that intelligible communication shapes expectations from the relationship, consistent with findings previously noted in the peer-reviewed literature (Terho et al., 2015).

The majority of participants identified “listening” as important to their negotiation strategies. For example, PA said that, “strategies I use that have been successful for me” include “listening.” PB said, “Listening and understanding ...they are vital.” PH described “listening” as “critical.” Listening is a skill ideal in both parties. For example, PK hoped that, “when I’m speaking, they are listening. I want to know if they are actively listening to me.” Four participants noted that listening involves picking up on “what is not being said.” For example, PA talked about “listening to what is not being said during contract negotiations...I address the barriers by listening and asking a lot of questions to make sure I understand the concerns.” PD said, “It’s also important to listen intently. Listen for what’s not being said because what you may think is important to the customer may not really be important.” PF said, “Listening is important ... it helps to listen and hear what is said and not said.” PK emphasized, “Active listening... Listening intently, unbiased, and hearing also what is not being said is really important.” Listening,

according to the participants in the study, is a strategy required for successful negotiations of hospital contracts.

Improvement in communication strategies represents a negotiation tactic documented in the previous theoretical literature about negotiation (Zohar, 2015). The participants in this study believed that listening, as an essential aspect of communication, reduces uncertainties. Findings are consistent with prior studies that listening is integral to knowledge building, efficient communication processes, and confidence building (Rodrigues et al., 2017). Like participants, Terho et al. (2015) previously stressed communication and emphasized the role of empathetic and indicative listening, which Prado and Martinelli (2018) also described as influential on the formation of expectations from business relationships. In theoretical terms, among the prescriptive negotiation elements are interests, relationships, and communication (Alfredson & Cungu, 2008), which most participants indicated could be understood and enhanced through optimal listening skills.

Theme 5: Flexible and compromising strategies, instead of a one-size-fits all approach. The idea of variance in negotiation strategies emerged from the data 18 times, as every participant described negotiation situations that required some type of variation in approach. For example, PA said, “There aren’t just one or two negotiation strategies I have found successful.” PB explained, “My negotiation strategy varies based on the hospital client. What may work for one hospital may definitely be bad choice for another hospital.” PC claimed, “I would say that it depends sometimes on the types of contracts and the parties involved in the contracting.” PE similarly shared, “It varies depending on

the account. My negotiation strategy may vary based on that particular account.” PF also stated, “It depends. Not every negotiation is the same.” PH said, “My strategies may vary dependent on the hospital and situation.” PJ explained, “One hospital is not the same as another. My strategies, if you will, vary on the hospital.” The consensus in the interview data, also confirmed by the review of available related documents provided by companies, was that there was no single strategy that participants documented or believed was successful in every negotiation situation.

The consensus in the literature, consistent with the sentiments of participants, was that diverse small business approaches, rather than one single approach, capture the attentions of consumers and prospects for potential contractual relations, which support small business success (Bush, 2016). As noted by participants and previously reported by Gandy (2015), multiple strategic approaches, including contract relations and the development of inter-organizational commitment, enhance profitability and longevity. Tomlinson and Lewicki (2015) emphasized four contract negotiation objectives that emerged from their study of related literature, which aligned with participants’ aims to reach agreements that are (a) optimal for both parties, (b) fulfill intended purposes, (c) last, and (d) will lead to future negotiations. Consistent with participants’ approaches, Tomlinson and Lewicki concluded that integrative negotiation tactics may be the most successful approach to contract negotiations, largely because when a long-term business relationship is possible, participants are more willing to compromise and reach mutually beneficial goals (Tomlinson & Lewicki, 2015).

A key strategy that emerged from the data, discussed by the majority of participants was the idea of compromise. PB, PH, and PI talked about compromise in terms of flexibility. PF said, “Eventually there is a compromise. There has never been a contract negotiation where I didn’t compromise.” PG said, “Compromise is a strategy and it’s typically the constant. Most folks realize when they are at the negotiating table there has to be a little give and take. I’m willing to compromise to a certain extent.” PJ said, “Successful strategies of mine are to demonstrate that I’m making a sacrifice. That I’m willing to make concessions, compromise.” The consensus in the data was that, regardless of other aspects of strategy, being flexible and compromising was necessary to successfully negotiate contracts with hospitals.

Consistent with participants’ experiences, a major construct of negotiation theory is compromise (Stevens, 1958). Tasa et al. (2013) attributed negotiators' failures to the lack of willingness to learn and compromise, in comparison to negotiators from more highly collaborative organizations. Groves et al. (2015) identified behavioral flexibility as important to successful negotiations, which was a sentiment expressed by participants in this study. In addition, consistent with the first and second major thematic findings in this study, prior research revealed that businesses led by informed leaders tend to perform better in contract negotiations because there is a clear picture of where and how the companies could compromise and continue to thrive (Blackburn & Wainwright, 2013).

Application to Professional Practice

The findings from this study are applicable to the understanding of successful strategies to negotiating contracts to improve profits and sustain small business growth and longevity. Five major themes emerged from the data to help answer the research question, which are applicable to professional practice. The first theme was about building trustful and mutually beneficial professional and personal relationships to be a successful PPI supplier negotiator to hospitals, to improve profits and sustain small business beyond 5 years in Texas. The second theme encompassed the idea of research and experience to formulate ideal strategies in various PPI supplier negotiation situations. The third theme was about maintaining positive, confident, and patient attitudes and behaviors throughout the negotiation process. The fourth theme pertained to the need for and importance of strong verbal and nonverbal communication skills to be successful in the negotiation process. The fifth theme pertained to the use of flexible and compromising strategies instead of a one-size-fits all approach, to successfully negotiate contracts with hospitals.

Applications to professional practice include the availability of research-driven findings to support new entrepreneurs, struggling small business leaders, and contract negotiators who are expanding their knowledge and skills in the contract negotiation arena. As a positive outcome of the research efforts, it is a hope that individuals who are intending to start a medical device company (or those small business medical device suppliers struggling financially) can gather insights that can help them grow their company's profitability and sustain success beyond 5 years. Individual beneficiaries of

these results include those preparing to venture into a medical device entrepreneurship or are medical device entrepreneurs who are struggling to plan strategically for their small business success.

Individuals contemplating becoming medical device entrepreneurs can use these types of research findings to prepare. Finding from this study suggest that they should be prepared to devote time to researching and gathering as much information about the hospital decision makers and the hospitals' distribution partners as well as the hospitals' negotiators and negotiation process. Also possessing optimistic leadership qualities, such as a positive attitude, strong written and verbal communication skills, and flexibility may apply in professional practice and be advantageous approaches to successful contract negotiations.

Implications for Social Change

The success of small businesses within the healthcare industry is a significant social concern and affects society because the economic activity of small businesses constitutes a large portion of the U.S. GDP (Memili et al., 2015). Implications of this study for positive social change pertain to the potential for PPI small business suppliers to improve negotiating strategies to grow and support the longevity of their small businesses, benefiting the communities in which they operate by sustaining employment and economic prosperity, generating tax revenues. The improved negotiation strategies that could sustain medical device and equipment businesses could lead to the revenues required to foster medical device and equipment innovations that could benefit the patients in hospitals who depend on them for improved health and well-being. The results

of this study are relevant to small business hospital suppliers who aspire to remain profitable beyond 5 years, thus contributing to creating jobs, fueling innovation, and improving the U.S. GDP. Furthermore, the results of this study add to the literature about negotiation strategies in general, applying theory in new ways to generate new knowledge to guide business leaders and assist research practitioners in their design of future research efforts. Collectively, the positive implications for social change include the improved wellbeing of individuals through the potential of small business to contribute and expand employment and fuel the economy and to engage in medical device innovation that can help to enhance the health and quality of life of the people who depend on them.

Recommendations for Action

Recommendations for small business leaders stem from the findings from this study and include increased attention of leaders to the research-based strategies that can enhance profits and small business success through interorganizational relationship-building and contract negotiation success. Planned dissemination of the research results is through publication, conference presentations, and the incorporation of findings in various related management resources. Leaders seek to apply strategies to sustain their small businesses, which based on the results of this study, can include attention to contract negotiation strategies to build relationships between organizations and enhance profits and longevity. Recommendations for leaders include attention to the growing research findings that can inform strategies for contract negotiation and business success.

Based on the major themes that emerged from the data, small business leaders who negotiate contracts with hospitals can consider how flexibility, compromise, and related research might benefit them in their efforts to build profits and longevity. Negotiation leaders can be attentive to how their attitudes and behaviors affect their strategies and outcomes of negotiations, evaluating the potential personal and professional benefits of optimism, confidence, and patience. Strong verbal and nonverbal communication skills are necessary for successful negotiation processes; accordingly, leaders of the PPI supply chain can assess and continue efforts to improve necessary related communication skills. PPI suppliers can devise and engage in ways to build trustful and mutually beneficial professional and personal relationships that can enhance the likelihood of successful negotiations with hospitals leaders, to improve profits and sustain small business beyond 5 years in Texas.

Hospital suppliers impact care quality and hospital performance. Accordingly, there is a need to apply knowledge about how to optimize skills, attitudes, ethics, education and experience, leadership, and trust. Emphasis on processes and skills necessary for optimal contract negotiation success will likely enhance small business potential to serve hospitals and engage in innovation required to improve quality care and reduce cost burdens to hospitals and patients. Continuous assessment of negotiation strategies are recommendations for leaders, to enhance contractual relationships in healthcare settings which can affect patient care, overall hospital performance, and improved treatment outcomes related to PPI supplies. Recommendations include

leadership focus on contract negotiation objectives and strategies that can evolve and grow in the most productive, efficient, and rewarding ways.

Recommendations for Further Research

Recommendations for further research revolve around the major thematic findings and limitations of this study. There are limitations to the transferability and generalizability of findings, as the sample was both geographically and demographically narrow. Further qualitative case study of other geographic areas including more women in the sample could provide insight into the reality of similar findings with other groups and regions. The sample in this study also had substantial experience in negotiating contracts and with small business longevity. Future quantitative research could include a comparison of negotiators and small business leaders with less experience and longevity, with the purpose of determining if the strategies are similar in both approach and in outcomes. In future research, the topic could include strategies small business owners use to negotiate medical supply contracts with other entities, such as Group Purchasing Organizations, which some hospitals rely on for negotiations for the best price after a hospital committee (comprised of providers and staff) select preferred medical devices.

The first theme was about building trustful and mutually beneficial professional and personal relationships to be a successful PPI supplier negotiator to hospitals, to improve profits and sustain small business beyond 5 years in Texas. The concept of trust emerged from both the data and the peer-reviewed literature repeatedly. This study did not include a clearly defined construct of trust, although different authors defined the terms of competence trust and goodwill trust (Malhotra & Lumineau, 2011; Zohar, 2015).

Future study could include an emphasis on the meaning of trust and how competence and goodwill trust each factored into PPI suppliers' negotiation strategies with hospitals.

Although all the participants discussed the importance of relationship building, some distinguished personal from professional relationship building. Future research could involve the perceived importance of and means to relationship building with the two (personal and professional) approaches.

The second theme encompassed the idea of research and experience to formulate ideal strategies in various PPI supplier negotiation situations. Participants emphasized experience more than education in their discussions of how they learned successful strategies for negotiating contracts with hospitals. Although the study of education was beyond the primary scope of this study, all but one participant in the sample held a degree in higher education and a remarkable portion earned graduate degrees in business. Future qualitative and quantitative research could include a focus on education and how both formal and informal education combined to result in the application of successful strategies for negotiation contracts with hospitals to support small business growth and longevity. Additional qualitative research could also illuminate in greater depth the particular areas and processes of research that hospital suppliers pursue in their formulation of successful strategies for contract negotiation and small business success.

The third theme was about maintaining positive, confident, and patient attitudes and behaviors throughout the negotiation process. Attitudes and behaviors are central tenets of negotiation theory, with uncertainties surrounding the rationality of humans in the negotiation process. How attitudes and behaviors of the opposing party affect the

attitudes and behaviors of negotiators were not a part of the findings in this study, nor were the perceptions of the opposing parties. Although the consensus of participants was that a positive and optimistic attitude was contagious, future research could include a focus on the attitudes and behaviors of both parties involved with hospital negotiations, with the purpose of comparing the attitudes, behaviors, and perceptions of both parties involved in the negotiation process. Findings may reveal insights into how closely negotiators' perceptions of their own attitudes and behaviors match the perceptions of the other parties in the negotiating process. Patience was also a concept discussed repeatedly by participants and also noted in the literature. Patience implies a period of time, which remained unexplored in this research. However, future related research could help to quantify the period of time surrounding the concept of patience in hospital supplier contract negotiations.

The fourth theme pertained to the need for and importance of strong verbal and nonverbal communication skills to be successful in the negotiation process. Some of the participants referred to modes and means of communication, including the use of technology, which was also noted in the peer-reviewed literature. However, an emphasis was not on forms of communication in this study. Future qualitative research could reveal more detailed information about the predominate forms of communication used by PPI suppliers in their negotiations of contracts with hospital leaders, and quantitative research could include how the changing business climate might be affecting communication methods.

The fifth theme pertained to the use of flexible and compromising strategies instead of a one-size-fits all approach to successfully negotiate contracts with hospitals. Prior research indicated that a win-win approach requires flexibility and compromise, and that win-lose negotiation strategies can decrease the quality of buyer-supplier relationships, even though there may be more supplier profit potential (Thomas et al., 2013). Future quantitative research could help to reveal if and how profit potential might suffer as a result of compromise and flexibility in the pursuit of win-win outcomes.

Reflections

Conducting qualitative research led to the development of newfound skills and resulted in the expansion of my appreciation for the challenges that can surface during the research process. For example, several unexpected delays occurred throughout the research process, such as needing more time during the recruitment process than originally anticipated. In addition, some of the databases and professional organizations' lists contained inaccurate information or were incomplete or a combination of both. As a result, additional time was taken to research and locate the correct participant contact information before mailing the letters. In addition to not having accurate contact information, some participants were slow to respond to the request to interview; it took up to 5 months to receive commitments from the 11 small business medical equipment suppliers. However, after accepting invitations, the 11 participants offered tremendous insights.

There was also a need for additional flexibility scheduling the interviews. In addition to attending the DBA program, I was working full-time as a healthcare

marketing professional. The marketing role often required traveling or serving as a meeting organizer or a subject matter expert tasked to present at meetings and/or actively participate in meetings as an individual contributor. Adjusting the dates and times to interview six participants was taxing and complicated and occurred several times because they had last minute schedule conflicts. However, the stress incurred was worth it because of the tremendous insight and the opportunity to meet these business leaders who displayed such leadership, character, and a genuine commitment to improve a patient's life.

At the time I enrolled in the DBA program, the traditional fee-for-service payment model for hospitals, physicians, and clinicians was a requirement. As such, medical device companies were primarily concerned with the quality and cost of the PPI, whereas patient care and outcomes rested with the hospital and providers. Most recently, Value Based Care became a priority for hospitals to incorporate into their organization, which is a healthcare delivery model by which patients' health outcomes are the basis for reimbursements to hospitals, physicians, and more recently medical device companies (Falk, Cherf, Schulz, & Huo, 2019). As a result, medical device companies are exploring ways to become more patient centric (Agarwal & Rogers, 2019). Due to the shift in the reimbursement model, these areas are relevant in the future of hospital buyer-supplier relationships and research of related contract negotiations.

The completion of the research and the emergent thematic findings culminated in additional reflections on the outcomes and research process. Expected outcomes of the study were that resource dependency theory would apply to PPI supply negotiations, such

that the resources of the supplier would contribute to a sense of power in bargaining. Conversely, it appeared that the financial resources of the hospital represented a bargaining advantage, whereby participants in the study felt the need to compromise, research, build trust, and exercise patience in the negotiation process. The special circumstances surrounding PPI supplies, representing opportunities to serve patient needs and improve quality of life in general, are conditions that encourage hospitals and suppliers to work collaboratively to achieve negotiation outcomes that ultimately benefit patient care. Such a benevolent relationship may influence or change the concept of power and control in negotiations related to hospital purchasing needs, as essential parties are separate yet interdependent entities who negotiate to form dependent alliances in significant ways.

Consideration of different theories of negotiation theory in the research involved with this study led to a broader reflection on findings. Applying the process of recognizing possible sources of bias and documenting in detail the steps of the doctorate-level research process heightened my awareness of and competency with conducting rigorous and trustworthy research. The peer review process inherent in doctorate-level research studies helped to enhance my research skills. Applied in this study were the similar type of compromise, flexibility, research, experience, communication skills, and relationship building that participants in this study described as essential to their own negotiation strategies. The similarities drawn are that the doctoral study process is not unlike a process of negotiation which requires time and patience.

Conclusion

This section included the presentation, discussions, and interpretations of the results. Included in the discussions of results were the ways that the findings in this study were confirmatory or inconsistent with prior knowledge in the discipline and extend knowledge about the key topics of the study. Comparisons of the results were to peer-reviewed literature described in Section 2. Also included in the section were additional acknowledgements of the limitations and implications of the research, along with recommendations for leaders and suggestions for further research.

Data collection and analysis in this qualitative multiple case study occurred with the purpose to explore successful strategies used by Texas PPI suppliers to negotiate contracts with hospitals, to improve profits and sustain their small business beyond 5 years. The overarching research question was: What successful strategies do Texas PPI suppliers use to negotiate contracts with hospitals to improve profits to sustain their small businesses for at least 5 years? Section 3 included the details about the results from the qualitative data analysis of interview data and document review. Described were the contributions of field testing and details about the research setting, demographics, data collection, data analysis, and related evidence of trustworthiness. Eleven PPI suppliers from Texas small businesses, who negotiate contracts with hospitals to sustain their small businesses, provided documents and answered interview questions about their successful negotiation strategies.

Five major themes emerged from the data to help answer the research question. The first theme was about building trustful and mutually beneficial professional and

personal relationships to be a successful PPI supplier negotiator to hospitals, to improve profits and sustain small business beyond 5 years in Texas. The second theme encompassed the idea of research and experience to formulate ideal strategies in various PPI supplier negotiation situations. The third theme was about maintaining positive, confident, and patient attitudes and behaviors throughout the negotiation process. The fourth theme pertained to the need for and importance of strong verbal and nonverbal communication skills to be successful in the negotiation process. The fifth theme pertained to the use of flexible and compromising strategies instead of a one-size-fits all approach to successfully negotiate contracts with hospitals.

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Appendix: Interview Protocol

Company:

Location:

Phone:

Researcher: Patricia G. McCoy

IRB Approval Number: 07-24-19-0528471

Thank you again for participating in this study. The goal of the research is to explore successful strategies used by Texas PPI suppliers who successfully negotiate contracts with hospitals, to improve profits and sustain their small business beyond 5 years.

- I'm tape recording the session because I don't want to miss any of your comments. Is that o.k.
- Anything you tell me is confidential.
- I will not use your personal information for any purpose outside of this research project.
- Written data will be kept secure in a locked file cabinet drawer and electronic data will be kept on a secure personal, password-protected portable external drive in a locked file cabinet drawer. Data will be kept for a period of at least 5 years, as required by the university.
- Please respond to follow-up questions if further explanation is needed to confirm understanding of your answers.
- I will transcribe the interview. There may be a follow-up interview to review the transcript interpretation of the recorded interview and provide your feedback to ensure that I have transcribed the interview accurately, interpreted the answers to the interview questions correctly, and provide further in-depth information. I estimate the follow-up interviews will take approximately 30 minutes.

Do you have any questions before we begin?

If you have any questions during the interview, please feel free to ask them at any time.

Interview Protocol	
Observations	Script
<ul style="list-style-type: none">• Non-verbal cues• Paraphrase if needed• Follow-up Questions	<p>1. What contract negotiation strategies have been successful when negotiating PPI supply contracts with hospitals?</p>

Interview Protocol	
Observations	Script
<ul style="list-style-type: none">• Non-verbal cues• Paraphrase if needed• Follow-up Questions	2. What types of communications do you believe are necessary for successfully negotiating contracts with hospitals?

Interview Protocol	
Observations	Script
<ul style="list-style-type: none">• Non-verbal cues• Paraphrase if needed• Follow-up Questions	3. How did you determine and develop those negotiating strategies?

Interview Protocol	
Observations	Script
<ul style="list-style-type: none">• Non-verbal cues• Paraphrase if needed• Follow-up Questions	4. What attitudes during negotiations do you believe lead to the most successfully negotiated contracts with hospitals?

Interview Protocol	
Observations	Script
<ul style="list-style-type: none">• Non-verbal cues• Paraphrase if needed• Follow-up Questions	5. How would you describe your bargaining power and abilities in relation to your negotiation strategies?

Interview Protocol	
Observations	Script
<ul style="list-style-type: none">• Non-verbal cues• Paraphrase if needed• Follow-up Questions	6. What barriers did you encounter when you sought to implement the strategies for negotiating contracts, and how did you address the barriers?

Interview Protocol	
Observations	Script
<ul style="list-style-type: none">• Non-verbal cues• Paraphrase if needed• Follow-up Questions	7. How did you assess the effectiveness of your strategies to negotiate contracts with hospitals?

Interview Protocol	
Observations	Script
<ul style="list-style-type: none"> • Non-verbal cues • Paraphrase if needed • Follow-up Questions 	<p>8. What else would you like to share concerning your experiences in developing and implementing strategies for negotiating contracts with hospitals to remain profitable for at least 5 years?</p>

Would you share what your profit and loss statements from the past five years?

Thank you for taking time to participate in the research. Do you have any questions?

In a few weeks I'll share with you the interpretations from the interview to ensure I've captured everything. Thank you again.