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Health Care Leaders Strategies and Patient Satisfaction

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Walden University

College of Management and Technology

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Aaronn Haerr

has been found to be complete and satisfactory in all respects,
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Walden University
2021

Abstract

Health Care Leaders Strategies and Patient Satisfaction

by

Aaronn Haerr

MBA, Strayer University, 2015

BBA, Strayer University, 2014

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Business Administration

Walden University

July 2021

Abstract

Ineffective patient satisfaction strategies can negatively impact patient satisfaction scores and overall organizational performance. Health care leaders who struggle to increase patient satisfaction are at high risk of diminished organizational performance and long-term sustainability. Grounded in the transformative learning theory, the purpose of this qualitative single case study was to explore strategies health care leaders implemented to improve patient satisfaction. The participants were five health care leaders in Ohio who effectively implemented strategies to increase overall patient satisfaction. Data were collected from semistructured interviews, organizational documents provided by the participants, and the company website. Yin's five-step method was used to analyze the data. Four themes emerged: patient-focused model of care, timely access to care, staffing of health care facilities, and continuous quality improvement. A key recommendation is for health care leaders to create a patient-focused model of care. Leaders who implement a focused model of care may improve the patient experience, leading to increased patient satisfaction and revenue for the organization. The implications for positive social change include the potential for health care organizations to give back to the local community by providing necessary funds and knowledge for health care needs.

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Dedication

I dedicate this doctoral study to my loving wife Angie, my children, Braylen and Kasey, my entire family. My wife sacrificed countless hours and provided unconditional support to ensure I could achieve my dreams and my kids who gave me more motivation and drive to achieve those dreams than they will ever understand and show them you can be anything you want to be. To my late mother, Lisa, I told you I would become a doctor one day and you told me “don’t let anyone tell you you can’t”. To the rest of my family, your love and support has helped me through the years of ups and downs to achieve the goals I have set.

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I would like to thank my chair, the late Dr. Chad Sines for pushing me to complete my goal even when times were tough, my SCM, Dr. Janie Hall, who believed in me and ensured I produced a quality study, my URR, Dr. Annie Brown, and other instructors and classmates at Walden University for your support throughout this doctoral journey. I would also like to thank Dr. Janet Booker, who stepped in as my Chair and helped me finish my journey and cross the finish line. Your guidance and help have significantly contributed to the completion of this study and my success as a scholar.

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Section 1: Foundation of the Study

Health care has changed over the last several years since 2010. With the implementation of health care reform, health care has become more consumer-driven (Munn, 2010). Health care has transitioned to a consumer-focused industry that relates patient satisfaction to organizational performance (Laurence et al., 2016). In the approaches to consumer-driven health care, leaders will have to involve the consumer in health care (Munn, 2010). Leaders of organizations focus on the customer and what strategies can improve patient satisfaction for the organization. Health care leaders who focus on the patient may have increased success and long-term sustainability.

Background of the Problem

Health care in the United States has changed since 2010 as it pertains to costs and patient satisfaction. Health care costs have risen to 17.8% of the gross domestic product of the United States, or $3.2 trillion, which correlates to $9,990 per person (Centers for Medicare & Medicaid Services, 2017). The costs per patient translate to revenue for health care organizations. To capture revenue, health care organizations must create strategies to ensure that patients choose to receive care at their hospitals. One way to achieve success and increase revenue is by improving patient satisfaction. Health care organizations that are not customer-focused may be at risk of losing market share and long-term sustainability (Laurence et al., 2016). Health care leaders use patient satisfaction measurements to assess whether health care is improving the health of patients (Hostetter & Klein, 2011). From a patient's perspective, health care has become more consumer-focused, meaning that health care organizations must evolve like other

consumer-driven industries (Manary et al., 2013). Health care leaders may need to develop new strategies to improve patient satisfaction.

Problem Statement

Health care organizations with poor patient satisfaction outcomes may have a diminished organizational performance (Kleefstra et al., 2015). Health care facilities with low patient satisfaction scores have a 21% higher cost for health care (Lieber, 2014). The general business problem is that some health care facilities have poor patient satisfaction scores in their organization. The specific business problem is that some health care leaders lack the strategies to improve patient satisfaction.

Purpose Statement

The purpose of this qualitative single case study was to explore the strategies that health care leaders use to improve patient satisfaction. The population for this study included a five midlevel to upper-level leaders in a health care facility located in the Dayton, Ohio who raised their patient satisfaction scores. Health care facilities can use the results from this study to positively enhance their organization by providing strategies to improve patient satisfaction.

Nature of the Study

The three research methods are qualitative, quantitative, and mixed methods. Qualitative researchers explore insights into problems by examining trends into participants' experiences and opinions (Lee, 2014). I used the qualitative method to gather insight into how health care leaders improved patient satisfaction. Quantitative researchers measure phenomena using variables to test hypotheses about variables'

relationships or differences (Barnham, 2015). I did not choose the quantitative method because I was not measuring phenomenon to test hypotheses about variables relationships or differences. Researchers use the mixed method to incorporate both qualitative and quantitative methods for the data collection, analysis process, and results interpretation (Hughes, 2016). The quantitative aspect associated with mixed methods would not have helped me to answer my research question.

I considered phenomenological, ethnographic, narrative, and case study designs to address the specific business problem. Phenomenological researchers focus on the meanings of the participants' experiences, events, and occurrences with no regard for the external and physical reality (Adams & van Manen, 2017). I did not choose the phenomenological design because it focuses on participants' lived experiences. Ethnographic researchers study the lives of participants to understand their culture (Garson, 2017). I did not select ethnography because I did not want to explore the participants' lives, based on observations, but the strategies that health care leaders used to improve patients' satisfaction. Narrative researchers seek to understand how people interpret their experiences through personal stories (Ramers, 2017). I did not select the narrative approach because I was not looking at participants' personal experiences or how they are perceived. I selected a case study to provide an in-depth understanding of convoluted social and technical experience related to an improvement of practices in an organization or business (Yin, 2018). I used a case study design to explore in-depth the strategies that health care leaders implemented to improve the patient experience for improving patient satisfaction.

Research Question

The central research question for this study was the following: What strategies do health care leaders use to improve patient satisfaction?

Interview Questions

1. What employee satisfaction strategies contribute to patient satisfaction?
2. What, if any, technologies helped your organization to improve patient satisfaction?
3. What, if anything, have you done to change the patients' perception of the organization for improving patient satisfaction?
4. What criteria does your organization focus on when assessing patient satisfaction?
5. What processes and tools does your organization use to gather patient satisfaction information?
6. What, if any, steps did you take to collect, analyze, and use patient feedback to improve patient satisfaction scores?
7. What else would you like to share with me about the strategies you used to increase patient satisfaction?

Conceptual Framework

In this study, I used the transformative learning theory as the conceptual framework for this study. Mezirow developed the transformative learning theory in 1978. According to the transformative learning theory, leaders and administrators can critically self-reflect on their own beliefs and experiences, and over time, they can alter or change

what is causing organizational dysfunctions (Mezirow, 1978; 1997). Mezirow (1978) believed that individual views change when a person is introduced to a disorienting dilemma, or a different outlook than the person's current belief. Mezirow asserted that the use of transformative learning theory can help a person critically reflect on strategies that do not work and create strategies that work to overcome the dilemma and adjust their current views. Using transformative learning theory, health care leaders can explore strategies in-depth to improve patient satisfaction.

Leaders and administrators in the health care fields can use the transformative learning theory to improve patient satisfaction. Cabaniss (2015) found that the transformative learning theory may be used to implement change within the health care profession. Christie et al. (2015) stated that transformative learning creates opportunities for critical thinking because it introduces new ideas and helps leaders act on new perspectives. Health care leaders can use data from satisfaction score reports to create strategies to increase patient satisfaction scores. I used transformative learning theory to explore leaders' strategies in-depth, using multiple sources, to improve patients' satisfaction scores.

Operational Definitions

Health care leader: A person responsible for oversight of the organization who makes decisions based on strategies (Scott & Pringle, 2018).

Patient satisfaction: An indicator for measuring the quality of health care provided (Prakash, 2010).

Public-funded health care: Health care that is funded by the public and is considered nonprofit (The Lancet, 2017).

Relationship based care (RBC): An operational blueprint for improving safety, quality, the patient experience, employee engagement, and financial performance (Glembocki & Fitzpatrick, 2013).

Strategies: The choices made to achieve an overall goal (Cummings et al., 2015).

Assumptions, Limitations, and Delimitations

Essential components of research studies include assumptions, limitations, and delimitations. Coleman and Casselman (2016) explained that a researchers' knowledge is important to alleviate risks and improve the outcomes. A description of the study's assumptions, limitations, and delimitations is necessary for understanding strategies implemented by health care leaders to improve patient satisfaction.

Assumptions

Assumptions are concepts that are assumed to be true or certain but are not yet proven (Dowd et al., 2018). There are three assumptions that affected this case study. First, I assumed that the participants selected would accurately describe their experiences. Second, I assumed that all patients conducted satisfaction surveys truthfully. Third, I assumed that the case study would provide the most reliable data for my study.

Limitations

Limitations are the parameters that limit the research and context within the study (Simon, 2011). The first limitation was the answers and explanations I received from my sample population was limited due to the organizations' confidentiality policies. Second,

I was limited to my ability to interpret the data collected accurately without my own bias of the research topic influencing the study results. Third, I was limited to the responses from the participants in the interview based on my case study design, as I did not factor in other research methods.

Delimitations

Delimitations are the characteristics that define the boundaries of the research and limit the scope of the study (Simon, 2011). The first delimitation was that the sample population was limited to health care leaders who had improved their organization's patient satisfaction in the Dayton, Ohio region. Second, the sample population was delimited to health care leaders located at a publicly funded health care facility. A third delimitation was my choice to only interview health care leaders who had improved their patient satisfaction scores. I was not looking at failed strategies; therefore, I did not interview health care leaders who had not improved their organizations' patient satisfaction scores.

Significance of the Study

It is imperative that health care leaders understand the strategies that will help them meet and exceed patient expectations. Multiple health care organizations fail to meet the demands of patients, which can hinder the patients' overall satisfaction (Thornton et al., 2017). The findings of this study may contribute to positive social change by enhancing overall patient experience and improving the quality of care for patients. Health care leaders have focused on the patient experience by using more effective communication strategies about treatment (Thornton et al., 2017). To remain

competitive, health care organizations should focus on patient satisfaction (McGreal et al., 2013). Health care leaders may develop new strategies to improve patient satisfaction.

Contribution to Business Practice

The U.S. government implemented regulations that have affected business decisions made by health care leaders. After health care reform, the consumer has more choices on where he or she will receive his or her health care based on quality of health care and patient satisfaction (Dewar, 2018). Through increased competition, health care leaders have identified strategies to improve patient satisfaction to increase revenues for their health care organizations (API Healthcare, 2015). Health care organizations that focus on patient satisfaction can show the local community that they are focused on quality of care, which may attract more patients for services because satisfied patients exhibit favorable behavioral intentions (Alrubaiee & Alkaa'ida, 2011). Health care leaders can use patient satisfaction scores to make improvements to the operations of the organization to increase revenues.

Implications for Social Change

A health care leader's focus on patient satisfaction is important for the quality of care provided to patients. Successful health care organizations provide services to meet the needs of the community like providing free or discounted care, community health improvement activities, health professions education, and donating funds to community groups (James, 2016). Improving patient satisfaction may provide opportunities for the health care organization to give back to the local community. Organizations that focus on

patient satisfaction and have increased patient population and revenue enable these organizations to provide benefits to local communities.

A Review of the Professional and Academic Literature

The purpose of this qualitative single case study was to explore the strategies used by health care leaders to improve patient satisfaction. The research question in this study was the following: What strategies do public health care leaders use to improve patient satisfaction? I used the constructs of the transformative learning theory as the conceptual framework of the study.

The topics included in this literature review were transformative learning theory, Deming's plan-do-study-act theory, and the expectancy theory. I provided a critical analysis of patient satisfaction and employee engagement, patient satisfaction and the effects on the organization, patient satisfaction and how it relates to HCAHPS and Medicare, health care leaders' roles, patient and customer loyalty, and customer service in health care. Fry et al. (2017) stressed the importance of the literature review in research. To find academic peer-reviewed articles relevant to my study, I searched the following: Walden Library databases, Google Scholar, Thoreau database, Business Source Complete, and ProQuest database. The search terms used included *patient satisfaction, customer satisfaction, customer loyalty, HCAHPS, health care managers,* along with the terms for competing theories, plan-do-study-act, Deming's PDSA, expectancy theory, and Vroom expectancy theory. This doctoral study included 233 total sources, with 211 sources, or 90%, being peer reviewed. Of the 233 sources, 121 were within the last 5 years.

Conceptual Framework: Transformative Learning Theory

The transformative learning theory served as the conceptual foundation in this study. Mezirow's (1978) transformative learning theory includes the concepts of self-reflection, exploration, patient satisfaction, and performance. Mezirow (1991) asserted that the transformative learning theory developed from experiences of leaders and administrators. Mezirow (1978) explained that people develop a frame of reference from experiences, which lead to beliefs, assumptions, perceptions, and concepts that determine their decision making. Transformation occurs when the frame is challenged by a difficult or significant experience that is problematic, which provides leaders of an organization with an opportunity to reflect on themselves and their actions. When the person reflects on the experience, a transformation occurs, leading to a change in a belief or communicative action (Mezirow, 1991). Health care leaders can reflect on experiences of their strategies of improving patient satisfaction and learn from them, which is the basis for transformative learning theory.

The transformative learning theory includes three core components and ten phases. The components of transformative learning theory are central experience, critical reflection, and rational discourse (Mezirow, 1991). When individuals are confronted with a central experience or dilemma, they must reflect critically on the experience and create a positive action (Mezirow, 1991). Once an individual critically reflects on the dilemma, he or she can develop an action plan to alter his or her original perception, and the individual can create a positive approach, which leads to the third element of rational discourse. Mezirow (1991) explained that rational discourse occurs when the new idea is

developed and promoted. The new strategy that is developed is implemented into an organization. These three core elements are key to the success of transformative learning theory. Mezirow (1978) explained that transformations follow a variation of 10 phases before becoming clarified. The phases consist of: a disorienting dilemma, a self-examination, a critical assessment of assumptions, a recognition that one's discontent and the process of transformation is needed, exploration of new roles, relationships, or actions, planning a course of action, acquisition of knowledge or skills to implement a plan or strategy, provision for trying new roles, building of confidence in new roles, and a reintegration into one's life.

Transformative learning theory has been used in many studies. Taylor (2007) stated that more than 40 studies have been completed since 1998 with transformative learning theory as a framework. Christie et al. (2015) emphasized that Mezirow's transformative learning theory has been used for changing teaching procedures and correcting health issues that have produced positive results. Cabaniss (2015) and Daniel and Jessica (2017) used transformative learning theory as a lens to implement changes to health care and align conditions towards providing a safe, efficient, and patient-centered delivery. Lonie and Desai (2015) used transformative learning to improve professional development by determining that individuals need self-awareness and reflection to make quality improvement in health care. Leaders who use the scope of transformative learning create new directions for health care employees and professionals to develop positive strategies for improving patient satisfaction.

Health care leaders are using transformative learning theory to improve their organizations. Edirippulige and Marasinghe (2010) described the use of transformative learning theory based on e-health. Edirippulige et al. explained that the use of e-health offers new opportunities for a more effective clinical practice, time and cost savings for the patients, providers, and health services. Edirippulige et al. expanded on the lack of appropriate education and training opportunities to be the main barrier blocking the necessary knowledge and skills in e-health. Phillipi (2010) explained the importance of transformative learning in the health care setting. Phillipi et al. expanded on this in her study explaining how health care providers continually reflect on previous experiences to treat patients. An example would be a health care provider prescribing medications to patients and whether the medication will be beneficial considering their personal histories, or would they suggest drinking red wine for heart health even if there is a family history of alcoholism. Health care leaders can use the transformative learning theory to rethink the existing frames of reference and adopt new frames of reference in the health and medical practices (Edirippulige & Marasinghe, 2010).

I chose Mezirows' transformative learning theory for this study. Senior health care leaders can use the transformative learning theory to study different health care leaders' strategies to improve patient satisfaction in a health care facility. Health care organizations have numerous leaders within the organization, all of which have different leadership styles. Each health care leader will have a different outlook and strategies on how to improve patient satisfaction for his or her organization. The transformative

learning theory provides the framework to examine strategies practiced by health care leaders and reflect on what improves patient satisfaction.

Supporting Theory: Customer Loyalty Theory:

The customer care model that explores the cognitive customer behavior and attitudes to improve organizational strategies is the customer loyalty theory. Dick and Basu (1994) introduced the customer loyalty theory as a two-dimensional system which identifies customer behavior and attitudes. Organizational leaders utilize the two-dimensional system to develop marketing and customer care strategies to improve loyalty and satisfaction. One of the biggest jobs for organizational leaders is to gain loyalty and improve satisfaction.

Customer loyalty can have a major impact on the success and sustainability of an organization. Kotler (2015) stated that the cost of attaining new customers is greater than retaining current customers. Kotler explained this method through five pillars to customer loyalty: (a) use current customers to reach new customers, (b) existing customers tend to patronage more, (c) regular customers are predictable, which decreases costs to the organization, (d) existing satisfied customers are free marketing for an organization, and (e) existing satisfied customer are more likely to pay premium prices. These pillars explained by Kotler support methods leaders could use to improve customer care strategies and patient satisfaction.

The two-dimensional system provides components to help strengthen customer loyalty and minimize customers patronizing other businesses. Dick and Basu (1994) explained the importance of leaders determining the attitude and having a direct influence

on the customer. Dick and Basu discussed the four major implications on loyalty mangers need to review: (a) comparing relationships to competitor offerings, (b) recognizing customer loyalty antecedents, (c) determining the impact of customer loyalty, and (d) examining shortcomings of competitors and how new strategies can affect loyalty. Dick and Basu asserted that leaders should focus on organizational values to prevent dissatisfaction. Multiple authors have shared strategies that leaders could use to build on customer services and improve patient satisfaction.

Other researchers have had various outcomes using Dick and Basu's (1994) customer loyalty theory. Using the two-dimensional customer loyalty theory, Muthukrishnan (2015) argued the that a customer's habits increase customer loyalty and customer satisfaction. Muthukrishnan stated that customer loyalty is more closely related to habitual behavior rather than emotional behavior. Andajani et al. (2015) added that the future of customer behavior is dictated though the observation of negative and positive customer care services from the perception of the customer. Chahal and Dutta (2014) argued that leaders are reluctant to adopt the customer perception model due to conflicting views on customer care services and brand loyalty. Despite the contrasting views on habitual behavior and customer perception, leaders who promote customer loyalty are more likely to create sustainment in business (Chahal & Dutta, 2014; Muthukrishnan, 2015). Leaders can use their contrasting views on persistence and perception to improve customer loyalty, and to improve care strategies and patient satisfaction.

Supporting Theory: Customer Satisfaction Management Theory:

Relating leadership and customer satisfaction can appear difficult. A theory was developed in 2012 by Kobylanski and Pawloska that established the customer satisfaction management theory to measure customer care services and patient satisfaction policyholders in the life insurance industry (Kobylanski & Pawlowska, 2012). The customer satisfaction management theory suggests that customer satisfaction can be transformed into a competitive advantage for long-term business sustainability (Kobylanski & Pawlowska, 2012). Customer satisfaction management differs from customer loyalty in customer loyalty is two-dimensional and focuses on attitude and customer loyalty whereas customer satisfaction management is one-dimensional and focuses on business sustainability. Kobylanski and Pawlowska (2012) argued that organizations must (a) oriented in the organization, (b) focus on continuous improvement, (c) willing to work on competitive advantages, and (d) control systematic management. These four points help sustain the customer satisfaction management theory.

Álvarez-García et al. (2017) asserted that positive managerial strategies derive from customer satisfaction and organizational productivity. Organizational sustainability is used to measure customer satisfaction (Ioppolo et al., 2016). The lack of customer care strategies may lead to a dissatisfied patient which could affect the sustainability of the organization. Many organizations will risk sustainability over profit. Jinau (2015) explained that large organizations have two major goals which are profit and long-term sustainability. Although all organizations should have attainable goals, the customer is more focused on the service provided and satisfaction. The customer satisfaction

management theory appears applicable to customer satisfaction; however, the theory suggests leadership focus strategies on organizational priorities over customer care services and the improvement of patient satisfaction in the health care industry.

Competing Theory: Plan-Do-Study-Act

A competing theory to examine the strategies health care leaders use for improvements was the plan-do-study-act (PDSA). Deming's PDSA was created in 1950 and evolved in 1986 (Deming, 1986). The main tenants of the PDSA consist of developing a plan to test a change (plan), carrying out a test (do), observing and learning of consequences (study), and determining what modifications may be needed to the test (act); (Deming, 1986). The PDSA is a useful tool for examining change in operations of an organization through testing strategies.

Researchers have used the PDSA to make changes within organizations. Strikes and Barbier (2013) asserted that strategic initiatives often include quality improvement programs with steps for monitoring and measuring different aspects after the do phase and during the check phase to determine success. Donnelly and Kirk (2015) claimed that the PDSA model is an effective method to help health care teams improve quality of care. The PDSA was used to create the clinical nurse leader position by the American Association of Colleges of Nursing in 2007 (Polancich et al., 2017). Coury et al. (2017) used the PDSA model to implement a new screening outreach program in intervention clinics for colon cancer. Coury et al. used the PDSA model in a pragmatic trial to help clinics integrate evidence-based interventions into the organizations processes. Spooner et al. (2017) utilized the PDSA to manage interruptions during nursing handovers in an

intensive care unit. Prior to the implementation of the strategy, the unit experienced 64 interruptions, or one every 23 minutes. Following the implementation of the PDSA, the interruptions dropped to 52, or one every 29 minutes (Spooner et al., 2017). Interruptions can lead to many mistakes in a health care setting, and the structure provided in the PDSA helped create a structure for handovers the effectively manage interruptions. Many health care organizations implement the PDSA to make quality improvement practices in their organizations.

I did not select the PDSA as a framework for this study because I was focusing on health care leaders' strategies and not the cycle in which health care leaders examine those strategies. Leaders use the PDSA to examine practices and implementation of innovations or tactics to make an improvement. Focusing on these practices does not relate to the strategies that health care leaders use to improve patient satisfaction. The PDSA could be used if I focused on how the strategy was implemented with a measurable tool and use of the same strategy numerous times.

Competing Theory: Expectancy Theory

Health care leaders meet goals when they meet or exceed the expectations of their patients. Vroom (1964) stated that there is a link between the effort a person places on the expected outcome thereby achieving results. Vroom asserted that with the right motivation, a group could work together to achieve a common goal. Expectancy theory is based on three beliefs which are valence, expectancy, and instrumentality (Vroom, 1964). Valence refers to the emotional orientations that a person has to any outcomes (Vroom, 1964). Health care leaders must understand what patients value the most. Expectancy

refers to the expectations a person has (Vroom, 1964). Health care leaders need to focus on what is expected of them from the patients. Instrumentality refers to the perception of whether a person will get what he or she wants (Vroom, 1964). Health care leaders must understand what a patient wants and be capable of providing that want. By adhering to these three beliefs, health care leaders could improve patient perception of the organization, quality of care received, and satisfaction.

Scholars have used expectancy theory to improve patient satisfaction. Hudak et al. (2004) tested the expectancy theory against six existing theories consisting of performance theory, the disjunctive model, fulfillment theory, discrepancy theory, expectancy-disconfirmation theory, and a model of body-self unity. Hudak et al. found that the expectancy theory enabled higher patient satisfaction because it enabled the team to develop strategies to improve expectations of patients. Burgoon et al. (1991) conducted two studies using expectancy theory focusing on patient compliance and satisfaction with physicians. Burgoon et al. concluded that the expectancy theory provided positive results in patient-physician communication. Researchers have used expectancy theory in multiple variations so they could devise strategies to improve quality of care and improvement in health care.

The expectancy theory has been used to improve employee motivation and culture for the purpose of improving patient satisfaction. Lunenburg (2011) explained that expectancy is the effort that results in the desired level of performance. Vroom (1964) described motivation as a product of expectancy. Organizations have a need to create a culture promoting clear expectations for their employees (Faleye & Trahan, 2011).

Spurgeon et al. (2011) stated that organizations can create clear communication and expectations by using a collaborative culture. Organizations leaders that do not promote a collaborative culture may fail to meet employee expectations and lose the motivation to improve patient satisfaction.

Researchers have used the expectancy theory to study the effects on workplace motivation. Westover et al. (2010) conducted a study finding that work environment a work environment for the motivation of employees. In a study conducted by Bembenutty (2012), the participants scored higher results by focusing on and understanding the expected goals, compared to those in the control group that were not privy to the expectations. Employees that understand and meet expectations will have more increased engagement. Bushra et al. (2011) explained that leaders that do not encourage goal setting and communicate with employees may negatively influence engagement and motivation from employees. Motivation is necessary in improving patient satisfaction and necessary in the expectancy theory.

I did not select the expectancy theory for this study. According to Vroom (1964), the expectancy theory say that individuals have different sets of goals and can be motivated if they have certain expectations. Health care leaders may encounter several variables that are out of the leaders' control. The second reason for not selecting the expectancy theory is the theory includes the leaders' expectations of an outcome and not the strategies used to improve the outcome. I did not use the expectancy theory because I could not use it to focus on the health care leaders' strategies to improve patient satisfaction.

Patient Satisfaction: Employee Engagement

Health care leaders face many challenges associated with providing high-quality care and focusing on patient satisfaction. Patient satisfaction is complex, but many health care leaders have devised successful strategies to address these concerns (Vogus & McClelland, 2016). Studer et al. (2014) found that health care organizations with higher patient satisfactions scores recognize the value of employee engagement. Health care delivery is one way to improve patient satisfaction (Wutzke et al., 2016). Shantz et al. (2016) explained that a patients' visit to a health care facility involves many factors, including clinical and nonclinical employees, and administration employees. Johnson and Russell (2015) stated that health care employees have the strongest influence on patient satisfaction by the interaction they have with patients. Health care employees have face-to-face interactions with patients, which determine the value of care perceived by patients (Hardyman et al., 2015). Raso (2016) explained how employees who meet expectations of patients improve the experience and the patient satisfaction.

Health care organizations that have a higher level of employee engagement strategy tend to have higher clinical performance, financial stability, and patient satisfaction (Studer et al., 2014). Christiansen et al. (2014) devised a quantitative study to investigate the effects of similarity between task demands on job satisfaction based on the idea that an employee can become distressed if they are required to perform traits that are not consistent with their own. Christiansen et al. (2014) used this study to gather information relating to the impact of a personality-based job fit on overall satisfaction of the job using the Trait Activation Theory. This focused on task-based distress, which

leads to less satisfaction on the job for employees. Christiansen et al. found that the tasks associated with agreeableness and conscientiousness were perceived by employees as more distressing when workers were scored lower with those traits compared to an increased distress was related to less satisfaction.

A study was conducted to examine the relationship between the quality of care provided to patients regarding accessibility, efficiency, humaneness of care, and the workers' perceived quality of organizational life. Ferrara et al. (2013) found that patient perceived quality of life with quality of care provided. This explains that employee engagement with patients provides better quality of care. Health care employees play a role in the satisfaction of patients; therefore, employee engagement is critical to the health care organization.

Patient Satisfaction: Effects on Organization

Leaders are increasingly focusing on patient satisfaction over the last decade. The measurement of patient satisfaction reflects the type of an experience a patient has during his or her visit (O'Leary & Cyrus, 2015). Health care leaders have had to find new strategies to engage employees due to an increase in regulatory demands (Hilton & Sherman, 2015). Many health care leaders are implementing strategies to improve patient satisfaction (Vogus & McClelland, 2016). Wutzke et al. (2016) stated that health care leaders must develop new strategies and innovations in health care delivery to improve patient satisfaction. Hospital leaders must find ways to improve patient satisfaction as it is one of the keys to quality improvement of health care organizations (Adams et al., 2015). Health care leaders play a role in the improvement of patient satisfaction.

Patient satisfaction is a leading cause for successful health care organizations. Kuzmina (2017) found that high patient satisfaction increases the profitability in hospitals. Health care organizations improve patient satisfaction to increases volume growth, as well as improved profitability. Kim (2017) explained the importance of patient satisfaction, stating that organizations must focus on the demands of the consumer for increased sustainability. Fatima et al. (2018) found that health care organizations attempt to deliver improved health care services to their customers to increase patient satisfaction and loyalty. Protomastro (2016) found that health care facilities with higher patient satisfaction scores had lower readmission rates. Patient satisfaction is becoming a crucial element to the sustainability and long-term success of the health care organization (Zgierska et al., 2014). Progressive organizations use patient satisfaction as a quality-of-care metric. Hockenberry and Becker (2016) stated that hospitals need to address patient satisfaction because the results have negative implications, not only on the organizations' success, but on the satisfaction and turnover of hospital staff. Patient satisfaction is at the front of strategies made by health care leaders because of the importance it has on success.

There is a commonality between patient satisfaction and quality of care provided. A study was conducted at the Sher-I-Kashmir Institute of Medical Sciences (SKIMS) in Srinagar, Inidia, to investigate the effects of patient satisfaction measures on the quality of care provided (Arshad et al., 2012). The participants consisted of 400 middle aged patients (204 males and 196 females) from the outpatient clinic. Arshad et al. developed a close-ended questionnaire and disseminated it to the patients to determine their

perception on the quality of care provided. The data was collected over a 2-month period, followed by analysis of the data. Arshad et al. found that 61.25% reported the skillfulness of the provider as the main reason for choosing the facility. Patients were also highly satisfied with the availability of the different facilities at the hospital (70.5%) and how the medical staff cared for the patients (66.75%). The authors found that there may be a relationship between a patients' level of satisfaction and the quality of care they received (Arshad et al., 2010). The conclusions like this study provide valuable information for developing strategies to improve the quality of care provided, as a higher patient satisfaction is characteristic of higher quality health care facilities.

Al-Abri and Al-Balushi (2014) analyzed studies that evaluated characteristics of patient satisfaction and evaluated how the collected data influenced performance processes. Al-Abri et al. focused the research on studies in the last 15 years in the areas of patient satisfaction, quality improvement, and patient satisfaction measurements. Of the 29 articles researched, there was no consensus on the concept of patient satisfaction in health care. Researchers agree that there is a direct relationship between patient satisfaction and quality improvement. Al-Abri et al. found that much of the data collected showed that nursing care significantly impacted patient satisfaction, and physician communication needed the most improvement. Over the last few decades, there has been little research focusing on improvements due to the feedback in patient satisfaction surveys, though Al-Abri et al. stated patient feedback creates opportunities for improvement in health care.

Perception plays a factor in overall patient satisfaction. Zendjidjian et al. (2014) explored how patient care related to patient satisfaction in psychiatric hospital care using the Satisfaction with Psychiatric Care Questionnaire-22 (STISPSY-22), using the patients' point of view. Using a cross sectional study in two French universities, Zendjidjian found that the therapeutic relationship and seclusion were the most important factors contributing to patient satisfaction. The factors could be altered through strategies to improve patient satisfaction.

Another study was conducted using the Global Assessment of Functioning scale (GAF). Gebhardt et al. (2013) conducted a qualitative research study using the GAF to identify variables relate to patients' satisfaction with treatment. Along with the GAF, Gebhardt et al. also used the Student t-test and the Pearson correlations. Throughout the study, the patient satisfaction was dependent on symptom severity and function at discharge, care during treatment, and on function of the discharge group (Gebhardt et al., 2013). The researchers concluded that to improve the patient's satisfaction, the goal of the organization should be to focus on symptom relief and reduction of side effects (Gebhardt et al., 2013). Improving patient satisfaction may also improve employee satisfaction.

Patient Satisfaction: HCAHPS and Medicare

Recent regulations have contributed to the strategies that health care leaders have developed with a focus on patient satisfaction. Health care organizations are now more business focused because the customer has an impact on revenue (Sharan et al., 2015). The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) is

a patient satisfaction survey used to rate hospitals according to the quality-of-care patients receive (Sharan et al., 2015; Westbrook et al., 2014). The HCAHPS survey contains eight components including, (a) communication with nurses, (b) communication with doctors, (c) staff responsiveness, (d) pain management, (e) communication about medications, (f) discharge instructions, (g) cleanliness and/or quietness of the health care facility, and (h) overall score of the health care facility (Iannuzzi et al., 2015).

The purpose of the HCAHPS is to provide a standard measurement of patients' perspectives of the care they received and to make comparisons of health care facilities for more patient choices (Centers for Medicare and Medicaid Services, 2015). Guadagnino (2012) researched whether using patient satisfaction scores for pay-for-performance was a reliable measure. The Centers for Medicare and Medicaid began withholding 1% of health care facilities' Medicare reimbursement as part of the Hospital Values-Based Purchasing Program, returning the focus to quality performance (Guadagnino, 2012). Guadagnino explained that 30% of a health care facilities' financial incentive come from how well the facility scores on patient satisfaction, according to the measurement on the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey. Guadagnino also explained that some health care facilities that score higher on patient satisfaction surveys have a higher mortality rate with poorer patient outcomes and some with lower satisfaction have lower mortality rates with better patient outcomes.

One strategy for health care leaders of facilities using the HCAHPS survey is to improve patient satisfaction and health care services provided (Dockins et al., 2015).

Under the new regulations, health care facilities with higher scores receive higher monetary incentives compared to those with lower scores (Dempsey et al., 2014). Patients' perceptions of care received could determine health care organizations' reimbursements (Russell et al., 2015). Banka et al. (2015) explained how nurses and providers are the main factors to HCAHPS scores, but all health care professionals contribute to the patient experience. Fortenberry and McGoldrick (2016) explained the importance of improving patient experience and retaining loyal customers in health care. Health care leaders have an increased awareness of customer service and post patient satisfaction data on hospital websites (Sweeney et al., 2014). The HCAHPS score is a tool to measure patient satisfaction, and it provides a standardized tool for health care organizations and patients to see that quality care is provided.

Feedback from individuals associated with the organization can be a positive sign that leadership is moving in the right direction. Leaders in the health care industry are required to include patient and staff feedback on developing strategies to improve patient satisfaction (Hilton & Sherman, 2015). Sharan et al. (2015) stated that patients can add value to an organization through their visions. Quality health care delivery requires a high level of collaboration and new ideas to improve the quality of service (Wutzke et al., 2016). Many people, including providers and patients, are all responsible for contributing to the improvement the quality of patient care and patient satisfaction.

Health Care Leaders

Health care leaders have many duties in the operation of health care organizations. Health care leaders' duties have become complex as the leaders strive to

increase efficiency, productivity, and patient satisfaction (Kochar & Christy, 2017; Liu et al., 2015). According to Baird and Gonzalex-Wertz (2011), new age leaders have a need to understand and shape employee engagement customer requirements, and perceptions for shareholders.

Health care leaders must also implement strategies and initiatives for employees by providing all necessary information, tools, and assistance for the employees to complete needed tasks (Holton & Gandy, 2016). In the increased technological age, organizations turn their focus to more digital footprints, and must align their mission of the organization (Darbi, 2012). Health care leaders must implement strategies to increase patient care and patient satisfaction (Converso et al., 2015).

Health care leaders comprise of senior leaders and middle leaders to influence decisions and manage the organizations. Senior leaders manage the operations of the organization while middle leaders manage employees and subsections of the organization. Middle-manager leadership is a critical part of the overall success of health care organizations. The middle leaders work with employees to identify areas to increase employee performance and patient satisfaction (Dainty & Sinclair, 2017; Malik & Dhar, 2017). Guay (2013) claimed that effective leaders are needed to create a positive team environment.

In health care, middle leaders encourage their employees to improve themselves in skills and prioritize patients care above others (Oldenhof et al., 2016). Middle leaders must use senior leaders' approaches in their everyday work duties (Birken et al., 2012).

Birken et al. (2012) explained that middle leaders work closer with the front-line employees, which aids in the opportunity to develop strong work-related relationships.

The work-related relationships between middle leaders and front-line employees can affect employee engagement, employee motivation, and patient satisfaction. Health care leaders achieve organizational goals with their employees by using formal and informal meetings to communicate agendas and directive in clear and concise ways (Engle et al., 2017). Health care leaders set expectations, training employees, and supporting their employees (Engle et al., 2017). Bedarkar and Pandita (2014) stated that employees and organizations that are engaged in health care increase patient satisfaction. Health care leaders serve in many capacities ensuring organizational success including improvement of patient satisfaction.

Waite (2014) found that developing quality leaders is pivotal for organizational sustainability. Scott et al. (2014) explained how an organization can take an innovation to practice in 90 days. Scott et al. described the first 30 days as defining the gaps between the organizations' goals and the current operational practices, while identifying strategies to fill the gaps. Over the next 30 days, leaders must meet with a minimum of 12 customers to identify any unmet needs and hold workshops with leaders to prioritize new initiatives to turn the focus. Over the last 30 days, leaders will need to assign employees to work on the assigned priority initiatives while leaders closely monitor the progress.

Leadership influences many outcomes on organizational performance. Lega et al. (2013) explained the importance of having a strong leadership in health care and conducted a study to explore the relationship between the performance of health care

organizations and leadership, practices, and characteristics. Lega et al. analyzed 37 articles, focusing on keywords of management, management practices, management impact, health care services, quality, health care organizations, and health care performance. The articles were divided into four subcategories: the effects of organizational culture and leadership styles, the impact of leadership practices on performance, and the impact of leaderships' characteristics on performance. Many scholars associated strong leadership with decreased risk of mortality and increased financial performance (Lega et al., 2013). Lega et al. distinguished management and leadership by explaining management as including planning, budgeting, organizing, staffing, and controlling, while leadership practices guidance, direction, motivational practices, and the alignment of staff. The second area of research focused on the commonalities with the chief executive officers who had experience in a health care system or were clinically qualified. The third class of studies focused on the correlations between provider engagement and organizational performance (Lega et al., 2013). Health care is continually evolving and shifting governance. Lega et al. suggested that having more providers in leadership roles to lead changes in service and aid with innovation to help improve productivity and quality. Providers have a broad understanding of what is needed on the ground level and ideas to improve issues. Strong leadership has a positive effect on health care performance (Lega et al., 2013). Metcalf and Benn (2013) also examined leadership characteristics as they relate to implementing strategies focusing on corporate sustainability. Leadership for sustainability requires a leader with the ability to work through complexities in organizational change. Metcalf and Benn (2013) conducted

a study focusing on leadership styles to determine what characteristics are necessary for a successful leader. Metcalf et al. found that emotional intelligence is needed to lead through complex situations. Three types of leadership styles drive an organizations performance, authentic leadership, ethical leadership, and transformational leadership (Metcalf & Benn, 2013).

Different styles of leaders can have an impact on the organization. Authentic leaders can influence the engagement of employees (Nichols & Erakovich, 2013). Nichols and Erakovich described authentic leaders and ones who focus on improving interpersonal relationships. Leaders who are proactive can influence work engagement in employees (Nichols & Erakovich, 2013). Nichols and Erakovich stated that authentic leadership plays a role in ensuring work engagement, which leads to motivation and improvement.

Another form of leaders are ethical leaders. Krishnan (2012) explained ethical leaders strive to support the development of job autonomy, job performance, and task importance. Organizations need leaders with a strong moral center, they can improve employee engagement and job performance (Kottke & Pelletier, 2013). Employees follow ethical leaders and tend to place more effort into their jobs, leading to better performance (Krishnan, 2012).

Ethical leaders provide a different approach to leading individuals. Den Hartog and Belschak (2012) stated that ethical leaders provide their employees with personal initiatives. Ethical leaders send concise directives to their subordinates and stand by an internal code of ethics, which may lead to a more engaged employee for the organization

(De Hartog & Belschak, 2012). Derr (2012) described ethical leaders as having the ability to influence the engagement of employees. Different types of leaders can have a different impact on an organization and the overall goals.

Transformational leaders provide another option for leading health care facilities. Northouse (2013) explained that transformational leaders are proactive and focus on change in the organization by implementing new strategies for improvement. A transformational leader aims to motivate employees to achieve organizational goals by using innovative ideas and solutions to problems faced (Northouse, 2013). Transformational leaders are most common in organizations as they are needed to enact significant change within an organization through influence of their strategies to achieve the goals for the good of the organization. There are four key components to transformational leaders: idealized influences, inspirational motivation, and intellectual stimulation (Northouse, 2013).

Transformative learning can help these leadership styles evolve to encompass new strategies. Tideman et al. (2013) suggested a new leadership style may be necessary to encompass sustainability for organizations. The new view encompasses business, economy, the environment, and society where they are all interconnected. Tideman et al. conducted a study comparing previous work with leadership styles with attributes needed for modern sustainability and determined six attributes needed for a sustainable leader. The six elements discovered were context, consciousness, continuity, collectiveness, connectedness, and creativity. Tideman et al. determined that transformational leaders possess four of the elements, consciousness, continuity, creativity, and connectedness,

but lacked the added elements needed in modern sustainability. Leaders can alter the direction organizations are trending, which is why the correct leader must be established.

Employee Engagement

Employee engagement can have an impact on the overall patient satisfaction. Improving employee engagement can increase employee satisfaction, which directly improves patient satisfaction (Spurgeon et al., 2011). Spurgeon et al. explained that medical engagement is critical to the operational performance in the health care industry. Employees more in engaged decreases mortality ratios, raises safety standards, and can improve medical outcomes (Freeney & Fellenz, 2013). Gemmel and Verleye (2010) found a connection between employee engagement and patient satisfaction. Gemmel and Verleve conducted a survey of more than 1,000 patients demonstrating a strong emotional connection within a health care organization. The findings provided insight in to how an emotional connection created increased loyalty from patients and employees. Jose (2012) added that the emotional bond between employee and customer creates long-term sustainability for organizations. Employee engagement helps create consumer and employee loyalty.

Many factors contribute to employee engagement. Lowe (2012) stated work environment, job characteristics, and organizational support as factors that increase employee engagement. Lowe adds that employee engagement is a strategic goal for health care organizations. Nasomboon (2014) found a connection between organizations that met customers' expectations and an increase in consumer satisfaction. Timms et al. (2012) found that employees continually met expectations when engagement was at a

higher level. Lowe conducted a survey of health care workers utilizing several dimensions of engagement. The low engagement level represented 33% of the total sample, while 39% were in the medium area of engagement. Lowe concluded that increased employee engagement directly influenced organizational performance. Tullar et al. (2016) conducted a study testing if employee engagement encouraged employees to stay at their organization. Tullar et al. explained that turnover hurts the quality of care provided and is expensive to hospital. A program was created, and employees were recruited to participate in an engagement program that helped employees find meaning and connection in their work. Tullar et al. collected data comparing participating employees versus nonparticipating employees in the same job titles on retention time. Tullar et al. concluded that employees who participated in the program and were more engaged were more likely to stay and not leave the organization compared to those who were not as engaged. Hesselgreaves and Scholarios (2014) devised a quantitative study to examine the effect of the supervisor/subordinate relationship in comparison with an employees' experience of job strain within the nursing field utilizing the leader-member exchange. Hesselgreaves and Scholarios (2014) found that the leader-member exchange has two outcomes, reduce, or intensify a subordinates' job strain. Hesselgreaves et al. explained that the member exchange highlighted a gap between the different nursing roles that have different job demands and supervisory demands. In conclusion, Hesselgreaves et al. found that the member-exchange reduced the job demands and strain for lower-level employees, but led to greater strain on leadership, causing a curvilinear relationship between the member-exchange and strain.

Another quantitative study conducted by Kane-Frieder et al. (2014) examined how engaged employees respond to workplace stress. Kane-Frieder et al. created a four-sample investigative tool to determine the role of the perceived politics on employee work engagement and the work relationships. Following a multi-study investigation, Kane-Frieder et al. found that when political perceptions were low, individual work outcomes were parallel to engaged and less engaged employees. Employees attitudes and behaviors of less engaged employees created adverse effects when the work environment was found to be political. Lower employee engagement will decrease employee productivity and overall profitability for organizations. Poulsen et al. (2011) explained that burnout and higher work volume can negatively affect employee engagement.

Patient and Customer Loyalty

Organizations need strategies to retain their customers. Iqbal (2014) stated it is easier to retain existing customers than attract new ones. Irace (2018) expanded on the idea of retaining current patients over finding new ones regarding maternity wards. Many believe maternity services are a loss leader in that hospitals offer these services not only because maternity patients are profitable, but because they expect the mothers to continue returning with their families to the hospital in the future for more profitable services (Irace, 2018). In the study conducted by Irace, she collected data in the state of New York for inpatient and outpatient care from 1995-2015. The data consisted of data on inpatient discharges, ambulatory surgery visits, and emergency department visits. Irace et al. focused on the hospital the patient originated from for their initial treatment and if they returned for future treatments. She found that patients favored health care facilities they

have used in the past so long as they received quality care. Irace et al. also found that patients were willing to travel a further distance to go to the same health care facility over a new facility.

Unal et al. (2018) conducted a study to determine if there was a relationship between patient-physician communication and loyalty to the health care facility. Unal et al. distributed 510 questionnaires to previous patients regarding the communication they received throughout their care. Unal et al. collected the data and found that patient-physician communication could be an important tool in creating physician and hospital loyalty. Organizations that focus on customer service have a greater chance of maintaining repeat customers (de Villiers & Po-Ju, 2017). Giovanis et al. (2015) explained the factors affecting customer loyalty, including customer satisfaction, corporate image, service quality, and relationships. Customer loyalty is directly related to customer satisfaction (Padin et al., 2015). Trust and commitment are important factors in customer loyalty because they are directly related to the relationship between the customer and provider (Bowen & McCain, 2015). Customer loyalty and customer service are related to one another because customers who experience excellent customer service will return to the organization (Bowen & McCain, 2015). Kitapci et al. (2014) concluded that customer satisfaction played a role in patient referrals and loyalty. Customer loyalty not only affects retail organizations, but health care as well.

Customer satisfaction and repeat business can yield dramatic effects on branding and customer care strategies in an attempt for leaders to reach organizational goals. Businesses achieve customer satisfaction when they appease expectations of a customer

with their products or services (Neupane, 2015). A satisfied customer may develop a positive attitude and continue to patronize a business. Repeat customers have a positive attitude towards an organization and are loyal and satisfied customers (Bowen & McCain, 2015). Porral and Levy-Mangin (2014) explained that customer satisfaction and repeat business can be measured by observing a customer's attitude and loyalty. Repeat business may be relevant to customer loyalty, and the willingness for organizations to show transparency and have good customer satisfaction from consumers. Srivastava and Kaul (2016) explained how good business ratings are favorable to the customer and transparency can affect repeat business. Health care leaders can use these strategies on customer satisfaction and repeat business to improve patient satisfaction and retain patients.

Customer Service in Health Care

Focus on customer service should be directed to the health care industry with the rapid growth it has experienced. Customer service is a service industry process that all organizations use to direct their organizations to improve customer satisfaction (Tablan, 2016). Organizations that provide excellent customer service maintain customer satisfaction and loyalty, meet profitability goals, and increase the organizations' competitive advantage (Kiessling et al., 2016; Siu, 2016). People are living longer and in need of more health care services (Living Longer, 2017). Customer satisfaction has become a standard practice for customers to measure the performance of an organization (Graca et al., 2015). Pflueger (2016) defined health care as a competitive culture and health care leaders must focus on the demands of the patients to improve patient

satisfaction. Makarem and Al-Amin (2014) stated that customers make many assumptions when discussing patient satisfaction and customer service. Makarem et al. found that patients generally believe that providers can provide quality care, so they look at other indicators for customer service. Hellen and Saaksjarvi (2011) found that experiences are more important to patients because they base their perception on the experience rather than the outcome. Kohler et al. (2017) explained that management must include patients in the decision-making process for a satisfying customer experience. Patients view several factors in customer service. Mohebifar et al. (2016) found that physical environment, equipment, and cleanliness were high on the patients' list tied to quality service. Belasen and Belasen (2018) found that patients' perceptions of the health care facility led to patient satisfaction, loyalty, and referrals. Health care leaders must create strategies to improve the customer service provided.

Health care organizations have an obligation to provide a high quality of customer care to patients visiting their facilities. Mohebifar et al. (2016) suggested that organizations with properly equipped, clean, and customer friendly facilities attract customers. Pflueger (2016) stated that competition exists in health care organizations and leaders understand that patients are demanding satisfactory care services. According to Pflueger (2016), in 1985 there were two efforts placed on health care, including the measure of health care and the quality of care. The efforts from the measures determined the quality of customer care and the government price control. During government price control, judging and checking customer care can be difficult. Pflueger (2016) argued that health care employees measured customer care services, which left the customer without

any input on the services provided. Health care leaders can learn from this by allowing more patient input to improve patient services and patient satisfaction.

Health care leaders should initiate strategic steps to guarantee all their patients are satisfied with the services provided. Saadat et al. (2017) explained that 72% of patients are satisfied with the level of care provided by their health care professionals. This means that 28% of patients feel they received dissatisfactory patient care. Some factors like positive leadership strategies and quality patient care can increase patient satisfaction. Health care professionals and patients have a responsibility in ensuring patient satisfaction. Schaufeli (2015) suggested that health care leaders can improve employee engagement by paying competitive wages and offering rewards to outstanding employees. More engaged employees can offer a positive environment is more welcoming to patients in their health care facility.

Many strategies have been created to improve customer service in health care. One strategy is to transition to patient-centered care in health care facilities. Moreau et al. (2012) described an improved health care model that focused on patient care and operational performance using patient choices. Patient-centered-care enables the individual to be autonomous and have more say in their health care (Morgan & Yoder, 2012). Morgan et al. explained that traditional health care settings are centered around efficiency and organized around providers rather than the patient. Dokken et al. (2015) created a campaign to enact policies aimed at recognizing patients and family members as partners in the health care setting. One of the strategies needed was to accept patients and family members as partners in their care and not visitors of a health care facility

(Dokken et al., 2015). Transitioning the process of patient and family-centered care helps to build a high-quality and cost-effective system of care. Lui et al. (2013) explained that many families are not allowed at the besides of patients due to hospital visiting policies because they believe the families can interfere with the care. Lui et al. expanded on this stating that isolating patients from family members at a vulnerable time puts them at a greater risk for medical errors, emotional harm, and a lack of consistency in their care pending discharge.

Transition

In Section 1, I presented the foundational elements of this qualitative single case study, including the problem statement, purpose statement, research questions, and conceptual framework. I also outlined a comprehensive review of the literature related to transformative learning theory, plan-do-study-act theory, expectancy theory, and patient satisfaction. I also provided a critical analysis of patient satisfaction and employee engagement, patient satisfaction and the effects on the organization, patient satisfaction and how it relates to HCAHPS and Medicare, health care leaders' roles, patient and customer loyalty, and customer service in health care.

In Section 2, I provided (a) review of the purpose of the study, (b) an explanation of my role as the researcher, (c) how the participants were selected, (d) the method and design of the study, (e) the population and sampling for my study, (f) the ethical research of the study, (g) the data collection instruments, data collection technique, data analysis, (h) and the reliability and validity.

Section 2: The Project

Section 2 of this study included a description of the doctoral study. Included in this section was the purpose of the study, my role as the researcher, the participants, the research method and research design, the population of the study and sampling, ethical considerations pertaining to the study, and the data collection and analysis. Section 2 also included approaches a researcher could take to enhance reliability and validity.

Purpose Statement

The purpose of this qualitative, single case study was to explore the strategies that health care leaders use to improve patient satisfaction. The population for this study included four midlevel to upper-level leaders in a health care facility located in Dayton, Ohio who had raised their patient satisfaction scores. Health care facilities can use the results from this study to enhance positive social by providing strategies to improve patient satisfaction.

Role of the Researcher

The qualitative researcher is responsible for many aspects of the research process. The researcher provided a comprehensive and rational overview of the phenomena under study (Sylvester et al., 2013). Sanjari et al. (2014) explained that the researcher is an instrument in qualitative studies who compiles and analyzes the data. Sanjari et al. explained that the researcher is responsible for defining the concept design, creating the interview questions, transcribing the data collected, verifying all data collected, and reporting the themes. In my role as the researcher, I interviewed participants who were leaders in the chosen health care facility in Dayton, Ohio and who had increased their

organizations' patient satisfaction scores. As the researcher, I was responsible for collecting the data from selected participants, analyzing the collected data, and presenting the results of the study.

Previous experiences could be a factor for researchers to begin a new study. I have over ten years of experience in the health care setting, assisting in the care of patients. I have had no direct experience with creating strategies to improve patients' satisfaction; however, my experiences of providing care provided insight into the study topic. Sreejesh et al. (2016) stated that prior experiences could have an indirect impact on future experiences. My prior experience in health care could have affected my desire to find positive strategies for improving patient satisfaction. I did not have any prior relationships with the study participants or the study site, so this helped prevent bias from previous working relationships.

Researcher bias may alter the data provided by participants. Researcher bias is anything that can misrepresent the true experiences of participants in a study controlled by the researcher (Wadams & Park, 2018). Jukola (2016) stated that setting aside personal beliefs, principles, and values during the research process is important in studies to ensure objectivity. To prevent bias, I self-reflected by using a research journal to include all preconceived ideas about patient satisfaction and strategies to improve patient satisfaction. I then used the research journal to bracket any preconceived notions about the study topic. Bracketing is when a researcher places their previously held knowledge about a topic aside (Wadams & Park, 2018). I used these steps to avoid researcher bias in my study.

In 1976, the U.S. Department of Health and Human Services created the Belmont Report that outlined three ethical principles for researchers to follow. The principles are respect for persons studied, beneficence, and justice (U.S. Department of Health & Human Services, 2018). According to the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research (1978), respect for persons requires that participants enter the research with knowledge about the study and an understanding that participation is voluntary. Beneficence is maximizing the benefits of participating while minimizing risks to the individual while they participate in a study (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1978). Justice includes ensuring that the participants are selected fairly for the study (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1978). I ensured I met the Belmont report requirements of respect for the participants by working around participants' schedules and by providing participants with the opportunity to opt out of the study or withdraw from participation. I ensured that my results would be shared with the organization's leadership to provide the opportunity to maximize the benefits of the findings, while keeping all participants anonymous to minimize the risk of participation in the study. I ensured I fairly selected my participants by explaining the criteria to participate in the study. My knowledge of the Belmont Report helped me maintain high ethical standards by ensuring I was looking out for the wellbeing of my study participants.

I used an interview protocol during the interviews as a guide when interviewing the participants. An interview protocol is a list of questions and instructions to follow

when interviewing subjects (Vogt, 2005). I also used follow-up questions to ensure my participants provided in-depth answers. Jacod and Furgerson (2012) stated that the use of follow-up questions provides more in-depth answers to questions. I used the interview protocol to facilitate the interview process so that I obtained relevant information for the study.

Participants

The participants in this study included four health care leaders who had worked in a health care facility in Dayton, Ohio for a minimum of one year and who had developed strategies to improve patient satisfaction scores within their health care organization. The participants chosen for a study had adequate knowledge of the research topic. In an article of Researching Exclusion (2017), Dr. Emell stated that participants who are familiar with the study topic provide more meaningful data for the researcher. The participants were service leaders as I intended to understand the strategies that they had developed and implemented to improve patient satisfaction.

I used a variety of communication channels like telephone, email, and face-to-face interaction to communicate and recruit my participants. Darcy-Jones and Harriss (2016) stated that telephone communication is a good way to recruit participants and build rapport. With the increased use of social media and email, Lipset (2014) explained that the e-mail communication is an effective method to establish a working relationship. Cristian and Volkamer (2013) explained how e-mail is a more commonly used method of communication than traditional methods like phone and face-to-face. I tried different methods for my initial contact with the invitation to participate in my study and provided

background information and pertinent information on the study. Once the participants agreed to participate, I worked with each participant in any method of communication he or she preferred to ensure a positive working relationship and ease of data collection.

I first determined a study site by examining patient satisfaction scores from local health care facilities. Only health care facilities that have improved patient satisfaction scores would qualify. I made initial contact with the director of the health care facility to initiate my study with the organization. I then reached out to the gatekeeper, in-person, by phone call, and by e-mail to establish a convenient time for the director to meet to explain my study and what I would need from the organization to conduct my study. Once I was granted permission to access the participants from the organization, I identified the individual services within the organization that qualified for the study. After I identified the participants, I notified the director of my initial selections, and obtained permission to reach out by e-mail, phone, and in-person to the selected services to set up a convenient time for the service leaders to meet. I also waited until institutional review board (IRB) approval before reaching out to the qualified selected participants. The initial contacts with all participants were important in establishing a working relationship.

I established a working relationship with my participants by explaining my intent to protect their privacy, sharing all methods I would use to accomplish this goal. I explained how all information would be used, including any personal or identifiable information, and how it would be kept confidential. Connelly (2014) stated that researchers should protect the data and privacy of all their participants. I committed to

my goal of protecting participants' privacy by having a signed confidentiality form and excluding participants' names and other identifiable information from the transcripts and data.

Research Method and Design

Researchers explore qualitative, quantitative, and mixed methods to align the study. Bernard (2017) explained that researchers select the appropriate research method to obtain quality findings that align with the phenomenon in question. Research designs are also used to explore the research questions. Christenson and Gutierrez (2016) stated that researchers must choose the appropriate research method and design to yield significant contributions to a specific body on knowledge.

Research Method

I used the qualitative method to explore the strategies that health care leaders use to improve patient satisfaction. Researchers who want to obtain what and how answers regarding their problem should use the qualitative research method (Yin, 2014). Qualitative researchers retrieve data from a participant's perspective (Elo et al., 2014). Sinkovics and Alfoldi (2012) stated that qualitative researchers formulate open-ended questions but may require follow-up questions throughout the study. My goal was to obtain information from the participants through semistructured interviews, and to probe the participants for additional input on strategies to improve patient satisfaction.

Qualitative researchers collect data to explore insights participants may have about a specific topic or experience. Qualitative researchers collect data through interviews, focus groups, and observation to collect the most accurate information from

participants (Walliman, 2017). Qualitative researchers seek to explore a detailed understanding of an issue (Yin, 2018). Scott and Garner (2014) explained that qualitative researchers gather data by reviewing past records, cultural artifacts, or document analysis.

Qualitative researchers collect data at specific locations to explore issues where participants experience those issues. Mason (2017) explained that researchers perform a qualitative study to explore a detailed understanding of the issue. Qualitative researchers can examine detailed accounts of their participants to understand the issues they are researching (Lee, 2014; Walliman, 2017). The qualitative method was the best approach for my study because I wanted to explore the strategies that health care leaders implement to improve patient satisfaction.

The quantitative research method is used to explore the relationship between two variables. Mason (2017) stated that quantitative researchers can test a hypothesis and measure variables in their studies. Scott and Garner (2014) explained that researchers can determine if one group performed better than a control group. A quantitative researcher can use the data to predict, measure, evaluate, and generalize the findings of their study (Park & Park, 2016). In quantitative studies, the research questions must include the dependent and independent variables.

The quantitative method is a viable option when the researcher is looking at a problem that exists with many variables (Yilmaz, 2013). Mason explained that quantitative researchers analyze numeric scores that they express in numbers; this analysis does not offer a thorough comprehension of the context in which the researcher collected the data. Walliman (2017) stated that researchers using the quantitative method

use standardized instruments to measure comparable values. I did not choose the quantitative method because I was not testing a hypothesis or measuring the relationship between variables.

The mixed methodology method includes both qualitative and quantitative features in a study. Gravetter and Forzano (2018) explained that researchers apply the quantitative method to measure the variables that differ in quantity with the qualitative method to acquire in-depth information from a participant's interaction. Archibald (2015) defined mixed method research as a combination of qualitative and quantitative to answer difficult questions. There are two different types of mixed methods. Mixed method studies are classified as fixed and emergent mixed method designs (Morse & Niehaus, 2009). Morse and Niehaus (2009) explained the fixed design the methods are predetermined at the beginning. The researchers have intent to mix the quantitative and qualitative approaches at the beginning of the study. In the emergent design, the methods emerge during the research rather than before. Walliman (2017) explained that the mixed method may offer more insight into a phenomenon. Researchers choose the mixed method to investigate questions that cannot be answered using the qualitative or quantitative method alone. I did not choose the mixed method because I did not need to combine quantitative data and interviews to examine strategies used by health care leaders to improve patient satisfaction.

Research Design

I used a single case study for this study. Scholars use a single case to obtain an up-close and in-depth understanding of an individual case (Yin, 2018). Yin explained that

a single case study is necessary when the case is unique in nature, representative or a model case, and revelatory in nature. There are multiple areas that make up a case study. A case may be simple or complex; the case is the subject of the study (Stake, 1995). The second area is the unit. The unit is the subject being studied, who can be an individual, a group, or social organization (Sage, n.d.). The third element is the bounded system. A case must be bounded by time, space, or activity (Stake, 1995). The single case study provides the researcher the ability to have a deeper understanding of the data compared to the multiple case studies, which requires the researcher to examine data across multiple cases and provide similarities and differences between the cases (Yin, 2018). My study was a single case study, as I was focusing on one facility. Yin explained that the case study provides the researcher the ability to use a variety of data source as the main advantage of the case study. The case study provides the ability to study the strategies health care leaders implement in real-life settings to improve patient satisfaction.

The other qualitative research designs that I considered were phenomenology, ethnography, and narrative. Phenomenological researchers focus on the meanings of the participants' experiences, events, and occurrences with no regard for the external and physical reality (Adams & van Manen, 2017). Lien et al. (2014) explained that phenomenological researchers attempt to gather life experiences of individuals in a real-life setting. Phenomenology includes embracing direct and extensive experiences in an environment where the world and life unite (Stienstra, 2015). The phenomenological design was not appropriate for this study because the purpose of this study was to explore

the strategies health care leaders use, rather than their life experiences of improving patient satisfaction.

Ethnography was not suitable for this study. Ethnographic researchers study the lives of participants to understand their culture (Garson, 2017). Kalou and Sadler-Smith (2015) stated that ethnography is the exploration of patterns that are shared by a group of individuals and cultures. Zou et al. (2014) explained that ethnographic researchers can participate in cultural events with the subjects they are studying to observe and investigate them. Walliman (2017) explained that researchers use ethnography to observe how the subjects of their study behave in their natural setting. Studying the culture within the health care organizations may have provided in-depth information, but the purpose of my study was not to participate or observe health care leaders, but rather report the strategies they used to improve patient satisfaction.

The third design I considered was the narrative research design. Narrative researchers seek to understand how people interpret their experiences through personal stories (Ramers, 2017). Loo et al. (2015) explained that in the narrative research design, the researcher may provide information relating to the history of an individual's life. Paschen and Ison (2014) stated that researchers who use the narrative design describe participants' experiences through storytelling using a holistic and innovative approach. Walliman (2017) explained that narrative researchers focus on what participants say rather than how it is said indicating the responses may not be as credible. I did not select the narrative approach because I was not looking at participants' personal experiences or how they are perceived.

Scholars ensure that they reach data saturation to ensure that they have collected enough data for a study. Saunders et al. (2017) explained that data saturation occurs when information repeats and no new information or themes emerge. I continued to interview participants until they did not provide any new information. I reviewed all data until I did not find any new information and data was not repeated. I used transcript review to ensure that my data was valid. Transcript review is the process by which interviewees are provided verbatim transcripts of their interviews for the purpose of verifying accuracy, correcting errors, and providing clarifications (Hagens et al., 2009). Yin (2014) explained that transcript review is useful to ensure data saturation because it provides the interviewer the opportunity to obtain correct and in-depth data from participants. I provided written transcripts of the interviews to each participant to ensure the accuracy of the data and transcriptions. I used this as a follow up to ask additional questions that arose from the original interview and corrected any discrepancies the participants may have found.

Population and Sampling

The study included health care leaders from a health care facility located in Dayton, Ohio. The participant must have been working as a health care leader in the facility for a minimum of one year who had improved their organizations patient satisfaction scores from previous years and who was responsible for implementing strategies to improve patient satisfaction. I used purposive sampling as the sampling method for this study. Purposive sampling is the process of selecting participants because of their competence and experience with a given topic or situation (Merriam, 2014).

Palinkas et al. (2016) stated that a purposive sample includes qualified members in a field who can produce an adequate amount of detailed information. Elo et al. (2014) explained that researchers choose participants who provide the best knowledge and experience on the research topic. For this study, I selected health care leaders because they were in the best position to provide an in-depth insight on strategies because of their experience and knowledge.

The sample size determines the amount of data the researcher will collect. Saunders et al. (2017) explained that the sample size depends on the researcher's inquiry and the purpose of the study. Yin (2014) explained that a study must have an adequate sample size to ensure data saturation. Elo et al. (2014) explained that the sample size for a qualitative study depends on the purpose of the study, the research questions, and the value of the data collected. My selection of four to five health care leaders would be a larger population of the services that have improved their patient satisfaction scores. Yilmaz (2013) stated that small sample sizes in research are appropriate when the participants selected consist of experts or individuals with the experience or higher level of knowledge regarding the subject. My sample size had the desired size of data to answer the research question.

Data saturation is another method to determine adequate sample size. Elo et al. (2014) and Yin (2014) described data saturation as the best method to determine the appropriate sample size of a study. Data saturation occurs when there are no new factors, terms, or themes to add to the research (Saunders et al., 2017). Elo et al. explained that researchers should start the data analysis process after a few interviews to ensure data

saturation. I conducted the first few interviews, analyzed the data, and if new data continued to arise, I adjusted and continued additional interviews. I continued this method until data saturation was complete.

Ethical Research

Ethical principles are essential for the success of a study. I used an informed consent to help maintain ethical principles in my study. Patten and Newhart (2017) stated that researchers use an informed consent process to help encourage ethical values. Patten and Newhart (2017) stated the best process to obtain an informed consent is to discuss the objective of the study with the possible candidates, explain the role of the participants in the study, explain any benefits or possible harm that may occur to participants, and explain how the participants can withdraw from participation at any time without reprisal. I began by providing an informed consent form (see Appendix) to all participants and explained the objective of my study with all participants so they could understand what I was studying. I explained how the data collected from the participants would be used in the research. I explained to all participants that they could withdraw from the study by informing me in person, by e-mail, or telephone. I would not penalize any participants who withdrew from the study, and I would not provide any form of compensation or incentives for participating in the study.

Protecting the participants is important in exercising ethical responsibility in a study. Chan et al. (2017) stated that researchers must maintain ethical responsibility and protect the study participants. The first step to ensuring ethical research was by obtaining University IRB approval (#12-04-19-0617435) prior to contact with potential

participants. I obtained IRB approval to ensure all parameters of my study were safe for all parties involved. I secured all data collected in a locked safe for five years to protect the confidentiality of the participants. I would destroy the data following the five-year retention period, which I would explain to all participants in the study. I protected the identity of all participants by using pseudonyms for all data. Chan (2017) suggested using pseudonyms as a means to protect the identity of participants in research studies. I used this method to ensure collected data was nonidentifiable and ensured that I maintained any names of participants and organizations were removed to protect confidentiality.

Data Collection Instruments

I was the data collection instrument for this study. I recorded all interviews and transcribed the data collected, as recommended by Mason (2017) and Yin (2014). I gathered data from participants using face-to-face, semistructured interviews, which consisted of open-ended interview questions. I followed an interview protocol throughout my data collection (see Appendix). Yin (2018) explained an interview protocol as a guide in the data collection process containing interview procedures, the interview questions, and general rules a researcher must follow during an interview. I also collected publicly available content and archival documents relating to the organization's patient satisfaction results. I asked all participants for any internal documents they have received from the organization on how to improve patient satisfaction.

I used triangulation and transcript review to enhance the reliability and validity of the data collected. Yin (2014; 2018) explained that researchers use triangulation for validity by merging data collected from multiple sources. I used data collected from the

participants, archival documents from the organization, and any publicly made documents pertaining to patient satisfaction to triangulate my findings. Marshall and Rossman (2016) explained the importance of reviewing data collected for any follow-up interviews needed. I used transcript review by providing the participants copies of all interview questions, as well as copies of their interviews after transcribing them. I reviewed the transcripts with each participant to ensure all data collected was accurate and was their intention, and to ask for any further information they wished to share about the topic.

Data Collection Technique

I used face-to-face, semistructured interviews with selected participants containing open-ended questions to gather data. Mason (2017) explained that researchers gather a deeper understanding from participants using semistructured interviews. I had each participant answer seven open-ended questions during a set interview lasting between 30 and 45 minutes.

I used the interview questions to gather data from participants and included follow-up questions when necessary. Qualitative researchers use interviews to gather data because the guided interview offers the researcher more opportunities to collect in-depth data and elaborate with follow-up questions (Mason, 2017). Scholars use interviews to allow the participants to answer the questions and explain their own thoughts in their own words. Gravetter and Forzano (2018) explained how interviews provide the participants with the opportunity to express their own thoughts and opinions. I was able to follow the interview questions and adjust as needed based on the responses I received from the

participants. All participants also had the opportunity to review the interview transcripts to ensure accuracy and expand on any data they wanted to add.

I also collected any public documents and internal documents pertaining to the organization that would provide recent patient satisfaction. I searched online or within the organization for publicly available documents and asked all participants to provide internal documents they have received from the organization pertaining to improving patient satisfaction. I archived the data in the study as additional data collected from each participant regarding their organization and strategies.

I encountered two disadvantages to using the interview method. One disadvantage is I was relying on all participants to provide accurate answers to the interview questions. Gravetter and Forzano (2018) explained that collecting data through interviews offers more in-depth data for the researcher; however, the process could be costly and time-consuming because the researcher must summarize all the data collected. Another disadvantage of interviews is the researcher could be biased or misinterpret the data provided by the participants (Morgan et al., 2017). Yin (2018) explained that participants might not understand the interview question and not answer with their correct response. I used member checking to ensure that the participants confirmed all data collected from them by providing the information.

Researchers can use document analysis to gather data as another means to data collection. Patton (2015) explained that document analysis is cost effective, does not consume as much time as other methods, and provides the researcher the ability to access data that covers more time, settings, and events. Mason (2017) explained that document

analysis provides researchers the ability to gather detailed information because documents often contain references and details of events. A disadvantage to document analysis is there may be a lack of access or limited access to the documents relating to the study. Organizational documents may not have enough information to answer a researcher question because they were not intended for a research study (Yin, 2014). Researchers can still use document analysis as an additional means to data collection.

I used transcript review to ensure the accuracy of the interpretation of data I collected. Walliman (2017) stated that having participants review collected data allows participants to add additional information that may enhance the reliability and validity of a study. Triangulation is another method to enhance the credibility of a study by eliminating bias that could occur using a single data source. I ensured triangulation by conducting the interviews with selected participants, following up with the participants to review their responses for accuracy and added content, and reviewing any documents available from the organization pertaining to patient satisfaction.

Data Organization Technique

I maintained an electronic research log and journal for my study. Flick (2015) explained that researchers document notes during studies and store them in an organized fashion for ease of later retrieval. I stored all the data in electronic folders and later I grouped them into categories based on themes. Yin (2018) suggested categorizing data based on based on topics. I used Microsoft Word for transcriptions and an Excel spreadsheet to sort and cross reference for retrieval of information, as needed. As

suggested by Suslio and Win (2006), I secured all information and ensured accessibility was only available with a secure password. I disposed of all data after 5 years.

Data Analysis

Data analysis is an important part of research studies. Ary et al. (2018) explained that data analysis is the most complex part of a qualitative research. Researchers must familiarize themselves with different strategies to analyze the data they gather (Mason, 2017). Qualitative researchers analyze collected data by coding and condensing the data into themes from the information they collect from participants (Blaikie & Priest, 2017). Blaikie et al. explained that researchers define categories in the data to identify themes and uses the data analysis process to identify and test those categories. I used the five-step method of data analysis defined by Yin (2018) to examine, categorize, and code all my data to determine any patterns or themes that emerged from my interviews with the participants to explore health care leaders' strategies to improve patient satisfaction.

I classified and coded my collected data into categories in relation to my research question. Yin (2018) explained that researchers can classify data into similar and dissimilar groups to gain more insight in themes and patterns. I organized my data according to the categories in the literature review and Mezirow's (1978) transformative learning theory.

I used Mezirow's (1978) transformative learning theory framework to support my data interpretation process and used Yin's (2018) five-step process to analyze my data. I compiled the data to form groupings, disassembled the data to reduce them into themes, reassembled the data grouping them according to my determined major themes, checked

the patterns against my transcripts, and reviewed the data to determine conclusions. I used Mezirow's (1978) conceptual framework and the categories that emerged in my review of the literature to code and summarize the data. I used my findings from the data analysis to include themes and codes related to my conceptual framework and review of the literature to help me determine the strategies that health care facilities implemented to improve patient satisfaction.

I used a reflective journal for this study. Ary et al. explained that researchers use reflective journals to keep track of his or her thought processes, ongoing ideas, mistakes, breakthroughs, and participants' actions. I kept a journal of my views and thoughts before and during the data collection process, and the thought process while recording the participants' actions and conducted during the data analysis phase.

I manually coded the data using Microsoft Word and Microsoft Excel. Researchers can use Microsoft to perform coding and data retrieval. Microsoft Word can complete a basic data analysis (Ose, 2016). The manual coding helped me develop a better understanding of the data I collect.

I used Microsoft Word to develop a list of codes for the interview responses that aligned with my research question and Mezirow's (1978) transformative learning theory. I copied the codes into Microsoft Excel and sorted them into categories to reveal any major themes. I then color coded the themes in an Excel spreadsheet to allow for easier sorting and grouping. I used the key themes from the conceptual framework and literature review to make the coding decisions. Yin (2018) explained that the researcher must make the coding decisions whether they use computer software or not. I used the following

themes identified in my literature review and conceptual framework: transformative learning theory, patient satisfaction: employee engagement, patient satisfaction: effects on organization, patient satisfaction: HCAHPS and Medicare, health care leaders' roles, patient and customer loyalty, and customer service in health care. I used these key themes to code in the data analysis phase and add new themes when necessary.

Study Validity (Quantitative Only)

For information on the content of this subsection, consult the *DBA Doctoral Study Rubric and Research Handbook.*

Reliability and Validity

Dependability

Scholars must ensure dependability in the research process. Yin (2018) and Leung (2015) explained that researchers can achieve dependability by outlining an audit trail to ensure procedures are dependable in the data collection process. Researchers can also use triangulation and an audit trail to achieve dependability (O'Brien et al., 2014). To achieve dependability, I documented the data collection procedure sequentially, which achieved dependability and the results of my study would be replicable.

Credibility

Credibility in a study reflects in the accuracy of the data. Yin (2018) and Bountouridis et al. (2018) explained that researchers achieve credibility when the data do not contain errors, bias, or distortion. I used transcript review to ensure I accurately interpreted data collected from the participants. Marshall and Rossman (2016) explained that data review from participants helps decrease misinterpretation of data collected from

research subjects. I presented my interpretations and data collected to each participant so that he or she could verify for accuracy to help me achieve credibility.

Transferability

A research is considered and transferred if the findings from the study can be transferred to other settings. Systematic sampling, triangulation, the correct documentation, and audits are the key to ensuring transferability (Ary et al., 2018; Gelo et al., 2008). Purposive sampling can help to enhance transferability by selecting research participants with similar experiences by using effective inclusion and exclusion criteria (Cypress, 2017). Researchers can compare their findings to similar studies to determine transferability.

Confirmability

Achieving confirmability is when the data collected supports the results of the research. Bailey and Bailey (2017) and Houghton et al. (2013) explained that researchers link the findings of their study to the data to achieve confirmability. Marshall and Rossman (2016) stated that researchers also establish confirmability by confirming the results of their study with the results of similar studies. I maintained a detailed research journal to demonstrate the absence of bias and show the data collected was confirmed.

Data Saturation

Data saturation helps a researcher establish quality. Fusch and Ness (2015) explained that failure to reach data saturation has an impact on the quality of the research and hampers validity. Glaser and Strauss (2017) explained that data saturation occurs when a researcher cannot categorize additional information about the study and has

enough data already to replicate the study. O'Brien (2014) stated that researchers should continue to interview study participants until no new themes ascend from additional data. I began my sample of five selected participants for interviews and captured all data. If new themes emerged by interview four, I would interview additional participants until no new themes emerged.

Transition and Summary

In Section 2 of this study, I described the research, including my role as the researcher, the participants of the study, the research method and design, the population and sampling, ethical considerations, and the reliability and validity. In the final section of the study, Section 3, I included the presentation of the results and how the findings could apply to business practice by presenting organizational leaders' strategies to improve patient satisfaction scores. This section also included the implications for social change and recommendations for future studies.

Section 3: Application to Professional Practice and Implications for Change

Introduction

The purpose of this qualitative single case study was to explore the strategies that health care leaders use to improve patient satisfaction. To collect information on the strategies health care leaders have successfully implemented to improve patient satisfaction, I conducted semistructured interviews with four health care leaders who successfully improved their organizations patient satisfaction scores. The analysis of the qualitative data entailed reviewing primary sources of data collected, including interview transcripts, and using member checking with each study participant. I also reviewed secondary sources of information, including improvement plans and patient satisfaction scores.

In this section, I presented the findings of the study as well as consider the application to professional practice and the impact on social change. I also discussed recommendations for action and recommendations for further research, reflect on the doctoral study process, and provide a conclusion to the study.

Presentation of the Findings

This section contains information pertaining to the emerging themes from interviews, participant identification codes, and interview protocols. I used an interview protocol (Appendix) to explore the research question. The central research question for this study was the following: What strategies do health care leaders use to improve patient satisfaction? Mezirow's transformative learning theory was the conceptual

framework of this study. To ensure the privacy of my five participants and their data, I assigned each participant a personal identifying code (P1, P2, P3, P4, and P5).

After analyzing the collected data, which included interview transcripts and any publicly available information provided by participants, I identified four themes: (a) patient-focused model of care, (b) timely access to care, (c) staffing of health care facilities, and (d) continuous trend of quality improvement. I discussed each theme in the following subsection.

Theme 1: Patient-Centered Model of Care

Some health care leaders rely on quality measurements to ensure a patient-centered model of care is achieved. To achieve a patient-centered model of care, health care leaders use the transformative learning theory to reflect on strategies they have used to incorporate a patient-centered approach. All participants mentioned the health care facility is patient-centered. Using the transformative learning theory, health care leaders can implement strategies to ensure a patient-centered model of care. When strategies do not work, health care leaders can reflect and change the strategies to ensure they are patient-centered. According to Blount (2019), patient-centered care is a method of care that relies on effective communication, empathy, and a feeling of partnership the provider and patient to improve patient treatment and satisfaction. Dokken et al. (2015) explained that patient-centered care is an approach allowing a partnership between patient, family members, and health care provider. Frezza (2019) explained that insurance payments are increasingly linked to patient satisfaction scores, so more health care organizations are turning their focus to being patient-focused. All participants said patient satisfaction is a

top priority and their organization focuses on the patient-centered care model. In addition, P1 stated, “the organization focuses on the patient and even has training programs for a patient-centered culture.” P1 stated: “Patients have to be your top priority” while adding “you have to focus on the quality and not the quantity.” P1 added that the appointment is also focused on the patient saying, “we try to keep appts light/humorous for patients, better communication with staff, good attitude.” P2 stated that focusing on the patients’ needs can make for a healthier environment as well as a better and more productive patient encounter. P2 added: “We try to make things more enjoyable for the patient. No one likes going to the doctor, so we try to make it more inviting. Asking patients feedback about what they would like to make appts better.”

P3 explained the patients’ importance to the organization. P3 explained that the culture is built around providing the best care for the patient. P3 expanded saying:

> The patients are why we are here; we are here for them. P3 focused on strategies they use to make an appointment patient-centered saying, I strive to have the staff put their focus on the patient in the office. We may see several patients in a given day, but when a patient is in front of us, they are the only one we are concerned with. The patients notice this. If they feel you are only concerned with them, they will feel as you are actually listening to them and be happier with their care.

P4 added the importance of patient-centered care for the organization, stating: Everything is now patient driven, so the focus has to be patient first. Patient-centered care can help with the overall health of a patient. P4 expanded on everything being patient-centered adding how everyone is different in how they approach patient encounters. P4 stated, you

know, I think everyone is different on what they do, but I try to focus on the patients' needs. With everything online anymore, patients seem to Google symptoms before they go to the doctor. So, they come in with their own diagnosis. I have to listen to what they are having problems with, and then explain that online isn't always the best place to look. I really try to educate the patient on things rather than just say Google was wrong.

P5 explained how the atmosphere played a role in the patient care. P5 stated: Umm, I think, just the atmosphere I have created helps it. Everyone works well together, and we show our focus is on the patient. If a patient doesn't feel you care about them, how can they perceive their care as good?

All participants had different interpretations what they do to change the perceptions of the organization. They all agreed they focus on the patient experience. According to the participants, the organization had an increase in patient satisfaction scores when using a patient-centered approach. Hostetter and Klein (2011) stated patient reported outcomes are important measures of assessing if quality of care is improving the health of the patients. All participants pointed out that patients are more open about their needs and concerns if the provider is focused on them. Some health care leaders have utilized policies to ensure a patient-centered approach. Dokken et al. (2015) explained that having policies in place to include patients as partners in care is beneficial in health care. Table 1 includes comments from the participants regarding patient-centered model of care.

Table 1

Theme 1: Patient-Focused Model of Care

Participant	Participant's comments
P1	… Patients have to be your top priority
P2	… We try to make things more enjoyable for the patient.
P3	… The patients are why we are here; we are here for them.
P4	… I think everyone is different on what they do, but I try to focus on the patients' needs
P5	… we show our focus is on the patient

Theme 2: Timely Access to Care

Access to care is an important pillar in patient satisfaction. According to Wetmore et al. (2014), timely access to care was a top factor in higher patient satisfaction. Godley and Jenkins (2019) found that organizations that decreased the patients' wait times saw a dramatic increase in patient satisfaction. Health care leaders can use the transformative learning theory to reflect and establish strategies to improve patient access to care. All participants interviewed mentioned the organization focuses on patient wait times, their access to care and the effect it has had on patient satisfaction. Additional literature has shown patients' wait times affected their perception of a health care organization. Anderson et al. (2007) explained time waiting for care contributed to overall patient satisfaction. Four participants mentioned the organization focuses on patient wait times and the patients' access to care.

P1 explained the importance of creating strategies to improve patient wait times and the effect is has on the patients' overall experience. P1 stated: "Patients need to be seen as

soon as possible and not be made to wait. We have tried different triage methods over the phone, but it comes down to a patient wants to be seen in a timely manner."

P2 added to the sentiment of wait times: "Some of the main areas we look at are wait times and a patients' access to care, did you get in in a timely manner, what did you like or dislike about your appt/the organization. You can't improve patient satisfaction if you don't know the bad with the good." P3 added that the patient satisfaction surveys being tied to patient wait times.

> The new standards of reimbursement being tied to surveys and patient satisfaction, with wait times being the number one trigger for patient satisfaction. The biggest push recently in health care is the wait times. We push to get patients in within 30 days max for an appointment, but we have some same day appointments for emergencies.

In addition, P4 stated they have looked at several strategies to improve patient wait times. P4 added:

> I think anyone will tell you the focus is all about wait times. If a patient calls in needing an appointment and you cannot get them in, you run the risk of losing that patient. Patients can go anywhere, so we have to provide a reason for them to select us. So, wait times is the top priority, followed by how you care for the patient.

P5 explained that they have tried several strategies to decrease patient wait times, and with lower wait times, they saw an increase in patient satisfaction. P5 explained how the wait times affect reimbursement saying:

> A lot of the reimbursements today are tied to patient satisfaction. So, we really invest in those scores and how to improve. One area that has a direct result is patient wait times. If a patient wants to see their provider, they don't want to call for an appointment and are told the soonest appointment is in three weeks. We also focus on making sure the patients' needs are met. If they came in for a cold and I send them on their way and say nothing is wrong, they aren't gonna be happy. If they have an ailment, I need to address it.

Godley and Jenkins (2019) explained that long wait times for patients and long wait times for appointments is something health care leaders need to avoid if they are concerned with patient-centered measures of health care and how it relates to patient satisfaction. All participants mentioned the patient surveys on patient satisfaction with four of the participants pointing directly at patient wait times as a main indicator on the overall patient experience. Table 2 includes comments from the participants regarding timely access to care.

Table 2

Theme 2: Timely Access to Care

Participant	Participant's comments
P1	… Patients need to be seen as soon as possible and not be made to wait.
P2	… main areas we look at are wait times, did you get in in a timely manner...
P3	… biggest push recently in health care is the wait times.
P4	… anyone will tell you the focus is all about wait times.
P5	… we really invest in those scores and how to improve… One area that has a direct result is patient wait times

Theme 3: Staffing of Health Care Facilities

The third theme that emerged in data analysis was staffing of health care facilities. All participants mentioned the importance of the staff when it relates to improving patient satisfaction. The best staff can create an atmosphere of healing and take care of patients (Luo et al., 2020). Health care leaders must devise a strategy to implement a staff who can create a patient-centered culture. Lega et al. (2013) explained the importance of having the right leadership and culture and how they related to the organizations' performance. Park et al. (2018) explained patient satisfaction was influenced by medical teams that had a good team and processes. Health care leaders can examine the staff using the transformative learning theory to determine if an employee is the right fit for an organization. All participants mentioned the quality staff they have and how they all work together to provide a patient-centered atmosphere focusing on the patients' needs.

P1 explained you must devise a plan to have the right people in the right position to improve patient satisfaction. P1 pointed out the importance of the right staff: “You have to keep employees as comfortable as possible, patients have to be your top priority; luckily where I’m at, the staff really focuses on the patient and want to help them, that’s something you can’t teach or force on people. Sometimes that’s just finding the right employee.”

P2 explained how they had to examine their own staff and determine if the people on staff were the right ones for the culture of the organization. P2 stated: “I think a lot of it hinges on the staff. Happy staff is more motivated to work harder for a patient. A drive to be patient focused.” P2 added the importance of the staff by saying, “it goes back to the old saying of you’re only as strong as your weakest link is true. A great staff can be a driving force to making your organization the go-to of choice.”

P3 talked about the environment of the organization:

> You really have to make it a well-rounded environment. If you don’t take care of your employees, they will eventually get burnt out and that transfers to the patients. If your patients aren’t getting quality care because of the mindset of your staff, that will affect your patient satisfaction. So, focusing on your staff’s needs is a necessity. P3 also added, if you have a great staff, it translates to taking care of the patients and being patient-centered. P3 expanded on the importance of staff saying, “I think some of the best practices would be to focus on your staff and on your patient. The patients are why we are here; we are here for them. Many of us spend 8-10 hours a day together. That is more than most people spend with their

> families, so essentially, we are a family. If you have a great staff, you work well together and take care of each other. This translates to taking care of the patients and being patient centered. When you focus on these things, I think everything just kind of falls in place.

P4 explained how they had to reflect on the atmosphere they created and what they could change to improve. P4 added to the importance of staff:

> I try to focus on creating an environment that takes care of the employees. What most employees want is a solid work-life balance. I have found that when I take care of my staff, they are happier and will put forth more effort. More effort leads to better care for the patients which leads to higher patient satisfaction. P4 also added the importance of positions stating, nurses are also a hard field to fill, so you have to take care of your staff because without a good staff, all of your hard work will be for nothing. So, have a great staff and focus on the patient, with a good personality, and you can be successful.

P5 believes the staff is one of the most important tools:

> I think the biggest thing is your employees contribute to patients' satisfaction. You have to make sure your employees are in a right frame of mind and at their best to provide the best. I try to create a family atmosphere for my employees, I want to know them, what they need and what they want. If I don't know what satisfies them, how I can expect them to satisfy the patients. P5 also related the staff to patient satisfaction saying, everything is transitioning to patient-focused. Happy patients will return and also refer. You need to have everyone focused on

the patients' needs and what will help them. I really think once you do this, the numbers will fall into place. Some places put a huge focus on what the numbers say each month, but I think it just happens when you have a good running machine working at its' peak.

Health care leaders must find and retain quality staff to improve patient satisfaction. A quality and properly staffed organization can provide a higher quality of care and helps increase patient satisfaction (Winter et al., 2020). Table 3 includes comments from the participants regarding staffing in the health care organization.

Table 3

Theme 3: Staffing of Health Care Facilities

Participant	Participant's comments
P1	… the staff really focuses on the patient and want to help them…
P2	… you're only as strong as your weakest link is true… a great staff can be a driving force...
P3	… If you have a great staff, you work well together and take care of each other. This translates to taking care of the patients and being patient centered.
P4	… without a good staff, all of your hard work will be for nothing.
P5	… You need to have everyone focused on the patients' needs and what will help them…

Theme 4: Continuous Trend of Quality Improvement

The fourth theme that emerged was focusing on a continuous trend of quality improvement. Health care leaders who do not focus on quality improvement may have a diminished organizational performance and lower patient satisfaction (Kleefstra et al.,

2015). Health care leaders can reflect using the transformative learning theory to understand trends of what is working and what improvement is needed to succeed.

All the participants explained the different measures taken to ensure they evaluate the patients' experience as well as ways to make quality improvements. The study by Al-Abri and Al-Balushi (2014) explained the importance of patient satisfaction surveys as a tool for quality improvement. All the participants stated they use the patient satisfaction survey to determine areas of concern and what can be done to improve patient satisfaction. There is a relationship between patient satisfaction and quality of care received at a health care facility (Park et al.,2018). Quality of care correlates to health care organizations providing the necessary care and the quality care required of patients. P1 explained how technology has helped with quality improvement: "We got Voceras to help with communication within the facility to help with care." After asking to expand on the Vocera, P1 added, "a Vocera is an internal organizational walkie talkie so to speak. It helps us page another employee throughout the organization without an overhead page or phone call."

P2 described how quality improvement is done by enhancing technology and staying up to date. P2 explained the enhancement of computers: "We have updated our computer systems for better communication with our patients. This entails a patient portal so they can check their accounts, view test results, or even video call a provider."

P3 explained the strategies needed to ensure funds were available to improve technology because new technology can enhance the patient care. P3 added to the importance of advancing technology: "I think the most help has been the advancement of technology.

We now have online services where patients can go online to see appointments, view test results, even send questions or concerns and we have staff dedicated to respond within 24 hours. This technology has helped patients feel more involved with their care and they feel their needs are made important."

P4 explained how the organization is constantly looking at ways to improve the care they provide. P4 explained the importance of technology to records: "We try to stay up to date on newer technology. Modern technology in health care seems to change almost daily, so finding newer technology that provides better care is necessary. If you were to look at medical records from 10 years ago, many practices probably still used hard copies. Now, everyone uses electronic files, and they can be easily accessible with other providers."

P5 added to the use of technology as a strategy: "I think the technology that has helped the most is how the internet has come along. We have online patient portals where patients can view and make appointments, check results, or even communicate with us. It helps with communication, which I think is a contributing factor to patient satisfaction."

All study participants provided feedback on tools they use to gather patient satisfaction information. All five participants explained the importance of patient satisfaction surveys as a means for quality improvement. P1 stated: "We have surveys, push surveys a lot, we ask for feedback good, bad, or ugly. P2 added: "We have random surveys that go out by mail, or recently by email. It's usually a 45% response rate. These surveys are used to determine what areas we can improve. Without these surveys, we wouldn't understand what areas we need to improve." P3 expanded on the surveys: "We used to have a hard copy survey the staff would hand to patients following the

appointment. Most would not fill it out because it adds more time. We switched to random surveys going out by mail and email. I'd say we get about half of the responses back. With this method, it doesn't feel as forced to the patient."

P4 also explained the survey system: "Since I came in about two years ago, we switched to a new company of going digital with our patient surveys. I think this helped because patients could do them whenever they wanted, and it was kinda more anonymous for them. I think this helped get more accurate feedback." P5 added: "We have an outside vendor do random surveys of people who have been seen within the past month. Once that information is gathered, leadership can then examine it and determine a course of action needed for any improvements."

Technology is important in developing plans to improve the quality of care provided to improve patient satisfaction. Health care leaders must implement strategies when quality improvement is concerned. These strategies could be how to incorporate new technology, ensuring cost effectiveness and if the technology will improve the patient experience. The following Table 4 includes comments from the participants regarding continuous trend of quality improvement.

Table 4

Theme 4: Continuous Trend of Quality Improvement

Participant	Participant's comments
P1	… We have surveys, push surveys a lot, we ask for feedback good, bad, or ugly …
P2	… We have updated our computer systems for better communication with our patients… random surveys that go out by mail, or recently by email…
P3	… used to have a hard copy survey... switched to random surveys going out by mail and email… discuss information at monthly meetings…
P4	… stay up to date on newer technology…going digital with our patient surveys... meet to discuss the larger issues, but the smaller things I will bring up at our all staff meetings
P5	… online patient portals where patients can view and make appointments, check results, or even communicate with us …random surveys of people who have been seen within the past month… wait for the data to come in and help leadership devise plans to improve any areas of concern

Applications to Professional Practice

The results of this study may be valuable to leaders working in the health care sector. Health care leaders may find the strategies used by the participants of this study useful to improve patient satisfaction. The study findings included four distinct themes: (a) patient-focused model of care, (b) timely access to care, (c) staffing of the health care facility, and (d) continuous trend of quality improvement.

The results of this study might provide strategies for improvements to patient satisfaction. Improving patient satisfaction for health care organizations improves the overall patient experience and the culture of the organization. According to the British

Columbia Ministry of Health (2014), health care is disease-centered and provider-focused, which can lead to a negative perception on a health care organization. Health care has transitioned to a consumer-focused industry that relates patient satisfaction to organizational performance (Laurence et al., 2016). With the implementation of the Affordable Care Act of 2010, health care leaders needed to improve organizational performance and patient services as incentives for health care organizations. Health care leaders who improve patient satisfaction improves organizational performance by meeting the Affordable Care Act standards.

The results of this study may also contribute to additional knowledge on the topic of improving patient satisfaction. The target audience for the findings of this study is health care leaders responsible for implementing strategies for improving patient satisfaction. Strategies from the study can be applied to help strengthen existing and future organizations and have a positive impact on social change in the surrounding communities.

Implications for Social Change

A health care leader's focus on patient satisfaction is important for the quality of care provided to patients. Health care facilities can use the results from this study to positively enhance the organization by providing strategies to improve patient satisfaction. Patients who are satisfied return for care and provide additional revenue for the organization. Successful health care organizations provide services to meet the needs of the community by providing free or discounted care, community health improvement activities, health professions education, and donating funds to community groups (James,

2016). Many health care providers across the United States volunteer their time to provide free health screenings and additional care from the medical knowledge they learned within their organization (Fishman, 2017). Initiatives that provide community care produce better health within their communities. Some organizations can provide monetary help to community organizations. HCA Healthcare organization utilized profits from the organization to donate $45 million dollars to charitable organizations in 2019 (HCA Healthcare, 2020). Improving patient satisfaction may provide opportunities for the health care organization to earn more revenue and give back to the local community. Health care organizations focused on community outreach and health show patients the organization is focused on the care of people and not just the money. Focusing on patients and the community will increase patient perception and satisfaction. Organizations that focus on patient satisfaction and have increased patient population and revenue enable these organizations to provide benefits to local communities.

Recommendations for Action

The results of this study may be useful for health care leaders working to improve patient satisfaction. The study findings included four distinctive themes: (a) patient-focused model of care, (b) timely access to care, (c) staffing of health care facilities, and (d) continuous trend of quality improvement.

First, health care leaders should strive to create a patient-focused model of care. The way a patient is received prior to an appointment sets an impression that the providers are there for the patient. Health care leaders may need to work on the organizations' focus on the patient experience. The patient experience can lead to

increased patient satisfaction, increased revenue, and increased reimbursement (Merlino and Raman, 2013). Leaders who show a focused model of care can improve how the staff provides a focused model of care (Swenson et al., 2017).

Second, health care leaders should strive for patients to have timely access to care. Timely access to care may require health care organizations to expand current resources to expand availability as well as different processes to allow better access for patients. In addition, patients need better methods of follow-up care. The utilization of technology and providing care and results, such as over the phone and patient online portals, could potentially provide quicker access to patient needs while opening clinical appointments for other patients (Swenson et al., 2017).

Third, health care leaders should strive to have a quality staff centered around the patient-centered care model. Health care organization having a quality staff centered around the patient-centered care model can be accomplished by implementing training for staff on patient-centered care and ensuring the culture of the organization is focused on the patient experience. Health care leaders need to focus on proper training and follow-ups to ensure quality staff is obtained and retained.

Fourth, health care leaders need to focus on a continuous trend of quality improvement. Health care and technology are rapidly changing and advancing, so health care leaders need to focus on the patients' perspective and ensure they are providing the best care possible. Staying current on technology and continually finding ways to improve care should be a priority. Health care leaders should strive to provide the best

care possible for patients, so continually finding ways to improve and create a better patient-centered culture should be the action plan for organizations.

The results of this study could be disseminated via literature, conferences, or training. Many of the strategies developed by the health care leaders could be used in informal training sessions with staff while other strategies could be used in formal settings like literature and conferences.

Recommendations for Further Research

The purpose of this qualitative single-case study was to explore the strategies health care leaders implement to improve patient satisfaction. The study had three limitations. The first limitation was limited to the answers and explanations I received from my sample population due to the organizations' confidentiality policies. The second was my ability to interpret the data collected accurately without my own bias of the research topic influencing the study results. The third was I was limited to the responses from the participants in the interview based on my study design, as I did not factor in other research methods.

I discovered a couple of recommendations for additional research. The first recommendation was a limitation of a small sample size of five health care leaders with different levels of experiences and strategies. I recommend future researchers include larger samples of health care leaders in different areas and different sizes of health care facilities. If I had used a larger sample size or larger health care facilities, the outcomes may be different.

The second recommendation I discovered is the design of the study. This study was limited to the research and the design as a qualitative single-case study. As hospitals have numerous services within, I recommend further research into implementing strategies from one service to another and the effects this may have on patient satisfaction.

The third recommendation I discovered focuses on the selection of health care facility leaders. The focus of this study was on the strategies health care leaders use to improve patient satisfaction. I recommend future researchers include all health care leaders at a health care facility to gain more insight and data that may or may not work. Including all health care leaders may provide additional strategies that may be different but could improve patient satisfaction in another area.

The fourth recommendation I discovered is to focus on different health care facilities. I focused on strategies implemented to improve patient satisfaction from one health care facility. I recommend future researchers conduct a multi-case study to focus on strategies from multiple health care facilities.

Reflections

The findings of strategies following this study have broadened my perspective on the research topic. The findings augmented my knowledge of the importance of implementing strategies that can improve patient satisfaction. Throughout the doctoral process, I learned how to perform a proper study and to be a scholar-practitioner. I plan on using the knowledge gained in this study and passing it forward by coaching and mentoring other business leaders.

Selecting the proper data collection method appropriate for the study is the best approach to mitigate bias (Fusch et al., 2018). In this study, the best approach was to conduct in-person interviews, transcribed the data, and conduct follow-up interviews to provide the opportunity for participants to review transcripts and ensure concise data. Fusch et al. (2018) stated that recognizing personal beliefs can discern the presence of personal lenses and enable the researcher to be objective. While conducting this study, I ensured that my personal beliefs did not influence the study or the findings by using a journal for any preconceived opinions and relied on the data that was collected and analyzed to answer the research question by transcribing the data into themes that answered the research question.

Conclusion

The purpose of this qualitative case study was to explore strategies health care leaders use to improve patient satisfaction. Learning from this study were to provide strategies that health care leaders can implement within their organizations to improve the overall patient satisfaction and patient satisfaction scores. To explore the strategies used by health care leaders who have improved their patient satisfaction scores, I conducted research using a semistructured interview technique and examination of physical artifacts including business documents and the organizations' website. I recorded the interviews, then coded and analyzed the data to determine common themes. The study results included four distinct themes: (a) patient-focused model of care, (b) timely access to care, (c) staffing of the health care facility, and (d) continuous trend of quality improvement. From this study, health care leaders can potentially implement four strategies to improve

patient satisfaction and patient satisfaction scores. Focusing on patient-centered health care may improve the overall patient health and provide a positive social impact. Positive social change for people and communities may result from the strategies to improve patient satisfaction as consumers of health care. Health care leaders who focus on patient satisfaction may also provide a better health care experience for the patient and their families. I would recommend future research in different types of health care organizations and different locations.

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Appendix: Interview Protocol

Interview Date :_____ Interview Time:_____

Interview Location:_____

Name of Participant:_____Pseudonym:_____

Introduction

Thank you for agreeing to take part in this study. Once again, the purpose of this study is to explore the strategies that health care leaders implement to improve patient satisfaction. Your contribution may help health care leaders improve strategies to increase patient satisfaction that may increase patient satisfaction scores. I have included a copy of the interview protocol and your signed consent form for your records.

I will record your responses and all the information you provide for this study is confidential. As a reminder, you may withdraw from the interview at any time without any penalty. After today's interview, I will transcribe all of your responses and send you a copy of the transcript so that you can review it for accuracy. I will also set up a follow-up meeting to provide you an opportunity to provide any additional information you may have. Do you have any questions? I will record your responses to the following interview questions:

Interview Questions

1. What employee satisfaction strategies contribute to patient satisfaction?
2. What, if any, technologies helped your organization to improve patient satisfaction?

3. What, if anything, have you done to change the patients' perception of the organization for improving patient satisfaction?
4. What criteria does your organization focus on when assessing patient satisfaction?
5. What processes and tools does your organization use to gather patient satisfaction information?
6. What, if any, steps did you take to collect, analyze, and use patient feedback to improve patient satisfaction scores?
7. What else would you like to share with me about the strategies you used to increase patient satisfaction?

Wrap Up

Thank you again for agreeing to take part in this study. I appreciate your contribution. I will send you a copy of the transcript for your review. When will be a good day and time for us to meet for a follow up interview?

Follow up interview Date:_____Time:_____

Do you have any questions for me? Please feel free to contact me if you have any questions.