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Management Motivation Strategies and Their Impact on Motivating Healthcare Employees

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Walden University

College of Management and Human Potential

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Ifechi Umeh

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Walden University
2022

Abstract

Management Motivation Strategies and Their Impact on Motivating Healthcare

Employees

by

Ifechi Umeh

MBA, American Intercontinental University, 2010

BS, Rivers State Polytechnic Bori, 1999

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Management

Walden University

August 2022

Abstract

Healthcare employee motivation is essential in achieving quality healthcare service delivery and mid-level healthcare managers are key sources of potential motivation for employees to achieve organizational goals. The management problem was that mid-level healthcare managers might not use the best strategies to motivate their employees. The focus of this qualitative hermeneutic phenomenological study was the lived experiences of mid-level healthcare managers and their current use and knowledge of motivational strategies as they relate to the motivation of their employees in Dallas, Texas. Using Maslow's hierarchy of needs and Herzberg's theory of motivation, 15 mid-level healthcare managers working in hospital systems in Dallas, Texas with minimum of 3 years' experience and minimum of 3 subordinates were purposefully sampled for face-to-face video conferencing interviews. After thematic analysis, key findings showed that mid-level managers in hospital systems implemented 14 motivational strategies to motivate their employees. The essential motivation strategies were building relationships, teamwork, communication, goal setting, training, encouragement, reward, acknowledgment, work-life balance, and appreciation, career advancement, coaching, conducive environment, and compensation. Future research should include all managers in the healthcare hospital system, which may yield additional information. By sharing these results among mid-level healthcare managers this study could influence social change by leading to exceptional quality healthcare service delivery in society and achieving organizational goals through a motivated workforce.

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Dedication

This dissertation is dedicated to God Almighty, who made it possible for me to complete this study. To my loving wife, Nonye Umeh, and my beloved son Ekechukwu for all their sacrifices, without which it would have been impossible to accomplish this task. I also dedicate this study to my parents, Francis, and Julie Umeh, for laying the educational foundation, training, and discipline that guided me throughout this journey.

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I also appreciate the support of my siblings, relations, and friends for their understanding throughout my completing the study. Finally, I want to thank the participants in my research study. Thank you for sharing your lived experiences in this research study.

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Chapter 1: Introduction to the Study

Employees who lack motivation constitute an organizational risk factor for performing their everyday job functions (Badubi, 2017). An unmotivated healthcare employee may deliver poor quality service and cause the healthcare system not to achieve its goals. It is a requirement for healthcare managers to be proactive and use motivational strategies to keep their employees motivated (Durmaz, 2017). There is an influx of patients in hospital healthcare systems, and healthcare employees are confronted with unprecedented constraints in their operations to deal with increased workload and pressed capacity. The increased workload and capacity could cause burnout and demotivate employees, so managers must motivate the healthcare employee (Haque, 2021). The healthcare system in the United States of America is a primary provider of healthcare services, consisting of hospital healthcare systems. In addition, the healthcare industry provides job opportunities and revenue to private organizations and the U.S. government. With the complexities of managing healthcare employees due to their labor-intensive work, technology, skills, and regulatory requirements, mid-level healthcare managers may not know the motivation strategies to motivate their employees. Therefore, the importance of employee motivation is beneficial to the organization and society (Jyothi, 2016).

The U.S. healthcare system requires highly skilled, competent, and motivated employees to achieve overall patient care and satisfaction (Sarma & Barua, 2018). To be successful, mid-level healthcare managers should recognize each employee's uniqueness

and attempt to understand these differences to use successful motivation strategies to motivate their employees and achieve organizational goals (Mereish, 2020).

A motivated healthcare employee provides quality-of-service delivery to the people; since a healthy population is an asset to society, this study can influence social change (Hornby-Turner et al., 2017). The employees working in the healthcare industry contribute to social change in the healthcare system by using their knowledge and skills to provide quality services to its people. This research study's discoveries may reduce the loss of healthcare workers and keep the healthcare system with good quality services to society through motivated healthcare employees.

In this chapter, I review the study's introduction, background, problem statement, purpose, research question, conceptual framework, nature of the study, definitions, assumptions, scope, limitations, and significance.

Background of the Study

Motivation is cognitive decision-making that aims to align the behavior focused on achieving a specific goal through initiation and monitoring (Badubi, 2017). The mid-level managers in healthcare organizations are responsible for motivating their employees. A motivated employee is loyal, dedicated, more productive, and performs quality services for the organization (Badubi, 2017). Hartviksen et al. (2019) posited that mid-level healthcare managers are responsible for improving the quality of care and patient safety to minimize harm. Reed (2017) mentioned employee motivation amongst healthcare employees remains a significant concern within the healthcare industry. The problem is that healthcare is a labor-intensive industry, with its employees representing

an essential component of its service. The demand for healthcare due to population growth, aging population, drug provision advancement, and technological development puts many needs on the healthcare employee to perform and meet compliance amidst several other challenges in the work environment (Afolabi et al., 2018). Organizations and managers want a well-motivated workforce to meet the continuously changing demands of healthcare services and see these demands as a source of concern in developing and understanding strategies to improve employee motivation (Hammedi et al., 2017). In explaining the relevant role of managing employees' job performance, Sarma and Barua (2018) posited that the quality of human resources influences the efficiency and performance of healthcare delivery through motivated employees. The unique differences in what motivates each employee is also relevant. The issue of motivation is personal, as every person has a set of wants, expectations, and achievements to accomplish, which determine their behavior and attitudes (Acquah et al., 2021). It is a challenge for managers to continuously evolve and meet their employees' desires and needs through motivation (Sarma & Barua, 2018). As a direct line manager, the mid-level healthcare manager has a role in realizing the strategic application of motivation as a significant source of concern in the healthcare setting (Afolabi et al., 2018).

Gare and Back (2017) identified interventions, policies, and reforms as the tools for encouraging healthcare professionals to deliver quality care. The motivation of healthcare employees depends on individual, organizational, and cultural factors (Gare & Back, 2017). The individual factors relate to how professionals perform their duties,

perception of the meaningfulness of their work, achievement, and the alignment of work goals with their personal goals (Gare & Back, 2017). At the organization level, what motivates hospital healthcare system employees is collaboration and a positive team spirit, professional autonomy, good management, recognition, training, pay compensation, and job security (Gare & Back, 2017). Cultural factors include population characteristics, work-life balance, and recognition from the community (Gare & Back, 2017).

Graen and Uhl-Bien (1995) discussed the leader-member exchange (LMX) as an alternative to behavioral theories of leadership that attempted to explain leadership as a function of personal characteristics, characters, and attitudes (Kakkar, 2019). The LMX theory suggests that the quality of leader-subordinate relationship is instrumental in determining employee behavior in the workplace (Kakkar, 2019). The theory also states that the exchange relationship quality differs between employees, which may be responsible for differences in employee behaviors and work outcomes or performance (Kakkar, 2019). The healthcare systems have become relevant to the well-being of the people through their services. Having a motivated workforce has become the expectation of every hospital healthcare system. The ability of mid-level healthcare managers to motivate employees in the healthcare system may assist in quality service delivery and patient care.

There are many studies on employee motivation in the healthcare industry and the challenges employee motivation presents to managers and organizations. However, there is a gap in knowledge regarding mid-level healthcare managers' motivational strategies

used to motivate healthcare employees (Reed, 2017). The primary purpose of this qualitative hermeneutic phenomenological study was to explore the lived experiences of mid-level healthcare managers and their current use and knowledge of motivational strategies as they relate to the motivation of their employees in Dallas, Texas. The U.S. healthcare system would benefit from this study in order to identify and use strategies that help address the concerns on motivating healthcare employees' outcomes on job performance (Afolabi et al., 2018).

Problem Statement

Healthcare employee motivation is relevant for organizations that desire quality healthcare delivery irrespective of the country. The ability to meet the changing demands of healthcare services and their complexity requires a motivated healthcare workforce (Afolabi et al., 2018). Motivation is cognitive decision making that aims to align the behavior, focusing on achieving a specific goal through initiation and monitoring. The motivation of people to exhibit a particular behavior related to productivity applies to employees working in healthcare systems (Badubi, 2017). Keeping employees motivated is a source of concern to organizations and managers because of healthcare's changing and complex environments (Borkowski & Meese, 2020).

The general problem is that employees in healthcare organizations seem to lack motivation, which affects their job performance (Chrest, 2020). The specific business management problem is that mid-level healthcare managers may not use the best strategies to motivate their employees (Bhatnagar et al., 2018). Keeping employees motivated in a stressful healthcare environment is essential for good patient care (Afolabi

et al., 2018). The gap for this study was that there were no related studies on mid-level healthcare managers' motivational strategies and their use on hospital system employees.

Purpose of Study

The purpose of this qualitative hermeneutic phenomenological study was to explore the lived experiences of mid-level healthcare managers and their current usage and knowledge of motivational strategies as they relate to the motivation of their employees in Dallas, Texas. The phenomenon under study is how mid-level healthcare managers in healthcare hospital systems motivate their employees. The responsibility of managers is to create suitable job conditions and opportunities for their employees to get the best productivity out of them for the benefit of the organization and society (Chiu, 2018).

Research Question

The central research question of this study is: What are the lived experiences of mid-level healthcare managers as they relate to their current usage and knowledge of motivation strategies to motivate their hospital system employees?

Conceptual Framework

This research is framed within an interpretive philosophical paradigm and uses a hermeneutic phenomenological approach to explore participants' lived experiences. A primary concern of mid-level healthcare managers is understanding how to motivate their employees. Each employee has varying levels of need, but the healthcare hospital system requires peak performance and motivated employees to administer patient care effectively. Mid-level healthcare managers are responsible for creating an environment

for employees to self-actualize and be motivated. It can be a motivating factor based on the need to eradicate a perceived deficiency to self-actualize or achieve excellence. Both conditions result from self-actualization based on individual needs. The work environment and job functions within an organizational structure is what managers use to motivate their employees (Boxall et al., 2015). The desire for individuals to reach their full potential and capabilities through hard work, diligence, and growth development relates to self-actualization and motivates employees (Dickinson, 2020). The conceptual theories rely on Maslow's (1943) the hierarchy of needs theory and Herzberg et al.'s (1959) two-factor theory.

Maslow (1943) described that the crux of human motivation is that individuals' most basic needs must be met before they become motivated to achieve higher needs. Maslow's approach focused on human needs in order of hierarchy from physiological, safety, social, and self-esteem to self-actualization. These needs motivate humans to accomplish desired goals (Maslow, 1943).

The Herzberg two-factor theory consists of motivation and hygiene factors (Herzberg et al., 1959). The motivators consist of job performance, tasks, engagement, opportunities, and empowerment, while the hygiene factors are work conditions, salary, security, supervision, and relationships. These are related to Herzberg et al.'s (1959) two factor theory and support the idea of the importance of management strategies for employee motivation in organizations (Hur, 2018). The Maslow hierarchy of needs theory (Maslow, 1943) on self-actualization, or the apex level of Maslow's theory, is where we find the most motivated people with the best productivity, job satisfaction, and

motivation (Osemeke, & Adegboyega, 2017). The Herzberg factors involved in generating job satisfaction are distinct from those that lead to job dissatisfaction (Ann & Blum, 2020). The opposite of job satisfaction would not be job dissatisfaction, but rather no job satisfaction, and the opposite of job dissatisfaction would be no job dissatisfaction, not job satisfaction (Ann & Blum, 2020). The two-factor theory helps inform the importance of mid-level healthcare managers and how they implement motivators that positively motivate their employees.

The research approach is hermeneutic, which involves the process of interpretation and understanding the meaning of parts of the phenomena of interest and the whole phenomena itself (Kurnia et al., 2019). Phenomenological thinking creates an argument between knowledge personified and contextual at the same time. Heidegger's conception of hermeneutics, emerging from his concept of *dasein* (being there), is used based on the lived experiences of mid-level healthcare managers. Heidegger stated that understanding is a fundamental category of human existence (Samanta, 2018). The conceptual framework is concerned with interpreting and understanding the motivation strategies that mid-level managers use to motivate their healthcare hospital system employees and the outcome of on-job performance. In this situation, the text consists of the strategies used by the participants and information on their lived experiences obtained from semi structured interviews. The approach chosen was that of Martin Heidegger's idea of hermeneutic phenomenology, stating that knowledge stems from the situatedness of human beings to other human beings (Heidegger, 1962; Samanta, 2018). Heidegger noted that hermeneutical understanding (i.e., anticipatory structures that allow what is to

be interpreted) means that whenever we understand, we are involved in a dialogue consisting of our self-understanding and understanding of the matter at hand (Malpas, 2016). In this study, I explored the lived experiences of mid-level healthcare managers. The interpretation and meanings are derivatives of this understanding. Based on this understanding, the situatedness and understanding of the structure in this sense make hermeneutics become one with phenomenology (Malpas, 2016). The hermeneutic phenomenology is thus useful to explore the lived experience of the mid-level healthcare managers' motivation strategies related to their use on employee motivation and align directly with my research question: What are the lived experiences of mid-level healthcare managers regarding their current usage and knowledge of strategies to motivate their hospital system employees? The use of hermeneutics achieves reflective thinking about the individual managers in healthcare (Daher et al., 2017). This is important as the mid-level healthcare managers are individuals and their position in using motivation strategies and how it can be integrated into motivating the healthcare hospital system employees. In Chapter two a detailed description of the conceptual framework is provided.

Nature of the Study

In this study, I used the qualitative approach using the hermeneutic phenomenological design to explore the lived experiences of mid-level healthcare managers and their use of motivational strategies as they relate to the motivation of their employees in Dallas, Texas. Researchers implement qualitative hermeneutic phenomenological methods to understand historical phenomena (Ravitch & Carl, 2016).

The qualitative hermeneutic phenomenological approach reveals the essential characteristics of lived experiences, describing the meaning both in terms of what was experienced and how it was experienced (Neubauer et al., 2019). Qualitative research is approached through intellectual, practice, or personal experiences (Ravitch & Carl, 2016). Moustakas (1994) identified the qualitative hermeneutic phenomenological design as the exploration, meaning, and essence of lived experience shared among groups. The qualitative hermeneutic phenomenological design was appropriate for exploring the mid-level healthcare managers' motivation strategies used in motivating healthcare employees. The population for this study consisted of mid-level hospital system healthcare managers with a minimum of three years of clinical or administrative work experience working in the healthcare hospital system within the Dallas, Texas metropolis. Using purposeful sampling, semi structured interviews and open-ended questions, 15 mid-level hospital healthcare managers were interviewed to explore their lived experiences using motivation strategies. The participants were contacted through social media (Linkedin.com). The data were collected through in-depth face-to-face interviews using a Zoom video conferencing application and responses from the participants using semi structured open-ended questions, which were reviewed by experts to ensure the questions were appropriate to answer the research question. I used NVivo computer software to categorize concepts, aggregate data, and search for patterns in the data. This software aids researchers in identifying themes and providing annotation for the codes and categories. The qualitative approach allows for constant review of the categories and themes (Ravitch & Carl, 2016). Qualitative research is suitable to understand the

participants' lived experiences and get accurate and reliable data through transcription review with the participants (Ravitch & Carl, 2016). The hermeneutic phenomenological design is also suitable for interpreting lived experiences, meaning, and primal meaning of human existence and lived experience (Van Manen, 2017).

Using hermeneutic phenomenology provided a framework of rational inquiry of the lived experience of mid-level hospital system healthcare managers and how they use motivational strategies to motivate their healthcare employees. The hermeneutic phenomenological approach was more appropriate for the study than other designs, including case study, narrative, ethnography, or grounded theory. Yin (2017) pointed out that the case study design allows one to acquire a perspective on an ongoing occurrence and represents a critical occurrence test. Ethnography, as a design, was not appropriate for this study as it focuses on cultural inquiries (Ravitch & Carl, 2016). The grounded theory allows for the systematic collection and analysis to inductively develop middle-range ideas to make sense of people's actions and experiences in the social world. Therefore, it also was not appropriate (Belgrave & Seide, 2019). Narrative design was inadequate for the study as it is a methodology often used in education and sociology. A gentle relational methodology can uncover what is essential to the person's situation (Haydon et al., 2018).

Definitions

Hierarchy of Needs: These are the stages upon which human needs are categorized in order of priority. The hierarchy of needs is physiological, safety, social, esteem, and self-actualization needs (Alajmi & Alasousi, 2019).

Mid-level Managers: Manager that is a level higher than the professional or line employee (World Health Organization, 2020).

Motivation: is the cognitive decision-making in which the intent is to align the behavior focused on achieving a specific goal through initiation and monitoring (Badubi, 2017).

Professional Development: described professional development to involve professional being form, duration, participation, content focus, active learning, and coherence (Watts & Richardson, 2020).

Self-Actualization: The ability of a person to fully reach the highest level of creativity, intellect, and social potential through their drive (Matsuo, 2019).

Self-Esteem: Chung and Yang (2017) described self-esteem needs as the need to belong, control, and the need for a meaningful existence.

Assumptions

I constructed this study on the following assumptions. One assumption was that the hospital healthcare systems selected in Dallas, Texas to conduct the study would enable me to obtain data and produce a fair result. The second assumption was the mid-level healthcare managers that I interviewed were truthful when sharing their lived experience strategies for motivating their employees. The third assumption was that the participants have experience using motivation strategies to motivate healthcare employees. And last, there was an assumption that the participants are representative of the population of the study.

Scope and Delimitations

The scope and delimitations of the study were based on the decisions made during the research design. The research was delimited to the Dallas, Texas due to hospital systems in this locality. Participants were required to be informed and to understand and consent to being included in the research by signing the informed consent form. My research was delimited to the qualitative study, the interview questions, the research questions, and the period for the study. Many theories on motivation were not selected for this study; only Herzberg et al. (1959) and Maslow's (1943) theories were used for the research study. The research study was focused on the mid-level healthcare manager's use of motivation strategies to motivate healthcare employees in Dallas, Texas.

Limitations

Limitations are constraints beyond the researcher's control, such as bias, research design, and funding (Theofanidis & Fountouki, 2018). Fusch and Ness (2015) stated, in qualitative research, issues of credibility and dependability are considered limitations. Credibility refers to participants' actual and factual responses, while dependability deals with the consistency of the conditions of the study and its data over time (Connelly, 2016). The period required for the research constituted a limitation as participant availability for interviews was subject to their schedules. The participant's information was heavily relied upon to obtain research data, and their responses may have been biased on the phenomenon studied due to their lived experiences. To address this limitation, I informed the participants of the research goal and that there were no perfect or incorrect answers to the interview questions. My potential bias could have been a

limitation. As such, I planned and maintained objectivity by asking open-ended questions related to the research study and kept a reflective journal to be objective in my research process. There was also a limitation in that I selected mid-level healthcare managers in hospital systems to participate in this research study. There was the exclusion of non-mid-level healthcare managers.

Significance of the Study

Guclu and Guney (2018) contended the need to make efficient progress, change, grow, and develop economic situations is a unique fact of human existence. By harnessing productivity of employees, managers must effectively contribute and positively impact organization cost, productivity, and business performance (Guclu & Guney, 2018). Motivation reveals the abilities and talents of employees innovatively (Saleem et al., 2015). Healthcare managers are responsible for strategies that motivate their employees within the healthcare industry (Okello & Gilson, 2015). Findings from this study are significant as they provide information to understand the lived experience of mid-level healthcare managers and their use of motivation strategies to motivate the healthcare employee.

Significance to Practice

I explored the lived experiences related to motivational strategies used by mid-level healthcare managers and their use to motivate healthcare employees. The study objective may contribute to the body of knowledge regarding mid-level healthcare managers' lived experience and their use of motivation strategies on employee motivation in the hospital healthcare industry. The managers of healthcare organizations may

discover new ideas for motivating employees. The review of current management motivational strategies and the discovery of new strategies through this research can contribute to the practice of human resource management in the healthcare industry. The mid-level healthcare managers may understand the best strategies to motivate healthcare employees.

Significance to Theory

The research could contribute to Herzberg's two-factor theory (Herzberg et al., 1959) and how managers use motivational strategies to motivate their employees. In addition, the mid-level healthcare managers' lived experiences may be used to develop new knowledge relating to human potential, thus informing Maslow's hierarchy of needs. Finally, this study may add to the body of knowledge on the best use of motivational strategies by mid-level healthcare managers to motivate their employees.

Significance to Social Change

A healthy population is an asset to society (Hornby-Turner et al., 2017). The employees working in the healthcare industry contribute to social change in the healthcare system by using their knowledge and skills to provide quality services to its people. Mid-level healthcare managers in the United States may enhance their strategies to motivate their employees by applying the strategies identified in this research study. Through a motivated workforce, the hospital healthcare system may benefit from improved job performance and better patient care. In addition, patients might benefit from improved quality of care as employees become motivated. Therefore, the discoveries of the research study may contribute to reducing the loss of healthcare

workers and maintaining the healthcare system with good quality services to society through motivated employees.

Summary and Transition

In Chapter 1, I discussed the introduction, background of the study, problem statement, purpose of the study, the research question, conceptual framework, nature of the study, definitions, scope and delimitation, limitation, and the study significance. Then, in Chapter 2, I examined the literature of the topic of the study, including the conceptual framework of the research and theories supporting the research study, management influence on motivation, the role of mid-level managers in an organization, and challenges and motivation strategies discussed in different studies.

Chapter 2: Literature Review

The specific business management problem for this study was that mid-level healthcare managers may not use the best strategies to motivate their employees (Bhatnagar et al., 2018). Therefore, the purpose of this qualitative hermeneutic phenomenological study was to explore the lived experiences of mid-level healthcare managers and their current usage and knowledge of motivational strategies as they relate to the motivation of their employees in Dallas, Texas.

Reviewing the literature involved a detailed summary of the research topic of the study. I used Maslow's (1943) hierarchy of needs theory and Herzberg et al.'s (1959) two-factor theory to explore the lived experience of mid-level healthcare managers' motivation strategies and their use to motivate their employees. The qualitative hermeneutic phenomenological methodology was used to conduct this research.

In Chapter 2, I conduct a detailed literature review of the topic of the study. First, I discuss my literature search strategy, the conceptual framework of the study, and theories supporting the study. Then, I review previous research on managers' leadership style, the role of mid-level managers in organizations, the challenges to motivation, and motivation strategies.

Literature Search Strategy

This research study's literature search strategy is a pertinent section that shows the strength of the previous scholarly explorations relating to the research study. I started gathering relevant materials for the research study in June 2015, when I began a PhD in Management program. I conducted the literature review in an organized and structured

manner. The literature review consists of books, journals, and peer-reviewed articles from various databases. Using the Walden University library, the supporting literature was obtained from these databases: ProQuest, Psych, Business Source complete, Thoreau, Sage, Science Direct, Thoreau Multi Database Search, EBSCO. I also searched in Google Scholar. The keywords used to obtain materials were *employee motivation, motivation strategies, mid-level manager, job motivation, managerial motivation, performance, training, compensation, and communication strategies*. Peer-reviewed journals from 2015 to the present were used for the literature review. Other books, journals, and articles related to the study were used to guide me in exploring the mid-level healthcare manager motivational strategies. The key search terms were merged with the term *motivation* across databases and Google Scholar to ascertain if more results could be identified.

The search strategy focused on articles published between 2015 through 2021. I found articles and literature resources useful for the research study and relevant to the mid-level healthcare manager strategies on employee motivation. In addition, I included some older articles to explain the conceptual foundation and the fundamental knowledge relating to the research study and design.

Conceptual Framework

The phenomenon that grounds this study is the lived experience of mid-level healthcare managers' motivation strategies and their use to motivate employees. Mid-level healthcare managers should understand these needs to motivate employees. Fisher and Royster (2016) stated that Maslow's theory is vital for meeting the employees' personal needs and motivation. Chang and Teng (2017) defined motivation as the

willingness or desire to accomplish individual and organizational goals. Motivation is one of the critical factors for increasing employee job performance. Healthcare hospital systems are concerned with the motivation of their employee to achieve organizational goals, and the practices of mid-level managers is an important motivating factor (Baljoon et al., 2018).

The mid-level healthcare managers must have the skills to motivate their employees. Skills development is essential for the success of the hospital systems objectives. Skills development in the workplace is a real-world phenomenon with a real impact on productivity. (Kaše et al., 2019). Skills form the human capital of an economy. According to Hanushek et al. (2019), skills can be divided into two parts: numeracy skills (such as literacy or numeracy skills) and noncognitive (such as physical or soft skills). Cognitive skills positively affect the workplace. To effectively motivate employees, mid-level healthcare managers should have skills relating to motivational strategy.

I applied Maslow's hierarchy of needs (1943) and Herzberg et al.'s (1945) two-factor theory concepts to address the research question and develop interview questions used for the participants in the research study. Maslow's (1943) concept states that human beings have physiological, safety, belonging, esteem, and self-actualization needs that influence employee motivation.

Herzberg (Herzberg et al., 1959) believed that employee job satisfaction is an effort achieved through that employee's motivation. Herzberg's theory defined job satisfaction as feelings or affective responses to facets of the workplace situation. Job satisfaction increases job performance, and employees who are intrinsically satisfied with

their job may have a higher motivation orientation to perform (Miller & Richard, 2020). Miller and Richard (2020) identified that job satisfaction is a crucial mediator in the organizational behavior domain and phenomenon to describe job performance; thus, the managers in the healthcare hospital systems are concerned about their employees' job satisfaction and motivation to fulfill the organization's goals.

I applied Maslow's hierarchy of needs theory (1943) and Herzberg's two-factor theory (Herzberg et al., 1959) to the study. I used the theories as the conceptual lens to explore mid-level healthcare managers' lived experiences on the motivational strategies that motivate employees. The literature review includes an exhaustive review of theories used for the research study and other factors relating to mid-level healthcare employee motivation strategies in the healthcare hospital system.

Maslow's Hierarchy of Needs Theory

Maslow (1943), through his hierarchy of needs theory, posited that the crux of human motivation theory is that individuals' most basic needs must be met before they become motivated to achieve higher needs. Maslow's approach focused on human needs in order of hierarchy from physiological, safety, social, and self-esteem to self-actualization (Maslow, 1943). Understanding the five categories of human needs by Maslow's theory is essential to evaluate the motivational strategies used by mid-level healthcare managers to motivate their employees.

Physiological Needs

The physical requirements required for a human to remain alive and sustain human life are food, water, shelter, clothing, and sleep. These are the basic need of

human beings. Maslow (1943) stated that the five categories of human needs are hierarchical: physiological, safety, social esteem, and self-actualization can only be met when the basic needs are met. Any person lacking food would want to first satisfy that need before seeking to move to the other higher levels of need (Maslow, 1943).

Motivating employees is possible if their managers identify their needs and strategies to fulfill those needs. The physiological need is an essential indication as a basic need that would lead to the satisfaction of the safety, love, belongings, esteem, and self-actualization needs (Maslow, 1943). The physiological need is the first step in motivating employees. Managers must understand it as they can create a conducive work environment to enable employees to meet their needs.

Safety Needs

Safety needs are the next in the hierarchy in Maslow's theory of needs and emanate once the physiological need has been fulfilled (Maslow, 1943). Maslow's (1943) safety needs are personal security, employment, health, resources, property, family, and morality. Safety is a significant need and can influence the individual behavior of employees. The need for employment, health, personal security, and property acquisition are safety measures (Maslow, 1943). The value of living from a safety perspective is the ability to be safe while trying to meet needs. The need for relationships and organization is a safety mechanism (Maslow, 1943). Healthcare employees require a safe working environment with appropriate personal protective equipment to perform their duties.

Love and Belonging Needs

After physiological and safety needs, the next level is love and belonging, where we need to be accepted as part of a group, be cared for, and be accepted (Maslow, 1943). The need to have relationships and interaction with other persons, belonging, and love. These social needs show the desire to be accepted by peers, establish a friendship, and be part of a group associated with and loved (Jyothi, 2016). The connection and affection from belonging to a family, social organization, friendship circles, and committees are all influenced by this need. Maslow (1943) states that the desire for love and affection from others is out of love and belonging need. Mid-level healthcare managers should treat their employees with fairness to make them feel loved and encourage them to have a sense of belonging.

Esteem Needs

At this level of the hierarchy of needs pyramid, a person desires self-respect, self-esteem, and respect from people (Maslow et al., 1970). Maslow (1943) stated that lack of self-esteem leads to an inferiority complex and loss of self-esteem. The worth of a person's self-esteem is based on the respect he receives from other people than the external influence (Maslow et al., 1970). There is a correlation between individual behavior and perceptions (Ferris et al., 2015). Self-esteem is based on respect from others. This is the natural form of self-esteem and not external influence over others and praise (Maslow et al., 1970). Self-esteem gives one a sense of self-value and appreciation of individual worth in society.

Self-Actualization Needs

Maslow (1943), managers can create good job conditions for employees to self-actualize by creating opportunities for effective communication, career growth, training, rewards, recognition, and setting a pathway to actualizing their individual goals. Self-actualization is borne on the concept of the hierarchy of needs and attitude is determined by the motivation to achieve that need (Wang et al., 2015). Mid-level healthcare managers assign job activities and create an opportunity for employees to self-actualize in organizations. Self-actualization is the ability of the individual to reach full potential (Maslow et al., 1970). Maslow (1943) highlights the meta needs of human beings related to self-actualization can be a motivating factor based on the need to eradicate a perceived deficiency. To self-actualize or achieve excellence, both needs resulting from self-actualization are based on individual needs. Self-actualization makes employees creative and develops their capabilities and knowledge to reach their full potential. Self-actualization needs can only be fulfilled when the physiological, safety, love, and belonging, esteem needs have been met.

Supporting Maslow's Theory

Maslow's theory of the hierarchy of needs theory has been professionally researched in literature because of its efforts to critically address employee motivation (Ştefan et al., 2020). Employees are motivated by the need to satisfy their needs. Maslow's opinion on employee motivation is accepted and relevant in healthcare. Managers motivate their employees in their organization to make it possible to meet the goals of the organization and the needs of their employees. The need to motivate

employees and satisfy their needs gave birth to Maslow's hierarchy of needs theory. Maslow (1943) stated that human needs are grouped into five categories. Human needs are classified into hierarchical levels: physiological, security, belongings, esteem, and self-actualization needs. Once achieved at the basic level, the employee needs to move to the next level until they reach their full potential (Maslow, 1943). The managers should identify the unique needs of the individual to be able to determine what the individual employee's needs may be (Chang et al., 2015).

Criticisms of Maslow's Hierarchy of Need Theory

Maslow's (1943) hierarchy of needs theory is supported in scholarly literature due to the theory's importance to managers' efforts to address employee motivation issues. However, the theory has been criticized by some. Maslow's needs theory is from a personalistic framework built on a materialistic nature (Acevedo, 2018). Maslow assumed that all employees are alike, situations are the same, and there is one way to achieve employee needs, but this can undermine organizational effectiveness (Acevedo, 2018). Furthermore, the focus on Maslow's theory of self-actualization does not consider individual potential and environment in achieving their full potential making the theory irrelevant for many people (Barnard, 2019). The criticism relates to the study as we are exploring motivation, and highlighting the assumption that all humans have the exact needs is incorrect; therefore, managers must consider individual differences (Barnard, 2019).

Henwood et al. (2015) argued that Maslow's concept of self-actualization did not identify the effort of the individual to reach their higher need due to frustration of not

achieving their lower needs. Henwood et al. (2015) stated that the failure to consider adversity would affect the Maslow hierarchical need structure.

Herzberg Theory

Herzberg et al.'s (1959) theory was based on his research of nine companies and 200 participants interviewed, comprising engineers and accountants. The study was to identify the factors of goal achievement and prevent a decrease in employee motivation (Kotni & Karumuri, 2018). Using the conceptual lens of Herzberg et al. (1959), Herzberg identified that two needs exist motivator and hygiene needs, which are independent of each other. If implemented by the managers, the motivator factors would help boost employee motivation, such as job responsibility, career advancement opportunities to get new positions in the organization, recognition, and the job itself (Kotni & Karumuri, 2018). On the other hand, hygiene factors make employees not motivated if they are not present, such as salary, job security, interpersonal relationship with peers and employees, company policy, and work-life balance if not implemented by managers (Herzberg, 1959).

From the conceptual lens of Herzberg et al. (1959), mid-level managers implement motivation strategies in their daily functions of resolving interdisciplinary issues and setting schedules, and expectations, creating and encouraging innovation among healthcare employees. The motivators make employees work harder and more satisfied, while the hygiene factors, if not present in the workplace, would make employees demotivated and unsatisfied. (Herzberg et al., 1959). By implementing motivation strategies, mid-level healthcare managers can create the right work

environment for innovation and job satisfaction. Risher (2018) stated that managers and supervisors have a significant role in creating the right work environment where workers can be expected to perform at higher levels and realize higher levels of job satisfaction. Herzberg et al.'s (1959) two-factor theory can influence employees through the mid-level managers to create an enabling work environment to motivate employees.

Mid-level managers can motivate employees through good pay and the promise of job security, leading to job satisfaction (Herzberg et al., 1959). The two-factor theory highlights the importance of mid-level healthcare managers in motivating their employees. The healthcare industry is a challenging work environment, and mid-level managers should know the motivators and hygiene factors that inspire employees. Herzberg et al. (1959) emphasized that motivators and hygiene factors contribute to employee motivation.

Supporting Herzberg Theory

Mid-level healthcare managers implement different strategies to motivate their employees. Motivation factors lead to employee motivation and job satisfaction, while the hygiene factor gives time to employee pleasure (Herzberg et al., 1959). Managers are responsible for creating a favorable work environment to enable their employees to be productive and satisfied (Deeba et al., 2015). Herzberg et al. (1959), motivation and hygiene factors influence employee motivation. Herzberg et al. (1959) stated that rewards, recognition, job, career advancement, and responsibility help to improve employee motivation. Maslow's (1943) and Herzberg et al. (1959) theories are fundamental to understanding employee motivational needs.

Criticism of Herzberg Theory

There are criticisms due to the fixed distinction between motivator and hygiene factors, without considering the personalities or job categories of the employees (Hur, 2018). Based on the Herzberg two-factor theory, job satisfaction or dissatisfaction is essential when understanding how management strategies motivate employees on their intrinsic or extrinsic preferences (Hur, 2018).

Carsrud et al., 2017 stated a consensus that employee motivation is goal-oriented and motivating individuals depends on goal-directed behavior; hence, the two-factor theory did not consider this fact. Herzberg's theory relate to the research study as employee job satisfaction is one of the outcomes of the motivation strategy used to motivate employees.

Mid-Level Healthcare Manager Leadership Style on Employee Motivation

Herzberg's two-factor theory of job satisfaction on motivation is based on different mid-level healthcare managers' motivation factors that may motivate or demotivate employees (Herzberg et al., 1959). The business management problem is that mid-level healthcare managers may not use the best strategies to motivate their employees. There are many leadership styles, but for this study, I chose to discuss two types; the transactional and transformational leadership styles are the most applied in motivating employees (Arenas, 2019). The transactional leadership style is a type in which employees are motivated by rewards for their performance and reproached for low-level performance (Kalsoom et al., 2018). The transactional leadership style is interested in achieving business goals and rewards employees based on performance. A

transactional leadership system uses punishment and reward for the manager to motivate the employees (Kark et al., 2018). In addition, transactional leaders use pay compensation, career advancement, and recognition to motivate employees (Kark et al., 2018).

Transformational leadership includes rules that leaders typically use to make a change (Peng et al., 2021). The leadership style takes into cognizance the contribution of the followers in decision-making to achieve the organizational goals (Shahzad et al., 2018). The transformational leadership style encourages employee motivation by doing the right things to build trust with the employee, motivate, and achieve cost savings (Mumford & Hemlin, 2017). The transformational leader is a change agent, helping each employee be motivated, act in harmony, and pay attention to organizational needs (Jyothi & Bhau, 2015). Organizations achieve results because employees feel belonging and share in the organization's vision (Jyothi & Bhau, 2015). Transformational leaders are motivated and charismatic (Jyothi & Bhau, 2015). Managers who use the transformational leadership style motivate employees, understand their needs, and value them (Jyothi & Bhau, 2015). Managers commonly use transactional and transformational leadership styles to build relationships and increase employee motivation and performance (Alrowwad & Abualoush, 2020). Managers use leadership styles open to employee feedback, and mid-level healthcare managers' openness enhances managerial coordination with their employees and increases motivation (Barrick et al., 2015). Băeșu and Bejinaru (2015) stated that managers' emotional intelligence using transactional or transformational leadership styles is high. The ability of managers to emotionally connect

with their employees makes the employees have faith and be fulfilled in their positions (Băeșu & Bejinaru, 2015). Henker et al. (2015) stated that transactional and transformational leadership styles have successfully built and created teams, encouraging individual creativity and unique identities.

The Role of Mid-level Healthcare Managers on Employee Motivation

Mid-level managers are the line managers of management in healthcare hospital systems. They enforce the organizational policies and regulations and report to their top management. Mid-level healthcare managers are more visible to the employees than the top management and spend time developing and implementing strategic actions to achieve strategic change and organizational goals (Ukil & Akkas, 2017). Mid-level managers can influence relationships, behaviors, and communication in organizations. The mid-level managers contribute to the organization's achievement of objectives and goals through coaching their employees and achieving employee transformation (McCarthy & Milner, 2020). The mid-level manager acts as a mediator in organizations. They work on behalf of the employees and the top management. The responsibilities of mid-level managers through their behavior are linked to employee behavior, and external motivation is negatively related to their managers' behavior (Graves et al., 2019).

The mid-level healthcare managers are responsible for the competency assessment of their employees (Liang et al., 2017). Mid-level healthcare evaluates the competency of the employees to identify areas of strength and weakness. The competency assessment roles place the mid-level healthcare manager in a position to

make recommendations on training required to improve the productivity and motivation of their employees (Laing et al., 2017).

Manager Employee Motivation Challenges

The responsibility of mid-level healthcare managers to motivate their employees is a challenging job function. Edmonds et al. (2018) stated that it is a challenge for managers to evaluate the employee job descriptions, remuneration, feedback, and work environment. The motivation of employees through pay increases and paid leave allowance can help motivate employees, but the value of their work helps to encourage them. The manager's feedback, if positive, can help the employee feel valued. On the other hand, excessive criticism or a job can demotivate employees (Edmonds et al., 2018). Lulescu (2020) highlighted the importance of engagement and physical well-being of employees; mid-level healthcare managers are faced with the challenges of supporting the meeting the social well-being of their employees through balancing their physical work activities.

Mid-level healthcare managers are responsible for balancing the employees' motivation to believe in their abilities, set goals, provide feedback, and create a conducive work environment and good rewards (Cote, 2019). In addition, managers provide training, foster relationships, and ensure the organization's adherence to policies and procedures while maintaining employee motivation.

Mid-level healthcare managers provide a vision for their employees. They must create a stimulating environment where healthcare employees feel safe, both in

knowledge sharing and risk-taking behavior necessary for creativity (Arakelian & Rudolfsson, 2021).

Mid-level healthcare managers have limited decision-making power with the implementation of their motivation strategies. They need to work with the guidelines set by the executive-level management of the healthcare system (Urquhart et al., 2018). Despite their limited decision-making, mid-level healthcare managers must motivate their employees. The mid-level healthcare manager balances this by relating their employee's needs to the executive level of management and obtaining approvals on guidelines to effectively motivate their employees (Urquhart et al., 2018). Managers are challenged with the dilemma of which motivational strategies can be used to motivate their employees (Sperling, 2021).

Motivation Strategies

Maslow's hierarchy of needs theory (1943) has its core value in management practice. Mid-level managers help employees self-actualize through a well-structured career path and job functions and provide training opportunities that assist the employee in being motivated in the organization (Williams & Moser, 2019). Motivated employees tend to be creative and reach their full potential at work. Therefore, it is vital to encourage employees to achieve this level by meeting the organization's needs through managerial motivation as follows:

Employee Training

Training is used to improve employee qualification and productivity and add value to the motivation of the employees (Ozkeser, 2019). The training of employees in

the workplace is put in place by their managers. Managers can communicate training course information and encourage employees' motivation to learn (Ismail et al., 2018). The importance of training employees in an organization helps to improve employee job skills, career growth, job knowledge, and experience required to meet organizational goals. Managers use training as a strategy to determine their employees' needs, improve their performance, and motivate them (Noe & Kodwani, 2018). Training improves employee motivation and satisfaction and increases productivity and profitability (Taufek & Mustafa, 2018). Employee training is critical for organizational success, and it impacts organizational legitimacy and organizational performance (Esteban-Lloret et al., 2018). Mid-level managers send their employees on company-paid courses to increase their skill level to meet the organization's business needs. As a result, the employees feel motivated since they can perform their tasks effectively (Ozkeser, 2019). The organization's employees' training is put in place by their managers. Managers need to know that the organization's critical success using training as a strategy is based on economic and competitive gains that organizations can achieve by training their employees (Esteban-Lloret et al., 2018). Managers may use opportunities relating to training to increase the motivation of their employees and reduce employee turnover. Providing on-the-job training helps motivate employees and reduces turnover (Ju & Li, 2019). The managers understand that employee training is essential to the development and growth of the company as the employees acquire new and relevant skills from focused training (Esteban-Lloret et al., 2018). Wijayanti (2019) discussed the effect of knowledge management on employee training and performance in organizations in the experimental

group before and after. The use of training shows an improved version of what can be achieved through managerial effort and motivation.

Bakar et al. (2016), Managers also use training to develop the employees ethically, making them committed to the organization. Managers use training as a critical strategy for improving the motivation of employees (Ozkeser, 2019). Self-efficacy is a by-product of training. Managers who understand the effectiveness of training in their employees' emotional intelligence and motivation use it to promote individuals to set goals and standards to achieve organizational outcomes (Darr et al., 2018). Darr et al. (2018) stated that managers also motivate employees through their desire to learn, which also helps to improve employees. A review of qualitative studies on mindfulness in healthcare workers reveals that the perceived benefits of training healthcare employees include increased personal well-being, self-compassion, and enhanced presence when relating to others (Verweij et al., 2018). Personal development of healthcare professionals may serve as experience for mid-level healthcare managers as it relates to their usage of strategies to motivate employees.

Career Advancement

Herzberg et al. (1959) categorized career advancement as a motivator, which increases employee job motivation and productivity. Mid-level managers use career advancement to keep employees motivated. A career is a steady progress, skill acquisition, and experience in a particular work field or specialization. In contrast, career advancement is promotions to a higher level in the management hierarchy or job responsibilities (Ting et al., 2020). The managers align the employees' career

advancement, which is essential for employee motivation. Lack of career advancement creates morale problems for employees who realize they are stuck without hope (Setiawan et al., 2018). Goodyear and Goodyear (2018), the managerial role in the healthcare industry involves staffing, managing budgets, collaboration with teams, and a positive work environment. The promise of reward and career advancement is used as a strategy by managers to motivate their employees. There is a relationship between employee career advancement and organizational success (Bagdadli & Gianecchini, 2019). Weer and Greenhaus (2020) stated that managers use the attitude and behavior of employees based on the perception of their employees to the organization to decide on their career advancement. The influence of managers on their employees' career advancement is based on their perception of the employee, and the employees perceive that their commitment and hard work would gain career advancement (Weer & Greenhaus, 2020). Managers offer career advancement by promoting their employees, affecting employee motivation. Managers implement career advancement as a motivational measurement and reward based on commitment, performance, and ability to deliver on organizational goals (Sinniah et al., 2018). The managers can use career advancement, an expected outcome perceived by the employee, to motivate them. The probability perceived by an individual as an effort to be or not accompanied by a reward, valence; the subjective value, attachment, or preference that each attribute to a reward in the organization can be associated with career advancement strategy (Baciu, 2017).

Career advancement is a key factor that affects all healthcare employees irrespective of the country (Afolabi et al., 2018). Mid-level healthcare managers may use

career advancement to plan the career progress of their employees to improve their motivation. People desire to advance their careers in the organization and do not want to be static. Therefore, as direct managers, mid-level healthcare managers make recommendations that human resources managers use for promotion and make it possible for the employee's careers to advance (Afolabi et al., 2018).

Communication as Feedback for Motivation

Using the conceptual lens of Herzberg et al.'s (1959) two-factor theory, manager communication with employees makes them feel valued and appreciated, leading them to absolute satisfaction. The role of communication in the health industry cannot be over-emphasized. The communication process consists of the creation, dissemination, and interpretation of ideas, facts, messages, opinions, feelings, and information between persons or groups (Bodunde et al., 2017). Healthcare managers use communication as a motivation strategy for organizational function and effectiveness. Communication is essential to patients feeling informed and for employees in the healthcare industry to deliver quality service and patient care (Blackburn et al., 2019). Communication is an effective strategy to maintain employee motivation and learning. Organizations and managers play an essential role in communication with their employees. Ismail et al. (2018) managers use communication as a critical training management issue that may help maintain and enhance organizational competitiveness and performance in a borderless world and era of globalization. The capability of managers to communicate powerfully invokes employee motivation to learn and improve their motivation (Ismail et al., 2018). Lack of communication in healthcare hurts employees. Managers must

communicate, give valuable feedback, and have multiple communication channels (Raina & Roebuck, 2016). Organizations with effective and open communication channels that communicate company policies and protocols through their managers show employees to be motivated (Chanana, 2020). Communication drives trust from employees, and employees' motivation to freely express their ideas and concerns are all part of the communication strategy by managers. The healthcare organization uses communication as a strategy to build relationships as a necessary tool (Feeley & O'Mally, 2015). Managers use communication as a potent strategy for patients and employees in the healthcare industry. Healthcare organization employees are motivated when their managers effectively communicate and connect with them. Managers use communication to create a supportive culture and support healthcare employees in delivering effective care to their patients (Mansour & Mattukoyya, 2019).

Communication is used for interaction between managers and employees. The mid-level healthcare manager must establish bridges between their employees through effective communication. Mid-level healthcare managers should utilize communication to make it understandable to convey their message to their employees to obtain feedback before initiating the communication process (Bucata & Rizescu, 2017). In addition, communication has a vital role in improving the motivation of employees through internal communication by dissemination of information and motivation of employees (Bucata & Rizescu, 2017).

Managing Employee Work-Life Balance

Herzberg et al. (1959) discussed one of the factors of job satisfaction as job conditions, which includes factors like work-life balance in determining how healthcare workers balance their physiological needs such as personal life with their security needs such as job security. Employees desire flexibility and freedom in their work to balance their personal and work life (Ongaki, 2019). Managers must use work-life balance as a human resource strategy to motivate their employees, such as flexible work scheduling and establishing family-friendly policies. Sánchez-Hernández et al. (2019) stated that work-life balance is the relationship between employee work and personal life, which may impact health, well-being, organizational productivity, stress, and human social development. The Healthcare industry is a complex system, and employees need to balance their work-life balance to remain in good health and have sound minds to perform their job functions. The importance of work-life balance in the healthcare environment cannot be over-emphasized as it is a vital part of a healthy work environment. The need for work-life balance in healthcare, such as creating shift schedules, telehealth, paid time off, standardized work duration, and family medical leave, is geared to support employee work-life balance and increase employee motivation (Poulose & Sudarsan, 2017). The work-personal life balance experienced by healthcare employees influences their motivation and supports the organization's goals (Poulose & Sudarsan, 2017). Managers are tasked with stress management to reduce their employees' stress levels through work-life balance (Rao, 2016). The solutions to these challenges faced by employees in healthcare make managers create flexible work options to satisfy

the work-life balance and motivate employees (Ongaki, 2019). Jaharuddin and Zainol (2019) asserted that the managerial effort to balance employee work and accommodate their personal life improves motivation.

Work-life balance is an effective management balance with the employee domain of life, which includes organization, social and personal life (Keelan, 2015). Employees are faced with personal conflict when they are unable to balance their work demands and personal life. Mid-level healthcare managers implement workplace policies that enhance employee work-life balance, improve motivation, and boost organizational productivity and performance (Dousin et al., 2019).

Boosting Employee Satisfaction

Edmonds et al. (2018) stated employee motivation is the energy the employee brings to their job. Herzberg et al. (1959) said that understanding employee satisfaction is essential. Mid-level healthcare managers encourage motivation for employee satisfaction by creating a conducive and healthy work environment for their employees in terms of fostering team spirit, mutual respect, freedom of expression, and recognition of employee contributions to the organization (Hartviksen et al., 2019). Employees are vital to organizations, as they contribute to driving the vision, mission, and goals of any organization; hence they need to have satisfaction in executing their jobs. The organization's best asset is its people; managers understand employees as corporate assets, but their value is intangible, and thus it is crucial that employees are motivated (McCosh & Wayne, 2018). Managers use employee satisfaction surveys to understand the likes and dislikes of employees. It is practical to measure the impact of their efforts

on the motivation of their employees (Hanaysha & Tahir, 2015). Employee job satisfaction and motivation are vital parts of the role of middle-level managers to boost their employees in organizations.

Stress Management

Stress is a physical and emotional strain; employees face stress as an opportunity, constraint, and demand related to their jobs (Sinduja & Suganya, 2017). Healthcare employees are responsible for the workload and fixed time schedules. Sometimes they cannot complete these tasks within the time scheduled and put stress on the employees (Wushe & Shenje, 2019). Mid-level healthcare managers are responsible for managing workload and their employees' stress, organizing work, and making it flexible to accommodate employees and balance workload.

Stress at work is a big challenge, yet there has been minimal success in tackling it in meaningful and measurable ways. Mid-level healthcare managers play a role in managing the stress management work plan, with effective programs to manage and lower the stress levels of their employees that can impact their motivation (Schmidt, 2018). In addition, Corneanu-Lipou (2017), the employees' physiological and safety needs can create stress as they desire to satisfy their food, clothing, shelter, and security. Managers play a role in balancing the needs of their employees by ensuring employee stress is managed by providing payment of salaries and a safe work environment, which helps reduce the employee's stress level. Effective management of healthcare employee stress affects employee motivation.

Stress is one significant organizational challenge confronting healthcare employees because of its effect on employee job satisfaction, motivation, performance, and patient outcomes (Prasad et al., 2021). Mid-level healthcare managers are confronted with maintaining motivation with the complexities that cause stress, such as staffing levels, scarce resources, and heavy workloads, promoting the need for stress management (Ofei et al., 2020).

Recognition

Herzberg et al. (1959) stated that recognition is a motivator that managers motivate their employees. The part of success of an organization depends on its culture of recognition of its employees (Haller et al., 2018). Recognition is about providing positive feedback based on performance or results (Robbins, 2019). Recognition could be in the form of a promotion, pay raise, or awards. Recognition helps to motivate and excite employees as they wish to be praised for their excellent work (Robbins, 2019). Managers want their teams to be successful and strive to create a culture of loyalty and high performance, and engagement through recognition. Employee recognition plays a significant role in employee motivation, performance, organization positioning and success (Masri & Abubakr, 2019). Herzberg et al. (1959) indicated that employee recognition contributes to intrinsic rewards, which lead to job satisfaction and motivation, as it creates a sense of pride for the employee. Every employee wants to receive recognition for their hard work. Highly satisfied employees are more likely to respond positively to motivational factors and perform well in their jobs (Vounies & Al-Tawil,

2020). Managers use Herzberg's two-factor theory (Herzberg et al., 1959), which advocates for managers to use recognition as a strategy for motivation.

Recognition of employees portrays that their manager notices and cares about them. Mid-level healthcare managers can use recognition to illustrate their power on individual behavior (Nelson, 2019). The ability to get people to perform their best includes praise and recognition (Nelson, 2019).

Creating a Positive Work Environment

Managers' ability to create a positive work environment, foster mutual respect, and provide good benefits, recognition, and open communication with employees to motivate them. The work environment reflects the organization's image and requires policies involving all management and employees' (Abrudan & Conea-Simiuc, 2019). Creating a positive work environment sets employees up for success. Employees' job scope, benefits, and career prospects are all dependent on their managers. Managers play a pivotal role in ensuring that the work environment is not hostile and that employees have a clear description of their job functions. Organizations need to give their employees the freedom to speak their opinions and be flexible to have a conducive work environment that motivates employees (Abrudan & Conea-Simiuc, 2019). Workers are motivated in a conducive work environment. Managers help to build a culture in which employees have mutual respect; therefore, keep the employees committed and motivated and attract talent to the organization.

Durmaz (2017) stated that the motivation of employees is to be influenced and inspired by the mid-level healthcare manager creating a feasible work environment that

satisfies the needs of their employees. People tend to work effectively if they are satisfied with their desired work environment (Durmaz, 2017).

Performance Management

The healthcare system's goal is to achieve good health for the population, ensure the health service providers are responsive and guarantee fair systems (Kieny et al., 2017). The healthcare system develops strategies to monitor employee performance (Tyagi & Singh, 2019). Management must identify areas for performance improvements and plan systematic improvement initiatives (Tyagi & Singh, 2019). Managers are the drivers of performance management in the organization, and their actions affect employee behavior. Organizations and managers use performance management to evaluate the performance of their employees.

Employees are held accountable for their achievements. The managers develop and build the workforce to meet the organization's competitive needs and create career and employee development opportunities (Kirk, 2019). Managers focus on the continuous development of individuals; they create empowerment through performance management by identifying the employees' capabilities (Ravisha & Pakkerappa, 2017). Managers use the feedback mechanism in the performance management system to respond to and address issues of concern of their employees (Quinones & Sosa-Fey, 2018). Managers are responsible for managing performance reviews of their employees, which affects employees' motivation based on the performance management results with their managers (Kirk, 2019).

Maslow's hierarchy of needs theory is a framework that managers can use to understand employee issues and assist the managers in developing appropriate steps to address employee performance. Fisher and Royster (2016) stated that Maslow's theory is applicable to evaluate human nature and employee motivation that can lead to desired performance.

Emotional Intelligence

Mid-level healthcare managers with emotional intelligence understand their employees' challenges through self-awareness and positively create a relationship to provide solutions (Mason, 2021). Emotional intelligence is an important strategic factor for mid-level healthcare managers; without emotional intelligence, there can be no self-actualization for the manager or employees (Gopinath, 2020). Managers can perceive, evaluate, and generate emotional intelligence through practice and reflectively regulate their own emotions to motivate and increase the productivity of their employees (McKenzie et al., 2019). Mid-level healthcare managers with emotional intelligence would be able to motivate their employees effectively (Magnano et al., 2016). Emotional intelligence self-regulates processes of emotions and motivation that enable people to adjust to achieve individual, group, and organizational goals. Emotional intelligence makes managers committed to their organizations and helps them build trust with their employees to drive their success. (Magnano et al., 2016).

Emotional intelligence is the ability to monitor one own's and others' feelings and use the information to direct actions and thoughts. It is crucial for mid-level healthcare managers (Prufeta, 2017). Mid-level healthcare managers use their emotional intelligence

skills to read their own emotions, understand how they can impact their employees, and motivate them (Prufeta, 2017).

Job Autonomy

Herzberg et al. (1959), managers can implement job autonomy as a strategy to implement the ownership and responsibility for each employee based on the work outcomes. The manager uses job autonomy to regulate human motivation because if employees are allowed certain privileges to make their decision on the job, it helps them be motivated (Schneider et al., 2018). The employee's perception to use their discretion, and organize their activities, work methods, and procedures could be defined as job autonomy (Galletta et al., 2016). The perception of employee that the work outcomes are derived from their efforts makes them feel responsible and motivated. Job autonomy helps promote knowledge, learning, and growth, which increases employee performance in the organization. Managers can enable job autonomy for their employees by allowing them to use their discretion in the job functions, and it can help them be motivated (Galletta et al., 2016).

The Healthcare system demands its employees to be highly productive and skilled (Afolabi et al., 2018). Mid-level healthcare managers can achieve employee productivity through motivation and job autonomy (Shobe, 2018). A great leader of human motivational studies, Herzberg believes it requires content factors such as the captivating and purposeful meaning of work, liability, and others to recognize the work completed.

Compensation

Herzberg et al.'s (1959) concept of the hygiene factor uses to pay to motivate employees. Managers' use of pay compensation strategy can influence employee attitude and behavior. Sheopuri (2019) stated that managers use pay as a viable strategy since they are responsible for performance management, promotions, and appraisals. Employee pay can be in the form of wages, salaries, and performance pay. The managers responsible for determining performance, promotions, and appraisals use pay compensation as a motivation strategy.

Choi and Nae (2020) categorized career success into two dimensions; objective career success, which is visible and evaluated comparatively against salary, salary growth, and promotions, and personal career success, which is a perception considered of the extent to which various aspects of a career have been achieved. Proponents of the pay-for-performance view have based their assumption on agency theory, arguing that incentive pay helps align the interest of shareholders and executives, reducing the threats of opportunism and discouraging risk aversion (Bhuyan et al., 2020). Other scholars have shifted focus to the managerial power theory. They argue that managerial power influences executive compensation, resulting in compensation settings that do not help solve agency problems but exacerbate them (Bhuyan et al., 2020).

Sembiring et al. (2020) identified job satisfaction as a tool for improving the performance of healthcare employees. Job satisfaction involves attitude towards work. Salary received is not always a significant factor in achieving job satisfaction. In addition to the salary, performance allowance payments monthly to support staff could enhance

their performance (Sembiring et al., 2020). Some employees would still be dissatisfied at work despite being supported by salary and performance allowance; satisfaction arises from employees' minds in response to situations and conditions around them (Sembiring et al., 2020).

Managers use compensation to motivate and determine the worth of their employees (Jain & Bhatt, 2015). Compensation has been one of the strategies used to hire, attract, retain, and motivate employees in organizations (Adeoye, 2018). Mid-level healthcare managers use compensation to effectively motivate their employees by ensuring equitable pay for the employee contributions and job roles.

Summary and Transition

In Chapter 2, the problem statement and purpose of the research were restated. The identification and exploration of strategies mid-level healthcare managers use to motivate employees. The foundation of the conceptual framework theories for exploring the motivation strategies of mid-level healthcare managers on employees. The managers' leadership styles, the role of mid-level managers on employee motivation, managers' employee motivation challenges, and motivational strategies. The literature review shows motivational strategies such as training, career advancement, communication, work-life balance, boosting employee satisfaction, stress management, recognition, creating a good work environment, performance management, emotional intelligence, job autonomy, and pay compensation as strategies used by managers. The qualitative hermeneutic phenomenological method is selected to explore the lived experiences of mid-level healthcare managers' motivational strategy and their use of employee motivation. Chapter

3 consists of the research purpose of the study, research design and rationale, role of researcher, methodology, procedure of participant selection and data collection analysis plan, instrumentation, issues of trustworthiness, and ethical guidelines.

Chapter 3: Research Method

The purpose of this qualitative hermeneutic phenomenological study was to explore the lived experiences of mid-level healthcare managers and their current usage and knowledge of motivational strategies as they relate to the motivation of their hospital system employees in Dallas, Texas. Managers are responsible for creating a positive work environment and opportunities for their employees to excel in benefiting the organization and society (Chiu, 2018). This chapter contains the research method, detailed explanations of the research design and rationale, the role of the researcher, research methodology, population, sampling method, data collection method, data analysis plan, issues of trustworthiness, and ethical procedures.

Research Design and Rationale

The central research question of this study is: What are the lived experiences of mid-level healthcare managers as they relate to their current usage and knowledge of motivation strategies to motivate their hospital system employees?

Research methods are qualitative, quantitative, or mixed (Ravitch & Carl, 2016). The qualitative hermeneutic phenomenological design was chosen as it involves exploring the lived experiences of people, especially individuals who know the phenomena (Van Manen, 2017). The qualitative method with a hermeneutic phenomenological study design provided me a detailed opportunity to explore the lived experiences of mid-level healthcare managers and their current usage and knowledge of motivational strategies to motivate employees.

A qualitative hermeneutic phenomenological design was the most applicable to achieve the objective of the research study as it involves participants' lived experiences to understand a phenomenon (Van Manen, 2017). Hermeneutics involves interpreting and uncovering the basic structure of human understanding and existence, which is always interpretive (Suddick et al., 2020). The hermeneutic phenomenological design enables the setting of the healthcare hospital system for exploring the mid-level healthcare managers' lived experience on motivation strategies which is vital to the research study. Face-to-face interviews via Zoom were used to gather detailed data. A hermeneutic phenomenological study is a form of qualitative research that researchers use to learn the lived experiences of others to understand world events (Ramsook, 2018). Percy et al. (2015) discussed that researchers use a hermeneutic phenomenological approach to collect data in face-to-face interaction within the participants' location. It helps in the analysis to understand organizational processes. There is an opportunity to communicate with the participants and get immediate feedback on questions that require explanations (Ravitch & Carl, 2016). To explore the lived experiences of mid-level healthcare managers, hermeneutic phenomenological research was the appropriate research method and design (Christensen & Whiting, 2018).

The case study design is used by researchers when focusing on a particular issue and trying to understand the phenomena (Hancock & Algozzine, 2017). In a case study, the researcher involves more than one or a small number of participants, situations, and settings and collects data through multiple sources (Hancock & Algozzine, 2017). The case study is not focused on lived experiences; instead, it is used to focus on people's

perceptions regarding a phenomenon. Therefore, the case study method was not appropriate for my research study.

A researcher uses ethnography traditionally to characterize the cultural observation of groups (Jones & Smith, 2017). In the ethnographic approach, the researcher must become part of the group to study the people of that culture, and this enables the researcher to explore and explain the complexities (Jones & Smith, 2017). Ethnography would not have been appropriate for this research study, as the culture of the people is not what I was exploring in my research study. In my review of the research designs, phenomenology, case study, and ethnography, with attention to relevance to the research problem, I determined the qualitative hermeneutic phenomenological study was the most appropriate because the lived experiences of mid-level healthcare managers were what I explored.

The mixed method is a combination of qualitative and quantitative methods. According to Ravitch and Carl (2016), the mixed-method approach involves researchers using numerical and subjective data to produce research findings; this was not suitable for the study. Researchers use numbers, hypotheses, variables, and statistical data in quantitative studies (Zhu et al., 2018). Quantitative research also was not ideal for this research because I explored a phenomenon's lived experiences that require a detailed interpretation of data (Ravitch & Carl, 2016).

Role of the Researcher

In a qualitative hermeneutic phenomenological study, the researcher is considered the primary instrument in the research process and study (Neubauer et al., 2019). My role

in this research study include: (a) contacting and recruiting participants; (b) interviewing and data collection; (c) conducting data analysis; (d) addressing study research questions; (e) formulating synthesis of data; and (f) interpretation of the meaning of the data relating to the research study.

The relationship with participants was strictly formal in adherence to the ethical standards of the Office of Human Research Protection (OHRP) federal guideline 45 CFR Part 46 (aka “the common rule”), Health and Human Services (HHS) policy for the protection of human subjects was followed by the researcher (Regulations, 2009). The researcher did not influence the participant to respond or exert authority over any participants, and there was no professional or personal relationship with the participants.

All research study participants were independent participants and voluntarily participated in the study. In addition, I maintained the confidentiality of the information collected by keeping the identity of participants confidential and using numbers and pseudonyms to identify participants, openness in the research process conduct, encouraged voluntary participation, and avoided bias based on gender or race of the participants.

In conducting this research study, I followed the ethical guidelines from the Belmont Report to protect the rights of the participants (US Department of Health and Human Services, 1979). The three basic principles are respect for persons, justice, and beneficence. The Belmont Report outlines the guidelines are essential to avoid potential issues that involve the conduct of research that involves human participation (US Department of Health and Human Services, 1979). The approval request to conduct the

study was obtained from the IRB board before conducting the research. The consent of the participants and their confidentiality was maintained following the Walden University (2019) Institutional Review Board (IRB) guidelines in the conduct of the research. I used the phenomenological research processes of epoche, bracketing, and reduction for data collection and analysis in this study. The processes helped me obtain the themes and meanings from the data collected and reduce personal bias (Allen, 2018). Using epoche, I would have a mindset that would focus my exploration on the research phenomenon (de Bruin, 2021). The bracketing process would enable me to avoid all personal opinions and biases and be ready to have a free mind to experience the phenomenon researched (Dörfler & Stierand, 2020). The reduction concept would enable me to work with data collected and look for changes and meanings in data collected from the interviews.

Methodology

A qualitative hermeneutic phenomenological design was the most applicable to the research question. It achieved the researcher's objective as it involves lived experiences of the participants to explore and interpret the phenomenon (Neubauer et al., 2019). The researcher used the qualitative research method to obtain rich data through interviews with the participants.

Participant Selection Logic

The population for this study included 15 mid-level healthcare managers in Dallas, Texas. The eligibility criteria for selection and participation were participants: (a) must be within Dallas, Texas metropolis; (b) must be a healthcare mid-level manager with managing responsibilities for a minimum of 3 years and above; (c) were employed

within a hospital healthcare system at the time of the interview; and (d) had a minimum of three subordinates. There was no criteria for ethnicity and gender requirements; all individuals were eligible for participation in the study if they were mid-level healthcare managers with management responsibilities from a hospital system.

The research participants were contacted through social media (LinkedIn.com). I sent an invitation to connect with mid-level healthcare managers in Dallas, Texas, to see who was interested in participating in the research study. After connecting with the participants, I sent a LinkedIn email inviting them to participate in the research study. The initial contact was to establish a relationship with the participants. The second email was to obtain their consent. To do this successful research, access to the participants who met the eligibility criteria was essential (Jones et al., 2020). In addition, it was necessary to select participants who had lived experiences as mid-level healthcare managers and could talk about these experiences to enable health professional scholars to learn from the experience of others (Neubauer et al., 2019). The purposeful sampling technique was used to get engagement from interested people that fit with my desired population (Jones et al., 2020). The objective was to select participants with the information obtained through interviews (Patton, 2015).

Instrumentation

The instrument used for this research study included pre-structured open-ended interview questions created from and related to the research question. Ravitch and Carl (2016) stated in qualitative hermeneutic phenomenological research, the researcher is the primary data collection instrument. The theme for all interview questions was exploring

the lived experiences of mid-level healthcare managers related to their current usage and knowledge of motivation strategies to motivate their hospital system employees.

After developing the research question, an expert review of open-ended questions was applied during the research to make sure they were appropriate to answer the research question. The two academic professionals provided suggestions and recommended modifications to the research questions. I made the corrections and developed the interview research questions (see Appendix A). The primary purpose of the expert review was to evaluate whether the questions were suitable for the research study (Patton, 2015).

I created the interview questions to allow the participants to elaborate on their responses. The purpose of interview questions one, two, and three in Appendix A is to provide background and verify the participant's involvement in using motivational strategies to motivate their employees.

After completing the first three questions, the other questions, four to seven, were used to get additional information from the participants. All these questions I would use to address the central research question: what are the lived experiences of mid-level healthcare managers as they relate to their current usage and knowledge of motivation strategies to motivate their hospital system employees?

The interview questions were used to respond to the specific motivation strategies implemented by mid-level healthcare managers. The mid-level healthcare managers understand the meaning of motivation strategy as explained by their healthcare system.

I used these interview questions to connect the purpose and central research question of the research study to explore the lived experience of mid-level healthcare managers as they relate to their current usage and knowledge of motivation strategies to motivate their hospital system employees.

Procedures for Recruitment, Participation, and Data Collection

In this qualitative hermeneutic phenomenological study, the target population consisted of mid-level healthcare managers working in healthcare. The population for this study had a minimum of three years of clinical or administrative working experience working in healthcare within the Dallas, Texas, metropolis.

The strategy for inclusion was a purposeful sampling strategy used to find participants for the research study (Cypress, 2018). The exclusion criteria were not mid-level healthcare managers. The participants were contacted through social media (LinkedIn) to recruit participants for the research study. After connecting with the participants, I sent them emails. As soon as I established the participant's eligibility, I sent them the informed consent form. Upon acceptance, I requested to schedule interviews. I interviewed 15 mid-level healthcare managers in the Dallas, Texas, metropolis to explore their lived experiences until data saturation was achieved. The purposeful selection of participants allowed me to select the participants who are knowledgeable about motivational strategies in healthcare and have lived experience with the research topic and the research problem (Christensen & Whiting, 2018).

The data was collected through in-depth face-to-face interviews via Zoom using semi-structured interviews and open-ended questions to obtain data (see Appendix A).

Data saturation has become the gold standard by which purposeful sample sizes and researchers must address the issue of how many interviews are enough to get the point of not being able to unveil additional meaning (Ravitch & Carl, 2016). The theoretical saturation is determined when additional sampling would or would not be necessary after no new themes emerge (Saunders et al., 2018).

The participants were informed in writing and verbally before the interview, the procedures for the interview, and all details about the scope of the research study. The participants were notified of the choice of dates, times, and the zoom link for the interview meeting was sent to the participants. I used a Zoom recorder, Olympus WS853 voice digital recording device, and notes taken during the interviews to obtain data from the participants. The interview transcription was sent to the participants for verification to ensure the data collected was accurate and consistent.

Data Analysis Plan

Data analysis is the review, collection of data, identifying themes, interpretation, and summarizing the results (Burkholder et al., 2016). The researcher used the hermeneutic phenomenological design to understand the lived experiences of the mid-level healthcare managers (Ramsook, 2018). Heidegger (1962) stated hermeneutic phenomenology enables the researcher to assign meaning and interpretation to lived experiences. Interviews were conducted, recorded, and transcribed. Transcripts were reviewed multiple times, categorized, and themes refined based on responses, the grouping of responses, labeling, and developing descriptions of meanings by participants. The van Manen six-step analysis method includes “Step 1: Turning to the nature of lived

experience. Step two; Explore the participants' lived experiences. Step three; focus on inherent themes that characterize the phenomenon. Step four; Art of writing and rewriting, Step five; Maintaining a strong and directed relationship with the phenomenon; and Step six: Matching the study results according to the relationship between whole and parts would be used (van Manen, 2017; Sahaf & Ilali, 2017, p.13;)"'. The process used was based on van Manen (2017) to analyze data involved reading interview transcripts multiple times to get a sense of the entire interview and determine text relevant to the research topic. Next, I labeled significant parts of the transcript using category names. Next, participant language and terms describe the information received to develop codes. The codes were grouped, and themes were developed. The next step was to describe the phenomenon by writing and rewriting the themes. The themes were used to establish how they relate to the participant's lived experiences of the research topic.

The participant's exact words were used during the transcription to avoid bias from the researcher. The data collected during a research study enables the researcher to have access to the research materials and would be used to analyze data (Williams & Moser, 2019). The researcher also used the NVivo software to categorize and analyze data from the interviews. This software has built-in capabilities that allow the researcher to identify themes and enable the researcher to provide annotation for the coding and categorization of themes from the research. I used NVivo to create nodes for the interview questions. The phrases and words from the sub-nodes assisted me in matching the motivation strategies that mid-level healthcare managers use to motivate their

employees. I used the word query feature of the NVivo software to source and reference data to estimate data saturation.

Issues of Trustworthiness

The evidence of trustworthiness in the qualitative phenomenology research study is intended to show the research process and highlight the detailed consistency of the research study. The research process's credibility, transferability, dependability, and confirmability are discussed.

Credibility

I considered the complexities encountered in the research study and apply techniques to help establish credibility by the reader (Shufutinsky, 2020). The process of selecting the participants, data collection methods and techniques, conceptual framework, and description of outcomes can affect the trustworthiness of the research study. The researcher used a zoom recorder, digital audio recordings, and interview transcription to ensure the data collected was correct. The recorded interview was downloaded on a computer drive, played back, and transcribed the participants' responses verbatim. The participants were sent the interview transcript for verification.

Participants in this study were mid-level healthcare managers who have lived experience in healthcare managing employees. This approach allowed the researcher to obtain data on the lived experiences of mid-level healthcare managers who have used motivational strategies to motivate their employees. In addition, the researcher's selection process, expert review of questions, audit trail, documentation of procedures, and transcription verification helped the researcher establish the study's credibility.

Transferability

Transferability in qualitative research is synonymous with external validity. Bleiker et al. (2019) stated that the researcher uses transferability in qualitative research to establish evidence that the context of the research study finding applies to other contexts, situations, times, and populations. The researcher gave a clear description of the study participants and the research process to allow the readers to evaluate if these findings may be transferable to other settings (Korstjens & Moser, 2018).

Dependability

In conducting the research study, the researcher ensured the stability of the data and consistency. Experts reviewed the interview questions for this research study and were members of my Walden University dissertation committee, ensuring the questions were free from personal bias. The strategy implemented for the purposeful sampling, selection, interviews with the semi-structured format, face-to-face zoom interviews, and open-ended questions (see appendix C) aided the researcher in exploring participants' lived experiences. In addition, there was documentation of the research work from the initial stage to the presentation of outcomes.

Dependability deals with the consistency of the conditions of the study and its data over time (Connelly, 2016). Interviews were conducted using the same procedures (see Appendix B), and the researcher's results can be replicated in any other research. Therefore, it helped the researcher to ensure the dependability of the study.

Confirmability

Confirmability is a process to ensure objectivity and authentication by others. In a qualitative research study, the researcher seeks to accept and explore ways that biases and prejudices affect the interpretation of data and help avoid such through a structured reflective process. Bleiker et al. (2019), the researcher's identity, bias, and position are all reflective in the research study process. The technical process of data collection and analysis in the research study shows the detailed steps in conducting the research study. The audit trail strategy was used by documenting the data collection and analysis process and procedures to establish confirmability (Lincoln & Guba, 1982). The audit trail enables other researchers to authenticate the research outcome. The consistency in data collection and analysis procedures using transcription review, recordings, reflective journals, and review of developing concepts and themes would allow for confirmation of data obtained.

Ethical Procedures

To conduct this research study, I adhered to the strict standards for ethical academic research. The research study complied with the regulations of the Walden (Walden University, 2019) Institutional Review Board (IRB), which protects the welfare of participants in the research study. To comply with these regulations and guidelines, I sent an email to provide the participants with an informed consent form after establishing a connection with them on LinkedIn to review and sign if they wished to participate in the research study. The researcher uses the informed consent form to justify the participants' risk in a research study (Zahle, 2017). Informed consent is essential in conducting ethical

research. All participants were notified of the selection criteria. They would also be allowed to withdraw from participating in the research study. The participant returned the consent forms through email. The researcher guaranteed confidentiality and respect for the study participants. The mitigation of risk, respect for privacy, dignity, and autonomy of the participants was respected (Barrow et al., 2020).

The interviews were scheduled through a face-to-face Zoom meeting. The data collected would be kept safe in an electronic files folder and password protected in a flash drive. Interview notes would all be stored in a secure storage box in my home for a minimum of five years to protect the rights of the participants. These included emails, documents, zoom recordings, and digital recordings. All participants' details would be safeguarded to protect confidentiality. The participants were assigned internal code numbers to protect their identities to maintain confidentiality. An internal code system ranging from MLHM1 (Mid-Level Healthcare Manager one to MLHM15 Mid-Level Healthcare Manager 15) was used to identify and protect the confidentiality of the participants. At the end of the five years, the researcher will erase all audio, zoom recordings in the flash drive, and all the interview notes will be shredded.

Summary and Transition

In Chapter 3, I described the qualitative hermeneutic phenomenological approach. The design and rationale, the role of the researcher, research methodology, participant selection, instrumentation, data collection technique, data analysis plan, issue of trustworthiness, and ethical procedure in conducting the research were discussed. In Chapter 4, I describe how the data were gathered, transcribed, coded, categorized,

analyzed, and interpreted based on the response to the research questions from the research participants.

Chapter 4: Results

The purpose of this qualitative, hermeneutic, phenomenological study was to explore the lived experiences of mid-level healthcare managers and their current usage and knowledge of motivational strategies as they relate to the motivation of their employees in Dallas, Texas. The research participants comprised 15 mid-level healthcare managers with lived experiences working in healthcare hospital systems. The central research question was: What are the lived experiences of mid-level healthcare managers as they relate to their current usage and knowledge of motivation strategies to motivate their hospital system employees?

In Chapter 4, I present the data analysis process used to code the data collected, the presentation of the coding, categorization, and themes based on participant responses for emphasis. Chapter 4 also contains the summary answers to the central research question and transitions to Chapter 5. In Chapter 5, I compare my findings to previous research.

Field Test

Two experts reviewed the central research question, the interview protocol, and questions (Appendix A) used to obtain data for this research study. These experts were academic professionals knowledgeable in mid-level healthcare manager-employee motivation and qualitative research methods. The first expert identified that questions were aligned to the central research question and were well structured to obtain the relevant data based on the purpose of the research. The second expert recommended adding an interview protocol with the interview questions to maintain a consistent

interview format for each participant. I requested the experts to validate if the questions were appropriately structured based on the phenomenon of interest. This was validated by the two experts and the protocol was approved when submitted to the IRB for vetting. I used this protocol to guide my conduct of the interviews for this research study

Research Setting

The research data were collected through a semi structured face-to-face Zoom video conferencing interview with 15 mid-level healthcare managers meeting the criteria for participation in the study. The participants were recruited through LinkedIn, an online social media professional web portal. In the recruitment process, I sent an introduction letter via the connection link on LinkedIn. Upon the acceptance of the invitation by the participants, I sent the informed consent letter. I informed the participants that this was a voluntary request for participation in the research study. No monetary incentive was involved; I also guaranteed the confidentiality of their identity and that the information provided was limited to this research study. The participants consented via their LinkedIn email message by replying “I consent” and would participate in the research study.

Interviews were scheduled with the participants through LinkedIn email by sending them a Zoom link based on convenient times. All interviews were conducted via Zoom, which helped the participants choose a location with few interruptions and privacy. The semi structured interview process is standard for conducting qualitative interviews to ensure that participants are engaged and share their lived experiences relating to the phenomenon with little or no distraction whatsoever. No undue personal or

organizational situations affected the participants' experiences, which could have affected the interpretations of the study results.

Demographics

The participant interviews were recorded via a Zoom recorder, a free tool for recording meetings within the Zoom software application. I also used my Olympus handheld recorder as a second backup device for recording. Each research participant interview ranged from 15 to 30 mins. Fifteen mid-level healthcare managers working in hospital systems within Dallas, Texas, participated in this research study. The participants had lived experiences as mid-level healthcare managers and implemented motivational strategies to motivate their employees. The baseline conditions I considered in demographics is the participants' industry are the healthcare hospital system, the location, which is Dallas, and the job category of the participants as mid-level healthcare managers.

The assignment of pseudonyms protected the participant's confidentiality. The MLHM1 to MLHM15 were used to represent the participants meaning (Mid-Level Healthcare Manager 1 to Mid-level Healthcare Manager 15). The number identifier was assigned to each interviewed participant. The table below shows the number of participants and their positions.

Table 1*Participant Characteristics*

Participant	Position
MLHM1	Patient Care Director
MLHM2	Director Case Management
MLHM3	Accounting Director
MLHM4	Clinic Manager
MLHM5	Manager EMS
MLHM6	Director Credential Services
MLHM7	Nursing Manager
MLHM8	Managed Care Manager
MLHM9	Director of Emergency
MLHM10	Director of Business
MLHM11	IT Manager
MLHM12	Acct Control Manager
MLHM13	Manager Revenue Cycle
MLHM14	Manager Billing and Coding
MLHM15	Financial Manager

Data Collection

The Walden University Institution Review Board (IRB) approved on November 8, 2021, to conduct the research study. The participant recruitment and interviews were conducted on November 10, 2021 and completed on January 31st, 2022. The IRB approval number is #11-08-21-0606873. I used the LinkedIn website portal, a networking social media platform for professionals, for a purposeful sampling of mid-level healthcare managers working in healthcare hospital systems in Dallas, Texas, USA. I sent the participant letter of invitation to a participant who qualified for the selection strategy through the LinkedIn profile. Upon acceptance to participate, I sent them an informed consent letter. All participants provided consent through email by replying via LinkedIn Message "I consent." I scheduled interviews for 30 minutes with each research

participant at a convenient time. The Zoom meeting link and access information for participation was sent to the participant's LinkedIn message. I conducted the interviews using my laptop in my home office using a zoom video conferencing meeting application.

The research data was obtained from 15 participants through semi structured face-to-face interviews using the Zoom video conferencing meeting technology application.

The tools used for the data collection included interviews and audio recordings.

Researchers use interviews to obtain in-depth and rich data (Moser & Korstjens, 2018).

The researcher developed the data collection tool, and the interview questions and protocol identified in (Appendix A) were used to interview the participants selected for the research study. The research questions were designed to obtain the perceptions of the participants' lived experiences of the research phenomenon. The questions were arranged in numerical order to get a comprehensive understanding of the mid-level healthcare managers' motivational strategies used to motivate their employees. The entire process of the interviews did not encounter any issues, as participants were relaxed, and no glitches in technology or noise distractions.

My Zoom link for the meeting was sent to each participant with the meeting number and passcode to join the discussion. The Zoom application is web-based, allowing participants to join the session with a button click. There was no need for the participants to download the application; thus, there was no technical difficulty with the Zoom video conferencing technology. Most participants were conversant with the application since it was a common workplace application that many professionals in the workplace widely use. The interviews were recorded using the recorder on the zoom

application, and the record button is programmed to enable the recording of the video and audio in the Zoom application. I also used my handheld Olympus recording audio recorder as a backup.

The participants freely responded to the questions by sharing their detailed lived experiences on the motivational strategies used to motivate their employees. The interview questions addressed the current usage and knowledge of the motivational strategies used by mid-level healthcare managers in hospital systems within Dallas, Texas, USA, to motivate their employees. The interview transcriptions were emailed individually to each participant for approval, which all the participants approved.

The data collection process was as follows: recruitment of participants, obtaining their consent, scheduling, and conducting interviews, transcribing the interview data, and transcription approval by each participant, which occurred within three months.

Data Analysis

The interview protocol was the instrument I used to gather the research study data from the participants. The interview transcripts were verified, and upon the participants' approval, I began the data analysis.

I organized the 15 interview transcripts according to the sequence of interviews scheduled. Each transcript document file was named according to the pseudonym developed for the identification of each participant (MLMH1, MLHM2, MLHM3 to MLMHM15), respectively. The interview transcripts were formatted in the word document based on each participant's interview questions and responses. The interview transcripts were read multiple times to understand the lived experiences of the

participants. The understanding of the information enabled me to identify the ideas and meaning of the data received from the participants. I used the NVivo software for this study data analysis. The NVivo software has built-in capabilities that allow me to identify themes, provide annotation for the coding and categorization of themes from the research. It is crucial to group the data into categories and themes (Lochmiller, 2021).

The process I used was based on Van Manen (2017) method of phenomenological analysis to analyze data. It involved reading interview transcripts multiple times to get a sense of the entire interview and determine text relevant to the research topic. Next, I labeled significant parts of the transcript using category names. Next, participant language and terms described were the information reviewed to develop codes. The codes were grouped, and themes were developed. The next step described the phenomenon by writing and rewriting the themes. The themes were used to establish how they relate to the participant's lived experiences of the research topic based on their exact words.

I opened the NVivo software installed on my desktop and created a project file I named Dissertation. After creating the project file, I imported the 15 interview transcripts files saved in the Microsoft word document file folder by clicking on the menu labeled External data. The dialog box appeared. I navigated to the folder and selected all the files by using the ctrl-click button, and then clicked on open to import the files into NVivo for the analysis. The imported files were displayed on the source folder in NVivo in ascending order, MLHM1 to MLHM15. I clicked to open each interview transcript to display the contents and started to perform the coding in NVivo. The creation of the category code was done based on the meaning of the themes identified in the interview

transcripts. I highlighted the text where the information related to the theme was based on the participant's exact words and moved the text under the NVivo code themes developed. The category and themes are stated below (see Table 2)

Table 2

Codes and Reference

Category	Themes	References
Strategy	Build Relationship	11
Strategy	Teamwork	11
Strategy	Communication	10
Strategy	Goal Setting	10
Strategy	Training	9
Strategy	Encouragement	8
Strategy	Reward	7
Strategy	Acknowledgment	7
Strategy	Work-Life Balance	7
Strategy	Appreciation	6
Strategy	Career Advancement	5
Strategy	Coaching	5
Strategy	Conducive work Environment	5
Strategy	Compensation	5

Creating the themes was done by clicking on the menu bar, selecting the create node, and entering the node's name. Next, I moved the highlighted text into the theme created. This process was repeated several times until every relevant text was grouped under the theme based on the participant responses. Finally, I used the NVivo software to create the above report in Table 2. The report was based on the central research question, which was focused on the lived experiences of mid-level healthcare managers as they relate to their current usage and knowledge of motivation strategies to motivate their hospital system employees.

Evidence of Trustworthiness

The evidence of trustworthiness in the qualitative phenomenology research study was intended to show the research process and highlight the detailed consistency of the research study. The research process's credibility, transferability, dependability, and confirmability are discussed.

Credibility

I considered the complexities encountered in the research study and applied techniques to help establish credibility by the reader (Shufutinsky, 2020). The qualitative research design and method used enabled me to purposeful select only participants that were mid-level healthcare managers with lived experience on the research topic. Data collection methods and techniques, conceptual framework, and description of outcomes were used to understand the phenomenon of this study. The researcher conducted face-to-face zoom video conferencing meetings and used zoom and digital audio recording for the interviews. The recorded interviews were downloaded on a computer drive, played back, and transcribed verbatim based on the participants' responses. The participants were sent the interview transcript for verification before coding and analysis.

I ensured that participants were only mid-level healthcare managers with lived experience in healthcare hospital systems managing employees through purposeful sampling techniques. The eligibility criteria for selection and participation were, participants: (a) must be within Dallas, Texas Metropolis; (b) must be a healthcare mid-level manager with managing responsibilities for a minimum of three years and above; (c) are employed within a hospital healthcare system; and (d) have a minimum of three

subordinates. This approach allowed me to select participants and obtain rich data on the lived experiences of mid-level healthcare managers' motivational strategies to motivate their employees. In addition, the researcher's selection process, expert review of questions, audit trail, documentation of procedures, and transcription verification helped me establish the study's credibility. The data collected was stored as stated in chapter three.

Transferability

Transferability in qualitative research is synonymous with external validity. Bleiker et al. (2019) stated that the researcher uses transferability in qualitative research to establish evidence that the context of the research study finding applies to other contexts, situations, times, and populations. The researcher gave a clear description of the study participants and the research process to allow the readers to evaluate if my findings may be transferable to other settings (Korstjens & Moser, 2018).

Dependability

In conducting the research study, the researcher must ensure the stability of the data and consistency. My interview questions used for this research study were expertly reviewed by my dissertation committee members of Walden University, who ensured it was free from personal bias. The IRB also reviewed and approved the methodology for the purposeful sampling, selection, methods of conducting interviews with the semi-structured format, face-to-face zoom interviews, and open-ended questions (see appendix C) aided the researcher in exploring the lived experience of participants. I documented

the dates and time it took to conduct the interviews, interview records, transcriptions, and coding and analysis according to the plan stated in chapter three.

Dependability deals with the consistency of the conditions of the study and its data over time (Connelly, 2016). Interviews were conducted using the same procedures (see Appendix A), and the researcher's results can be replicated in any other research. Therefore, it helped the researcher to ensure the dependability of the study.

Confirmability

Confirmability is a process to ensure objectivity and authentication by others. In a qualitative research study, the researcher seeks to accept and explore ways that biases and prejudices affect the interpretation of data and help avoid such through a structured reflective process. Bleiker et al. (2019) stated that the researcher's identity, bias, and position affect the research study process. The technical process of data collection and analysis in the research study showed the detailed steps used to conduct the research study. The audit trail strategy used for documenting the process and procedures of the data collection and analysis was used to establish confirmability (Lincoln & Guba, 1982). The audit trail enables other researchers to authenticate the research outcome. Consistent data collection and analysis procedures, such as transcription verification, recordings, reflective journals, and review of developing concepts and themes, allowed for confirmation of data obtained.

Results: Themes from Data Collection

The themes discovered from the data analysis are detailed below (a) building relationships, (b) teamwork, (c) communication, and (d) goal setting. (e) Training, (f)

encouragement, (g) reward, (h) acknowledgment, (i) work-life balance, (j) appreciation, (k) career advancement, (l) coaching, (m) conducive environment, (n) compensation (see Table 3). Following are the participants' responses during the interviews.

Table 3

Summary of Themes Report

Category	Themes	Participants	Total
Strategy	Build Relationship	MLHM 1, 2, 3, 5, 7, 9, 10, 11, 12, 14, 15	11
Strategy	Teamwork	MLHM1, 2, 3, 5, 6, 9,10, 11 12, 13, 15	11
Strategy	Communication	MLHM1, 2, 3, 6, 7, 8, 9, 11, 12, 15	10
Strategy	Goal Setting	MLHM1, 2, 3, 4, 5, 6, 8, 9, 12, 15	10
Strategy	Training	MLHM 2, 5, 6, 8,10, 11, 13, 14, 15	9
Strategy	Encouragement	MLHM1, 3, 5, 6,12, 13, 14, 15	8
Strategy	Reward	MLHM 3, 4, 5, 8, 13, 14, 15	7
Strategy	Acknowledgment	MLHM1, 2, 5, 6, 7,13, 15	7
Strategy	Work-Life Balance	MLHM5, 7, 8, 12.13, 14, 15,	7
Strategy	Appreciation	MLHM,3, 5, 9, 10, 12, 13	6
Strategy	Career Advancement	MLHM5, 6, 10, 14, 15	5
Strategy	Coaching	MLHM1, 5, 6, 11, 15	5
Strategy	Conducive Environment	MLHM6, 7, 11, 14, 15	5
Strategy	Compensation	MLHM7, 9,10, 14, 15	5

Building Relationships

Eleven of the 15 participants (73%) stated that building relationships with mid-level healthcare managers and their employees were essential to keep them motivated.

MLHM1 shared:

It is taking the initiative to build relationships with my team, and this is also by working closely as a team. I guess, learning my employees, what makes them tick, what makes them, you know, work at their best earning their trust, because as a new leader, though I am a seasoned leader, in my area of expertise, this is a new group.

MLHM2 said, “I want to know what their goals are and aspirations. Truly see if they enjoy doing work and, in case, enjoy working with the patients. And I get to know them.

MLHM3 commented the use of motivation to build a relationship between you and your employee tends to help to retain the best of the best of the employees”.

MLHM5 shared:

I just tap into, like, honestly, just really getting to know them, really getting to know what motivates them. I asked questions like not so many personal questions; how was your weekend? Or what did you do last weekend? Talk more about what motivates them, and then I can tap into that, and then continue to, you know, try to get them to stay motivated. Is getting to know them individually. Sometimes you have employees who do not want to open up about themselves, which is understandable. So, you are not sure what drives them. You have employees who do not know what drives them, and you are not sure why they

wake up to come to work in the morning. But you also want to make sure that they are doing the work.

MLHM7 said:

Getting to know your employees and knowing what motivates them. Just ask them and having a relationship is the most motivational thing, when you can personalize the job, the experience of being an employee, to what motivates them.

MLHM9 stated:

Building rapport with the employees getting to know what they are into, what things they like, being supportive of them based on their feedback. When you use a form of motivation that does not have any costs attached that is more related to people and building relationships and knowing who your employees are and what they like, and how they like to be communicated.

MLHM10, shared:

I think is important having a relationship, a professional business relationship, of course, but also motivation, meaning making certain that everyone understands that you are a team. It is like a family. Once you have an opportunity to understand someone, not just their business side but understand how their personality works.

MLHM12 stated:

I wanted everybody to know each other and know that I was approachable. If you truly know your employees, you can assess that from a personality standpoint and tailor the rewards to them, you know, individually, you know, because you do not

want to have resentment there, say, you know. People need to know that this is just not so more that they work or collect a paycheck that you genuinely care about him. I think that all those helps promote the relationships and just the more engaged employee you have, I think, indeed, the motivation is going to be there.

MLHM14 said:

Encourage them as they do their work and not always back lashing somebody doing it the question does anything wrong if you find a more conducive way to correct the person, and not always calling people out. So, there are little things you do that make employees have more confidence in you, as well as try to work to in better development of your company.

MLHM15 shared, “as a manager, you have to study your group, and know the differences in people and find different ways to take set in place to be able to motivate them no matter what encourages their motivation if that makes sense.”

Teamwork

Eleven of the 15 participants (73%) used teamwork as a strategy to motivate their healthcare employees. MLHM1 stated:

If I am sharing it on a one-on-one basis, and I do not get to all the departments, and word gets around, certain team members would feel left out and not included in real-time with the strategies to help motivate them.

MLHM2 shared:

It is about us as a team working together to provide good quality of care so that I can do my job with excellence and efficiency. I was helping the team as they

ought to prioritize. People tend to see themselves as part of the system, and the company has tried to be an all-inclusive company, making people feel part of the system.

MLHM5 stated:

Motivate the team and try to build the team up like that. To keep the team engaged. Team building, this, and the team that all tap into each employee's motivation to know what drives them. Constant food, we would have a whole week where we would have food vendors come in and give them treats and free lunches, team building amongst employees.

MLHM6 shared, “making sure we could work as a team.”

MLHM9 stated:

Always helps build a team. Providing support in the form of staffing, support in the form of additional services that are free of charge to the employee, our hospital offers complimentary breakfast, free lunch, pre valet parking, and those are our means of motivating people to not only join our team but to stay on our team continually.

MLHM10 shared, “motivational strategies, to me, would be team building. I think that is a huge motivational development that would help team building; I think team building is critical. I think is the angle you go in those directions.” MLHM11 stated, “sit down with them and talk with them and tell them that we are all a team.”. MLHM12 said:

One of the things that I have deployed in my past employment experience is that we undertook a lot of teams building exercises. It was imperative for everybody to

feel connected in the group. So, you are building a team that they feel that they can trust you and that you are going to stand for them if that makes sense.

MLHM13, “we have participation contests that we always throw out to the employees to make sure that they participate.” MLHM15 shared:

Human resources come and talk to you about the importance of it, like what it takes, for you to be improved to encourage team building. They feel like they are a part of the team. And I always also, I mean, I defend my team, when whether it is our work or with upper management or lower management, no matter what it is, we stick together, they feel like they belong to an outstanding team and they would give their best for the team. You must motivate your people to feel like they are the team. They are a part of the team.

Communication

Ten of the 15 participants (67%) were used by the mid-level healthcare managers to communicate expectations, obtain input, and feedback, exchange ideas, and keep the employees motivated. MLHM1 stated, “by communicating the expectations to the team. It could be via a staff meeting, email, or a combination of the three. Sharing feedback on their performance regularly, reminding them to reach out to the leader for, you know, support.” MLHM2 shared:

Helps with communication. I have learned to get everyone's input and feedback so they can get their buy-in. However, I may have in my mind a process in mind. I want to get their involvement and get their feedback on what they suggest.

MLHM3 said:

If a leader is communicating constructive feedback to an employee, an employee an intern can contribute back by being able to see what needs to be done to improve processes and thereby feel involved in the process and motivated to achieve the desired goal of the organization providing constructive, meaningful feedback. It is also another way to motivate employees.

MLHM6 shared:

The interaction, which I feel is important. Especially if they may have like-new procedures that they want to try if it does not interfere with policies. I make sure that I am open to hearing. Feedback from them and interaction, which I feel is important.

MLHM7 stated:

Staying true to the communication, values, and alignment from top to bottom. Stay true, communicate, be very truthful, factual, honest, and why we were doing what we were doing, what we thought it was, it was the best that we could do. And that was our or every intention. We ended up being a lot more successful than a lot of different places.

MLHM8 said, “just stay open as far as communication.” MLHM9 shared:

Make sure that constant communication remains open between both parties, from the employee receiving the motivation to the leadership providing the resolution to them to their issue. It motivates them to continue to work and report issues. Make sure that communication is always consistent with letting them know and listening. It is not that you are reporting an issue that is not important. It is just

that there are priority items based on the list of reported items. Make sure that they have the tools to do their job, making sure that they can always get someone to hear what they are saying and then respond to the feedback.

MLHM11 said more than you can understand if you do not keep everyone know, working together and motivated on the same line”. MLHM12 shared:

It made them more resourceful in terms of their communication skills from either telephone, zoom, or even their written communications to make sure that they stayed in contact with their constituency. You know, I think that you can only reward people so much from a salary standpoint.

MLHM15 stated:

From time to time, they should send out bulletins or emails showing people what organizations do like. Another point is as a manager, and you should consider doing a survey, like conducting a survey which employees from time to time. That is another way of hearing their opinions on things. As much as information is coming from the top to the bottom, information should also be going from the bottom to the top. So, if you can implement that, I would suggest that you implement that in healthcare. You are in connection; you are in good communication with your people, whether in the accounting team, the physician team, or the nurses. If you understand their needs, you would be in a better place to motivate them with what they need to get their jobs done.

Goal Setting

Ten of the 15 participants (67%) implemented goal setting as a strategy for

motivation. MLHM1 stated:

There are times when the metrics have been set too high. And it feels like, you know, we are just unable to reach that goal because the expectation is too high. It is just not realistic to be able to achieve that. The goals set by the hospital appear to be too high for the team and discussing with them. In our daily huddles, we decided to approach the goals that the hospital leadership has set in bite sizes.

MLHM2 stated, "I let them know what the expectation is so that they do not know what they are getting into." MLHM3 shared:

One of the most important things we do in motivating employees is to set clear goals in a lot of situations. In many situations, setting daily, weekly, long term and short-term goals that are achievable and challenging to develop skills help employees stay motivated. Setting goals is one of the most important in motivating employees and assessing what is needed for the organization. How the employee is supposed to contribute to the organizational needs determines how you would set goals, and a timeline on how to achieve those goals, including a day-to-day review of situation situations that align with the goal. The most effective is that set clear goals.

MLHM4 shared, "that person is responsible is charged with the responsibility of making sure that their team meets the goal. MLHM5 stated the goal is to have good employees that are steady, stay motivated, and right".

For MLHM6 stated:

I also make sure that I set small goals for them weekly, so they are not

overwhelmed. So, with departmental goals, I would say from my experience that they are more inclined to want to help develop an overall departmental goal. I see that there is higher product productivity most days. Due to these motivational processes, many employees have stayed longer in the company for ten years. The staff seems to want to succeed and achieve their personal goals. In the world, the one motivational strategy that I like to use is setting smaller goals, and I feel like, at times, which can be a little daunting in healthcare because I think in healthcare facilities, you must be aware of the unexpected. A lot of times, when we are setting these small goals, larger goals can, you know, need to take place right away. And so, when the employees get used to the small goals, sometimes it ends up being easier to swallow but harder to adjust to when the big goals come along.

MLHM8 stated:

Setting a goal. I would say I am a goal-oriented manager. So, I would set a realistic goal for the team, writing out the numbers that we must meet or the certain quota that we must meet for that month.

MLHM9 shared:

The company's vision and motivation were to make sure that the staff, again, feel supported that I, as the key stakeholder of the department, ensure that I identify what the staff and employees need to perform and provide that.

MLHM12 stated, "I think a lot of that is inherent in communicating the goals and vision."

MLHM15 shared:

it is always good to have like a clear definition of what people do from time to

time; the human resource department and the managers should talk with your employees to explain to them how what they do, flows into the general process of the organization to fulfill the goals of the organization.

Training

Nine of 15 participants (60%) discussed training as a motivation strategy to motivate the employees. MLHM2 stated:

I train with them one-on-one and go through what I expect from them, educating and talking and doing real-time education as I was going throughout my day to offer different opportunities for them to continue education to renew their license.

MLHM5 shared, “improve their skills. There were seminars; they were symposiums.

MLHM6 said I make sure that I am involved in the hiring process. The onboarding process and the training process. So, I offer the opportunity to come in and learn new

skills.” MLHM8 stated, “Employees that are feeling overwhelmed may need additional training. It does not necessarily mean that they are slower in production. Still, sometimes it just means that they need additional assistance.” MLHM10 shared, “I typically would

do things to help them further develop.” MLHM11 stated, “train with them.” MLHM13 said, “through seminars through training, they always let us know. They would stay, you know, educated on what festival programs are and the benefits for them and their families

or situations.” MLHM14 shared, “give your employees a task to ensure that they are using their skills. You also must inject some training so that they build certain skills on the job. Doing so, that helps them develop themselves mentally, morally.” MLHM15

stated, “they pay for some classes for us to do out organizational leadership classes for us

to go out and get the skills, you know, to come back and implement them in our positions.”

Encouragement

Eight of the 15 participants (53%) used encouragement as a strategy to motivate their employees. MLHM1 shared, “encouraging friendly competition; this makes the team stay motivated and excited. Looking forward to outdoing each other, I post the metrics, I post this in their work areas, I send out emails to the team.” MLHM3 stated, “the ability to prioritize as solid as you are very supportive, as employees to be motivated.” MLHM5, said “thank you when things are done for her or when, you know, she gets praised for something that she is done right.” MLHM6, stated “give them credit on the spot, which is what we encourage. I remain flexible by encouraging you to know.” MLHM12 shared:

Make them feel special and encourage a little bit of loyalty. The motivation, to some extent, is how they are driven and what they want to accomplish and achieve and succeed. So that to the extent that you can, you know, that we can, I say enable is not the right word, but we can encourage and keep them focused and on task because it is about not seeing them succeed individually. Still, like I said, succeeding as a team and for the organization.

MLHM13 stated, “We also encourage them to participate in the programs we have set aside that would help us.” MLHM14 shared:

So, that would encourage them to work more. Encourage employees with simple things so that if they have ideas, they can come up and present their ideas without

feeling like they must go through steps one to 100 before suggesting an idea. We encourage each other, even in something as simple as coordinating meetings.

Reward

Seven of the 15 participants (47%) stated that they used rewards as a strategy to motivate their employees. For MLHM3, “follow through on promises.” MLHM4 shared, “we use a reward system to do with periodic increase increments on their wages.” MLHM5 stated, “incentivizing employees is a great motivation. You know, the nurse practitioners got some bonuses.” MLHM8 said motivating them with small incentives”. MLHM13 shared “incentives that we also try out, just to make sure that every program that we give to them that they can take advantage of it.” MLHM14 said, “you give them some kind of incentive to them.” Finally, MLHM15 commented, “I can put things in place to get the best out of my employees, or you can also put all these rewards on the outside to get the extrinsic reward for your employees.”

Acknowledgment

Seven of the 15 participants (47%) discussed acknowledgment as a motivational strategy to motivate their employees. Acknowledging the contribution of their employees helped to motivate the employees. MLHM1 stated that “acknowledging the employee’s achievement helps in their motivation. The team looks forward to hearing the positive feedback, which helps the morale of the team in general and motivation.” MLHM6 discussed, “I make sure that I recognize their achievements when they happen.” MLHM7 commented, “it is a better place to be; you have consistency, less turnover, and more recognition. Everyone likes to be recognized even and feel like they are doing meaningful

work and have a purpose.” MLHM13 shared:

When they see you going out of your way to do something, acknowledge them.

Increasing intrinsic motivation in people also recognizes a job well done.

Something as simple as a pat on the back from a manager to an employee, Hey, good job. Oh, just saying thank you. So just bring that to their awareness.

Acknowledging them, let the administration know how much they helped me motivate them.

MLHM15 stated, “to make the employees understand that they are valued.”

Work-Life Balance

Seven of 15 participants (47%) used work-life balance to motivate their employees. MLHM5 stated:

There is work-life balance. I think everyone just gets burnt out. Does everyone get burned out at some point? Well, the burnout rate is high right now. People are not motivated, especially how you know the world is now. Everyone wants to work from home. So, the burnout rate is high. The work-life balance is not there. So, it is not. I think it is the bottom of the barrel.

MLHM7 shared “having flexibility with the schedule, self-scheduling, letting people have input to how they do their job.” MLHM8 said, “I would just appreciate, you know, a better life balance experience or my time for me.” MLHM12 stated, “I lobbied very hard for my group for us to be able to have flex Fridays and flex Mondays.” MLHM13 shared, “work-life balance is important; you encourage them to take a vacation. When they do and engage the healthcare system and yearly checkups.” MLHM14 said:

In a hospital system, shift work, the way you schedule your employees to help motivate some of them like you might have an employee that has a flair for a nice schedule. If you keep that person based on that schedule, the person performs. Still, if you move him from that schedule to another schedule, that will affect his productivity.

MLHM15 shared:

You have things like working from home programs, some people like to work from home, and when you give them that, they can manage what happens at home or in the office very well. Studies have shown that working from homework for many people, and productivity has increased.

Appreciation

Six of the 15 participants (40%) used their show of appreciation to motivate their employees. MLHM3 posited that:

Employees feel motivated more when they are appreciated. This strategy helps employees understand that they are part of the system, that their contribution is appreciated, and helps them stay involved and motivated. Employees have been motivated by leading by example. People want to feel appreciated.

MLHM5 shared:

The most important thing is having them understand that they are valued employees, and just, you know, making sure that they are valued keeps employees motivated. Tapping into that and making sure they continue to do excellent work by incentivizing them.

MLHM9 said, “having all of these things add to what we as individual leaders provide helps improve the motivation for the entire team.” MLHM10, “it improves the motivation because they feel valued when they feel valued, and understand that their role is critical, they feel a sense of value.” MLHM12 shared:

I value my team. I appreciate my team. I think it is something that even, you know, employee parties, employee luncheons, just trivial things if you are not able to have routine evaluations and periodic evaluations, people appreciate being appreciated in other ways.

MLHM14 stated:

Motivation can be word of mouth, being able to appreciate the work they do for you. Motivation is what we take and how we handle it; we take it to the next level all the time, and we are continuously working to find more ways to appreciate our employees. So, we appreciate them, get motivated, or keep doing the work.

Career Advancement

Five of the 15 Participants (33%) stated that career advancement is used as a strategy to motivate employees. MLHM5 said:

Based on my experiences as a manager, it worked because, you know, they want to do more, they are asking for more projects, you see, they are wanting to, you know, improve their skills, and want to grow with the company. So, it is, I mean, it is worked so far, in my experience.

MLHM6 shared, “I immediately tried to create an environment from the start that fosters the potential or the vision for a career path.” MLHM10 shared, “I motivate them to know

that they can further grow internally. So, that gives them they want to develop their education further and take management classes and figure out how to grow within the organization or externally.” MLHM14 stated:

The source for avenues to grow their skills, like in the healthcare sector, is a challenging work environment where there is a lot of competition. So, you should be able to, if you can, have employees that work to beat the next competitor. So, why do they do that? You are the employee, and the manager would always try to motivate them.

MLHM15 shared, “For career advancements or opportunities, you also must make that available for your employees. They must have something to look forward to working for you.”

Coaching

Five of the 15 participants (33%) of mid-level healthcare managers used coaching as a strategy. MLHM1 stated, “there is also coaching, the team members you know where they are. There are opportunities, so coaching has been done, or even just shadowing the team members in their work areas.” MLHM5 shared “that during the week, I was able to give them personalized support, and they liked that, you know, get them excited. And, you know, we do little things like that. I work like, you know, the entire week.” MLHM6 said, “I identify myself as like a teacher and a resource. I direct them to departmental resources, whether it means me like referring them to an outside team member or any resources that are written in documents.” MLHM11 stated, “I use to motivate my healthcare employees to try to lead by example.” MLHM15 shared:

As a manager, your employees are watching you. So, when they see that you do what you say. It would motivate them to want to be like you, but if you do the opposite, you will not get the best out of your employees. So, you must constantly groom, grow, and people to function without you. You must increase your team in a way that whether you are there or are not there, they are doing an outstanding job.

Conducive Environment

Five of the 15 participants (33%) stated they ensured a conducive work environment to motivate the employees. MLHM6 said:

What I do first off is that I am sure to create a friendly work environment from the start. And I tried to make sure that I was being pleasant. I ensure that I am somebody the employees want to be their manager. We must create an environment where we are managing time as well. There is so much to do, so little time because the next batch of work is on our desk.

MLHM7 said:

It is important to take care of our employees and like, we feed our employees, we do not charge them parking, we care about them, we have a nice holiday party for them, and we encourage them to be vaccinated to stay safe. So, it does start at the top, I believe, and without leadership above me that also has the same values and vision, it would not be a good fit because we all value our employees at our company. It does threaten the safety and being in healthcare. It threatens the facility's safety, infrastructure, and financial performance of the company

employees and the patients. It requires so much preparedness to go through that. And if you are not prepared and you do not do well, if I do believe in Maslow's hierarchy of needs, and that if patients are employees if they do not feel safe, and if employees do not think the patients are safe, then you cannot motivate them because that is you do not meet the basic needs, motivations at a higher level. So, you must meet their basic needs first. And then you get to the motivation part is my philosophy. And so, if we think of, you know, you have the freedom as a system and the support of the system, to do whatever it takes to motivate the employees and act quickly. And if it does not work, then let us try something else. And then to give the support, let us do it if I need it. And so, I have complete support from the system to motivate employees in whichever way and not demotivate them.

MLHM11 said, “not to intimidate them, but to help them.” MLHM14 shared:

Start by saying that motivation as an employee is based on your work environment, and you must create a good environment so that your employees feel free and comfortable working with you. And to me, a conducive work environment entails good management practices, reasonable compensation, and benefits. And as well as a challenging work environment.

For MLHM15 shared:

I also encourage them to understand that they have the power to make the decisions, and we hired you for a reason. We already know you are good at what you do, and we would provide everything for you to do your job. Now, step back,

and I let them work. And they have been, I mean, my team is thrilled. The turnover rate is nonexistent, and nobody has left the team for a while, so it is very efficient. I feel like you will get the best out of them if you at least equip them with what they need. The right ERP system, the right equipment they need, and the proper documentation tools provide the muscle with substitutes. So, some people do; you must give them good benefits. When I say benefits or whether it is 401k plan, tuition reimbursement, your employees want to know that you care about that, you know, so tuition reimbursement is installed is also out there, which they can see that you are encouraging them or putting money in them growing their career.

Compensation

Five of the 15 participants (33%) implemented compensation as a strategy used to motivate their employees. MLHM7 shared:

you must have a variety of tools, and it depends on, you know, what is effective, ever, you, sometimes people do not like to talk about money, but money motivates people. That is why they work. And so, something beyond extra effort, or even if you are, you know, need people to work more than usual, then offering bonuses is always helpful.

MLHM9 stated:

Providing monetary compensation, it is motivating them by knowing what it is that they need for support. I think it is improved, to the point where we could have seen a higher turnover, but we did not. We were able to retain additional

employees; of course, we did include monetary compensation in the motivation to keep them performing daily to keep them from leaving our organization.

MLHM10 shared, “I mean healthcare. money motivates many employees.” MLHM14, stated:

Adequate compensation and the health industry is a competitive business. Based on what work you do, there is a compensation or salary expectation to get. So, you try to stay within the industry standards. Because if you do not do that, it affects you would have a drift; your workers would leave if you were not staying competitive. So adequate compensation, knowing your employees and their preferences, and tailoring your work to suit their desires.

MLHM15 shared, “you would still hear conversations about things they wish were different. So, they are underpaid, which for those their motivation is money.”

Summary

In Chapter 4, the recruitment and data collection process, which included confidentiality, communication, consent, transcript verification, and approval by the participants, was discussed. The data were collected through face-to-face Zoom video conferencing interviews through zoom with 15 mid-level healthcare managers working in hospital systems in Dallas, Texas, who participated in the research study.

The presentation of the data analysis of the interview data from the 15 mid-level healthcare managers to the research question: what is the lived experience of mid-level healthcare managers' current usage and knowledge of motivation strategies used to motivate their healthcare employees? These strategies are (a) building relationships, (b)

teamwork, (c) communication, (d) goal setting, (e) training, (f) encouragement, (g) reward, (h) acknowledgment, (i) work-life balance, (j) appreciation, (k) career advancement, (l) coaching, (m) conducive environment, and (n) compensation.

In Chapter 5, I restate the purpose of the study, the nature of the research, and its purpose. Finally, I compare the data analysis with the literature review discussed in Chapter 2 to validate the study's findings, limitations, and social change benefits to mid-level healthcare managers, discipline, and society.

Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of this qualitative hermeneutic phenomenological study was to explore the lived experiences of mid-level healthcare managers and their current usage and knowledge of motivational strategies related to their employees' motivation in Dallas, Texas. Mid-level healthcare managers play an essential role in healthcare employee motivation in the hospital systems. Therefore, the qualitative research approach enabled me to explore the current usage and knowledge of strategies mid-level healthcare managers use to motivate their employees.

I identified 14 themes from the data collected through the face-to-face Zoom video conferencing interviews with 15 mid-level healthcare managers. Findings show the strategies mid-level healthcare managers used to motivate their employees in the hospital systems within Dallas, Texas. These strategies are (a) building relationships, (b) teamwork, (c) communication, (d) goal setting, (e) training, (f) encouragement, (g) reward, (h) acknowledgment, (i) work-life balance, (j) appreciation, (k) career advancement, (l) coaching, (m) conducive environment, and (n) compensation.

Interpretation of Findings

This section describes the finding based on the peer-reviewed articles, journals, and books discussed in Chapter 2. The literature review provided the context for understanding the lived experiences of mid-level healthcare managers' motivation strategies to motivate their employees in hospital systems.

Healthcare hospital systems require motivated employees to meet the set standards of an effective system and must use its human resources (Kitsios &

Kamariotou, 2021). Mid-level healthcare managers use several strategies in the healthcare hospital systems to motivate their employees. The lived experiences of the mid-level healthcare managers can support the research discoveries with the data from the face-to-face Zoom video conference interviews conducted with 15 participants in the healthcare hospital systems within Dallas, Texas.

Build Relationship

The first theme from my study was that mid-level healthcare managers build relationships to motivate their employees by working close to them, learning about them, and earning their trust. Based on the literature, managers who develop relationships and support their employees professionally and pleasantly have happier employees (Sharby, 2022). An understanding of employee goals and aspirations is essential. My study showed that the motivation strategy of building relationships helped the managers retain the best of the employees. Examples such as building a relationship with the manager by asking their employees simple questions relating to their activities or how their weekend was spent helped build relationships and kept them motivated. This study also showed that mid-level healthcare managers should personalize their job experience and build rapport with employees, know what they like and dislike by being supportive based on their feedback, and understand their employees' personalities. Previous literature supported that manager build relationships by studying their group, knowing the differences in people, and finding different ways to motivate them no matter what encourages their employee motivation. Previous literature supports that mid-level healthcare managers who build a professional relationship with their employees have

seen effective followership, which happens when they are motivated (Alegbeleye & Kaufman, 2020).

Teamwork

The current study findings show that mid-level healthcare managers implemented teamwork as an essential motivation strategy in healthcare because it provides good quality care and efficiency in healthcare delivery. The previous literature on teamwork is significant in employee motivation, as performance improvement requires managers to strengthen teamwork and the motivation of employees (Grant et al., 2018). The study showed managers helped to prioritize activities, and employees who worked in a team saw themselves as part of the system. They felt motivated to participate in the company's operations. This study is consistent with previous literature on teamwork as a motivation strategy. Teamwork has a positive indirect association with patient satisfaction through employee well-being, job satisfaction, engagement, and intention to remain in sequence. (Ogbonnaya et al., 2018). Teamwork helps healthcare organizations maintain a competitive difference in the new marketplace (Lee, 2016). Better teamwork promotes excellent quality, a better patient experience, and a prouder workforce, contributing to better financial performance (Lee, 2016).

Communication

I found that mid-level healthcare managers communicated expectations, obtained input and feedback, exchanged ideas, and kept the employees motivated. The communication process consists of creating, disseminating, and interpreting views, facts, messages, opinions, feelings, and information between persons or groups (Bodunde et al.,

2017). This study's results show that communication is necessary for cooperative employees to execute work activities. Mid-level healthcare managers use communication strategies to maintain constructive feedback to their employees, make them feel involved in the process, and motivated to achieve the organization's desired goal. Previous literature supported communication is essential to patients feeling informed and for employees in the healthcare industry to deliver quality service and patient care (Blackburn et al., 2019). The use of communication helped mid-level healthcare managers to maintain open communication with the employees and be motivated. The findings showed that mid-level healthcare managers stayed true to the communication, values, and alignment from top to bottom by being truthful, factual, and honest improves employee motivation. Previous research highlighted that organizations with effective and open communication channels that communicate company policies and protocols through their managers show employees to be motivated (Chanana, 2020). This study showed that constant communication remained open between both parties, from the employee receiving the motivation to the mid-level healthcare managers providing the resolution to their issue. The mid-level healthcare managers used communication to motivate their employees to continue to work and encourage them to report issues and problems. The mid-level healthcare managers also used communication to keep employees informed, work as a team, and be motivated. Feedback as a communication strategy helped boost employee motivation by sharing performance regularly and hearing management and employee opinions. Previous literature support that an excellent mid-level healthcare manager should use communication to make it understandable to convey their message to

their employees to obtain feedback before initiating the communication process (Bucata & Rizescu, 2017).

Goal Setting

The analysis showed that mid-level healthcare managers use goal setting to motivate their employees. The outcome supported that goal setting is a foundation for organizational management used by managers for motivation (Ogbeiwi, 2021). The significant result of goal setting is the identification of a specific achievement to be made in a particular area with measurable outcomes, such as action and timelines for achievement (Rowe et al., 2017). The current study showed that mid-level healthcare managers ensured their employees understood the goals and worked towards them. Previous literature shows that the expectations are clearly defined to make employees understand their contribution, stay focused, and stay motivated. Goal setting can enhance motivation and foster increased skills and engagement in learning (Rowe et al., 2017). This study showed that for mid-level healthcare managers, it was vital to communicate the goals and vision to employees as it clarified what they do from time to time to motivate the employees.

Training

In this current study, employee training was a strategy used by mid-level healthcare managers to motivate their employees in the healthcare hospital system. The constantly changing healthcare environment requires the education and skill improvement of the employees. Previous literature supports that manager use training as a strategy to determine their employees' needs, improve their performance, and motivate

them (Noe & Kodwani, 2018). Mid-level healthcare managers used training to enhance skills through seminars and symposiums. Mid-level healthcare managers stated that training allowed employees to learn new skills; the training identified employees who needed assistance and kept them motivated. Previous literature supported that training improves employee motivation and satisfaction and increases productivity and profitability (Taufek & Mustafa, 2018). The training helped employees to develop internally and externally. Training builds specific skills on the job and helps develop employees mentally, morally, and otherwise. Darr et al. (2018) stated that managers also motivate employees through their desire to learn, which also helps to improve employees. A review of qualitative studies on mindfulness in healthcare workers reveals that the perceived benefits of training healthcare employees include increased personal well-being, self-compassion, and enhanced presence when relating to others (Verweij et al., 2018).

Encouragement

I discovered that mid-level healthcare managers used encouragement as a strategy to motivate their employees. Based on the literature, encouragement entails interpersonal interaction to enhance employee motivation (Wong, 2019). The current study showed that mid-level healthcare managers encouraged friendly competition to motivate their teams. The motivation is how the managers promote and improve the employee drive. Mid-level healthcare managers also encouraged employees to participate in programs or activities, which helped to motivate the employees. Previous literature supported that employee motivation arises due to the encouragement of the employees to work without

coercive encouragement (Widana et al., 2019). The fundamental goal of human resources in an organization is to effectively manage its employees by encouraging positive attitudes like increasing productivity, job satisfaction, motivation, and organizational citizenship behavior and reducing negative employee attitudes like increased turnover, absenteeism, and deviant workplace behavior (Bose & Emirates, 2018).

Reward

The current study findings indicate that mid-level healthcare managers used the reward to increase wages and encourage hard work and good behavior. Based on the literature, and organized reward system would motivate and energize employees as it recognizes their achievements (Salman & Olawale, 2021). Mid-level healthcare managers implemented reward incentives such as pay raises and bonuses as a reliable source of employee motivation. This current finding is consistent with previous literature that managers' reward power would be positively associated with employee task performance, productivity, satisfaction, turnover, and organizational citizenship behaviors (Ibrar & Khan, 2015). This study showed that rewarding employees makes them feel valued and motivated. Managers use rewards in the performance and achievement of organizational goals (Riaz et al., 2018).

Acknowledgment

I found that mid-level healthcare managers used acknowledgment as a motivation strategy to motivate their employees. Previous literature supported that acknowledging individual employee contributions removes any doubt that it matters (Lorence, 2018). This current study showed that employees looked forward to their mid-level healthcare

managers acknowledging their work as it helped to elevate their morale and motivation. Mid-level healthcare managers need to realize their employees' achievements and recognize them. Previous literature supports that acknowledgment has an optimistic effect on employee motivation (Kempegowda, 2016). This study showed that mid-level healthcare managers go the extra mile to recognize employees, make the employees understand they are valued, and keep them motivated.

Work-Life Balance

In this current study, I found that managing the work-life balance is a good motivation strategy that mid-level healthcare managers use to motivate their employees. Mid-level healthcare managers used remote work and flexible schedules and collaborated with employees to have input on how they do their job. Previous literature supported that the work-personal life balance experienced by healthcare employees influenced their motivation and supported the organization's goals (Poulose & Sudarsan, 2017). In this study, I discovered that mid-level healthcare managers who worked with their employees to balance work and personal life kept their employees motivated. Sánchez-Hernández et al. (2019) noted that work-life balance is the relationship between employee work and personal life that may impact health, well-being, organizational productivity, stress, and human and social development. This study showed that mid-level healthcare managers encouraged flex days and vacation, kept employees on schedules they liked, and motivated their employees. Previous literature supported that employees desire flexibility and freedom in their work to balance their personal and work life (Ongaki, 2019). This study result of the work-from-home program is part of the work-life balance used by mid-

level healthcare managers to motivate their employees. However, this may not work for every employee, especially those with direct contact with patients. Jaharuddin and Zainol (2019) agreed that the managerial effort to balance employee work and accommodate their personal life improved motivation.

Appreciation.

This current study showed that mid-level healthcare managers used appreciation as a strategy for their employee motivation. Previous literature agreed that appreciation acknowledges a person's inherent value (Robbins, 2019). Mid-level healthcare managers used their show of appreciation to make their employees more motivated and see themselves as part of the system, which kept them involved and motivated. This is supported by previous literature that employee appreciation increases employee morale and efficiency (Ali & Anwar, 2021). Healthcare employees like to be appreciated; it gives them a feeling of being valued (Afolabi et al., 2018). This current study showed that holding events like parties, luncheons, and other company activities to show appreciation was used by mid-level healthcare managers to motivate the employees.

Career Advancement

This research study's findings indicate that mid-level healthcare managers used career advancement to improve the skills of their employees and motivation. Mid-level healthcare managers used career advancement to create an environment that fostered potential for growth and a vision of a career path. Weer and Greenhaus (2020) supported that managers use the attitude and behavior of employees to decide the employee's career advancement. The mid-level healthcare managers used career advancement to maintain a

competitive advantage for the healthcare systems. Previous literature agreed that there is a relationship between employee career advancement and organizational success (Bagdadli & Gianecchini, 2019). Mid-level healthcare managers used career advancements to make employees look forward to continuing working and keep them motivated. Previous literature agreed that as direct managers, mid-level healthcare managers make recommendations used by human resources managers for promotion and make it possible for the employee's careers to advance (Afolabi et al., 2018).

Coaching

This current study showed that mid-level healthcare managers used coaching to know the level of proficiency where their employees are and have the managers coach the employees to perfect areas they do not understand. Previous literature agreed that coaching is successful for employees with potential who desire to improve, which is true if you function as a manager (Glazier, 2020). This current study showed that mid-level healthcare managers served as teachers and resource persons. Mid-level healthcare managers worked as coaches by leading by example for their employees. The mid-level healthcare managers also acted as role models to the employees and kept them motivated. Previous literature agreed that managers use coaching to work with values (Lamas & Luna, 2015). This study revealed that mid-level healthcare managers were responsible for grooming employees to function without them and keep them doing an excellent job and motivated. Previous literature supported that manager use coaching for creative and proactive employees (Lamas & Luna, 2015).

Conducive Environment

I found that mid-level healthcare managers are tasked with creating a conducive work environment is necessary to maintain employee motivation. Previous literature agreed with the fact that the work environment reflects the organization's image and requires policies that involve all members of the management and employees working in a friendly work environment (Abrudan & Conea-Simiuc, 2019). A conducive work environment creates a good environment where employees feel free and comfortable working. People tend to work more effectively if they are satisfied with their desired work environment (Durmaz, 2017). A conducive work environment entails good management practices, reasonable compensation, benefits, good work tools, and a challenging environment. Organizations need to give their employees the freedom to speak their opinions and be flexible to have a conducive work environment that motivates employees (Abrudan & Conea-Simiuc, 2019). In this study, the mid-level healthcare managers ensured a non-hostile work environment, good work tools, and promising benefits to enable their employees to enjoy a conducive work environment and stay motivated.

Compensation

I discovered that mid-level healthcare managers used compensation as a motivation strategy. Money motivates people, which is one of the reasons they work. Previous literature agreed that managers use compensation as a strategy to boost and determine the worth of their employees (Jain & Bhatt, 2015). Mid-level healthcare managers used salaries and bonuses to motivate employees, especially when they put

extra effort into discharging their duties in healthcare. Previous literature agreed that compensation is one of the strategies used to hire, attract, retain, and motivate employees in organizations (Adeoye, 2018). The healthcare industry is very competitive, and monetary compensation is a significant motivator for employees. Sheopuri (2019) stated that managers used to pay as a viable strategy since they are responsible for performance management, promotions, and appraisals. Staying competitive according to industry standards would keep your employees motivated.

Limitations of the Study

Limitations are constraints beyond the researcher's control, such as bias, research design, and funding (Theofanidis & Fountouki, 2018). Fusch and Ness, 2015 stated in qualitative research, issues of credibility and dependability are considered limitations. Credibility refers to participants' actual and factual responses, while Dependability deals with the consistency of the conditions of the study and its data over time (Connelly, 2016). The period required for the research constituted a limitation as participant availability for interviews was subject to their schedules. The participant's information was relied upon to obtain research data, and their response may have been biased on the phenomenon studied due to their lived experiences. To take care of the limitation, I informed the participants of the research goal and that there were no perfect or incorrect answers to the interview questions. The researcher's bias is a limitation; I maintained objectivity, asked open-ended questions related to the research study, and kept a reflective journal throughout the research process.

Recommendations

The purpose of the qualitative phenomenological study was to understand the current usage and knowledge of motivational strategies used by mid-level healthcare managers to motivate their employees. These research study findings revealed 14 shared themes: (a) building relationships, (b) teamwork, (c) communication, (d) goal setting, (e) training, (f) encouragement, (g) reward, (h) acknowledgment, (i) work-life balance, (j) appreciation, (k) career advancement, (l) coaching, (m) conducive environment, and (n) compensation. The participants' lived experiences were applicable in understanding the themes emerging from this research study. These findings confirmed the conceptual and empirical literature by discovering motivational strategies used by mid-level healthcare managers to motivate their employees.

This research is limited to a location in Dallas, Texas, USA. However, the issue of mid-level healthcare manager-employee motivation strategies is essential in the healthcare hospital systems across the United States of America. Therefore, I will recommend that future researchers expand the geographic scope of their research to more cities in the USA to see if the themes will be different. In addition, I recommend future researchers increase the sample size and could apply other research methods. Finally, future researchers could explore the effects of this research study by testing the application of these motivational strategies in different areas of healthcare other than the hospital system to investigate how effectively these strategies account for employee motivation.

I recommend that mid-level healthcare managers know what motivation means to the employees by having pre-requisite training on the motivational strategies that positively impact their employees if none currently exist. Furthermore, Healthcare hospital systems should ensure a conducive work environment for their employees as this is also an excellent strategy for motivation. In addition, the acknowledgment of employee contribution, encouragement, and appreciation of the employees are also essential motivation strategies used to motivate employees. I recommend that based on the results of this study, mid-level healthcare managers in the hospital system should endeavor to implement the top five themes that emerged from this research study: (a) building relationships, (b) teamwork, (c) communication, (d) goal setting, and (e) training.

Mid-level healthcare managers should understand the value of their employees by building relationships, working in teams, communicating effectively, setting realistic goals, and providing the required training to keep their employees motivated. Mid-level healthcare managers must encourage teamwork to deliver excellent service and collaboration among healthcare professionals. Mid-level healthcare managers should have open communication, which, according to the participants, is vital in delivering care. Mid-level healthcare managers setting clear employee goals is an important motivating factor. Mid-level healthcare managers should understand the essence of training based on the participant's lived experiences is vital in improving the skill and expertise of the employee and motivating them. Healthcare employee motivation is critical in healthcare delivery as a motivated employee has higher productivity than an unmotivated employee. I recommend that future researchers can explore how employee

motivation by mid-level healthcare managers affects the quality of healthcare delivery to patients. In this study, participants stated how they implemented motivation strategies to motivate their employees.

Further qualitative research studies could be conducted on all levels of managers in the healthcare hospital system to evaluate the outcome. Future researchers can also explore how the human resources department collaborated with management to develop motivational strategies implemented by mid-level healthcare managers to achieve employee motivation.

This study's participants during the interview highlighted the importance of having a motivated employee in the hospital system as necessary because the level of productivity of a motivated employee is always positive. I recommend that future researchers also investigate how the cultural differences of mid-level healthcare managers influence how they motivate their employees. Future research on social change effects of mid-level healthcare managers' motivation strategies on employee societal healthcare service delivery.

Implications

The implication of this study has identified 14 motivational themes that mid-level healthcare managers can use to motivate their employees. Healthcare hospital systems are concerned with employee motivation due to the benefits of employee contribution in meeting service delivery expectations and profitability. This study's gap was focused on mid-level healthcare managers may not use the right motivational strategies to motivate their healthcare employees in the hospital systems. This study's purpose was to explore

the lived experiences of the mid-level healthcare managers' current use and knowledge of motivational strategies used to motivate their employees.

This study shows that mid-level healthcare managers encouraged employees to perform and meet organizational goals. This study's findings can help healthcare organizations develop policies and programs that enable mid-level healthcare managers to implement motivational strategies to motivate their employees. The core strategies identified include establishing procedures for managerial and employee relationships regarding mutual respect, open communication, teamwork, objective goal setting, and employee training. If implemented by the mid-level healthcare managers in the healthcare hospital systems, these strategies can keep employees motivated. If implemented by mid-level healthcare managers, these motivation strategies can improve employee motivation and the quality of patient care service delivery. Mid-level healthcare managers focus on motivating their employees to attain organizational goals, which this study has confirmed. The mid-level healthcare managers of hospital systems use motivational strategies to bring positive effects to their employees by ensuring a conducive work environment for them to excel. Healthcare hospital system management needs to ensure that their mid-level healthcare managers know the importance of employee motivation and implement practical strategies that motivate their employees to achieve their individual and organizational goals.

Implications to Theory

The study implications of mid-level healthcare managers' motivation strategies used to motivate their employees have validated the knowledge gained from the Maslow

hierarchy of needs theory (Maslow, 1943) and Herzberg's two factors (Herzberg et al., 1959). The mid-level healthcare managers used the Maslow hierarchy of needs theory to understand the individual needs of the employees. Each employee is unique and has set of needs they seek to satisfy or achieve. The mid-level healthcare manager to successfully motivate the employee must relate with his employees to understand which particular need in the Maslow hierarchy of needs theory that influences the behavior of the employee in order to motivate them. In contrast, Herzberg's two-factor theory was used to put the necessary satisfying factors that can influence employee motivation. Therefore, these findings from the research study could also validate Herzberg's two-factor theory (Herzberg et al., 1959) and how mid-level healthcare managers used motivational strategies to motivate their employees. The intrinsic and extrinsic motivation factors such as recognition, rewards and conducive work environment are things that bring satisfaction to employee and keep them satisfied and motivated. In addition, mid-level healthcare managers may use their lived experiences to develop new knowledge relating to human potential through managerial motivation. Therefore, this study may also add to the knowledge on motivational strategies that mid-level healthcare managers use to motivate their employees.

Implications for Positive Social Change

The implications of this study for positive social change can be at societal and organizational levels. The findings of this study show that employee motivation is essential for society through the contribution of mid-level managers helping to motivate employees to provide excellent healthcare delivery services to the USA population. A

healthy population is an asset to society (Hornby-Turner et al., 2017). This study can make government establish policies and regulations to ensure that organizations create a conducive environment to motivate healthcare employees through employee welfare programs. At the organizational level, this study showed that mid-level healthcare managers working in the healthcare hospital systems contribute to social change by using their knowledge and skills to motivate their employees effectively in their organizations. The hospital systems may benefit from employee productivity, organizational performance, and excellent patient care through a motivated workforce. This study revealed that mid-level healthcare managers used motivational strategies to increase employee participation in activities and work performance in the hospital system. This study's findings show the role played by mid-level healthcare managers in the healthcare hospital system as direct line managers can influence the behavior of the employees based on their motivation strategies. These motivational strategies can positively affect the quality of healthcare service delivery to society. This study could contribute to social change by sharing mid-level healthcare managers' knowledge on the strategies used to motivate the employees, improve quality healthcare service delivery to society, and achieve organizational goals. If managers motivate their employees to provide good care this will improve patient health. It would also help in terms of improving the organization's outcome of site visits from regulating agencies.

Implications to Practice

The study objective may contribute to the body of knowledge regarding mid-level healthcare managers' lived experience and their use of motivation strategies on employee

motivation in the hospital healthcare industry. The managers of healthcare organizations may discover new ideas for motivating employees. The review of current management motivational strategies and the discovery of new strategies through this research can contribute to the practice of human resource management in the healthcare industry. The mid-level healthcare managers may understand the best strategies to motivate healthcare employees.

Conclusions

It is a requirement for healthcare managers to be proactive and use motivational strategies to keep their employees motivated (Durmaz, 2017). The United States (U.S.) healthcare system requires highly skilled, competent, and motivated employees to achieve overall patient care and satisfaction (Sarma & Barua, 2018). To be successful, mid-level healthcare managers should recognize each employee's uniqueness and attempt to understand these differences to use successful motivation strategies to motivate their employees and achieve organizational goals (Mereish, 2020).

The findings reveal the motivational strategies that mid-level healthcare managers use to motivate their employees. These strategies are as follows: (a) build relationships, (b) teamwork, (c) communication, (d) goal setting, (e) training, (f) encouragement, (g) reward, (h) acknowledgment, (i) work-life balance, (j) appreciation, (k) career advancement, (l) coaching, (m) conducive environment, and (n) compensation. The conceptual framework of the Maslow and Herzberg theories plays a vital part in how mid-level healthcare managers can best motivate their employees by understanding the individual employee needs and providing an enabling work environment for employees

to be motivated and achieve organizational goals. This study would contribute to social change by sharing mid-level healthcare managers' knowledge on the strategies used to motivate their employees, increase quality healthcare service delivery to society, and achieve organizational goals.

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Appendix A: Interview Questions

My name is Ifechi Umeh, and I am a Ph.D. student at Walden University. I am conducting a research study on lived experiences of mid-level healthcare managers as they relate to their current usage and knowledge of motivation strategies to motivate their hospital system employees for my degree program. I ask you to participate in the interview process for my research study. This interview process would take approximately 30 minutes of your time. All the information provided is confidential and would only be used for the proposed study.

Interview Questions

1. As a mid-level healthcare manager, what specific motivation strategies based on your experience do you use to motivate your healthcare employees?
 - a. How did you implement those strategies?
2. How were motivational strategies explained to you in your current position as a mid-level manager (e.g., hiring process, evaluation before implementing the motivation strategies, etc.)?
3. How has your experience using motivation strategies improved your employees' motivation in the hospital system?
4. In what ways have your motivational strategies seemed not to make improvements for your employees' motivation in the hospital system based on your expectations.
5. Based on your understanding of motivation, describe your experience with the healthcare hospital system's motivation strategy for employees.
 - a. In what ways or examples can you use to support your response?

6. What has been the least helpful motivation strategy you have experienced as a mid-level healthcare manager?
 - a. Can you illustrate with an example?
7. What challenges have you experienced in implementing these strategies?

Thank you for your participation.