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Strategies to Improve Hospital Patient Satisfaction to Increase Performance-Based Reimbursements

Celso G. Silla III
Walden University

Walden University

College of Management and Human Potential

This is to certify that the doctoral study by

Celso G. Silla III

has been found to be complete and satisfactory in all respects,
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Review Committee
Dr. Roger Mayer, Committee Chairperson, Doctor of Business Administration Faculty

Dr. Warren Lesser, Committee Member, Doctor of Business Administration Faculty

Dr. Janie Hall, University Reviewer, Doctor of Business Administration Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
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Abstract

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MBA, Mount Saint Mary's University, 2010

BSN, California State University, 2000

Doctoral Study Submitted in Partial Fulfillment

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Doctor of Business Administration

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Abstract

Officials from the Centers for Medicare and Medicaid Services (CMS) created the hospital valued-based purchasing (VBP) program focused on controlling cost, inefficiencies, and quality-of-care. Hospital leaders are incentivized or penalized based on meeting quality outcomes and risk millions of dollars in reimbursement if they do not meet the quality-of-care standards specified in the CMS hospital VBP program. Grounded in the transformational leadership theory, the purpose of this qualitative multiple case study was to explore strategies hospital leaders used to improve patient satisfaction to increase VBP performance-based reimbursements. Participants included eight hospital leaders from seven hospitals in California who successfully implemented strategies to increase their VBP performance-based reimbursements. Data were collected using semistructured interviews and organization documents. Data were analyzed using Yin's five-step process, and four themes emerged: developing evidence-based strategies, continuing employee education, leadership strategies, and effective communication strategies. A key recommendation is for hospital leaders to develop evidence-based strategies to improve patient satisfaction while adapting to the changes in health care regulations and modifications in VBP reimbursement. The implications for positive social change include the potential to improve patient health and the well-being of residents of their local communities.

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Dedication

I would like to dedicate my doctoral study to my family, friends, mentors, and peers who have supported me throughout this journey. When things got tough, especially during the COVID-19 pandemic, their support and motivation gave me the strength and energy to not give up and to continue to pursue the completion of my studies.

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Section 1: Foundation of the Study

Commonwealth Fund analysts ranked the U.S. health care system as the lowest in health system performance with higher levels of health care spending than other high-income countries (Schneider & Squires, 2017). The U.S. government provided health care to 57 million Medicare individuals and 71 million Medicaid individuals, which made the U.S. government one of the largest health care system payers (Darves-Bornoz & Resnick, 2017). Officials from the Centers for Medicare and Medicaid Services (CMS) managed the Medicare and Medicaid program and recommended the hospital value-based purchasing (VBP) program to control health care costs while delivering efficient, quality service and safe patient care (Haley et al., 2017).

Background of the Problem

The U.S. government created the hospital VBP program in Medicare to improve the health system, to improve the health of the community, and to contain costs (Tanenbaum, 2016). Through the hospital VBP program, participating hospitals were rewarded or penalized based on the following quality domains: (a) set process measures, (b) outcome measures, (c) efficiency, and (d) patient experience (Carter & Silverman, 2016). Hospitals that participated in the Medicare program billed their Medicare patients based on the patients' diagnoses according to the established diagnosis-related group (DRG) system, and CMS withheld a specified percentage of payment used in the VBP program, which was then redistributed back to the hospitals performing better, based on the VBP program metrics (Pan, 2017). The goal of the VBP program was for hospitals to find innovative ways to reduce cost while delivering efficient, quality, and safe patient care that produced positive outcomes.

According to 2017 figures, CMS weighted the different quality domains in the hospital VBP program total performance scores (TPSs) used for the reimbursement process with (a) 25% of the score based on the patients' experience of their care, (b) 25% on efficiency, (c) 20% on safety, (d) 25% on processes, and (e) 5% on outcomes (Simsir & Altindis, 2019). Patient and family perceptions measured during patient hospitalization were the foundation of the patient care experience. VBP officials established and published hospital performance scores based on postdischarge survey scores within the performance period defined by CMS (Carter & Silverman, 2016). The patient experience quality domain was divided into the different Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) performance dimensions, which included nurse communication, doctor communication, staff responsiveness, pain management, communication about medications, cleanliness and/or quietness, discharge information, and overall hospital rating (Iannuzzi et al., 2015). Some health care leaders have needed to create innovative strategies to improve patient satisfaction based on the patient hospital experience to maximize and increase hospital VBP performance-based reimbursements.

Problem Statement

Hospitals can be penalized and lose millions of dollars in reimbursement if they do not improve the quality-of-care standards developed by the CMS hospital VBP program (Carroll & Clement, 2021). Through the hospital VBP program, in 2018 CMS held $1.8 billion funding for performance-based reimbursements using its quality-of-care standards (L. Liu et al., 2021). The general business problem was that hospital leaders who were not innovative in managing organizational performance might experience lower financial outcomes. The specific business problem was that some hospital leaders

lacked effective strategies to improve patient satisfaction to increase VBP performance-based reimbursements.

Purpose Statement

The purpose of this qualitative multiple case study was to explore the effective strategies hospital leaders used to improve patient satisfaction to increase VBP performance-based reimbursements. The targeted population consisted of eight hospital leaders from seven hospitals in California who had successfully implemented strategies to improve patient satisfaction to increase their VBP performance-based reimbursements. By improving patient satisfaction and increasing hospital sustainability, hospital leaders can improve patient health and well-being, which can impact local communities with positive social change.

Nature of the Study

There are three primary research methods: quantitative, qualitative, and mixed (M. N. K. Saunders et al., 2015). Quantitative researchers focus on regularities and rules in a specified condition, creating their hypotheses, isolating and controlling variables, and using statistical instruments to test the significance of variables' relationships or groups' differences (House, 2018). The qualitative method is a unique process that has enabled researchers to explore experiences or phenomena through interactive communication without incorporating statistical hypotheses (Tuval-Mashiach, 2017). A mixed-methods researcher combines quantitative and qualitative approaches to achieve a complete analysis through data collection techniques and analytical procedures (M. N. K. Saunders et al., 2015). In the current study, I aimed to explore hospital leaders' experiences

through a semistructured interview process, which supported the use of a qualitative method.

The different designs within qualitative methodology considered for this study included (a) phenomenological, (b) case study, and (c) ethnography. A phenomenological design is appropriate when researchers want to explore the meanings of participants' experiencing of a specific phenomenon (Adams & van Manen, 2017). A case study design is appropriate when the researcher wants to focus on a specific individual, group, or organization to conduct an in-depth investigation of a real-life event or phenomenon that was experienced (Ridder, 2017). The ethnographic design is appropriate when researchers use observations from their participants' perspectives and collect data recorded as field notes to capture participants' real-time cultural behaviors (Conroy, 2017). In the current study, I interviewed multiple hospital leaders from California using a multiple case study design that addressed strategies to improve patient satisfaction to increase VBP performance-based reimbursements. The multiple case study design was appropriate because of the need to capture an in-depth and broad representation of effective strategies that hospital leaders used to improve their patient satisfaction scores that would increase their VBP performance-based reimbursements.

Research Question

What effective strategies did hospital leaders use to improve patient satisfaction that increased VBP performance-based reimbursements?

Interview Questions

1. What effective strategies have you used to improve patient satisfaction, which led to an increase in VBP performance-based reimbursements?

2. What key challenges did you face when implementing these strategies to improve patient satisfaction?
3. How did your organization address the key challenges to improve patient satisfaction?
4. How did you engage multiple stakeholders to implement strategies to improve patient satisfaction in your organization?
5. How did you solicit ideas to improve patient satisfaction from stakeholders?
6. How do you link your patient satisfaction strategies to VBP performance-based reimbursements?
7. How did you assess the effectiveness of the strategies for the improvement of patient satisfaction?
8. In what areas of patient satisfaction have you seen significant improvements when you implemented particular strategies?
9. What additional information can you share regarding the successful strategies used to contribute to the success and sustainability of your hospital's financial performance based on the VBP performance-based reimbursements?

Conceptual Framework

I used transformational leadership theory as the conceptual framework because this theory's tenets were consistent with the current study's focus. Northouse (2016) defined *leadership* as a process that resides in a leader and a transactional event that happens between leaders and-followers; some of the leadership styles identified were (a) adaptive, (b) servant, (c) authentic, and (d) transformational. Downton coined "transformational leadership" as charismatic leadership in 1973 and the concept was

expanded by sociologist Burns in 1978 and further developed by Bass in 1985 (Northouse, 2016).

Transformational leaders are leaders who (a) raise awareness among their followers about issues of consequences, (b) change their perception, (c) influence them to recognize the organization's needs before themselves and (d) drive their followers to work hard to accomplish goals more than what is usually expected of them (Ramsey et al., 2017). Based on the need for hospital leaders to develop and deploy strategies to improve patient satisfaction to increase VBP performance-based reimbursements, the use of transformational leadership theory was appropriate in the current study. Transformational leaders have the qualities to stimulate, motivate, and influence their followers to accomplish organizational goals.

Operational Definitions

Center for Medicare and Medicaid Services (CMS): CMS is an agency within the U.S. Department of Health and Human Services that administers the nation's top health care programs (Carter & Silverman, 2016).

Diagnosis-related group (DRG): DRGs were created by CMS and have been used by other health care insurance companies for payment classification based on patient diagnosis (Kumar & Thomas, 2011).

Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS): CMS initiated HCAHPS in collaboration with the Agency for Healthcare Research and Quality in 2002 as a standardized survey instrument for data collection sent to the patients after discharge to measure their perspectives while in the hospital (Carter & Silverman, 2016).

Value-based purchasing (VBP): VBP is a CMS program that incentivized or penalized hospital-based quality metrics, including clinical process measures, patient experience satisfaction, and outcomes (Spaulding et al., 2018b).

Assumptions, Limitations, and Delimitations

Assumptions

An assumption is a conclusion based on untested observable data (Armstrong & Kepler, 2018). The first assumption for the current study was that the participants were subject matter experts in their field and were knowledgeable and honest when they answered my interview questions. The second assumption was that a case study was an appropriate research design to use for my study. The third assumption was that hospital leaders could develop strategies that would increase the quality-of-care. The final assumption was that HCAHPS data were accurate and reflected the quality-of-care provided to the patients in a hospital setting.

Limitations

Limitations are challenges and consequences that restrict the parameters of a study (Hughes et al., 2019). Theofanidis and Fountouki (2018) defined *limitations* as a study's weakness that imposed restrictions beyond the researcher's control. The limitation of the current study included potential changes in the CMS VBP regulations related to patient satisfaction, which could require updates to study findings.

Delimitations

Delimitations are focal boundaries set by the researcher so that the aims and objectives of the study are achieved (Theofanidis & Fountouki, 2018). Participants in the current study consisted of eight hospital leaders from seven hospitals located in

California that belong to one health system. The hospital leaders worked at either community-based or teaching hospitals with more than 50 inpatient beds. Excluded from the study were hospitals outside of California or hospitals with fewer than 50 inpatient beds.

Significance of the Study

Contribution to Business Practice

I found strategies that might be helpful for some hospital leaders to increase their hospital VBP performance-based reimbursements. The population impacted by successful and sustainable strategies to improve patient satisfaction included (a) patients and their families, (b) hospital staff, and (c) hospital leaders. I discovered strategies that could help some hospital leaders improve patient satisfaction to increase local hospital VBP performance-based reimbursements, which may create a positive patient outcome and help hospitals be competitive in the marketplace.

Implications for Social Change

My findings may contribute to positive social change by improving and sustaining patient satisfaction and increasing the financial sustainability of local hospitals to support their communities' health care needs. My study may show how hospital leaders are essential in the delivery of care in their local communities, which affects patient satisfaction in their hospitals. Hospital leaders have shown improvement in the quality of patient care by acting respectfully and responsively toward patients' preferences, needs, and values (Smirnova et al., 2017). My study may show that leaders who improve their hospital patient satisfaction scores and increase the sustainability of their hospitals may

improve the health and the well-being of the residents of their local communities, which may create positive social change.

A Review of the Professional and Academic Literature

The primary goal for my study was to identify successful strategies leaders have used to improve organizational performance to meet organizational goals. The purpose of this literature review was to provide a foundation and summary of the related research. The literature review process provides researchers with an understanding of insights based on previous research and current trends, which helps build future research (M. N. K. Saunders et al., 2015). In this literature review, I examined studies that addressed patient satisfaction related to the different components of the HCAHPS, VBP, and the different strategies that hospital leaders implemented to meet organizational goals and to help their organization become financially viable in the market. My literature review addressed strategies leaders used that were not limited to the health care industry or the conceptual framework of transformational leadership. In addition, I addressed two alternative theories, transactional and situational leadership, and highlighted leadership benefits.

I collected peer-reviewed articles from the following databases: EBSCO, MEDLINE, Health Management Database, Emerald, ABI/INFORM, ProQuest, and Ovid. I found several articles to support the basis for my study by using the Walden University Library for all peer-reviewed literature searches. Keywords used for this search included *patient satisfaction*, *patient experience*, *HCAHPS scores*, *HCAHPS questions*, *effective communication*, *leadership theory*, *leadership styles*, *transformational leadership*, *transactional leadership*, *situational leadership*, *change management*, *teamwork*,

employee retention, *employee engagement*, *value-based purchasing*, *VBP*, *hospital strategies*, *innovation*, *hospital financial outcomes*, *hospital performance outcomes*, and *CMS reimbursement*. I limited my peer-reviewed searches to articles published within 5 years of the expected completion date of my study (2023).

I used 276 peer-reviewed articles, and 80% of those were peer-reviewed studies published within 5 years of the estimated completion date of the study (2023). My literature review highlighted areas of the transformational leadership framework. In this study, the topic addressed was the different patient satisfaction dimensions related to the HCAHPS scores and the strategies used to impact and increase VBP performance-based reimbursements.

Transformational Leadership Framework

Transformational leadership theory was the conceptual framework for this study. Transformational leaders have supported, engaged, motivated, and inspired their followers to accomplish organizational goals (Yue et al., 2019). Transformative leaders have effectively addressed organizational performance by providing positive outcomes and staff job satisfaction and improving staff retention (Farahnak et al., 2020). Transformational leaders have created a positive vision of change that has inspired, motivated, and influenced employees during the change management process (Faupel & SüB, 2019). Transformational leaders have been effective in implementing strategies to meet organizational goals.

Developing and Communicating a Clear Vision

The beginning point of an effective strategy is developing a clear vision. Organizational vision provides the framework, guide, and target to assist management in

achieving organizational goals (Perkins et al., 2017). A vision statement comes from a leader's hopes and aspirations for the organization's future state, which is an integral component of the organization's transformation and business success (Gulati et al., 2016). Wagiono and Gilang (2018) determined that the clearer the management's vision is, the better the employees' performance. The development of a clear vision provides a framework for success and occurs when leaders have the required transformational leadership skills.

Creating a vision means changes in an organization. Organizational vision guides the organization on the steps needed to accomplish its goals (Jantz, 2017). Venus et al. (2019) predicted that transparent leaders who communicate their vision to their employees could address employees' concerns and assure employees that their organizational identity will remain unchanged, translating their vision for change into to a vision of organizational continuity. Transformational leaders have developed, shared, and sustained their visions by inspiring and motivating individuals, which has provided the individuals with the confidence and sense of direction about the organization's future to meet organizational goals (Andersen et al., 2018). U. T. Jensen et al. (2018) stated that employees were more engaged if their leaders were transformational. Communicating a clear vision is a skill used by transformational leaders to meet organizational goals.

Teamwork

Teamwork has been crucial in accomplishing organizational goals. Organizational leaders have recognized teamwork as being more effective in accomplishing goals than individual work, shifting from individual tasks to team tasks (Salas et al., 2018). Teamwork is a process in which team members collaborate to achieve goals through team

input, translating to team output (Driskell et al., 2018). In the United States, an estimated 85% of the population has had at least one health care encounter annually; every encounter required multiple collaborations (Rosen et al., 2018). Teamwork impacted the quality of health care delivery.

Teamwork has positively impacted work performance. Wagiono and Gilang (2018) explored the performance of hospital nurses in Bandung, Indonesia, showing that teamwork and a clear vision from their organizational leader positively impacted nursing performance. Ongoing training has produced a critical component of competency for teamwork in health care (Dirks, 2019). Whitehair et al. (2018) found that successful teamwork required the interplay of team members and leaders in which team members' buy-in was essential. Transformational leaders have supported a culture of teamwork that impacts organizational performance.

Transformational leaders have supported and thrived on organizational teams. Teams consisted of different individuals with different knowledge, skills, characteristics, and backgrounds essential in knowledge sharing, generating team creativity through idea development, which was amplified by a transformational leader (Zhang et al., 2019). B. J. Kim et al. (2019) supported their hypothesis that transformational leaders enhanced team creativity based on individual psychological safety and creativity levels. Transformational leaders have played a critical role in team effectiveness. Tabassi et al. (2017) found that transformational leaders' behavior correlated to higher level team performance. Teamwork has positively impacted organizational goals, which transformational leaders have advocated.

Change Management

Change is crucial for organizational growth. Organizational leaders have reinvented themselves to be competitive in the marketplace to cater to their internal and external customers (S. Kang, 2015). The health care industry has continued to change rapidly because of the influence of economics, politics, government, regulatory agencies, as well as social, demographic, professional, technological, and environmental issues (Velmurugan, 2017). A failed change management process in health care affects staff retention, patient care delivery, and financial targets. Allen (2016) used Lewin's change theory to highlight the significance of the three stages of change: unfreezing, changing, and refreezing. Leaders influenced how their employees perceived and adapted to organizational changes (Allen, 2016). Transformational leaders have supported and guided employees through a successful change management process.

An effective change management process is necessary to meet organizational goals. Transformational leaders effectively guided organizational change because they planned, implemented, and acquired the resources needed to accomplish the organizational goals (Alqatawenah, 2018). Van Rossum et al. (2016) stated that transformational leaders have successfully moved health care organizations toward practices that improved (a) patient safety, (b) quality-of-care, (c) efficiency, (d) patient satisfaction, and (e) performance. Although not all leaders have been transformational, Macphee and Suryaprakash (2012) found that leaders facilitated change management, given the proper training and tools. With proper training, nontransformational leaders have led a successful change management process.

Resistance to change has been a significant factor that influenced and interfered in organizational change. In addition, how leaders handled their employees has dictated the outcome of any change management process. Leaders' communication style impacted the change management process because effective communication was essential (Simoes & Esposito, 2014). Leaders started by performing a stakeholder and resource analysis to identify key personnel and resources needed and with the information from the analysis, the leaders identified a team to develop a communication and evaluation plan to monitor the change process (Allen, 2016). Transformational leaders have influenced resistors to change through employee engagement to implement a change management process successfully.

Employee Engagement

Elements of organizational success have come in many forms, and employee engagement has been an integral part of organizational goals. Employee engagement involves employees through motivation and commitment, which provide the employee with self-satisfaction and self-worth, thereby contributing to and achieving organizational goals (O'Connor & Crowley-Henry, 2019). In addition, Walden et al. (2017) stated that employee engagement (a) strengthened employee commitment to the organization, (b) increased employee retention, and (c) displayed a cultural shift in an employee's behavior, creating a positive impact. Transformational leaders have valued employee engagement to meet organizational goals.

Engaged employees create a culture of safety in an organization. A cross-sectional study by Hillen et al. (2017) of 507 hospital respondents in Germany showed an increase in safety event reporting, which created a safety culture in their hospitals that were run by

transformational leaders. Employees who were valued members of an organization were satisfied and contributed to achieving organizational goals (Hillen et al., 2017). Prochazka et al. (2017) studied employees from organizations in the Czech Republic and found that transformational leadership had a substantial direct effect on employee engagement and performance. Transformational leaders possessed the capabilities to engage their employees.

Transformational leaders have promoted work engagement. Hawkes et al. (2017) explored employee engagement with a survey of 277 people from different organizations in Australia and found that transformational leadership affected job resources in promoting work engagement. Breevaart and Bakker (2018) surveyed school teachers in the Netherlands; the results showed that transformational leaders affected employee daily engagement behavior based on their daily demands. Buil et al. (2019) studied frontline hotel employees' performance from 12 major hotel chains in Spain and found that leadership style affected employee performance. Transformational leaders who were connected or knowledgeable about their employees' work performance enhanced employee engagement. Transformational leaders have produced an environment that employees admire and respect, which has increased their loyalty and participation in the workplace (Ribeiro et al., 2018). Employee participation and performance were positively impacted by transformational leaders.

Employee Retention

Employee recruitment, onboarding, and training of new employees has been an expensive venture for any organization. Employee turnover has cost an organization about 25% to 500% of an employee's annual compensation, with an average cost of

$13,996 per worker (Alatawi, 2017). The Society for Human Resources Management reported that in 2016 46% of human resource managers remained concerned about employee turnover; in 2017 Gallup reported that 51% of U.S. employees were actively looking for opportunities to leave their jobs, and three million Americans left their job in 2016 (T. W. Lee et al., 2018). Employees are the foundation of any organization and keeping key talents has been crucial to any organization's survival and success. Transformational leaders have increased employee engagement, thereby decreasing employee turnover.

Leaders have been aware of their employees' needs. For example, in a study by Sun and Wang (2017), public school teachers in New York City stated that transformational leaders who understood employee needs and desires directly impacted their intention to leave. Yildiz and Simsek (2016) concluded that the relationship between transformational leadership and job satisfaction revolved around trust. Transformational leaders positively affected employee job satisfaction.

Innovations

Innovation has been crucial in organizational growth and survival. Innovation creates or implements new or improved products, processes, methods, practices, marketing, and organizational business mechanisms that are connected to economic growth (Keller et al., 2018). Technological innovation in health care has been a critical driver in addressing an organization's quality goals but has been an expensive venture, which has not always led to success (Bianchi et al., 2017). The United States spent $4.3 trillion towards health care, which translated to $12,914 per person, approximately 18.3% of the United States gross domestic product (CMS, 2022). The primary goal of health

care leaders has been to drive health care innovations based on cost-effectiveness and process measures that would contribute to better performance and outcome (R. H. Kim et al., 2016). Elrod and Fortenberry (2017) recommended exploiting innovations or best practices from other industries that benefitted from such crossovers of innovation or best practices. Transformational leaders have supported innovative ideas and practices for continued organizational growth and development.

Transformational leaders have effectively advanced organizations through innovation because of their support of their employees who were creative in coming up with new ideas and solutions that positively impacted organizational operations. Innovation has taken many forms, such as a new idea, product, method, or process that positioned the organization to become more viable and competitive. Ariyani and Hidayati (2018) found that engagement enhanced transformational leadership, which positively affected employees' innovative behaviors. Jiang and Chen (2018) studied different companies from different industries and found that transformational leadership enhanced innovation regardless of industry. Al-edenat (2018) revealed that transformational leaders positively affected employee job satisfaction. Engaged employees supported by transformational leaders provided innovative ideas.

Hospital leaders with transformational leadership qualities have had an advantage in the workforce. Because the health care industry has faced challenges from changing governmental laws and regulations and increasing technological innovations, leaders have needed to adapt. Transformational health care leaders have positively affected employees' work behavior by increasing trust and reducing uncertainty avoidance, thereby increasing innovative work behavior (Afsar & Masood, 2018). Ribeiro et al.

(2018) found that transformational health care leaders promoted employee commitment, enhanced individual performance, and encouraged goal setting. Innovation has been critical in the health care industry's changing environment. Transformational leaders have possessed the qualities to move an organization forward.

Alternative Theories

Transactional and situational theories are some of the alternative theories used in transformational leadership theory to achieve the same positive outcome in an organization. Transformational and transactional leadership have helped achieve organizational goals. However, transactional leadership behavior regulates employees' self-interest in achieving the goals (U. T. Jensen et al., 2019). In contrast, transformational leadership revolves around the notion of encouraging employees to go above and beyond their self-interest (U. T. Jensen et al., 2019). The ability to adapt to their followers' demands based on different situations as shown the success of a transformational and situational leader. Situational leadership has focused on how leaders played an active role, motivated, and influenced their followers to achieve organizational goals (Cote, 2017). Although transformational leadership theory has included extension research and use, other leadership theories have obtained the same positive outcomes.

Transactional Leadership Theory

Transactional leadership theory has evolved through the years. Through Bass, transactional leadership theory reemerged (1985). Transactional leadership is a process of exchanges between leaders and followers to fulfill obligations through setting objectives and controlling outcomes with goal clarity (Aga, 2016). Transactional leaders have achieved rapid changes and created efficient processes to achieve organizational goals

through role clarification, task requirements, and linked rewards and punishments in times of crisis or uncertainty (Ma & Jiang, 2018). Organizational leaders have used transactional leadership to achieve organizational goals.

Transactional leaders have been able to impact employee commitment depending on the organizational culture. Afshari and Gibson (2016) studied the relationship between transactional leadership and willing organizational commitment in a healthcare organizational and in a manufacturing organization. Afshari and Gibson (2016) found that their data indicated, transactional leaders had affected employee commitment through competence to do their jobs and better relationships with other employees. However, only competence showed to affect employee commitment in the healthcare organization. Transactional leaders successfully operated their organization or industry when focused on variables that impacted employees' commitment to the organization.

Employees and consumers are affected by organizational safety. In a study on fatal military accidents, Martinez-Corcoles and Stephanou (2017) found that transactional leaders positively impacted fatalities and affects safety performance behaviors. Transactional leaders affected performance behaviors, including safety compliance through employee adherence to rules and procedures and safety participation in voluntary activities that strengthen safety in the organization, such as attending safety meetings and educating other employees and decreasing risky behaviors that can lead to fatal consequences (Martinez-Corcoles & Stephanou, 2017). Transactional leaders thrived in creating a culture of safety in their organizations.

Transactional leaders have worked well with short term goals and, when combined with other leadership styles, synergized their effect for meeting long term

goals. Transactional leaders reinforced employee behaviors that were of value and eliminated those that were not of value. Authentic leadership developed positive behaviors through transparency and ethical behavior that valued employee input (Sanda & Arthur, 2017). In Ghana's telecommunications firms, Sanda and Arthur (2017) showed that transactional leadership, combined with authentic leadership, enhanced employee creativity and encouraged innovation. Transactional leaders have valued the rewards that their organizations have produced, which then has impacted the rewards given to their employees.

Situational Leadership Theory

Situational leaders adapt to the followers' needs. Situational leaders used the following styles: directing, coaching, participating, and empowering to achieve organizational goals (Luo & Liu, 2014). Hersey and Blanchard (1974) developed situational leadership to address (a) the direction and support that leader provided to their followers and (b) the readiness of the followers to fulfill the organization's goals. Follower readiness was essential to move an organization to where leaders envisioned their organization to go.

Situational leadership is a contingency theory. The style of situational leaders has changed to adapt to their environment (Luo & Liu, 2014). Bedford and Gehlert (2013) stated that the key to situational leadership was for leaders to accurately determine organizational readiness and to match employee readiness with the appropriate leadership style. Rabarison et al. (2013) established that situational leadership was helpful in the U.S. public health board accreditation process. The flexibility of developing process and

performance improvement plans created a healthy and sustainable working environment between leaders and followers.

Leadership style has affected employee satisfaction. Hospital leaders in southern Brazil showed a leadership style that focused on persuasion that limited staff creativity and was more focused on the task at hand; that is why a more flexible leadership approach should be considered (Andrigue et al., 2016). Situational leadership is not an inborn quality or trait; leaders increased their abilities and effectiveness through education, training, and development. The followers' behavior determined the leader's behavior (Bosse et al., 2017). Leaders who adopted their employees and organization's needs have proven to succeed in becoming competitive in the marketplace.

Situational leaders have been helpful in the healthcare industry. Situational leadership style has prevailed in any industry because the style forces leaders to focus on each situation individually (Wright, 2017). Leaders attuned with their followers have been more adaptive and flexible in providing assistance, which has allowed the leaders to develop the skills and confidence of their followers to obtain organizational goals (Thompson & Glaso, 2018). Situational leaders have increased awareness related to the individuality of employees (Zigarmi & Roberts, 2017). When there was a fit between follower and leader behaviors, trust and retention increased.

Transformational Leadership, Patient Satisfaction, and VBP

Transformation leadership has (a) framed strategies to increase patient satisfaction, (b) maintained compliance with regulatory requirements, and (c) sustained financial stability in a competitive market. The U.S. healthcare system's governmental bodies have continued to experiment with provider payment methods such as VBP

(Bowling et al., 2018). VBP was a strategy used to improve the U.S. healthcare system because of the rising cost and low quality-of-care in the healthcare industry (Tanenbaum, 2016). One of the CMS TPS indicators were patient experience focused on patient satisfaction, which compromised 25% of the total score for hospitals (Wynn, 2016). Patient satisfaction relates to the quality-of-care; that was why the CMS and the Agency for Healthcare Research and Quality collaborated to develop the HCAHPS survey (Cody & Williams-Reed, 2018). Healthcare leaders have focused on addressing each CMS total performance score (TPS) indicator to maximize their hospital reimbursement.

The CMS was one of the largest payers for healthcare services in the United States and had regulated for better quality outcomes from hospitals for service reimbursements. The U.S. healthcare delivery system has been a complex, costly, and inefficient process (Haley et al., 2017). In 2013 CMS implemented the hospital VBP program that focused on TPS indicators to measure hospital performance. HCAHPS measures of clinical processes and patient experience formed the basis of TPS (Haley et al., 2017). CMS changes in reimbursement have been intended to make hospitals accountable for improved patients' health, quality, and cost (Teferi et al., 2016). CMS regulated hospitals to comply with regulatory requirements and be accountable for their quality outcomes.

Consumers had easy access to hospital quality and service scores. Patient satisfaction scores were reported publicly and were tools for all healthcare consumers to choose their providers (McNicholas, 2017). Publicly reported hospital quality scores impacted a hospital's reputation and financial performance (Nelson & Staffileno, 2017). The goals of the publicly reported HCAHPS scores were to support consumer choice and

to incentivize hospitals to improve their delivery of care with increased accountability and (Herrin et al., 2018). Consumers had choices when it came to their health care.

Hospital Consumer Assessment of Health Care Providers and Systems

The increased pressure for healthcare leaders to be competitive in their market has heightened their awareness of improving their patient satisfaction scores. Transformational healthcare leaders have been vital in improving patient satisfaction scores because transformational leaders have delivered positive outcomes by motivating their followers to do more than expected by developing a trusting leader-follower relationship (Le & Lei, 2018). Transformational leaders created committed and engaged employees who elevated an organization's competitive advantage (Chai et al., 2017). Transformational leaders in the healthcare industry have positively impacted the delivery of care by supporting the need to explore the impact of their leadership on improving patient satisfaction related to the different dimensions of the HCAHPS survey.

Effective Communication

A relationship between parties needs to exist for communication to happen. For effective communication to occur, parties involved need to know each other, have an awareness of each other's expectations, and be able to engage in healthy dialogue (Adiguzel, 2019). Communication is a way to share information with other parties and it has created a significant therapeutic relationship with the patient by assessing their concerns, showing understanding and empathy, and providing comfort and support throughout their hospital admission (Dewi, 2018). Communication is essential in any organization, but especially in the healthcare setting where effective communication can be critical for positive patient outcomes.

Medical personnel communication to a patient and their family is part of patient care. Medical personnel must communicate to patients and their families in a manner that they can easily understand by using layman's terms and interpreters when necessary. In an effective communication process between patients and providers, the outcome has significantly impacted patient participation, quality-of-care, treatment outcomes, and overall satisfaction in the services provided (Theys et al., 2020). Patients that are satisfied have developed and established loyalty to their providers and the hospital, which has increased the hospital marketability as patients then prefer and choose the same provider in the future (Unal et al., 2018). With more information relayed through effective communication, patients and their families have been able to be better informed about their care plan.

Doctor-Patient Communication

Doctor-patient communication is crucial. Doctors should focus on a patient-centered care approach to personalized patient care, which will result in positive outcomes, better quality-of-care, and greater patient satisfaction (McCabe & Healey, 2018). Belasen and Belasen (2018) showed that improved doctor-patient communication provided better patient outcomes and more satisfied patients. Barriers to effective communication have included poor verbal and non-verbal communication, low communication content, and poor attitudes in communicating with the patient (Kee et al., 2018). When doctors communicated more effectively with their patients, patients experienced better outcomes.

A key to having effective communication has been the provider building a relationship with the patient, which begins at the first contact when first impressions are

formed. First encounters have been the basis for building a stable relationship that has influenced further future interactions (Rimondini et al., 2019). Providers who showed empathy and cared about their patients benefitted in terms of increased patient satisfaction, compliance, and treatment outcomes (Lipp et al., 2016). First impressions can be negative or positive. The first meeting can determine the quality of the relationship between provider and patient and the outcome of their hospital admission, including patient satisfaction scores.

Building relationships between providers and patients is crucial. In a study with 128 physicians by Seiler et al. (2017) only 10-32% of participants were able to name their physicians. Less than 11% were able to explain their physicians' role in their care and describe what they had received and few patients understood their plan of care (Seiler et al., 2017). In another study, improvements in physicians' communication skills positively impacted (a) medical outcomes, (b) safety, (c) patient adherence, (d) patient satisfaction, and (e) provider satisfaction and (f) provider efficiency (Boissy et al., 2016). Physician communication scores improved in the University of Utah Health Care system by creating and implementing a standardized physician-to-patient communication model (Horton et al., 2017). The physician and patient relationship needed to be established upon admission and maintained until discharge for the patients to understand their care to demonstrate a positive outcome.

Nurse Communication

Nurses have been the first line of communication with patients. Clear communication between nurses and their patients and families has been crucial because a lack of communication has resulted in a lack of trust, which affected patient outcomes

and patient satisfaction (Lofti et al., 2019). Crawford et al. (2017) stated that nurses developed a relationship with their patients to communicate effectively. Nurse communication has been one area that has significantly impacted patient satisfaction scores, according to a study by Carter and Silverman (2016). Carter and Silverman (2016) study also revealed that nurse communication accounted for 75% of the patient satisfaction domain score variance. Nurses impacted patient satisfaction scores because of their high visibility and their more frequent interactions with patients and their families at the bedside.

Investing in nursing as a significant driver for patient satisfaction scores has continued to be an area of study. The Stimpfel et al. (2016) study revealed that Magnet-recognized hospitals have been associated with better patient care experience. The concept of Magnet hospitals emerged in the 1980s when there was a national shortage of nurses (Lasater et al., 2016). Currently, there are 418 Magnet-designated hospitals in the United States, which account for 7% of all U.S. hospitals; transformational nursing leaders have successfully led high-performing teams to achieve Magnet designation and have sustained Magnet re-designation (Hayden et al., 2016). Patient outcomes and satisfaction scores have increased in hospitals with an effective nursing work environment.

Nursing schools and hospitals have been training nurses to improve the way they communicate with their patients. In a Chinese hospital, there was an emphasis on empathy training, which primarily targeted both cognitive and behavioral aspects of empathy communication. Through simulation training, it had successfully improved the nurses' ability to communicate empathically to their patients (Shao et al., 2018). Nurses

who were trained to perform bedside reporting showed increased interaction with their patients, benefiting both nurses and patients (Slade et al., 2018). Nursing communication has been crucial to positive patient outcomes.

Hospital Interpreter Services

Poor communication between providers and non-English speaking or limited English-speaking patients has placed such patients at higher risk leading to higher error rates and high admission rates. Currently, more than 25 million U.S. residents are not proficient in the English language, which has added to health disparities during hospital admission (J. S. Lee et al., 2017). In a global network survey held online, mobile communication technologies displayed improvements in communication and care when used with patients with communication impairments (Sharpe & Hemsley, 2016). Globalization is a reality and as cultural diversity has increased in different countries, so has the need to communicate with each other in a way that can be easily understood (Crawford et al., 2017). To mitigate the needs of limited English proficiency patients, many hospitals have provided in-person or mobile phone interpreter services.

Hospitals not providing interpreter services have risked receiving low patient satisfaction scores. In a study by Quigley et al. (2019) non-English speaking patients scored low in their patient satisfaction scores about care coordination. In a national study college-educated patients offered favorable ratings for doctor and nurse communication, but patients whose primary language was not English gave unfavorable ratings for doctor and nurse communications (McFarland et al., 2017). In a systematic review done in Australia, with a diverse patient population where 23.2% of the population spoke another language at home and 2% spoke no English at all, potential language barriers existed and

any mode of hospital interpreter services that was used improved the delivery of care (Joseph et al., 2018). In Switzerland, with 24.9% of its population immigrants, healthcare providers had faced challenges in providing proper care to their patients; however, when healthcare providers started using professional interpreters, there were improvements in providing care, which included patient education (Jaeger et al., 2019). In addition, healthcare providers did not always utilize American Sign Language interpreters to their full capabilities, which impacted the hearing-impaired patient population outcomes (Hommes et al., 2018). Interpreter services improved patient outcomes and patient satisfactions scores.

Communication About Medications

Poor communication has led to medication errors. An estimated 8 out of 10 patients discharged from the hospital have experienced medication-related errors; approximately 1.8 million people annually in the United States have encountered medication-related errors that caused injury or harm (Bartlett Ellis et al., 2017). Gillam et al. (2016) showed innovative ways of educating patients, such as information labels on patients' drinking mugs, briefing, and teach-back; these strategies were proven to improve patient satisfaction scores. Medication education in the hospital has been an ongoing process whose purpose has been focused on side effects and helping patients understand their medications, which decreases the risk for errors.

Pharmacists have played a crucial role in patient medication education. In a study at a teaching hospital, participating patients illustrated substantial compliance when a pharmacist had provided them with their medication education during and before discharge (Miller et al., 2018). In a study at a pharmacy school, role play was

incorporated in pharmacy school training, which increased the pharmacy students' confidence and knowledge in communicating about medication in terms of the drug name, purpose, mechanism, dosing details, and precautions (Lavanya et al., 2016). Thus, pharmacist involvement in patient education increased patient compliance and understanding, which led to decrease medication error.

Responsiveness of Hospital Staff

Patients have expectations, and hospitals have been judged based on whether those medical or non-medical expectations are met while in the hospital. Hospital staff responsiveness has focused on patient comfort since responsiveness to patients' needs has been an essential component of the patient experience when promoting and improving the patient's overall health (Kashkoli et al., 2017). According to a study to improve patient experience scores, areas of responsiveness that hospital leaders have strategized have included (a) timely delivery of services, (b) caring employees, (c) billing accuracy, (d) proper communication about the time-of-service delivery, (e) promptness of services, and (f) employees' willingness to help patients (Meesala & Paul, 2018). Hospital responsiveness aided in meeting patient needs while in the hospital.

The nursing staff has been a significant driver in increased patient satisfaction scores, especially related to responsiveness. Proactively rounding has been identified as a critical intervention to promptly address patients' safety and needs (Al Danaf et al., 2017). In a study at a U.S. medical surgical unit, a protocol of "purposeful and timely nursing rounds" produced improvements not just on patient communication scores but also scores on staff responsiveness and patient outcomes (Daniels, 2016). Yang et al. (2018) study showed that a negative patient outcome related to low staff responsiveness

scores can be costly, and in the case of older patients, the cost of 1 of 5 Medicare beneficiaries readmitted within 30 days is more than $26 billion per year. In a survey of 30-day readmission rates at more than 4,000 U.S. hospitals, the findings suggested those hospitals with better staff responsiveness scores given by patients had lower re-hospitalization rates for six acute care conditions (Yang et al., 2018). Increased hospital responsiveness has had a positive impact on patient satisfaction scores and the organization's financial viability.

Discharge Information

Poor communication upon patient discharge has led to a negative outcome. In a study by Okrainec et al. (2019), adverse events and hospital readmissions were common and avoidable; these were attributed to poor communication in the hospital discharge process. Choudhry et al. (2019) explored the readability of the discharge instructions and when changers were made, patient calls and readmissions decreased, thereby enhancing patient education through written instructions appropriate to each patient's literacy level. Quality of medication information given to the patients in discharge summaries led to medication errors and adverse drug events, according to an audit in a Norwegian hospital in 2013 (Garcia et al., 2017). Clear information given during patient discharge decreased adverse events.

Communication is a two-way street where information is shared and acknowledged by the receiving parties. In a review of 15 studies, researchers found that empowering patients to be engaged in their admission and discharge medication communication and improving providers' communication skills was key in decreased medication errors and readmissions (Tobiano et al., 2019). Nursing school leaders took a

proactive approach in bridging the gap in addressing nursing communication issues with nursing students through a structured curriculum which used simulations to improve discharge communication practices (Maclean et al., 2018). Effective nursing communication throughout the patients' hospitalization positively impacted patient outcomes.

Transformational Leadership Strategies to Improve Patient Satisfaction

The challenges of the healthcare with the industry's ever-changing dynamics have included (a) the U.S. government leadership changes, (b) the vision for healthcare's future, (c) regulatory requirements, (d) technological changes, (e) rising costs, (f) competition, and (g) increasing consumer demands. Healthcare transformational leaders have successfully demonstrated a significant positive impact on healthcare operations and outcomes (AlFadhalah & Elamir, 2019). Compared with other healthcare leadership styles, transformational leadership has positively impacted patient satisfaction scores (Huynh et al., 2018). Effective hospital leaders and their leadership styles have been crucial for any organization to survive and have become viable in the complex world of healthcare.

Patient satisfaction has been one component of the CMS quality-of-care standard. The CMS incorporated a patient satisfaction score to assess the quality of services rendered to patients, which has impacted the hospital's VBP performance-based reimbursements from CMS (Mazurenko et al., 2016). A study by Smith et al. "found that hospitals where providers and staff have more positive perceptions of patient safety culture tended to have higher [Consumer Reports] hospital safety scores" (p. 7, 2017) The researchers suggested future research might investigate if improving one's patient

safety culture might also lead to improvements in aspects of care that would lead to higher future CMS reimbursement rates" (p. 7, 2017). Patient satisfaction was not just a perception from consumers but also from hospital staff.

Leadership Style

The different leadership styles impact employees' behavior. Transformational leadership had been researched extensively because of the positive outcome of improved organizational performance (Ng, 2017). Ng (2017) identified that the following core mechanisms of transformational leadership: (a) affective, (b) motivational, (c) identification, (d) social exchange, and (e) justice enhancement, and he suggested they have a positive relationship between transformational leadership and their followers' job performances. Transformational leadership positively impacted work engagement and productivity.

Influential leaders have had a positive impact on any change management process. Enwereuzor et al. (2016) found that transformational leadership behaviors influenced hospital nurse work engagement and heightened the nurses' involvement. According to Krepia et al.'s (2018) literature review regarding transformational leadership in nursing, transformational nurse leaders positively impacted their employees' work performance and satisfaction. Alqatawenah's (2018) study on transformational leadership during a change management process confirmed that transformational leaders were influential. Fleming (2017) stated that transformational leaders developed and transformed their followers through influence and empowerment so that employees were able to perform to their fullest potential. Transformational leaders were influential in a positive change management process.

VBP Performance-Based Reimbursements

The increasing cost of healthcare together with poor hospital outcomes gave rise to the hospital VBP program to improve patient care quality. The CMS was one of the most significant healthcare insurances for many Americans; Medicare spending has accounted for one of the largest components of U.S. healthcare spending (Pan, 2017). The hospitals' primary goal has been to be compliant with VBP guidance and to increase reimbursement while providing safe, quality, and affordable care (Spaulding et al., 2018a). The hospital leadership has played a crucial role in maneuvering their organizations' financial viability in the VBP program, impacting their financial reimbursements.

Hospitals have participated in the Medicare reimbursement process through the patient's DRG system. Hospitals that were in the VBP received an automatic DRG percentage reduction, which created a pool of money used as incentive payments to meet quality and cost targets (Pan, 2017). The VBP approach to the hospital VBP and the hospital-acquired condition (HAC) reduction program through the Medicare program effectively evaluates healthcare delivery, quality, innovative improvements, and patient safety in an organization (Simsir & Altindis, 2019). Leaders who understood costs to improved patient outcomes, created a more robust health system, and promoted high-value innovation (Augustovski & McClellan, 2019). Innovation through best practices had been successful for hospitals leaders to show positive quality and service outcomes.

Poor quality outcomes, such as increased length of stay, readmission, or hospital-acquired infection, affects patient satisfaction and affects CMS reimbursement. In 2013, CMS hospital VBP performance-based reimbursements have accounted for 70% of the

clinical process, which addressed quality-of-care, and 30% on patient satisfaction, in which a poor clinical process outcome will create a negative impact (Izón & Pardini, 2018). Over 25% of healthcare expenditures will have occurred in the last year of a patient's life; thus, leaders have focused on palliative care teams to provide patient-centered goals to improve patient quality of life at a reduced cost (Glasgow et al., 2019). Increased awareness by hospital leaders of the community's needs has been crucial to make necessary adjustments to cater to their patient population's current and future needs.

Leadership Strategies

Healthcare leadership has formulated strategies to adopt a shared governance model to improve patient satisfaction scores as measured through HCAHPS. Shared governance is an organized and systematic approach to decision making to empower employees to become engaged in the decision making process (Gusenius et al., 2018). In a study by Ong (2017), it was shown that shared governance had a positive effect on nurse engagement, which reduced productivity loss, helped stabilize staffing, and improved organizational efficiencies, which decreased medication errors, falls, and adverse events, thus improving quality-of-care. When addressing hospital responsiveness, Wyatt (2019) demonstrated that a shared governance model was used to formulate ideas and developed a project to increase hospital responsiveness scores. Shared governance had a positive effect in increased patient satisfaction scores.

The rounding increased HCAHPS scores through service recovery. In a study by Cody and Williams-Reed (2018), during intentional nurse manager rounding, service-related issues were addressed in real-time and trended to monitor and address process or

system issues to mitigate further occurrences. According to Lockhart (2017), leaders rounding on staff affected staff engagement, satisfaction, and retention, which correlated to the quality-of-care and patient satisfaction. In a study by Ughasoro et al. (2017), leadership rounding succeeded if the patients' perceived expectations were satisfied during their hospital admission, which suggested they would most likely return to that same facility in the future and share the recommendations with others. Leadership rounding provided the opportunity for leaders to be visible and interact with staff members in the different units, which allowed the staff to share successes and barriers in their daily practices, which enhanced their delivery of exceptional patient care.

Employee retention is a critical focus in an organization and investing in employees is beneficial to the organization's growth. In a study by McNicholas (2017), greater employee satisfaction and better collaboration increased HCAHPS scores. Investing in hiring, training, and retaining employees has been vital in having fluidity in moving toward organizational goals. Hockenberry and Becker (2016) in their study identified that higher levels of nurse staffing levels affected and increased HCAHPS scores, but when the staffing mix included contracted employees, HCAHPS scores decreased. Based on research, further study is needed to explore the different hospital leadership strategies useful for improving patient satisfaction to help increased VBP performance-based reimbursements.

Transition

Section 1 included the foundation of this study, the background of the problem, problem statement, purpose statement, nature of the study, research question, and interview questions. The conceptual framework on transformational leadership and the

significance of the study was addressed, which focused on contributions to business practice and implications for social change. I performed an in-depth literature review on transformational leadership, alternative theories, patient satisfaction, hospital VBP, and leadership strategies to improve hospital patient satisfaction. In the transition to Section 2, I (a) restate the purpose statement; (b) discuss the role of the researcher; (c) address the participant for my study; (d) describe research method and design, population, and sampling, the ethics of the research, (e) identify the data collection instruments, data collection techniques, data organization techniques, and data analysis, and (f) address the reliability and validity of the research data.

Section 2: The Project

The U.S. health care system leadership team's core goal has been to provide equal access to high-quality health care to all Americans in a patient-centric approach as measured by the individual hospital patient satisfaction scores (Cefalu et al., 2019). I aimed to explore the effective strategies hospital leaders have used to improve patient satisfaction to increase hospital VBP performance-based reimbursements. The results of this research may benefit other health care leaders in implementing strategies that could improve their patient satisfaction scores. This section of the study includes the purpose of the study, role of the researcher, and methods and design.

Purpose Statement

The purpose of this qualitative multiple case study was to explore effective strategies hospital leaders used to improve patient satisfaction to increase VBP performance-based reimbursements. The targeted population consisted of eight hospital leaders from seven hospitals in California belonging to one health system who had successfully implemented strategies to improve patient satisfaction scores to increase their VBP performance-based reimbursements. Findings may be used by health care leaders to improve their hospital patient satisfaction scores, increase the sustainability of their hospitals, and improve the health and the well-being of the residents of their local communities, which may create positive social change.

Role of the Researcher

A researcher's role is to understand research through networking, collaborating, managing, and conducting research, as well as publishing the research to add knowledge to the field of study (Kyvik, 2013). Researchers have investigated phenomena through

qualitative data gathering using different sources such as interviews, observations, design efforts, interventions, and archival data (Coombs, 2017). In this study, I identified and interviewed eight hospital leaders from seven hospitals in California. The goal was to gather data based on the research question, analyze the data, and formulate outcomes based on emerging themes.

My professional background is in nursing, which includes more than 10 years as a clinician and 10 years as a nurse leader. I have direct experience with hospital quality metrics, which include patient satisfaction surveys. I have learned and implemented strategies to improve patient satisfaction through hospital leaders' guidance, primarily in nursing. As the researcher in the current study, I avoided using my health care background to bias my collection or interpretation of data.

Officials from the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research drafted the Belmont Report in 1976 and published it in 1979 (Adashi et al., 2018). Vollmer and Howard (2010) used the Belmont Report guidelines to ensure ethical compliance including (a) informing the participants about the experiment and their risks, (b) fair treatment of subjects in the research, and (c) minimizing risk and balancing or maximizing the benefits. Adashi et al. (2018) stated that the Belmont Report is a framework that guides the resolution of ethical issues involving human subjects and addresses the ethical principles of human subject research, which include respect for persons, beneficence, and justice.

I used bracketing and an interview protocol to mitigate researcher bias during data collection. Mitigating bias is essential to maintain rigor throughout the research (Squires & Dorsen, 2018). Bracketing is a method that has been used by qualitative researchers to

mitigate biases that may taint the research process by acknowledging their biases through their experience within the study area (Tufford & Newman, 2010). To mitigate my personal bias as a health care leader, I avoided sharing personal opinions or sharing ideas during my data collection. Also, I did not choose participants who directly or indirectly reported to me.

An interview protocol includes more than a list of interview questions. Interview protocols allow the interviewer to standardize the interview process with each participant (Arsel, 2017). A protocol covers how a subject gets interviewed, which includes a script that guides the researcher in the interview process (Jacob & Furgeson, 2012). To increase the consistency between interviews, I developed an interview protocol that I used with each interview (see Appendix A).

Participants

Qualitative researchers seek participants with rich experience in the area being researched and use only a certain number of participants until data saturation has been reached (Knechel, 2019). The participants eligible for my study consisted of hospital leaders who had successfully implemented strategies to improve patient satisfaction scores. The participants were subject matter experts with at least 3 years of experience in improving patient satisfaction scores in a hospital setting.

Gatekeepers are organizational leaders with authority to control access to their organization, and they possess the understanding to communicate the processes and identify vital organizational stakeholders who might be essential in the research (Singh & Wassenaar, 2016). I identified gatekeepers from a personal network of hospital leaders from my hospital experience or professional affiliations. After Walden University

Institutional Review Board (IRB) approval and receipt of the IRB number for this study which is IRB 1827430-2, I reached out to these gatekeepers through face-to-face, video conferencing, telephone, or email to explain my study and answer any questions regarding my study. My mentor for this study was a chief nursing executive officer in the Southwest Division who had authority to permit this research to be conducted in the Southwest Division; her written approval was documented.

After IRB approval, I worked with the gatekeepers to identify appropriate participants. Gatekeepers are people who control or have the ability to control access to participants in a research process (Golf, 2020). After I identified appropriate participants, I contacted each individual by telephone or email to build a working relationship. Building a working relationship creates a partnership to work collaboratively through (a) equal interactions, (b) mutual trust and respect, and (c) shared decision making (Gelech et al., 2017). The participants' privacy and confidentiality were addressed during the interaction, and I emphasized that participation was voluntary; I explained that participants could remove themselves anytime from the study without repercussions. After participants agreed to participate in this study, they received an email information sheet about the research and gave informed consent by replying to that email to schedule an interview session, which averaged approximately 45 minutes. Informed consent is the cornerstone of ethical conduct that protects the rights of the participants and is given to participants before the start of the study so the participants can make a responsible and autonomous decision before participating in the study (Widmer et al., 2020).

Due to the COVID–19 pandemic, I respected the need for social distancing to stop or slow the spread of the disease. To support social distancing, I interacted with each

participant via face-to-face, video conferencing, or telephone. The purpose of this study, the participants' role in this study, and their time commitment for the interview were explained, and the participants were encouraged to ask questions before the meeting. In qualitative research, social interaction with the participants is critical to confirm that the questions and answers are sufficient and relevant to the research topic (Aarsand & Aarsand, 2019).

Research Method and Design

Research Method

The three primary research methods are quantitative, qualitative, and mixed methods (M. N. K. Saunders et al., 2015). Quantitative researchers focus on hypotheses, variables, and statistical methods to test the significance of variables' relationships or groups' differences (House, 2018). Psychometric properties must be adequate to avoid distorting the statistical analyses and to minimize measurement error through measure modification rather than creating a new measure (Abulela & Harwell, 2020). Researchers use quantitative methods to measure variables and test relationships based on a statistical model (Lefevre et al., 2019). Quantitative researchers aim to provide an accurate and unbiased approximation of an entire population through a randomly selected sample size (Hannigan, 2018).

In contrast, qualitative researchers explore experiences or phenomena through interactive communication without incorporating statistical analyses (Tuval–Mashiach, 2017). Qualitative researchers try to understand the quality or nature of a social phenomenon, not the quantity, by using language-based data and visual representations to capture those phenomena (Mykhalovskiy et al., 2018). Qualitative researchers focus on

in-depth analysis of the research topic using a small number of participants who represent diversity through their point of views based on their experience, which helps enrich the research data that address the research question (Lefevre et al., 2019).

A mixed-methods researcher combines quantitative and qualitative approaches to achieve a complete analysis through data collection techniques and analytical procedures (M. N. K. Saunders et al., 2015). Mixed-methods researchers establish a more comprehensive understanding of the research topic by combining methodologies through triangulation, developing a complementary representation of the study, increasing tool availability to conduct the study, and broadening the scope of the research to identify trends and validated results (McLaughlin et al., 2016). Mixed-methods researchers use a mixed-methods approach that has such characteristics as methodological eclecticism and paradigm pluralism (McCrudden et al., 2019).

I explored hospital leaders' experiences using semistructured interviews. Hospital leaders' expertise and experiences were addressed to answer the research question. I selected a qualitative method based on the data needed to answer my research question.

Research Design

A research design is a strategy that guides how researchers will conduct their studies to answer their research questions (Bloomfield & Fisher, 2019). I considered three research designs within the qualitative research approach: (a) phenomenological, (b) case study, and (c) ethnography. Phenomenology is an explorative research design in which researchers explore the meanings of participants' experiences of a specific phenomenon (Adams & van Manen, 2017). The perspective or phenomenology is broad and holistic and captures (a) social, (b) cultural, (c) environmental, (d) political, (e) economic, (f)

psychological, and (g) physical factors (Picton et al., 2017). Phenomenological researchers uncover the human experience of a situation that is shaped by a unique context in which researchers understand the social reality to address the phenomenon (Ferreira Rodrigues Galinha de Sa et al., 2019).

Researchers use a case study design to focus on a group or organization to investigate in-depth, real-life events specific to the situation (Ridder, 2017). Researchers use a case study design to explain, describe, or explore a phenomenon in which the use of multiple data sources provides a clear trend of evidence based on the questions asked and data collected (Alpi & Evans, 2019). Case study research allows researchers to gain insight into a complex contemporary phenomenon with little or no control (Verleye, 2019).

Ethnographic researchers study people from other cultures from someone else's perspective (Wilcox, 2012). Ethnographic researchers use observations from their participants' perspectives and collect data as field notes to capture the participants' real-time cultural behaviors (Conroy, 2017). The ethnographic researcher aims to gain a deeper understanding of the experiences of the participants within a group to gain a better understanding of the social and cultural meanings of a phenomenon by interpreting the values, beliefs, and languages of this group (Kassan et al., 2020).

Hospital leaders from California were interviewed as part of my study. My goal to explore strategies to improve patient satisfaction scores to increase hospital VBP performance-based reimbursements was not suitable for a phenomenological or ethnographic design. Researchers using a phenomenological design address participants' lived experience, and an ethnographic researcher uses observations to study a group's

culture. I chose a multiple case study design to identify the effective strategies hospital leaders used to improve patient satisfaction scores and increase their VBP performance-based reimbursements.

Data saturation originated in grounded theory and has been applied in qualitative research, which has determined purposive sampling in health care research (B. Saunders et al., 2018). Data saturation is one measure to enhance study reliability and validity. The data collected contain all information needed to answer the research questions (Lowe et al., 2018). The most common way of reaching data saturation is through semistructured interviews, which include open-ended questions to capture the responses and identify repetitions until no new information is offered (de Cassia Nunes Nascimento et al., 2018). I ensured data saturation for my study by continuing to gather data until no new information was discovered.

Population and Sampling

Eight hospital leaders from seven hospitals in California that belong to one health system participated in this multiple case study because each participant had successfully implemented strategies to improve patient satisfaction scores to increase their VBP performance-based reimbursements. The hospitals selected for the study each had greater than a 50-inpatient bed capacity. Participants included hospital leaders who successfully increased patient satisfaction scores in their hospitals. Lefevre et al. (2019) defined *purposive sampling* as the capturing of data from participants who are experts in their field who describe in detail their experiences.

A researcher justifies appropriate sample size based on the (a) study's scope, (b) nature of the topic, (c) time spent with the participants, and (e) population sample's

homogeneity (Boddy, 2016). The researcher's involvement in creating a comprehensive case analysis essential for a qualitative approach tends to yield a small sample size (Vasileiou et al., 2018). Qualitative researchers use purposive sampling to recruit participants in a nonrandom way. Participants in the final sample are chosen based on their understanding of the research topic and their perspectives on the phenomenon in question (Robinson, 2014).

Dworkin (2012) stated that the concept of saturation is the most critical factor because data saturation ensures an appropriate sample size in qualitative research. Guest et al. (2020) stated that data saturation is the most employed concept and benchmark when estimating and assessing sample size in qualitative research. Boddy (2016) stated that data saturation justifies the appropriate sample size when there are no new additional data or themes presented. A researcher achieves data saturation when all of the relevant information gathered during the interview can be used to answer the research question and no new data are being produced (van Rijnsoever, 2017).

Ethical Research

The World Medical Association issued the Declaration of Helsinki in 1964. The World Medical Association established international ethical regulations about human subjects, which gave importance to the participants' rights through informed consent and ethical committee approval before starting the research (Wu et al., 2019). Once I received IRB approval, I worked with gatekeepers to identify and contact each participant. Participants who agreed to participate in the study received an email information sheet about the research and gave their informed consent by replying through email. The informed consent detailed the following: (a) served as a full disclosure of the research's

nature, (b) highlighted the extent of involvement for the participants and their comprehension of the research, and (c) confirmed the participants' voluntary participation (see Dankar et al., 2019). Participants did not receive compensation for participating in my study.

Participants that consented through informed consent, participated voluntarily, and could stop the process at any time, and withdraw from the research without penalty. Participant that continues to be involved in the research will be held in strict confidence, and the participants data captured during the research process will be stored and secured for 5 years. Participants had unique identifiers such as P1, P2, P3, P4, P5, P6, P7, or P8 which linked them to the study, thereby protecting their identity. A researcher should be aware and preserve confidentiality, which includes autonomy, privacy, and commitment (Petrova et al., 2016). A researcher respects a participant's anonymity through confidentiality which is a core value in research (Stiles & Petrila, 2011). Participants are entitled to their privacy and confidentiality in any research, and the researcher must inform the participants of any risks and explain the procedures that maintain confidentiality (Hammack et al., 2019). IRB officials provided the IRB number for this study and no study activities began until after IRB approval.

Data Collection Instruments

Researchers value the importance of the data collection design to show how the data would be accurately collected, the results interpreted, and the study generalized to enhance the reliability and validity of the data collection process (Thomas et al., 2018). The data collection instruments used in this qualitative multiple case study research were (a) me as the researcher, (b) the interview session, and (c) participants HCAHPS scores. I

was the primary data collection instrument because I chose, conducted the data, and gathered the data for my research. A researcher must use an appropriate instrument for data collection because the instrument impacts the validity and reliability of the research (Bastos et al., 2014).

I used an additional instrument in collecting my data which was the interview protocol, which I used as a guide to enhance consistency (see Appendix A). I conducted face-to-face or video interviews. During the interview, which averaged approximately 45 minutes, I asked nine interview questions (see Appendix B) and asked additional probing questions to clarify or explore the participant's response. I recorded interviews using two devices. After the interview session, I transcribed and summarized the interview session. I performed member checking by reaching out to the participants through email to verify the accuracy of the interview summary.

Transcribing required close and careful listening skills, which was crucial in the research activity and impacted the accuracy and authenticity of the data gathered (Bolden, 2015). Data accuracy was crucial in a research validity and reliability because data accuracy increased the study's transparency and decreased researcher bias, which preserves the integrity and quality of the measured data (Mohajan, 2017).

I validated data accuracy for this research through member checking, as the participant had the opportunity to verify the accuracy of the data gathered during the interview process. Participants were allowed read, check for accuracy, expand, amend, or comment on the raw transcribed interview or research data to enhance the research results' accuracy and transferability (Brear, 2019). I transcribed and summarized the response for each question after each interview. I summarized each interview and asked

each participant to review the accuracy of my interpretation. I followed up a second interaction with my participants as part of the member checking process to confirm my interpretation of the interview and allowed participants to expand or amend their responses.

Finally, I used participants HCAHPS scores as my second data source. A researcher that used document analysis allows a systematic procedure for reviewing or evaluating the participant's documentation to review, and for interpreting the participant's data and elicit meaning, gaining understanding, and developing empirical knowledge (Bowen, 2009). Subject matter experts collected and analyzed documents, such as HCAHPS scores, action plans for improvements, and strategies implemented to help increase patient satisfaction scores to have a better understanding of the document used in practice within the organization (Linton et al., 2019). The gatekeepers provided my second source of data which consist of past and current organizational HCAHPS documents which are also available through a public website. Finally, I also accessed demographic information, mission, vision, and values directly from the hospitals' webpages.

Data Collection Technique

Data collection included interviewing and recording participants using a semistructured interview process with nine open-ended interview questions (see Appendix B); the interviews averaged approximately 45 minutes. Open-ended questions allows the participants to describe in detail how they perceived the concept of the study, and based on the participants' responses, the researcher formulated meaningful variations and relationships to understand a particular phenomenon (Tran et al., 2016). I conducted

the interviews either face-to-face or through video conferencing. I sent a summary of the interview data to the participant after the interview session was completed as part of member checking, which validated the accuracy and provided credibility for the data from the interview. Member checking is a process where the participants received a summary of the interview to check the authenticity of the data gathered (Braganza et al., 2017).

A researcher has an advantage when conducting a semistructured interview because the interview questions, gathers a large amount of detailed data based on participant's answers, which could be easily analyzed (Aarsand & Aarsand, 2019). Participants withholding organizational information leads to an uneven power balance between the researcher and the participant in which the power to control and constrain the answers can bias the data (Sigstad & Garrels, 2018).

Data Organization Techniques

To facilitate data organization, I created folders that included recorded interviews, interview transcript, interview summary, and interview summary trends. I backed up all my documents in an external hard drive. I saved any email correspondence from the participants in a separate computer folder. A research journal is part of the process where the researcher translates data into words or pictures stored in the long-term memory of the brain, which a person has the option to revisit and review to have a better and more precise understanding of what had happened in the past (Nayar & Koul, 2020). I did not maintain a separate researcher journal to document my progress but relied on extensive email correspondence with participants and gatekeepers. Because I had extensive correspondence with participants, the email correspondence served as the primary form

of documentation of the data collection process. I was able to use the email correspondence to document the progression of data collection.

After I conducted each recorded semistructured interview I transcribed the participant's answers to the nine interview questions (see Appendix B). I converted my recorded interview sessions into text using two voice recorders and an application to transcribe the recording into a Word document. My transcribed and summarized data were inputted into Excel document and analyzed, organized, and coded to categorize and find themes of successful leaders' strategies to help improve their patient satisfaction scores. I have taken the following steps to collect and organized the data:

- Past and current organizational HCAHPS documents were requested through my gatekeepers, accessed organizational internal shared drive, and Hospital Compare website
- Communicated with the gatekeepers to identify potential participants for my study.
- Worked with potential participants through email correspondence and asked if they are interested in participating in my study.
- Individuals interested in participating signed an informed consent form.
- Scheduled interview either in-person or Zoom with each participant
- Conducted interview using the interview protocol (see Appendix A).
- Summarized and transcribed the interview through a word document and sent to the participant a summary of the interview for validation through email, if

corrections were needed, the interview summary was corrected and emailed back to the participant until validation of the summary had been achieved

- After the interview summary was validated by the participant, I transcribed the data into an Excel document

Data Analysis

Two key methods of data analysis include methodological triangulation and thematic analysis. Researchers used triangulation to help validate case studies because triangulation provides multiple sources of evidence, which provide additional measures of the same phenomenon (Yin, 2018). A researcher adds value to their researcher internal and external validity when they use triangulation to show the different methods, theories, or data sources which captures social reality (Farquhar et al., 2020). Researchers use methodological triangulation to enhance study reliability and validity by using different methods to study a specific event or experience (Nwanna-Nzewunwa et al., 2019). I used methodological triangulation because I used two different data collection methods including interviews and hospital documents. Researchers have used multiple methods to capture complete and detailed data about the phenomenon which is called triangulation to give a better understanding of a given reality and avoids the bias of a single method strategy (Abdalla et al., 2018). My secondary data source for this study was the HCAHPS scores of the hospitals. I obtained past and current organizational HCAHPS documents from my gatekeepers. HCAHPS scores are available through a public website. Finally, I also accessed demographic information, mission, vision, and values directly from the hospitals' webpages. I used the different dimensions of the HCAHPS documents, interview transcript, and interview summary to develop themes.

I analyzed the data based on the interview questions (see Appendix B), recorded interview transcripts, interview summary, and studied additional information given by the participants during the study, such as their HCAHPS scores. I transcribed the data gathered into a Word document format based on the interview questions (see Appendix B) and transcribed to an Excel document. Researchers use thematic analysis to provide an analytical template to categorize the data, organized, and interpreted themes based on the textual data gathered during the interviews (Cassell & Bishop, 2019). Mackieson et al., 2019 described thematic analysis as a method in which the researcher identifies, analyze, and interpret patterns or themes in the data.

Researchers have used thematic analysis to analyze and code the participants' answers based on the interview questions in which the identification of themes occurred during the inductive analysis of the data (Hastings & Pennington, 2019). Cassell and Bishop (2019) identified steps to follow when performing thematic analysis. My study followed the following steps which includes: (a) identified themes by comparing all respondent's comments on a particular issue or question; (b) categorized interview data into an analytic template; (c) coded the interview transcripts and summary by cutting and pasting parts of the data, and through comparison; (d) organized narrative segments into different thematic categories and sub-categories.

Based on Cassell and Bishop's (2019) thematic analysis steps, I performed thematic analysis for my study based on the data gathered by first capturing and organizing each participant's answers to the interview questions in a Word format (see Appendix B). Second, I summarized and transcribed all participants' answers based on the interview questions (see Appendix B) in a Word document. Third, I transcribed

participant responses in an Excel document. Fourth, I started coding by highlighting significant points or themes based on participant responses. Fifth, I started identifying themes based on the highlighted points, extracted them from the data set, and categorized the data as a theme based on the specific question. Last, I completed a final review of themes identified and captured the data set to answer the research question. I secured all interview data, notes, summary, and transcripts for 5 years. After 5 years, I will delete all data to maintain participants' confidentiality and protect their privacy.

Reliability and Validity

Reliability

Qualitative researchers receive adequate data when their data shows consistency or duplicability of the analysis across participants (Spiers et al., 2018). The researcher's data dependability is based on the consistency of the data analysis which provided finding stability over time when participants are involved in data evaluation, interpretation, and finding recommendations (Korstjens & Moser, 2018). The basis for duplicability was based on (a) the problem statement, (b) purpose statement, (c) research question, (d) interview questions, (e) conceptual framework, (f) participants, (g) research method and design, (h) population and sampling, (i) data collection instrument used, (j) data collection and organization technique used, and (k) data analysis.

Dependability involves the participants' support of the study based on their evaluation of the study findings, interpretation, and recommendation to provide stability of the study over time (Korstjens & Moser, 2018). The strategy to provide dependability included using an audit trail through email correspondence throughout the study. Landers et al. (2020) used an audit trail to show dependability. The utilization of an email

correspondence review was part of the audit trail to capture organizational gatekeepers' and participants' interactions. Through the interview process, using the interview protocol as a guide (see Appendix A), I captured the answers made during the interview meeting through two voice recorders. I transcribed and sent the participants summaries of the recorded interview for validation through email.

Validity

Validity in qualitative research depends on data appropriateness, which provides an accurate account of the participants' experiences (Spiers et al., 2018). As part of member checking, after the interview concluded, the researcher transcribed the interview session and used member checking to validate and provide credibility to the data (Brear, 2019). My participants validated and approved my transcribed data summary through email. Member checking validated responses during the interview sessions and was considered a validation tool in which the participant or respondent validated the results (Birt et al., 2016).

Credibility

Researcher's intention based on the study's purpose stems credibility (Moon et al., 2016). I verified my research through methodological triangulation and member checking. Researchers utilize method triangulation because of the multiple methods to collect data and used member checking to verify the findings and to validate the study findings based on the participants' experience (Moon et al., 2016). I used methodological triangulation by gathering research data through the recorded interviews and additional data provided by the participants, such as their HCAHPS scores. I used member checking

by having the participants review the interview summary to validate the interview data and my understanding.

Transferability

The transferability of research increases if other researchers have been able to build on the findings in subsequent research (Korstjens & Moser, 2018). Transferability is the degree to which the results of a study can be transferred to other areas by other respondents (Korstjens & Moser, 2018). The transferability of research is valuable for future research so that others can add more knowledge and value to the research topic. My research transferability is based on best practices that can be used by hospital leaders to increase their patient satisfaction scores. Transferability is a type of external validity in which the study's findings are applied to or is helpful to theory, practice, and future research (Moon et al., 2016).

Confirmability

Researchers use confirmability to provide legitimacy and validity of their study as confirmed by other researchers (Korstjens & Moser, 2018). Confirmability has been applied when the researcher needs to prove the study results through a detailed methodological description based on the participants' experiences, descriptions, and preferences that links to the conclusion, such that the conclusion can be replicated by other researchers (Moon et al., 2016). To establish confirmability, I established an audit trail through email correspondence and voice recorders, which have been transcribed. Participants validated my summarized interpretation of interviews.

Data Saturation

Data saturation facilitates or helps to ensure research validity by exhausting data extraction from all or additional participants in the study; that is, no new data can be extracted from the interview sessions. The researcher's judgement on the sample size of the study determines no additional findings added value to the study at which point data saturation has occurred (Tran et al., 2016). Researchers use data saturation to ultimately determine sample size in qualitative research. Researchers reach data saturation when the data collected and the incoming data analysis produced no new information to address the research question (Guest et al., 2020).

Transition and Summary

In Section 2, I (a) restated the purpose statement, (b) discussed the role of the researcher, (c) addressed the participants for my study, (d) described research method and design, population and sampling, (e) discussed ethical research, (f) identified data collection instruments and data collection techniques, (g) described data organization techniques, (h) discussed data analysis, and (i) addressed the reliability and validity of the research data. Section 3 includes (a) the presentation of the findings, (b) the application to the professional practice, (c) implications for social change, and (d) recommendations for action and for future research.

Section 3: Application to Professional Practice and Implications for Change

The purpose of this qualitative multiple case study was to explore effective strategies hospital leaders used to improve patient satisfaction to increase VBP performance-based reimbursements. The participants of my study consisted of eight hospital leaders from seven hospitals in California that belong to one health system. I used an interview protocol and interviewed hospital leaders using nine interview questions. My interview questions focused on answering my research question: What effective strategies did hospital leaders use to improve patient satisfaction that increased VBP performance-based reimbursements? I concluded interviews once data saturation was reached.

After IRB approval, I reached out to my gatekeepers and identified hospital leaders to participate in my study. I sent each potential participant an introductory email. Once they answered my email stating they were interested in participating in my study, I emailed them an informed consent form. Once a participant had consented to be part of my study, I scheduled and performed the interview either in person or through video conferencing. All interview recordings were transcribed and converted to a Word document and an interview summary was sent back to the participants to verify accuracy. Once the participants verified the accuracy of the summary of their interview, I analyzed each interview document through an Excel document to identify themes. Based on the data from eight hospital leaders from seven hospitals in California, I identified four themes. The results of this study may provide strategies that hospital leaders can use to improve patient satisfaction to increase VBP performance-based reimbursements.

Presentation of the Findings

I identified four themes resulting from my comprehensive data analysis: (a) developing evidence-based strategies, (b) continuing employee education, (c) leadership strategies, and (d) effective communication strategies. Researchers identify emerging themes based on the research question through their collaboration with participants in the study (Arora & Hartley, 2020). Researchers identify recurrent keywords during the interview and analyze the data to identify themes (Baber et al., 2022). I identified themes after analyzing keywords during the interview process and correlated the themes to my conceptual framework, which was transformational leadership theory. I summarized the themes embedded in the participants' comments (see Table 1).

Table 1

Summary of Number of Thematic Comments

Participant	Developing evidence-based strategies	Continuing employee education	Leadership strategies	Effective communication strategies
P1	1	1	1	1
P2	0	1	1	1
P3	0	1	1	1
P4	1	1	1	1
P5	0	0	1	1
P6	0	1	1	1
P7	1	0	1	1
P8	1	1	1	1

Developing Evidence-Based Strategies

The first theme for my study was developing evidence-based strategies. Evidence-based practices have been identified and used by P1, P4, P7, and P8. P1 stated, "it truly shows that if were doing evidence-based practices ... the scores went up." P4 stated, "this particular facility utilizing evidence-based practices of hourly rounding and bedside shift

report have both had a direct positive impact on multiple metrics." P7 stated, "we've employed a lot of different strategies … a lot of the directives from the system office in terms of care improvement were operationalized in our hospitals … we expect those to be evidence-based and are best practices across the nation." P8 stated, "we really use evidence-based practices … things have not really changed for this specific nursing practices in patient experience because survey has not changed." Evidence-based strategies identified and used by hospital leaders involved (a) leader rounding, (b) hourly rounding, (c) medication education, and (d) discharge education. The participants who made comments related to each of the evidence-based strategy subthemes are indicated in Table 2.

Table 2

Summary of Developing Evidence-Based Strategies Thematic Comments

Participant	Leadership rounding	Hourly rounding	Medication education	Discharge education
P1	1	0	1	1
P2	1	0	1	1
P3	1	1	1	0
P4	0	1	0	0
P5	1	1	0	1
P6	1	0	1	1
P7	1	1	0	0
P8	1	1	0	0

Leaders used different evidence-based strategies that focused on dimensions of the HCAHPS. Evidence-based strategies are crucial to strengthening systems (Reynolds et al., 2022). Modern health care practices have been established through evidence-based medicine (Nayagam, 2022). Transformational leaders in health care are influential in providing positive nurse and patient outcomes through evidence-based practices for high-

quality, safe, and cost-effective nursing care (Demir & Duygulu, 2022). Hospital leaders in my study identified evidence-based strategies as a key strategy to improve their patient satisfaction scores.

Leadership Rounding

Leadership rounding was one of the strategies seven out of eight participants used to increase their patient satisfaction score and leadership visibility. Leaders by virtue of their hierarchical position are influential in the day-to-day operation of their areas and in shaping their work environment (West et al., 2022). Intentional nurse leader rounding has been an evidence-based practice that engages a patient and their family, thereby improving patient satisfaction (Jones et al., 2022). Leadership rounding focused on patient satisfaction combined with nurse-led and unit-based rounding has been a cost-efficient way to show a significant improvement in an organization's patient satisfaction scores (Eamranond et al., 2022). My study findings have shown leaders who round have influenced patient satisfaction scores while increasing visibility in the different patient care areas of their hospital.

Hourly Rounding

P3, P4, P5, P7, and P8 were from the participating hospitals that used hourly rounding as one of their successful evidence-based strategies to improve their patient satisfaction scores. Gliner et al. (2022) showed that hourly nurse rounding increased patient monitoring and communication and at the same time assisted with patient comfort needs, which decreased patients' risk of injury. Hourly rounding had a positive relationship with patient satisfaction scores, as exemplified in a study by Brosinski and Riddell (2020) that showed an increase from 52% to 73% in those scores. Hourly

rounding has been endorsed by hospitals as a best practice in reducing call light use, a form of patient–nurse communication in a hospital, and has been shown to increase quality-of-care (Shamailov et al., 2021). In my study, hourly rounding when performed intentionally and positively impacts patient satisfaction scores.

Medication Education

Medication education was an evidence-based strategy used by P1, P2, P3, and P6 that increased their patient satisfaction scores. Patients who were educated about their medications, especially new medications initiated during their hospital stay, showed improved hospital satisfaction scores (Tatara et al., 2021). The implementation of an evidence-based teach-back method, as it pertains to the purpose and side effects of medications during the patient hospitalization, has improved patients' knowledge of their medications and satisfaction in the process (Nickles et al., 2020). A pharmacist-led transition-of-care program that communicates and educates patients about their medication prior to discharge has been shown to improve patient satisfaction scores and has decreased hospital readmission, thereby cutting costs for the hospital (March et al., 2022). My study has shown increased communication and education of patient medication during hospitalization had increased patient safety and satisfaction.

Discharge Education

Four participants (P1, P2, P5, P6) focused on discharge education as an evidence-based strategy to improve their hospital satisfaction scores. Teach-back, an evidence-based method used by nurses to evaluate patients' understanding of information given during discharge education, has increased in information retention and patient-centered communication (Eloi, 2021). Discharge education that engages patients in the process has

been shown to increase their understanding so that they are better able to manage their health after their hospitalization and has been shown to improve their outcomes (E. Kang et al., 2020). Patient education prior to and during discharge using both written and verbal instructions for the patient or their family has demonstrated increased patient preparedness and satisfaction (Tanner & Morgan, 2022). Patient and/or family participation has been a crucial component during discharge education, which provides and validates the information given for a positive patient outcome and satisfaction based on my study.

Continuing Employee Education

The second theme identified for my study was continuing employee education. P1 stated,

> a lot of education that went into it, it's me literally educating my COO … telling him why the importance of doing these things and cascading to his direct reports and having him understand why we do what we do, why we are here, for the patient.

P2 stated,

> I am presenting and teaching patient experience ... in day 1 of new employee orientation, day 2 clinical orientation, I have presentations for RN residency, preceptors, charge nurses, and did a whole skills lab for the whole hospital when I first got here.

P3 stated, "validation, for our practices we utilize observations to ensure accountability and to ensure we achieve validation ... but sometimes the observations are related to quality of work not necessary quantity." P4 stated,

> if you look at our scores a year and a half ago when we started doing, utilizing the tools and doing competencies for the staff … our patient experience scores have gone from I believe a baseline in the teens to exceeding our threshold … we implemented in person real time observations of the process as well as simulations to ensure the staff had clear understanding of what the process and expectation was and observations to make certain that is was carried through into actual practice.

P5 stated, "the current strategy is that we are doing quarterly observations every nurse every quarter." P6 stated,

> we do a program here every year during annual competencies that we called to back to basics, we choose a collection of basic nursing care components and we really push and remediate those during annual competencies … second thing we do is we implement strategies for surveillance around basic nursing care … looking for trends … leadership rounds … we go in the patient room … we audit so that the bundles are in place.

P8 stated, "accountability … having the nurse leaders also go out and do their staff observations … direct observations … giving the skills to the leaders to have these tough conversations to feel like they are confident in their own leadership." Education was a strategy used by leaders to inform the staff of the job expectations and to provide them with the knowledge to perform their job.

Leaders have used education as a tool to grow and develop leaders and staff to meet organizational goals. Education has been an important element in implementing clinical guidelines, and using interactive education strategies has enabled health care

workers to better understand and more successfully implement evidence-based strategies (Shaw et al., 2021). Health care workers have played a critical role in using patient and family education that is focused on the learners' preferences, needs, modes, readiness, abilities, educational level, and skills; this type of education has been shown to be more effective and have more positive outcomes (D. L. Thompson et al., 2021). There are effective evidence-based strategies that need to be patient focused, but they also need to be effectively taught to staff as well. An example is the Jones et al. (2022) study in which leaders were using rounding but did not teach the participants how to effectively round, which resulted in the patient perceptions not changing. Transformational leaders possess a key behavior to ensure job satisfaction (Curado & Santos, 2021). Leaders and staff in my study used education to assist in developing and maintaining the knowledge and skills needed to improve and maintain competencies. Embedded in the theme of education, I identified three subthemes. The participants who made comments related to each of the education subthemes are indicated in Table 3.

Table 3

Summary of Continuing Employee Education Thematic Comments

Participant	Leader and staff training	Competencies	Observation and audits
P1	1	0	1
P2	1	1	1
P3	0	0	1
P4	1	1	1
P5	0	0	1
P6	1	1	1
P7	0	0	0
P8	1	0	1

Leader and Staff Training

P1, P2, P4, P6, and P8 trained their leaders and staff to improve their patient satisfaction scores. Leaders used didactic, demonstration, practice, return demonstration, and competency to train their staff. Leaders used audits to validate the effectiveness of their evidence-based skills training, which have shown a high degree of compliance with staff (Liow et al., 2022). Health care professionals can have as many as 150,000 patient interactions in their career, and patients and their families have relied on their providers to communicate vital information clearly and effectively (Johnson Dawkins & Daum, 2022). Providers are prepared to care for a diverse patient population through simulation and training (Johnson Dawkins & Daum, 2022). Learners who used simulation-based training have been shown to improve not only their technical skills but also their human factors skills. Simulation has been a safe and effective tool shown to increase health care competencies (Abildgren et al., 2022). My study had shown leader and staff training has increased staff and leader knowledge and compliance to meet organizational goals.

Competencies

P2, P4, and P6 used competencies for leader and staff development as a strategy to improve patient satisfaction scores. Leadership competencies have been a necessity for team leadership, proper team functionality, and organizational development (Xu et al., 2022). Nursing competency is an evidence-based practice that incorporates nursing judgment, skills, values, and attitudes to maintain patient safety and quality-of-care (Feliciano et al., 2021). Competency-based education is an advanced approach to learning that is (a) learner oriented, (b) outcome based, and (c) focused on clinical application

(Imanipour et al., 2022). In my study, leader and staff competencies included learning strategies that focused on performance outcomes.

Observations and Audits

Participants P1, P2, P3, P4, P5, P6, and P8 used observations and audits to improve their patient satisfaction scores. Direct observation was used as a gold standard to estimate compliance and partnered with staff (a) knowledge, (b) attitudes, (c) training, and (d) tools necessary to perform their job, has increased strategy compliance (Tesfaye et al., 2021). Observers used observation as a before-and-after comparison tool on compliance and the effects of interventions to formulate strategies to continue improving on meeting goals (Park et al., 2021). Auditors have been an integral part of the healthcare system because they evaluate and assess desired outcomes stemming from the multiple quality initiatives to improve patient safety (Colaneri, 2022). Hospital leaders in my study used observations and audits as a strategy to improve their quality and patient improvement metrics.

Leadership Strategies

The third theme for my study was leadership strategies, which highlights my conceptual framework on transformational leadership. Transformational leaders were critical in improving the patient satisfaction scores and was addressed by all eight participants for this study. P1 stated, “one of the biggest strategies…we re-invigorated leader rounding and that was one of the biggest things we did in order to bring up the scores this year.” P2 stated, “I was able to redo our leader rounding and how we did it…this is one of our biggest changes that really saw a huge impact on our overall score.” P3 stated, “the patient experience program within the system, one is the bedside shift

report…hourly rounding program…leadership round program…and last one…medication…discharge education." P4 stated, "utilizing evidenced based practices of hourly rounding and bedside shift report both had a direct positive impact on multiple metrics." P5 stated, we are doing quarterly observations on every nurse every quarter in four areas, medication administration…discharge, bedside shift report, and hourly rounding." P6 stated,

> focus on our components of basic nursing care…we have a program here that we do every year we started almost three years ago… annual competency that we call back to basics…reinforcing and being 100% committed to the basic components of care.

P7 stated,

> three things that have come quite recently…one is hourly bedside rounding the hand off report the shift-by-shift report, and leader rounding those three strategies are currently utilized in the hospital… recommended interventions from our system leaders…patient needs are addressed before they actually leave the hospital and in their own language…staff satisfaction is always key.

P8 stated,

> we know that if we do your hourly rounds, we know if you do your bedside shift reports, if we get the physicians and the nurses and we are trying to include the patient in all of these conversations…leadership rounding…accountability, nursing leaders doing staff observations…giving the skills to the leaders to have these tough conversations.

Leaders from different participating hospital have invested resources to implement strategies to assist in improving their patient satisfaction scores. Transformational leaders have been successful in implementing strategies to meet organizational goals. Transformational nurse leaders engaged their nursing staff as they adapted to the new and uncertain landscape during and after COVID-19 surges to re-establish best practices to improve nursing practice and patient outcomes (Brown-Deveaux et al., 2022). Transformational leaders have motivated, inspired, empowered, and influenced their employees and conditioned them for effective adoption of open strategies toward a successful strategy implementation (Doeleman et al., 2022). Especially during periods of organizational change, transformational leaders have facilitated (a) performance, (b) commitment, and (c) outcome as they mitigated employee stressors during the change management process (H. Kim et al., 2021). Transformational leaders have been successful in implementing strategies through (a) staff engagement, (b) motivation, and (c) influence. The participants who made specific comments related to the leadership subthemes were identified in Table 4.

Table 4

Summary of Leadership Strategies Thematic Comments

Participant	Employee Buy-In	Accountability	Influencer
P1	1	0	0
P2	1	1	1
P3	1	1	1
P4	1	1	0
P5	0	0	1
P6	1	0	0
P7	0	0	0
P8	0	1	1

Employee Buy-In

Participants P1, P2, P3, P4, and P6 used employee buy-in to move strategies forward. Engaged employees increases their involvement and participation that has fostered organizational commitment (Beraldin et al., 2022). Leaders should require employee involvement and a supportive environment within the organization to increase employee involvement (Neirotti, 2020). In a study by Herminingsih (2020), transformational leaders increased job satisfaction and employee engagement, which had a positive effect in the organization and on employee commitment toward organization goals. My study had shown employees buy-in has been crucial to engage employees to move forward organizational goals.

Accountability

Organizational participants P2, P3, P4, and P8 used leadership and employee accountability to gain employee compliance and meet organizational goals. In a study by Septiandari et al. (2021), researchers suggested organizations which creates a culture of accountability toward its employees may drive their employee to maintain performance with minimal or no supervision. A leader's styles of approach on accountability can influence how and to what degree employees will react to the pressures, which can influence their work outcomes and eventually organizational outcomes (Brees et al., 2020). A leader's supportive behavior when addressing accountability has resulted in positive organizational outcomes (O'Donoghue & van der Werff, 2022). Leaders from my study had shown accountability as an important driver in meeting organization goals and outcomes.

Influencer

Hospital participants P2, P3, P5, and P8 used influence as a strategy to improve their patient satisfaction scores. Transformational leaders have used their ability to influence their employees and engage their stakeholders to achieve and sustain their goals (Kurniawati & Sulaeman, 2022). Transformational leaders have had a strong influence in employee creativity, and they have understood when and how to use their influence to achieve their goals (Liu & Huang, 2020). In a study by Akbar and Tirtoprojo (2021), organizations adapted well to change when led by a transformational leader and the researchers concluded that the employees were ready for change because their leader directed, guided, and motivated them to implement and adapt to changes. Hospital leaders in my study used influence to engage their employees to achieve organizational goals.

Effective Communication Strategies

The fourth theme of my study was effective communication strategies, which all eight participants P1, P2, P3, P4, P5, P6, P7, and P8 addressed in this study. P1 stated,

> if people going in and talking to the patient daily, that the scores truly did go up…ancillary team, to make them understand that these are all of our patients and just not nurses…educating my COO, so telling him why we need to do these things and cascading it down to him down to his direct reports and having them understand why we do what we do.

P2 stated,

> I am able to provide weekly compliance reports and competency…with the executive leadership because then they can then follow up those because they are

> their direct reports…I am presenting and teaching patient experience…weekly focus meetings…meet with each department leaders and talk about their challenges…having a dialogue…listening to my leaders and listening to staff.

P3 stated, "bedside shift report program ensuring communication flows…leadership round program…patient rounds…communicate any issues…provide them with real time feedbacks…other program just focus on general communication." P4 stated, "we reinvigorated meetings with leadership on patient experience and provided a more robust data reporting…meets regularly with manager and directors." P5 stated, "a lot of influencing, it's a lot of talking, and a lot of relationships…connect one on one with them." P6 stated, "advertising how we are doing…importance of explaining making people understand the why." P7 stated,

> this person goes up to the unit trying to close the loop before the patient actually leaves the hospital…patient needs are address before they actually leave the hospital and in their own language…giving them the data, explaining them the whys…hearing and understanding what they need at the bedside.

P8 stated,

> Including the patient in the conversation…making sure the patient and their family on the same page… I have a very diverse patient population, 2 out every 3 of my patients prefers to speak language other than English…bringing awareness to my campus…I can't get anywhere with patient experience…if we are not communicating in the right language.

Effective communication during hospitalization is critical for a positive patient outcome and satisfaction. Hospital leaders used different communication tools to

communicate effectively with the different hospitalized patient population. The flows of internal communication within an organization have been shown to improve organizational performance (Jacobsen & Salomonsen, 2021). Effective communication is (a) timely, (b) frequent, (c) clear, (d) and validated for understanding. The appropriate mode of communication that best fits the message and the receiver should also be used (Newman & Ford, 2021). Zainab et al. (2021) study found transparent communication used by transformational leaders-built trust and openness to change in the employees of an organization. Transformational leaders have viewed effective communication as vital for information to be shared and to receive feedback within the organization. The participants who made specific comments related to each of the effective communication subthemes are indicated in Table 5.

Table 5

Summary of Effective Communication Strategies Thematic Comments

Participant	Meetings	Real-time feedback	Patient communication
P1	0	1	1
P2	1	1	1
P3	1	1	1
P4	1	1	1
P5	1	1	1
P6	1	1	1
P7	1	1	1
P8	1	1	1

Meetings

Seven participants namely P2, P3, P4, P5, P6, P7, and P8 used meetings as a vehicle for internal communication. Communication is important to team processes and outcomes. A study by Morgan et al. (2021) showed that informal communication had

increased team satisfaction and research productivity while formal communication increased goal clarity and helped decrease role ambiguity. Facilitators used meetings as a form of communication viewed positively and empowering if they were: (a) properly run, (b) productive, (c) not an interruption to the employee's work, and (d) relevant information was shared (Leuzinger & Brannon, 2021). Blanchard et al. (2022) study had shown that a successful meeting is relevant to an organization's performance if effectively facilitated and managed, it can improve employees work engagement because the quality of the meeting can determine the employee's attendance and overall job attitudes and well-being. Leaders in my study used meetings as a form of communication to share information and receive feedback.

Real-Time Feedback

All eight participants used real-time feedback to capture their patient, family, and staff feedbacks. Organizational leaders have used feedback as a form of communication to gather information whether positive or negative (Jabbarov et al., 2022). Verbal feedback provides recognition for skills performed well and constructive criticism for areas of improvement (Deshmukh et al., 2022). Leaders used real-time feedback to assess processes and strategies to improve their patient satisfaction scores. Leaders provide valuable feedback to employees when they clearly explain employee roles, job description/structure, and job performance goals, and as a result, augment organizational performance to achieve desired outcomes (Harvey & Green, 2022). In my study, leaders used feedback as an essential tool to assess strategy effectiveness.

Patient Communication

Participants P1, P2, P3, P4, P5, P6, P7, and P8 have emphasized strategies

focused on patient communication to improve their patient satisfaction scores. Effective patient communication is important in healthcare and should be (a) therapeutic, (b) purposeful, (c) intentional, (d) validated, and in an appropriate language and level of diction for the patient to understand to provide a positive patient outcome (McIntosh, 2022). Liu and Jiang (2021) posited that he patient-provider relationship has revolved around trust and patient-centered communication has mediated the patient's trust over time. In a study by Abdulla et al. (2022), a positive nurse-patient relationship had revolved around effective nurse-patient communication to deliver quality nursing care, which increased patient satisfaction, acceptance, and compliance for their plan of care to improve patient outcomes. My study had shown that patient-centered communication between patient and providers when performed successfully, has improved patient satisfaction and outcomes.

Applications to Professional Practice

CMS officials continues to prioritize patient experience as one of the major quality domains for their hospital VBP program which impacts quality of patient care. Hospital leaders are focus in finding innovative strategies to improve the patient experience domain by improving their patient satisfaction scores to increase their VBP performance-based reimbursements. CMS officials implemented the hospital VBP program to encourage participating hospitals to improve their performance and patient satisfaction by withholding 2% from the hospitals Medicare reimbursement payment based on a patient DRG and the withholdings are used to reward hospitals based on the different quality domains (CMS, 2021). If healthcare leaders continue to be penalized by CMS because of poor performance and low patient satisfaction scores, financial penalties

from not being reimbursed by CMS accumulates over time and may limit the resources needed by hospital administration to pursue quality improvement initiatives (Carroll & Clement, 2021). Healthcare leaders are exploring different evidence-based interventions for implementation to create an impact in their patient experience scores to maximize reimbursement and decrease penalty claims (O'Donnell et al., 2023). Hospital leaders need to find ways to optimize their performance-based reimbursements to be financially viable in a highly regulated, challenging, and competitive healthcare market.

The goal of my study was to explore the effective strategies hospital leaders used to improve patient satisfaction to increase VBP performance-based reimbursements. Healthcare consumers assess their care, service experience, and satisfaction through their multiple encounters with the healthcare team throughout their hospitalization (Boakye et al., 2021). I explored the different strategies hospital leaders used to improve their patient satisfaction scores and themes were identified. I have identified the following four themes in my study to improve patient satisfaction scores: (a) development of evidence-based strategies, (b) continuing employee education, (c) leadership strategies, and (d) effective communication strategies. The result of this qualitative multiple case study may provide additional knowledge of what strategies hospital leaders have used to improve their patient satisfaction to increase their VBP performance-based reimbursements.

Implications for Social Change

The implication for social change is for hospital leaders to improve their patient satisfaction scores, which improves the delivery of quality patient care. Patients and their families could potentially benefit from hospital leaders' quality improvements for increased positive patient outcomes. Patient experience which carries a weight of 25% in

the hospital VBP is one of the components for quality improvements regulated by CMS for reimbursements (L. Liu et al., 2021). Based on this study, hospital leaders can benefit from the different strategies used to improve patient satisfaction scores. Hospital leaders improving patient satisfaction scores can improve hospital's financial reimbursements, which is needed to continue to provide services to the community they serve.

Leaders create an environment that supports innovative ideas and change. Transformational leaders have been successful in leading change and engaging their employees to meet organizational goals. Transformational leaders' positivity and open communication channels have encouraged employees' creative and innovative behaviors within an organization for new ideas to be accepted, promoted, and implemented in order to benefit the organization (Surucu et al., 2021). Leaders in this study transformed their organizations, engaged their employees, patients, and their family members as part of leaders' strategies to improve patient satisfaction scores. Patients and their families are the community members the hospital serves. Hospital leaders who use the findings of this study can serve members of the community by utilizing the different strategies to improve their patient satisfaction scores and outcomes. Community members including the disadvantaged benefitted from the contributions of healthcare organizations to improve their healthcare needs (Dols et al., 2021).

Recommendations for Action

Institutional leaders should be open and be able to see the bigger picture, create a roadmap for the future, have a good oversight of the different strategies being implemented, and adjust regularly through continuous quality improvements to meet organizational goals (Dixon, 2021). The hospital leaders in my study continues to focus

on their patients by improving (a) patient safety, (b) patient outcomes, (c) hospital efficiency, and (d) patient experiences while managing cost. Hospital leaders can impact patient satisfaction scores as part of their quality initiatives. The implementation of principles revealed in the outcomes of this study may improve patient satisfaction scores. My recommendations for hospital leaders include: (a) transformational leaders to continue to engage stakeholders to create strategies to assist in meeting organizational goals, (b) prioritize key strategies, (c) intentional and full implementation of key strategies and (d) sustainability of strategy implementation to be able to evolve in an ever-changing healthcare environment.

Hospital leaders can learn from the findings of my study to improve their patient satisfaction scores to increase VBP performance-based reimbursements. Leaders implement approaches or techniques which can be adopted, implemented, evaluated, sustained, and expanded for future studies (van Staalduinen et al., 2022). After completing my doctoral study, I will present the findings to hospital leaders within my hospital system to make them aware of the different strategies used to improve patient satisfaction scores. My study findings will educate and implement key strategies to help improve the patient satisfaction scores in the hospital where I am currently employed. Researchers can build from the findings of my study to further research ways to improve patient satisfaction scores to increase VBP performance-based reimbursements.

Recommendations for Further Research

Hospital leaders continues to explore different strategies to improve their patient satisfaction scores to increase VBP performance-based reimbursements. Hospital VBP continues to be an initiative from CMS authorized by the U.S. Congress to address the

different quality domains and within the domains, patient satisfaction continues to play a significant role and is being measured under person and community engagement (Constable et al., 2022). Community members are influenced when seeking healthcare services based on the hospital's patient satisfaction scores and positive patient outcomes. My recommendation for further research includes research on the sustainability of specific strategies and new strategies despite barriers identified such COVID-19 surge.

The healthcare environment is ever changing, and leaders need to be able to adapt to the changes and to guide and support their employees and communities to meet current needs and challenges. Another recommendation for further research is effect of any potential changes in the CMS VBP regulations on patient experience. Revere et al. (2021) suggested for CMS to revamp the hospital VBP program to focus on sustained improvement, the different quality domains be weighed based on importance, and the TPS ranking to not discourage lower performing hospitals to improve their delivery of care. My study may encourage future research on developing strategies that address changes in CMS regulations and reimbursement rules.

Reflections

The primary goal of my doctoral study was to explore different strategies hospital leaders have used to improve their patient satisfaction scores in order to maximize their VBP performance-based reimbursements. CMS officials measures the following quality domains used in the hospital VBP program as follows: (a) mortality and complications, (b) healthcare-associated infections, (c) patient safety, (d) patient experience and (d) efficiency and cost reduction (CMS, 2021). The personal and community engagement domain, formerly known as patient experience of care quality domain, has continued to

gain importance as one of the main domains in the CMS hospital VBP program. Hospital leaders have continued to focus on all the CMS hospital VBP program domains to maximize their performance-based reimbursements.

My study started before COVID-19 and I planned to connect and interview my participants in person from multiple hospital locations. During the COVID-19 surge, my strategy on how to connect and interview participants changed. Engaging with gatekeepers and participants was challenging during the COVID-19 surge because of all attention focused on accommodating the influx of COVID-19 patients. My gatekeepers and participants took one to two months to commit and participate in my study. Once I received commitments and agreements with potential participants to join my study, I revised my strategy and conducted video conferencing instead of face-to-face interviews. I was successful to secure eight hospital leaders from seven hospitals in California and used the interview transcripts and summaries to formulate four themes for my study.

Conclusion

The purpose of this qualitative multiple case study was to explore the effective strategies hospital leaders used to improve patient satisfaction to increase VBP performance-based reimbursements. I have identified four themes based on my data analysis: (a) developing evidence-based strategies, (b) continuing employee education, (c) leadership strategies, and (d) effective communication strategies. The participants in my study used the different themes identified as strategies to improve their patient satisfaction scores to increase VBP performance-based reimbursements. Hospital leaders have increased their patient satisfaction scores through increased leadership visibility that focus on patient and family engagement on a patient-family centered care model. Leaders

have used successful strategies to increase their hospital VBP performance-based reimbursements that positively impacts the financial sustainability of their organization. Healthcare leaders are challenged in maintaining financial sustainability, but leaders have continued to focus and prove to their stakeholders that they can maintain resources needed to operate their organization (Dols et al, 2021). Hospital leaders who continue to improve safe and high-quality patient care with improved, positive patient experience outcomes, enhance organizational sustainability to benefit the health and quality of life for local community members.

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Appendix A: Interview Protocol

Research Question: What strategies do hospital leaders use to improve patient satisfaction to increase VBP performance–based reimbursements?

A. The interview will be conducted either face–to–face or video conferencing.
B. The interview will begin with introductions and an overview of the research topic.
C. I will thank the participants for agreeing to participate in the study and will remind them that to be sensitive with their time, the interview will last approximately 45 minutes.
D. The interview will consist of nine questions and any follow up questions during the session.
E. I will be recording the interview session and will remind the participant that the interview session is confidential.
F. I will proceed to start the interview session with the participant.
G. After the interview, I will explain and remind the participant that for accuracy, I will be reaching out via e–mail once the interview session has been transcribed and summarized and will request verification for accuracy of the data gathered during the interview session.
H. I will conclude the interview with thanking the participant for being a part of my research study.

Appendix B: Interview Questions

What strategies do hospital leaders use to improve patient satisfaction to increase VBP performance–based reimbursements?

1. What strategies have you used to improve patient satisfaction, which led to an increase VBP performance–based reimbursements?
2. What key challenges did you face when implementing these strategies to improve patient satisfaction?
3. How did your organization address the key challenges to improve patient satisfaction?
4. How did you engage multiple stakeholders to implement strategies to improve patient satisfaction in your organization?
5. How did you solicit ideas to improve patient satisfaction from stakeholders?
6. How do you link your patient satisfaction strategies to VBP performance–based reimbursements?
7. How did you assess the effectiveness of the strategies for the improvement of patient satisfaction?
8. What areas of patient satisfaction have you seen a significant improvement when you implemented particular strategies?
9. What additional information can you share regarding the strategies, which have contributed to the success and sustainability of your hospital financial performance based on the VBP performance–based reimbursements?