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## Effective Strategies for Managing Employee Resistance During Organizational Change in Healthcare Settings

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# Walden University

College of Management and Human Potential

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Jelela Curvey

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the review committee have been made.

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Walden University  
2025

Abstract

Effective Strategies for Managing Employee Resistance During Organizational Change  
in Healthcare Settings

by

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MBA, Texas Women's University, 2019

BBA, Houston Baptist University, 2010

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

Walden University

November 2025

## Abstract

Employee resistance to organizational change reflects significant challenges for healthcare organizations. Healthcare leaders are concerned with employee resistance as it negatively influences patient care outcomes. Grounded in Lewin's three-stage change model, the purpose of this qualitative pragmatic inquiry project was to identify and explore successful strategies healthcare leaders used to manage employee resistance during organizational change. Six healthcare leaders participated, each of whom had successfully implemented change initiatives while minimizing resistance. Data were collected through semistructured interviews and publicly available documents. Through thematic analysis, three themes emerged: (a) transparent communication and employee involvement, (b) supportive leadership behavior and emotional intelligence, and (c) structured training and incentive programs. A key recommendation is for healthcare leaders to prioritize open communication while implementing targeted training and rewards to support a smoother transition. The implications for positive social change include the potential for healthcare employees to experience improved well-being, for local communities to strengthen relationships through collaborative healthcare initiatives, and for patients to benefit from enhanced quality of care outcomes.

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## Dedication

This work is lovingly dedicated to my husband, Torry, whose unwavering support, patience, and encouragement have been my anchor throughout this journey. Your belief in me has carried me through every challenge, and I am forever grateful to walk this path of life with you.

To my children, Carter and Chase, you are my greatest inspiration. Your laughter, curiosity, and love remind me daily of why perseverance matters. This accomplishment is not just mine, but ours, and I hope it shows you that dreams are worth chasing.

To my niece/daughter, Issania Love your light, love, and presence in my life remind me of the power of family in all its forms. You hold a special place in my heart, and I am so proud to have you as part of this journey with me.

To my parents, thank you for instilling in me the values of hard work, faith, and determination. Your sacrifices, love, and guidance have shaped the woman I am today, and I carry your lessons with me in every step I take.

With all my love,

Jejela N. Curvey, MBA

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## Section 1: Project Foundation

### **Background of the Problem**

Many healthcare leaders fail to implement effective change management strategies. According to Cheraghi et al. (2023), healthcare leaders have failed to address resistance to change due to poor communication, lack of ownership, and negative organizational perception. Some healthcare leaders feel threatened or disengaged by new processes, and the quality of care is negatively impacted because the focus shifts from patient-centered to internal struggles (Errida & Lotfi, 2021). Furthermore, healthcare leaders recognize the need to implement effective change management steps such as Lewin's change management model or change management practice (Anjum et al., 2024). Poor management of employee resistance during organizational change leads to reduced operational efficiency and higher turnover rates. Many healthcare leaders are concerned with employee satisfaction, contributing to organizational performance, and recognizing change management strategies to address resistance to change. Employee resistance disrupts organizational operations and poses a risk to achieving strategic goals, including staff retention and high patient care standards. Employee resistance is crucial to fostering a resilient workforce capable of adapting to healthcare demands. The next section covers the problem statement.

### **Business Problem Focus and Project Purpose**

The specific business problem was that some healthcare leaders lack effective strategies to implement change management to manage employee resistance. The purpose of this qualitative pragmatic inquiry project was to identify and explore effective

strategies used by healthcare leaders to implement change management to manage employee resistance.

The target population for the project consisted of healthcare leaders in the private urban healthcare industry who have successfully used strategies to implement change management to manage employee resistance. The sampling method was purposeful sampling, and the sample size consisted of six healthcare leaders in the healthcare industry. The participant eligibility criteria included healthcare leaders in the private urban healthcare industry who successfully used strategies to implement change management to manage employee resistance. Walden University's Institutional Review Board's (IRB) approved invitation template was used, and I accessed participants through professional networks such as healthcare leadership associations, LinkedIn, and referrals within the healthcare industry.

For my research project, the qualitative research methodology was appropriate because it provided the opportunity to understand the experiences and perceptions of participants and enabled me to obtain a broader understanding of the subject under investigation (see Saunders et al., 2019). Specifically, the pragmatic inquiry research design is highly effective in addressing real-world problems and finding practical solutions (Ramanadhan et al., 2021). The flexibility in pragmatic inquiry design enables a comprehensive understanding of the research problem. Pragmatic inquiry designs facilitate the development of evidence-based solutions to the phenomenon under study (Long et al., 2018). For my research project, using semistructured interview technique, I conducted interviews and supplemented the data with public documents, such as annual

reports and healthcare policy guidelines from healthcare institutions' official websites, as data sources. I used thematic analysis to identify key themes to how healthcare leaders experience and manage resistance during change. The conceptual framework for my research project was Lewin's three-stage change model, which was introduced by Kurt Lewin in 1947.

### **Project Research Question**

What effective strategies do healthcare leaders use to implement change management to manage employee resistance?

### **Assumptions and Limitations**

#### **Assumptions**

Assumptions refer to conditions or statements believed to be true but cannot be verified (Saunders et al., 2019). Assumptions are foundational premises essential for the project to proceed, even though they cannot be fully verified. The following were assumptions for my research project:

- Participants would respond transparently and honestly during interviews regarding their experience in managing employee resistance.
- Healthcare leaders would have sufficient knowledge related to employee resistance and change management.
- A sample of participants from the healthcare industry represents broader participant experiences.
- Participants would have no undue biases.

- Participants would be capable of expressing effective strategies and relevant examples during interviews.

### **Limitations**

Limitations are potential weaknesses in the research project that are not in the control of the researcher and may impact the scope, generalizability, or findings of the study (Ross & Zaidi, 2019). Project limitations may arise due to constraints like participant availability, sample size, and data collection methods.

- Participant responses may have been influenced by organizational culture or personal biases.
- The availability and willingness of participants in the project may have been constrained by their unforeseen circumstances or professional commitments.
- A sample size of six participants would be appropriate for qualitative researchers but may not address the diversity of experiences among other healthcare leaders.

### **Business Project Ethics**

A researcher plays a crucial role in the data collection process because the researcher serves as a primary instrument for gathering and interpreting qualitative data. The researcher's role involves designing a study, ensuring neutrality, using a semistructured interview technique, conducting interviews, and interpreting data findings without bias (Sutton & Austin, 2015). As the researcher, I collected data through audio recording of the semistructured interviews using open-ended questions guided by an

interview protocol (Appendix) with participants' consent and taking detailed notes to capture nonverbal cues and contextual information.

I adhered to the ethical principles outlined by the *Belmont Report*. The three guiding principles are respect for persons, beneficence, and justice (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1979). Respect for persons focuses on the autonomy of participants and the necessity for informed consent. In my role, I ensured that all participants provided informed consent before participating in the research project. Beneficence emphasizes maximizing benefits while reducing harm to participants. I prioritized reducing risk by maintaining confidentiality and conducting interviews that respected participants' privacy and time. Justice ensures the equitable selection of participants and fair distribution of benefits. I ensured that the selection of participants is equitable and that healthcare leaders meet the research project eligibility criteria. In my research project, I ensured compliance with institutional policies and guidelines while securing IRB approval before beginning the research project.

For the research project, I fulfilled IRB expectations to ensure participant protection and ethical integrity. Walden University's IRB ensures that research projects involving human participants are conducted ethically, with confidentiality, and safeguarding participants' well-being. IRB expectations encompass several key areas, such as the informed consent process, adherence to ethical research standards, and participant protection. The key components of the informed consent process included a clear explanation of the project, voluntary participation, confidentiality assurance,

opportunity for questions, and written documentation. The informed process for my research project involved key steps to ensure participants were fully informed.

Participants received an informed consent form that detailed the research project's purpose, procedures, risks, and benefits. Using the informed consent form, I explained the voluntary nature of participation and the right to withdraw at any time with no repercussions. Participants could withdraw at any stage by notifying me in writing or by email. Participants received no monetary incentives for participating in the project. All participant information was kept confidential during the transcription process. Each participant was assigned a pseudonym (e.g., P1, P2, P3, P4, P5, P6) to protect their identity. During the research process, I was the only one who had access to the raw data. All data, including transcriptions, interview recordings, and related documents, is secured in a password-protected digital drive. The approved IRB number is 06-11-25-1230466. Data will be retained for 5 years as required by Walden University policies.

### **Interview Questions**

I used semistructured interview questions to explore participants' perspectives and experiences about the research topic. A complete list of interview questions is included in the interview protocol (Appendix).

1. How would you describe your role in creating effective strategies to manage employee resistance to change?
2. How long have you been involved in leading organizational change initiatives?
3. What change management strategies did you find most effective in

addressing employee resistance during the organizational change?

4. What challenges did you face in implementing the change management strategies to manage employee resistance?
5. What do you do to mitigate the impact of the challenges to manage employee resistance?
6. How did you measure the effectiveness of the strategies you implemented to manage employee resistance?
7. What role does employee involvement play in your change management strategy?
8. How do your change management strategies ensure employees are meaningfully engaged?
9. What leadership traits or behaviors have you found essential for successfully implementing change management strategies in a way that minimizes employee resistance?
10. In your experience, how did transparent communication impact employee reactions and levels of resistance during change initiatives?
11. What types of training or development programs were offered to support employees during the change process?
12. How were collaboration and negotiation techniques used to manage employee concerns or resistance during change?
13. In your view, what role did rewards or incentives play in reducing resistance and promoting successful change outcomes?

14. What additional information regarding change management strategies did you use to manage employee resistance that you would like to share that we have not already discussed?

### **Evidence-Based Integrative Review**

The purpose of this qualitative pragmatic inquiry project was to identify and explore effective strategies used by healthcare leaders to implement change management to manage employee resistance. I drew on extensive research based on change management theories to understand the strategies healthcare leaders use to manage resistance. Information exists on change management (Cheraghi et al., 2023; Hussain et al., 2018); however, research scholars have presented in-depth literature on effective strategies for managing employee resistance (Al-Haddad & Kotnour, 2015). A lack of trust, inadequate preparation, and misaligned perceptions of change initiatives cause resistance, and these factors exacerbate the high pressures in healthcare environments. (Khaw et al., 2022; Rehman et al., 2021). This research addressed the gap in practice by exploring effective strategies for managing resistance.

The organization of the current literature review includes key concepts of managing employee resistance, Lewin's three-stage change model, resistance management strategies, root causes of resistance, and employee satisfaction. To find relevant literature, I used the Walden University online library resources. The databases used included PubMed, CINAHL (Cumulative Index to Nursing and Allied Health Literature), EBSCOhost, Business Sources Complete, and JSTOR. Additionally, I used peer-reviewed journal articles and textbooks to support the integrated review. I

referenced a total of 88 sources. Of the sources I cited, 42 were published within the last 5 years (2021-2025), and 81 were peer-reviewed. The key search words and phrases used when searching databases include *organizational change*, *employee resistance*, *change management*, *communication*, *employee involvement*, and *leadership style*.

The literature is systematically structured to address key components of research. The conceptual framework section explores the model of change management and critically investigates its application and relevance in healthcare settings. The business problem scholarship evidence section presents empirical findings that validate the potential significance of employee resistance as a challenge. Lastly, the business topic scholarship section examines synthesis and critical analysis of current literature, emphasizing evidence-based strategies for overcoming resistance.

### **Conceptual Framework: Lewin's Change Management Model**

Lewin introduced the change management model in 1947, establishing the most widely recognized frameworks for managing organizational change (Lewin, 1947). Lewin's change management model is grounded in behavioral psychology and focuses on a structured three-step process including unfreeze, change (or transition), and refreeze. Lewin's model builds a foundation for change management theory, emphasizing how organizations and individuals adapt to change.

### ***Progression and Advancements in the Model***

Lewin's model remains a cornerstone of change management, but it has been argued and expanded over time to address issues of contemporary organizational environments. Burnes (2004) argued that Lewin's change model is simple, which makes

it universally applicable but less reflective of the iterative and dynamic nature of organizational change. The model advances in integrated systems thinking, incorporation of technology and innovation, and nonlinear approaches as drivers of change (Schein, 1996). Particularly, Kotter's eight-step change process (1996), built on Lewin's change model, provides a detailed roadmap for successfully implementing change. Similarly, modern adaptations focus on continuous improvement, like Plan-Do-Check-Act models that align with Lewin's change management iterative approach to ensure sustainable transition and manage employee resistance.

### ***Constructs of Lewin's Model***

The unfreezing stage, known as the preparatory stage, emphasizes disrupting the status quo and developing an urgent need for change. Lewin (1947) emphasized that addressing restraining and driving forces push for change and essential to establish a conducive environment of transformation. Similarly, Cummings and Worley (2014) highlighted that effective communication in the unfreezing stage is critical in helping employees understand the rationale behind the change. Hussain et al. (2018) identified that organizations that fail to address unfreeze encounter resistance as employees struggle to reconcile new practices with entrenched initiatives. In the unfreeze stage, leaders act as change champions to foster a sense of urgency (Kotter, 1996). A research study by George and Jones (2012) found that when leaders communicated the benefits of change, resistance decreased significantly. Stakeholder engagement is the key strategy during the unfreeze phase, where employees are involved in the change process to reduce uncertainty (Holt et al., 2007). Effective unfreezing ensures a strong foundation for

transitioning to the change stage, where new behaviors and processes are actively implemented. During the change stage, organizations prioritize embedding these changes into daily practices to promote acceptance and long-term success.

The change stage represents the implementation stage in which new systems, processes, and behaviors are introduced. Lewin (1947) explored the change phase, where employees transitioned from old ways of thinking and acting into new behaviors that closely align with organizational goals. Burnes (2004) indicated that successful transformation is based on effective leadership support, employee involvement, and effective communication. Krist et al. (2017) found that participatory decision-making reduced resistance during the change implementation of new hospital clinical protocols. Thus, the change phase involves mitigating uncertainty by facilitating a support system and mentoring (Schein, 1996). Choi and Ruona (2010) focused on the significance of aligning training programs with organizational goals to ensure employees have the necessary skills to embrace change accordingly. Similarly, Kotter (1996) established an eight-step model that builds a change phase by suggesting short-term wins to reinforce positive behavior and keep momentum on track. The evidence collectively underscores that effective leadership, employee involvement, and tailored communication are crucial to successful implementation during the change phase, as highlighted by Burnes (2004) and Krist et al. (2017). Also, aligning training programs with organizational goals (Choi & Ruona, 2010) and reinforcing progress through short-term wins (Kotter, 1996) provide actionable strategies to sustain momentum and reduce resistance. As the change phase

progresses, organizations must prepare to transition into the refreezing stage, where new behaviors and processes are solidified as the norm.

The refreezing phase emphasizes solidifying change into the organizational culture. Lewin (1947) presented a reinforcement mechanism in which change is likely to be implemented. The refreezing phase embedded new behaviors into organizational practices while establishing structures to support change. Cameron and Green (2020) found that organizations that celebrate successes and recognize employee contributions experience high levels of change adoption or change acceptance. Thus, developing policies and procedures that align with change assists in institutionalizing new practices. In the refreezing phase, maintaining visible leadership support reinforces the significance of change (Kotter, 1996). Cultural integration, along with continuous training and reinforcement, provides a stable foundation for sustaining new behaviors and achieving long-term success (Holt et al., 2007). By fully embedding new practices during the refreezing phase, organizations position themselves to sustain the benefits of change and prepare for future transformation efforts.

### ***Application of Lewin's Model to the Project***

Healthcare environments are attributed to their resistance to change and align closely with Lewin's structured approach. Lewin's change model provides a robust conceptual framework for identifying, addressing, and overcoming employee resistance during the organizational change process. The unfreezing stage involves addressing employee behaviors like resistance to adopting new protocols, procedures, or technologies (Lewin, 1951). Leadership engages employees to understand the rationale

and significance of change and leverage data and patient outcomes as key drivers to acceptance. In healthcare organizations, Electronic Health Records (EHRs) implemented in the unfreeze stage involve exploring inefficiencies or demerits of utilizing paper-based systems and potential advantages associated with digitization. Change (or transition) is the second stage that emphasizes implementing strategies like targeted training and participatory decision-making to reduce resistance. In healthcare environments, transparent timelines and clear communication play a crucial role in ensuring smooth transformations, specifically when changes impact patient care and clinical workflows (Hussain et al., 2018). Healthcare organizations institutionalize change practices through reinforcement strategies like cultural integration, feedback loops, and performance metrics. In the refreezing stage, leadership assures change sustainability by recognizing staff contributions and change success and aligning with organizational goals (Bakari et al., 2017). This framework provides a structured approach to exploring and addressing during organizational change, offering practical strategies to guide transitions and promote sustainability

### ***Current Use of Lewin's Model in the Literature***

Healthcare leaders in Nairobi County utilized Lewin's model to address resistance and improve performance during organizational change implementation (Njururi & Kibe, 2021). Similarly, Anjum et al. (2024) contrasted Lewin's model with the awareness, desire, knowledge, ability, and reinforcement approach and emphasized its effectiveness in mitigating employee resistance. Anjum et al. (2024) found that leaders who use Lewin's model successfully reduce resistance through structured stages providing

targeted support during the unfreezing stage and reinforcing behaviors. By emphasizing unfreeze, change, and refreeze change, this model provides a structure for identifying sources of resistance, implementing strategies to address resistance, and assuring sustainable adoption of change. In the unfreezing phase, addressing resistance provides an evidence-based rationale for change. The change or transition phase focuses on targeted interventions of participatory leadership, training and development, and clear communication to foster commitment and change acceptance (Furxhi, 2021). The refreeze phase is used for long-term sustainability in healthcare environments that need to deploy change into organizational culture while executing reinforcement mechanisms.

### **Business Problem Scholarship Evidence**

Organizational change in healthcare settings is met with employee resistance, a pervasive business problem that weakens the success of transformation. Resistance refers to the informal and covert behavior of individuals in response to actual or perceived threats to maintain the status quo (DuBose & Mayo, 2020). Resistance is a failure to do anything asked by managers of employees. Behavioral resistance stops change and leads to change failure (Cheraghi et al., 2023). The multidimensional nature of resistance in healthcare needs an investigation of the root causes and challenges it poses to organizational success.

### ***Nature of Employee Resistance***

Organizational change is constant in healthcare settings, driven by demand for improved patient care, technological advancements, and regulatory requirements. Employee resistance is a key reason 70% of change initiatives fail (Mareš, 2018).

Resistance slows the pace of implementation and increases operational costs while creating inefficiencies that impact patient outcomes (Drejeris & Drejeriene, 2022). Moreover, Rehman et al. (2021) focused that resistance in healthcare settings is challenging due to the high-stakes nature of patient care in which disruptions caused by change have life-altering consequences. The importance of employee resistance expands beyond human resource issues to operational and strategic challenges for healthcare organizations. Resistance jeopardizes return on investment in change initiatives, erodes stakeholder trust, and impedes organizational growth (Obina & Adenike, 2022). Navigating these issues requires an in-depth understanding of resistance causes, impact, and systemic issues in healthcare settings. The multidimensional nature of resistance in healthcare requires an investigation of its root causes and the challenges it poses to organizational success.

### ***Psychological Causes of Resistance***

Fear, uncertainty, and perceived threats are potential psychological drivers of resistance in healthcare. Clark (2013) found that healthcare employees perceived organizational change as threatening job security, established routines, or professional identity. This fear is worsened by uncertainty about the results of change initiatives and doubts about their adaptability to new processes (Cheraghi et al., 2023). Additionally, anxiety about reduced autonomy is a key concern among healthcare employees who feel new protocols undermine their decision-making authority (Grupe & Nitschke, 2013). Psychological resistance stems from deeply intertwined uncertainties and fears that are heightened in healthcare due to the critical nature of patient care. These issues lead to

active opposition to change, defensive behavior, and disengagement, all hindering the organizational ability to implement change. Thus, addressing psychological factors plays a potential role while organizational dynamics further lead to resistance in healthcare.

### ***Organizational Causes of Resistance***

Organizational factors such as communication gaps, lack of employee involvement, and insufficient leadership alignment drive resistance in healthcare. Communication gaps about the benefits and purpose of change initiatives lead to resistance. Employees feel undermined and excluded in the decision-making process, leading to disengagement and trust (Lewis, 2006). Additionally, fragmented leadership in which various leaders express inconsistent messages worsens employee confusion (Bakari et al., 2017). Resource constraints like inadequate staffing or training make employees feel unprepared to accept change, amplifying resistance (Cheraghi et al., 2023). Organizational shortcomings create an environment in which resistance thrives. Exclusion from the planning process and poor communication signal to employees that their concerns and inputs are undervalued (Amarantou et al., 2018). Fragmented leadership weakens credibility and trust, whereas resource constraints increase the perceived burden of change. These factors create barriers to employee engagement and acceptance during an organization's change transition process (Cheraghi et al., 2023). The evidence collectively reflects that communication gaps, lack of employee involvement, fragmented leadership, and resource constraints are cohesive drivers of resistance, with authors agreeing on the importance of addressing these organizational factors to manage change. While the sources align on the critical role of leadership and

communication, they emphasize different aspects, and some focus on employee inclusion (Amarantou et al., 2018), while others highlight resource limitations (Cheraghi et al., 2023), emphasizing the need for a comprehensive approach to overcoming resistance. These organizational factors collectively validate that addressing internal shortcomings and setting the groundwork for overcoming broader systemic causes of resistance.

### ***Systemic Causes of Resistance***

Healthcare settings face inherent cultural and structural issues that lead to employee resistance. George and Jones (2012) argued that the hierarchical nature of healthcare organizations suppresses collaboration and open communication, creating power dynamics that discourage employee engagement in the change initiatives. Rehman et al. (2021) highlighted that a fragmented decision-making process in which different levels of management operate independently contributes to resistance and conflicting priorities among employees. Cultural resistance is deeply rooted in long-standing tradition that plays a crucial role in a healthcare environment in which employees are accustomed to established practices (Johansson et al., 2014). Systemic issues highlight the complexity of resistance in healthcare settings. Hierarchical structures and fragmented decision-making processes impede inclusivity and transparency, while cultural resistance underscores an inherent attachment to familiar practices. These systemic barriers intensify resistance and complicate efforts to address it. Consequently, a comprehensive understanding of organizational dynamics is essential. The causes of resistance are closely linked to its far-reaching impact, which disrupts organizational performance and may compromise patient care.

### ***Impacts of Resistance in Healthcare***

Resistance disrupts healthcare operations by delaying change implementations and increasing costs. Rehman et al. (2021) reported that resistance leads to delays in implementing crucial projects like the Electronic Health Records (EHRs) system, which is significant for improving patient care. Furxhi (2021) found that resistance increases operational costs as an organization needs to allocate additional resources to re-engage employees and address the pushback of employees. When hospitals experienced resistance to the new information technology system, they incurred unanticipated expenses related to extended training for employees (Maheshwari & Vohra, 2018). Operational inefficiencies caused by employee resistance have a ripple effect on healthcare organizations. Delays in implementing a new process impede improvement of patient care and increase the cost strain on limited budgets. These concerns reflect the need for proactive approaches to manage resistance while reducing operational impacts. Beyond the operational concerns, resistance impacts employee morale and organizational culture.

### ***Cultural and Behavioral Impacts***

Resistance dents employee morale, trust in leadership, and collaboration, contributing to a toxic organizational culture. Employee resistance exhibits disengagement, decreased productivity, high turnover rates, and higher rates of absenteeism. Moreover, resistance fosters a culture of mistrust where employees perceive that leaders are unresponsive to their concerns. The cultural dynamic of mistrust may lead to the crucial divide between staff and leadership, eroding the organizational ability to

foster innovation and collaboration (Cheraghi et al., 2023). Cultural and behavioral impacts of resistance extend beyond the individual level of employees. Mistrust and disengagement break down communication and distort collaboration, further exacerbating resistance. Thus, addressing these cultural barriers is important to rebuild trust and nurture a positive workplace culture. In addition to operational and cultural effects, resistance directly impacts patient care.

### ***Clinical and Patient-Care Impacts***

Resistance to change affects the quality of patient care by delaying the adoption of innovations and disrupting workflows. Clark (2013) documented that resistance to adopting new clinical processes or protocols results in inconsistent delivery and poorer patient outcomes. Ungar et al. (2024) presented infection control measures that create employee resistance and increase the risk of hospital-acquired infections. Drejeris and Drejeriene (2022) noted that disruptions caused by resistance include reduced teamwork and compromised patient satisfaction. The clinical applications of resistance are important in healthcare as patient safety is tied to employee collaboration and operational efficiency. Resistance delays the adoption of life-saving innovation and creates inconsistencies that are more likely to occur. These far-reaching effects of resistance signify its importance as a crucial business problem for healthcare organizations.

Conclusively, employee resistance during the organizational change process is a multifaceted and pervasive business problem in healthcare settings. Rooted in psychological, organizational, and systemic factors, resistance undermines employee morale, disrupts operations, and compromises patient care. These impacts reflect the need

for healthcare organizations to navigate resistance proactively and ensure change initiatives achieve intended outcomes. By understanding the causes and consequences of resistance, healthcare leaders can begin to develop evidence-based approaches to mitigate resistance and nurture successful transitions.

### **Business Topic Scholarship of Effective Strategies**

Employee resistance to organizational change is crucial in healthcare settings requiring evidence-based strategies to ensure successful implementation. The healthcare industry is evolving due to technological advancements, patient care standards, and regulatory changes. Resistance delays project implementation and weakens the organizational ability to transform effectively. Obina and Adenike (2022) focused on key strategies such as transformational leadership, transparent communication, employee participation in decision-making, collaboration, negotiation and motivation, effective reward management, and leveraging change management frameworks. The following sections provide an in-depth analysis of these strategies to mitigate resistance and foster successful change.

#### ***Transformational Leadership***

Transformational leaders foster trust and create close alignment between organizational goals and employee values. Transformational leadership style empowers employees to embrace change by inspiring motivation, cultivating trust, and mitigating resistance. Chukwuma and Zondo (2024) demonstrated that trust in leadership mediates the relationship between employee resistance and transformational leadership. Leaders engage in transparent and consistent communication to foster trust, which is important for

gaining employee buy-in during organizational transitions. Khan et al. (2020) established that transformational leaders, along with aligning values and inspiration, have a positive influence on intrinsic motivation, assisting employees to find meaning in their roles, thereby reducing resistance. Lin et al. (2020) further reflected on the role of transformational leadership in thriving at work by reframing stressors as challenges. These research findings indicate that transformational leadership addresses psychological and emotional barriers to change. Building resistance reduces fear and uncertainty. Transformational leaders achieve trust by demonstrating integrity, employee engagement, and providing clear expectations. By aligning organizational values with personal values, leaders create a shared purpose that connects employees to the organization's broader goals. The impact of motivation is crucial when employees perceive their roles and responsibilities as meaningful, and they are less likely to resist the change process and more likely to exhibit commitment and resilience (Obina & Adenike, 2022). This approach mitigates resistance while enhancing morale and allowing employees to navigate change effectively. Leadership sets the tone for change; transparency and transparent communication ensure that employees are engaged, informed, and aligned with organizational objectives.

### ***Role of Transparent Communication***

Communication is known as the understanding and transfer of meaning from one person to another. Clear, consistent, and transparent communication is crucial for reducing uncertainty, engaging employees, and building trust during change initiatives. Effective and transparent communication empowers employees with the necessary

information and aligns organizational objectives with individual contributions. Obina and Adenike (2022) emphasized that uncertainty in change initiatives leads to resistance, and transparent communication assists in addressing employee concerns. Yue et al. (2019) demonstrated that when leaders communicate transparently about change reasons, processes, and expected results of change, employees feel included and valued, nurturing trust. In the context of resistance, Hadziahmetovic and Salihovic (2022) identified that communication gaps worsen employee skepticism. However, consistent messaging from leaders reduces opposition and builds alignment. Transparent communication navigates key resistance causes like fear of the unknown, lack of trust, and misalignment with organizational goals. By articulating the rationale for change, leaders can mitigate fears with uncertainty. Obina and Adenike observed that employees who receive frequent updates are less likely to manage information with negative assumptions. Transparent communication addresses organizational factors that cause resistance, encouraging employees to voice their concerns and engage constructively in the change process (Yue et al., 2019). Consistency in messaging is crucial in reducing employee resistance to change. Conflicting and inconsistent information from leaders erodes trust. Transparency in communication ensures that employees understand their roles, creating a sense of ownership while reducing the likelihood of opposition. Leaders who are honest about setbacks to strengthen trust, demonstrating accountability and authenticity (Hadziahmetovic & Salihovic, 2022). Thus, communication serves as a platform for employee engagement, giving employees opportunities to provide feedback and feel heard and valued. Transparent communication informs and connects employees to the

organizational mission, turning detractors into active participants during change initiatives. Beyond communication, actively involving and engagement of employees in the change initiative builds ownership and reduces opposition.

### ***Employee Engagement and Involvement***

Engaging employees in the planning and implementing change phases fosters a sense of ownership, enhances organizational readiness, and reduces resistance (Hussain et al., 2018). The participatory approach empowers and aligns employee interests with organizational objectives while facilitating a smooth transition during change initiatives. Involving employees in the change process cultivates commitment and ownership, reducing resistance and reinforcing organizational capacity to adapt to change effectively. Fuxhi (2021) examined the effect of change management on employee productivity, reflecting that employee engagement serves as a bridge between productivity outcomes and change initiatives. Employee participation in decision-making aids the change process in working efficiently, as the employees are affected by change when decisions are executed (Burke & El-Kot, 2014). Employee involvement motivates employees as they are key drivers of change because their inputs are valued in the decision-making process. This approach increases grassroots support for change. Khaw et al. (2022) analyzed employee reactions to organizational change and found that participatory management practices reduce resistance. When employees are involved in the decision-making, they are likely to commit to and support change initiatives (Lušňáková et al., 2022). Employee engagement in change initiatives significantly reduces employee resistance and improves organizational readiness. The participatory approach aligns

organizational and individual goals, fostering a collaborative environment to accept change (Obina & Adenike, 2022). Moreover, engaged employees are likely to exhibit proactive behaviors and identify potential obstacles that can be addressed during the early phases of change initiatives. Thus, employee involvement and engagement smoothen the transition phase and lead to the development of sustainable change strategies. While involvement builds ownership, effective training and development ensure that employees feel confident and prepared in navigating change initiatives.

### ***Training in Building Confidence***

Implementing targeted training is crucial for equipping employees with the necessary skills and confidence to adapt to changes, thereby reducing resistance rooted in uncertainty or fear. The training program addresses individual factors that contribute to resistance and enhances individual competencies in a culture of continuous learning and adaptability in healthcare organizations. According to Dossett et al. (2021), developing training programs in navigating skills required for a new environment assists individuals in addressing the challenges of change and fostering a culture of innovation. In these training programs, employees are educated about the nature and need for change before implementation of change, and the key logics of change are explained (Tumi et al., 2021). When resistance is based on a lack of accurate information, this approach seems to work best (Maheshwari & Vohra, 2018). Ravaghi et al. (2020) emphasized that training fosters a sense of preparedness among employees. When employees understand the need for change in roles, their levels of uncertainty are reduced significantly. Ravaghi et al. also reflected that training programs tailored to individual needs reduce passive resistance and

enhance engagement. The training addressed key drivers of cultural and structural issues of resistance. Employees are trained to understand the need for change as part of the culture. Employees resist change as they lack clarity about their responsibilities in the new process. By providing training, organizations can reduce psychological and cultural barriers to change.

Targeted training has a tumbling impact on employee confidence as employees gain new skills and perceive themselves as a valuable asset, fostering a sense of empowerment. Training plays a crucial role in adopting new tools and systems in healthcare settings. Training programs focus on hands-on learning and practical understanding to build competence, making them receptive to technological shifts (Dossett et al., 2021). Thus, training programs should be aligned with change systems and individual development and should have a broader vision for the organization. Healthcare organizations foster a culture of adaptability and resilience by preparing employees for new challenges. Training and development programs address immediate concerns during change, but fostering collaboration among employees is essential for sustaining long-term success during organizational change.

### ***Collaboration***

Collaboration is a widespread involvement of employees in both how to deliver the needed change and what to change. Employees are asked to lead goals set for change and achieve those goals. Through participative face-to-face meetings, analytical tools can provide new insights into participants' businesses and identify critical change issues. The main principle behind collaboration is to involve more employees who are likely to be

committed and supported towards change. In other words, collaboration can be used to bypass resistance. Thus, collaboration can be used to create awareness of the need for change by addressing complacency concerns within healthcare organizations (Obina & Adenike, 2022). Collaboration fosters inclusivity and shared ownership and leverages problem-solving to address resistance concerns with change. Voet and Vermeeren (2016) focused on the significance of teamwork in change management, stating that collaborative environments enhance employee communication and trust. When employees work together towards common goals, they perceive the change process as a shared journey instead of a top-down imposition. Cross-functional collaboration assists in addressing resistance arising from silo thinking. Healthcare organizations can break down barriers and ensure a unified approach to execute change effectively. Collaboration addresses the root causes of resistance, but negotiation and motivation ensure sustainable change.

### ***Negotiation and Motivation***

Management can reduce resistance to change by negotiating and motivating employees to eliminate resistance to change. Barratt-Pugh et al. (2013) focused that negotiation during organizational change is crucial to reducing resistance and that the organization must motivate employees. Management could provide high salaries and incentives to employees so that they become motivated and take an active part during organizational change. Negotiation is specifically feasible when an employee loses out on change outcomes and resist change. Negotiated agreements are an easy way to avoid resistance. Kallio et al. (2002) suggested that management can enhance employee

satisfaction by promoting employee positions to motivate employees during organizational change. The participation of employees in decision-making with improvement in position motivates employees. Obina and Adenike (2022) stated that a salary increase can be used to motivate employees where employees feel appreciated and put their best efforts into implementing change. Other benefits like high bonuses can motivate employees to go through the change process so that they know their efforts will be regarded at the end. Negotiation and motivation through tangible benefits like salary increments, incentives, and positional advancements play a crucial role in mitigating resistance to change, leading to the importance of implementing an effective reward management system.

### ***Effective Reward Management***

Both leaders and managers secure the desired results of change as employees have to go through compensation and reward philosophy for their performance and acknowledge employee efforts that they put into the change process (Obina & Adenike, 2022). Rewarding change efforts explores the significance of the need for change, and leaders understand that efforts are rewarded when change is achieved. Obina and Adenike (2022) highlighted that employees resist change when they do not see anything regarding rewards. If employees are not rewarded during organizational change, they do not motivate and support change over the long run. The idea reflects that the reward system should be adjusted to reinforce the change, and the rewards do not necessarily have to be costly (Mejia-Morelos et al., 2013). Effective compensation and reward systems support every phase of the organizational change process. The recipient of

change reacts positively to rewards for strategic and incremental change when leaders create win-win situations related to change and celebrate milestones. Thus, reward programs assist organizations to achieve change goals like improved innovation and creativity, collaboration and teamwork in the organization, and application of new skills related to goal achievement. Overcoming organizational barriers is critical, but integrating strategies into a cohesive change management framework sustains change initiatives and allows employees to accept change.

### ***Leveraging Change Management Frameworks***

Structured change management frameworks provide a comprehensive approach to managing employee resistance. By implementing methodologies, healthcare organizations can navigate the complexities of organizational change and employee concerns. Anjum et al. (2024) explored that Prosci's Awareness, Desire, Knowledge, Ability, and Reinforcement (ADKAR) model focuses on awareness, desire, knowledge, ability, and reinforcement to guide employees through change. Organizations that use the Awareness, Desire, Knowledge, Ability, and Reinforcement (ADKAR) model have a higher success rate in executing change initiatives, as it focuses on resistance management and individual readiness. Kotter's eight-step process for leading change is another framework that addresses resistance through communication and engagement. Kotter (1996) focused on creating a sense of urgency and forming a guiding coalition, which are crucial in addressing inertia. Kotter showed that organizations that adopt an eight-step model can anticipate and navigate resistance at various stages of the organizational change process. Moreover, Lewin's three-step change management model

includes stages of unfreeze, change, and refreeze, which signifies the importance of preparing employees for transformation and setting behavior to prevent regression (Lewin, 1951). Thus, Lewin's change management model effectively manages resistance caused by fear of the known.

Despite effective strategies for managing employee resistance presented in existing research, my research is still needed to address gaps in practice. Many research projects emphasize general frameworks for managing resistance, and there is limited research on how strategies can be tailored to healthcare settings with unique sets of challenges, like diverse workforce dynamics, resource constraints, and high-pressure environments. Moreover, existing research projects often focus on short-term implementation success and overlook the long-term sustainability of strategies and their impact on organizational performance and employee morale. Thus, my research aims to bridge gaps in practice by exploring context-specific approaches with long-term implications for healthcare organizations.

### **Summary**

The research suggests strategies to manage employee resistance during organizational change in healthcare settings. Employee resistance is a crucial issue that impacts operational efficiency, patient care, and staff retention. This research identifies gaps in existing change management strategies and emphasizes the need for structured approaches such as Lewin (1947) change management model. The research employs a qualitative pragmatic inquiry design and utilizes purposeful sampling of six healthcare leaders from healthcare organizations. The research data were collected using

semistructured interview technique and thematic analysis to identify key themes and patterns. The research question focuses on identifying effective strategies used by healthcare leaders to manage employee resistance. The research follows ethical guidelines while adhering to the *Belmont Report* principles of respect for persons, beneficence, and justice. An evidence-based integrative review frames a research project, drawing from Lewin's change management model, resistance management theories, and leadership strategies. The research literature review explores key causes of resistance, including psychological, organizational, and systemic factors and their influence on morale, operations, and patient care. This foundation establishes research practical significance, ensuring actionable insights for change management in healthcare settings.

## Section 2: Primary and Secondary Industry Data Analysis

### **Nature of the Project**

#### **Method and Design**

I chose the qualitative research method to explore effective strategies for managing employee resistance during organizational change in healthcare settings. Qualitative research enables in-depth exploration of human perspectives, experiences, and behaviors in the organizational workplace (Dunwoodie et al., 2022). I sought to understand subjective experiences in this project about how healthcare leaders navigate resistance to change (see Kallio et al., 2002). Unlike quantitative methods, qualitative research does not rely on statistical data but rather emphasizes patterns, themes, and insights derived from observations, interviews, and textual data sources. As Kaushik and Walsh (2019) explained, the pragmatic inquiry design is favored for applied research in real-world settings and generates actionable insights. My pragmatic inquiry design research project focuses on practical solutions and outcomes that closely align with the goal of identifying strategies for managing employee resistance (see Ramanadhan et al., 2021). Qualitative pragmatic inquiry design provides a flexible approach and presents multiple perspectives that adapt to the content, making it ideal for exploring healthcare environments (Creswell & Poth, 2018). The flexibility in pragmatic inquiry design enables a comprehensive understanding of the problem. Pragmatic inquiry designs facilitate the development of evidence-based solutions to the phenomenon under study (Long et al., 2018). This approach ensured that my research generated practical insights that could be applied to real-world organizational change strategies in healthcare.

### **Population, Sampling, and Participants**

The research project targeted six healthcare leaders who directly implemented successful organizational changes during transitions to manage employee resistance. I gained access to participants via email invitations, professional associations, and LinkedIn connections. Once the participant responded to my invitation, I conducted a conversation with them to start a relationship favorable to performing the research process. I optimized my experience as a healthcare assistant to involve and engage participants in the relationship and contribute to their willingness to share useful information. I used the purposeful sampling method for the project, also known as purposive sampling. Purposive sampling is widely used in qualitative research in which participants are selected purposively to represent their experiences, suggestions, behaviors, observations, or viewpoints (Ahmad & Wilkins, 2025). Purposeful sampling plays an important role when the researcher aims to explore an in-depth understanding of a case and nuanced phenomena (Palinkas et al., 2015).

Data saturation refers to when no new themes, codes, or insights emerge from continued data collection (Fusch & Ness, 2015). I determined data saturation was reached with P5, as no new themes emerged from that interview. To ensure data saturation, I conducted an additional interview with P6. P6 responses confirmed that the themes identified earlier were consistent. Thus, the decision to conclude data collection after P6 was justified.

### **Data Collection Activities**

As the researcher, I served as the primary data collection instrument, collecting and analyzing data, using a semistructured interview technique. Moreover, I collected secondary data from publicly available sources such as company websites, annual reports, and workforce dynamic reports. The semistructured interview consisted of 14 open-ended questions. An interview protocol was used to ensure consistency in the interview process, following the script with each participant accordingly. I searched for experts in relation to the subject matter within my professional network, LinkedIn, and referrals within the healthcare industry. I reviewed each candidate to ensure they met the established criteria and subsequently scheduled interview times accordingly. I followed the script in the interview protocol, collected primary data from semistructured interviews with participants, and reviewed secondary data. The interview protocol is in the Appendix.

### **Data Organization and Analysis Techniques**

Data organization techniques encompass keeping reflective journals, creating research logs, establishing file naming conventions, cataloging and labeling systems, and folder structures (Phillippi & Lauderdale, 2018). These are the most effective techniques used for qualitative data analysis. I kept research logs, folder structures, and a cataloging and labeling system within MS Excel.

My data analysis process consisted of a thematic analysis with narrations to analyze the collected data efficiently. Thematic analysis refers to an exploratory process where the researcher seeks patterns in data sets (Naeem et al., 2023). Thematic analysis is

the most feasible data analysis process when a researcher wants to identify patterns in data. Thematic analysis aligns with qualitative research designs. I used Braun and Clarke's (2006) six-step thematic analysis process to strengthen the data analysis process:

1. Familiarization with data: I familiarized myself with the interview transcript and questions to understand the content. In addition to the primary data, I also reviewed secondary sources such as publicly available documents and peer-reviewed literature related to change management and employee resistance.
2. Generating initial codes: I added codes to identify significant patterns and themes.
3. Searching for themes: I allocated codes to themes that represented key aspects of the data.
4. Reviewing themes: I identified themes and reviewed them to ensure they indicate data sets.
5. Defining and naming themes: I defined each theme and then named it to convey its significance.
6. Producing a report: I created a report to present research findings with explorative quotes from the participants.

I combined all documents, audio recordings, interview transcripts, and notes and put them into a single directory for each participant. I used Google Meet to conduct the interviews. I used Turboscribe to transcribe audio recordings and convert the resulting transcripts into formatted Microsoft Word documents. Thus, I leveraged thematic analysis to analyze qualitative data while identifying recurring patterns and themes. The

analysis provided key valuable insights by exploring change management strategies using Lewin (1947) change management model in the conceptual framework. Significantly, I compared emerging themes with current literature on managing resistance during organizational change.

The emerging themes from the data included (a) transparent communication and employee involvement foster trust and reduce resistance, (b) supportive leadership behavior and emotional intelligence enhance engagement, and (c) structured training and incentive programs strengthen adoption of change. The scholarly literature acknowledges effective strategies for identifying emergent themes, which are then shaped and supported by the guiding conceptual framework. This alignment strengthens the interpretive depth and analytical rigor of the project. For instance, Khan et al. (2020) suggested that transformational leaders motivate and inspire employees by articulating a vision and fostering empowerment and trust. When leaders act as role models and show commitment to the change process, transformational leaders reduce uncertainty and fear while encouraging employees to embrace change initiatives. Hadziahmetovic and Salihovic (2022) emphasized that consistent communication mitigates resistance. When employers openly share reasons for change and potential advantages, employees become committed to accepting change. Engaging employees early and involving them in the phases of change corresponded with Bah et al. (2024), who proposed that when employees feel their voices are heard and valued, they support change. Engagement and involvement nurture a sense of control and ownership while empowering employees to become active participants. Ravaghi et al. (2020) emphasized that training and skill-

building programs play a crucial role in addressing resistance, specifically resistance rooted in job loss or fear of incompetence. Ravaghi et al.'s research extended the scope of their research by providing targeted training that equips employees to build skills and construct their self-efficacy. According to new research findings of Hagl et al. (2024), collaboration, negotiation, and motivation emerged as critical in handling resistance. When employees are encouraged in collaborative problem-solving sessions, they can express their concerns and propose solutions. Obina and Adenike (2022) highlighted that an effective reward system is crucial to managing resistance. Recognizing and rewarding positive behaviors during organizational change reinforces desired actions. Both monetary and nonmonetary incentives signal that employee efforts are highly valued. Positive reinforcement strengthens organizational commitment and helps pave a clearer path for the effective implementation of change initiatives. Positive reinforcement fosters a supportive climate that encourages engagement, resilience, and alignment with strategic goals.

The emerging themes in this research align with Lewin's change model. Theme 1, transparent communication and employee involvement, directly corresponds to the unfreeze stage, in which organizations prepare employees for change by building trust and challenging the status quo. Involving staff and open communication reduces psychological resistance and uncertainty (Hagl et al., 2024). Theme 2, supportive leadership behavior and emotional intelligence, aligns with the change stage as leaders guide the transition. Emotional awareness and supportive leadership are crucial during the change phase to ensure employees are motivated to accept change (Lee et al., 2025).

Theme 3, structured training and incentive programs, relates to the refreeze stage as the goal is to institutionalize and solidify change (Chaudhuri & Chakraborty, 2024). Thus, providing training while reinforcing the benefits of change helps to accept new practices into the organizational culture.

### **Reliability and Validity**

In qualitative pragmatic inquiry research, reliability refers to the consistency of the research process in which results are replicated by other researchers under the same conditions (Leung, 2015). Dependability is a qualitative equivalent of reliability that is addressed by implementing strategies to ensure the research process is traceable, logical, and well-documented (Nowell et al., 2017). To improve dependability in this project, an interview protocol (Appendix) was used consistently with all participants. My academic mentor validated the interview questions to ensure close alignment with the research objectives. Member checking was used during follow-up interviews to confirm interpretation of responses (Birt et al., 2016). I asked the participants to review the summaries and confirm that their perspectives reflected an accurate representation. Member checking helped to identify any misinterpretations and increased the overall reliability of the findings. Data saturation was reached by the fifth interview, where no new insights or themes emerged, reflecting sufficient data coverage (see Fusch & Ness, 2015). Qualitative validity refers to truthfulness and accuracy of findings from the participants' perspective and credibility of the research process (Leung, 2015). This research focused on multiple strategies to establish credibility, transferability, confirmability, and data saturation.

### ***Credibility***

Credibility refers to those findings that accurately represent participants' perceptions and experiences (Elo et al., 2014). Member checking is used for data interpretation as a primary strategy to improve credibility. After conducting interviews, I transcribed and synthesized the audio recordings, while participants received a summary of their responses and verified the accuracy. The research project used a consistent interview procedure and standardized protocols to ensure that every participant was asked similar questions in a nonleading and neutral manner. These practices ensured that findings remain credible, grounded in participant perspectives.

### ***Transferability***

Transferability refers to the extent to which research findings can be applied to other groups or other contexts (Drisko, 2024). I adhered to the research design, clearly described participant selection criteria, and maintained documentation of the data collection and analysis process to facilitate transferability. Data saturation ensured that the identified themes remained comprehensive and robust. This process may enable others to determine whether the findings apply to other settings.

### ***Confirmability***

Confirmability is the degree to which research findings are validated by others and are not impacted by the researcher's bias (Ahmed, 2024). Confirmability was improved by member checking and probing questions during interviews. Member checking helped to clarify participant responses and reduce misinterpretation so the results may be confirmed by others.

### ***Data Saturation***

Data saturation refers to those points where no new themes, insights, or categories emerge during continued data collection (Fusch & Ness, 2015). In this research project, I conducted an additional interview with P6. The responses from P6 confirmed that themes identified earlier were consistent (Rahimi & Khatooni, 2024). To facilitate data saturation, member checking was used to ensure accuracy. I continued this process and confirmed that no new data emerged. Member checking contributed to the trustworthiness and rigor of the research project and reduced the likelihood of misinterpretation.

### **Summary**

Section 2 included a description of the methods and approach. This qualitative research focused on subjective experiences of how healthcare leaders address resistance to change. Using the pragmatic inquiry design allowed for a flexible approach for data collection and interpretation. I used member checking to facilitate the review of participants' transcripts and confirm preliminary themes extracted from the interviews. The targeted population for the project consists of healthcare leaders who are directly responsible for implementing organizational changes during transition. Six healthcare leaders participated in this research project. I gained access to participants via email invitation, professional associations, and LinkedIn connections. The purposeful sampling method was used. I conducted semistructured interviews to collect primary data. The semistructured interviews consist of 14 open-ended questions. My data analysis process

consists of thematic analysis with narrations to analyze the collected data efficiently.

Thematic analysis aligns with qualitative research designs.

### Section 3: Data and Professional Practice

#### **Project Results**

The purpose of this qualitative pragmatic inquiry project was to identify and explore effective strategies used by healthcare leaders to implement change management to manage employee resistance. The overarching research question was: “What effective strategies do healthcare leaders use to implement change management to manage employee resistance?” Using a semistructured interview technique, the data came from six healthcare leaders within the healthcare sector. The research analyzed secondary data sources, including publicly available documents and peer-reviewed literature, to reinforce the emerging theme. Using Braun and Clarke’s (2006) thematic analysis process, three main themes emerged: (a) transparent communication and employee involvement, (b) supportive leadership behavior and emotional intelligence, and (c) structured training and incentive programs. The findings from this project provide insight into the successful strategies to implement change management and reduce resistance effectively.

#### **Theme 1: Transparent Communication and Employee Involvement Foster Trust and Reduce Resistance**

Transparent communication and employee involvement emerged as the most crucial strategies for fostering trust and reducing resistance during organizational change. The recent scholarly research focuses on the fact that transparent communication improves employee commitment and mitigates uncertainty. Walter (2024) found that employees who receive timely, clear, and honest feedback and updates during organizational change reveal high levels of cooperation and trust. Similarly, Bah et al.

(2024) identified that participatory communication enhances change acceptance in healthcare settings. Both authors identified that transparent communication and employee involvement build trust, ultimately reducing resistance.

All six participants in this project emphasized the value of transparent communication and involvement, exploring key practices like shared decision-making, open forums for questions, and regular staff briefings. Bah et al. (2024) noted that employee involvement transforms employees into active contributors rather than passive recipients of change. P1 explained, “We openly shared why changes were happening and asked employees for feedback; resistance decreased expressively.” P1 described that involving staff early in the process fostered ownership and reduced resistance. Also, P3 shared, “We invited staff into strategic planning and openly discussed ‘how’ and ‘why’, which reduced skepticism early stage,” while P5 added, “Once we involved employees in setting priorities, their willingness to adapt increased noticeably.” This strategy aligns with peer-reviewed insights that employee involvement transforms contributors into spectators, significantly enhancing readiness to change. Lee et al. (2025) emphasized that open communication and participative decision-making strengthen employee trust and acceptance during organizational change. Together, the peer-reviewed research and the participants’ interview responses confirmed that transparency and involvement are the foundation for reducing resistance.

### ***Connection to Conceptual Framework***

The alignment between the conceptual framework and the findings is that transparent communication and employee involvement represent the practical application

of Lewin (1947) unfreezing stage in the change process. Transparent communication and employee involvement directly map onto the unfreezing phase of Lewin's three-step change model. In Lewin's model, unfreezing is the process of disrupting the status quo, raising awareness of the need for change, and reducing inertia so that new behaviors can emerge. Kim and Uysal (2025) highlighted that transparent internal communication enforces a sense of community and reduces uncertainty, facilitating employee engagement during change transitions. Similarly, Lee et al. (2025) examined the role of internal communication for managing employee resistance, finding that incomplete messaging led to heightened resistance. Thus, unfreezing prepares employees for change by breaking down resistance, reducing uncertainty, and creating readiness to adopt new behaviors.

### ***Connection to Existing Literature***

The existing literature reinforces the importance of transparent communication and employee involvement in change efforts. The findings of Lee et al. (2025) and Kim and Uysal (2025) confirmed that transparent communication is not merely informative but transformational. Transparent communication builds trust, readiness, and engagement, which are prerequisites for successful organizational change. Thus, transparent communication with participation strengthens trust and reduces resistance but must be managed carefully to avoid unintended negative effects.

## **Theme 2: Supportive Leadership Behavior and Emotional Intelligence Enhance Engagement**

Supportive leadership behavior is deeply rooted in emotional intelligence, which was identified as a main theme. Emotional intelligence in leadership has a direct relationship with stronger employee trust, engagement, and smooth implementation of change practices. Iyer (2024) found that leaders with high emotional intelligence guided teams more effectively through change transitions. Emotional intelligence is demonstrated through relationship management, empathy, and self-awareness. Coronado-Maldonado and Benítez-Márquez (2023) reflected that emotionally intelligent leaders help in alleviating anxiety by modeling calm and supportive behavior. Therefore, leaders should support new behavior and establish emotional intelligence to navigate resistance appropriately.

Participants reflected that emotionally intelligent leadership fostered trust and reduced resistance. P2 shared, “Our leaders made time to sit with employees and listen to their worries, which made the change transition smoother.” P2 demonstrated the need for balancing emotional support with clear expectations. P2’s response reflects in the existing literature, indicating that emotional intelligence in leadership creates a psychologically safe workplace environment where employees are valued and feel heard, significantly leading to greater buy-in and reduced resistance. Ikart (2023) validated that emotional intelligence builds trust with employees, making them more likely to embrace change. The findings from this project strengthen the view that leadership behavior in emotional intelligence is a crucial factor for the successful implementation of change management.

Furthermore, P5 noted, “Leaders paused to hear individual concerns and validated emotions before moving forward.” Leaders pausing to hear and validate concerns and emotions before moving forward aligns with Lewin’s model, which focuses on transitioning employees cognitively and emotionally during change (Hubbart, 2023). Subsequently, emotional intelligence is not merely a personal trait but a strategic leadership skill essential for successful change management.

### ***Connection to Conceptual Framework***

The alignment between the conceptual framework and the findings is evident in how emotional intelligence and supportive leadership behaviors facilitate both the change and refreezing stages of Lewin’s three-step change model. In the change phase, emotionally intelligent leaders help employees transition cognitively and emotionally by addressing fears and uncertainties with empathy (Iyer, 2024). During the refreezing stage, supportive leaders reinforce new behaviors through encouragement and recognition, helping employees internalize and stabilize the new norms (Hubbart, 2023). Hence, emotional intelligence acts as the psychological mechanism that enables smooth movement through Lewin’s model, transforming resistance into engagement.

### ***Connection to Existing Literature***

The alignment of peer-reviewed literature and participant experiences signifies that emotionally intelligent leadership behavior reduces resistance, fosters confidence, and supports smoother behavioral change. The findings align with Dahleez et al. (2025) who demonstrated that leaders with high emotional intelligence cultivate stronger organizational trust, strengthening smoother adaptation to change. Furthermore,

Chevalier et al. (2025) also found that emotionally intelligent leadership enhances employee satisfaction and psychological safety in healthcare organizations. Together, the literature confirms that emotional intelligence is a vital predictor of change success, directly correlating with higher engagement, reduced turnover intention, and stronger trust.

### **Theme 3: Structured Training and Incentive Program Strengthen Adoption of Change**

Structured training and incentives serve as essential enablers for employees to embrace organizational change. Zafar (2025) reported that leadership development initiatives and targeted training programs improve organizational resilience by reducing uncertainty and skill gaps during organizational change. Mehner et al. (2025) explored that training paired with incentives or recognition significantly increases motivation, leading to the likelihood of behavioral adoption. Taken together, literature findings focus on the fact that training and incentives serve as a crucial foundation, preparing the way for employees' real experiences with training approaches.

Participants described a blend of training approaches like workshops, mentorship, e-learning modules, and meaningful rewards. P6 noted, "Employees who completed training felt confident, and we recognized their efforts with rewards, recognition, and public acknowledgement." This strategy is reflected in recent literature, which finds that training integrated with incentives or rewards nurtures motivation and competence (Kwon et al., 2024). Thus, the alignment of peer-reviewed research and participant

strategies shows that structured learning coupled with reward is instrumental in overcoming resistance.

Structured training and incentive programs serve as vital mechanisms for promoting employee readiness, motivation, and long-term adoption of organizational change. Mehner et al. (2025) argued that training with knowledge-sharing enhances employee motivation and learning transfer into successful organizational change. Choo et al. (2025) conducted research exploring how training for transferable skills boosts employee commitment to change initiatives and overall discretionary efforts. P1 reported, “Employees who attend and complete training or workshops received recognition and peer praise that visibly increased adherence and participation in new practices.” The combination of education and reward supports and reinforces change as a routine practice. P5 shared, “It’s like, we have to continually to revisit it, to make sure that it sticks. So, or if it’s a big change, you might have to roll out a training to all employees.” Training and development strategy helps in reducing resistance by equipping employees with confidence and skills to adapt change while alleviating fears of unknown. The training programs build competence whereas incentives solidify and reinforce new norms (Kwon et al., 2024). Thus, rigorous peer-reviewed and participant experiences affirm that structured training with motivational reinforcement is a key factor for change acceptance.

### ***Connection to Conceptual Framework***

The alignment between the conceptual framework and these findings lies in how structured training and incentive programs embody the refreezing stage of Lewin (1947) three-step change model. Structured training programs tightly integrated with incentives

reflected a critical step in Lewin's refreezing stage, aiming to embed new behaviors (Chaudhuri & Chakraborty, 2024). The findings confirm that training builds competence during the change phase, while incentives serve as reinforcement during refreezing, ensuring continuity and commitment.

### ***Connection to Existing Literature***

The existing research validates that structured training and incentive systems are critical for promoting change sustainability and employee engagement. Nabi et al. (2025) found that reward-based training intervention improves motivation and adaptability in a post-change environment. Ullah (2024) concluded that training program supported by recognition framework increase organizational commitment and performance outcomes. Together, the literature and participant experiences confirm that training and incentives not only improve capability but also serve as reinforcement tools critical to sustaining organizational transformation.

### **Business Contributions and Recommendations for Professional Practice**

The findings of this research project contribute to professional business practice by providing a holistic framework for managing employee resistance during organizational changes in healthcare settings. The research identified three interconnected themes: transparent communication and employee involvement, supportive leadership behavior and emotional intelligence, and structured training and incentive programs, which applied collectively to support each stage of Lewin (1947) three-stage change model. In this integrative review of literature, these strategies are a complementary

approach, leading to improved engagement, smoother change transition, and striving for sustainable organizational change.

Transparent communication and employee involvement emerged as a key strategy to reduce resistance during the unfreezing stage. Consistent, honest, and clear communication enabled employees to understand what changes are proposed and why those changes are necessary and beneficial (Hagl et al., 2024). Bah et al. (2024) identified that transparent communication nurtures ownership of change and reduces uncertainty that drives resistance. The project participants described involving staff in planning, opening feedback channels, and hosting town halls as building trust and easing anxiety. The findings suggested that healthcare leaders should implement transparent communication practices to ensure employees feel informed and engaged.

Supportive leadership behavior reinforced by emotional intelligence was significant in the change stage. Leaders who provide emotional support, actively listen to employee concerns, and model empathy navigate uncertainty and are enabled to adopt new behaviors (Engida et al., 2022). Attah et al. (2024) confirmed that emotionally intelligent leadership creates psychological safety and establishes trust, which are key factors to overcoming resistance. Participants resonated with this by recounting how leaders provided one-on-one check-ins, acknowledged fears, and created space for dialogue. For business leaders, it indicates the importance of entrenching emotional intelligence into leadership, equipping managers to guide employees through the cognitive and emotional aspects of change.

Structured training and incentive programs play a crucial role in the refreezing stage that solidifies new behaviors and practices. Zafar (2025) found that training with a reinforcement mechanism supports long-term change adoption and strengthens organizational resilience. The participants focused on using various training methods integrated with incentives to increase retention and participation. The findings suggested that business leaders conduct training programs as a sustainable process, connecting competency to incentives or rewards that encourage employees to accept change.

Together, these findings reflect a holistic approach to managing resistance during organizational change within healthcare settings. Leaders must identify that transparent communication is a crucial step and cultural commitment (Walter, 2024). Leaders should develop a clear communication infrastructure that maintains two-way dialogue throughout the organizational change. Next, the organization should prioritize emotional intelligence as a key to leadership competency. Thus, leaders should invest in emotional intelligence development for supervisors and managers to address the emotional dimensions of change (Ikart, 2023). Lastly, leaders should conduct training and incentive programs in the change journey, which reinforce new behaviors and the adoption of change. All these practices lead to enhancing business performance by increasing employee buy-in, maintaining morale, and minimizing disruption (Kwon et al., 2024). Together, change management practices emphasize the significance of linking leadership competencies with a structured system, creating a stage for how approaches align with change management models.

The findings from this project extend Lewin (1947) change model by offering evidence of its relevance in healthcare organizations. The project findings validated unfreezing-change-refreezing order remains valuable. The project findings also suggested that stages can be enhanced through the integration of approaches, particularly by combining emotional intelligence with communication and training. The future research could explore emotionally intelligent leadership training on sustaining change readiness. Scholars might examine how performance-based incentives impact resistance across organizational contexts, specifically those industries facing workforce shortages.

### **Implications for Social Change**

The findings of this research hold implications for positive social change, exploring how managing employee resistance during organizational change can benefit individuals, families, communities, and society. Combining transparent communication, emotional intelligence competency, and structured training are the key strategies that align with Lewin's change management model, fostering a workplace environment that prioritizes growth, support, and respect, creating ripple impact beyond the workplace.

Transparent communication and employee involvement promote inclusion, trust, and psychological safety within organizations. When leaders share purpose and impact change, employees recognize the key asset of the organization, which reinforces their sense of belonging. Thus, cultural shift expands beyond the healthcare industry because employees who experience respect at work are bringing values into families and communities, encouraging healthier relationships. Furthermore, increased employee involvement in decision-making facilitates inclusion and equity by giving all employees a

voice. Freedom of voice fosters a democratic workplace and dismantles hierarchical barriers.

Supportive leadership behavior, deeply grounded in emotional intelligence, significantly contributes to employee well-being and improved mental health. Leaders who practice active listening and empathy, ease the anxiety and stress associated with change, unleashing a healthier workplace environment. As a result, active listening and empathy reduces job burnout issues within the healthcare industry. Reduced stress benefits employees and their families because emotionally healthy employees are actively engaged with their families and participate in their communities. Supportive leadership practices impact broader societal expectations, promoting that workplaces should be human-centered spaces.

Structured training and incentive programs drive implications for social change. By offering opportunities for continuous learning, skill-building training, and mentorship, organizations prepare employees to adapt to change and equip them with transferable competencies that improve their career mobility. Thus, investment in professional growth contributes to workforce development and economic stability by supporting a resilient labor market and reducing unemployment risk. Employees who gain recognition and new skills become mentors themselves, nurturing intergenerational learning and a culture of knowledge sharing that benefits organizations and society at large.

Beyond organizational and individual advantages, these strategies facilitate extensive societal progress. By reducing employee resistance to change and the success of organizational change, the healthcare industry becomes innovative, adaptable, and

more efficient. It contributes to stronger community health outcomes and improved patient care. When organizations empower and retain their employees, they contribute to economic growth by encouraging reinvestment in communities, stabilizing local employment, and reducing turnover costs.

### **Recommendations for Future Study**

The findings of this research provide strategies for managing employee resistance during organizational change in healthcare settings, but they also identify opportunities for further exploration to strengthen scholarly literature and business practice. The project limitations are a small sample size, a focus on a single sector, and reliance on self-reported experiences. These limitations guide future research to expand its generalizability and depth.

The future research should increase the diversity and scope of participants. Leaders from different healthcare organizations (long-term care facilities and clinics) can be included to address various geographic regions, enhancing the transferability of research findings. A broader sample size could capture an extensive range of operational, structural, and cultural perspectives on resistance to change management that may contribute to cohesive strategies for scholars and practitioners. The future research should combine quantitative and qualitative approaches, as this research relied on interviews. The future research could combine organizational performance indicators, resistance metrics, and employee surveys to triangulate data. The mixed method design would provide a clear link between strategies and measurable business outcomes.

Additionally, longitudinal research studies provide insights into sustainable resistance management strategies. Tracking how transparent communication, emotional intelligence leadership, and incentive programs impact employee retention and attitudes provides evidence of which practices are sustained during the initial change stage. Moreover, future research should explore emerging factors for managing employee resistance, such as the role of digital transformation, generational differences, and remote work structures, towards organizational change. This work will advance scholarly understanding of resistance management and equip leaders with evidence-based strategies to create adaptive and resilient organizations.

### **Conclusion**

In this qualitative pragmatic inquiry, I explored strategies used to manage employee resistance during organizational change. Using a semistructured interview technique, the research involved conducting interviews with six healthcare leaders who successfully implemented change initiatives in their organization. Data collection emphasized firsthand experiences, and thematic analysis was used to identify key insights and major patterns. The analysis of interviews revealed three main themes: (a) transparent communication and employee involvement, (b) supportive leadership behavior and emotional intelligence, and (c) structured training and incentive programs. These themes are closely aligned with Lewin's three-stage change model, offering a framework for understanding how organizations can unfreeze, change, and refreeze during transition.

The research findings suggested that transparent communication and employee involvement build trust, reduce uncertainty, and help employees to embrace change. Secondly, emotionally intelligent competency in leadership is crucial for guiding employees through emotional changes while creating an environment of psychological safety and empathy. Structured training programs with incentives reinforced new behavior and ensured sustainable change management.

The results accentuated that managing resistance involves addressing opposition and creating conditions for employees to embrace transformation effectively. This research shows the significance of a holistic approach that combines communication, leadership, and long-term support. These findings offer actionable guidance to lead the change effectively. Implementing these strategies enables healthcare organizations to address employee resistance, foster greater trust, and cultivate a workplace that is adaptable to change.

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## Appendix: Interview Protocol

Interview Protocol	
<p>Introduce the interview and set the stage. Introduce myself and the purpose of the interview thereby setting the stage.</p>	<p>Hello, my name is Jelela Curvey. I am a doctoral candidate at Walden University. The purpose of this interview is to identify and explore the effective strategies used by healthcare leaders to manage employee resistance during organizational change. I am going to ask you fourteen questions about which I would like your responses. Then, I will conclude the interview. Do you have any questions?</p>
<p>Watch for nonverbal cues. Paraphrase the participant response. Ask follow-up probing questions to get more in depth</p>	<p>Interview Questions:</p> <ol style="list-style-type: none"> <li>1. How would you describe your role in creating effective strategies to manage employee resistance to change?</li> <li>2. How long have you been involved in leading organizational change initiatives?</li> <li>3. What change management strategies did you find most effective in addressing employee resistance during the organizational change?</li> <li>4. What challenges did you face in implementing the change management strategies to manage employee resistance?</li> <li>5. What do you do to mitigate the impact of the challenges to manage employee resistance?</li> <li>6. How did you measure the effectiveness of the strategies you implemented to manage employee resistance?</li> <li>7. What role does employee involvement play in your change management strategy?</li> <li>8. How do your change management strategies ensure employees are meaningfully engaged?</li> <li>9. What leadership traits or behaviors</li> </ol>

	<p>have you found essential for successfully implementing change management strategies in a way that minimizes employee resistance?</p> <p>10. In your experience, how did transparent communication impact employee reactions and levels of resistance during change initiatives?</p> <p>11. What types of training or development programs were offered to support employees during the change process?</p> <p>12. How were collaboration and negotiation techniques used to manage employee concerns or resistance during change?</p> <p>13. In your view, what role did rewards or incentives play in reducing resistance and promoting successful change outcomes?</p> <p>14. What additional information regarding change management strategies do you use to manage employee resistance that you would like to share that we have not already discussed?</p>
Wrap up the interview thanking participant.	Thank you for participating in the interview, an integral part of my research project.
Schedule a follow-up interview to perform member checking with the participant.	I will contact you in a week to schedule a time for us to review the accuracy of my interpretations of your interview responses.