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Entry-level Health Care Services Employee Motivation and Performance

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This is to certify that the doctoral study by

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2015

Abstract

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MS, Walden University, 2011

BS, Mercer University, 2008

Doctoral Study Submitted in Partial Fulfillment

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Abstract

Healthcare administrators have regarded employee motivation and performance as significant factors because of the challenges with employee disengagement, which may decrease patient satisfaction and profitability for healthcare organizations. The number of available jobs within healthcare continues to increase at a high rate, while the total hires within the healthcare industry decreased from 2.9% in December 2014 to 2.7% in January 2015. Motivation in the workplace is a continuous concern for organizational leaders, more specifically for the health care industry. Based on Vroom's expectancy theory, the purpose of this single-case study was to explore the motivational strategies healthcare organizations' leaders could implement to improve the performance of entry-level medical service employees. Data collection consisted of direct observation and semistructured interviews of 4 leaders and 22 entry-level medical service employees at a health care organization in the Piedmont Region of North Carolina. Data analysis included the use of multiple sources of data collection, along with the use of member checking with interview transcripts, which allowed triangulation and verification of the themes derived from the interview data. The 2 main themes revealed were workplace motivation and organizational leadership, which affects employees' performance and organizational effectiveness. Business leaders in organizations may use the findings of this study to increase employee organizational commitment, which could improve the U.S. health care industry turnover rates. Social change implications include the importance of the need for leaders to develop effective motivational strategies for motivating employees.

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Dedication

The dedication of my doctoral study goes to my late uncles, Willis Jesse Brooks and Thomas Brooks who continue to fight many battles before losing the war to health complications. I dedicate my doctoral study to my mother, Willie Mae (Pat) Brooks who has been the monarch and an excellent uncertified nurse in the family for decades. Mother, I strive to make you proud of me and all the children you either raise or help raise since your teenage years. I dedicate this doctoral study to health care employees throughout the world for caring and dedicating your talents and skills to a worthy cause of taking care of others.

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Section 1: Foundation of the Study

Motivation is a fundamental factor for an individual's desire to achieve self-actualization. The three pillars of motivation consist of choice, effort, and persistence (Latham, 2012). Motivation is a process that pushes or encourages individuals to work toward personal and workplace goals. Individuals need motivation to perform a series of actions in the workplace. Work motivation theories of behaviorism in organizational settings became dominant in the United States during the early mid-20th century (Latham, 2012). Work motivation theories in organizational settings emphasized quantity and efficiency, rather than organizational citizenship behavior or employee adaptability (Kanfer, Chen, & Pritchard, 2008). New technologies that require the use of teams for positive organizational outcomes in medical settings changed the direction of motivational analysis toward an understanding of how motivation processes influence outcomes (Kanfer et al., 2008). Health care managers must understand and assess the misconceptions about motivation to become effective managers (Buchbinder & Shanks, 2012).

Background of the Problem

During the times of the Greeks, interest in the concept of motivation focused on hedonism as the primary source, a concept refined centuries later by Locke, Bentham, Mill, and Helvetius (Hunter, 2012). The term *motivation* comes from the Latin term, *move,* or movement, in which motivation is a sequential process beginning with a need or shortage and deprivation, then demand, causing tension and action toward a purpose to satisfy needs (Karami, Dolatabadi, & Rajaeepour, 2013). Motivation is the presence of

some physiological or psychological imbalance called *need*, which are movements

toward reaching an incentive (Chaudhry & Javed, 2012). The Hawthorne studies

influenced Macgregor, Maslow, Herzberg, Schein, Arygris, and Bennis in the formation

of the *human relations school of thought* (Hunter, 2012).

One strategy to enhance the work environment and improve work effectiveness is

motivation. Mechinda and Patterson (2011) wrote that service workers would put in the

extra effort for their customers when service workers were happy with their jobs. Adzei

and Atinga (2012) mentioned that motivation is critical for better organizational

performance. According to Achim, Dragolea, and Balan (2013), motivating anyone

includes various forms and ways. Hunter (2012) posited that people differ in their types

of motivation needed and of motives. Knowledge workers such as managers, teachers,

engineers, and accountants have different types of needs than workers in traditional

organizations, whereas knowledge workers level of motivation depends on their

perception of their jobs' characteristics and the importance to them of these

characteristics (Kumar, 2011). Each person works for various reasons, such as to satisfy a

need, or to have an effect on morale, an effect on workplace motivation, and the quality

of life (Mirea, Naftanaila, & Mirea, 2012). Karami, Dolatabadi, and Rajaeepour (2013)

stated that a person's motivation is either conscious or unconscious, based on her or his

needs. A person does not perform any behavior without motivation or a need as a

stimulant (Mechinda & Patterson, 2011).

Another concern for business leaders includes sufficient human resources, such as

entry-level employees (e.g., receptionists, medical billing clerks, phlebotomists, nurses,

and administrative assistants). Feuer (2011) stated that leaders at a large corporation and a medical practice face similar problems and opportunities because their goals are to have the right people doing the right job. Health care organizations are social systems in which human resources are the most significant factors affecting the quality of care, effectiveness, and efficiency (Souliotis, Mantzana, Rekleiti, Saridi, & Contiades, 2014). Buchbinder and Shanks (2012) concluded that the U. S. health care system faces internal pressure stemming from several challenges: shortages of certain types of health care workers, increasing accreditation requirements, and increasing responsibilities to provide quality care.

Organizational leaders must hire the best available staff and find ways to empower them to be productive and efficient employees to achieve effectiveness and profitability (Fernet, 2013). The quality and ability of an organization's workforce are major factors in its survival—much more so than new material forces (KazemiKani et al., 2013). According to Mlinar (2012), identifying the factors that enhance the work environment is necessary to improve work effectiveness and provide quality patient care; gaining respect and developing human values help ensure employees' personal growth and contentment at work.

Problem Statement

The issue of employee motivation, which requires substantial financial and material resources from health care organizations and managers, continues to be a chief concern for leaders of U.S. health care organizations (Adzei & Atinga, 2012; Hunter, 2012). Organizations in the United States spent approximately $720 million in 2013 to

improve employee engagement, such as motivation, job satisfaction, organizational

commitment, proactive behaviors, and organizational citizenship behaviors (Gerst, 2013;

Xu & Helena, 2011). The general business problem is that the inadequate motivation of

entry-level employees in U.S. health care organizations has an adverse effect on the

organization's effectiveness. The specific business problem is that some health care

organization leaders lack the strategies to motivate entry-level medical service employees

to improve their performance.

Purpose Statement

The purpose of this qualitative single-case study was to explore the motivational

strategies healthcare organizations' leaders could implement to improve entry-level

medical service employees' performance. The population for this case study consisted of

four health care leaders and 22 entry-level medical service employees 18 or older, with

varying years of organizational work experience, and worked at a health care facility in

the Piedmont region of North Carolina. The findings from this study could contribute to

social change by providing medical service providers with much more knowledge about

the relevance of employee motivation while increasing awareness of the common

variables that can influence employee motivation in the workplace. The results could also

provide insight into business leaders to develop strategies to improve job performance of

entry-level health care services employees with the goal of increasing productivity. The

results could provide insight into business leaders for identifying strategies needed to

increase motivation, improve entry-level employee job performance, and retain workers

resulting in organizational commitment among entry-level employees. Improved entry-

level employee performance could benefit patients' outcomes, taxpayers' financial well-being, and possibly the United States' economic state.

Nature of the Study

The selection of research method and design begins with a question focusing on a specific topic or phenomenon (Williams, 2011). The method used to address the purpose of this study was qualitative. Qualitative research was appropriate for this study because the aim was to explore participants' experiences through intense or prolonged contact with them in a naturalistic setting to investigate the everyday or the exceptional lives of individuals, groups, societies, and organizations (Miles, Huberman, & Saldana, 2014). The quantitative method was not appropriate for this study, because quantitative researchers examine the significance of differences or relationships among variables (VanderStoep & Johnston, 2009). Quantitative research begins with a question about the phenomenon of interest requiring numerical data to answer research questions (Williams, 2011). The third option was mixed-methods research. Newman, Ridenour, Newman, and DeMarco (2003) concluded that the mixed methodology addresses the potential need for the logical link among complex research purposes. The mixed-method was inappropriate because the focus for this study was to understand the phenomenon from the participants' experiences versus analyzing statistical data.

The research design for this study was a single-case study. Researchers use the case study design to ensure exploration of the phenomenon in depth and within its real-life context (Yin, 2012). Stake (1995) added that researchers use the case study design to capture the complexity of a single case to gain insight into the need for general

understanding and particularization of the phenomenon. The other research designs

considered for the study included grounded theory, phenomenological, narrative, and

ethnography. The phenomenological design was inappropriate because the goal of this

research was not to identify the *essence* of human experiences about a phenomenon as

described by the participants from different perspectives and decisions processes

(Moustakas, 1994; Savage-Austin & Honeycutt, 2011). Nor was there a need to observe

the daily lives of, and interview, participants who belonged to a cultural group, as in

ethnography (Williams, 2011). Grounded theory was inappropriate for this study because

the goal of the grounded theory approach is to generate theory that explains a social

process, action, or interaction (Petty, Thomson, & Stew, 2012). Narrative design was not

appropriate for this research because the narrative research consists of detailed stories of

participants' experiences to focus on the understanding of the biographical history of

events from one or more participants (Petty et al., 2012; Williams, 2011). Data sources

for case studies include interviews, direct and participant-observation, questionnaires,

documentation, archival records, and physical artifacts (Stake, 1995; Yin, 2012).

Research Question

In this qualitative single-case study, the objective was to explore the motivational

strategies implemented by leaders of health care organizations within the Piedmont

Region of North Carolina, strategies that could result in high-quality motivation and

increase employee performance. Research questions are the starting points for developing

a research design (Wahyuni 2012). A research question should link to the theoretical or

conceptual framework and gaps in the literature identified from the literature review

(Sinkovics & Alfoldi, 2012). The central research question for this study was as follows: What motivation strategies can health care leaders use to improve entry-level employees' performance and organizational effectiveness?

Interview Questions

The *health care leaders* answered the following open-ended interview questions:

1. What are the strategies implemented within your organization to motivate entry-level employees?

2. How would you describe the effectiveness of the implemented motivation strategies?

3. How, if at all, did performance change because of implementation of the motivation strategy?

4. What strategies might your organization's leaders implement for entry-level employee motivation to ensure profitability and effectiveness?

5. What additional information would you like to add regarding entry-level employee motivation?

The *medical service employees* answered the following open-ended interview questions:

1. How does your supervisor motivate you to improve performance and grow professionally?

2. How, if at all, did performance change because of implementation of the motivation strategy?

3. What factors motivate you to perform your best work?

4. What other information can you share with me about workplace motivation for your organization?

Conceptual Framework

Vroom, whose expectancy theory of motivation (1964) formed the conceptual framework for this study, wrote several works on the physiological and motivational needs of humans: *Some personality determinants of the effect of participation* (1958), *The productivity of work groups* (1963), *Leadership and decision-making* (1973), and *The new leadership* (1988). Vroom's expectancy theory of motivation consists of the following three components: expectancy, instrumentality, and valence. Seen holistically, Vroom's theory suggests that an individual's belief that effort will lead to performance will lead to specific outcomes valued by the individual influences motivation. The expectancy theory of motivation is novel because it provides a process of cognitive variables reflecting the variations of an individual's work motivation (Lunenburg, 2011). Researchers later developed modified versions of Vroom's theory, such as the expectancy model by Porter and Lawler (1968). Vroom's theory was an appropriate theory for this study because the focus of the study was to explore the motivational strategies implemented by health care organizations' leaders for entry-level workers that cause high-quality motivation and increase employee performance.

Vroom's theory related to the general problem regarding how low-quality motivation of entry-level employees in U.S. health care organizations has an adverse influence on the organization's effectiveness. Management might focus on valences or rewards to maintain daily operations as a primary need. Managers must analyze the type

and level of rewards that have the highest valence for individuals, because individuals commit to organizations for different reasons (Wlodarczyk, 2011). Organizational leaders can use Vroom's theory to achieve the organization's mission and vision as well as help employees with some control over their environment. Leaders might increase instrumentality and motivation based on Vroom's expectancy theory of motivation by leveraging cognitive diversity and multiple intelligences, in which team members consult with each other (Day & Burbach, 2011). Because organizational performance increases with the increase of individual performance, Özlen and Hasanspahic (2013) stated that managers needed to know if an employee's motivational reward relates to money, self-satisfaction, empowerment, or recognition.

Vroom's motivation theory related to the specific problem that some health care organization leaders lack the strategies to motivate entry-level medical service employees to improve performance. Each worker in the business environment has goals, and motivation drives one toward achieving the goals (Özlen & Hasanspahic, 2013). In relation to the three components of the expectancy theory, some employees believe that successful performance (high expectancy) of tasks that they connect (high instrumentality) to desired outcomes (high valence) will prevent (negative instrumentality) outcomes they desire to avoid (negative valence; Khan & Sheikh, 2012). Based on Vroom's expectancy theory, addressing the problems that may result from failure to motivate employees to improve performance and increase organizational profitability and effectiveness has the potential to affect taxpayers, the community at large, and possibly the entire country. Entry-level medical services employees who lack

motivation to improve their performance might result in U.S. government spending increases, higher separation rates that might result in higher taxes for taxpayers, and higher deficit for the economy.

Operational Definitions

Autonomous motivation: Autonomous motivation is a form of incitement in which employees are engaging in their job for the inherent pleasure and satisfaction they experience because workers personally endorse the value of their work (Fernet, 2013).

Controlled motivation: Controlled motivation is a form of inspiration in which employees' behaviors performed to gain a sense of self-worth or to avoid feelings of anxiety or guilt because of pressure from demands, threats, or rewards by an external agent (Fernet, 2013).

Diachronic case study: The diachronic study shows change over time, in which data collection such as historic events, documents, and observations occurs at specific points, and the one's focus is the changes that occur at two or more data collection points (Thomas, 2011).

Reflexivity: Reflexivity is the requirement that researchers have a self-critical attitude about how his or her preconceptions might affect the research (Thomas & Magilvy, 2011).

Retrospective case study: The retrospective study involves the collection of data relating to a past phenomenon of any type, in which the researcher reflects back on a phenomenon, situation, person, or event in its historic integrity (Thomas, 2011).

Snapshot case study: The snapshot study is an examination of the phenomenon in one defined period such as a current event, a day in the life of a person, a month's diary of a marriage (Thomas, 2011).

Staggered working hours: Staggered working hours are flexible working hour schedules provided to employees (Ahmad, Idris, & Hashim, 2013).

Assumptions, Limitations, and Delimitations

Assumptions

Assumptions are the researcher's view of the nature of the research, which shape the specific research methods implementation throughout the study (Marshall & Rossman, 2016). The focus of this single-case study was on a health care organization in the Piedmont Region of North Carolina. The specific population for this study consisted of four health care leaders and 22 entry-level medical services employees or until establishing data saturation. Four assumptions guided the research for this study: (a) the participants were honesty, (b) the participants would serve as a representative sample of health care leaders and entry-level medical service employees in the subject health organization; (c) participants' descriptions pertaining to the real-life context would provide the data and insights necessary to understand the phenomenon; (d) the participants would openly share their reflections in semistructured interviews. Participants might not disclose personal information without the assurance of confidentiality and privacy.

Limitations

Limitations are external conditions that restrict the scope of the study, and which could result in potential weaknesses of the study (Bloomberg & Volpe, 2012). The following limitations were associated with this study: included the period of research and the resultant potential limited external validity of the findings. Participant limitations were to health care leaders and entry-level medical service employees in the Piedmont region of North Carolina, with varied years of organizational work experience at only one health care organization. The geographic area was the Piedmont region of North Carolina, which required extensive travel and approximately three visits to one health care organization. Because of the allotted period for research and travel expenses, flexibility of interview schedules and time was limited for each participant.

Delimitations

Delimitations are conditions imposed by the researcher to limit the scope of the study (Bloomberg & Volpe, 2012). An underlying delimitation for this single-case study was the population consists of health care workers at one health care organization. The scope of the study included only entry-level employees 18 or older in the Piedmont region of North Carolina possessing varied years of work experience with the organization and health care leaders at one medical service organization. The exclusion of health care leaders and entry-level employees in the Coastal and Mountain areas in North Carolina was a notable delimitation.

Significance of the Study

Organizational leaders in health care face the challenge of retaining talented employees and keeping them motivated. Some leaders need to identify and implement motivational strategies that enhance business practices. This study contributed to a reduction of a gap in the literature on motivational strategies that health care leaders can implement to improve the performance of entry-level, health care service employees.

Contribution to Business Practice

The objectives of the study were a contribution to the existing knowledge regarding employee motivation and job performance, as well as to reduce gaps in the literature and implement social change. The research study may contribute to existing knowledge of the factors that may contribute to high-quality motivation and increase employee performance by exploring the experiences of medical service entry-level employees. Previous research (Ali, Mahdi, & Malihe, 2012; Kaymaz, 2011) focused on the relationship between employee motivation and employee performance. The results might provide insight into business leaders to develop strategies to improve job performance evaluations to increase productivity. The study results might affect business practices by identifying potential strategies needed to increase motivation, retain workers, and increase profitability and effectiveness.

Findings from this study contributed to a reduction of gaps within the field of medical services. Previous quantitative research emphasized the numerical data associated with employee motivation and job performance. Few studies provided an in-depth understanding of the participant's view of strategies and processes for improving

motivation and job performance in the workplace. The results of previous quantitative research indicated that the effect of performance-based pay on employee performance is minimal, in which biased performance appraisal may negatively influence the motivational effect of merit pay (Boachie-Mensah & Dogbe, 2011). Gow, George, Mwamba, Ingombe, and Mutinta's (2012) mixed-methods research focused on salary differentials for the same workers between the public and private sectors. The focus of this qualitative single-case study was to explore the motivational strategies implemented by health care organizations' leaders that contribute to high-quality motivation and increase employee performance.

Implications for Social Change

The results of this study may positively influence social change by helping U.S. health care and medical service organizational leaders determine what factors may improve entry-level health care service employees' motivation and job performance. The findings of this study might contribute to social change and improvement in the quality of patient care because highly motivated entry-level health care service employees may extend friendlier interactions with patients. Patients might recognize improvements in the quality of their care that result from an increase in available entry-level workers to manage patients. In addition, the results might lead to improve relationships between health care organizations' leaders and external stakeholders that affect external corporate social responsibility, which could in turn contribute to the improvements in the U.S. economy by decreasing the turnover rates in the health care industry.

A Review of the Professional and Academic Literature

This qualitative single-case study explored the motivational strategies implemented by health care organizations' leaders that contributed to high-quality motivation and increased employee performance. The review of supporting literature consisted of using the following databases: Business Source Premier, ProQuest Central, and ProQuest Dissertation and Thesis. The following keywords were used: *health care, medical services, laboratory services, nursing, entry-level employees, front-line employees, motivation, employee retention, employee performance, employee empowerment, job satisfaction, organizational culture, and organizational performance*. The total of related references was 108 sources: 103 peer-reviewed scholarly journal articles (published between 2011 and 2013) and 4 peer-reviewed scholarly journal articles published between 2003 and 2010). Supplemental material included one seminal work published between 2002 and 2010.

This literature review included an overview of concerns in the health care system, the significant of entry-level employees in health care, and a foundation for the topic of motivation. The next section of the literature review included factors that motivate medical service entry-level employees ensuring quality performance in relation to the social and economic environment. A review of the literature illustrating the effect of employee motivation and performance on business effectiveness followed the identification of factors affecting motivation and performance. Finally, the review included insight regarding the outcomes of the lack of employee motivation and performance. The conclusion of the literature review included concise summaries of the

literature and the theoretical framework for the study defining the most significant aspects of the theory of understanding improved business practice.

One objective of this research study was to explore the importance of motivation, specifically among entry-level medical service employees within the United States. Review of the literature indicates a consensus among researchers regarding the importance of employee motivation in the future of medical service organizations. Previous research studies investigated employee motivation and Human Resources Management in the workplace (Muscalu & Muntean, 2013), professional and organizational leadership (Chaudhry & Javed, 2012), empowerment and job satisfaction (Abraiz, Tabassum, Raja, & Jawad, 2012; Akansel, Özkaya, Ercan, & Alper, 2011), and compensation (Boachie-Mensah & Dogbe, 2011). Further research regarding the literary gap concerning entry-level health care service employee motivation to improve their performance, as well as organizational effectiveness and profitability are appropriate.

Concerns in the U.S. Health Care System

The lack of sufficient healthcare is a concern in the United States. Individuals seek services from medical care providers every day in which health care is a basic need of people (Widyaningrum, 2011). Health care services include extended, close, and frequent interactions between employees and patients, as well as high involvement, high emotion and anxiety, and considerable patient perceived risk (Mechinda & Patterson, 2011). Many Americans do not have insurance, because of the increase in health care costs (Singleton, 2011). Shader (2013) noted that while most American workers believe that paying for health care strains their budgets, most employers anticipate that they pay

excessive rates for their employees' health care coverage. In addition, many health care

providers might face challenges presented by health care reform. For example, the

planned reduction in Medicaid disproportionate share-hospital payments, which provide

financial support to hospitals rendering care to numbers of Medicaid and uninsured

patients (Coughlin, Long, Sheen, & Tolbert, 2012). Safety-net hospitals face the

challenge of increased competition with private hospitals for newly insured patients

(Coughlin et al., 2012).

One problem faced by the health care industry is social responsibility to the

organizational stakeholders. The aim of social responsibility enhances standards of living,

while preserving corporate profitability and meeting expectations for all stakeholders

(Mozes, Josman, & Yaniv, 2011). External corporate social responsibility involves

responsible behavior of external stakeholders such as customers, local communities, and

business partners related to the company's external operations (Skudiene &

Auruskeviciene, 2012). Mozes, Josman, and Yaniv (2011) stated that businesses

recognize the need to strike a balance between profitability and the moral right to operate

by assuming more social and environmental responsibility. Health services providers will

indirectly increase toward specific services and service oriented community satisfaction

to fulfill the needs of health services and increase society's expectations to be able to live

a better life (Widyaningrum, 2011). To clarify the mission and values and to articulate an

inspirational vision Regional Hospital began with the senior team and involved all

stakeholder groups in the socialization and fine-tuning of the ideas included in these

frameworks (Joyner, Frantz, & Maguire, 2013). According to Vasset, Marnburg, and

Furunes (2011), Norway has more municipal health services than the hospital sectors, in which the municipal health service has a flat organizational structure and low power distance. Zachariadou, Zannetos, and Pavlakis (2013) stated that 75% of the population accesses health care services because the existing National Health Care System of Cyprus provides universal coverage. The health care industry must focus on social responsibility and sufficient human resources to provide quality health care to stakeholders.

Another concern is the lack of sufficient human resources to provide quality health care. The health sector includes under heavy pressure because of insufficient resources such as quality and talented employees (Sørup & Jacobsen, 2013). Hospitals have internal problems such as health workers migrating from public to private hospitals or to other high rewarding jobs because of the absence of higher salaries in such public institutions (Adzei & Atinga, 2012; Alafi, Al-Qeed, & Waiel, 2013). In Zambia, in which low health care worker salaries result in significant attrition, the public sector health workers migrate to the private sector or leave Zambia (Gow et al., 2012). A decreasing amount of available medical service employees will have to manage an increasing number of patients (Sørup & Jacobsen, 2013). Adzei and Atinga (2012) mentioned the government of Ghana, which initiated a number of measures including the introduction of additional incentives for health professionals to address the problem of attrition of health workers within their country. Gow et al. (2012) agreed that one strategy to lessen the problem of health worker attrition includes an increase in the share of allowances and incentives intended to reduce attrition rates and enhance the re-distribution of staff between geographical deficit and surplus areas.

Another method to develop the reward system to address the problem of decreasing of human resources is the implementation of non-financial rewarding systems that may ease the pressure exerted on the growth of net income (Marin, 2012). Vasset et al. (2011) added that the Norwegian municipalities' employees shifted work into smaller fractions of involuntary part-time positions. In contrast, general practitioners in Leeds, within the United Kingdom reported the National Health Service changes such as excessive working hours, paperwork, and administration as the most stressful aspects of their work (Chew, Ramli, Omar, & Ismail, 2013). Health care organizations must develop efficient strategies to motivate entry-level employees for improving performance ensuring social responsibility to stakeholders. The goal of the following section is to address the significance of entry-level medical service employees in the health care industry.

Few organizational leaders believe the human personnel of any organization are its main assets for achieving prosperity; organizations design different strategies for competing with the competitors and increasing the performance of the organizations (Shukla, 2012). Tebeian (2012) agreed that any organization aiming at staying in the environment market should not underestimate the importance of capable, well-trained staff with proven skills and capabilities. Urosevic and Milijic (2012) argued that if a company wants to achieve its objectives, organizations must pay maximum attention to the workers to achieve the atmosphere. Feuer (2011) asserted that the organization leaders should inform individuals they do not fit the organization culture because the

organization's success comes from people, the quality of deliverables, and the ability to complete the work within economic constraints.

According to Dumitrescu, Cetina, and Pentescu (2012), front-line employees have a determinant role in satisfying customers as well as building healthy relationships with them. Lai and Chen (2012) agreed the frontline employee plays a prominent role in connection between the firm and customer. Frontline employee interactions with the customer include effects on benefits and the quality of service (Lai and Chen, 2012). Employees are the most important, the most expensive, and the most valuable investment of an organization because a powerful human force makes a powerful organization (KazemiKani et al., 2013). Aisha, Hardjomidjojo, and Yassierli (2013) agreed the employee is the element that has a significant role and affect the performance of an organization because workers have to run the operational process that leads to organizational success.

A resource for all the organizations is people that ensure the business's survival, development, and competitive success (Muscalu & Muntean, 2013). In addition, investing in people has proved to be the surest way to guarantee the survival of an organization, to certify competitiveness, and the organization's future (Muscalu & Muntean, 2013). According to Souliotis, Mantzana, Rekleiti, Saridi, and Contiades (2014), health care workers remain as the focus of leaders' discussions on efficiency and performance to improve the quality of care provided to patients. Blake, Mo, Lee, and Batt (2012) asserted that some health care staff believes that their personal health behaviors affect the quality of the patient care they deliver. According to Mlinar (2012), nurses

have a significant influence on people's health and lives because nurses advocate the needs of their patients and offer them physical, mental, social, spiritual, and moral support. Thus, the prosocial customer-oriented behaviors of front-line medical personnel are the focus for both the health care facility and the patient (Mechinda & Patterson, 2011). Although, the literature indicated that most health care organizations recognize the value of entry-level medical service employees, some health care organization leaders may lack understanding of the factors that motivate these workers.

Lack of Understanding the Factors of Motivation and Performance

Hunter (2012) defined motivation as the process of developing intent, energy, determination, and action to carry out certain behavior. Motivation is a power that guides one toward fulfilling a purpose, strengthens behavior, and activates the tendency to continue working toward goal achievement (Shukla, 2012; Urosevic & Milijic, 2012). Urosevic and Milijic (2012) added that motivation in an organization is a guided behavior of the employees toward organizational goals and toward satisfying personal needs and goals at the same time. Leaders define motivation as a driver of stable mind, aspiration, force or interest within the individual that translate into action, and represents the synergistic effect of the number of stimuli on the behavior of employees in performing their job duties (Achim, Dragolea, & Balan, 2013; Adzei & Atinga, 2012).

Work motivation is the psychological processes that determine the direction, intensity, and persistence of action within the continuing stream of experiences and determine a person's intentions to allocate personal resources across a range of possible actions that characterize the person in relation to his or her work (Kanfer et al., 2008).

According to Hunter (2012), the motivational theory forms the basis of effective management practice, leadership, team and group performance, management ethics, decision-making, and organization change. The motivational system meets all the workers` needs, whereas the employees outline an independent relationship between their involuntary wish of performing a professional activity and their mood after satisfaction of their needs (Achim et al., 2013).

Many factors such as skills, motivations, support they receive, nature of work, and relationship with the organization can affect the performance of employees (Grigoroudis & Zopounidis, 2012). Performance feedback such as training, compensation, career planning, and job design has an indirect effect on productivity (Kaymaz, 2011). Vasset et al. (2011) argued that a necessity for the workplace with complex task structures and a stressful atmosphere is intrinsic motivation. Consequently, internally motivated employees work not because they expect extrinsic rewards, but because they anticipate a close relationship with and trust the company (Skudiene & Auruskeviciene, 2012). Evaluation of employee performance and the contribution of its personnel in achieving the assessed goals are long-term viability elements of a business organization (Grigoroudis & Zopounidis, 2012). Motivation differs for individuals based on needs, goals, and various motivational factors meaning employee performance improvements depends on the motivation factor.

Factors Affecting the Motivation of Entry-level Health Care Employees

Additional factors such as age, organizational culture, leadership, empowerment, compensation, and job satisfaction might affect entry-level medical service employees'

motivation. Motivators are an individual's needs, desires, and expectations, for example, a high-quality work environment answering lower order needs first, guarantees security and stability (safety) followed by relationships in work groups (love and belongingness) (Alafi et al., 2013; Pinto, 2011). Motivation is both situational and relational; how one reacts to conditions always depends upon the situation and relationship to others (Hunter, 2012). Some noted elements of motivation include rewards, personal objective, recognition, sense of belonging, love, and working hours (Ahmad et al., 2013).

Age. The importance of the elements of motivation can differ by age and personal needs. The traditional means of motivating employees no longer yield effective results, because new age workers use complex knowledge processing (Kumar, 2011). Wieck (2007) provided a glimpse of four generations creating and maintaining a happy workplace using Maslow's Hierarchy of Needs. The four generations are Veterans or Traditionalists (1922-1945) Baby Boomers (1946-1960), Twentysomethings or Generation X (1960-1980), and the Millennials or Generation Y (1980-2000) (Wieck, 2007). According to Wieck, the top need for the Veteran Generation is psychological needs; Baby Boomers focus on self-esteem needs; Generation X's priority is the satisfaction of self-actualization, and the focus for Generation Y is social needs or belongingness needs. Age and seniority are also accurate predictors of salary (Chaudhry, Sabir, Rafi, & Kalyar, 2011). Subsequently, the associations that originate between age, salary, and seniority indicates administration's pay for excellence for better job performance (Chaudhry et al., 2011). Calo, Patterson, and Decker, (2013) disagreed, stating many organizations and managers have an embedded retirement culture consisting

of practices fostered by government policy, union contracts, corporate pension plans, and downsizing leading to the expectation that older workers should retire early.

Calo et al. (2013) found stereotypes of older workers to vary in prevalence as a function of organization type. Wieck (2007) argued the challenges of dynamic work environment for all generations and leaders because a work environment with four generations of workers is a conflict with and needs, values, and priorities. In addition, Calo et al. noted that the private business hold employees more accountable for performance, eliminating older workers, and declining significantly in performance and motivation. Urosevic and Milijic (2012) stated that in disagreement that the influence of an employee's age on satisfaction and motivation was small, but years spent in a company hardly influence the differentiating of workers regarding satisfaction and motivation. Individual's levels of motivation differ by age, their hierarchy of needs, and their relationship in the organizational culture.

Organizational culture. The concept of organizational culture emerges from various disciplines including anthropology, sociology, and management (Zachariadou, Zannetos, & Pavlakis, 2013). Founders create an organizational culture from a preconceived cultural scheme that they have in their mind, when health care organizations' leaders have begun to address the importance of culture for important organizational outcomes (Popa, 2012; Zachariadou et al., 2013). Some leaders believe that the organizational culture is the foundation of empowerment formation, and those organizations, which succeed in executing empowerment process, which include defined value principals (KazemiKani et al., 2013). Joyner, Frantz, and Maguire (2013)

mentioned that Regional Hospital's culture development work began with a focus on understanding both the needs and expectations of customers.

Organizational culture influences organizational commitment (Widyaningrum, 2011). To analyze the influence of motivation and organizational culture on organizational commitment and performance of workers, Lam and Robertson (2012) investigated the influence employee experiences and demographics have on the likelihood that jobholders participate in continuous improvement projects. Widyaningrum (2011) conducted a test using medical service employees at IbnuSina Hospital of Gresik Regency. Mlinar (2012) asserted that the organization's characteristics and climate exert a strong influence on the behavior of the organizations' members and their culture. Mlinar added that the climate can convey the general psychological atmosphere of an organization and can consequently affect the satisfaction, motivation, and behavior patterns of the individuals in the workplace. Employees in an organization that supports change tend to participate in continuous improvement projects more often (Lam & Robertson, 2012). According to Zachariadou et al. (2013), in comparison to their male colleagues, women health care professionals working in the Primary Health Care Centers of Cyprus believed that some characteristics influence the shape the organization's culture. Widyaningrum asserted that the influence of motivation on organizational commitment is directional meaning if health care organizations such as IbnuSina Hospital of Gresik Regency apply the motivation of medical and paramedical personnel then the IbnuSina Hospital organizational commitment will increase and vice versa.

The manager should ensure employees have the necessary conditions to achieve the expected performances and make them achieve the objectives by establishing a motivational, organizational atmosphere for the worker (Marin, 2012). Mozes et al. (2011) agreed that people tend to view themselves regarding the groups and organizations to which they belong, in which the concept of affective commitment refers to the degree in which a person experience a strong emotional tie as a member of the work organization. According to Elegido (2013), some of the main ways employee's loyalty contribute to human flourishing include making the worker more trustworthy and valuable as an employee, forming relationships, expanding the employee's field of interests by giving her or him a richer identity, and providing motivation for the jobholder.

Human resources management. Human Resources Management represents a specialized area of the organization's general management in which personnel matters include a holistic, globalist, and professional vision (Muscalu & Muntean, 2013). Urosevic and Milijic (2012) asserted that two critical priorities for organizations are human resource development and management, because of a new place and role of employees in all social processes and their management. Human resource departments target employees for various communication efforts, which aim primarily at asserting the satisfaction workers receive from their job (Souliotis et al., 2014). The main interest of contemporary human resource management is employee motivation and satisfaction by establishing a high quality motivation system an organization increases its competitive ability (Urosevic & Milijic, 2012). Lambrou, Kontodimopoulos, and Niakas (2010) added

that the lack of explicit policies for human resource management produced imbalances that threaten the capacity of health care systems to attain their objectives.

Organization leadership. Leadership is the weapon the business uses to accomplish organizational goals and necessary objectives (Chaudhry & Javed, 2012). Leadership is the success of the organization and about getting tasks completed correctly through trust and motivation (Popa, 2012; Shukla, 2012). Four main leadership types accomplish this objective include directive leadership, transactional leadership, transformational leadership, and empowering leadership (Dewettinck & van Ameijde, 2011). Popa (2012) disagreed, stating additional leadership styles used to accomplish organizational goals include autocratic leadership, bureaucratic leadership, charismatic leadership, democratic leadership, laissez-faire leadership, self-leadership, servant leadership, and task-oriented leadership. According to Dewettinck and van Ameijde (2011), self-leadership mainly applies to the fields of self-managing teams and empowering leadership. Chaudhry and Javed (2012) stated that laissez-fair leaders avoid making decisions, not to become involved in working units because leaders give followers complete freedom to make decisions. Popa agreed laissez-faire is a hands-off approach in which no one sets any objectives, directions, restrictions. Transformational and transactional leadership portrays a different leadership style from the laissez-faire and servant leadership styles.

Choudhary, Akhtar, and Zaheer (2013) stated that servant and transformational leadership involve followers in the learning and development, but the leadership styles difference is the focus of the leader. In contrast, servant leadership is unique because the

natural feeling to serve takes priority over occupying a formal leadership position, in which servant leaders ensure that both, the means used and the ends achieved are morally legitimate and ethical (Iyer, 2012). Transformational leadership is the style in which the leader plays the role model, inspires followers, and challenges them to be more involved in their work (Popa, 2012). Chaudhry, Javed, and Sabir (2012) asserted that transformational leadership provides the vision, mission, and consciousness of the organization, which creates the high level of ability and expertise. Transformational leaders communicate with their people, delegate responsibility, and try to know their staff, to understand their strong and weak points to find the best way to optimize their performance, thus optimizing entire organization's performance (Popa, 2012).

Eisenbeiß and Boerner (2013) argued transformational leaders might censor followers' critical viewpoints and ideas, which may trigger and limit followers' innovativeness. Transformational leadership leads to exceptional performance within the team by advantages as well as anticipates the members' emotional attachment, motivates their behaviors (Tebeian, 2012). Eisenbeiß and Boerner disagreed stating the negative side effect of transformational leadership is a possible reduction of followers' creativity because of followers' dependency on the leader. By contrast, Chaudhry and Javed (2012) argued transactional leadership punishes workers not showing commitment to the organization, but rewards employees for working remarkably. The transformational leadership style involves consideration intellectual stimulation and changing the organization to fit the environment, whereas transactional leader arranges to monitor

mistakes and error actively and takes corrective action when required (Choong, Lau, Kuek, & Lee, 2012).

Transactional leaders are lead by using social behavior exchanges for maximum benefit at low cost because leaders motivate their employees to perform their duty, show their responsibilities, know their goals, and know their needs (Chaudhry & Javed, 2012). In addition, transactional leaders will ensure employees have necessary resources to complete their daily task and attain their target setting (Choong et al., 2012). According to Tyssen, Wald, and Heidenreich (2013), transactional leadership, which serves as the basis of all leadership in organizations, positively correlates with transformational leadership and transformational leadership can realize its full effectiveness through this relationship. Dai, Dai, Chen, and Wu (2013) agreed stating both transactional leadership and transformational leadership further inspire employees' superior performance.

Regarding management, motivation is the sum of psychological motives that initiates and directs an employee's behavior toward a goal (Muscalu & Muntean, 2013). Hunter (2012) asserted management approaches to motivation in the workplace during the 1940s were simple and clear-cut, seeing worker motivation results from monetary incentives, job security, and decent working conditions. Marin (2012) agreed the enterprising manager plays a role in motivational processes. Adzei and Atinga (2012) asserted that health managers, who possess adequate supervisory and leadership skill, induce a higher level of motivation in their employees. Muscalu and Muntean (2013) argued that managers have to know and understand as clear as possible *the motivating process* within the organizational frame by direct action regarding human resources that

condition the organizations' development. Marin (2012) agreed the manager is the most influential factor in achieving a motivational system. Ahmad, Idris, and Hashim (2013) noted managers should understand these psychological processes to be successful in leading the staff toward achieving the organizational objectives. The manager must know the employees as well as understand their personal needs (Marin, 2012). In addition, Marin (2012) stated that the head of the department can start working on motivating personnel by meeting their basic needs, but the meeting basic needs does not necessarily ensure work improvement. Furtner, Baldegger, and Rauthmann (2013) found that leaders' natural reward strategies were a consistent predictor of followers' perception of the leader as a more active leader.

Employee and leader's relationships. Followers' associate their personal leader-like abilities with the effective behaviors (e.g. embracing change, doing the job, and working with others) displayed by leaders (Baker, Mathis, & Stites-Doe, 2011). According to Mehrabi, Safaei, and Kazemi (2013), a leader's behavior is one significant factor in effective perception of reliability in the workplace. Yidong and Xinxin (2013) asserted group members' common belief about their ethical leaders would strengthen their understanding about the social influence of their job. Gkorezis, Hatzithomas, and Petridou (2011) stated that that that new employees emphasize leaders' positive behavior and diminish their negative behavior. Leaders' are prone to articulate, regarding their long-term relationship, as well as their negative feelings toward their subordinates when interacting with long-tenure employees (Gkorezis, Hatzithomas, & Petridou, 2011). The group members show intrinsic motivation for the autonomy and competence they

experience in a supportive group climate when ethical leaders develop group perception of fairness and concern and empowerment with autonomy (Yidong, & Xinxin, 2013). Leaders build relationships with employees by having an open door policy.

Leaders develop trusting relationships with employees using open door policies including face-to-face interactions, one-on-one meetings, and departmental meetings. Face-to-face interactions allow employees to build relationships with the Chief Executive Officers and senior management and provide employees with comfort when communicating with management (Adelman & Stokes, 2012). Dumitrescu et al. (2012) found that regarding the statement *I am able to express my ideas to the top management* that 40% of the respondents agreed, but regarding the statement, *I talk regularly with the manager about objectives* only 4% strongly agreed and 66% agreed. Employee silence is potentially a negative consequence of perceived pseudo voice because the organization does not benefit from their ideas and perhaps useful suggestions that could help improve the organization's performance (de Vries, Jehn, & Terwel, 2012). Leadership and departmental meetings are essential means of information exchange within an organization, whereas 8% strongly agreed information and internal communication are appropriate (Adelman & Stokes, 2012; Dumitrescu, Cetina, & Pentescu, 2012). Relationships between employees and leaders are essential in the work environment and team building.

Teams and coworkers. Although some coworker relationships result because of employees sharing the same physical space, coworker relationships are an integral component of the everyday working lives of most people (Basford & Offermann, 2012).

Team belonging is an essential element because it offers trust, recognition, energy to contribute, force to continue, and professional improvement, whereas doctors ranked co-workers as the second strongest motivating factor (Lambrou, Kontodimopoulos, and Niakas, 2010; Tebeian, 2012). Team members need to know the strengths and weaknesses of each other's abilities to anticipate and overcome difficulties (Tanco, Jaca, Viles, Mateo, & Santos, 2011). Tebeian (2012) added that leadership must recognize the importance of diversity, value teamwork, share power, knowledge, success, and failure with subordinates. Joyner et al. (2013) noted that Regional Hospital's senior team had well-honed leadership skills built through a decades-long commitment to leadership development, and the employee group demonstrated a remarkable capacity for flexibility, self-direction, and teamwork. Consequently, the relationship between organizational culture, leaders, and coworker relations represents reciprocity (Basford & Offermann, 2012).

Tanco, Jaca, Viles, Mateo, and Santos (2011) noted that health care personnel work in teams; leaders must set out to motivate employees to work in teams daily. For example, Regional Hospital has integrated an active emphasis on employee engagement and teamwork to ensure that the Standards of Service became a way of working and not just *words on a wall*, (Joyner et al., 2013). Employees find their needs met and are motivated and committed to the organization when coworker relationships are positive, but workers may experience declines in motivation and seek out other employment options if team relationships are negative (Basford & Offermann, 2012). Team members with a proactive personality propose ideas and make suggestions for improving work

processes, as well as identifying potential problems and analyzing ways to solve those problems (Erkutlu & Chafra, 2012). Team members must know how to sequence tasks, how to develop shared task models, and how to become motivated for achieving their mission, objectives, and tasks (Tanco et al., 2011). Positive relationships within the health care organization may enhance employee motivation and empowerment.

  Empowerment. Empowerment means instilling power in the employees (KazemiKani et al., 2013). Employee empowerment, which is one factor that encourage employee pro-social behavior, is a different method for human cooperation in which the workers are responsible for their tasks, and for making the organization better (Gill, Sharma, Mathur, & Bhutani, 2012; KazemiKani et al., 2013). The concept of empowerment is the process of enhancing the capabilities and influence of individuals and teams (Erkutlu & Chafra, 2012). Empowerment allows workers to have opportunities for autonomy, choice, responsibility, and participation in decision-making (Hassan, Toylan, Semerciöz, & Aksel, 2012). KazemiKani et al. (2013) asserted that empowerment is an environment for employees to progress for realizing their purposes by applying their attitudes, knowledge, skill and experiences, and successful.

  Some organizational leaders include employee empowerment as a motivational tool by allowing employees to have a voice in decision-making. According to Iyer (2012), a need exists for a leader who can empower, acknowledge, and motivate employees to establish trust and leader legitimacy. In particular, employees' trust in their leaders is an effective tool behind positive organizational outcomes (Hassan et al., 2012). Employee empowerment and transformational leadership are the best strategies to handle

organizational issues (Gill, Mathur, Sharma, & Bhutani, 2011). Managers who are aware of the relation between empowerment and organizational culture encourage employee empowerment by improving a person's power and increasing their responsibilities (KazemiKani et al., 2013). Adzei and Atinga (2012) added that empowered managers lobby on behalf of their employees and share their problems. Employee empowerment closely relates to management techniques and instruments is another reason empowering managers, giving them an opportunity to benefit from all organization personnel knowledge, skill, experience, and motivation (KazemiKani et al., 2013; Pelit, Öztürk, & Arslantürk, 2011).

Some organization's leaders did not realize the benefits of employee empowerment because the problem is often in the implementation of empowerment practices and the shaping of new leadership roles required for a delegation approach (Dewettinck & van Ameijde, 2011). Bagheri, Matin, and Amighi (2011) noted empowered employees could change the organization to a learning one. Employees involve themselves in developing that strategy because the perceived job satisfaction creates positive feelings among employees, representing positive emotional reaction toward desire for empowerment (Gill et al., 2012; Souliotis et al., 2014). Empowered employees focus their job and work-life with additional importance (Shukla, 2012). Self-effectiveness reinforces individual's motivation and performance through influencing their activities that achieve them through perseverance, whereas low degree of employee empowerment and low levels of employee retention lead to organizational performance problems (Gill et al., 2011; Mehrabi, Safaei, & Kazemi, 2013).

Abraiz, Tabassum, Raja, and Jawad (2012) stated that employees' empowerment in decision-making at work is a central source of employee wellbeing at work and a significant factor underlying the quality of performance. Elloy (2012) agreed workers become more empowered with more autonomy to make decisions relevant to their job, as well as opportunities to make recommendations for improving operational efficiency and product quality. Leaders can motivate personnel if they focus more on their personal's professional development plans, which means encouraging people to become involved in the decision-making process (Marin, 2012). Organizational leaders should encourage the development of work teams whose assignments allow members to use their abilities to enhance their performance and consequently help organizations to accomplish their goals (Elloy, 2012).

According to Gkorezis et al. (2011), empowerment consists of two main approaches: structural and psychological. In addition, Gkorezis et al. stated that the structural approach of empowerment concern the view that providing employees with more power and authority enhances both workers' and organizational effectiveness. Dewettinck and van Ameijde (2011) agreed that the structural view has concentrated on organizational and managerial practices aimed at empowering entry-level employees. Psychological empowerment is intrinsic task motivation manifested in four cognitions: meaning, competence, self-determination, and affect (Gkorezis, Hatzithomas, & Petridou, 2011). Baker, Mathis, and Stites-Doe (2011) mentioned that effective follower behaviors such as embracing change, doing the job, and working with others were because followers' self-identification of their leader-like abilities. By contrast, employees'

perceptions regarding psychological empowerment were that managers do not take their decisions on the task they undertake seriously (Pelit et al., 2011). The empowerment of the worker as a management activity is either direct or indirect suggesting that the direct model includes delegating more responsibilities to individuals or teams to perform, manage their duties, and to participate in decision-making sessions (Hossein, Saleh, Iman, & Jaafar, 2012). In contrast, the indirect model entails the widespread presence of the group from the quality circles to the management committees (Hossein et al., 2012). Empowered workers can learn and grow individually, to use communicational skills, to analyze systematically, to gain experience, and to maintain work ethics (Bagheri, Matin, & Amighi, 2011).

Empowerment offers an opportunity to improve employee self-esteem and lower the worker's intention to quit (Gill et al., 2011). According to Pelit, Öztürk, and Arslantürk (2011), one relation between the tasks performed and employee job satisfaction is the practice of empowerment activities. Sut and Perry (2011) asserted Chinese managers use empowerment to allow workers to solve problems, but Chinese managers must foster job satisfaction and organizational commitment ensuring that the empowerment would affect turnover intention. Gill, Mathur, Sharma, and Bhutani (2011) argued that workers who perceive their managers empower them at a higher level, while using a higher level of transformational leadership have lower intentions to leave. In addition, employee empowerment exists to improve worker retention (Gill et al., 2012). According to Pelit et al. (2011) and Shukla (2012), delegation builds a win-win

connection among organizations and workers because employee empowerment brings decision-makers and employees closer.

Organizational leaders might empower workers by allowing employees to share their opinions and ideas regarding decisions. Leaders might make decisions based on inaccurate feedback because of employees' reluctance to share information (Adelman & Stokes, 2012). De Vries, Jehn, and Terwel (2012) disagreed, stating that leaders make decisions about work-related issues with the choice to make a decision in an autocratic way (i.e., unilateral decision-making) or democratic way (after consultation of their employees). Leaders began to gradually share their authority with employees and move toward empowerment so that in 1990s they focused on teamwork (Bagheri et al., 2011). Iyer (2012) agreed that the organization's leaders do not use the command-and-control approach because of the realization by management regarding the importance of learning from the grassroots initiatives and leading with a shared vision and spirit of collaboration. Tebeian (2012) asserted motivation through leadership might be the *ace* in the sleeve, because people are essentially different and traditional methods of motivation do not work the same for everyone.

Many organizations offer their employees the opportunity to voice their opinions about work-related issues because employees imagine their voices count when they see actions or changes evolving from their input (Adelman & Stokes, 2012; de Vries et al., 2012). Dumitrescu et al. (2012) stated that 6% of the study participants strongly agreed with the statement *I participate* in decision-making whereas 26% agree, 50% are undecided, 16% disagree, and 2% strongly disagreed. According to Bagheri et al. (2011),

organizational structures and managerial styles must change fundamentally in the manner that employees should contribute in the decision-making process. Leaders succeed when their management style mirrors that of a benevolent dictator (Feuer, 2011). Health care leaders might find employee empowerment beneficial to the organization, in which empowered workers might find satisfaction other factors of motivation such as compensation, recognition, and awards.

Compensation. Compensation is a measure of equity or justice, in which the slogan, *equal work for equal pay* refers to normal sensitivity of the organization toward the setting of precedents (Boachie-Mensah & Dogbe, 2011; Muhammad, 2011). Managers view compensation as a considerable expense and as a possible influence on employee attitudes and behaviors through compensation-based motivational strategies, but workers consider compensation as a return for services rendered (Boachie-Mensah & Dogbe, 2011). Muhammad (2011) agreed that employers prefer to pay the least wages and salaries to employees to minimize costs, while workers prefer maximum return for the work that they do. Yang (2011) stated that fair pay represents the most influential motivator for employees in China, including managers. Chaudhry, Sabir, Rafi, and Kalyar (2011) disagreed stating that pay satisfaction depends on an employee's intention about job safety. Employees favoring safety needs categorized job safety more than salary satisfaction as a motivator, but workers favoring a salary increase categorized compensation higher than job safety as a motivator (Chaudhry et al., 2011).

According to Aisha et al. (2013), management can determine the form of incentives that influence employee behavior and motivation to work. Achim et al. (2013)

asserted that, during the economic crisis in Romania, companies used financial gain as the best motivator. Urosevic and Milijic (2012) mentioned that money is the oldest and the most usual way for motivating people, and in developed countries, money rates low on the motivator scale. Adzei and Atinga (2012) agreed that money remains the most significant strategy of motivation. Yang (2011) asserted that employees' personal characteristics and income per month affect work motivation. Employee compensation, to include various forms such as hourly wages, salary, or performance-based pay, is a motivator for some workers yet, not for others.

Salary is a form of compensation from an organization to its worker, whereas wages is a powerful incentive when commensurate with achievements (Chaudhry et al., 2011; Marin, 2012). Salary, which is one of motivation tools that significantly influence people's workloads, is a factor that plays a particularly notable motivation of human resources (Muscalu & Muntean, 2013). Adzei and Atinga (2012) agreed salary supplements, benefits, and allowances contribute to health worker motivation and their enthusiasm to remain in the health care facility.

Pinto (2011) conducted a quantitative study to discover the extent that wages influence the motivation and satisfaction of wage earners in the Brazilian economy. According to Pinto, the company paying the lowest wages in the administrative area presents a group of employees that stands out regarding motivation and satisfaction in relation to others. Yang (2011) stated that fair pay represents the most influential motivator for employees in China, including managers. Employee's perception of salary

satisfaction as a motivator could depend on the method of compensation such as performance-base pay and incentives.

Performance-based pay, which is a compensation scheme that links employee performance with wages, is either merit income or incentive salary (Boachie-Mensah & Dogbe, 2011). Wu, Wei, Zhang, and Han (2011) stated that pay-for-performance policies should motivate employees to develop job-specific knowledge, skills, and abilities resulting in a better fit with their jobs. Kirschner, Braspenning, Jacobs, and Grol (2012) found that the target users of a pay-for-performance program using a bottom-up procedure thought clinical care, practice management, and patient experience to be appropriate domains for the pay-for-performance program, in which money was the best option. Some organizational leaders use incentives and performance-based pay.

The most cost common used incentive, which remains a highly favored motivator, is money. Organizations use incentive packages as tools toward achieving organizational success within a small entrepreneur business, to motivate or create a compelling urge in the minds of the employees to achieve predefined stretched targets (Nandanwar, Surnis, & Nandanwar, 2010a, 2010b). Although research has shown that monetary incentives are the most effective motivator, some individuals prefer non-monetary incentives. Nandanwar, Surnis, and Nandanwar (2010b) argued that monetary and non–monetary incentives have a substantial effect on employee motivation, but incentives in an organization can motivate some section of employees while some other workers become deeply de-motivated. In addition, Hunter (2012) added that money incentives might not motivate someone who has financial stability, yet another person may see the same

opportunity as a chance to make a living or gain some attention and notoriety. For example, Nandanwar et al. (2010b) found that early age employees prefer non-monetary incentives; middle-age group prefers monetary incentives, whereas males prefer non-monetary incentives, and females prefer monetary incentives.

According to Chaudhry et al. (2011), a cumulative trend for public and private administrations exists to implement group incentives and profit distribution schemes. Stringer, Didham, and Theivananthampillai (2011) asserted that the performance incentive payment rewards people for achieving pre-established goals, in which the bonus payment is pro rata on the number of hours worked per week. Adzei and Atinga (2012) argued the necessity of financial incentives, but not sufficient to stimulate health worker retention in remote areas, and non-financial incentives such as the provision of housing facilities, acknowledging health staff for better performance, and access to training opportunities are necessary. For example, in Zambia, the allowances and benefits that individuals receive are functions of their salary scale, their location, and their length of service (Gow et al., 2012). In addition, selected health workers serving in rural areas receive rural hardship allowances to cushion them against the factors that dissuade health workers from serving in economically disadvantaged areas (Gow et al., 2012).

A highly important factor for fast growing organizations is incentives. Salaries may retain the right employee in the organizations, but incentives encourage workers to outperform (Nandanwar et al., 2010a). Additional incentives include flexible working hours, which provide a sense of autonomy and the ability to fulfill their family responsibility (Choong et al., 2012). Ahmad et al. (2013) agreed that the implementation

of staggered working hours enables staff to choose the best time to clock-in and clock-out.

Awards and recognition. Several actions both from the viewpoint of the corporation and the individual affect the reward system, because the appropriate, effective, and timely reward increases employees and managers' motivation (Karami et al., 2013). The individual views *effort* as what that person does and *results* as the consequence of his or her effort (Ali et al., 2012). What he or she expects to receive in return is a *reward*; organization leaders perceive the *goal* as something that the organization wants and the *result* as what the organization does (Ali et al., 2012). According to Hossein, Saleh, Iman, and Jaafar (2012), granting rewards is the most useful support in the process of empowerment. Rewards are management tools that contribute to firm's effectiveness by influencing individual or group behavior (Shukla, (2012). Nevertheless, rewarding is personal, and this concept differs from one person to another (Marin, 2012). Chaudhry and Javed (2012) stated that rewards, which employees gain on the accomplishment of a target, are contingent rewards connected to the performance of the worker.

Muscalu and Muntean (2013) noted the normal system of motivation succession that assures the connection between the employee reward and productivity is *productivity known as the evaluation of the performance* or reward. According to Lambrou et al. (2010), the highest ranked motivator in Cyprus was achievements. Souliotis et al. (2014) argued that high satisfaction and retention of employees occur when they perceive organizational rewards (e.g. pay, promotion, recognition, personal growth, and meaningful work) meet or exceed their expectations and satisfaction of worker needs and

wants. Consequently, corporations can attract employees who have competency and qualification by offering rewards that jobholders receive in lieu of service compensation, which is a motivational tool for receiving feedback from previous performance and improving future performance (Karami et al., 2013). Rewards and recognition are beneficial tools that management might use for improving motivation and performance.

Some employees prefer recognition for outstanding performance. Recognition has the potential to lessen the perceived difficulties that health workers might face while working in decentralized areas because people want to please, produce, and receive recognition for doing their job well (Adzei & Atinga, 2012; Feuer, 2011). Credit given to each employee, permanent recognition of their merits, negative facts, and creation of a favorable environment for tasks become landmarks and conditions necessary to ensure a motivational system capable of providing high performance and efficiency work on the level of the organization (Muscalu & Muntean, 2013). Irimie and Armean (2012) conducted a qualitative study to explore individual perceptions about an *Employee of the Month* program implemented within a Romanian organization by combining some monetary rewards with the recognition awards specific for the common forms of the program. The collected information represents the starting point to establishing the utility and efficiency of the program, whereas 85% of the respondents answered y*es* regarding program efficiency, and 49% of the respondents considered the contest to motivate, stimulate, and mobilize the employees that have no awards (Irimie & Armen, 2012). Irimie and Armen indicated that 60% of the employees were happy when they found out about the nomination and experienced feelings of satisfaction and pride; the opinions

regarding colleague's reactions showed 33% believed their colleagues agreed with their nomination. Acknowledgment of employees' achievements by giving rewards or recognition provides the worker with a sense of value to the organization and job satisfaction.

      Job satisfaction. Job attitudes are a combination of organizational commitment and job satisfaction, but work satisfaction is a pleasurable or positive emotional state, resulting from the appraisal of one's job or job experiences (Lambrou et al., 2010; Sut & Perry, 2011). Job satisfaction is a multifaceted construct that includes employee's feelings about a variety of both intrinsic and extrinsic job elements this means that job satisfaction in the form of motivational changes in conditions will have an influence on organizational commitment (Souliotis et al., 2014; Widyaningrum, 2011). Tebeian (2012) agreed that job satisfaction is the attitude that employees have toward work and the rest of the elements involved in everyday life. Job satisfaction includes salaries, allowances, the work environment, and other non-monetary factors (Gow et al., 2012). Akansel, Özkaya, Ercan, and Alper (2011) stated that job satisfaction is one's state-of-mind regarding the nature of their work, professional experiences in their previous jobs, expectations from managers and feelings toward work, quality of one's relationship with their supervisor, and quality of the physical environment.

      Akansel et al. (2011) asserted employee job satisfaction affects every aspect of medical practice. The goals of the social exchange theory propose that individuals engage in reciprocal behaviors and support those from whom they benefit; thus, pro-social behavior is most likely to occur when an individual experiences a positive effect

(Mechinda & Patterson, 2011). Akansel et al. (2011) agreed that individuals gain a prominent role in the society through their working life making job satisfaction a factor that holds an eminent place in an individual's life. According to Dewettinck and van Ameijde (2011), employees who perceive their jobs as significant experience higher levels of work satisfaction compared to jobholders who believe their jobs have little value. For example, El-Jardali et al. (2013) stated that 30.8% of Lebanon survey respondents would choose nursing as a profession if they could choose their career all again while the majority indicated that their families and other health professionals had positive attitudes about nursing. Gow et al. (2012) found that 40% of public health workers interviewed had moderate satisfaction, another 40% had neutral job satisfaction, and 20% had high or extremely high job satisfaction. Alafi, Al-Queed, and Waiel (2013) stated that a considerable dissatisfaction existed among employees at King Abdullah University Hospital in Irbid, north Jordan. Job satisfaction among entry-level employees might have an effect on the employee motivation and performance.

Managerial factors including leadership, motivation, and attitude are significant, and an obviously close interdependence exists between the degree of satisfaction and the motivation of the employees (Alafi et al., 2013; Tebeian, 2012). Akansel et al. (2011) reported that poor supervision at work is one factor that contributes to job dissatisfaction. Managers consider the quality of internal service would lead to employees' satisfaction and the customer's satisfaction and loyalty (Lai & Chen, 2012). The manager must give the employee a chance to assume responsibility for the work he or she carries out, in which work must offer employees satisfaction (Marin, 2012).

According to Lambrou et al. (2010), achieving the goals of both the employee and the organization is the cornerstone of job satisfaction. Employees will focus on the main areas of the task they perform by keeping in view organizational requirements in mind with clear performance standards, subsequently reducing stress of the employee and improving performance, job satisfaction, and motivation (Bhatti, Waris, Zaheer, & Kashif-Ur-Rehman, 2011). In addition, well-defined job specifications should help employees more clearly understand the job demands (Wu, Wei, Zhang, & Han, 2011).

Numerous factors such as diversity of work, co-worker relationships, and involvement in teaching medical students affect employee satisfaction and motivation (Chew et al., 2013; Urosevic & Milijic, 2012). Motivation is an important factor in job satisfaction because many factors might contribute to job satisfaction or dissatisfaction (Akansel et al., 2011). Creativity, clinical autonomy, working hours, and physicians' ability to obtain services for their patients were the most significant predictors of career satisfaction in the United States (Abraiz et al., 2012; Chew et al., 2013). Stringer et al. (2011) found that extrinsic motivation and job satisfaction have a negative association, and intrinsic motivation and job satisfaction have a positive association. El-Jardali et al. (2013) found that extrinsic rewards satisfied Lebanon nurses the least and co-workers provided the most satisfaction. Although positive aspects of job satisfaction exist, the factors influencing job satisfaction might create job dissatisfaction.

Chew, Ramli, Omar, and Ismail, 2013 identified factors that decrease job satisfaction to include: low income, long working hours, administrative burdens, heavy workload, lack of time, and lack of recognition. From another point of view, staggered

working hours could reduce absenteeism; improve staff morale, and motivation level (Ahmad et al., 2013). Employees' dissatisfaction and satisfaction depend on the job environment, possible future achievement, personal growth, and fulfillment possibilities provided to motivate employees resulting in increased productivity of the organization (Alafi et al., 2013; Chaudhry, & Javed, 2012). Chaudhry et al. (2011) argued that dissatisfaction with pay can lead a worker to decreased job satisfaction, decreased interest of working, decreased employees' learning level, motivation, performance, increased absenteeism and increased turnover. Absenteeism, job dissatisfaction, thoughts about quitting the job and burnout could occur because of an individual negative feeling regarding his or her poor job satisfaction (Akansel et al., 2011). According to Goetz et al. (2011), high levels of stress and burnout contribute to job dissatisfaction for health care workers, and job dissatisfaction is a prominent cause of nurses' turnover and non-physician personnel shortage. Burnout among nursing employees might adversely affect the success at work, professional development, and quality of care given to the patients (Akansel et al., 2011). Job satisfaction affects the effectiveness of an organization and the employees' performance. To increase performance by motivating employees, relationships with management, co-workers, and employees are critical because relationship contributes to the success of the organization (Basford & Offermann, 2012; Tanco et al., 2011).

Factors Affecting Performance of Entry-level Health Care Employees

Employee performance is critical to the success of an organization. Vasset et al. (2011) asserted that goal setting is a powerful motivator because both intrinsic and

extrinsic motivations affect the situation, in which goal setting is a visible process and a main component of the performance appraisal participation. Chaudhry and Javed (2012) agreed that organizational goals relate to motivation as need satisfying process because motivated people desire to hard work and increase job performance. According to Boachie-Mensah and Dogbe (2011), direction of behavior, efforts, and persistence are central components toward motivation. Boachie-Mensah and Dogbe defined direction of behavior as the behavior that a person chooses, effort as the measurement of how hard an employee works, and persistence as the occurrence of an employee continuing to work in the face of difficulties. Factors such as motivation, intrinsic and extrinsic motivation, job design, and performance appraisals might influence employee performance.

Effect of motivation on employee performance. Employee motivation influences the performance of employees (Shukla, 2012). Highly motivated employees are effective, energetic, produce high-quality outcomes, and productive (Fernet, 2013). Chaudhry et al. (2012) agreed that organizational productivity increases when employees experience motivation. Mlinar (2012) stated that individuals who perceive their performance as relevant tend to work to do their best because the job has meaning. Tebeian (2012) agreed that individual and group performance levels might be higher when employees are valued. High personal control will further improve the performance of the employee with high motivation (Widyaningrum, 2011).

Organization culture and employee performance. Organizational culture can improve employee performance through improved employee morale and motivation (Widyaningrum, 2011). Zachariadou et al. (2013) asserted organizations that have a

performance-oriented culture emphasize achievement. Abraiz et al. (2012) mentioned that in Pakistani, employees facing challenges to prove their value to the organization's performance to justify the reasons for their existence in organizations. Popa (2012) argued that the organizational performance depends on the degree that employees value the organization's culture and the degree of alignment with the values implied in the company strategy.

Job design and employee performance. Job design (e.g. task structure, authority built into the job, work layout, procedural simplicity, equipment used, degree of task integration, performance feedback mechanisms, and resource input) covers nearly all significant factors that affect performance (Grant, 2010). Workload, facilities, and expectancy had a negative effect on employee performance, but the working group, salary, job security, achievement, fairness, and goals had a positive effect on employee performance (Aisha, Hardjomidjojo, & Yassierli, 2013). Bhatti, Waris, Zaheer, and Kashif-Ur-Rehman (2011) noted employees should know the requirements of the organization employee performance because without an idea for the performance standards workers would not meet the organizational requirements. Job design can affect performance directly and indirectly meaning improving the design of work, with abilities and motivation remaining constant, performance increases (Grant, 2010).

Effects of leadership on employee performance. In the same manner that leadership affects motivation, leadership styles affect employee performance. Popa (2012) stated that each style of leadership affects organizational performance differently. For example, the transactional method of leadership promotes a high level of motivation

and low turnover rate (Chaudhry & Javed, 2012). By contrast, laissez-faire leaders'

employees illustrate low motivational levels, because of the laissez-faire hands-off

method of employee management (Chaudhry & Javed, 2012). Mehrabi et al. (2013)

argued that the examination of organizational leader's behaviors at all levels is necessary

to achieve their goals.

Managers and other professionals consider motivating employees to achieve

exceptional performance and productivity as one way to achieve organizational goals

(Boachie-Mensah & Dogbe, 2011). Significant relationships between a leader's

participative behavior and employee's performance exist, in which different leadership

styles have a close association with their organizational performances and outputs

(Chaudhry, Javed, & Sabir, 2012; Mehrabi et al., 2013). According to Baker et al. (2011),

effective leaders set the stage so that their followers can contribute to the organization's

success and improve their followers' effectiveness by helping followers improve their

performance, improve their peer relationships, and adapt to organizational change.

Leaders influence an individual or collective perception of the effectiveness on

organizational performance through employment and feedback (Mehrabi et al., 2013).

Elloy (2012) argued that managers could enhance productivity and motivation by

removing all obstacles to allow employees to apply their skills and knowledge. Mirea,

Naftanaila, and Mirea (2012) agreed managers obtain a higher constant level of the

performance and achieve the effective participation of the employees only through

effective motivating of employees and coordinating the work. Health care organizations

can achieve their objectives through managers or leaders' effective behavior, which can increase outcomes and improve productivity (Chaudhry et al., 2012).

Performance appraisal and employee performance. The performance appraisal is a search for more accurate and more cost-effective communication techniques for measuring job performance and job satisfaction (Vasset, Marnburg, & Furunes, 2011). According to Grigoroudis and Zopounidis (2012), employee performance evaluation is a process of examining the contribution of personnel in achieving the assessed goals. The primary aim of performance feedback, which includes a personal dimension particularly oriented to employees, is to reshape behavior (Kaymaz, 2011). An objective of job evaluation is employee and employer satisfaction with wages and salaries paid (Muhammad, 2011). According to Ali, Mahdi, and Malihe (2012), organizations need to take action for more effectiveness of performance evaluation, because periodical evaluation in a system and its components can increase its effectiveness. Kaymaz (2011) noted some effects occurring in the personal dimension of performance feedback that include reducing the ambiguity of performance, developing manager-subordinate relationships, facilitating the employee achieving goals, personal development, and adaptation to change. Vasset et al. (2011) added that the performance appraisal helps employees to improve their performance by giving specific feedback about the need for development to help employees to excel by giving positive reinforcement to motivate them. Low performance of employees may be a consequence of low levels of satisfaction with their salary (Chaudhry et al., 2011). The consensus among researchers was that

highly motivated employees tend to be effective, produce high-quality outcomes, and work to do their best (Chaudhry et al., 2012; Fernet, 2013; Mlinar, 2012).

Effect of Motivation, Performance, and Empowerment on Business Effectiveness

Most business organizations can achieve success through profitability and effectiveness by motivating employees (Shukla, 2012). Shukla (2012) defined organizational effectiveness as the notion of how effectual an organization is in achieving the organization's mission. Urosevic and Milijic (2012) asserted that the growth of employee satisfaction and motivation reflect on the productivity growth and business results of the company. Health care organizations' success depends on the employees, employee treatment, their skills and competencies, and their efforts on behalf of the health care organization (Souliotis et al., 2014). According to Boachie-Mensah, and Dogbe (2011), employee motivation, which is a manager's biggest challenge, is essential to the effectiveness of an organization.

Work motivation is a fundamental determinant of personal and organizational accomplishments (Kanfer et al., 2008). Motivation can play an integral role in many of the compelling challenges facing the workforce in the health sector because motivation links to work, organizational efficiency, and employee motivation as preconditions for success in business (Lambrou et al., 2010; Urosevic & Milijic, 2012). To increase the employee motivation toward the vision and mission, each organization needs to place emphasis on their staff's welfare (Ahmad et al., 2013).

Shukla (2012) asserted that a motivated employee is receptive to definite goals and objectives he or she must achieve. Internally motivated employees tend to relate their

personal advancement to their work and organization's advancements, and proactive people identify opportunities and act on them, show initiative, take action, and persevere until meaningful change occurs (Erkutlu & Chafra, 2012; Skudiene & Auruskeviciene, 2012). Iyer (2012) agreed the immediate outcome of disheartened employees is no engagement at work, and the business might collapse without workforce engagement motivated on emotional and spiritual terms. According to Chew et al. (2013), the results of their study indicated low job motivation among the men and those who were new to primary health care services in Leeds, within the United Kingdom.

The successful use of individual capabilities can enhance performance and organizational image (Bhatti et al., 2011). The health care workforce has a strong effect on health system performance (Lambrou et al., 2010). The owners of an organization cannot achieve their organizational objective on their own because employees' individual performance has a significant effect on the organizational performance (Yang, 2011). Psilopanagioti, Anagnostopoulos, Mourtou, and Niakas (2012) argued that emotional intelligence plays a critical role regarding organizational outcomes, such as job performance and job satisfaction, especially when the focus is on human interaction employees. Adzei and Atinga (2012) noted an employee could put a positive attitude to work by working hard, being punctual and regular to work, and contributing meaningfully to the fulfillment of the organization's mission through motivation. Working teams, continuously cooperate for improving the performance and access to a higher level of profiting (KazemiKani et al., 2013). According to Mirea et al. (2012), individual performance depends on motivation, whereas performance of an organization

is the sum of the individual performance of the employees. The individual performance, which affects the organization's performance, is a decisive factor in the organization's profitability and competitive advantage.

Positive employee motivation and performance are essential in the health care industry because of competition. A part of management is motivating human resources, because corporate managers find competing based on the usual sources of competitiveness difficult (Kumar, 2011). Individual, structural, and macroeconomic productivity and performance include direct implications in the competitiveness of a firm and country (Muscalu & Muntean, 2013). The global competition and rapid technological change required that organizations make substantial changes to the way they manage their employees making empowerment a popular idea in organizations (Elloy, 2012). Hossein et al. (2012) agreed that managers who do not have enough time to control their employee because of the daily increase of competition in the present world implement the process of employee empowerment. Health care organizational leaders need to develop effective strategies to motivate entry-level medical service employees for improving performance, as well as increasing employee retention to achieve organizational goals.

Outcomes from the Lack of Employee Motivation and Performance

Many entry-level medical service employees might voluntarily transfer within an organization or leave the organization because of lack of motivation. Bhatti et al. (2011) argued a challenge exist to retain talent within the organization, as well as motivation, because of talent drain and executive theft challenges faced by human resources managers throughout the corporate world. Turnover intention especially for the nursing

industry is a challenging issue in various industries, and the health care industry needs to play an active role in recruitment and hiring activities (Choong et al., 2012). Galletta, Portoghese, and Battistelli (2011) agreed that the nurse's turnover rate is a widespread problem in the vast majority of post-industrialized countries, in which employee voluntary turnover is a persistent phenomenon that produces a serious problem for organizations. Some nursing graduates who are dissatisfied with their job decide to leave the organization or switch to another profession after realization that a nursing job does not meet their expectation (Choong et al., 2012). Retention of entry-level employees might result from various reasons such as job satisfaction, motivation, recognition, and compensation.

A number of determinants of job satisfaction related to turnover intention exist such as leadership style, pay, heavy workload, work stress, working conditions, intrinsic factors, achievement, recognition, psychological empowerment, and organizational commitment (Choong et al., 2012). Leadership has a large influence on the turnover rate of the organization (Chaudhry & Javed, 2012). Slagle (2013) agreed that laboratory directors and administrators play in the recruitment and retention processes of their employees; approximately 40% of current laboratory staff will retire in the next 10 years. Erkutlu and Chafra (2012) mentioned that leaders who possess high levels of emotional intelligence recognize followers' needs, take an active interest in them, and respond to changes in their emotional states.

Another significant source of retention is recognition and appreciation of health workers efforts (Adzei & Atinga, 2012). Retaining nurses will help to minimize the

shortage of nursing throughout the world in the end; human resource personnel for a health care organization should ensure that nurses are satisfied with their job (Choong et al., 2012). Slagle (2013) added that the laboratory professionals' salary was a significant factor affecting employee satisfaction and retention, in which inadequate benefits, high stress, poor advancement opportunities, and deficiencies in recognition allowing employee attrition. The work environment of health workers and organizational commitment can also be an incentive for retention (Adzei & Atinga, 2012; Galletta, Portoghese, & Battistelli, 2011). The employee's perception of job satisfaction could be relevant to employee retention.

According to Gill et al. (2011), many factors such as low self-esteem, job insecurity, job dissatisfaction, lack of advancement opportunities, and job stress lead employees to quit their present jobs or employee absences. In addition, job attitudes and empowerment may affect turnover intention (Sut & Perry, 2011). Sørup and Jacobsen (2013) noted involuntary absence and voluntary absence are the two categories of employee absence. *Involuntary* absence is the employee inability to attend work, and *voluntary* absence is the employee lack of willingness to attend work, according to Sørup and Jacobsen (2013). Blake et al. (2012) found higher sickness absence rates in the National Healthcare System, particularly among Nottingham Healthcare System employees, compared with other sectors.

Zhang and Feng (2011) asserted that a growing number of Chinese physicians left their organizations because of job dissatisfaction. Slage (2013) added that individuals cited new laboratory jobs, moved or family obligations, retirement, left the field entirely,

and employee termination as reasons for turnover, whereas over 60% of these employees left their job within the first 5 years. Some nurses expressing intent to leave were least satisfied with extrinsic rewards to include work-scheduling, balance of family, and work responsibilities (El-Jardali et al., 2013). Russo and Buonocore (2012) agreed that job satisfaction significantly mediates the relationship between work-family enrichment and turnover intentions. Blake et al. (2012) noted that most of the employees participating in their study were from nursing (38.2%) and administrative categories (25.5%).

By contrast, turnover intention occurs for employees with high-degree burnout in many professions (Zhang & Feng, 2011). Health care workers find their jobs quite challenging and stressful, more prone to burnout (Azeem, 2013). Fernet (2013) found that low-quality relationships with coworkers contribute to burnout, but only for employees with low autonomous motivation. Health care employees should become aware of the causes and symptoms of burnout, because this understanding could help them become aware of their emotional exhaustion, depersonalization, low personal accomplishment, and corrective actions needed before the effects of burnout become serious (Azeem, 2013). Although some factors may have a positive effect on entry-level health care services employees, lack of effective measures to implement processes promoting these factors can lead to employee turnover. The challenge of entry-level medical service employees such as nurses, physicians, administrative workers, and laboratory employees persists in many countries (Galletta et al., 2011; Gow et al., 2012; Sut & Perry, 2011). Organizations can reduce employees' turnover intention by understanding the employees

with proper coordination and reaction between the employees and organizational environments (Lai & Chen, 2012).

Vroom's Expectancy Theory of Motivation

This study included an evaluation of the Vroom's expectancy theory role concerning the motivational strategies implemented by health care organizations leaders that contribute to high-quality motivation and increase employee performance. According to Awasthy, Banerjee, and Banerjee (2012), the expectancy theory is a process theory of motivation that emphasizes individual perceptions of the environment and subsequent interactions arising because of personal expectations. Vroom's expectancy theory is applicable to this study because the U.S. government, leaders, and health care industry providers assimilate entry-level medical service employees into a larger system. Vroom's expectancy theory reminds individuals that motivation is a conscious choice process, in which expectancy, instrumentality, and valence lead to employee activities (Khan & Sheikh, 2012).

Researchers expressed the importance of Vroom's expectancy theory as a valuable tool for understanding employee motivation in the business environment. In 1964, Victor Vroom proposed his theory over motivation, which researchers have modified several times. According to Sullivan and Meek (2012), Vroom's Expectancy theory of motivation is a prominent work motivation theories adopted within the organizational psychology literature for explaining the factors that motivate individuals. Awasthy et al. (2012) developed an expectancy theory-based framework to model consumers' information search including motivation to search as an intervening

construct. Chou and Pearson (2012) examined how information technology professional's job stress, trust, and commitment affect the valence of job satisfaction. Prior product knowledge has an influence on consumer's motivation to search, in which the perceived value of additional information encompasses instrumentality and valence (Awasthy, Banerjee, & Banerjee, 2012). Awasthy et al. stated that their results concur with Vroom's theory regarding the antecedents of motivation. The results confirmed a significant relationship existed between valence of job satisfaction and organizational culture behavior, as well as the relationship between commitments to organization valence of job satisfaction (Chou & Pearson, 2012).

According to Lunenburg (2011), the four assumptions of Vroom's expectancy theory include people join organizations with expectations relating to their needs, motivations, and experiences, an individual's behavior results from a conscious choice; people desire different rewards, and people choose alternatives to optimize personal outcomes. Chou and Pearson (2012) added that, in relation to the expectancy theory, individuals decide to perform a specific behavior based on his or her analysis of the valences perceived outcomes associated with the behavior and the expectancy that his or her behavior will lead to the desired rewards. Instrumentality and expectancy relate to the subjective perceptions of the performance-effort chain, which relates to the expectation about the completing of performance and receivable-tangible rewards upon completion of the task (Khan & Sheikh, 2012). Valence relates to the values and ethics that may result in negative results or delayed gratification (Khan & Sheikh, 2012).

Renko, Kroeck, and Bullough (2012) conducted a study based on Vroom's expectancy theory regarding the prediction that startup-specific instrumentality, valence, and expectancy are fundamental components of entrepreneurial motivation and closely related to those intentions, efforts, and behaviors that will eventually lead to operating a firm. Renko et al. found that valence is a multidimensional construct, and various types of valence relate to different intent and behavioral outcomes. Sullivan and Meek (2012) reviewed the literature on women and entrepreneurship and presented a process model of gender and entrepreneurship to guide future research by building on the process model with specific propositions associated with each stage motivated by expectancy theory. Expectancy theory is particularly relevant in explaining how and why women engage in the process of entrepreneurship (Sullivan & Meek, 2012). Renko et al. mentioned that the intended effort level remains high regardless of expectancy level when financial success (valence) drives a nascent entrepreneur's motivation. Further, based on the review of literature women entrepreneurs' prefer certain entrepreneurial outcomes or rewards differ from men's desires for valences (Sullivan & Meek, 2012).

Previous Research Methodology

The research method for this study is qualitative. Qualitative research is a social construct that groups together part of the work of social scientists that contrasts with quantitative methods (Alasuutari, 2010). The gathered data and findings from this study represent the facts from participants' responses. The qualitative method will best fit this study because the aim is to explore the experiences of entry-level medical service employees regarding the motivational strategies implemented by health care

organizations leaders contribute to high-quality motivation and increase employee performance.

Although previous research primarily included surveys and questionnaires, the literature review supports using a case study design to conduct this research. The focus of case study design is for exploring the understanding of the real-life experience of individuals by exploring the meaning of a phenomenon, which enables the researcher to uncover a description of the *essence* of the phenomenon (Petty et al., 2012). Some notable examples include studies conducted by Farmer (2011) and Bratton (2013). Bratton's (2013) qualitative study included comparing data and documents from secondary data for studying U.S. federal employee motivation during government downsizing. Studies using the case study design include Adelman and Stokes' (2012) exploration of specific chief executive officers behaviors promoting employee voice, and Sørup and Jacobsen's (2013) study to create an overview of relevant factors directly influencing health care employee absence.

Another example is Stringer et al.'s (2011) exploration of the complex relationships between intrinsic and extrinsic. For example, Farmer used a comparative case study to assess the effects of an empowered staff management model on staff perceptions of the delegation of authority, opportunities to participate in decision-making, supervisory relations, supervisory relations, prison management, job satisfaction, and burnout. According to Farmer, staff reported positive relations with management under a flatter organizational structure and empowered staff management model. Farmer added that a comparison of two empowered staff sites indicated that the delegation of authority

and relationship with supervision were significant effects of empowerment. Researchers previously employed quantitative research methods and designs to study the phenomenon, but few studies considered the participants' experiences and failed to provide an insight and deeper understanding of the phenomenon

Researchers, who used quantitative studies, explored the factors medical service health care organization leaders perceive to contribute to high-quality motivation and increase employee performance. Ahmad et al. (2013) conducted a quantitative study using surveys to investigate the relationship between the flexible working hours and employees' motivation. Abraiz et al.'s (2012) examined the effect of autonomy, responsibility, information, and creativity. The goal of Adzei and Atinga's (2012) quantitative study was to undertake a systematic review to consolidate existing empirical evidence on the effect of financial and non-financial incentives on motivation and retention of health workers in Ghana's district hospitals. The review of previous quantitative studies revealed numerical statistics regarding specific factors implemented to motivate employees and improve performance.

To address the gaps presented in research literature, researchers conducted studies using the mixed-methods research method. Chaudhry and Javed (2012) used mixed-methods research to address the effectiveness of transformational and laissez-faire leadership on motivation. Chaudhry and Javed provided insight into the leadership methods used by Pakistan organizations for finding out which method of leadership is favorable in the global business. Another valuable mixed-method study is Gow et al.'s (2012) mixed-method research to examine the relationship between health worker

incomes and their satisfaction and motivation. The review of research using mixed-methods did not indicate any additional findings regarding entry-level medical service employees' motivation and performance.

Considerations for Understanding Improved Business Practices

Researchers conducted studies to identify factors that motivate employees, the inadequate numbers of healthcare workers, employee performance, the effects employee motivation and performance has on organizational profitability and effectiveness, and aspects of lack of motivation and employee retention (Mutale, Ayles, Bond, Mwanamwenge, & Balabanova, 2013). Mutale, Ayles, Bond, Mwanamwenge, and Balabanova (2013) assessed health worker motivation as part of the baseline assessment for a health system strengthening intervention in three Zambian rural districts. According to Mutale et al., motivation varied by gender, health worker, training, and time employed, whereas female and nurse participants had the highest motivation scores while environmental health technicians had the lowest score. In contrast, Urosevic and Milijic (2012) showed certain demographic factors such as a professional qualification, years of working experience, and age influences employees' perception of satisfaction and motivation.

Changes in the factors that motivate employees to improve performance over time are another area in which substantial research exists. Haug and Gaskins' (2012) study determined how to keep emergency medical technicians (EMT) volunteerism at desired levels and provided recommendations for increasing recruitment and retention. Haug and Gaskins asserted the most influential motivating factor related to EMT volunteerism was

the desire to help others and flexibility of emergency medical services scheduling or leave. By contrast, Slagle (2013) found that the administrative participants indicated a retention problem existed, in which 85.7% of all laboratory directors stated that a need for laboratory personnel existed, and 81.5% stated that difficulty to recruit new health professionals.

Another valuable study worth considering is from Bhatti et al. (2011). Bhatti et al. developed a conceptual framework model and empirically tested the model to study the effect commitment and motivation have on human talent and how organizational performance. According to Bhatti et al., the foremost challenges faced by the human resources managers throughout the corporate world are talent drain and executive theft. In addition, Bhatti et al. argued that organizational leaders must retain talented employees by keeping them motivated and committed to the organization. Bhatti et al. suggested future researchers should study and test the validity of the model in other cultural, economic, and geographical settings.

Studies regarding the concern for the quality of patient care in relation to health care worker motivation include Alhassan et al. (2013). The goal of the Alhassan et al.'s quantitative study was to identify interventions at the health worker level that contribute to quality improvement in healthcare facilities by addressing indicators of health worker motivation and assesses associations with quality care and patient safety in Ghana. Alhassan et al. found that staff motivation appeared low, which could contribute to poor service quality in healthcare facilities, staff impatience to clients, absenteeism, long waiting times, and increased labor strike actions. Alhassan et al. recommended future

researchers should include more complex and non-accredited facilities to ascertain differences in staff motivation and efforts toward quality care based on facility size and accreditation status.

Summary of Themes

A review of the literature on employee motivation revealed potential themes and experiences that could relate to the phenomenon of low motivation and decrease performance among entry-level medical service employees. Although an abundance of literature regarding work motivation exists, employee motivation, and employee performance, I did not identify the significant factors contributing to strategies health care organization leaders perceive as beneficial for motivating employees ensuring quality performance. The consensus among researchers is that the studies will not produce readymade solutions, but they could provide directions for inducing employee satisfaction and motivation as significant factors for achieving organizational goals (Lambrou et al., 2010; Urosevic, & Milijic, 2012). Chaudhry and Javed (2012) suggested the future should focus on ethically leadership rather than transactional and passive avoidant leadership. Mutale et al. (2013) stated that researchers might conduct further research to establish why health worker attributes had a positive association with motivation. Pinto (2011) recommended that future researchers should conduct more surveys focusing on distinct motivational profiles of workers to verify clearer tendencies in the other regions of Brazil, as well as around the globe.

Transition

The goal for the study was to explore the motivational strategies implemented by health care organizations leaders addressing entry-level medical service employees. Section 1 included the background of the study, the problem statement, the purpose statement, and other significant elements. Researchers used quantitative, qualitative, and mixed-methods methodologies to examine and explore the experiences of entry-level medical service employees regarding motivation and quality performance. An apparent consensus among the researchers is that entry-level medical service employees lack motivation to improve performance ensuring the organization's profitability and effectiveness. A review of the literature indicated a relationship exist between the motivation and employees' job satisfaction and job performance. To address the problem in this qualitative single-case study, a purposeful sample of four health care managers and 22 entry-level medical service employees at a health care organization in North Carolina participated in semistructured interviews. I collected data using direct observation of workflow processes, interactions between leaders and employees, and the health care organizational environment.

Section 2 included the research method and design for the study. In addition, participant selection process and ethical concerns are in this section. Section 2 will conclude with information pertaining to data collection, data analysis process, and a brief summary. Section 3 included a reiteration of the problem statement and research question, a brief summary of the findings, the implications for social change and

recommendations for application to professional practice and recommendations for future research.

Section 2: The Project

Organizational performance and effectiveness depend on employee motivation

and empowerment (Boachie-Mensah & Dogbe, 2011). Motivation of entry-level medical

service employees continues to be a critical process for leaders in the health care

industry. In addition to motivation, the high cost of health care, the high number of

people without health care, and the low number of human resources are concerns

regarding health care reform in the United States (Coughlin et al., 2012; Mechinda &

Patterson, 2012; Shader, 2013). Some health care leaders lack the proper strategies for

motivating entry-level medical service employees to improve performance for increasing

profitability and effectiveness, which is the focus of this study.

Purpose Statement

The purpose of this qualitative single-case study was to explore the motivational

strategies healthcare organizations' leaders could implement to improve entry-level

medical service employees' performance. The population for this case study consisted of

four health care leaders and 22 entry-level medical service employees 18 or older, with

varying years of organizational work experience, and worked at a health care facility in

the Piedmont region of North Carolina. The findings from this study could contribute to

social change by providing medical service providers with much more knowledge about

the relevance of employee motivation while increasing awareness of the common

variables that can influence employee motivation in the workplace. The results could also

provide insight into business leaders to develop strategies to improve job performance of

entry-level health care services employees with the goal of increasing productivity. The

results could provide insight into business leaders for identifying strategies needed to increase motivation, improve entry-level employee job performance, and retain workers resulting in organizational commitment among entry-level employees. Improved entry-level employee performance could benefit patients' outcomes, taxpayers' financial well-being, and possibly the United States' economic state.

Role of the Researcher

The researcher's role is to gain a holistic overview of the context of the study, the social arrangement, and the explicit and implicit rules of the context (Miles et al., 2014). As the researcher, I was to identify the selection criteria based on the best fit for this study and to collect data through semistructured interviews with four health care leaders and 22 entry-level medical service employees or until data saturation occurred at a health care organization in the North Carolina. For this qualitative single-case study, a telephone call served as the initial contact with the manager of the health care organization. The manager of the health care organization then received an e-mailed letter of permission (a) explaining the intent of the study and the manager's role as a community partner (see Appendix A), and (b) requesting permission to perform research and (c) seeking confirmation of the agreement. The letter of participation (see Appendix B) included a statement of approval from the manager at the healthcare organization to recruit leaders and entry-level employees. I also visited the health care facility to collect data using direct observation of workflow processes, interactions between leaders and employees, and the health care organizational environment. For this study's purpose, a single-case

study analysis approach was appropriate for capturing the circumstances and conditions of a commonplace situation (Yin, 2012).

Data collection instruments included direct observation and semistructured interviews for a period of 4 weeks. Data collection to explore leaders' experiences consisted of semistructured interviews with four health care leaders at a health care organization in North Carolina. Semistructured interviews of four health care leaders and 22 entry-level medical service employees with varied years of work experience with the organization served as a secondary data collection source. I interviewed health care leaders and entry-level employees until data saturation for this participant stratum. Researchers use qualitative interviews to extend the researchers intellectual and emotional research across many barriers and talk to individuals who have knowledge of or experience with the issue (Rubin & Rubin, 2012). Telephone interviews served as a substitute in cases in which face-to-face meetings did not occur. Semistructured interviews involve predetermined areas of interest with possible prompts to guide the conversation (Petty et al., 2012).

I coded and analyzed data to interpret the themes and patterns drawing conclusions to answer the research question: What motivation strategies can health care leaders use to improve entry-level employees' performance and organizational effectiveness? To ensure reliability and validity of the data, participants reviewed transcribed interviews. I used Miles and Huberman's (1994) analysis approach to create a set of analytic manipulations for measuring data from participant interviews and NVivo10 qualitative data software for coding data and analyzing emerging themes.

Miles, Huberman, and Saldana (2014) advocated that researchers attempt to isolate themes and expressions that informants can review through reading materials.

As the researcher, I have 10 years of experience working as an entry-level medical service employee in private health care practices and 15 years of experience working as a leader in a larger health care organization. In the administrative assistant role, my capacity was interacting with patients, clients, and medical professionals on the phone and in person encounters. In the billing-team leader role, my roles included interacting with patients, clients, employees, and medical professionals on the phone, email, and in person. In addition, my primary residence from birth until 1999 was the Piedmont area of North Carolina.

Researchers face many ethical challenges that arise primarily from the emergent and unpredictable nature of the method involved (Houghton, Casey, Shaw, & Murphy, 2010). After receiving Institutional Review Board (IRB) approval from Walden University 04-16-15-0178128, the manager of the health care organization received a hand delivered copy of IRB approval. Once granted permission from the manager of the health care organization, I spoke with the manager to setup a time and date for my visit to introduce myself to the leaders and employees in a group meeting without interrupting daily workflow process. During my visit to the health care organization and the group meeting, I briefly explained information regarding the research study. Employees received an information packet consisting of a letter of participation (see Appendix B) and the consent forms (see Appendix C) for review. Participants replied via email or telephone call expressing interest in participating, and participants signed the consent

form at the time of the interview. Once the selection of potential participants for participation is complete, individuals received an email notification to setup date and times for semistructured interviews. Direct observation of workflow processes, interactions between leaders and employees, and the health care organizational environment occurred after the interviews. Therefore, participants signed one consent form agreement for participating in semistructured interviews and direct observation. My objective was to create transparency for the problem, eliminate judgment or bias, and build a sociable relationship with participants. Participants did not have to disclose any personal information such as name, age, gender, and financial documents. To assure the proposed study meets the ethical and moral requirements associated with research involving humans, I have completed web-based training course by the National Institute of Health (NIH) Office of Extramural Research entitled *Protecting Human Research Participant* and received the certificate of completion provided in Appendix D. The ethical measures consisted of storing data in a locked safety file for 5 years. A professional shredding service such as Iron Shred-It Services will destroy data to eliminate further connection or identifier to the participants. I provided participants with a 1–2-page summary of the research findings upon completion of the doctoral study.

Researchers use a theoretical lens or perspective in qualitative research. Although I did not have a relationship with participants, I took steps to assure no adverse effects exist regarding the interview results or bias in my perspective as the researcher. I did not offer any personal advice or coaching to influence the participants' answers. I *bracketed* personal experiences with the phenomenon before conducting the research study as well

as bracket personal knowledge of participant's hardships before conducting the research study. LeVasseur (2003) defined bracketing as the researcher's attempt to hold prior knowledge or belief about the phenomena under study in suspension to perceive the event more clearly. I engaged in disciplined and systematic efforts to bracket prejudgments regarding the phenomenon to be transparent and receptive while listening to and hearing research participants describe their experiences (LeVasseur, 2003).

Participants

The general population for this study included health care managers and entry-level medical service employees over the age of 18 employed at a health care facility in the Piedmont region of North Carolina. The selection criteria for participants were entry-level medical service employees and health care managers or supervisors, 18 or older, and having 1 or more years work experience with the subject organization as a medical service employee. Thus, the selection process did not target vulnerable populations. The rationale for selection was to obtain responses from individuals who have experienced the phenomenon to help assure the reliability and validity of the results of this study (Moustakas, 1994). To gain access to participants, correspondence (see Appendix A) with the manager of the health care organization explaining the purpose for this study and requesting permission to recruit leaders and entry-level employees took place before contacting participants. After receiving IRB approval and permission from the manager, I visited the business to introduce myself to employees at a group meeting setup by the manager to prevent interrupting daily workflow process. I informed all participants that

their participation was voluntary, and they had the right to withdraw from participation at any time without penalties.

Qualitative researchers interact with the participants. Tolhurst (2012) stated that qualitative social researchers focus on communicating with other human beings and interpreting the meanings underlying what they say. Establishing working relationships with employees was beneficial in the analysis of motivation effectiveness in performance improvement. To establish a relationship with participants, I spoke with the manager to setup a time and date for my visit to introduce myself to the leaders and entry-level workers and explain information regarding the research study to the group without interrupting daily workflow process. Once the selection of potential participants for participation was complete, individuals received an email notification to setup date and times for semistructured interviews. Rubin and Rubin (2012) recommended researchers and interviewees form a conversational partnership by building a trusting relationship, in which the participant experience understanding and trust as a reliable source of knowledgeable information. The use of interpersonal skills such as communication and cooperation are necessary to promote positive interaction with the participants. Potential participants had my contact information if they needed additional information or to withdraw from the study.

Research Method and Design

Research Method

Research is a process consisting of defining the objective, managing the data, and communicating the findings within established frameworks and in accordance with

existing ethical and methodological guidelines. Business research is a process consisting of defining the specific business problem and purpose, managing the data, and communicating the findings within established frameworks and in accordance with existing ethical and methodological guidelines (Sreejesh, Mohapatra, & Anusree, 2013))..
The three research methodologies are quantitative, qualitative, and mixed methods. Researchers typically select the quantitative method for examining research questions requiring numerical data. Qualitative researchers address research questions requiring textural data, and the mixed methods researchers address research questions requiring both numerical and textural data. Newman et al. (2003) referred to the term *qualitative* as a research paradigm for addressing questions of meaning, interpretation, and socially constructed realities. I incorporated the qualitative research method to explore the motivational strategies implemented by health care organization's leaders that contribute to employee motivation and increase employee performance.

Qualitative research evolved from an anti-positivist movement that refrained from survey sociology and other dominant forms of quantitative empirical research, and researchers viewed qualitative research in mainstream sociology as a tool for preliminary research before testing hypotheses with statistical data (Alasuutari, 2010). Qualitative research is a social construct of social scientists that contrasts with quantitative methods (Alasuutari, 2010). Social constructivists believe that reality construction is by social actors and peoples' perceptions of reality existing in their broader social context through social interaction (Wahyuni, 2012). Qualitative research provides the contextual information for quantitative research methods. VanderStoep and Johnston (2009) stated

that a qualitative perspective implies an analysis and understanding of an entity through exploration of the knowledge construction and interaction of people. Quantitative methods make society and its phenomena understandable, through the lens of social reality (Alasuutari, 2010).

The objective for this study was to explore the motivational strategies implemented by health care organizations leaders that can influence quality performance, allowing the understanding of the phenomenon by using qualitative research method. Williams (2011) described qualitative research as means for exploring a social phenomenon from the participant's viewpoint. The qualitative research method provides the most suitable approach to provide an in-depth understanding of the participants' experiences and giving voice to people (VanderStoep & Johnston, 2009). The expectation was that the qualitative data from semistructured interviews and direct observation of workflow processes would provide an in-depth understanding of what factors motivate medical service entry-level employees ensuring quality performance. Qualitative research is the analysis with words organized into incidents or stories that have a concrete, vivid, meaningful flavor that proves far more convincing to the reader than pages of summarized numbers (Miles et al., 2014). Because the goal for this study was to gain an in-depth and deeper understanding of health care leaders' experiences with entry-level healthcare employees' motivation, qualitative method is most appropriate for this study.

Quantitative method could be appropriate for this study, but quantitative research focuses on the hypothesis regarding differences and relationships among variables resulting in numerical data. Quantitative research, which emerged around 1250 A.D., had

traditionally dominated research in the western culture (Williams, 2011). Quantitative

researchers examine data in a numerical format. Newman et al. (2003) defined the term

quantitative as a research paradigm designed to address questions that hypothesized

relationships among variables frequently measured in numerical and objective ways. The

three classifications of quantitative research are descriptive, causal-comparative, and

experimental. Quantitative research explains the social world and an outsider's

perspective of how it works (Trişcă & Ciortuz, 2011). A quantitative researcher's

perspective assumes a physical, knowable reality exists that trained researcher can

observe, and dismantle (VanderStoep & Johnston, 2009). Quantitative analysis does not

enable a thorough exploration of the phenomenon through the voices of participants.

Mixed-methods research combine both qualitative and quantitative research to

give strength to the study. Mixed-methods would be more appropriate for researching the

problem to address the limitations of qualitative and quantitative methods. Mixed

methods research complements qualitative with quantitative methods in which

researchers seek to improve the validity of their research results (Alasuutari, 2010).

Venkatesh, Brown, and Bala (2013) noted that the three fundamental aspects of

conducting mixed methods research are assessing the appropriateness of mixed methods

approach, development of meta-inferences from mixed methods research, and assessment

of the quality of meta-inferences. Mixed-methods research presents quantitative and

qualitative research concurrently or sequentially to understand the phenomenon of

interest (Venkatesh, Brown, & Bala, 2013). Mixed-methods research was not appropriate

for this holistic case study because the focus is on health care leaders' experiences

regarding motivational strategies that can improve entry-level employee performance versus examining numeral data for testing hypotheses about specific process variables.

Research Design

The five types of qualitative research designs are narrative, grounded theory, case study, ethnography, and phenomenological (Wahyuni, 2012). These five designs are representative of research built upon inductive reasoning and associated methodologies (Williams, 2011). I used a qualitative, single-case design for this study to identify motivational strategies implemented by health care organizations leaders that can cause high-quality motivation, increase employee performance, and provide insight into help the medical service organizations' leaders regarding challenges created by low-quality employee motivation. A case study research design was appropriate because this study is an exploration of the particularity and complexity of a single case to understand employee motivation within relevant circumstances (Stake, 1995). A single-case study is research done within an organization, and case study research goes beyond the study of isolated variables (Yin, 2012). Single studies, containing no element of comparison, will take essentially three forms, *retrospective*, *snapshot*, and *diachronic* (Thomas, 2011). The case study is an in-depth exploration of one or more cases in which the researcher spends extensive time on-site interacting with the participants. Case study researchers can use multiple case study designs, multiple sites, and multiple methods to collect and analyze data (Wahyuni, 2012). The case study was appropriate for this study because the focus for this study was to explore the business strategies medical service leaders need to

develop for motivating entry-level employees and improving the organization's

profitability and effectiveness.

The focus for this study was to explore the phenomenon within one health care

organization. A qualitative single-case design and derivative analysis are appropriate for

exploring the complexity of an integrated system (Stake, 1995). The case study becomes

the focus when the unit of analysis is a program, group, organization, or community

(Patton, 2015). The different types of case study include *explanatory, descriptive, and*

exploratory. Researchers use explanatory case studies to pursue causal inquiries that

explain the potential complex phenomenon (Yin, 2014). The explanatory case study is

not appropriate for this research because the intent is *not* to examine causal links in

complex interventions. Descriptive case studies provide insights into a phenomenon and

the context in which they occurred. The orientation of a descriptive case study approach

is toward exploration of the present to enable the creation of new ideas (Hetherington,

2013). The descriptive case study was not appropriate for this study because of the need

to explore motivation and performance processes. An exploratory single-case study was

appropriate because the focus of this study is the exploration of phenomena in depth to

enable the identification of motivational strategies (Hetherington, 2013).

An additional research design I considered for this study is the phenomenological

approach. Phenomenological research is the study of essences focusing on the lived

experiences of the participants (Reiter, Stewart, & Bruce, 2011). The phenomenological

approach commits to descriptions of participants' lived experiences (Moustakas, 1994).

The phenomenological design was inappropriate for this study because the intentions do

not involve understanding the phenomenon from the participants' lived experiences and points-of-view. Ethnography is another research design I considered for this study. Ethnography studies include observing individuals' behaviors for identifying norms, beliefs, social structures, and other factors as well as understand the changes in a group's culture (Williams, 2011). Ethnography requires spending extensive time observing participants and interviewing chief participants. By contrast, in this study I explored the motivational strategies implemented by health care organizations leaders perceived to influence their motivation and performance, and will not include observation of the participants' daily lives. VanderStoep and Johnston (2009) noted that the ethnography in qualitative methods resides in cultural practices. Ethnography involves the observation and recording of conversations, rituals, performances, artifacts, and stories; ethnography was inappropriate for this study.

Narrative research design is storytelling of one or more participants' experiences with a phenomenon. The primary objectives of narrative design were to give voice to individuals in organizations with experiences stifled by some dominant managerial discourse (Essers, 2012). The purpose of narrative research is to overcome, and supplement the managerial bias of empirical methods in the portrayal of organizational reality, as well as researcher bias, by rewriting the origins of the narratives in phenomenological terms (Essers, 2012). The narrative design was inappropriate for this study because of the competing views of reality varying for dominance in narrative research. Grounded theory designs enable researchers to invert the principles of inquiries for collecting data to verify theory (Tolhurst, 2012). Grounded theory designs require an

inductive approach to construct theory grounded in data and developed through the research process (Tolhurst, 2012). Grounded theory was not appropriate for this study because researchers use grounded theory to develop a theoretic basis for the findings of their studies.

Forms of saturation are theoretical saturation developed in the grounded theory approach, data saturation, and thematic saturation (O'Reilly & Parker, 2012). Walker (2012) posited that the concept of saturation is specific to the research method and design. I coded transcribed interviews by using NVivo software to ensure thematic saturation. NVivo and MAXQDA allow the user to code data as *relationship nodes or codes* in a hierarchy, but ATLAS only retrieve information about the basic elements of a narrative after hard-coding data (Franzosi, Doyle, Mcclelland, Putnam Rankin, & Vicari, 2013). NVivo is a tool for discourse analysis using the qualitative research designs (e.g., phenomenology, case study, ethnography, and grounded theory) and more (Schönfelder, 2011). Schönfelder (2011) stated that MAXQDA works best for the qualitative grounded theory approach and theory building purposes. NVivo software is the appropriate computer-assisted qualitative data analysis, because the research design for this this was a single-case study. The objective for this study was to generate evaluation findings that health care leaders might use to implement effective motivational strategies. I collected data using multiple sources such as direct observation and semistructured interviews to ensure data saturation. Data collection in case studies involves using multiple sources such as observations, interviews, and document review (Stake, 1995; Yin 2014). To ensure data saturation, a short period of 8 hours for direct observation occurred. Patton

(2015) stated that researchers might spend either long periods such as 6 months or shorter periods such as only an hour or two observing participants to generate useful information for action.

Population and Sampling

The population available within the health care organization included health care leaders and entry-level employees such as administrative staff, certified nurse assistants, and nurses. For this qualitative single-case study, participants consisted of a purposeful sample based on the criteria that participants must be 18 or older, participants are entry-level medical service employees or health care manager, and participants have 1 or more years work experience with the organization. Thus, the selection process did not target vulnerable populations. I gained access to participants by contacting the manager of the health care organization via telephone and email correspondence (see Appendix A) to explain the purpose for this study and request permission to recruit leaders and entry-level employees. Once I received permission to conduct my research at the intended health care organization and IRB approval, I spoke with the manager to setup a time and date for my visit to introduce myself to the leaders and employees in a group meeting without interrupting daily workflow process. I explained the purpose of the study, provided information packets to employees, and provided my contact information during my visit to the health care organization and the group meeting. The selection of participants consisted of four health care leaders and 22 entry-level medical service employees or until reaching data saturation for these population strata so that employees with varied experience could help understand the motivation experience and the research

question (Bartkowiak, 2012). In-depth information from a small number of people can be extremely valuable in information-rich cases (Patton, 2015).

Purposeful sampling served as the participant selection process for this study to select participants who meet predetermined criteria. Researchers employ purposeful or criterion sampling by stating explicit inclusion or exclusion criteria (Suri, 2011). In addition, purposeful sampling included selecting participants who have knowledge of the phenomenon. The objective was to select participants with varied years of experience working for the health care organization to obtain dependable knowledge for comparison and contrast. Suri (2011) noted that access to informants who can identify important information is a requirement for purposeful sampling. The selection of participants was not to target vulnerable participants to ensure ethical measures.

The purpose for this study was to explore the motivational strategies implemented by health care organizations leaders perceived as raising high-quality motivation and increase employee performance. I used the single-case study approach, which consists of researching a phenomenon within an organization (Yin, 2012). Twenty-two (22) entry-level medical service employees as the anticipated maximum represents a larger group of medical service employees because qualitative case study research enables gaining an in-depth understanding of the phenomenon relating to specific beliefs and behaviors linked to leaders' perceptions of strategies beneficial to motivating employees ensuring quality performance. The selection of 22 entry-level medical service employees focuses on the relation to the environment and context-dependent knowledge, as well as address the central research question and interview questions (Denzin & Lincoln, 2011). The

selection of an anticipated maximum of four health care leaders allowed this qualitative

case study researcher to gain insight of motivation strategies implemented by leaders

within the subject organization. A researcher could study a specific set of experiences for

a wider range of experiences of a smaller number of people seeking depth (Patton, 2015).

Qualitative research, usually, has a smaller sample size than quantitative research

methods because qualitative research focuses on garnering an in-depth understanding of a

phenomenon (Dworkin, 2012).

I followed Trotter (2012) guidance that the ideal standard for a qualitative study's

sample size is to interview to redundancy or to interview to saturation. The guidelines for

sample size of interviews vary from methodologist to methodologist, and single case

studies should generally contain 15 to 30 interviews (Marshall, Cardon, Poddar, &

Fontenot, 2013). Although the sample size for qualitative studies varies in research, a

consensus exists that the sample size should contribute to the collection of sufficient data

for the intended study. The basis for sample size relates to the concept of saturation,

which entails continuously collecting data from participants until the data replication or

redundancy (Marshall et al., 2013). Francis et al. (2010) posited that justification of

sample size in qualitative interview studies is usually interviewing participants until *data*

saturation or to the point in data collection when no new additional data contribute to

aspects of a conceptual framework. The rationale for selecting 26 participants was to

obtain an in-depth interview with each participant until demonstration of a point of data

and theme saturation from the total of interviews. Francis et al. (2010) agreed that the

sample size required to achieve saturation varies. For example, purposive diversity

sampling could require a minimum of 10 interviews or a researcher investigating only behavioral beliefs would cease sampling after 15 interviews to achieve data saturation. My selection of 26 participants, or until achieving data saturation, ensures sufficient data collection and eliminates redundancy of data. Dworkin (2012) added that qualitative researchers suggested participant samples should be from five to 50 ensuring saturation, which is the point at which data collection process no longer offers any new or relevant data. Qualitative sampling allows the size of populations to range from whole cultures and subcultures (ethnography) to special populations needing exploration regarding specific beliefs, behavior, or relevance to the larger group (case study and phenomenology; Trotter, 2012).

Qualitative research methods require interaction between the researcher and participants (Alasuutari, 2010). My interaction with participants included semistructured interviews using open-ended questions and direct observation. I conducted the interviews in the natural settings in which participants were most comfortable such as a conference room at the facility or restaurant near the facility and time convenient for the participants. Rubin and Rubin (2012) stated that qualitative interviews are more in-depth and focused than ordinary conversations because the interviewer does most of the questioning, and the interviewee does most of the answering.

Ethical Research

Two factors contributing to increased discussion of research ethics include the growth of ethical regulation and the fragmentation of qualitative research into a diverse array of paradigms (Hammersley & Traianou, 2011). Walden University and U.S. federal

regulations require researchers comply with ethical procedures before conducting research. After receiving IRB approval number 04-16-15-0178128 from Walden University, recruitment of potential participants consisted of hand delivering a copy of Walden's IRB approval to the manager of the health care organization and obtaining permission to gain access to participants.

I solicited participants by speaking with the manager to setup a time and date for my visit to introduce myself to the leaders and employees in a group meeting without interrupting daily workflow process. During my visit to the health care organization and the group meeting, I provided leaders and workers with an information packet consisting of pertinent information to review explaining the goals for the study, requirements for participation, consent form that participants signed at the time of the interview, and contact information. Direct observation of workflow processes, interactions between leaders and employees, and the health care organizational environment occurred after the interviews. Therefore, participants signed one consent form agreement for participating in semistructured interviews and direct observation. The consent form (see Appendix C) included information about the research topic, risks, and benefits of the study. Researchers face many moral and ethical challenges including minimizing potential physiological, psychological, and emotional harm to participants; obtaining informed consent from the participants before embarking on the research, and ensuring anonymity of the participants throughout the process (Floyd & Arthur, 2012). Participants included individuals who meet the established criteria. Once the selection of potential participants for participation was complete, individuals received an email notification to setup date

and times for semistructured interviews. Each participant signed a consent form at the time of the interview. Before initialization of semistructured interviews, participants received notification via email or phone of the interview time, interviews recording procedures, information about confidentiality, and the option to withdraw without penalty.

There were no incentives for participation. Participants had the opportunity to withdraw from the study via verbal communication or email without bias at any time. Withdrawal provisions and voluntary participation are inclusive in the letter of consent (see Appendix C), letter of participation (see Appendix B), and the letter of permission to perform research (see Appendix A). The principles of the ethical appraisal systems include (a) research participation must be voluntary and based on fully informed consent; (b) research should produce recognizable benefit for both the participants and community; (c) research should cause no harm; and (d) the protection of individuals' privacy and identity by assuring confidentiality and anonymity (Pollock, 2012). To protect the identity of study participants, masking of participant names and organizations occurred in this research study. The participants' identification included the schema *L1-L4* for leaders, *P1A-P22V* for individuals, and *SHC* for the organization.

A password-protected computer and external drive served as primary storage for data stemming from interviews and emails. I will be the only one who will have access to this information and password. A locked safety file will serve as the storage for all hardcopy data and recorded interviews for 5 years. After 5 years, I will destroy of the

study's data by erasing data from the hard drive and external drive and shredding by a professional data computer service.

Data Collection Instruments

In qualitative research, the researcher is the instrument of data collection and is responsible for minimization of ethical difficulties, and mitigation of researcher bias (Yin, 2012). As the qualitative researcher, I was the primary data collection instrument, which included my role in direct observation of workflow processes to gain insight regarding the reality, context, and interpersonal behavior, and motives related to the phenomenon. Direct observation of workflow processes incurred approximately 8 hours during business operation. For this study, I developed an observation protocol to record researcher reflections (see Appendix E). Yin (2012) concluded that direct observation allows the researcher to study a case in its natural setting and to access the occurrence of certain types of behaviors during a certain time in the field. The direct observation allowed data collection workflow processes within the health care organization environment. I engaged the role of direct observer to yield meaningful data about the participants, the staff-participant interactions, and the information that might increase awareness among the leaders in the organization (Patton, 2015).

The data collection process included direct observation and semistructured interviews for a period of 4 weeks. Yin (2012) suggested researchers use three types of interviews for a case study in-depth interviews, focused interviews, and formal surveys. I developed an interview protocol (see Appendix F) as a guide for collecting data and assuring reliability of this case study research (Yin, 2012). After selection of participants,

face-to-face semistructured interviews served as the secondary instrument for data

collection. Telephone interviews served as an alternative instrument when face-to-face

interviews could not occur. Participants conveyed their interest to participate by replying

via email and telephone, which should take less than 5 minutes for participants to

complete. Rubin and Rubin (2012) noted that interviews are appropriate for describing

social and political processes, filling in historic blanks, and delving into significant

personal issues. If a volunteer responds expressing interest to participate, I contacted the

volunteer to setup a time for an interview semistructured interviews. Participants

responded via email or telephone confirming receipt of scheduled interview times and

locations. Each participant signed a consent form at the time of the interview. Interviews

were approximately 30 minutes or longer. I scheduled interviews for 1-hour sessions with

each participant to ensure adequate time for presenting and recording questions and

responses.

I recorded interviews using the Livescribe Smartpen and to assure the reliability

and validity of the data, describe the participants' responses. To complete and audiotape

transcription can take up to ten times the length of the interview (Petty et al., 2012). In

addition, the expectation was that the participants' answers of the open-ended questions

(see Appendix G) would establish the relevance of interview questions to the research

question. I used Evernote software to securely store audio-recorded interviews as

Microsoft Word documents and NVivo10 software to code themes and meanings. I

included the coding of data into emerging themes in the appendix of this study. For

purposes of *member checking*, I provided each participant with an email of interview

transcriptions for review, discuss the findings through teleconference, and develop required revisions (McConnell-Henry, Chapman, and Francis, 2011). Participants reviewed interview transcriptions for accuracy.

The data included the observations, pilot study interviews, and the general study interviews. Yin (2012) stated that pairing multiple data collection techniques such as observations and interviews serves as a model for *data triangulation* in a case study approach. The semistructured interview questions measured the significance of the motivational strategies healthcare organizations' leaders can implement to improve entry-level medical service employees' job performance (see Appendix G). Interviews, which are significant qualitative data collection methods, provide a useful way for researchers to learn about the world of others (Qu & Dumay, 2011). Health care leaders provided insights from the management's experience regarding the strategies implemented and the effectiveness of implemented strategies, whereas entry-level medical service employees with varied years of work experience with the organization may provide insights from the participants' experience with the phenomenon (Yin, 2012).

Data Collection Technique

Before initiating the study, I submitted the required documents to Walden's IRB for approval to conduct research. After Walden's IRB gives approval, the health care organization manager received a hand delivered copy of IRB approval and written correspondence (see Appendix A) requesting permission to gain access to participants, and gain access to the facility. Stake (1995) noted that qualitative researchers emphasize placing an interpreter in the field to observe the workings of the case, rather than

confining their findings to the identification of variables, the development of instruments, or analysis and description for the report.

Data collection included direct observations and semistructured interviews of entry-level health care services employees and health care management for a period of 4 weeks. Case studies require the investigator exploring one or more case units over time and using multiple data collection methods (Wahyuni, 2012). Direct observation allows the researcher to study a case in its natural setting (Stake, 1995; Yin, 2012). Qualitative interviews allow researchers to understand experiences and reconstruct events, describe social and political processes, and help fill in historical blanks (Rubin & Rubin, 2012). Observations also included workflow processes and interactions between employees and leaders. Direct observations of a setting and participants allowed me to understand and capture the context within which people interact, be open, discovery-oriented and inductive, rely less on prior conceptualizations of the setting, and evaluate processes that might routinely escape awareness among leaders and employees (Patton, 2015). A disadvantage of using direct observation is the researcher may need written permission. Another disadvantage of direct observation, which can be for a short time, is the researcher sees an action and a reaction that allows immediate conclusion, but prolonged long-term observation allows the researcher to conduct an in-depth qualitative study. Rubin and Rubin stated that topical interviews are directive and aggressive, because the researcher needs particular information regarding the problem. The disadvantages of qualitative interviewing are some individuals may not wish to share information, may

take control of the interview and change the subject, or indicate that the interviewer ask

the wrong questions (Rubin & Rubin, 2012).

Once the potential participants respond volunteering interest, four health care

leaders and 22 selected entry-level medical service employees meeting the set criteria

received an email notification to setup date and times to share in face-to-face

semistructured interviews or telephone interviews at the office location of the health care

organization or local restaurant. I followed the developed interview protocol (see

Appendix F) as a guide for collecting data and assuring reliability (Yin, 2012). One week

before the interview, participants received one additional email confirmation of the

interview schedule and preparations; 2 days before the interview, participants received a

telephone reminder of the interview schedule. Each participant signed a consent form at

the time of the interview. With the participants' approvals, I audio recorded the

interviews to ensure the accuracy of data collection. Before commencing the interview, I

informed participants that recording of interviews would ensure the accuracy of the

information. Participants' names, gender, race, ethnicity, or personal demographic

information were not factor in this research study; participants did not provide this

information and identification was as *L1-L4* for leaders*, P1A-P22V* for individuals, and

MHC for the organization. Participants received a copy of the transcribed interview

recording to review for member checking and ensuring accuracy of data and my

interpretation of their responses. McConnell-Henry, Chapman, and Francis (2011)

defined member checking as a process the researcher uses to ensure dependability of

collected data, in which participants review the transcripts of interviews to validate their contribution and the researchers' interpretation of their responses.

For the purpose of this study, I conducted a pilot study of the interview questions for assessing the efficacy of the interview protocol. The pilot study consisted of contacting a health care manager and two individuals via telephone, emailing the notification to setup date and times for semistructured interviews, and interviewing the individuals. Two (2) medical service employees and a health care manager of the potential 26 health care organization employee participants participated in an interview for the pilot study. Participation in the pilot study was approximately 1 hour. Wahyuni (2012) posited that researchers should conduct mock interviews with colleagues to test and fine-tune the instrument prior to formal interviews. During the pilot test, the pilot study participants answered questions regarding the interview questions listed in Appendix G, any vagueness, or confusion, and suggested changes. After receiving the pilot study participants' feedback, I did not make any derivative changes to improve the interview protocol and report changes to IRB by submitting the Request for Change in Procedures form. I did not anticipate changes to the interview questions. Consideration of changes would have occurred if a participant did not understand or respond to an interview question (Yin, 2014).

Data Organization Technique

The data organization technique for interview transcriptions included primarily storage on a password-protected personal computer, as well as in a security locked external portable memory drives as backup. I will store the recorded interview data on a

password digital recorder and place the recorder in a locked safety file cabinet along with all transcriptions, letters of agreement and cooperation, and consent forms. No other parties will have access to the security passwords, and I will change the passwords every 90 days to ensure confidentiality and privacy of participants' information. In addition, labels for files on the computer and external and portable memory drives identify the main folders (e.g., health care organization, correspondence, and participants) with subfolders (e.g., interviews, observations, and consent forms). The leaders' identification included the schema *L* for leader and *1-4* for the indication of a particular leader. Identification of the participants consisted of alphanumeric labels consisting of a prefix *P* for participant, main label *1 to an anticipated maximum of 22* for the indication selection, and suffix *A-Z* for the indication of the participant. The participants' folders identification consisted of *P1A-P22V(anticipated maximum),* and the leaders' folders identification consisted of *L1-L4* allowing confidentiality. After storing data for 5 years, I will destroy the data by erasing from the computer drive and external portable memory drive and shredding of hard copy documents using a professional service. Participants will receive a one to two page summary of the research findings upon completion of the doctoral study.

Data Analysis

Data analysis included the process of triangulation, which incorporates collection of data from multiple sources, to verify validity of the gathered data (Lillie & Sippola, 2011). I employed the data triangulation process by using multiple data collection methods including direct observation as the researcher and audio-recorded semistructured

interviews (Yin, 2012). I also used member checking to verify the accuracy of the data in the transcripts by transcribing the interviews, clarifying bias, and reviewing of transcripts by participants. Stake (1995) proposed that qualitative researchers triangulate the gathered data or evidence by looking and listening from more than one vantage point and member checking.

The interview data analysis included identifying repetition of keywords in the context, transitions, looking for local terms that may sound unfamiliar, identifying quotes and expressions, and arranging the quotes and expressions into strata. Tolhurst (2012) noted that coding is the process of segmenting collected data from the study into meaningful units. Data analysis included coding themes and patterns using Ryan and Bernard's (2003) scrutiny techniques such as repetitions, indigenous typologies, transitions, cutting and sorting, and word list and keywords in context. Coding of transcriptions can be both time-consuming and tedious in qualitative research; I used NVivo10 for coding the data and understanding of the themes that emerge from the analytical data and the analysis of data to the point of data and theme saturation (Hutchison, Johnston, & Breckon, 2010). The history of computer-assisted qualitative data analysis (CAQDAS) dates back to approximately 30 years (1981-2011) with more than 20 packages available in the market (Saillard, 2011). The three prominent CAQDAS are NVivo, ATLAS, and MAXQDA. The initial step for data coding in CAQDAS programs is to import and link the source documents. NVivo and MAXQDA allow using hierarchical organization of codes, in which one can create and link memos to the *data nodes* or to segments of the entire data source (Saillard, 2011). ATLAS allows the user to

import and link source documents through a hermeneutic unit, but does not allow

hierarchical organization (Franzosi et al., 2013). MAXQDA is the most appropriate

software for data analysis in theory building. NVivo was the appropriate CAQDAS to use

as the data analysis tool for this study because NVivo a tool for conversation analysis

such as semistructured interviews, ethnography, phenomenology, and mixed methods

research (Schönfelder, 2011).

Coding data into themes facilitated identifying similarities among the

participants' experiences in relation to the phenomenon. Tolhurst (2012) asserted that the

analysis of an interview transcript includes identifying significant patterns and themes

and applying codes to sections of text. The process for analyzing text involves the

following steps: (a) discovering themes and subthemes; (b) winnowing themes to the vital

few; (c) building hierarchies of themes or codebooks, and (d) linking themes into

theoretical models (Ryan and Bernard, 2003). Hutchison, Johnston, and Breckon (2010)

concluded that the value added by using NVivo10 software is the ability to ensure

consistent coding throughout the analytical process. NVivo involves the creation of free

nodes, tree nodes, case nodes, relationship nodes, and matrices during a coding process

by reading through references or sources, such as interviews or focus groups, and

categorizing this information (Bergin, 2011).

Miles and Huberman's (1994) set of analytical procedures formed the framework

for coding gathered data to ascribe meaning and understand the personal experience that

influence entry-level medical services employees' motivation for quality performance.

These analytical procedures consist of the steps for conducting a qualitative research

study. Miles et al. (2014) proposed five primary purposes of data display include the following exploration, description, order data collection, explanation, and prediction of results. The study focus gives voice to participants and their experiences regarding factors that contribute to high-quality motivation and increase employee performance. I bracketed out personal experiences with the phenomenon before conducting the research study. LeVasseur (2003) suggested using bracketing to hold researchers' prior knowledge or belief about the phenomena under study in suspension to perceive the phenomenon more clearly. The use of the single-case study approach based on Miles and Huberman's (1994) set of analytical procedures might provide an understanding of individual experiences without bias.

The objective of this qualitative, case study was to explore the experiences of entry-level medical services employees and supervisors regarding the motivational strategies implemented by health care organization's leaders and address the central research question: What motivation strategies can health care leaders use to improve performance and ensure organizational effectiveness? Vroom's expectancy theory formed the conceptual framework for this qualitative single-case study to provide insight strategies medical service leaders need to implement for motivating employees, ensuring quality performance, and improving the organization's profitability and effectiveness. The use of the single-case study approach based on the Vroom's expectancy theory provided the means for achieving an in-depth understanding of strategies health care leaders can use to motivate employees by altering the individual's effort-to-performance expectancy, performance-to-reward expectancy, and reward valences (Lunenburg, 2011).

Vroom's expectancy theory of motivation provides a construct that links motivation to the extent to which effort and performance will satisfy the individual most by leading to valences or rewards (Smith, Themessl-huber, Akbar, Richards, & Freeman, 2011). In relation to the Vroom's expectancy theory, exploring health care organization leaders' behavior for developing new strategies to motivate employees while remaining profitable was a response to substandard employee performance and financial challenges such as expenditures related to employee retention and turnover.

To answer the overarching research question and assure validity, the health care leaders and medical services employees answered the following open-ended interview questions:

The *health care leaders* answered the following open-ended interview questions:

1. What are the strategies implemented within your organization to motivate entry-level employees?

2. How would you describe the effectiveness of the implemented motivation strategies?

3. How, if at all, did performance change because of implementation of the motivation strategy?

4. What strategies might your organization's leaders implement for entry-level employee motivation to ensure profitability and effectiveness?

5. What additional information would you like to add regarding entry-level employee motivation?

The *medical service employees* answered the following open-ended interview questions:

1. How does your supervisor motivate you to improve performance and grow professionally?

2. How, if at all, did performance change because of implementation of the motivation strategy?

3. What factors motivate you to perform your best work?

4. What other information can you share with me about workplace motivation for your organization?

<div align="center">**Reliability and Validity**</div>

Reliability

The reliability and validity heading included the description of the processes I implemented to assure the study's reliability and validity. The term *qualitative rigor* is associated with the means for establishing trustworthiness in the findings of a research study (Thomas & Magilvy, 2011). For this qualitative single-case study, I addressed the four components of trustworthiness relevant to qualitative research (a) credibility, (b) transferability, (c) dependability, and (d) confirmability (Barusch, Gringeri, & George, 2011).

Reliability or dependability means research findings would be consistent across several researchers using the same case design protocol (Yin, 2012) to explore the phenomenon. Reliability is the reassurance that another researcher investigating the same issue or using the same data could derive the same or similar findings (Ali & Yusof,

2011). To ensure reliability and dependability of the data, participants reviewed transcribed interviews. Strategies for assuring reliability and dependability include allowing peers to participate in the data analysis, providing a detailed description of the research methods, or conducting a systematic repeat of the study or pilot study to verify if results might be similar, as well as provide validity (Thomas & Magilvy, 2011). To address dependability, I provided a detailed description of the research methods and decision trail throughout the research inquiry. Dependability in qualitative research is the assurance that another researcher can follow the initial researcher's decision trail (Thomas and Magilvy, 2011). I used an interview protocol to ensure dependability of data collected during the semistructured interviews. Yin (2012) stated that the interview protocol in a case study design serves as a guide and usually includes a small subset of topics relevant to a given interview. An interview protocol produces a guided conversation with the protocol serving as the researchers' mental framework (Rubin & Rubin, 2012).

Validity

The constructs of validity in qualitative research are credibility, transferability, and confirmability. Bernard (2013) stated that validity refers to the accuracy and trustworthiness of research instruments, gathered data, and research results. Researchers use prolonged engagement, observation, triangulation, and member checking to establish credibility. I employed observation, member checking, and data triangulation. Observation processes consisted of me directly observing workflow process, the health care organization environment, and the interactions between workers and leaders. For the

member checking process, participants reviewed transcriptions for accuracy. Member checking is an important component of validation in qualitative research and a research activity during which the persons who provided information assess the accuracy with which a researcher has represented a participant's experiences, opinions, and conclusions (Koelsch, 2013). Member checking is another technique for establishing credibility in qualitative studies, in which individuals read transcripts of their interviews and comment on accuracy or omissions (Barusch et al., 2011).

To address the issues of credibility and dependability in this study, I employed method triangulation of different data sources of information (Stake, 1995). Barusch, Gringeri, and George (2011) asserted that the purpose of triangulation is to deepen understanding by collecting multiple forms of data on the problem to strengthen the credibility of the findings rather than achieving consensus. The data sources for method triangulation included the semistructured interviews, direct observation and comparing entry-level health care services and supervisors' responses. Yin (2012) posited that the purpose of using multiple data collection methods is to deal with the problems of establishing the construct validity and reliability of case study evidence. Data triangulation allows the researcher to recognize the complexity of the phenomenon. In addition, I used the four rules of triangulation including checking for the following: (a) if the description is trivial beyond question, (b) if the description is relevant but debatable, (c) if the data are evidence for a main assertion, and (d) if a statement is a person's interpretation (Stake, 1995).

To address the issues of confirmability, I used reflexivity by audio recording field notes regarding personal feelings, biases, and insights. I recorded all interviews and transcribed the recordings verbatim. Thomas and Magilvy (2011) asserted that qualitative research must be reflective and maintain a sense of openness to the unfolding results of the study. Strategies for testing credibility included checking transcripts for mistakes and drifts in the definition of codes by comparing data with codes. In addition, I established credibility and confirmability by coding the raw data into themes using NVivo10 software. Roberts, Breen, and Symes (2013) noted that some student participants commented that the use of analysis software technology added validity and credibility to their analysis. The coding of original data increases the assurance of the study's validity because developing thematic coding schemes of methodological texts provides the researcher with a feasible method to evaluate the suitability of the research design (Sinkovics & Alfoldi, 2012).

Transferability, which is the parallel term for generalizability, is the ability of other researchers to make judgments about the potential for applying the research process to other contexts (Barusch et al., 2011). Measures to address transferability included using rich, thick descriptions to convey findings, clarifying research bias by providing the researcher's experience with the phenomenon, ensuring data saturation, and reporting negative and discrepant information to satisfy transferability. Yin (2012) suggested that investigators reflect contrary findings in the conclusions of the case study to avoid bias. Transferability entails the researcher providing a thick description of the population and

the account of his or her research protocol that enables other researcher to make judgments about the potential for application their study (Barusch et al., 2011).

One challenge related to qualitative research is the assurance of theme saturation, which require recruitment of a sufficient a sample size to ensure data saturation. Although saturation is readily used among qualitative researchers, different qualitative perspectives have different indices for quality assurance some qualitative approaches do not rely on saturation as a determinant for sample size adequacy (O'Reilly & Parker, 2012; Walker, 2012). The justification of the sample size relates to recommendation that 20 participants are appropriate for qualitative research (Boeije, 2010), or until data and theme saturation becomes evident. In the event, a participant withdrew from the study; I selected an alternate participant to have a sample size to meet data and theme saturation requirements.

Transition and Summary

The goal for this study was to explore the motivational strategies implemented by health care organizations leaders that contribute to high-quality motivation and increase employee performance. Section 1 consisted of the background, the problem statement, the purpose statement, and other fundamental elements. In Section 2, I reiterated the purpose of the study and defined my role of as the researcher, participants, and population and sampling methods. Section 2 included a discussion of the research method and design, data collection process, ethical concerns, the data analysis process, and the inclusion of establishing reliability and validity of research. Section 3 consisted of a brief

summary of the results, application of professional practice, and implications for social

change concluding with recommendations for further study and reflections.

Section 3: Application to Professional Practice and Implications for Change

Section 3 included an introduction, the purpose of the study, presentation of the findings, application to professional practice, implications for social change, and recommendations for action and further research. Section 3 contained the research findings to the overarching question, interview questions, and an examination of their relation to the conceptual framework. This section also contained a thorough analysis of research findings' themes, discussions of how the findings and themes apply to professional practice to improve the organization's effectiveness. Inclusive in section 3 is an analysis of research findings. Section 3 included a discussion of how practitioners' can improve business practices by increasing an understanding of how inefficient motivational strategies at health care organizations affect entry-level medical service employees' performance. Section 3 concluded with my reflections and the summary and study conclusion.

Introduction

The purpose of this qualitative single-case study is to explore the motivational strategies healthcare organizations' leaders can implement to improve entry-level medical service employees' performance. I conducted a qualitative single-case study to identify what motivational strategies healthcare organizations' leaders can implement to improve entry-level medical service employees' performance. The population for this case study consisted of four health care leaders and 22 entry-level medical service employees, 18 or older with varied years of organizational work experience at a health care facility in the Piedmont region of North Carolina.

To collect the data, I used semistructured interviews and direct observation. To strengthen the reliability and validity of this study, I used member checking and method triangulation of different sources of data. Upon completion of data collection and verification, I used NVivo10 qualitative data software for coding the data and analyzing the emerging themes: (a) workplace motivation (along with seven related subthemes), (b) organizational leadership, (c) professional growth, and (d) performance.

Presentation of the Findings

This qualitative single-case study sought to answer the following research question: What motivation strategies can health care leaders use to improve entry-level employees' performance and organizational effectiveness? After receiving IRB approval number 04-16-15-0178128 from Walden University, the manager of the health care organization received a hand-delivered copy of IRB approval. During my visit to the health care organization and the group meeting, I briefly explained the study and gave employees an information packet, which consisted of a letter of participation (see Appendix B) and the consent forms (see Appendix C) for review. The sampling method was purposeful sampling for participant selection. After participants had expressed interest in participating, I scheduled the interviews.

Four leaders and 17 entry-level health care employees participated in semistructured interviews, in which I achieved data saturation because the responses shared by the final participant added no new information. Participants' identification included the schema *L* for leader and *1-4* for the indication of a particular leader and alphanumeric labels consisting of a prefix *P* for participant, main label *1 to an*

anticipated maximum of 22 for the indication selection, and suffix *A-Z* for the indication

of the participant to ensure participants' confidentiality. I conducted 19 face-to-face

semistructured interviews at the health care organization's office and two telephone

interviews over a 4-week period. Participants gave approval to recordings prior to

interviews and signed a consent form at the time of the interview. Each interview lasted

30 minutes to 1 hour without interrupting normal business processes. Participants

received an emailed copy of findings and interpretations to strengthen the reliability and

validity of the results through member checking. I observed the workplace environment,

which included the main entrance, leaders' offices, entry-level employee work area, and

the office break room. I also observed workflow processes for the office staff and

fieldworkers, as well as interactions between the leaders and entry-level medical service.

The observation reflections recorded during my direct observation assisted with

triangulation of data for credibility.

After transcribing the interviews, I loaded the transcripts and my reflections from

the direct observation in NVivo for coding by participant interviews and interview

questions. Identifying and investigating the following research interview questions

ensured rich data collection from the exploration of health care leaders and entry-level

employees' perspectives of the business problem. Participants of the study responded to

the following interview questions (five for leaders and four for entry-level employees)

during the face-to-face interviews to provide detailed focus to the central research

question related to workplace motivation strategies. The four main themes gathered from

the four health care leaders and 17 entry-level employees were as follows: (a) workplace

motivation, (b) organizational leadership, (c) professional growth, and (d) performance, as well as seven subthemes related to the theme motivation. The seven subthemes related to the theme motivation were as follows: (a) organizational culture, (b) teams and coworkers, (c) job satisfaction, (d) compensation, (e) empowerment, (f) patient care, (g) and rewards and recognition. These themes were consistent with the direct observation reflections in Appendix E. Table 1 shows the participant frequency for the themes including the interview questions that related to each node.

Table 1

Coding of Sources Related to Themes

Name	Sources	References
Motivation	6	34
Organizational Leadership	8	27
Performance	6	21
Professional Growth	5	18
Organizational Culture	5	16
Team and Coworkers	4	13
Job Satisfaction	6	12
Compensation	3	10
Empowerment	6	9
Patient Care	5	9
Rewards and Recognition	6	8
Total	60	177

Note: Sources= the number of interview questions. References= the number of responses linked to the themes and subthemes.

The *health care leaders* answered the following open-ended interview questions:

1. What are the strategies implemented within your organization to motivate entry-level employees?

2. How would you describe the effectiveness of the implemented motivation strategies?

3. How, if at all, did performance change because of implementation of the motivation strategy?

4. What strategies might your organization's leaders implement for entry-level employee motivation to ensure profitability and effectiveness?

5. What additional information would you like to add regarding entry-level employee motivation?

The *medical service employees* answered the following open-ended interview questions:

1. How does your supervisor motivate you to improve performance and grow professionally?

2. How, if at all, did performance change because of implementation of the motivation strategy?

3. What factors motivate you to perform your best work?

4. What other information can you share with me about workplace motivation for your organization?

Theme 1: Motivation in the Workplace

The first theme in the study was motivation in the workplace. "Workplace motivation is always good because it will help me to become better with my peers and clients" (P14N, personal communication, May 6, 2015). L1 stated that "when they are coming in at an entry level encourage them and always let them know you can achieve more if you work hard" (personal communication, April 23, 2015). L4 expressed that

entry-level employee motivation is panicle to your job (personal communication, April 23, 2015). Table 2 shows the participants' responses addressing the interview questions that related to the motivation node.

Table 2

Coding Related to Theme 1- Motivation in the Workplace

Name	References
Entry-level Employee Q3	11
Entry-level Employee Q1	10
Entry-level Employee Q4	7
Leader Q5	3
Entry-level Employee Q2	2
Leader Q4	1
Total	34

Note: References= the number of responses linked to the interview questions.

Managers provided data on motivation by addressing questions 4 and 5. Entry-level medical services provided insight by addressing questions 1, 2, 3, and 4. The results of this study revealed that 34% of the participants' responses indicated that the motivational factors were the most significant aspect of motivation in the workplace. The analysis of this research indicated that the entry-level medical service employees and the leaders agreed intrinsic and extrinsic factors were significant motivators. "Intrinsic factors and self-gratification motivate me, and I do not need rewards such as monetary gifts or certificates to let me know that I did well" (P11K, personal communication, April 27, 2015). "Two factors that motivate me are nonmonetary appreciation and constructive criticism" (P12L, personal communication, April 27, 2015). Janus and Browning (2014) stated that healthcare organizations aim to manage the professional's motivation by

focusing on extrinsic motivation, but managing dimensions of professional culture can help support professionals' intrinsic motivation. Ibrahim and Aslinda (2014) showed that both extrinsic and intrinsic motivation affect organizational citizenship behavior. Satisfaction of an individual's motivational needs, which are innate and universal, results in people functioning in a healthy or optimal way (Hicks & McCracken, 2014). Both intrinsic and extrinsic rewards are a fundamental factors for employee motivation, whereas motivation for one employee may be to earn higher commission or better organizational culture for others (Dar, Bashir, Ghazanfar, & Abrar, 2014; Pandey, 2014).

The results of this study revealed that 29% of the participants' responses indicated that the motivational strategies were the second significant aspect of motivation in the workplace. The first motivational strategy identified by the participants was the monthly drawing for prizes and gifts. Pandey (2014) found that other nonfinancial factors such as rewards, social recognition, and performance feedbacks are positive motivational factors. The monthly drawing consists of employees accurately completing their time sheets and in-services and submitting the forms in a timely manner. The management team enters the name of employees who meet the requirements in the monthly drawing. "Once a month, we have a drawing consisting of the putting the employees names in and giving prizes once a month to show them we appreciate them" (L1, personal communication, April 23, 2015). "We have a drawing every month where the leaders enter the names of those who get their time sheets in on time to win a prize or gift" (P4D, personal communication, April 24, 2015; P14N, personal communication, May 6, 2015; P17Q, personal communication, May 14, 2015). Another motivational strategy identified by the

entry-level employees was the company offer training programs to enhance the employees work skills. "The organization brings people in for have information sessions to teach us skills required to provide patient care" (P13M, personal communication, May 5, 2015).

The results of this study revealed that 27% of the participants' responses indicated that the other contributing affected their motivation in the workplace. The results of this study confer the findings of Daneshkohan, Zarei, Mansouri, Maajani, Ghasemi, and Rezaeian (2015). Daneshkohan, Zarei, Mansouri, Maajani, Ghasemi, and Rezaeian found that the motivating factors for health workers were effective management, supervisors and managers' support, and positive working relationship with colleagues. Participants expressed that building positive relationships with co-workers was one significant reason for coming to work. "As we get closer to reaching our goals, the leaders give little bonuses and incentives" (P2B, personal communication, April 24, 2015). Managers have the task of motivating employees to achieve the objectives set by the organization and the employees' personal goals (Hauser, 2014; Juchem, Cespedes, Marin, & Cunha, 2014). Hicks and McCracken (2014) added that effective leaders accomplished goals through others by motivating them to perform for the benefit of the organization.

Organization culture. The first motivation subtheme identified is organization culture, which is an important element in determining the ultimate ethical success of an organization (Ali & Patnaik, 2014). Entry-level medical services expressed that they like their organization because of the organization's positive atmosphere and environment (P12L, personal communication, April 27, 2015; P15O, personal communication, May

15, 2015). "I want to come to a place where I feel comfortable and have team members with good attitudes around me, because good attitudes are contagious" (P10J, personal communication, April 27, 2015). Table 3 shows the participant responses addressing the interview questions that related to the organization culture node.

Table 3

Coding Related to Sub-Theme 1-Organization Culture

Name	References
Entry-level Employee Q1	7
Entry-level Employee Q4	4
Entry-level Employee Q3	2
Researcher's Observation Notes	2
Leader Q3	1
Total	16

Note: References= the number of responses linked to the interview questions and researchers observations.

Managers provided data on organization culture by addressing question 3. Entry-level medical services provided insight by addressing questions 1, 3, and 4. The 100% of the participants' responses indicated that having open communication with the leaders was a fundamental element of motivation. The leaders allowed open-ended communication with entry-level medical service employees and emphasized employing an open door policy by working with all office doors open (Researcher observation, April 27, 2015). Daly and Mort suggested that hospital leadership create an environment in which employees do not fear the consequences of communicating mistakes. "The leaders have an open-ended communication policy within the organization" (P11K & P12L, personal communication, April 27, 2015). P3C (personal communication, April 24, 2015)

stated that "having an open door policy that allows employees to address an issue with leaders helps in the workplace". Internal communication, which is as important as external communication, is often a tool for motivating employees (Chitrao, 2014). Daly and Mort (2014) added that leaders at high-reliability organizations have cultivated open communication about an error without blaming within their culture.

The participants shared that a positive work environment and teamwork were important to eliminate stress and improve performance. Each leader expressed that ensuring the work environment remains pleasant and stress-free was fundamental. To ensure performance, leaders should motivate employees by giving them an upbeat, positive work environment and encouraging teamwork (Pandey, 2014). My observation of the entry-level medical service employees was they displayed friendly, happy, and professional attitudes and work behaviors (Researcher observation, April 27, 2015). Whereas, 17 entry-level employees stated that the positive work environment and team morale were the reasons to report to the office even when working in the field. P7G added "every time I walk in they are laughing and talking, which motivates me" (personal communication, May 15, 2015). "We laugh, and I think that helps a lot too" (P3C, personal communication, May 15, 2015).

Team and coworkers. Team and coworkers emerged as the second motivation subtheme. The entry-workers work either in the facility or as field support to assess patients, prepare insurance billing, assist patient families with home health care, and various clerical duties (Researcher's observation, April 2015). "They encourage team development by assigning task equally" (P12L, personal communication, April 27, 2015).

"She encourages me to reach out to other employees with more experience for extra help, tips, and tools that would help me" (P10J, personal communication, April 27, 2015). Employees willingly assisted coworkers complete task, and the leaders accompany the field-support workers during home health care or patient companion visits (Researcher's observation, May 15, 2015). Table 4 shows the participant responses addressing the interview questions that related to the team and coworkers node.

Table 4

Coding Related to Sub-Theme 2- Team and Coworkers

Name	References
Entry-level Employee Q4	4
Researcher's Observation Notes	4
Entry-level Employee Q1	3
Entry-level Employee Q3	2
Total	13

Note: References= the number of responses linked to the interview questions and observation notes.

Entry-level medical services provided insight by addressing Questions 1, 3, and 4. The participants' responses indicated that positive relationships with their coworkers and team members were important for motivating them to improve performance and provide quality services. Buljac, Van Wijngaarden, and Van Woerkom (2013) found that team learning and emotional support are predictors of team effectiveness. Fifteen entry-level employees and four leaders shared that the one important aspect of providing quality services was teamwork. "The office employees assist you and actually do a little motivation, because they are right there when you need them when you work in the field and you got a question or a problem" (P17Q, personal communication, May 15, 2015).

P15O stated that "the fact that we are a team motivates all of us to stay a team no matter what differences we have or what occurs" (personal communication, May 15, 2015). Teams, which are essential in the delivery of long-term health services delivery, consists of individuals displaying behaviors or voluntary actions to help others with or without regards of rewards (Ali & Patnaik, 2014; Buljac, Van Wijngaarden, & Van Woerkom, 2013). Buljac et al. (2013) concluded that more intensive teamwork in the long-term care sector that involves increased stability of membership and clarified team boundaries will lead to better outcomes if this teamwork.

Job Satisfaction. The third motivation subtheme that emerged regarding motivation was job satisfaction. Job satisfaction is a feeling that individuals perceive and experience through one's work is an attempt to achieve the goal by obtaining income or compensation (Ismiyarto, Suwitri, Warella, & Sundarso 2015). "I am comfortable working for the company, and I am satisfied with pay" (P15O, personal communication, May 15, 2015). "I am fortunate to work here" (P5E, personal communication, May 15, 2015). My reflection of the participants was that each entry-level employee displayed an attitude of satisfaction with MHC (Researcher observation, April 27, 2015). Table 5 shows the participant responses addressing the interview questions that related to the job satisfaction node.

Table 5

Coding Related to Sub-Theme 3- Job Satisfaction

Name	References
Entry-level Employee Q4	4
Entry-level Employee Q2	3
Entry-level Employee Q1	2
Leader Q3	1
Leader Q4	1
Researcher's Observation Notes	1
Total	12

Note: References= the number of responses linked to the interview questions and observation notes.

Managers provided data on job satisfaction by addressing questions 3 and 4. Entry-level medical services provided insight by addressing questions 1, 2, and 4. The results of the participants' responses indicated that the entry-level medical service employees' motivation and performance contributed to their job satisfaction as a worker at MHC. "I believe that happy employees are productive employees" (L4, personal communication, April 24, 2015). "I am a happy employee, and I do not mind working harder, because the leaders stand behind me" (P11K, personal communication, April 27, 2015). Li et al. (2014) examined workplace characteristics and their contribution to job satisfaction in community health workers. Li et al. found eight groups of factors important to motivation including remuneration, work tasks, work relationships, professional development, recognition, and work environment contribute to job satisfaction. Iranmanesh, Fuladvand, Ameri, and Bahrampoor (2014) assessed organizational commitment and job motivation. Various indicators of job satisfaction (i.e., organizational culture as norms, values, beliefs, customs organizations that affect

the mindset, member attitudes and patterns of behavior in achieving organizational goals)

need special attention so that workers can improve its performance (Ismiyarto et al.,

2015).

Compensation. The fourth emerging motivation subtheme was compensation.

Some entry-level medical services employees expressed that compensation or pay was a

fundamental motivational factor, yet others preferred nonfinancial motivators. L1 stated

that "you have to pay the employees so they can make a decent living" (personal

communication, April 23, 2015). "Employees know they can look forward to getting a

pay raise within three months when they start here" (L2, personal communication, April

23, 2015). P6F (personal communication, April 27, 2015) stated that "making the leaders

proud and making sure the leaders obtain a good recommendation is my primary

motivator and money". "The company will offer health insurance to full-time employees

as an incentive for motivational, also" (L2, personal communication, April 23, 2015).

Table 6 shows the participant responses addressing the interview questions that related to

the compensation node.

Table 6

Coding Related to Sub-theme 4- Compensation

Name	References
Entry-level Employee Q3	7
Leader Q1	2
Leader Q4	1
Total	10

Note: References= the number of responses linked to the interview questions and
observation notes.

Managers provided data on compensation by addressing questions 1 and 4. Entry-level medical services provided insight by addressing questions 3. Most of the participants valued nonfinancial rewards such as self-gratification, appreciation, recognition, relationship with leaders and coworkers, and a positive work environment more than financial gain. In contrast to the analysis of the collected data for this single-case study, Akhtar, Aziz, Hussain, Ali, and Salman (2014) found a positive relationship between financial rewards and employees motivation, in which the employees at firms with a higher level of financial rewards demonstrated more motivation than workers at firm who use a higher level nonfinancial rewards. Janus and Browning (2014) asserted that most healthcare organizations use monetary incentives to manage professionals. External rewards such as money have an overwhelming impact on motivation and separate job satisfaction from job performance (Takahashi, Ohkawa, & Inamizu, 2014). Oshikanlu (2014) argued that the assumption is that money motivates most people, but this is not the case. Militaru and Zanfir (2014) agreed that engaging work teams in the achievement of organizational goals has become difficult in a time when financial incentives are difficult to use. Ismiyarto, Suwitri, Warella, and Sundarso (2015) added that other factors such as health insurance, retirement benefits, and calm workplace conditions, and comfortable working environment are significant motivators, also.

Empowerment. The fifth motivation subtheme was empowerment, which is a key driver of organizational growth (Pande & Dhar, 2014). "They work with me to make decisions regarding business practices when I am in the field" (P5E, personal communication, May 15, 2015). "The leaders are always open to new ideas to better help

advance the department" (P12L, personal communication, April 27, 2015). Table 7

shows the participant responses addressing the interview questions that related to the

empowerment node.

Table 7

Coding Related to Sub-theme 5- Empowerment

Name	References
Entry-level Employee Q3	2
Leader Q1	2
Researcher's Observation Notes	2
Entry-level Employee Q1	1
Entry-level Employee Q2	1
Leader Q4	1
Total	9

Note: References= the number of responses linked to the interview questions and observation notes.

Managers provided data on employee empowerment by addressing questions 1

and 4. Entry-level medical services provided insight by addressing questions 1, 2, and 3.

The analysis of the collected data concur that empowerment influences organizational

citizenship behavior, because empowered employees go beyond their work roles (Walsh,

Dupré, & Arnold, 2014). Jha (2014) argued that service sector employees should be

empowered to make instant decisions. The leaders expressed they trust the entry-level

medical services employees to make effective decisions regarding office workflow

process (Researchers observation, April 27, 2015). For example, one employee needed a

signature on some claims and audit forms regarding a patient's therapy, in which the

leader did not question the accuracy or credibility of the information (Researcher

observation, April 27, 2015). "The organization also administer a survey where employees can express things they have seen that has gone well, things they have not gone well for feedback to let the workers know they have a voice" (L4, personal communication, April 23, 2015). Militaru and Zanfir (2014) noted that human capital having the ability to express the possibilities to achieve organizational objectives at any time contributes to future development. For example, an employee that trusts his or her organization may tell his or her leader things are going wrong or be more willing to work harder during difficult times (Ugwu et al., 2014).

Patient Care. Patient care, which is the primary function in the health care industry, was the sixth emerging motivation subtheme. "The employees focus on taking care of the clients and making the clients happy" (L1, personal communication, April 23, 2015; Researcher observation, April 27, 2015). "Client satisfaction is important at MHC" (P3C, personal communication, April 24, 2015). "MHC management will have someone from University of North Carolina Hospital teach classes on patient care concerns such as oral mouth care, in which five to 10 employees at a time learn the different steps that we can do to provide better oral mouth care" (P13M, personal communication, May 5, 2015). Table 8 shows the participant responses addressing the interview questions that related to the patient care node.

Table 8

Coding Related to Sub-theme 6- Patient Care

Name	References
Entry-level Employee Q3	4
Entry-level Employee Q2	2
Entry-level Employee Q1	1
Leader Q2	1
Researcher's Observation Notes	1
Total	9

Note: References= the number of responses linked to the interview questions and observation notes.

Managers provided data on patient care by addressing questions 2. Entry-level medical services provided insight by addressing questions 1, 2, and 3. The results of the participants' responses revealed that the 100% of entry-level medical service employees' chief concern was to providing quality care for the patients and that satisfied patients motivated the workers to perform better. The leaders focused on ensuring the employees were happy and motivated resulting in quality patient care and patient satisfaction. Employee and customer perceptions of service outcomes do not have a direct relationship with an organization's workplace climate, whereas worker perceptions of job conditions and their personal reactions to those conditions influence service outcomes (Scotti & Harmon, 2014). Patients define quality of medical care as to what extent that the healthcare organization services meet his or her needs, whereas healthcare organizational leaders view quality patient care as the skills and experience of the health care employees within the organization (Diab & Ajlouni, 2015). When health care service professionals who interact with patients provide high-quality service, customers may form positive

evaluations of the quality of their service encounters and customer satisfaction (Scotti &

Harmon, 2014). Patient satisfaction is a reflection of the commitment and

professionalism displayed by nurses including resolving a patient's problem promptly

(Tsai, 2014).

Rewards and Recognition. Rewards and recognition emerged as the seventh

motivation subtheme. Scotti and Harmon (2014) stated that health service professionals

are important resources who possess specialized knowledge. L1 (personal

communication, April 23, 2015) expressed that the organization's leaders always praise

the entry-level health care employees for their work. "Leaders must reward employees

for doing good, having high production, and continue rewarding them when they are

doing well" (L3, personal communication, April 23, 2015). Table 9 shows the participant

responses addressing the interview questions that related to the rewards and recognition

node.

Table 9

Coding Related to Sub-theme 7- Rewards and Recognition

Name	References
Entry-level Employee Q1	2
Entry-level Employee Q4	2
Entry-level Employee Q2	1
Leader Q1	1
Leader Q5	1
Researcher's Observation Notes	1
Total	8

Note: References= the number of responses linked to the interview questions and
observation notes.

Managers provided data on rewards and recognition by addressing questions 1 and 5. Entry-level medical services provided insight by addressing questions 1, 2, and 4. The results of this study revealed that 50% of the participants' responses indicated that receiving a reward is important, whereas 50% desired to receive expressions of appreciation or recognition from the leaders. I observed the office staff had changed the décor of the office to include a bulletin board above the tray for timesheets, memos, announcements to add pictures of employees who previously won the drawing holding gift bags (Researcher observation, May 15, 2015). "I think complementing my accomplishments and work performance is important, because complements make everyone want to perform better and achieve his or her goals" (P3C, personal communication, April 24, 2015). Organizational leaders can motivate employees and improve performance through psychological rewards and recognition programs (Dar et al., 2014). Recognizing and rewarding individuals can influence the potential of intrinsic and extrinsic motivation facets of staff and volunteers (Pacesila, 2014).

Theme 2: Organizational Leadership

The second emerging theme was organizational leadership. "MHC leaders take pride in their work and strive to do well" (P16P, personal communication, May 15, 2015). Through member checking also stated that "I think knowing that the boss woman is not constantly on our back and breathing down our shoulders help motivate us" (P3C, personal communication, May 15, 2015). P3C (personal communication, May 15, 2015) added "the owner does not worry about the work being done, because she knows the office manager is pretty trustable and responsible, and she trust us to take care of

whatever duties and responsibilities she gives us". P11K (personal communication, April

27, 2015) described the leader as trustworthy, polite, empathetic, and makes employees

feel relevant by saying please and thank you. Direct observation of the interactions

between the leaders and entry-level employees indicated that the healthcare

organization's leaders displayed a transformational leadership style (Researcher

Observation Notes, April 27, 2015). Table 10 shows the participant responses addressing

the interview questions that related to the organizational leadership node.

Table 10

Coding Related to Theme 2- Organizational Leadership

Name	References
Entry-level Employee Q1	11
Entry-level Employee Q3	6
Researcher's Observation Notes	4
Entry-level Employee Q4	2
Entry-level Employee Q2	1
Leader Q3	1
Leader Q4	1
Leader Q5	1
Total	27

Note: References= the number of responses linked to the interview questions and
observation notes.

Managers provided data on leadership by addressing questions 3, 4, and 5. Entry-

level medical services provided insight by addressing questions 1, 2, 3, and 4. The

analysis of the collected data for this study concurs with Bacha (2014) results that there is

a positive relationship between transformational leadership and follower task

performance, in which leaders and followers assist each other to advance to a higher level

of motivation and morale. Transformational leaders are likely to foster follower

empowerment (Walsh et al., 2014). "The leaders design the portfolio and projects for

employees' promotions" (L3, personal communication, April 23, 2015). "Leaders want to

ensure that employees have the tools needed to succeed because that in turn reflects on

you as a leader" (L4, personal communication, April 23, 2015). Entry-level employees

communicated with the leaders any concerns or discrepancies regarding patient care and

workflow processes, and the leaders assisted the workers with finding a solution to the

problem (Researcher observation, April 27, 2015). "For example, I am having a problem

with a specimen or a patient I ask the leader a question and she comes to my desk, fully

explains, and makes sure I understand exactly before walking away" (P9I, personal

communication, April 27, 2015).

The company's management has the greatest influence on the way in which

employees behave at work (Militaru & Zanfir, 2014). "As a leader, I take the opportunity

to motivate employees, which changes the morale, makes employees want to be

successful, helps them get through the workday, and helps them meet production quotas"

(L4, personal communication, April 23, 2015). Ethical leadership is making ethical

decisions to influence the attitudes and interactions of employees, resulting in trust

among leadership that leads to increase employee motivation, productivity, and

performance of the organization (Alshammari, Almutairi, & Thuwaini, 2015). "To

establish a solid relationship, she engages with the employees" (P11K, personal

communication, April 27, 2015). "A good relationship with my supervisor is a factor that

motivates me" (P14N, personal communication, May 6, 2015). "The leader interacts with

me every day by coming to my desk and speaking" (P4D, personal communication, April 24, 2015). More specifically, the leaders joined the conversations without expressing concerns about the completion of work (Researcher's observation, April 2015). Transformational leaders receive trust, admiration, loyalty and respect from their followers who by using charisma, intellectual arousal, and individual consideration (Bacha, 2014). Transformational leaders can transform the beliefs, values, and aims of their followers to harmonize with those of the organization because transformational leaders have a significant influence on their followers (Gokce, Guney, & Katrinli, 2014).

Theme 3: Professional Growth

The third theme discovered was professional growth. "Employees can make suggestions for process improvement and follow the process through the change cycle, which allows the employees who want to improve on their careers or expand beyond the base functions of their jobs to begin networking with people" (L4, personal communication, April 23, 2015). "She informs employees that there is always room for improvement within the company" (P6F, personal communication, April 27, 2015). "The company offers career development programs for professional growth" (P12L, personal communication, April 27, 2015). "I like that the company has programs for advancement" (P4D, personal communication, April 24, 2015). "I am nervous when I encounter new people, but my attitude changed since I began working at MHC because the staff motivated me to overcome my nervousness" (P7G, personal communication, May 15, 2015). Table 11 shows the participant responses addressing the interview questions that related to the professional growth node.

Table 11

Coding Related to Theme 3- Professional Growth

Name	References
Entry-level Employee Q1	9
Entry-level Employee Q2	3
Leader Q1	3
Entry-level Employee Q4	2
Leader Q2	1
Total	18

Note: References= the number of responses linked to the interview questions and observation notes.

Managers provided data on professional growth by addressing questions 1 and 2. Entry-level medical services provided insight by addressing questions 1, 2, and 4. The analysis of the collected data revealed that promoting professional growth through motivation, training, and career planning was important to the leaders and entry-level medical services employees. "The employees like attending the classes to learn more about the company, because of the huge promotional and professional advancement possibilities" (L3, personal communication, April 23, 2014). "My supervisor motivates me to improve performance and grow professionally by introducing new things to learn" (P4D, personal communication, May 15, 2015). "My supervisor encourages me to take as many classes as possible in areas that will benefit me in my position" (P10J, personal communication, April 27, 2015). Hee (2014) stated that individuals who possess learning goal orientation focus on improving personal competence. Hospital administrators can improve the quality of service provided by the staff by using internal marketing, which allows hospitals to build a learning culture and enhance workers' organizational

commitment (Tsai, 2014). Growth opportunities and supervisor support to eliminate the uncertainty regarding career development, training, employee specialization, or job security by creating a clear methodology, training programs and appropriate information of the staff have a positive effect on job satisfaction, career satisfaction, and organizational commitment (Militaru & Zanfir, 2014; Osuji, Uzoka, Aladi, & El-Hussein, 2014). Milicevic, Cvetkovski, and Tomasevic (2014) asserted that a system of employees' participation in decision-making within a company and productivity based on job security, opportunities for additional education for employees have positive impact on firm's performance.

Theme 4: Performance

The fourth theme discovered was performance, which is a characteristic of organizations management that reflects the progress and achievement of the organization (Pandey, 2014). "I believe a complement would make you want to do better at any job" (P3C, personal communication, April 24, 2015). P5E (personal communication, April 27, 2015) shared "I make sure that I do a good job, and I show up to every day on time or call when I must be absent". "Because I know I need this job, I am going to do my best at this job" (P2B, personal communication, April 24, 2015). Table 12 shows the participant responses addressing the interview questions that related to the performance node.

Table 12

Coding Related to Theme 4- Performance

Name	References
Entry-level Employee Q2	13
Entry-level Employee Q3	3
Entry-level Employee Q4	2
Leader Q2	1
Leader Q3	1
Researcher's Observation Notes	1
Total	21

Note: References= the number of responses linked to the interview questions and observation notes.

Managers provided data on employee performance by addressing questions 2 and 3. Entry-level medical services provided insight by addressing questions 2, 3, and 4. The results of this study revealed that 50% of the participants' responses showed that employee motivation, leadership, career goals, and compensation affect their performance. Hee (2014) asserted that health care service employees who possess a performance-approach goal orientation focus on demonstrating competence in their tasks and desire to attain positive judgment of competence in their duties would motivate themselves towards professional commitment. "The employees have improved with the completion and submission of their timesheets on time" (L2, personal communication, April 23, 2015). "Because of implementing the drawing, their production increased" (L3, personal communication, April 23, 2015). "I think my performance changed, because of the motivational strategies made me want to work harder and put my best forward" (P14N, personal communication, May 6, 2015). Increasing motivation in the workplace

can help improve performance and raise morale (Pandey, 2014). In a service

organization, employees affect customer satisfaction and organizational performance as

measured by the performance of the operating and financial performance (Fachrunnisa,

Adhiatma, & Mutaminah, 2014). Because employee performance determines the

effectiveness of the enterprise, organizational leaders should formulate human

performance management system with employees as the core, and make the performance

management system suitable for the enterprise development (Sheng, 2014). In the

perspective of expectancy theory, employees who participate and communicate in their

goal setting may increase volition, which in turn, may increase goal commitment and

trust toward leaders (Fachrunnisa et al., 2014). "I started asking more questions and

working more overtime to learn the current procedural terminology process" (P9I,

personal communication, April 27, 2015).

Vroom's Expectancy Theory

Vroom's (1964) expectancy theory of motivation formed the conceptual

framework for this study. The holistic view of Vroom expectancy theory is that

employees' motivation represents one's deliberate and conscious choice to perform a

particular task expecting a reward (Pacesila, 2014). The expectancy theory placed the

incentives that reinforcement theorists propose determine human action into a more

complex system that included cognitions (Facer, Galloway, Inoue, & Zigarmi, 2014).

Gyurko (2011) added that Vroom's expectancy theory focuses on the concept of how

much does it means to me to achieve my goal (valence), how much is the goal

(expectancy) worth to me, and the amount of effort (force) one will put forth to be

successful. Facer, Galloway, Inoue, and Zigarmi (2014) agreed that the most important contribution of understanding human motivation based on Vroom's expectancy theory is that people choose to pursue a goal based on how they feel about a potential outcome, the steps needed to achieve the goal, and the estimated likelihood that their efforts will generate the desired reward.

Expectancy. Regarding the expectancy theory, the concept of motivation is a behavioral choice based on valence, instrumentality, and expectancy (Dar et al., 2014; Facer et al., 2014; Puplampu & Adomako, 2014; Vroom, 1994). Expectancy is the employees' expectation of rewards that causes them to show a high level of performance (Dar et al., 2014; Vroom, 1994). Expectancy relates to a specific want, which is one's assumed chances of winning a raffle (Kruglanski, Chernikova, & Schori-Eyal, 2014). Motivation is the result of *unconscious* and *conscious* factors such as a desire or need, an incentive or reward, and the expectations of the individual (Akhtar, Aziz, Hussain, Ali, & Salman, 2014). To demonstrate expectancy, MHC leaders inform employees that they can achieve (i.e., get raises, get a promotion to an office supervisor, or promotion to field supervisor) more if they work hard by doing good work, being there on time, and doing what you suppose to (L1, personal communication, April 23, 2015).

Instrumentality. The second component of the expectancy theory is instrumentality, which means reliable relationship between provisions of rewards on satisfactory performance (Dar et al., 2014; Vroom, 1994). P9I (personal communication, April 27, 2013) shared "we have a 100% audits, in which four teams compete for fun and prizes based on quality and production". "My numbers never drop down in my position

because I stay at my best at all times regardless to the implemented motivation strategies" (P15O, personal communication, May 15, 2015). "I started working on another project and I am in the CPT class that is encouragement for promotion; I will be a state certified translator versus a regular medical translator after completing the class" (P9I, personal communication, April 27, 2015).

   Valence. Valence is the desired reward or importance of rewards in employee's mind (Dar et al., 2014; Vroom, 1994). Valence or wants differ for individuals in different details including how they come about, how individuals experienced them, and which individuals they apply to (Kruglanski et al., 2014). Oshikanlu (2014) identified some of the main reasons why people come to work as to accomplish achievements, to form and foster relationships, awards, training and development, empowerment, and money. More specifically, the two forms of motivation readiness are intrinsic motivation and extrinsic motivation. Pacesila (2014) identified the following as factors of intrinsic motivation: (a) the sense of efficacy, (b) personal example, (c) interest in the field, (d) the activity generates personal pleasure, (e) the sense of belonging to the organization, and (f) the need for continuing education. "I feel good about coming to work and doing the best job I can do if the morale is up" (P10J, personal communication, April 27, 2015). "Because I want the company that I work at to be profitable and grow, I perform at my best as an employee for the company to help the leaders achieve organizational goals" (P4D, personal communication, April 24, 2015). "I wanted to make sure I did a good job because they gave me a chance" (P7G, personal communication, April 27, 2015). "Having the ability to explain to the patients why we brush their teeth and have them

rinse with fluoride without saying you need to brush and floss your teeth today helps me feel good" (P13M, personal communication, May 5, 2015). "Seeing the progress of the patient's care and their facial expressions of pleasure when I do something for them" (P7G, personal communication, May 15, 2015).

The elements contributing extrinsic motivation include training programs, recognition of the effort, inclusion in a work team, democratic leadership, working environment, professional development opportunities, low level of stress, performance evaluation (Pacesila, 2014). Militaru and Zanfir (2014) asserted that stress, which is the main factor leading to job dissatisfaction, can cause many problems among employees. "Our staff believes that the more you give people praise for their good work, acknowledge their good work is a motivator for really wanting to please the leaders, and do better" (L1, personal communication, April 23, 2015). "I want to do better whenever she is good to people, because not too many bosses treats you as well as she does" (P1A, personal communication, April 24, 2015). "The motivation strategy of having a drawing made me want to do take time to do the little things for my clients that I normally would have time to do" (P14N, personal communication, May 6, 2015). "Because the leaders implemented the motivation strategy of a drawing, you look forward to that monthly drawing to see if you did everything right or if your name is going to be drawn; you feel appreciated" (P2B, personal communication, April 24, 2015). "I can plan my flexible schedule" (P5E, personal communication, May 15, 2015). L4 (personal communication, April 23, 2015) stated that "several employees have received promotions, because of their work on various committees and submitting suggestions".

Applications to Professional Practice

The primary responsibilities of entry-level medical service employees are usually providing service to the patients. The findings in this study indicated a need for employee motivation within the workplace to improve performance and organizational effectiveness. The health care organization in this study demonstrated an increase in performance through the effective use of employee motivation. Leaders answered questions about the implemented motivation strategies, the effectiveness of the strategies to improve performance, the improvement of performance, and the organization's effectiveness. Entry-level medical services answered questions about motivational strategies relating to performance and professional growth, as well as the motivational factors that affect their performance. Participants' responses corresponded with effective motivation in the workplace, quality patient care, improved performance, and increased organizational effectiveness.

More specifically, expectancy theory of motivation is a cognitive theory based on the concept that people make decisions by focusing on the greatest benefits by selecting and evaluating alternatives (Pacesila, 2014). Puplampu and Adomako (2014) added that the expectancy theory of motivation explains the processes individuals use to make decisions on various behavioral alternatives relating to their work. The motivational readiness construct consists of expectancy and valence, in which valence is an outcome that an individual desires at any given moment and expectancy is the subjective gratification that the individual assigned to his or her reward (Kruglanski et al., 2014).

The participants reflected the components of the expectancy theory throughout their responses.

The results revealed that 90% of participants had a positive attitude about the motivational strategies implemented by the organization's leaders. Participants stated that the most important motivators were the leadership style portrayed by all leaders within the organization and excellent communication with management improve workplace performance. "The clients do not complain as much when we praise the employees and motivate employees" (L1, personal communication, April 23, 2015). L3 (personal communication, April 23, 2015) "you must give entry-level employees continuous motivation and positive feedback". Transformational leadership focuses on vision articulation, and transformational leaders create an attractive perspective of the organization's mission and future to stimulate their followers to work toward that vision (Ljungholm, 2014). "Leadership strives to do perform at their best, which is good for the people who work at MHC" (P16P, personal communication, May 15, 2015). "We feel good about trying to reach does goals for the benefits of the company and ourselves" (P2B, personal communication, April 24, 2015). "We have a drawing every month for those who get their time sheets in on time, fill them out completely to be entered into getting a prize or gift" (L2, personal communication, April 23, 2015; P1A & P2B, personal communication, April 24, 2015). Health service organizations may increase job motivation and improve health workers' performance by strengthening management capacities (Daneshkohan, Zarei, Mansouri, Maajani, Ghasemi, & Rezaeian, 2015).

"Leaders attend classes to learn coaching techniques for empowering their employees" (L3, personal communication, April 23, 2015).

Some workers prefer delivering everyday care for one designated client as an individual, yet others prefer working closely as a team and sharing the care delivery for one patient (Buljac et al., 2013). "I believe the organization does a good job with having the information sessions, which causes us to work together more because sometimes patients can relate to one aid better than another" (P13M, personal communication, May 5, 2015). "I care about my patients, which provides me inward motivation" (P5E, personal communication, April 27, 2015). "Just knowing that the patients need me and that I am providing care that they cannot do for themselves or would not get without my assistance" (P13M, personal communication, May 5, 2015).

Mohebbifar, Kiaei, Khosravizadeh, and Mohseni (2014) stated that managers should focus more attention on cognition of motivational factors to make their viewpoints closer to the actual motivational need of their employees, which helps the growth and productivity of the organization and makes the organizational and individual goals closer. "I would give the strategy a seven or maybe eight on a scale of one to 10" (L1, personal communication, April 23, 2015). "I would say it is effective for those who take advantage of it" (L3 & L4, personal communication, April 23, 2015). "As a result of the implementing the drawing, there has been an increase in motivation to get the time sheet in because they know we enter their names into drawing to win a prize" (L2, personal communication, April 24, 2015).

The primary responsibility of leaders in charge of management and employee satisfaction is to achieve and exceed business goals (Juchem et al., 2014). The success of an organization depends largely on the motivation of the organization's human capital (Hauser, 2014). An organization's performance and capital are the results of the human resources who are working within the organization (Ionescu, 2014; Militaru & Zanfir, 2014). "A lot of my business comes from word-of-mouth or meeting clients using my service who share with others information regarding the reliability and quality of care provided by the workers or certified nurse assistant, as well as the special things the employees do for the patients" (L1, personal communication, April 23, 2015). Organizations prefer hiring motivated employees who are ready to work, because employee motivation is a powerful tool for the long-term success of the organization (Akhtar et al., 2014; Pandey, 2014).

Many businesses reexamine their strategic plans by developing a direction that helps initiate the foundations of ethical leadership for business profitability (Alshammari et al., 2015). "Motivation helps reduce the turnover rates you see in most companies" (L4, personal communication, April 23, 2014). The lack of strategies that increase motivation, improve performance, and improve workplace relationships between management and employees might have a significant impact on organizations. "The one process the organization does well is review processes for continuous improvement and includes the employees' views" (L4, personal communication, April 23, 2015). It is fundamental for health care leaders to understand how to develop strategies for

motivating entry-level medical service employees to improve workplace performance, resulting in positive organizational effectiveness.

Implications for Social Change

The suggestions for social change reflect the significance of section 1. The qualitative case study may fill a gap in related literature by providing additional perspectives help improve health care leader's knowledge to motivate entry-level medical service employees, which could lead to increased profitability. Ljungholm (2014) stated that mission valence is an employee's perceptions of the appeal or prominence of an organization's goal or contribution to society. The findings found in theme 1 on motivation in the workplace and motivational factors may further highlight the importance of leaders understanding the difference between intrinsically and extrinsically motivated employees, as well as the most effective factors that motivate the employees. Intrinsic and extrinsic rewards are very helpful to keep employees motivated, retain talented workers, increase satisfaction, and improved performance of the employee (Dar et al., 2014).

The findings found in theme 2 on organizational leadership may further highlight the importance of support for creating connections between management and employees that create positive organization culture and increase morale. Motivated managers pass their good behavior over to subordinates (Pacesila, 2014). Successful leaders employ both words and deeds to direct and stimulate their employees, because extrinsic rewards might play a significant role in stimulating public employees (Ljungholm, 2014). Leaders bring out the best in their employees by driving positive emotions and behaviors

(Delmatoff & Lazarus, 2014). Ljungholm (2014) stated that transformational leaders use intrinsic rewards, identify the significance of collaboration in accomplishing collective tasks, and promote assessment of group achievements by creating collective efficacy. Most successful leaders are those who find it intrinsically satisfying to influence others toward some end by using their interpersonal skills rather than the power of position, and who employ this influence for the benefit of the organization (Hicks & McCracken, 2014). Hills (2014) suggested that leaders should respect and accommodate their staff's outside-of-work schedules, because morale suffers when team members cannot meet their personal, social, and family obligations.

Health care leaders might understand the responsibility to establish motivational strategies that support constant learning and empowerment of employees through professional training and career development. The findings found in theme 3 on professional growth might provide further insight into the significance of continuous training for providing quality patient care. The participants shared that the patients' care was a high priority, because the employees receive gratification and motivation from the joyous expressions on their patients face. Employees who work in companies with good training programs are likely to realize their market value (Milicevic, Cvetkovski, & Tomasevic, 2014). Hospital administrators view patient care as achieving efficiency and effectiveness in the provision of medical service (Diab & Ajlouni, 2015).

Also, the results might lead to strengthening employee organizational commitment, which could in turn contribute to the improvements in the U.S. economy by decreasing the turnover rates in the health care industry. A fundamental business practice

is that healthcare managers and policy decision makers motivate staff and improve their job satisfaction (Li et al., 2014). Motivation and job satisfaction are essential factors for health worker recruitment, training, retention, turnover, and employees' keeping processes (Bonenberger, Aikins, Akweongo, & Wyss, 2014; Hauser, 2014). Fachrunnisa, Adhiatma, and Mutaminah (2014) stated that service employees who have workplace spirituality have the spirit to finish their works and will have a strong commitment to the welfare of society.

Recommendations for Action

Individuals need health care services to maintain their health and well-being, and entry-level medical services employees usually are the patient's first contact. Current and future health care leaders should pay attention to the recommendations from this study. Four recommended steps for action identified from the study are as follows: (a) they should develop strategies for motivating employees, (b) they should work to create a highly motivated team of employees, (c) they should employ motivation strategies for intrinsically and extrinsically motivated employees, and (d) they should create measures to encourage self-motivators within the organization.

The first recommendation for action from this study is for health care leaders to start developing strategies for motivating entry-level employees including office staff, field-support workers, and nurses. Motivation is an umbrella concept involving psychological forces such as appreciative behavior, which is an important component of effective leadership, that give energy for different actions (Pacesila, 2014; Stocker et al., 2014). Some of the participants in this study indicated that MHC leaders continue to

strive to enhance motivation in the workplace. "We are always trying to think of new things to motivate the employees and make them want to work and improve performance" (L1, personal communication, April 23, 2015). "Motivation is a weakness that we are all working on" (P10J, personal communication, April 27, 2015). To develop effective strategies, the health care leaders might administer an open-ended questionnaire or have a round table discussion with entry-level employees regarding motivation. Many of the participants emphasized the importance of having the open communication policy within the organization as a motivational factor and employees are willing to share their perspectives. Leaders need to support and promote a good and trustable relationship to occur between leader and member in organizations, because the leaders are the individuals who are most knowledgeable about their follower (Fachrunnisa et al., 2014).

The second recommendation for action from this study is for health care leaders to create a highly motivated team of employees to improve performance and organizational effectiveness. Pandey (2014) stated that employees who feel motivated about their jobs and know they are contributing to their organization perform better. A contribution to improved organizational performance is having motivated employees (Dar et al., 2014). I recommend that health care leaders use training and career development as a tool to empower employees and develop highly motivated teams. Empowered employees usually have a sense of value to the organization and improve performance to assist leaders achieve organizational objectives (Walsh et al., 2014).

The Third recommendation for action from this study is for health care leaders to employ motivation strategies for intrinsically and extrinsically motivated employees.

Participants' responses showed that 50% preferred either intrinsic or extrinsic

motivational factors including self-gratification, enjoyment from providing quality

patient care, compensation, rewards, and recognition. Most of the extrinsically motivated

employees emphasized nonfinancial factors (e.g., appreciation, compliments, good

relationship with leaders, and comfortable work atmosphere) as motivators. Daneshkohan

et al. (2015) found that some aspects including treating employees fairly, management

abilities, social support in the workplace, and performance management practices require

special attention. "I think that now and then the leaders could show a more appreciation

to the office employees and the fieldworkers" (P17Q, personal communication, May 15,

2015). To ensure that their staff feel empowered and supported as they deliver healthcare,

healthcare leaders should understand the value and importance of delivering an

emotionally and behaviorally intelligent style of leadership (Delmatoff & Lazarus, 2014).

"I suggest that maybe the owner could have a recognition program such as employee-of-

the-month for the entry-level employees and management" (P6F, personal

communication, April 27, 2015). One way to boost employees' self-esteem and vigor to

work is employees' recognition programs, which influence organizational performance

(Dar et al., 2014).

The last recommendation for action from this study is for health care leaders to

create measures to encourage self-motivators within the organization by soliciting

suggestions from the employees. Some entry-level medical service employees were self-

motivators. "I would say I motivate myself because when I get up every day and go out I

like to be myself" (P15O, personal communication, May 15, 2015). "I motivate myself"

(P5E, personal communication, April 27, 2015). "Since I am an over achiever, I motivate myself" (P8H, personal communication, April 27, 2015). Managers should understand not only their employees' needs, but also the difference between those needs and perceived incentives relating to job satisfaction, the strategies to motivate employees, and processes to increase their job satisfaction (Li et al., 2014).

Recommendations for Further Research

The limitation associated with the period of research was the employees participated in semistructured interviews during business hours, and the interview location was a leader's office within the organization, which might have affected the validity of the findings. Participants were reluctant to share openly some information and required assurance that the information would be confidential, in which the leaders would not have knowledge of the information each participant shared. To address this limitation, I recommend future researchers conduct interviews at a location outside the organization or via telephone to ensure the comfort of participants.

Facer et al. (2014) noted that several researchers have explored the motivational experience of study participants related to a specific stimulus, task, goal, or situation. Because the elements of workplace motivation are broad, conducting further studies on motivation and career development might provide leaders with additional resources to motivate employees and increase workplace performance. The recommendations in this study might assist leaders to improve employee motivation, management relationships, employee morale, employee retention, patient care, and organizations effectiveness. The

recommendation for further research is to explore all components of workplace

motivation and performance rather than specific aspects of workplace motivation.

Yin (2012) stated that an interview acquires minimal additional information after

20 interviews. I analyzed data from one health care organization in the Piedmont region

of North Carolina, which required four visits to the health care organization, using a

sample size of four leaders and 17 entry-level medical services employees with varied

years of organizational work experience at only one health care organization. Obtaining

the experiences of participants from only one organization might have limited the

application of results. For further research, research might conduct a study using a

qualitative multiple-case study or phenomenological design to capture the participants

from a larger population.

Reflections

The purpose of this qualitative single-case study was to explore the motivational

strategies healthcare organizations' leaders could implement to improve entry-level

medical service employees' performance. I have several years of work experience in the

health care industry and have the desire to help health care leaders understand the

significance of motivation in the workplace. Entry-level medical service employees and

health care leaders appear to have knowledge of why employee motivation is

fundamental, as well as the possible effects motivation has on performance and

organizational effectiveness.

I conducted this qualitative single-case study following the data collection

technique outlined in section 2, which allowed me to receive relevant details on

motivational strategies in a comfortable setting and learn about which factors effectively motivate workers. During my visit to the health care organization, I explained the intent of the study and the process for participation. I provided leaders and workers with an information packet. My initial concern was recruiting a sufficient sample size to ensure data saturation. Some entry-level medical services employees and the four leaders expressed their interest in participating following the meeting.

The research process included recorded, semistructured interviews with each participant. I followed the interview protocol and pilot study guidelines established in section 2. During the pilot study, the participants were hesitant when answering the interview questions, and one participant requested to review the questions and restart the interview. To address the issue, I adjusted the approach to allow the participants to relax and feel comfortable before beginning the interview. Participants did not think they could be helpful or provide the correct answers but during the interviews and member checking, they shared more ideas than they originally thought. In reflection, I would suggest that researchers begin the interview session by having a general conversation with the participants and sharing the interview questions with the participants. Another suggestion for researchers is to expect the unexpected and make minor adjustments to make the participants comfortable.

This study may have changed my thinking by encouraging me to continue to interview entry-level medical services employees within my workplace. The employees have an abundance of information on motivation processes and may have a different viewpoint from the health car leaders. The ability to understand how the employees

believe they could provide additional details about how health care leaders could implement to improve entry-level medical service employees' performance.

Summary and Study Conclusions

Motivation, which is the inner driver to act in a certain manner, includes wishes, desires, goals, that activate to move in a particular direction (Akhtar et al., 2014). Milicevic et al. (2014) argued that organizational leaders should never underestimate the power of motivation because motivated employees will remain employed longer in a given company. Motivation is a source of positive energy influencing people's lives, whether at their workplace or in their private life (Hauser, 2014). Organizations may keep employees motivated through strategies such as increasing salaries, benefits, or offering educational opportunities (Puplampu & Adomako, 2014). Motivation includes the need, desire, tension, unhappiness, and hope, in which various stimuli both from within and from outside the individual can trigger motivation (Ismiyarto et al., 2015).

The qualitative single-case study allowed for the in-depth study of one health care organization from the Piedmont area of North Carolina, which has maintained organizational effectiveness and profitability. The study used the lens of Vroom's expectancy theory. Vroom (1964) developed the expectancy theory to explain why individuals make decisions to achieve an end value versus to explain what factors motivate individuals. The purpose of this qualitative single-case study was to explore the motivational strategies healthcare organizations' leaders could implement to improve entry-level medical service employees' performance. Semistructured interviews with four health care leaders and 17 entry-level medical service employees assisted with capturing

details from each participant. Direct observation of the workflow process, interactions between the leaders and entry-level employees, and the organization environment help capture the participants' experiences in a real-life context. After transcribing each interview and conducting member checking, I loaded transcriptions and researcher observation reflections into NVivo 10 software, which aided categorize themes.

Data analysis revealed three motivational strategies health care leaders could implement to improve entry-level medical service employees' performance. The first was employing motivation in the workplace, which can boost employee morale, increase performance, and improve motivational strategies. Participants mentioned a motivational culture, teams and coworkers, job satisfaction, compensation, empowerment, patient care, and rewards and recognition as the most significant factors for motivation. Organizational leadership emerged as the second theme as participants mentioned a good relationship with the leaders within the organization and a transformational leadership style contributed to their motivation for increasing performance. Professional growth emerged as the third theme as participants mentioned training and career development within the organization as an incentive for motivation and organizational commitment, which could lead to organizational effectiveness resulting from decrease turnover rates. The final theme was performance, which is a result of health care leaders using effective motivational strategies and employees working harder because of motivation. Entry-level medical service employees mentioned that effective motivation by leaders enhanced their desire to increase performance or do their best work to increase the profits of the business.

In conclusion, the exploratory single-case study provided an approach to capture knowledge from health care leaders about their motivational strategies and entry-level medical service employees about their perspectives regarding the motivational strategies. In addition to focusing on employees understanding their role in the organization as a key stakeholder in the achievement of the vision, the organizational leaders should pay attention to the welfare of intrinsic motivation (Fachrunnisa et al., 2014). Jayaweera (2015) agreed that management should take initiatives to promote motivation among workers, both intrinsically and extrinsically. Knowledge from the study could help other health care leaders increase their effectiveness and profits providing continuous employment and employee retention, as well as economic growth. In addition, future studies focusing on health care organizations could continue to create knowledge to assist other health care leaders.

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Appendix A: Permission to Perform Research

Dear ███████████ Manager,

Alecia Brooks, a doctoral student at Walden University, requests your permission to conduct her doctoral research study at your institution. The study title is *Entry-level Medical Service Employee Motivation and Performance*.

The doctoral study focus is to explore factors health care organization leaders perceive to affect motivation, the execution of client objectives, and the establishment of strong communication channels while performing, monitoring, and reporting to ensure quality performance.

I hope that you will grant me permission to observe workflow processes, interactions between leaders and employees, and the health care organizational environment for a period of 4 weeks (i.e. 8 hours observation at your organization and interview your team members). If approval granted, team members' participation in research will entail a digitally recorded interview. The participants are advised that no problem or penalties are enforced if they choose not to participate or would like to withdraw at any time during the researchers study. Your authorization is voluntary as well as your team members' participation in this study is strictly voluntary and any information they will provide is confidential.

Your approval to conduct this research study is appreciated. I will call, or speak to you in person and would be happy to answer any questions or concerns you may have at that time.

If you agree, kindly sign below and return to me acknowledging consent and permission for me to conduct this research study at your institution.

Thank you for your consideration.
Sincerely,

Alecia Brooks
Walden University Doctoral Student

███████████████████ — Owner
Print your name and title here

███████████████████
Signature here

Alecia Brooks 2/5/2015
Researcher name and date here

Appendix B: Invitation of Participation

Dear Medical Service Personnel

My name is Alecia Brooks. In the journey to complete my Doctor of Business Administration degree, I am completing a study about employee motivation and performance. The primary focus of my research is to explore the motivational strategies implemented by health care organizations leaders that cause high-quality motivation and increase employee performance.

I have received permission from the Walden's Institutional Review Board and ████████████ management to contact individuals. As a health care leader or entry-level employee who may have experience related to the purpose of this study, I would like to invite you to participate in this study and affirm your consent to complete participate in a face-to-face interview. You will be asked to answer four or five interview questions regarding motivation strategies and factors that affect motivation and participate in observation of interactions between leaders and employees in the health care organization's environment.

If you decide to participate, contact the researcher Alecia Brooks via email (alecia.brooks@waldenu.edu) or telephone (████████). You will be asked to sign the consent form at the time of the interview, yet before direct observation. Participation is voluntary and will be confidential.

Thank you for your consideration and cooperation.

Sincerely,

Alecia Brooks

Doctoral Business Administration-Student

Appendix C: Consent Form

CONSENT FORM

You are invited to take part in a research study of the factors that motivate entry-level medical service employee and performance. The researcher is inviting individuals currently working in a management or an entry-level medical service position in the Piedmont area of North Carolina to be in the study. You meet the following participation criteria: (a) entry-level medical service employees and health care managers or supervisors, (b) 18 or older, and (c) having 1 or more years work experience with the subject organization as a medical service employee. I will provide a hard copy of this consent form for your signature, at the time of the interview yet before direct observations. This form is part of a process called informed consent to allow you to understand this study before deciding whether to take part. The purpose of this form is to make sure you understand the study so that you can make an informed decision on whether to participate or not.

This study is conducted by a researcher named Alecia Brooks, who is a doctoral student at Walden University.

Background Information:
The purpose of this study is to explore the motivational strategies healthcare organizations' leaders can implement to improve entry-level medical service employees' performance.

Procedures:
If you agree to be in this study, you will be asked to:
- Participate in a face-to-face interview at a private, comfortable, and convenient place for you. The interview will also be recorded to ensure accuracy. The interview will be approximately 30 minutes to one hour.
- You will be contacted for follow-up to review transcriptions of the interview that might take 10 minutes.
- Participate in 20 minutes of direct observation of interactions between leaders and entry-level employees within the organization participating in this study.
- You will be able to withdraw from participation in the study via verbal communication or email without bias at any time.

Voluntary Nature of the Study:
Your participation in this study is voluntary and participation is completely confidential. Everyone will respect your decision of whether or not you choose to be in the study. No one at Sunrise Health Care will treat you differently if you decide not to be in the study. If you decide to join the study now, you can still change your mind later. If you feel stressed or do not wish to respond to any questions that you are with or you feel are intrusive, you may stop at any time.

Risks and Benefits of Participating in the Study:
Participating in this type of study involves some risk of the minor discomforts that can be encountered in daily life, such as embarrassment or shame. Your participation will be

beneficial with identifying opportunities for business leaders to develop strategies needed to increase motivation, retain employees, and increase profitability and effectiveness, which will contribute to the improvement of the economy. The benefits of your participation may provide you with a sense of high self-esteem knowing that you could contribute to helping improve your own and other medical service leaders and employees understanding of strategies entry-level medical service employees' perceive to cause high-quality motivation and increase employee performance.

Compensation/Payment:
There will be no compensation or payment for participation in this study.

Privacy:
The researcher guarantees any information you provide during interviews will be kept confidential. The researcher will not use your personal information for any purposes outside of this research project. In addition, the researcher will not include your name or anything else that could identify you in the study reports. Participants' identification will be L1-L4 or P1A-P22V to ensure privacy and confidentiality. Data will be kept secure by security password protected storage media in a safety locked file cabinet. Data will be kept for a period of at least 5 years as required by the university.

Contacts and Questions:
You may ask any questions you have now. Alternatively, if you have questions later, you may contact the researcher via ▮▮▮▮▮▮▮ or email alecia.brooks@waldenu.edu. If you want to talk privately about your rights as a participant, you can call Dr. Leilani Endicott. She is the Walden University representative who can discuss this with you. Her phone number is ▮▮▮▮▮▮▮. Walden University's approval number for this study is **04-16-15-0178128** and it expires on **April 15, 2016.**

The researcher will give you a copy of this form to keep.
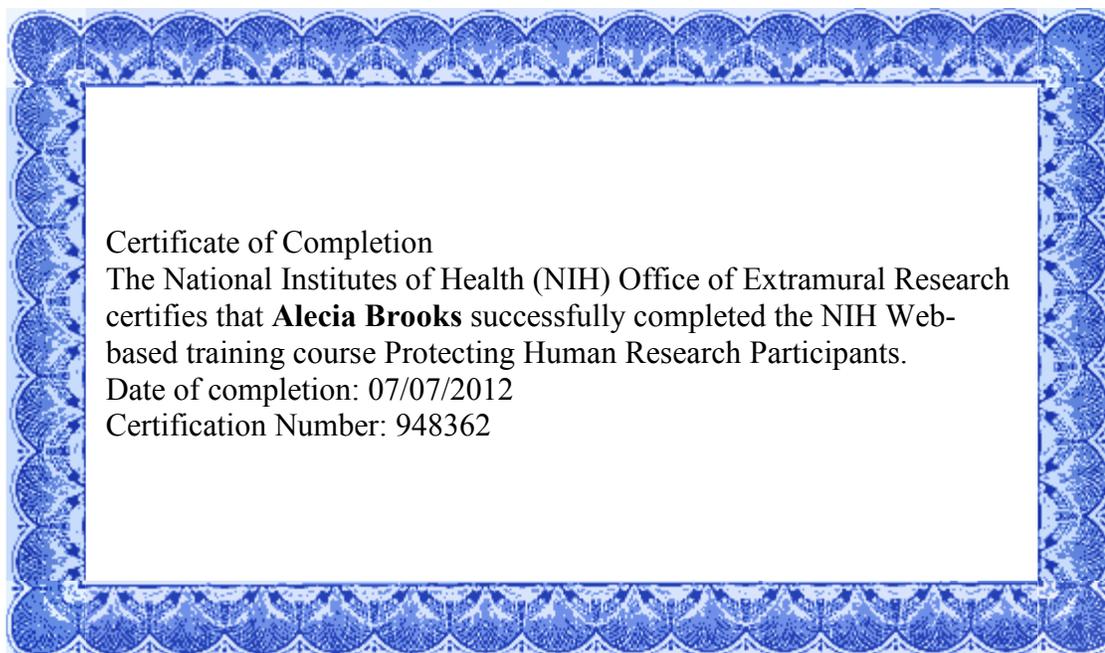
Statement of Consent:
I have read the above information and I feel I understand the study well enough to make a decision about my involvement. By signing this consent form, I understand that I am agreeing to the above terms.

_____
Print your name and date here

_____
Signature here

_____
Researcher name and date here

Appendix D: Ethical Certification

Certificate of Completion
The National Institutes of Health (NIH) Office of Extramural Research
certifies that **Alecia Brooks** successfully completed the NIH Web-
based training course Protecting Human Research Participants.
Date of completion: 07/07/2012
Certification Number: 948362

Appendix E: Observation Protocol

Observation Data Collection Form		
Criteria	Observation Notes	Researcher Reflections
Organizational Environment:	relaxed, stress-free, open floor plan, office doors open	The leaders emphasize employing an open door policy, which allows entry-level employees to communicate with the leaders
	bulletin board with pictures and announcements	The bulletin board above the tray for timesheets had a display of memos, announcements, and pictures of employees that had won the drawing holding there gift bags
Participants:	friendly, happy, professional	My reflection of the participants is that each entry-level employee portrayed job satisfaction and focused on providing patients with quality care.
Entry-level Worker and Manager Interactions:	One employee needed a signature on forms regarding a patient's therapy. The leader did not question the accuracy or credibility of the information. The leader stated that, I know you completed these correctly and I trust your judgment.	The owner and leaders displayed a transformational leadership style. The leaders expressed they trust the employees to make effective business decisions regarding office workflow process.
	The employees talking and laughing, while continuously working.	More specifically, the leaders joined the conversations without expressing concerns about the completion of work
Workflow Processes:	The entry-workers work either in the facility or as field support. Entry-level employees assess patients, prepare insurance billing, assist patient families with home health care, and various clerical duties.	Entry-level employees communicate with the leaders any concerns or discrepancies regarding patient care and workflow processes. Employees willingly assisted each other complete task.
	The leaders assist the workers with finding a solution to the problem.	The leaders also accompany the field support workers during home health care or patient companion visits.

Appendix F: Interview Protocol

<div align="right">
Interview #_____
Date_____/_____/_____
</div>

Interview Protocol

Script

Welcome and thank you for your participation today. My name is Alecia Brooks and I am a graduate student at Walden University conducting my doctoral study in partial fulfillment of the requirements for the degree of Doctorate Business Administration-Finance. This semistructured interview will take about 60 minutes and will include four to five questions regarding your experiences and what might affect entry-level employee motivation in the health care industry. I would like your permission to tape record this interview, so I may accurately document the information you convey. If at any time during the interview you wish to discontinue the use of the recorder or the interview itself, please let me know. All of your responses are confidential. Your responses will remain confidential and will be used to develop a better understanding of how you and your peers view factors health care organization leaders perceive to affect motivation, the execution of client objectives, and the establishment of strong communication channels while performing, monitoring, and reporting to ensure quality performance. The purpose of this study is to increase the understanding of the motivational strategies healthcare organizations' leaders can implement to improve entry-level medical service employees' performance.

At this time, I would like to remind you of your written consent to participate in this study. I am the responsible researcher, specifying your participation in the research project: *Entry-level Medical Service Employee Motivation and Performance*. You and I have both signed and dated each copy, certifying that we agree to continue this interview. You will receive one copy, and I will store the other copy securely in my home, separate from your reported responses.

Your participation in this interview is voluntary. If at any time you need to stop or take a break, please let me know. You may also withdraw your participation at any time without consequence. Do you have any questions or concerns before we begin? Then with your permission, we will begin the interview.

Thank the participant for his or her participation.

Appendix G: Interview Questions

To answer the overarching research question, the health care leaders and medical service employees will answer the following open-ended interview questions:

The *health care leaders* will answer the following open-ended interview questions:

1. What are the strategies implemented within your organization to motivate entry-level employees?

2. How would you describe the effectiveness of the implemented motivation strategies?

3. How, if at all, did performance change because of implementation of the motivation strategy?

4. What strategies might your organization's leaders implement for entry-level employee motivation to ensure profitability and effectiveness?

5. What additional information would you like to add regarding entry-level employee motivation?

The *medical service employees* will answer the following open-ended interview questions:

1. How does your supervisor motivate you to improve performance and grow professionally?

2. How, if at all, did performance change because of implementation of the motivation strategy?

3. What factors motivate you to perform your best work?

4. What other information can you share with me about workplace motivation for your organization?