

2017

Strategies Using the Affordable Care Act With Small Businesses in Northeastern Ohio

Donald White
Walden University

Follow this and additional works at: <https://scholarworks.waldenu.edu/dissertations>

 Part of the [Business Commons](#)

This Dissertation is brought to you for free and open access by the Walden Dissertations and Doctoral Studies Collection at ScholarWorks. It has been accepted for inclusion in Walden Dissertations and Doctoral Studies by an authorized administrator of ScholarWorks. For more information, please contact ScholarWorks@waldenu.edu.

Walden University

College of Management and Technology

This is to certify that the doctoral study by

Donald White

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee

Dr. Charles Needham, Committee Chairperson, Doctor of Business Administration Faculty

Dr. Jaime Klein, Committee Member, Doctor of Business Administration Faculty

Dr. Judith Blando, University Reviewer, Doctor of Business Administration Faculty

Chief Academic Officer
Eric Riedel, Ph.D.

Walden University
2017

Abstract

Strategies Using the Affordable Care Act With Small Businesses in Northeastern Ohio

by

Donald W. White, Jr.

MA, Antioch University, 2010

BS, Capital University, 2005

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Business Administration

Walden University

July 2017

Abstract

Small business owners with 50 to 100 employees in the physical and mental health care industry face a primary challenge of implementing health insurance under the Patient Protection and Affordable Care Act (ACA) while sustaining their business. The purpose of this multiple case study was to explore the strategies small business owners use to provide health insurance coverage under the ACA and sustained business operations.

Semistructured interviews took place in Northeastern Ohio with 3 business owners in the physical and mental health care industry to acquire health care without increasing service cost. The conceptual framework for this study was strategic organizational change. Data were collected by semistructured interviews and business documents. The data were analyzed with a methodological triangulation and member checking collection method to bolster trustworthiness and credibility. The themes that emerged from the study included the importance of cost associated with health care plans, high employee turnover rates, and large insurance company participation. Purchasing affordable health care requires small business owners to make decisions that include resources and employees' reactions to change. The findings of the study may lead to social change because they include information that may benefit small business owners in the process of providing health insurance coverage to full-time employees and reducing insurance costs. The application of the results of the study may reduce the number of uninsured individuals.

Strategies Using the Affordable Care Act With Small Businesses in Northeastern Ohio

by

Donald W. White, Jr.

MA, Antioch University, 2010

BS, Capital University, 2005

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Business Administration

Walden University

July 2017

Dedication

First and foremost, I dedicate this doctoral study to my Lord and Savior Jesus Christ, without whom this process would not have been possible. I have a special feeling of gratitude to my loving parents, Donald and Madeline White, who made me into the man I am today and continue to provide unconditional love and encouragement. Thank you. My sisters, Cheryl and Angela, and brother John White have served as special inspirations who lifted my spirits in those moments I most needed a lift. Thank you. Additionally, my children, Toi, Eboni, Donald III, Jason, and JorDon, and grandchildren, Taia, Ryder, Riley, and Jake, have served as motivation to me. Thank you all for being the wind beneath my wings.

I also dedicate this study to my friends and fraternity brothers who have supported me throughout this process. I will always be grateful for their understanding of my deadlines. Thanks to Talbert Grooms (RIP) and Steven Smith for their countless hours of advice and educational expertise. I will always appreciate what you have done for me. I dedicate this work to, and give special thanks to my friend and mentor, Carter D. Womack, who provided me a glimpse into possible realities that exceeded my dreams and continues to motivate me daily.

~In Remembrance of Pearl E. Holmes, my Loving Grandmother~

Acknowledgments

I would like to acknowledge various people who have been on this journey with me in the years I have worked on this doctoral study. First, I owe a tremendous debt of gratitude to my committee chair, Dr. Charleston Needham, who guided and motivated me and who is now a friend and colleague. Thank you for your patience and guidance throughout this educational experience. Thank you for the countless hours of revisions and feedback you gave me on my doctoral study. I would like to thank my second committee member, Dr. Jaime Klein, for her valuable feedback and support that helped me strengthen the presentation of my study findings. Thank you. Also, to my URR, Dr. Judith Blando, for her insight and expertise in reviewing and providing recommendations to improve my research, I thank you. I thank the DBA team members for allowing me a seamless transition as I moved through the multilayered sections in the study. I thank Kathryn O'Shaughnessy, my vocational rehabilitation representative, who made sure I had the resources necessary to make this journey. Thank you to Katrina Dix, who proofread numerous sections from my study while in the midst of her educational journey. Thank you to the entire DBA program administration for giving me the opportunity to conduct research regarding strategies for using the Patient Protection and Affordable Care Act with small businesses.

Table of Contents

List of Tables	v
Section 1: Foundation of the Study.....	1
Background of the Problem	2
Problem Statement.....	3
Purpose Statement.....	3
Nature of the Study.....	4
Research Question	5
Interview Questions	5
Conceptual Framework.....	6
Operational Definitions.....	7
Assumptions, Limitations, and Delimitations.....	8
Assumptions.....	8
Limitations	9
Delimitations.....	9
Significance of the Study	10
Contributions to Business Practice	11
Implications for Social Change.....	11
A Review of the Professional and Academic Literature.....	12
Overview of the Literature Review.....	13
History of the Affordable Care Act	14

Theory of Strategic Organizational Change	18
Theory of Business Strategy	19
History of U.S. Government Programs.....	24
Small Business	25
Small Business Viability.....	29
Costs Associated With ACA.....	36
Increased Understanding.....	40
Small Business Owners’ Plan	41
ACA Mandates.....	42
Transition	46
Section 2: The Project.....	48
Purpose Statement.....	48
Role of the Researcher	48
Participants.....	50
Research Method and Design	51
Research Method	52
Research Design.....	53
Population and Sampling	57
Ethical Research.....	59
Data Collection Instruments	60
Data Collection Technique	63

Data Organization Technique	66
Data Analysis	66
Reliability and Validity.....	68
Reliability.....	69
Validity	69
Dependability	70
Credibility	71
Transferability.....	71
Conformability	72
Saturation	72
Transition and Summary.....	73
Section 3: Application to Professional Practice and Implications for Change	74
Introduction.....	74
Presentation of the Findings.....	75
Emergent Theme 1: Increasing Cost.....	76
Emergent Theme 2: Reducing High-Cost Premiums.....	82
Emergent Theme 3: High Staff Turnover	86
Applications to Professional Practice	90
Implications for Social Change.....	92
Recommendations for Action	93
Recommendations for Further Research.....	95

Reflections	96
Conclusions.....	98
References.....	100
Appendix A: Interview Questions	122
Appendix B: Case Study Protocol	123
Appendix C: Interview Protocol	125
Appendix D: Informed Consent Form	126
Appendix E: Participant Invitation and Recruitment Notice	130
Appendix F: Organization Letter of Consent and Document Release.....	132

List of Tables

Table 1. Theme 1: Increasing Health Care Costs	76
Table 2. Theme 2: Reducing High-Cost Premiums	83
Table 3. High Staff Turnover Theme.....	87

Section 1: Foundation of the Study

President Obama signed the Patient Protection and Affordable Care Act (ACA) into law on March 23, 2010, and extended until 2016 the mandate for business owners with 50 to 99 full-time employees to offer health care coverage to their staff (Strobel, 2014). The intent of the \$900 billion plan for health care was to provide coverage for 98% of all Americans (Rak & Coffin, 2013) by changing how the health care system works (Randolph & Morrow, 2013). Federal regulators intended to address Americans' health care needs, but the transition to providing mainstream care includes a high cost to small business owners. Like others around the country, small business owners in Northeastern Ohio must conform to the health care mandate. The ACA affects small- and medium-sized businesses that have personnel whose income does not exceed \$50,000 per year (Silberstein, 2013). Silberstein (2013) indicated few researchers had explored the effects of the ACA on small business owners. Individuals with physical or mental disabilities in Northeastern Ohio who receive care outside of fall into this category.

Small business owners whose full-time direct-care workers who provide services to individuals with physical or mental disabilities do not fall into the \$50,000-a-year income bracket are ineligible to receive the 35% to 50% health care cost credits allowed under the ACA (Moran, 2013). Without these health care cost credits, many small business owners have concerns about how to control the costs of providing health care coverage. Business owners need to understand how to provide health care coverage for their employees so they can satisfy the ACA mandate and remain in business (Boubacar & Foster, 2014).

Background of the Problem

Ohio is home to thousands of registered small businesses, and many business owners are uncertain about how the implementation of the ACA will affect them. The U.S. Supreme Court justices affirmed the mandate that small business owners must provide full-time employees with health care insurance (Cutler & Sahni, 2013). Employers are in the discovery stage of determining how to comply with the mandate to cover full-time employees (Blumenthal & Collins, 2014). Information from the Congressional Budget Office indicated that modifications to the employment market would not occur until after 2016, which leaves small business owners across the United States unaware of how the ACA may affect them (Cordova, Eibner, Vardavas, Broyles, & Girosi, 2013).

Small business employers who pay for at least half of their employees' health care contributions receive a 35% tax credit (Boubacar & Foster, 2014). Some small business owners have expressed concerns regarding the costs of health care coverage without staffing changes (Lahm, 2014). Implementation of the ACA might compel small business owners to increase or reduce their numbers of full-time employees to remain viable (Dillender, Heinrich, & Houseman, 2016). Some business owners reduced full-time employees to part-time status to circumvent the ACA (Moran, 2013). Costs associated with the ACA may cause small business owners to avoid growth, which may have an adverse influence on the employment rate (Blavin, Shartzter, Long, & Holahan, 2014). Owners' insights into the sustainability of their organization relative to ACA mandates are essential for small businesses, as they may lead owners to make the best decisions for

their companies (Collins & Garber, 2013). Some business owners have reduced full-time employees to part-time status to circumvent the ACA (Moran, 2013).

Problem Statement

Many business owners have concerns about providing full-time employees with health care coverage, which places them in the position of implementing strategic changes in their business operations (Boubacar & Foster, 2014). Employers with between 50 and 100 employees must transition those personnel into full-time insured or part-time uninsured employees or face a \$2,000 penalty each month for each employee not insured (Collins & Garber, 2013; Lahm, 2014). The general problem was that small business owners face challenges with the mandated health care coverage because they fear implementation could negatively affect operational cost. The specific business problem was that some small business owners in the physical and mental health care industry lack strategies to implement a health-insurance-sustaining business.

Purpose Statement

The purpose of this qualitative multiple case study was to explore the strategies that small business owners in the physical and mental health care industry use to implement a health-insurance-sustaining business. The population was three small business owners working in physical and mental health facilities in Northeastern Ohio. The owners were appropriate for the study because they staffed approximately 50 to 100 employees while implementing health insurance under the guidelines of the ACA. The implication for positive social change is that successful small business owners' insights might help other small business owners provide health insurance coverage for employees

who otherwise could not obtain health insurance and contribute to reductions in the rising cost of health care. Small business owners might use the findings of this study to chart a path to decrease the number of uninsured people in the United States.

Nature of the Study

A qualitative method was more appropriate for the study than quantitative or mixed methods. Gallman (2016) suggested qualitative research is appropriate for exploring difficulties associated with behavior. The quantitative method is a variable-based process to examine the relationship between variables and to prove or disprove a hypothesis (McNabb, 2015). The focus of this study was on strategic organizational change (SOC); therefore, the quantitative method was not appropriate. Using a mixed-method approach was not suitable for the study given the lack of variables. Yin (2014b) indicated that to implement a mixed method approach, researchers must seek to understand phenomena by using statistical and qualitative data. The purpose of this study was to explore small business owners' strategies; therefore, the mixed method approach did not meet the needs of the study because of the requirement to use quantitative methods.

A case study design was appropriate for exploring SOC for small business senior leaders to gain an in-depth understanding into the ACA. The multiple case design is appropriate for exploring existing phenomenon (Morse, 2015). A phenomenological design includes in-depth interviews of individual experiences (Anderson, 2013). Smith (2015) described phenomenological research as a way to uncover information by examining the experiences of several individuals. Strategic organizational change was the

strategy that leaders of the businesses in this study used to make successful decisions regarding the ACA. Conducting a case study involved collecting information regarding care provider organizations. Ethnography was not appropriate for this study because the focus was SOC and not cultural norms. Ethnographic design includes a focus on group culture in a natural environment (Birken, Lee, Wiener, Chin, Chiu, & Schaefer, 2015). The narrative research design includes a writer's description of a phenomenon (Wolgemuth, 2014). Narrative design was not suitable for all themes provided by participants. The focus of this study was on small business leaders' successful implementation of ACA and their ability to remain in business.

Research Question

The overarching question was as follows: What strategies do small business owners in the physical and mental health industry use to implement a health-insurance-sustaining business?

Interview Questions

To answer the research question, participants responded to the following questions in interview sessions (see Appendix A):

1. What are the strategies you used to implement the ACA mandates?
2. What have human resource managers done to create a comprehensive understanding of health care reform mandated by the ACA?
3. What training strategies do you use with your staff relative to the ACA?
4. What is your strategy for changing perceptions of the ACA?

5. What positive results are you seeing in employees when implementing the requirements of the ACA in your small business?
6. What strategies are you using to control cost while implementing mandated health insurance to remain in business?
7. How have you addressed challenges in hiring and retaining staff in the operational environment created by the ACA?
8. What else would you like to add regarding critical challenges to your business relative to the ACA?

Conceptual Framework

The theory of SOC served as the conceptual framework for the study. The theory includes beliefs, concepts, and assumptions that shape how organizations operate over time (Maxwell, 2013). Sanchez and Heene (1997) developed the SOC theory from the dynamic properties of organizations viewed as open systems. The SOC encompasses a range of principles that address data extrapolated from organizations to yield insights into how business owners respond to operational changes. In this study, my role was to apply the SOC theory to identify the strategic changes that small business owners have made to address the implementation of the ACA.

To conform to the SOC concept, small business owners have made business decisions using the SOC theory for strategic or tactical implementation. Business owners have imposed change through strategic concepts and decisions that have compelled employees to adapt to a current business problem that drives efficiency (Appelbaum, St-Pierre, & Glavas, 1998). The SOC change is an integrative process that reflects the need

to work with change rather than against change. Facilitating and understanding human conduct at work is a component of SOC (Dolan & Garcia, 2002). Strategic organizational change is a powerful strategy for small business owners.

The following concepts comprise the SOC theory: (a) human resources management with human resources development, (b) management of employees' reactions, and (c) development of perceptions and attitudes to function within a new framework (Anderson, 2013). O'Shea, Alonso, and Morton (2013) advised that small business owners must consider the ACA a cost of doing business. Political changes to existing systems or processes cause turbulence and tension (Rosenau, 1990). Applying the SOC theory furthered my understanding of how small business owners can strategically address the business changes associated with providing health care coverage for full-time employees by providing a roadmap to navigate the ACA.

Operational Definitions

The following were the operational definitions of terms used in this study:

Exchanges: Exchanges are mechanisms through which the provision of federally or state-subsidized health insurance plans occurs (Collins & Garber, 2013).

Full-time employees: Full-time employees are individuals who work 30 or more hours per week or 130 or more hours per calendar month (Tacchino, 2013).

Job lock: Job lock is the condition of remaining in a person's current job for fear of losing health care coverage (Gai & Minniti, 2015).

Mandate: Mandate is a matter of law requiring businesses to provide health insurance or face a penalty (Blumenthal & Collins, 2014).

Part-time employees: Part-time employees are individuals who work less than 30 hours per week and 130 hours per calendar month (Moran, 2013).

Patient Protection and Affordable Care Act (ACA): The ACA expands health care coverage to more people by reducing the cost of health insurance (Sorrell, 2012). The implementation of ACA includes several mandates that require small business owners who employ between 50 and 100 full-time employees to provide the employees with health insurance.

Provider: A provider is an individual or company responsible for delivering medical care and services to a patient or the public (Proctor & Young-Adams, 2011).

Small business: A small business is an organization in which more than 50 and fewer than 100 employees work (Moran, 2013).

Strategic decision making: Strategic decision making is the process of long-term complex decision-making practiced by senior management (Ibrahim, Dumas, & McGuire, 2015).

Assumptions, Limitations, and Delimitations

Assumptions

Assumptions are statements acknowledged as facts without supporting evidence for validation (Leedy & Ormrod, 2013). Without the assumptions, the problem associated with the research cannot exist. One assumption in this study was that small business owners operating as care provider agencies in Northeastern Ohio had concerns about possible financial hardships resulting from implementing the ACA. Owners of small businesses who fail to prepare early for implementing the ACA may face hardships

regarding sustainability. Another assumption was that small business owners in the physical and mental health care industry in Northeastern Ohio were not ready to meet the mandates of the ACA, even though they had received an extension until 2016 to comply with the law. Employers not ready to phase in the provision of health care need to decide whether to provide full-time employees with health care, change full-time employees to part-time employees, or pay fines for noncompliance (Boubacar & Foster, 2014). The final assumption in the study was that participants would respond to the questions with honesty and integrity and provide substantive detailed feedback.

Limitations

A limitation of the study includes insufficient methodological guidelines (Yin, 2014b). Yin (2015) indicated that the lack of a systematic procedures for a multiple case study is a concern for a researcher because of methodological guidelines. Limitations are weaknesses that may affect a study. The owners of small businesses in Northeastern Ohio who provide care service for individuals with developmental disabilities were the only focus. The long-range problem that may occur in business growth is uncertainty. The ACA is a relatively new process with only a few years of information reflecting impact on small-business organizations (Lahm, 2015). The limitations in this study included only small business owners in the physical and mental health field.

Delimitations

Delimitations are choices made by an investigator regarding the boundaries for a study (Marshall & Rossman, 2016). The boundary of the study was Northeastern Ohio. The scope of data came from owners of agencies with approximately 50 to 100

employees who provide care services for individuals with developmental disabilities. The study did not include the effects of the ACA on any organization with fewer than 50 or more than 100 employees. The participants provided a health care service for individuals who suffer from mental or physical disabilities. The study only included small business owners in the physical and mental health care industry who implemented the ACA in Northeastern Ohio. The scope of the study included the ACA's financial influence on small businesses with more than 50 or less than 100 employees; thus, participants from smaller companies did not participate in the study.

Significance of the Study

Many small business owners have determined that they need to redesign their business structures for full-time employees to provide the insurance coverage mandated by the ACA. Business leaders have changed their operational practices and the constructs of their businesses (Anderson, 2013). Before the implementation of the ACA, business owners had no mandate to provide health care coverage for employees unless they decided to provide care as small business owners. Published research regarding the ACA does not include the changes that owners of small businesses have made to provide services to individuals with disabilities in Northeastern Ohio. This study is significant because the results provide insights into the strategies implemented to accommodate the mandates of the ACA as fulfilled by providers of health care services to individuals with disabilities in Northeastern Ohio.

Contributions to Business Practice

Owners of small U. S. businesses that have 50 to 100 full-time employees who provide health insurance to their employees had to meet the standards of the ACA mandate starting in 2016 (Moriya, Selden, & Simon, 2016). Small businesses have a big role in the economy of the United States, and employer-based health care insurance is the foundation of health insurance in the U.S. coverage system (Cordova et al., 2013). A concern among employers is that they will face financial hardship if they offer employees health care insurance (Kaplan, Livingston, Poirer-Whitley, & Reil, 2013). Employers need to know how to avoid financial hardship while providing mandated health care insurance to their employees. Insights gained from the study may lead owners of small businesses who provide services to individuals with disabilities to tax benefits to offset the cost of providing health care coverage.

Implications for Social Change

President Obama signed the ACA into law on March 23, 2010 (Choi, 2016). Under the ACA, business owners would have to provide health care insurance coverage to full-time employees by 2014 (Dillender et al., 2016), although the law included a deferral for small business coverage until 2016. Small business owners who cannot effectively negotiate the cost of providing health care coverage to their full-time employees could face financial penalties imposed by the federal government (Blumenthal & Collins, 2014). Small business owners are uncertain about how providing health care insurance to full-time employees might affect business stability (Cordova et al., 2013). The question of who will pay for coverage has prevented many U.S. citizens from

accessing affordable health care. Social influence will determine if ACA is a viable health care solution for small business owners.

Bailey and Chorniy (2016) contended that the number of insured individuals would increase under ACA. Sommers, Buchmueller, Decker, Carey, and Kronick (2013) contended that twice the number of previously polled individuals believed the ACA law is beneficial in providing insurance to the uninsured. The social effect of the study may be that small business owners have a better understanding of how the population of small business owners manage the implementation of ACA, which will lead to more people having health insurance. Care for individuals with special needs directly relates to state policy makers' use of the ACA to determine the cost of care (Fry-Bowers, Nicholas, & Halfon, 2014). Understanding how small business owners manage their businesses regarding the ACA may contribute to a reduction in the rising cost of health care.

A Review of the Professional and Academic Literature

This literature review includes highlights of peer-reviewed literature on the current and historic structure of the ACA. The review includes a discussion of the rationale for using a qualitative case study approach to address the implementation of the ACA by small business owners. Searches yielded Business Source Premier, Academic Search Premier, and Google Scholar as sources of information. Additional searches involved the Business Source Complete, ABI/INFORM Complete, Emerald Management Journals, SAGE Premier, Accounting & Tax, and Lexis-Nexis databases. A search of the Communication and Mass Media Complete, ProQuest Central, and ProQuest dissertation databases provided additional information for the literature review. Search terms used

included *Affordable Care Act, Obamacare, Patient Protection and Affordable Care Act, small business, health care, theory of business, game theory, strategic organizational change, health care exchange, theory of change, and organizational structure*. The totals for sources referred to in this study by category were as follows: (a) 20 books, (b) 157 journal articles, (c) three dissertations, (d) two government and corporate reports, and (e) two websites. Of the 180 sources, 167 (93%) had publication dates between 2013 and 2017.

The purpose of this qualitative multiple-case study was to explore strategies small business owners in the physical and mental health care industry use to implement a health-insurance-sustaining business. The central question was as follows: What strategies do small business owners in the physical and mental health industry use to sustain business? The question was appropriate for this study because the SOC theory represents a process that addresses sustainability. Applying the SOC theory from Sanchez and Heene (1997) within the context of qualitative research methods and case study designs revealed insights into how small business owners have successfully addressed the mandates of the ACA. These strategies might benefit small businesses owners in the physical and mental health care industry.

Overview of the Literature Review

This review of literature serves as the foundation of the study on exploring the effects of the ACA on the owners of small businesses that provide health care services to individuals with physical or developmental disabilities. The information obtained from this review of literature may lead to a better understanding of ACA mandates that went

into effect in 2015 for large businesses and that went into effect in 2016 for organizations with 50 to 100 employees. The requirements within ACA are confusing to many business owners who must decide whether to maintain or restructure employee staffing (Lahm, 2014). The literature review includes insights into ACA and government mandates relative to small businesses.

The review includes background information on the ACA, followed by an exploration of the theory of business and the theory of change. The review of literature continues with the types of planning that business owners needed to conduct to remain viable with regard to the implementation of small business mandates of the ACA in 2015 and 2016. The scope of research includes all events since the signing of the law. Next follows a discussion of my role and concerns regarding the costs associated with the ACA from the perspective of small business owners. The section concludes with a discussion about insurance options, known as insurance exchanges.

History of the Affordable Care Act

The decisions that small business owners make relate to their sustainability. The role of a researcher is to explore a subject until reaching saturation (Fusch & Ness, 2015). In my role, I explored the ACA from many different angles. Many scholars considered the influence of the ACA regarding small business viability and SOC. Many who studied the ACA focused on how small business owners would implement the ACA and not on the strategies that they needed to employ to offer health care coverage while remaining sustainable. Blumenthal and Collins (2014) addressed how the ACA would affect small businesses and health care systems. Boubacar and Foster (2014) stressed that the majority

of researchers focused on how small business owners address ACA enactment instead of the strategies that small business owners could use to accommodate the ACA. I explored SOCs that coincided with the enactment of the ACA because small business owners lack effective strategies to implement the ACA while sustaining a business.

The ACA has the potential has altered the fundamentals of the U.S. health care system. Blumenthal and Collins (2014) contended that 5 years from the time of signature to the implementation of the law is not sufficient time to assess the influence of the law on the health care system. The ACA is controversial for small business owners (Blumenthal & Collins, 2014), and many individuals do not understand how the ACA applies to them (Pasek, Sood, & Krosnick, 2015). Pasek et al. (2015) posited that small business owners' knowledge about the ACA would increase over time. Health care guidelines are critical in understanding the implementation of the ACA.

Some employers have a negative view of the Affordable Care Act. Blavin et al. (2014) asserted that the ACA is a threat to employer-sponsored health care coverage. Employer-sponsored health care coverage, Blavin et al. claimed, should benefit low-wage employers and their employees. Blumenthal and Collins (2014) reported that lawmakers intend to expand the ACA to employer-sponsored health care coverage. Small business owners have concerns about compensation packages and penalties for failing to provide affordable coverage. Buchmueller, Carey, and Levy (2013) expressed concern that employers might drop health care coverage because of the ACA. To answer these concerns, employers might have to conduct complex calculations that consider local

regulations, taxes, and wages (Buchmueller et al., 2013). Therefore, small business owners must consider both positive and negative costs associated with health care.

Cost is an important factor for small business owners. Diaz (2015) indicated that providing health care coverage would be an expensive undertaking for employers. Health care costs average between \$1.79 and \$2 per hour for full-time employees, depending on the state (Diaz, 2015). Depending on the hours worked and the number of employees requiring coverage, health care costs can be substantial. The changing business environment requires small business owners to keep pace with competition (Behara & Gunderson, 2015). The commitment of small business owners to health care, whether voluntary or mandated, causes an increase in financial and administrative burdens (Krizan, Luque, & Zawacki, 2014). Insurance rates were unpredictable before the ACA, which increased problems for business owners.

The ACA has various legislative layers. Talwalkar (2014) explained that the ACA includes two separate pieces of legislation: the ACA and the Education Reconciliation Act. The government agency overseeing the ACA called for health care coverage for full-time employees under laws already outlined in health care coverage (Moran, 2013). Talwalkar noted that some legislators agreed that implementation of the ACA would cause a change in health care coverage for some patients because the ACA requires health insurers to allow all individuals to obtain health care coverage. Under the ACA and Education Reconciliation Act, all small business owners must provide their employees with health care coverage. Members of Congress allowed changes to the original ACA, including a process for allowing the United States to remain on budget by

increasing the number of individuals paying for their health care insurance (Talwalkar, 2014). Even though the number of individuals with health care insurance has increased, employers need to make staffing decisions that work for their business.

Business owners weigh the cost of each employee to determine the employee's benefit to the company. Baker and Jorgensen (2015) expressed that employers might react to the ACA by making changes to hiring practices. In particular, Baker and Jorgensen noted that the ACA might cause employers to cap employee hours at 30 per week or that the number of full-time employees would decrease. Full-time employment remained relatively constant and showed no signs of reduction (Baker & Jorgensen, 2015). Baker and Jorgensen also indicated that reductions in employment did not occur because many small business owners did not know about the mandate that delayed implementation for small businesses until 2016. Many small business owners made educated guesses regarding the impact of ACA on their company.

Despite many lawmakers expressing fears that the ACA would undermine job growth, these fears have remained unfounded. Ogundipe et al. (2015) noted that the ACA could result in a 70% reduction of uninsured adults because of the expansion of Medicaid to individuals 133% below the poverty line. Lowry and Gravelle (2013) indicated that the ACA is an economic issue because small business owners need to sponsor health care coverage by offsetting wage costs. Employers who fail to provide insurance face penalties of \$2,000 per full-time worker; however, the penalty does not apply to employees who work less than 30 hours per week (Baker & Jorgensen, 2015). Opponents of the ACA feared that the ACA would cause employers to demote full-time employees

to permanent part-time workers to avoid both the penalty and having to pay for health care insurance.

The ACA is necessary to address the increasing costs of health care. The law has guidelines to address the failing health care system. If small business owners provide health care coverage to their employees, they should claim the tax incentives under the ACA to balance against the cost of providing health care coverage and to remain sustainable. For example, for employees who earn less than \$50,000 per year, an employer can receive a 50% tax credit for 2 years; this incentive is higher than the 35% tax credit available to tax-exempt organizations (Boubacar & Foster, 2014). The ACA has several key elements to ease the burden on small business owners paying for the cost of health care.

Theory of Strategic Organizational Change

Social scientists have tried to define SOC challenges and address organizational needs, such as small business owners' obligation to implement ACA while sustaining a business. Sanchez and Heene (1997) contended that the theory of SOC represents an open system of properties that motivates an organization to change. Bloodgood and Morrow (2003) indicated that another explanation of the SOC is the need for organizational change using structures, strategies, operational methods, and technologies to effect changes in organizational culture. Such changes require minor modifications to resources to help organizations compete.

The implementation of ACA was not perfect (Pasek et al., 2015). Auster, Wylie, and Valente (2005) asserted that business owners would need to make minor

modifications to move toward change in their implementation of health care. To compete, business owners must make their businesses increasingly complex. Business owners must create multiple capabilities to implement strategic change. The owners must build commitment and leverage new changes using what is already working (Auster et al., 2005). Putting new practices into place requires leaders to use a new organizational mission (Appelbaum et al., 1998). Small business owners who wish to satisfy ACA mandates must plan and prepare what works best for their small business. SOC influences managerial learning, motivation, productivity, and opposition to leadership (Appelbaum et al., 1998). Business owners who plan to make changes in how they conduct their businesses must create a new a system to sustain business. Owners must build a commitment among employees and leverage new health care changes with what is already working with ACA. SOC includes strategies that can help business owners meet organizational challenges (Rashford & De Figueiredo, 2011). SOC was the foundation of this study.

Theory of Business Strategy

Small business owners need to know which business strategy or strategies they should implement to meet ACA mandates. Industrial-organizational economists explained how to implement organizational change to enable businesses to remain competitive in the marketplace. Shapiro (1989) asserted that game theory does not meet the needs of the current competitive market. Shapiro explained that game theory does not correspond to simple and general theories to address a business owner's time and money spent during the investment phases of business operations. A business owner's use a

process must coincide with economic principles to support their business cycle (Shapiro, 1989). Although Shapiro agreed that Nash's game theory is helpful for analyzing business strategies, he noted the theory is an updated packaging of a revamped strategy, introduced in the 1800s by Bertrand, J. (1988). Shapiro developed the theory of business using all the tools associated with game theory available at the time.

The business theory includes a range of business behaviors for applying economic principles. Theory of business constructs is fundamental to general and simple theories. Small business owners can use Shapiro's (1989) theory of business to predict reductions in the number of employees about the implementation of ACA. Employers may reduce the number of employees because of health care coverage costs, which might reduce the size of businesses. Regulators of ACA policies require small business owners to evaluate their business models. The context of the mandate affects the bottom line of any organization. Small business owners must evaluate the mandated content and the process of implementation.

Nash's game theory is useful for analyzing business strategies (Fisher, 1989). Application of this theory involves a corporate-free solution to encourage organizational owners to think about the nature of competition. Game theory includes all business matters, as well as a strategy to overcome any problem, which Shapiro (1989) deconstructed into desirable traits. Business owners have applied SOC to explore ways to remain sustainable within the context of the new legislation. Owners of small businesses who offer health care services to individuals with disabilities need to implement policies

and strategies for their organizations to sustain in business following the implementation of the ACA.

Chrikmaitov, Harless, Bazzoli, Carretta, and Siangphoe (2014) observed that scholars often debate whether lawmakers deliver a different model from the initial design of the health care plan. The ACA is complex. Chrikmaitov et al. noted that health care reform is a brand of social change whose purpose is to improve the health care insurance industry. The U.S. Supreme Court upheld the ACA model in its initial hearing (Choi, 2016). Ogundipe et al. (2015) asserted that operational changes in the ACA include the addition of the Education Reconciliation Act to increase coverage for individuals who were previously ineligible for health care insurance. The ACA represents necessary changes to the health care system, but whether the ACA offers small businesses more advantages or disadvantages remains unknown.

Business owners use primary data to effect SOC. Business owners can use SOC to respond to outside changes that have a direct influence on conducting business. SOC is a roadmap for leaders of organizations to follow during business process changes (Rashford & De Figueiredo, 2011). The purpose of applying the SOC process is to demonstrate to business owners a method they can use to readjust policies to remain sustainable in the context of complying with the ACA. Applying the SOC can improve business leaders' reactions to organizational changes (Appelbaum et al., 1998). Change in any organization starts from the top leadership.

Political scientists have posited several explanations of how business leaders shape the beliefs and values of management and businesses (Dolan & Garcia, 2002).

Appelbaum et al. (1998) contended that SOC is an interpretive process that members of evolving societies can use to manage an essential learning process. Managers can use SOC as a multifaceted strategy to address changes and various corporate compositions. SOC for lawmakers refers to the tools used to predict future needs, as well as how small business owners should act in leadership (Sanchez & Heene, 1997). The individuals making decisions within an organization ultimately shape the business.

Human resource managers are critical administrators of the SOC process. Dolan and Garcia (2002) asserted that the ways managers think about change must evolve for organizations to succeed. Business owners must address all issues to facilitate management of health care (Sanchez & Heene, 1997). Boubacar and Foster (2014) noted that health care systems include policy makers, patients, and providers, all of whom must work together to deliver and receive services.

A controversial aspect of ACA is the tax penalty for employers not providing health care. The Supreme Court chose to conduct hearings on whether a tax penalty should exist on ACA (Kaplan et al., 2013). Gallman (2016) noted that an excise tax might not reflect the real cost of employee health care coverage. Lahm (2015) indicated that scholars and legislators remained unclear on whether employers would undermine the intent of the ACA by making concerted efforts to ensure the fewest medically needy individuals are in the workplace. The position that owners take regarding employees influences health care.

At issue is whether the ACA increases employers' health care liability costs and whether these costs are a concern during the hiring process. Lahm (2014) contended that

employer health care liability has been a part of employers' hiring decisions. The ACA mandates that employers and employees share the responsibility for paying for health care (Lahm, 2014). Legislators may object to employers and employees sharing this responsibility. However, many legislators support shared responsibility because they do not believe that small business owners should be responsible for 100% of employees' health care costs (Lahm, 2014). Small business owners received higher tax incentives than nonprofits received during the initial implementation of ACA. This tax break is a health care cost savings that may appear hidden because of tax recovery.

A controversial issue raised during discussions about health care reform was whether the ACA would affect millions of people in the United States. Randolph and Morrow (2013) asserted that U.S. government and health care industry leaders must make decisions to address health care coverage for the population. For Randolph and Morrow, the ACA represents legal groundwork for overhauling the U.S. health care system. Holiday, Lerche, and Allen (2013) noted that an overhaul of the U.S. health care system involves the development of a marketplace within which individuals can shop for health care coverage. Warnsley (2015) indicated that because business owners must ensure employees have access to health insurance, individuals with possible high-cost medical needs might enter into a health care pool, thereby making leaders with high-risk individuals concerned. Consequently, health care costs for employers providing employees health care could rise out of control.

The initial reduction in health care costs relates to an insurer-based system design that influences the population (Randolph & Morrow, 2013). Opponents of ACA

advocated against changes on the basis that new costs involved in changing the U.S. health care system would be unsustainable (Randolph & Morrow, 2013). Understanding the history of ACA and theories related to business, change may help government officials, and small business owners understand the implications of ACA for U.S. small businesses.

History of U.S. Government Programs

Government officials have been trying to expand health care for a long time. In 1932, President Franklin D. Roosevelt worked with the U.S. government to have businesses provide health care (Cooper, 2016). In 1945, President Roosevelt announced the earliest form of nationalized health care: Medicare. Medicare was an amendment to Social Security and gave lawmakers the authority to provide health care to children and individuals with disabilities under 65 years (Blumenthal & Collins, 2014). Medicare and Medicaid are for older adults and individuals who are poor or have physical disabilities (Fuchs, 2012).

Health care costs result from many factors. The Omnibus Act of 1989 led to a change in health care fees and billing for providers (Gallman, 2016). Changes in government legislation had a direct influence on controlling health care expenditures. Since the 1980s, administrators of hospitals that serve large numbers of under- or uninsured patients felt the pressure to increase profit margins because of Medicare payments (Cooper, 2016). In the 1990s, private payers caused markets to move away from the ability to negotiate, which increased the gap in billing prices. Health care costs are a reflection of a system and the administrators within a hospital (Cutler & Sahni,

2013). Out-of-touch pricing (e.g., aspirin at US\$5 per dose) is one contributor to increased health care costs, but a number of components reflect the cost of health care.

Lawmakers in North Carolina implemented health care successfully. Health care costs continue to increase, even though U.S. mortality rates for individuals 50 years and older are among the lowest of all nations (Randolph & Morrow, 2013). The cost of health care in the United States does not translate to a better health care system. North Carolina legislators sought to change health care programs in their state by targeting chronic diseases with preventive care. Government officials disbursed \$7.4 million per year through competitive grant programs for 5 years to invest statewide (Randolph & Morrow, 2013). This process resulted in health care savings of \$4.8 million by putting preventive health care in place. Randolph and Morrow (2013) asserted improvement to health care is a direct effect of the ACA, similar to the improvements resulting from the preventive care of Medicare and Medicaid. North Carolina legislators' implementation of ACA improved the health care system in North Carolina (Randolph & Morrow, 2013). By targeting people with chronic health problems, North Carolina officials succeeded in their application of the ACA.

Small Business

Many small business owners were reluctant regarding the ACA mandate. Boubacar and Foster (2014) found that 56.7% of U.S. small business owners did not make plans for instituting ACA mandates. Lahm (2015) contended that some small business owners attempting to meet the demands of ACA noted financial concerns with the cost of health care coverage. Gallman (2016) acknowledged that health care coverage

costs are a burden for employers. Controlling costs and benefits may appear difficult for small business owners who seek to provide health care coverage for the first time.

Gallman captured the difficulties by outlining the rules of the 1099 form. A 1099 form that reflects earnings of \$600 or more requires reporting.

Small business owners providing health care to employees can reap benefits from reporting health care costs. Small business owners may be eligible for health care tax credits, depending on the size of the organization and the wages paid to employees (Boubacar & Foster, 2014). Boubacar and Foster (2014) also stated business owners who pay full-time employees less than \$25,000 per year could receive tax credits up to 50% of their health care premium. Employers with a tax-exempt classification may receive up to a 35% tax exemption (Boubacar & Foster, 2014).

Government officials had deadlines for having health care in place. Owners of small businesses addressing the ACA mandate in January 2015 (Moriya et al., 2016) make employers responsible for health care coverage of 70% of employees in 2015 and 95% of employees as of January 2016]. Employers who failed to meet those responsibilities would incur financial penalties (Dillender et al., 2016). The goal of government officials was to have the largest group of small businesses providing employees with health care.

Small business owners must have a brick-and-mortar establishment to qualify for access to a health care insurance exchange. Developmental service providers can shop for insurance under the Small Business Health Care Options Program, which is the exchange for small businesses (Boubacar & Foster, 2014). Owners of a physical and mental health

care industries must offer health care coverage to their employees. Providers' sustainability links to their provision of coverage.

Health care exchanges are a source for small business owners to buy health care policies. Federal government policy makers funded health care exchange programs with the intention that the exchanges would be self-supporting in 2 years (Boubacar & Foster, 2014), which was in 2015. The funding of health care exchanges was temporary (Boubacar & Foster, 2014). Federal funding is at the heart of the ACA. Health care exchanges have a two-pronged effect on health care coverage. Health care exchanges are presumed to help to control costs and reduce searches for affordable health care coverage. Health care coverage purchased through the exchange is less expensive compared to purchasing health care coverage directly from an insurance carrier. The exchanges will benefit small business owners who understand how to use the exchange. Exchanges are a health care source for small business owners for health care.

Blavin et al. (2014) asserted that the greatest advantage of the ACA is its tax credits for businesses. Small business owners use tax credits to provide coverage without compromising their ability to remain sustainable. Many small business owners expressed concerns regarding the levels of coverage available and their costs (Lahm, 2014). Owners of small businesses with moderate to low revenue shoulder costs of \$4,824 per employee to provide health care coverage for individuals and \$13,375 for individuals with families (Warnsley, 2015). Eligible individuals who enroll in exchanges make the exchanges successful (Collins & Garber, 2013). However, only a small percentage of states have taken advantage of federal funding to set up their exchanges (Boubacar & Foster, 2014).

The exchanges are valuable to employers because they include competition among insurance providers, which results in lower costs for employers.

U.S. governmental leaders spend \$250 billion annually to compensate and incentivize employers to provide health care coverage to employees (Boubacar & Foster, 2014). Medicaid is an insurance program that includes care for lower income individuals and families, which had a primary focus on children before the ACA. Business owners do not have a legal obligation under the ACA to offer health care benefits to part-time workers (Boubacar & Foster, 2014), but must provide health care coverage to full-time workers or face penalties in 2016 (Blavin et al., 2014).

Some experts argued that the cost of health care coverage for full-time employees would result in job losses (Moran, 2013). However, no supported evidence existed to document the fears. Busom, Corchuelo, and Martínez-Ros (2014) noted that tax incentives and tax subsidies are different in that tax incentives incentivizes owners to purchase health care coverage and subsidies help owners buy health care. Some naysayers asserted the ACA has increased the taxes employers must pay (Lahm, 2014). The cost of providing health care coverage to each employee is \$3,000 per year (Strobel, 2014). The failure of employers to provide health care is a \$100-per-day penalty for each full-time employee who does not have coverage (Blavin et al., 2014). The legislators of the ACA fear a decrease in the number of small businesses (Boubacar & Foster, 2014). Small business owners may not believe they can benefit from the efficiency and cost savings advocated by legislators in passing the ACA.

Bailey and Chorniy (2016) concluded that the ACA results in a different dynamic for employees locked in a specific workforce because of health care. Before the implementation of the ACA, some employees remained in their jobs for fear of losing health care coverage (Cutler, 2014). Individuals' willingness to retire or move to another employer because of flexible health care coverage is a primary benefit of ACA (Bailey & Chorniy, 2016). As health care coverage is portable, the workforce dynamics may change. Based on the ability to carry insurance outside of small businesses, employees can make decisions concerning employment without regard to health coverage.

The ACA is a complex system, and its many components must function correctly for the entire system to perform as expected. Multiple groups and individuals must work collaboratively to implement the ACA (Stewart, Cox, & Ku, 2014). Stewart et al. (2014) noted licensed commercial insurance agents and brokers would sell health care insurance. Medicaid brokers provide independent counseling to individuals enrolling in a Medicaid managed care program. In addition, certified application counselors are specialists in ACA regulations and help enrollees with the marketplace for Medicaid health care. Health center outreach and enrollment assistance workers determine the eligibility of individuals living below the poverty line and who cannot afford coverage (Arnold, 2013). Some consider the regulations as a move toward universal health care coverage (Collins & Garber, 2013). The ACA has many different components.

Small Business Viability

Small business owners' strategies for successfully implementing the ACA mandates have implications for their sustainability. Industrial-organizational economists

have offered numerous strategies for implementing organizational change that allow small businesses to remain competitive. Shapiro (1989) contended that an approach involving game theory is ineffective in the competitive market. Fisher (1989) and Shapiro (1989) posited that the theory of business strategy does not correspond with any single theory, but theory of business is a collection of various business models.

Medical insurance costs have a history of changing as benefits change (Fuchs, 2012). Increased health care costs contributed to the worldwide economic crisis. Fuchs (2012) contended that predicting trends of increases in health care costs is important. Gallman (2016) indicated that the reimbursement costs of specialists such as orthopedists are a growing primary concern for privatized, Medicaid, and Medicare insurance. Members of the international community recognize health care as a human right, and the United States is moving in the same direction (Blumenthal & Collins, 2014).

The owners of small businesses with 50 or more employees must provide health care coverage for full-time employees (Boubacar & Foster, 2014). Employers who do not provide health care coverage could find implementation a challenge that requires a strategic change in business operations (Collins & Garber, 2013). The U.S. Supreme Court justices ruled that ACA is constitutional and made provisions for insurance exchanges and federal subsidies to reduce the number of uninsured Americans by 30 million, but not until 2019, which means insuring people remains a focus (Geslison & Jacobs, 2013). Businesses that operate with seasonal workers are not exempt from implementing the ACA unless the season extends past 120 days per taxable year (Boubacar & Foster, 2014).

The owners of small businesses with 50–100 employees must fund health care coverage for full-time employees, but employers are unsure if providing health care for full-time employees is detrimental to the profitability of their business (Colla, Dow, & Dube, 2013). Insurance markets have numerous options for employers to purchase coverage for their employees (Giaimo, 2013). Business owners might struggle to help their businesses remain profitable when they begin paying for health care coverage for employees, particularly if those businesses are small (Blavin et al., 2014).

Small business owners are important to health care success. The decision by a small business owner to provide health care coverage to employees can affect profitability (Krizan et al., 2014). In turn, financial burdens from funding coverage increase for small businesses, which necessitate reductions in the number of employees receiving health care coverage (Blavin et al., 2014). Furthermore, the ACA includes provisions of assistance for small businesses to reduce the financial burden of health care coverage but offers no control over increasing insurance rates. Owners' decisions in conjunction with funds allowed through government agencies are key factors in how small business owners sustain in business.

The theory of business is a tool a business owner can use to provide health care for employees and a strategy that encompasses a broad range of economic principles. Small businesses are important to the U.S. economy (Krizan, Luque, & Zawacki, 2014). Specifically, small business owners provide information on how they address the ACA mandate and contemplate a small business plan with 50 to 100 full-time employees. How

small business owners manage the implementation of ACA has an impact on the U.S. economy.

The owners of businesses with 50–100 employees did not need to offer health care coverage until 2015 (Boubacar & Foster, 2014). The owners of businesses with 50–100 employees could provide insurance for their employees through exchanges (Boubacar & Foster, 2014). Depending on the insurance market, the entrance of small businesses and their employees into the exchanges could have a negative effect on the success of insurance providers (Pauly & Harrington, 2013).

The ACA could have a profound effect on future generations (Boubacar & Foster, 2014). However, affordability is the main concern of small business owners implementing ACA. Tax incentives may alleviate some fears small business owners have about remaining profitable while simultaneously paying for employees' health care coverage (Boubacar & Foster, 2014). Small businesses are eligible for tax incentives that range from 35% to 50%, depending on the income range of their employees (Blavin et al., 2014). For example, an employer with 25 or more employees who receive an average salary of \$40,000 will receive up to 35% in tax credits (Moran, 2013). Business owners can use the tax credits to balance payments with employees who earn more than \$200,000 and pay taxes at a rate of 3.8% (Pauly & Harrington, 2013).

Health care exchanges do not amount to a simple sign-up service for employers to offer health care coverage; rather, exchanges are an alternative for employers to sponsor health care coverage programs for their employees (Boubacar & Foster, 2014). Employers' lack of understanding of the health care marketplace can result in increased

overhead for employers. Employers will not receive a tax subsidy if they provide employer-sponsored health care coverage (Boubacar & Foster, 2014).

In 2014, small business owners could purchase private health care coverage through the exchanges (Pope et al., 2014). The ACA process prevented insurance companies from having complete control of rates and determining whether they would provide coverage (Pope et al., 2014). The owners of insurance exchanges do not have autonomy over their services. The ACA includes an adjustment method that incorporates factors such as demographics to determine risk (Pope et al., 2014).

In 2014, government officials set a tax credit for small business owners who offered health care coverage to their employees through the exchanges (Dillender et al., 2016). Small business owners received an offer of large tax benefits (Cordova et al., 2013), which made the 2010 health care reform the largest modification to health care in over 45 years (Boubacar & Foster, 2014). Even though small businesses are eligible for tax credits under the ACA, small business owners recognize the viability of their businesses is contingent on maintaining a strong workforce (Cordova et al., 2013) and containing the cost of supplying insurance. Between 1999 and 2009, insurance rates for small business owners increased by over 123% (Blavin et al., 2014).

Some small business owners may not know how to navigate their way through the tax savings associated with the ACA for success (Amato & Schreiber, 2013).

Government officials created the ACA with the intent of small businesses having a major part in reducing the number of uninsured people in the United States (Blumenthal & Collins, 2014). As Rak and Coffin (2013) explained, the ACA changes the historic

landscape of health care and makes health care a right rather than a privilege. Small business owners must navigate through regulations set in the ACA to assist in reducing the number of uninsured people in the United States.

In addition, the influence of the ACA, when considered an extension of Medicaid, is an uncertain generational change to health care (Blumenthal & Collins, 2014). However, the current small business health care systems have flaws (Lahm, 2015). Government officials intended the ACA to serve as a primary source of health care coverage in the United States (Blumenthal & Collins, 2014). A primary goal of government officials designing the ACA was to reduce the number of uninsured individuals by providing affordable insurance for small businesses and individuals (Giaino, 2013). Insurance costs continue to rise, which causes employers to eliminate health care coverage (Blavin et al., 2014). Stulberg (2013) expressed uncertainty about whether the ACA can eventually stabilize or reduce costs.

Employers must develop a strategy to address the changes associated with ACA mandates. Weiss (1998) asserted that activists could instigate changes to government mandates by implementing the theory of change. Business owners must somehow honor health care mandates while maintaining their standard business functions. Business owners must map out a plan to navigate the logical relationships between the ACA mandates and business operations. Weiss stipulated that the process outlined in the theory of change is to reach the desired outcome, and business owners can implement the theory of change at any stage of the organizational process. Business owners can review their business operations to evaluate the changes the organization must make.

The theory of change gained popularity in a 1990 roundtable discussion of initiatives (Weiss, 1998). Weiss (1998) advised that the theory of change is a process of monitoring and evaluating a system change. Business owners must identify a realistic long-term plan to reach a goal and put into place the items or systems needed to achieve the goal (Gallman, 2016). Small business owners must know whether they can provide, or will need help in providing, health care coverage. Theory of change could reflect a process for small business owners to make ACA decisions.

In addition, game theory is a concept business owners may use to help make decisions. Nicoleta (2013) remarked that game theory is a set of guidelines employers can use to make strategic business decisions while addressing new government laws. Shapiro (1989) described game theory as a way of addressing mathematical probability, which represents the complexity of the decisions business owners must make. Flexibility is necessary to address the strategies outlined in game theory (Fisher, 1989). One component of health care coverage falls under game theory (Nicoleta, 2013). In a discussion of game theory, the controversial issue was whether ACA proponents addressed the matter of cost regarding mathematical probability (Nicoleta, 2013).

The ACA includes a mandate that small business owners with 50–100 employees had to provide health care coverage to full-time employees by 2016 (Buchmueller et al., 2013). Small business owners must determine the long-term influence on the business resulting from implementing employee health care coverage. For example, business owners might need help to understand the ACA because they do not know the effects of the ACA implementation on their business. Gallman (2016) contended that business

owners meeting the expectations of providing health care requires the same expectancy from insurance providers. Zentner (2015) noted this assertion warrants additional research to confirm that leadership is a pivotal component of any change initiative.

Costs Associated With ACA

The increasing costs of health care coverage may have a direct connection to individuals' choice of health care. Cutler and Sahni (2013) noted that health care costs have risen to appease providers and ensure cooperation. The ACA is the law for employers meeting the appropriate criteria, and proper implementation will reduce the unsustainable costs of providing health care and health care coverage to all residents of the United States. Foran et al. (2012) indicated economic factors caused some health care practitioners to withdraw from the Medicare system. The implication of economics on the health care system is that some medical reimbursement payments decreased and will continue to decline until 2020 (Belatti, Pugely, Phisitkul, Anedola, & Callaghan, 2014).

Rationing health care is a common strategy for reducing costs of care (Mariner, 2014). Rationing is a better option than allowing an independent payment advisory board to make health care decisions. The members of the advisory board make decisions based on the need to reduce fraud and abuse. Given that health care costs in the United States has become a serious problem, determining who gets insurance remains a topic of debate (Hirsch & Lyman, 2014). The Oregon health plan, which includes rationing health care as an option, came under scrutiny by doctors who saw the practice as an unethical change to established treatments (Mariner, 2014).

The implementation of ACA will lead to 32 million people in the United States having access to health insurance by 2019 (Boubacar & Foster, 2014). The increased number of entrants into the health care system may reduce the cost of health care by \$1 trillion over 20 years (Boubacar & Foster, 2014). The reduction may not occur if ACA legislation strays from the health care model designed to deliver services (Chrikmaitov et al., 2014).

Although the U.S. Supreme Court justices decided the ACA is constitutional (Mariner, 2014), they agreed to review challenges to subsidies identified in the law (Choi, 2016). The political nature of the ACA continues to change the landscape of health care, and the decision to revisit the ACA continues to feed uncertainties about the direction of health care. Hartman, Martin, Benson, and Catlin (2012) noted the cost of health care coverage has increased 3.9% to more than \$2.7 trillion and may continue to rise. The basis of the increase was the recession and a high employment rate that left private sector health insurance at a loss. In contrast, Cutler and Sahni (2013) indicated the cost of health care coverage has decreased by more than \$500 billion, which represents a move toward more savings than predicted. The basis of an 8% decrease is private-sector health care: however, a 55% of the spending slowdown remains unexplained. U.S. government officials expect to spend 19.6% of the gross domestic product on health care coverage by 2021 (Randolph & Morrow, 2013). U.S. physicians' opinions are important in the political decision-making that controls health care costs (Tilburt et al., 2013).

The cost of health insurance associated with the ACA is a concern to small business owners. Blavin et al. (2014) noted an increase in the number of employees who

have health insurance would lead to a decrease in insurance rates. Government officials intended to overhaul the health care program to allow more employees to obtain coverage under ACA (Cordova et al., 2013). Owners of small and large businesses can provide health care coverage to employees through health care exchanges. Lahm (2014) stipulated that exchanges will make ACA a more efficient way to navigate health care.

Health care insurance providers typically offer different plans to small businesses and large businesses to address particular needs and cost constraints. Giaimo (2013) noted that obstacles faced in the implementation of group and individual insurance differ from small to large businesses. Giaimo also indicated that owners of small businesses must calculate premium amounts associated with actual health care obtained, which is a daunting task. Small business employers must also address premium increases that routinely involve large cost increases (Stulberg, 2013). Health care cost increases affect smaller businesses more than larger businesses because of the risk imposed on small businesses. Blavin et al. (2014) estimated that 8–9 million employees of small businesses were at risk of losing health care coverage. State officials develop and operate their health care exchanges to monitor the quality of services provided to establish a healthier workforce (Stulberg, 2013).

Small business owners must increase their knowledge of the ACA and its provision of health care coverage (Krizan et al., 2014). The cost of health care coverage should not cause the collapse of small businesses (Bernardi, 2014). Tax credits should ease the burden of coverage costs, but the process of calculating tax credits associated

with the ACA is cumbersome (Bernardi, 2014). Small business owners must determine the credit calculation or face financial difficulties.

A primary concern for small business owners and their employees is the type of health care coverage the ACA will provide for employees (Anderson, 2014). Another concern is cost. The ACA law writers incorporated both tax penalties and tax incentives for health care insurance coverage (Ahearn, Williamson, & Black, 2015). Small business owners who comply with the ACA regulations can receive tax credits (Anderson, 2014). Small business owners who do not comply will incur a tax penalty (Anderson, 2014). Furthermore, allowing the Internal Revenue Service (IRS) investigators to administer penalties and incentives can affect health care costs.

Increasing health care costs has a role in employers helping employers defray some of the expense (Liu & Jin, 2015). Government officials modified the regulations that proposed employers would receive credit for the activity to reflect changes starting in 2014 (Amato & Schreiber, 2013). The coverage provided by a state exchange has a 2-year limit for small business owners to obtain tax credits from the IRS (Amato & Schreiber, 2013). Employer contributions are a direct connection to tax premiums (Lahm, 2014). Lahm's (2014) findings did not agree with the work intended to assume that small businesses were still suffering from the effects of the 2007 recession. Government officials' intent is to subsidize health care insurance costs and minimize the sticker shock of employees' premiums.

Increased Understanding

The more that smaller business employers understand the ACA, the more their small businesses will benefit in the future (Cooper, 2016). Health care providers must remain aware of the documentation associated with the health care services delivered to new patients for reimbursement from patients' new insurance provider (Craig, 2014). Small business employers are the largest health care providers across the nation (Stulberg, 2013), and taxes are an essential element associated with coverage mandated by the ACA (2013). Health care costs are a longstanding concern. Leonhardt (2015) explained the number of individuals obtaining insurance under the ACA must increase to decrease the cost of coverage for all individuals. Blavin et al. (2014) reviewed survey data collected from 2013 to 2014 and found no evidence of costs decreasing.

The argument by some people against the ACA focused on the tax law, sprouting the tax law was a penalty that eventually came to a vote with the Supreme Court (Cutler & Sahni, 2013). Chief Justice Roberts found the ACA was not a tax for employer groups whose members choose to forgo purchasing mandated coverage (Muisse & Yerushalmi, 2013). The ACA reform changed the process of health care delivery and the allocation of payments to Medicaid and Medicare (Blumenthal & Collins, 2014). Mariner (2014) contended that government leaders meant for the ACA to reduce continuously increasing health care costs. These financial shifts, if they happen, will affect both health care providers and health care recipients.

Business owners received a mandate to pay a part of full-time employees' health care premiums. Compared to large business owners, small business owners must pay a

larger percent of insurance premiums for their workers (Cordova et al., 2013). Small business owners can use the exchanges to offer various options for coverage. One such option is the 29-hour group (Mulligan, 2014). Business owners whose employees work 29 hours or less per week are exempt from the ACA mandate to provide health care insurance (Mulligan, 2014). The size of a business is important when owners pay insurance premiums.

Few small business owners understand the ACA legislation (Boubacar & Foster, 2014), particularly the terms of employee status. How small business owners categorize employees for the purpose of the requirements of the ACA will directly influence how many hours their employees work (Dillender et al., 2016). The 29-hour group option is an incentive for employers to reduce employees' hours immediately or to reduce the number of employees (Baker & Jorgensen 2015). The operational changes to the ACA will include opportunities for increasing the number of employees who were previously ineligible (Ogundipe et al., 2015).

Small Business Owners' Plan

Small business owners must balance the need for business viability with the need to enroll in the ACA and plan accordingly. Mariner (2014) concluded that health care exchanges would continue to improve for small businesses by providing better options. Geslison and Jacobs (2013) noted the health care law will stay, and employers must adhere to the law.

Small business owners planning to offer health care coverage to their employees while desiring to maintain viable businesses must consider the cost of the premiums and

the levels of coverage (Boubacar & Foster, 2014). Costs for coverage vary widely around the world, but participants in the U.S. health care system experience cost increases approximately two times higher than other nations (Bates, Suchi, Ohno-Machado, Shah, & Escobar, 2014). Insurance company decision makers can offer different packages based on flexibility in scope. The cost of coverage differs by each state (Bates et al., 2014). A coverage increase to an additional 1.7 million people in the insurance system aligns with competitive pricing among business owners (Kahn, 2015).

Despite the 2016 mandate, some small business owners have not yet implemented a health care program choosing except the penalty. Insurance costs must not exceed 9.5% of family income, so employers must choose coverage options carefully (Dillender et al., 2016). If employers fail to meet the guideline of 9.5% maximum costs, they face penalties of \$3,000 per employee (Silberstein, 2013). Additionally, employee payments contributing to the total cost of health care coverage are a line item on employees' W-2 forms. Small business owners must balance the risk of not providing coverage against the cost of providing affordable care (Cordova et al., 2013). Small business owners must factor projected cost increases into total costs by the end of the month or quarter for taxes and penalties, as well as premium payments (Cordova et al., 2013).

ACA Mandates

Randolph and Morrow (2013) noted the ACA enactment would improve the U.S. health care system. U.S. government officials must keep pace with life expectancy for more than 30 years to measure the effectiveness of the health care system (Finberg, 2012). On average, U.S. government officials spend twice as much money on health care

than government officials do in other nations (Finberg, 2012). The money spent by U.S. government officials is a cause for concern because of their failure to improve the system. Medicare payments represent approximately 20% of the payments made to health providers (Burwell, 2015). An increase in Medicare recipients will ease the burden on private sector insurance companies.

Government officials designed the ACA so small business owners could provide health care coverage for employees (Dillender et al., 2016). Tax credits subsidize the cost of coverage. Before the tax credit there was little change to small business owners providing health care (Moriya et al., 2016). The cost to provide quality health care could increase by \$759 billion (Zigrang & Bailey, 2014). Employer-based insurance will eventually cover 27 million individuals (Moriya et al., 2016).

Despite concerns that small business owners will reduce staff sizes and stop hiring, insuring a larger group of employees will lead to lower costs (Blavin et al., 2014). Small business owners can benefit by purchasing coverage through exchanges that make insurance competitive (Francis, 2013). The costs associated with providing health care insurance for small business employers require tactical decisions by small business owners (Francis, 2013). A tactical strategy is the best way for small business owners to have lower health care costs.

The intent of the ACA is for industry leaders to continue providing changes to the largest reform to health care in 45 years (Boubacar & Foster, 2014). When government officials implemented the ACA, insurance exchanges were available to state agencies that offer coverage through employers. In 2016, the executives of exchanges began offering

coverage for individuals, thereby changing the dynamics of competitive insurance providers (Francis, 2013). Because of the mandate for all residents of the United States to have health insurance, individuals can obtain coverage through private insurance, employer insurance, or extended Medicaid-eligible programs (Francis, 2013).

The decision to determine whether the ACA is good for small business remains under debate. Many people believe insurance companies will benefit from the ACA (Dillender et al., 2016), given that when individuals are covered a decrease in costs will occur, even if some individuals have preexisting conditions (Angell, 2013). Although insurance company decision makers will cover more individuals than ever before and premiums might increase to cover the cost of these policies, small businesses with 50 or more employees should face no increased expenditures (Kautter et al., 2014).

Small business owners are aware that providing health insurance is costly (Lahm, 2015). Some employers who had not entered the health care arena questioned whether they could afford to comply with the ACA mandate (Blumenthal & Collins, 2014). Some small business owners did not know whether the ACA would require them to increase or reduce the number of full-time employees (Moran, 2013).

The federal tax burden resulting from the new health care system created by the ACA may increase by \$1.2 trillion, which will cost small business employers (Lahm, 2015). Small business employers who provide at least half of their employees' health care contributions receive a 35% tax credit (Boubacar & Foster, 2014). Some small business owners do not know about the tax code changes that benefit small businesses, and the tax credits remain unclaimed (Moriya et al., 2016).

Whether the ACA mandates have a negative or a positive influence on small businesses is unclear. The ACA includes four components, each of which can have an effect on small businesses (Anderson, 2014). The first component is the availability of health care exchanges that promote competition among insurance providers (Anderson, 2014). The second component is that competition will lower the cost of insurance (Anderson, 2014). Coverage and portability are the third and fourth components that will allow employees' coverage to move with them if they leave their current employer (Anderson, 2014).

In discussions of small business owners' strategies for implementing the ACA and enhancing profitability, one controversial concern is whether the ACA mandate has a negative or positive effect on small-business-based health care. Boubacar and Foster (2014) contended the ACA is a new experience for small business owners who worry that the ACA will affect their profits. The tax credits available through the ACA should offset small business owners' profit losses and help to pay for employees' health care coverage (Gallman, 2016).

Sanchez and Heene (1997) contended that organizations are systems that require strategic planning to make effective business decisions. To accomplish a business goal, business owners must require the implementation of a methodological process. Thus, a well-thought-out plan avoids missteps. Appelbaum et al. (1998) described leadership as an element to address SOC, even though no best practice exists. Thus, business owners must make changes to their business with the end in mind. Successful business owners recognize weaknesses and adjust accordingly using strategies to effect changes. Ibrahim

et al. (2015) contended that strategic decision making is an element of shaping business direction. Owners use strategy to implement a strategic process that derives from an organization that must change because of necessity or mandate.

Transition

Section 1 included a discussion of the challenges small business owners with 50–100 employees face before implementing the ACA and the effects on business sustainability. The intention of the study was to identify the strategies small business owners used to implement the ACA effectively beyond 2016. This section also included a review of the ACA health care legislation, as well as the influence that both the ACA and the theory of change had on tax credits for small business owners whose employees addressed the needs of individuals with physical and mental disabilities. In the section, I also presented information on decisions small business owners needed to make to determine whether changes to staffing were necessary to remain sustainable because of mandates outlined in ACA.

The literature review included small business owners' perspectives on the mandates associated with the ACA. Small business owners had to navigate federal, state, and local laws to operate efficiently, and they had to determine if the mandate falls under the initiative. The way managers used health care exchanges had a significant role in the direction of the new health care system. For small businesses to function properly, managers had to plan staffing according to rules identified in the ACA. A major component of small business owners' future success will involve knowing the strategies to operate successfully in the new health care environment. Providers who serve

individuals with physical and mental disabilities are at the forefront of the health care system, and owners of these businesses must know how to adapt to accommodate the ACA and remain successful so they can continue to provide services.

Section 2 includes the research method and design, population, sample size, and data collection and analysis methods. The study included measures taken to ensure levels of research reliability and validity were appropriate. In Section 3, I detail the data collected from interviews, analyses of collected data, conclusions drawn from data analyses, application to professional practice, implications for social change, and recommendations for future studies.

Section 2: The Project

The reason for conducting this qualitative case study was to understand the strategies of small business owners who provide services to clients with disabilities in Northeastern Ohio and who have successfully navigated the mandates of the ACA to provide health care coverage to their employees. The data for this study came from semistructured face-to-face interviews with small business owners in the physical and mental health care industry in Northeastern Ohio. This section includes information on participants, recruitment methods, research method and design, data collection, and data analysis.

Purpose Statement

The purpose of this qualitative multiple-case study was to explore strategies small business owners in the physical and mental health care industry use to implement health-insurance-sustaining businesses. The population was three small business owners who work in a physical and mental health facility in Northeastern Ohio. The business owners had staffs of approximately 50–100 employees, were implementing health insurance under the ACA, and were still in business. The implication for positive social change is that successful small business owners' insights might help other small business owners maintain and contribute to economic stability.

Role of the Researcher

My role was to conduct the research. Devotta (2016) indicated that the role of a researcher is to provide an analytical interpretation of data from archival data and interviews. Devotta noted that a researcher must reduce bias by using reliable facts.

Merriam and Tisdell (2015) indicated that researchers are instruments for collecting data. As an executive leader of a leadership consulting firm and a recipient of employer-based health care, I am familiar with small business and employee health care coverage. Morse (2015) reported that communication and deep thinking provides individuals with a better understanding. Therefore, protocol was important to ensure interpreted data received appropriate analysis.

Mazur and Goldfarb (2015) noted that researchers use the Belmont protocol to maintain compliance and ethical standards that gain respect from participants. In this study, I adhered to the ethical standards of the study adhered to the Belmont protocol. The principal threat was researcher bias (Ekeroma, Kenealy, Shulruf, & Hill, 2015). In my role, I communicated and collected data in a trustworthy manner with participants to remove biases. The small business owners reflected on how to implement the ACA.

Bias in research can exist because of personal interpretation. Chan, Fung, and Chien (2013) noted that researchers can mitigate bias through bracketing. Jain, Sharma, and Jain (2015) indicated that random error is the variance of real value and study value that crosses over into the study to ensure validity. Addressing human differences helps mitigate bias (Isaac, Manwell, Devine, Ford, & Sheridan, 2016). Bias mitigation occurs by organizing the research and validating the data. Consequently, everyone who conducts studies carries bias relating to the research. The interview process was a reflection of the protocol with the purpose of exploring small business and health care (see Appendix B). The use of tools such as bracketing helps to mitigate bias.

Participants

The participants in this study were small business owners. A multiple case study with multiple participants is appropriate for a qualitative method (Yin, 2013). Selection criteria included small business owners operating in Northeastern Ohio who provided health care services to clients with disabilities. The participants had strategies to implement the ACA mandates successfully by offering health insurance to full-time employees. Fusch and Ness (2015) contended that no sample size ensures data saturation in a qualitative study. Yin (2013, 2014a) noted a study could have just two participants. I conducted multiple interviews to collect data from participants who met the criteria to participate in the study. Three business owners from physical and mental health facilities recounted their personal experiences implementing the ACA mandate in semistructured interviews. Follow-up member-checking interviews took place until data remained unchanged. My interpretation of the data is in accordance with the questions that the participants answered. The participants had an opportunity to add additional information.

I sent an e-mail invitation describing the intent of the study to prospective small business owners in Northeastern Ohio in the physical and mental care industry. Chan, Fung, and Chien (2013) noted criterion for participating was to ensure study participants had the knowledge and experience relevant to the purpose of the study. Depoy and Gitlin (2015) noted a need for flexibility and for a carefully thought-out plan to conduct research. Gaining access to potential participants through relationships is important to researchers (Merriam & Tisdell, 2015). To participate in this study, individuals needed to own a small business in the physical and mental health industry with 50 to 100

employees, had implemented ACA, and had a sustained business (see Appendix C). I contacted each prospective participant by e-mail. Participants who did not meet the criteria did not receive further consideration. The prospective participants received an invitation and recruitment notice (see Appendix D). The letter included a detailed explanation of the objectives of the study.

After I identified the participants, the next step involved establishing a working relationship and obtaining a completed informed consent form (see Appendix D). An explanation of the ethical boundaries for building a working relationship with participants is crucial (Eriksson & Kovalainen, 2015). Houghton, Casey, Shaw, and Murphy (2013) recommended that researchers use ethical guidelines to maintain relationships with participants through academic research integrity and community partnerships. Consistent communication is necessary as a form of ethical care (Eriksson & Kovalainen, 2015). I maintained confidentiality by protecting the participants. The participants signed an informed consent form (see Appendix E). I collected an interview protocol from the participants to validate the interview with triangulation (see Appendix C).

Research Method and Design

The qualitative method includes open-ended interview questions (Yin, 2015). Kahn (2014) noted that qualitative research is a method of looking into life's experiences. Therefore, a qualitative research method was suitable for this study. Leedy and Ormrod (2013) contended that researchers use multiple sources in qualitative research to create a complex reconstruction of real-world phenomena. Harvey (2015) indicated that qualitative analysis could include nonverbal clues, whereas the quantitative analysis

could include statistical data. Therefore, a qualitative research method was suitable for this study.

Research Method

As the qualitative research method involves aligning with the dynamics of exploring the successful implementation of ACA among small business owners from practical insights. Qualitative research is a tool for participants to express insight (Harvey, 2015). The qualitative method includes an opportunity to ask open-ended interview questions (Yin, 2014b). The participants can express their personal experiences when responding to open-ended questions posed in an interview format (Chan et al., 2013). Conducting this study on small businesses required the ability to solicit information from the owners through their experience. Merriam, (2015) indicated that researchers of qualitative studies can capture and understand in-depth human experiences, which is why a quantitative method was not suitable for this study.

I did not collect statistical data during this study. The quantitative research method is for assessing statistical information (Hoare & Hoe, 2013). A quantitative approach to this study would have limited the ability to uncover complex subjectivity. Quantitative researchers use numerical information to reject or fail to reject a hypothesis (Hoare & Hoe, 2013). The qualitative research method is suitable for analyzing nonverbal clues, whereas the quantitative method is only suitable for analyzing statistical data (Harvey, 2015). The purpose of using a quantitative method was to demonstrate a one-way characterization of data. The quantitative method is a precise approach and is appropriate for comparing two perspectives easily (Abadie, Diamond, & Hainmueller,

2014). The quantitative research method also involves measuring specific variables (Hoare & Hoe, 2013). Consequently, I solicited data through open-ended research questions and not quantifiable methods.

Another alternative to the qualitative method is mixed methods. The mixed-method approach is a combination of qualitative and quantitative methods (Hayes, Bonner, & Douglas, 2013). The mixed-methods approach can be helpful when neither a qualitative nor a quantitative approach, conducted individually, will indicate clarity or answer a research question (Houghton et al., 2013; Rittichainuwat & Rattanaphinanchai, 2015). My intent was to understand the mind-set and strategy of small business owners who have implemented ACA successfully. Neither the quantitative nor the mixed method approach would have provided suitable answers to the research question.

Research Design

Selecting the research design is essential for ensuring the effectiveness of a study. A researcher can achieve a comprehensive understanding in a qualitative case study (Yin, 2013). A qualitative multiple-case study with an exploratory design was appropriate to understand how small business owners use strategies to implement the ACA into their businesses. I conducted one-on-one interviews with study participants to obtain answers to 10 open-ended questions. Then I explored how small business owners implemented the ACA law. Case study research is a multifaceted tool appropriate for developing an understanding of circumstances and relationships (Yin, 2014a). The case study design is suitable for conducting an exhaustive exploration (2014a). Participants can provide in-depth knowledge in a qualitative case study (Smith, 2015).

A case study is suitable for conducting evaluations, studying natural phenomena, and exploring why an event happens (Yin, 2013). The case study design is a good choice to extend the exploration of a program (Yin, 2014a). The case study was suitable for conducting an evaluation of the strategies that small business owners use as they implement the ACA in their respective businesses. The study involved collecting data by conducting semistructured interviews. The participants responded to semistructured interviews with in-depth information without limitations or boundaries. The semistructured interview approach is the most efficient method for obtaining an in-depth understanding of individuals (Chan et al., 2013). In studies involving interviews, researchers are the primary instruments, and the interview guide is a secondary instrument (Koelsch, 2013).

Options for conducting a qualitative research design include a phenomenological approach, whether narrative or ethnographic in design. Through a phenomenological design, qualitative researchers encourage participants to provide information on individual life experiences (Leedy & Ormrod, 2013). Researchers who conduct a phenomenological design reveal thematic challenges to structural consumption (Fusch & Ness, 2015). Researchers select the phenomenological design to focus on lived experience (Leedy & Ormrod, 2013). Therefore, the phenomenological design was not appropriate for this study. The narrative research design requires living with and studying participants (Smith, 2015). Living with the participants was not suitable for this study. Ethnographic design requires targeting participants from a specific cultural group

(Barker, Pistrang, & Elliot, 2015). Consequently, the ethnographic design was not appropriate for my study because this study was exploratory.

Phenomenology design was not an appropriate method to explore a plan for SOC, and the phenomenological research design was not applicable because no event or phenomenon occurred that affected small business organizational change (Seidman, 2013). The phenomenological design is suitable for exploring an individual experience and uncovering thematic challenges (Fusch & Ness, 2015). Although researchers can conduct phenomenological research to capture individual experiences, researchers typically use phenomenology to understand a lived experience (Leedy & Ormrod, 2013).

Ethnographic research is a design used to focus on the culture of a group in the natural environment of its members over an extended time (Barker et al., 2015). To take part in an ethnographic design, a researcher must become a part of the culture of the group (Coffey, 2016). Coffey (2016) reported that ethnographic researchers observe a cultural group. Participant observation, rather than interviewing or interaction, is the method of data collection in ethnographic studies (Coffey, 2016). Yin (2014b) noted that a prolonged period is necessary for ethnographic design. Ethnographic researchers typically conduct a study within a cultural framework over an extensive period (Coffey, 2016). Ethnographic design requires targeting participants from a cultural group (Barker, Pistrang, & Elliot, 2015). Consequently, the ethnographic design was not appropriate for my study because this study was exploratory.

Case studies can be exploratory, explanatory, or descriptive (Yin, 2014b). A multiple exploratory case design study was the most appropriate option because the intent of this study was to explore small business owners' strategies for implementing organization change. The exploratory case study design includes a way to uncover the challenges of implementing organizational change (Baker, Jayaraman, & Ashley, 2013). A feature of the exploratory case study design is to explain the advantage of exploration into a complex research question (Yin, 2014b). Understanding the complex relationships of participants in a short span of time using a multiple case study design was the most appropriate option. Vernon-Dotson (2013) recommended using a multiple-case explanatory design study to explore all aspects of a system, process, or phenomenon. Yin (2014a) noted that case studies are appropriate to investigate daily practice, and Vernon-Dotson (2013) indicated case studies are not rudimentary research.

The most appropriate design for this research was exploratory because the intent was to explore how small business owners implement a government mandate. The intent of exploratory research is to identify common traits and patterns to gain a better understanding of the subject (Yin, 2013). The advantage of a case study design over other designs is to understand complex relationships among participants in a short span of time. Data saturation does not encompass all studies (Fusch & Ness, 2015). Data saturation occurs when a researcher obtains no new information, codes, or themes. Saturation is the reoccurrence of the same concepts multiple times without new concepts (Potter, Mills, Cawthorn, Wilson, & Blazeby, 2013) and is a tool that ensures the quality of the data collected (Fusch & Ness, 2015). I conducted follow-up interviews until new information

ends. The data saturation occurred after the three interview and analysis of strategic organization change plans. If my interpretation represented the participants' answers, the process continued until no new information or data emerged.

Population and Sampling

The population for this study was small business owners in the physical and mental health care industry who deliver health care services to clients with disabilities in Northeastern Ohio. A qualitative case study is an appropriate design if participants represent the setting (Yin, 2015) and is a process for measuring success. Participants met the following criteria: the owners owned and operated a business with 50 to 100 employees in Northeastern Ohio, handled day-to-day operations, and ensured the small business complied with all laws and was a sustaining business. I recruited participants through purposeful sampling. Purposeful or snowball sampling is appropriate for identifying participants with experience in the topic of interest. Yin (2013) contended that incorrect data can come from multiple sources, such as documents, direct observation, and interviews, and participant observation may require a large sample. Yin (2015) noted that snowball sampling is a means of making contact with a hard-to-reach population. Purposeful sampling can lead to rich information through individually identified resources related to a study (Duan, Bhaumik, Palinkas, & Hoagwood, 2015).

To achieve saturation, emerging interpretations must remain in the original data (Mellor et al., 2015). I narrowed the scope of owners to individuals currently implementing the ACA, conducted follow-up member-checking interviews, and obtained in-depth data to reach saturation. A purposeful sample size is appropriate to determine the

point of saturation (Fusch & Ness, 2015). A suitable sample is one that can adequately respond to the research question (Fusch & Ness, 2015). Levels of saturation vary based on study design (Fusch & Ness, 2015). Marshall, Cardon, Poddar, and Fontenot (2013) indicated that researchers achieve data saturation when data become redundant.

The sample size is adequate when the sample is appropriate for participants to reach saturation (Fusch & Ness, 2015). Scholars conducting small studies with a modest claim achieve saturation expeditiously (Griffin, 2013). I addressed the topic of how small business owners in Northeastern Ohio in the physical and mental care industry were implementing the ACA. Yin (2013) contended that if a study involves a single organization to explore the nature of the organization or a program within the organization, a holistic design is appropriate. A unique set of circumstances encompass small business owners in Northeastern Ohio in the physical and mental care industry who implemented the ACA mandate and addressed the research question. Thematic saturation occurs when no new themes or patterns emerge from the data (Kavalieratos, Ernecoff, Keim-Malpass, & Degenholtz, 2015).

A selection of owners of small businesses that provide health care services to clients with disabilities was appropriate for this study. Those who participated were owners who were active in implementing a health care strategy to coincide with the ACA (Winch & Leiringer, 2015). Peredaryenko and Krauss (2013) considered face-to-face interviews with participants. Merriam and Tisdell (2015) emphasized that the time, money, and location should remain convenient for participants. The ideal location was a private office in the business to promote a comfortable experience.

Ethical Research

I received permission from the Walden University Institutional Review Board (IRB) before commencing this case study #11-21-16-0312951. Papoulias, Robotham, Drake, Rose, and Wykes (2014) indicated that informing participants of their rights in advance is necessary to address possible ethical concerns. The participants received information concerning the risks and benefits associated with the study before the interviews began. Informed consent ensures participants know their participation is voluntary and they can refuse to answer any question or withdraw at any time during the study (see Appendix E). Participants signed the informed consent that met the Walden University IRB board criteria and received a signed copy of the written consent form (see Appendix E). Participation in the study was voluntary. Participants must not feel pressure to participate (Marshall et al., 2014). Potential participants did not receive incentives to enroll or continue in the study. Murdoch et al. (2014) noted that incentives do not necessarily increase information or ensure a higher rate of disclosure. Participant confidentiality is a fundamental component of conducting ethical research (Blavin et al., 2014).

Merriam and Tisdell (2015) reported that the role of the researcher is to maintain trustworthiness throughout a study. One measure of trustworthiness is the ethical treatment of human subjects. Other measures are protecting participants' privacy, anonymity, and confidentiality. Protecting participants' privacy and confidentiality is fundamental to conducting ethical research (Devotta et al., 2016). Participants received an invitation and recruitment notice (see Appendix F). I labeled the company name as

ABC and participants as Participant 1, 2, and 3 to ensure privacy, confidentiality, and anonymity. Walden University IRB members granted permission to conduct this study and ensured all ethical protections were in place before the study began. The measures for protection and confidentiality will ensure hard and soft data remain in a secure location for 5 years with a password needed for access. Reformatting hard copies and shredding of paper documents will be the methods used to destroy the data.

Data Collection Instruments

Researchers' are the primary data collection instrument (Chan et al., 2013; Depoy & Gitlin, 2015). Data collection involved using an existing instrument (Leedy & Ormrod, 2013). I used eight open-ended questions in a semistructured interview that reflected SOC strategies of participants who implemented the ACA (see Appendix A). Every participant should receive the same interview protocol to maintain consistency among participants (Yin, 2015). The semistructured interview was a process for collecting in-depth information regarding business strategies. Using the specific protocol will ensure reliability, consistency, and validity (see Appendix B).

Using an adopted instrument was appropriate for the interview. Merriam and Tisdell (2015) also indicated the researcher is the primary instrument for collecting data. The interview questions aligned with the SOC theory. Five sources of data are suitable for triangulation: (a) interviews, (b) business documents, (c) archived data, (d) direct observations, and (e) participants observations. Qualitative multiple-case study is a designed process is for collecting participants' experiences (Morse, 2015). An interview format should include flexibility for posing probing questions to elicit detailed answers

(Seidman, 2013). Sanchez and Heene (1997) provided strategies for implementing the SOC conceptual framework. I used the eight questions to address the implications of ACA. After receiving IRB approval and signed consent forms from all participants, the process of conducting data collection started. Yin (2013) outlined guidelines for analyzing qualitative data, and Chereni (2014) noted that making sense of data is a twofold process involving both primary participants and the researcher.

As the primary data collection instrument, I ensured the reliability of the instrument before implementing the study (see Appendix B). To improve reliability and validity, integrating bracketing techniques and following case study protocol were appropriate. The additional data collection instruments were (a) semistructured interview questions, (b) a Livescribe pen audio recorder, (c) the literature review, and (d) a journal to document data collection. The semistructured interview consisted of eight open-ended questions to encourage participants to provide an in-depth understanding of the overarching question (see Appendix B). The overarching research question was the basis for the interview questions. An audio recorder was appropriate to increase reliability during the face-to-face interview sessions with participants at their office. Koelsch (2013) noted an opportunity for participants to ensure the interpretation of the answers to ensure accuracy is mandatory. The participants can agree or disagree that the interpretations correctly mirror their views (Marshall & Rossman, 2016). Interviewing small business owners in Northeastern Ohio's physical and mental health care industry was appropriate for measuring the SOC strategy to implement the ACA while sustaining business. The literature review provided an exhaustive background on the study. I documented the

participants' process for implementing the ACA. Reliability in qualitative research relates directly to dependability (Morse, 2015).

To increase dependability, participants must have 24 hours to approve or disapprove of any data (Yin, 2014a). In qualitative research, validity is in the relationship between the data and the constructs. Yin, (2013) indicated that researchers should identify reasonable threats and compare them to ensure validity. To ensure validity, researchers should use varying methods at different stages while collecting data (Yin, 2013). Member checking helped to interpret what participants shared and to provide my interpretation to the participants for validity. An interpretation of what the participants shared achieved the maximum benefit of reliability and validity through member checking. Participants' interpretation obtained through member checking can increase validity and provides support for data completeness and accuracy of the researcher's interpretation. The study participants had the opportunity to member check my data interpretation to ensure the explanation of the information in the interview was correct.

Yin (2014b) indicated that researchers must share all the findings with the participants to complete member checks. Using multilayered methods at different stages of a study can enhance validity and reliability. The study did not commence until IRB members granted approval. Potential participants received an invitation to take part in the study through e-mail consent forms that included a description of the study (see Appendix E). Merriam and Tisdell (2015) affirmed that the interview is the most efficient way to acquire a deep understanding of an individual's experience. I responded to all participants' questions before the interview (see Appendix E). Each face-to-face

interview lasted 30–60 minutes. The expert validation approach ensured the reliability of the instrument (Ekekwe, 2013).

Data Collection Technique

A case study must include semistructured interviews (Cairney & St Denny, 2015). Onwuegbuzie and Byers (2014) observed that collecting data during the interview process is one collection technique. The primary method used to collect data for a multiple case study was the semistructured, open-ended interview, and accuracy was important to define the advantages or disadvantages of the method (Merriam & Tisdell, 2015). Semistructured open-ended interview questions have many advantages. I used semistructured interviews to explore how small business owners in Northeastern Ohio in the physical and mental care industry implemented the ACA while sustaining a business.

Open-ended interview questions are appropriate for researchers to address participants' beliefs, attitudes, and habits (Seidman, 2013). Seidman also recommended that researchers pose open-ended questions in a semistructured format to allow a follow-up inquiry into participants' responses to questions. Semistructured interviews involve probing additional responses that relate to the study (Merriam & Tisdell, 2015). Participants' answers to open-ended questions provide a richer understanding of a topic and help to uncover additional insight (Khan, 2014). If a participant does not fully answer a question, rephrasing the question could lead to a more adequate answer. Semistructured interviews are face-to-face interactions (see Appendix A). E-mail requests went out to the participants before the interview. I requested a signed consent form via e-mail from the participants before conducting a face-to-face interview.

While conducting the interviews, participants may feel reluctant to offer personal experiences (Seidman, 2013). Seidman (2013) noted interviews are time-consuming and expensive. The advantage of a qualitative research study is the ability to gain an in-depth understanding of a phenomenon associated individual. (Yin, 2014a). Merriam (2014) also confirmed that a qualitative research study is an appropriate method for exploring a greater understanding of a topic and for understanding real-time events. I used a Microsoft transcription made during the interview using a Livescribe Echo Pen and written notes. The ability to locate areas in the interview with the touch of a pen was better than a handheld recorder. I linked my Livescribe pen to my computer and downloaded the notes recorded during the interview immediately for transcription. The Livescribe Echo pen is an instrument for recording written notes into a Microsoft Word document and is an electronic device appropriate for using the recording alongside handwritten notes. The Livescribe recorded data during the study; it was necessary to check the Livescribe pen's green indicator light after every question to ensure proper operation and prevent loss of data.

Qualitative research collection must include an accurate transcription of the interviews (Kavalieratos et al., 2015). Vernon-Dotson (2013) noted that qualitative case study is a step-by-step process that closely explores specific context. I interpreted what the participants shared and provided my interpretation to the participants to achieve the maximum benefit of reliability and validity by conducting member checking (Frohman et al., 2016). The member-checking method of sharing is appropriate to obtain participants' interpretation to increase validity. By providing participants the opportunity

to review, my interpretation of their personal responses supported data completeness and accuracy. The study participants had the opportunity to conduct a member check of the data interpretation to ensure information uncovered during the interview was accurate.

A multiple exploratory case study is appropriate for collecting data from various sources (Vernon-Dotson, 2013). Small business documents and archival records were useful in this study. I interpreted and shared the data with the participants. Data collection and interviews were in the protocol suggested by Da Silva et al. (2014). The participants had access to the interpretation of the data. Using multiple lines of evidence confirms validity (Yin, 2013). Merriam and Tisdell (2015) deduced interviewing face-to-face is necessary, although it is often difficult to surmise the participants' behavior face-to-face. Face-to-face interviews were an excellent way to uncover information. Frohmader, Lin, and Chaboyer (2016) noted that participants like questionnaires sent by e-mail, as e-mailed questionnaires are often more feasible for participants with demanding schedules.

Member checking is appropriate for paraphrasing participants' responses for each question into the researchers' own words (Merriam & Tisdell, 2015). Researchers then could ask participants to ensure the researchers accurately interpreted the participants' intended message for each question (Merriam & Tisdell, 2015). The data verification ensured accuracy with participants during member checking. Yin (2014a) noted researchers should compile data, disassemble the data, reassemble the data, interpret the meaning of the data, and make conclusions. The member-checking process does not encompass all data, but is a tool for analyzing credibility (Andraski, Chandler, Powell, Humes, & Wakefield, 2014). During an interview process, clarifying ensures correctness

(Frohman et al., 2016). Participants received a synthesis of the response to each question. Member checking serves to ensure internal and external validity (Morse, 2015). Participants verified the data and made no changes to the data interpretations.

Data Organization Technique

Data organization is a component for analyzing and interpreting data. An exploratory multiple-case study is a method that consists of continuing the organization, examination, and interpretation of data (Davies, Reitmaier, Smith, & Mangan-Danckwart, 2013). Data organization is a component for analyzing and interpreting data. I organized the data using alphanumeric codes to maintain the confidentiality of participants. The data will remain secure in an electronic form and a hard-copy filing system. Using genetic codes achieves anonymity and confidentiality (Gibson, Benson, & Brand, 2013). Data will remain in a filing cabinet for 5 years, and their destruction will occur afterward.

Data Analysis

The triangulated data came from face-to-face interviews, business documents, and records received at the meeting (Cronin, 2014). I analyzed and summarized the results obtained from analyzing the interview transcripts and company documentation. Methodological triangulation is a process used to assist in identifying themes, making interpretations, conducting assessments, and developing conclusions (Devotta et al., 2016). Triangulation is a method used to analyze participants of the same set (Rittichainuwat & Rattanaphinanchai, 2015). Reflecting on data for the purpose of classifying and interpreting information obtained from the interview is a key concept (Doody & Noonan, 2013). Categorizing the participants' comments was suitable for

making comparisons and uncovering patterns. The themes emerged based on the answers to questions connected to the research question (Yin, 2014b). Coding leads to categorizing data into different classifications (Morse, 2015).

Morse (2015) reported that researchers should categorize, classify, sort, and arrange data in the most resourceful manner. The objective of preparing data for analysis is to facilitate the uncovering of themes and patterns (Bishop & Lexchin, 2013). My role was cross checking data from multiple sources. Depoy and Gitlin (2015) indicated triangulation from multiple perspectives would lead to a comprehensive understanding through various viewpoints. Data analysis is an important component in research (Smith, 2015). An audio recorder captured information collected during the face-to-face interviews. The Livescribe pen transcribed the data into Microsoft Word documents, which I verified for accuracy with participants using member checking. No alterations occurred to the transcription. Yin (2014a) noted researchers should compile data, disassemble the data, reassemble the data, interpret the meaning of the data, and make conclusions. I also ensured the data were sequential. The purpose of data analysis was to uncover themes, patterns, and descriptions that addressed the research question. The most significant step in qualitative research is data analysis (Merriam & Tisdell, 2015). Strategic organizational change theory is the process small business owners used for implementing ACA. Data analysis involves coding recovered information to ensure reliability, validity, and creditability (Yin, 2014a). The data consisted of categories of SOC strategies. The data received was analyzing and categorizing using NVivo.

The data included information that related to ACA implementation. Analysis of the data revealed central themes (Anderson, 2013). Noble and Smith (2015) noted that common themes must occur. After a common theme emerged, a thorough analysis took place. Borrego, Foster, and Froyd (2014) noted researchers should ensure a connection exists between the literature, methodology, and results of a study. I explored the implementation of the new ACA law from the perspective of Sanchez and Heene's (1997) theory of SOC. The rigor of research improves by coding participants' data (Kaefer, Roper, & Sinha, 2015). The conceptual framework of SOC was appropriate as guide to categorize how small business owners adapted with internal and external strategies of the SOC. The data obtained from the physical or mental disabilities owners align with themes addressing the operational challenges of implementing the ACA. Smith (2015) noted two critical components of the research process are data analysis and data interpretation. The method of data analysis is the most significant step toward quality research (Yin, 2015). A methodological triangulation was essential for collecting data from in-depth interviews, company documents, and member checking.

Reliability and Validity

A primary concern in a study is achieving the highest possible quality (Cope, 2014). Reliability and validity affect the relevance of a study if the researcher fails to meet timeline boundaries (Fusch & Ness, 2015). Assessing quality in a qualitative research using imagination, expression, and an invention is paramount for reliability and validity (Houghton et al., 2013).

Reliability

Cope (2014) explored reliability in qualitative research and noted that similar investigations should result in constancy. Reliability includes trustworthiness and plausibility (Carlson, Lennox Kail, Lynch, & Dreher, 2014). I implemented member checking as a key component of reliability that included a case study protocol to ensure reliability (see Appendix B). After the interview was complete, participants received the interpretation. The participants member checked the interpretation by contributing a new or additional perspective and provided an explanation for validation. Participants provided no additional details; therefore, the transcripts remained in their original form. Member checking is a way to establish reliability in qualitative research (Leedy & Ormrod, 2013). Avoiding threats in the data collection phase was necessary to ensure procedural reliability. Failing to take precautions such as note taking and recording the interview increases the possibility of errors in a study. Data collection took place in stages. Following the same steps in multiple interviews helps decrease issues during data collection (Onwuegbuzie & Byers, 2014). Documenting steps ensures the ability to replicate a study (Yin, 2015).

Validity

The validity test between qualitative and quantitative studies is a topic of debate because qualitative studies do not involve measurement. In qualitative research, a detailed explanation of relevance occurs within the study (Cope, 2014). The link between the relevant literature and the conceptual theory is essential to establishing validity in a

qualitative study (Yin, 2015). The goal is to capture the participants' experience to understand the case (Potter et al., 2013).

Bias and insufficient data were threats to the validity of this qualitative study. Data saturation occurs when the results of data analysis show no new or different information (Yin, 2015). Ensuring validity is important for avoiding personal bias and incompleteness (Noble & Smith, 2015). I used methodological triangulation to enhance validity that included ACA plans, business implementation plan, or policies and procedures on health care changes. Potter et al. (2013) and Yin (2015) indicated that researchers use a study design to avoid threats to contextual validity by ensuring correct interpretation and analysis of data. Cope (2014) indicated the researchers who provide a description of research methods address validity, the quality of the relationship with participants, and participants' contribution to an inquiry. Member checking ensured accuracy before I completed my exploration of the strategies the small business owners used to implement the ACA. Quality research must remain trustworthy through increased rigor (Onwuegbuzie & Byers, 2014).

Dependability

In qualitative research, dependability indicates consistency within the study. I provided a trail of memos and field notes to ensure trustworthiness. Study results are dependable when an audit trail is available for others to replicate the study (Charach, Yeung, Volpe, Goodale, & dosReis, 2014). Dependability increases if other scholars agree with the results found in the study (Cope, 2014). An agreement to achieve dependability must take place in each process of the research. Member checking was the

tool used to increase data dependability, external validity, and warrant transferability.

Member checking involves providing data to the participants who ensure credibility and authenticity (Reilly, 2013). Member checking is the process of clarifying data (Onwuegbuzie & Byers, 2014). The participants received an interpretation of the interview to safeguard against misrepresentation.

Credibility

To determine credibility, a test that determines auditability and trustworthiness is necessary (Cope, 2014). Even at the most basic level, data must have high quality and high reliability. Using a rigorous approach to a study justifies the findings. The member checking follow-up interview enhanced academic rigor through data saturation. This process continued until no new data emerged. Leedy and Ormrod (2013) noted that the construct of qualitative research credibility is judging validity, and Cope (2014) indicated that credibility in a qualitative study includes the human experience. Houghton et al. (2013) stated research must include a believable process.

Transferability

Cope (2014) reported that transferability is the basis for scholars conducting future research; therefore, I provided a framework for future scholars to continue the study through my ability to generalize or transfer research results. Transferability is the degree to which results relate to other settings (Black, Palombaro, & Dole, 2013). Transferability can apply to future researchers planning their next study (Marshall & Rossman, 2016). Transferability ensures validity and establishes the findings are transferable to other studies.

Conformability

Houghton et al. (2013) noted that qualitative research includes an incentive, expressive, and imaginative methodology. Houghton et al. also indicated researchers conducting qualitative research could obtain an extended interview that can support the ability to obtain validity through patterns of behavior. This study included an unbiased viewpoint, and I avoided scholarly bias toward the topic by using a combination of interviews and office data that addressed the ACA. The process of sharing personal bias at the beginning of a study establishes trustworthiness (Black et al., 2013). Obtaining the highest possible quality is necessary for reversing the view that qualitative research is a soft science (Cope, 2014). Reliability and validity affect the relevance of research if researchers fail to ensure they meet the guidelines of conformability (Fusch & Ness, 2015).

Saturation

Sample size helps to ensure the adequacy of a sampling strategy (Griffin, 2013). Using a sampling strategy ensures an adequate sample size. Saturation is not a one-size-fits-all process. I looked at three small business in the physical and mental care industry in Northeastern Ohio and interviewed all three owners. Fusch and Ness (2015) indicated many factors contribute to the process of achieving saturation. Saturation may require an in-depth look at additional interviews for satisfaction (Cope, 2014). Member-checking interviews led to in-depth data in the quest for saturation. A research question must align with the appropriate sample size (Fusch & Ness, 2015). Interviewing three small business owners in the physical and mental care industry was appropriate to ensure saturation.

Saturation occurs when the data collected reveal no new information (Marshall et al., 2013). Six small business owners in Northeastern Ohio received invitations to participate in this study. I used saturation to strengthen the study. Fusch and Ness noted achieving saturation could necessitate conducting additional interviews.

Member-checking interviews was the process used to obtain in-depth data to ensure saturation. Sample size is a matter of experience and judgment (Fusch & Ness, 2015). An exploration into small business owners in the physical and mental health industry in Northeastern Ohio included interviews with owners who implemented the ACA and sustained in business. Saturation occurs when the results of the data collection reveal no new information (Houghton et al., 2013). The use of saturation approaches strengthens a study's credibility.

Transition and Summary

The purpose of this multiple case study was to explore the challenges facing the owners of small businesses that service clients with disabilities in Northeastern Ohio regarding implementing health insurance under the ACA to eligible full-time employees while remaining profitable. Section 2 included information on the research method, study design, population and sample, and data collection and analysis methods that served as a strategy for enhancing reliability and validity. Section 3 will include the interpretation and analysis of the interviews and the presentation of the themes. The findings include additional data from the conceptual framework and literature reviewed for the study, conclusions, application to professional practice, application for social change, and personal recommendations.

Section 3: Application to Professional Practice and Implications for Change

In this qualitative, multiple case study, I detailed the problems faced by small business owners implementing the ACA in Northeastern Ohio, as well as strategies used to remain sustainable. The data analysis results provide insight to possible changes needed in business practices used by small business owners going through the challenging process of providing health care for their employees.

Introduction

The purpose of this qualitative case study was to explore strategies for small business owners who implemented the ACA regulations while sustaining a business. The research question for the study was as follows: What strategies do small business owners in the physical and mental health industry use to sustain a business? The study included face-to-face interviews using a purposeful sampling of three participants from Northeastern Ohio with approximately 50 to 100 employees who sustained in business after implementing the ACA. Interviewing three participants was sufficient to attain saturation. Saturation has occurred when participants reveal no new information (Fusch & Ness, 2015). Recording, transcribing, and analyzing the interviews using NVivo software was suitable for determining how small business owners sustained in business after implementing the ACA mandate. Three major themes emerged from the data analysis. Small business owners addressed (a) increasing cost, (b) reducing high cost premiums, and (c) high staffing turnover. Business owners need a strategy to implement ACA and sustain a business. The strategies used by owners addressed the increasing cost of insurers, sponsored health care, and employees opting out of signing up for business

health care. The strategies used for reducing high-cost premiums were addressing requirements for larger insurers, addressing a 70% enrollment requirement by large insurers, and addressing employers shopping for lower rates. The strategies used for high staff turnover were offering incentives, offering health coverage, and offering higher pay.

Presentation of the Findings

To answer the research question, I used semistructured interviews and member checking to obtain the strategies that small business owners used for sustainability. I reviewed small business owners' documents and qualitative data obtained from the interviews. I also analyzed the participants' key concepts. Depoy and Gitlin (2015) indicated that triangulation from multiple perspectives would lead to a comprehensive understanding of strategies through various viewpoints. Three major themes emerged from the data analysis to answer the research question. The small business owners addressed (a) increasing cost, (b) reducing high-cost premiums, and (c) decreasing high staff turnover.

The conceptual framework for the study was SOC. The SOC theory includes concepts of management reactions, human resources management with human resource development, management of employees' reaction, and development of perceptions and attitude toward employee (Anderson, 2013). The SOC was appropriate to explore the strategies the business owners used for successful ACA implementation. The SOC was useful in aligning the process for implementing ACA and sustaining a business. Small business owners are cognizant that providing health insurance is costly (Lahm, 2015).

Emergent Theme 1: Increasing Cost

A key theme to addressing the research question on what strategies small business owners use to implement the ACA mandates was the increasing cost of health care plans. Increasing cost of health care can determine the success of small business owners seeking sustainability while implementing ACA alternative coverage options (see Table 1). Increasing health care costs are apparent when using SOC as a strategy for small business owners to meet business challenges. As Table 1 shows, these emergent themes confirmed that small business owners in the physical and mental health care industry have concerns with health care costs.

Table 1

Theme 1: Increasing Health Care Costs

Codes	Frequency
Insurers	22
Employer-sponsored health care	66
Employee opt-out	41
Total	129

The concept of controlling health care costs occurred throughout the interviews and in the documentation. Lahm (2014) noted that business owners could achieve positive social change by using and sharing strategies for providing the most efficient health care implementation. All participants reported that the increasing cost of health care was a detrimental issue affecting them and their ability to stay in business. The findings revealed that the cost of health care affects the sustainability of small business owners. The small business owners in the physical and mental health care industry advised that not controlling costs would jeopardize sustainability. The cost of health care

is a significant concern for owners' outlook on sustainability. Lahm (2015) indicated the federal tax burden from the health care system created by the ACA might increase by \$1.2 trillion, which will increase costs to small business owners.

Small business owners have minimal knowledge and understanding of the ACA regarding employee status (Boubacar & Foster, 2014). The study participants stated that concerns about the increasing cost of health care determine their decision to provide or not provide health care to their employees. The penalties associated with not providing health care for employees are becoming a viable business solution for sustainability. Small business owners' use of human resource management was vital in their decisions on health care. Participant 1 and 2 stated they received advice that they could use the penalty to reduce costs if necessary. Increasing costs or increasing the number of employees receiving health care benefits would force owners to use the penalty as an option to usurp high-cost health care insurance. Business owners require a strategy to implement ACA and sustain in businesses.

Participant 1 recalled being told that declining to provide health care insurance for their employees and accepting the penalty would save money. Participant 1 decided to go against the advice of the adviser and provide health care insurance to comply with the mandate. Participant 2 stated if all employees had accepted the health care, their plan owners would have had to invoke the penalty to reduce the increasing cost of health care. Participant 3 was a self-insurer. Cordova et al. (2013) stated that projecting cost increases into total costs by the end of the month or quarter for taxes and penalties, as well as premium payments, determines cost viability.

The participants' responses, documents, literature review, and current research provided information that helped to uncover SOC strategies business owners used for implementing ACA. Table 1 included the frequency of the core strategies of SOC. The core theme of insurers occurred 22 times. Increasing health care cost was referenced 35 times. Employee opted out occurred 41 times from the findings, which reinforced the increasing cost of health care as a core theme. The data in the table confirmed that increasing health care costs was a major issue.

Health care insurers. When inquiring about which strategies the small business owners implemented to comply with the ACA mandate, participants related that the increasing cost of health care was the major consideration in deciding a sustainable approach for their small business. The first theme was the health care insurer plans provided by owners. The high cost of health care directly relates to the options that small business owners in the physical and mental health care industry had when shopping for insurers. All of the participants expressed concerns about remaining in business if prices continued to increase. The cost of health care plans and accessibility were difficult because of the requirements set by large insurers. Cutler and Sahni (2013) noted that health care costs have risen to appease insurers. Participants also advised that shopping for lower priced health care was a challenge.

The cost of health care coverage affects operational costs, the owners' strategic decision to provide health care coverage and to accept the penalties, and how to implement employers' hiring practices based on the expense of the health care insurance. Problems addressing ACA implementation led to changes in how lawmakers' use of

ACA helps determine the cost of health care (Fry-Bowers et al., 2014). Problems outlined in ACA additionally caused the U.S. Supreme Court justices to vote whether the ACA was a tax on employers (Cutler & Sahni, 2013). Participant 1 found that obtaining insurance through a large insurer was necessary to keep cost down; however, complying with the requirements of the health care insurers was difficult. Participant 1 described paying 100% of the benefits of some staff to meet the requirements set by the larger insurer. Paying 100% of an employee's health care insurance for a lower rate required a SOC in attitude.

Employer-sponsored health care. The cost of health care plans affected businesses' sustainability. For example, Participant 1 and Participant 2 stated that owners of business in the physical and mental health care industry do not have the option to increase rates or increase the cost of their services. Medicaid sets the cost for services without the possibility of negotiation. The participants indicated each increase has a direct effect on their bottom line. In addition, all participants noted the inability to attract higher rates of participation in their company health care plan. Small business owners who provide at least half of their employees' health care costs receive a 35% tax credit through the federal government (Boubacar & Foster, 2014).

To take advantage of the tax incentive, small business owners must understand how the credit helps provide health care for employees. Although the tax credits subsidize the cost of health care coverage for small business owners, some owners are unaware of how the tax credits affect their small business (Dillender et al., 2016, Moriya et al., 2016). Small business owners who applied for the tax credit in 2016 will not see

the tax credit benefit until 2017. However, ensuring all staff members may not be an option for small business owners. Small business owners must weigh the number of employees they can insure without incurring an unsustainable health care expense. The three participants advised that insurance rates are increasing at an unsustainable rate, and small business owners must make tactical decisions. Participant 3 noted the 140% increase in the insurance rate since 2009. The participants all indicated that health care requirements resulted in them finding creative ways to ensure sustainability.

Employees opted out. Participants 1 and 2 were initially unsure how providing health care for all employees would affect the financial bottom line. More than 40% of the employees opted out of the small business health care plan, so the owners were able to meet the requirements of ACA and remain sustainable. The three participants noted that many of their employees received lower wages, and Participants 1 and 2 stated that the employees would rather pay the penalty than have money taken out of their pay. Employees opting out of the small business health care plan benefited the small business owners by reducing their health care cost.

The findings related to theme 1 were consistent with the literature on addressing ACA implementation by small business owners' perceptions (Blavin et al., 2014; Boubacar & Foster, 2014; Buchmueller et al., 2013; Diaz, 2015, Silberstein, 2013). Blavin et al. (2014) noted employer-based health care should benefit lower-income-paying employers. Small business owners may struggle to remain profitable when they begin paying for health care coverage for their employees (Blavin et al., 2014). The options of health care costs on the open-market exchanges could improve and provide

small business owners with better rates (Mariner, 2014). Even though health care rates were rising at a slower rate because of ACA, the rates continue to increase and add to the already high cost of health care. Buchmueller et al. (2013) also expressed concern that employers might drop health care coverage because of the ACA requirements. Owners' insights into the sustainability of their small business reflect on the ACA mandate and will lead owners to make the appropriate decisions for their companies (Collins & Garber, 2013). Moreover, despite all concerns regarding small business owners, the decisions made by larger groups of employers will lead to lower costs (Devotta et al., 2016). Thus, the findings confirm previous concerns regarding the increasing costs of health care plans for small business owners. Some small business owners cannot get better insurances rates because of an inability to maintain staff.

The three participants reported going to a third party administrator to address the costs of health care and the ways to comply with the mandates in the ACA. Talwalkar (2014) noted that some legislators agreed that implementing the ACA would cause a change in health care coverage for some patients because the ACA requires health insurers to allow all individuals to obtain health care coverage. Participant 1 advised that even though owners wanted to provide health care for staff, owners could not manage to pay their share of the plan if 100% of staff signed up for the health plan. Blavin et al. (2014) stated that insurance costs continue to rise, and Stulberg (2013) expressed uncertainty about whether the cost would eventually stabilize or decrease.

Emergent Theme 2: Reducing High-Cost Premiums

The second principal theme was reducing high cost premiums, which are a problem for small business owners. The small business owners in the health care provider industry said that they often replaced staff, which forced them to seek insurance through insurance exchanges and resulted in higher cost premiums. As noted in the literature reviewed, staffing decisions are integral for small business owners who are factoring in the cost of health care. All participants stated that the cost of health care plans increases depending on the size of the insurer: larger insurers are more likely to have lower premiums. Participant 1 stated that to enroll with a large health care insurer, it was necessary meet an enrollment requirement of 70% of employee participation. Small business had to navigate ACA strategically to address sustainability. Participant 1 reported having to pay 100% of a staffer's insurance to meet the requirement.

As indicated in the literature review, increasing the cost of health care would cause small business owners to look for cheaper health care options (Giaino, 2013). Participant 1 found that meeting the 70% requirement to participate with a larger insurer was financially beneficial to the company, even after funding 100% of the employees' health care insurance. Small business owners who sustain in business are more likely to make a social change if options to purchase health care insurance are equal to large business owners insurance options. Small business owners' ability to continue providing employees health benefits would increase the percentage of the insured population. Moriya et al. (2016) examined employer-based insurance rates and found that 27 million employees would eventually have coverage a result of the ACA mandate that requires

employers to provide health care for full-time employees. Additionally, the increasing number of insured individuals could decrease the cost of health care (Boubacar & Foster, 2014). Small business owners who can purchase health insurance at a lower rate may increase employee participation because of insurer options.

The participants' responses, documents, literature review, and current research provided information on uncovering SOC strategies that business owners used in the implementation of ACA. Table 2 includes the frequency of the core strategies of SOC. The core theme to reduce high-cost premiums fell under the requirements for large insurers health care 29 times, which revealed that participants referenced maintaining 70% enrollment 12 times. Employers shopping for lower rates occurred 21 times in the data, which reinforced the need to reduce high cost premiums. The data in Table 2 showed that reducing high cost premiums was a priority for the small business owners.

Table 2

Theme 2: Reducing High-Cost Premiums

Code	Frequency
Requirements for premium insurers	29
Maintain 70% enrollment	12
Continue shopping for lower rates	21
Total	62

Requirements for premium insurers. The second principal theme was reducing high cost premiums, which are a problem for small business owners. The small business owners in the health care provider industry said that they often replaced staff or they sought insurance through insurance exchanges, which resulted in higher cost premiums. As noted in the literature reviewed, staffing decisions are integral for small business

owners who factor in the cost of health care. All participants stated that the cost of health care plans increases or decreases depending on the size of the insurer: larger insurers are more likely to have lower premiums. Participant 1 stated that enrolling with a large health care insurer involved meeting an enrollment requirement of 70% employee participation. Participant 1 said that higher insurance rates from exchanges necessitated higher quality coverage.

Maintain 70% enrollment. As indicated in the literature review, increasing the cost of health care would cause small business owners to continue the process of looking for cheaper health care options (Giaino, 2013). Participant 1 found that meeting the 70% requirement to participate with a larger insurer was financially beneficial to the company, even if an employer paid 100% funding to make the requirement numbers work for the insurer. Small business owners would likely stay in business and make a social change if small business owners had the same option of purchasing health care insurance at the rates of large business owners. Small business owners' ability to continue providing employees health benefits would decrease the percentage of the uninsured population. Strategic organizational change is an integrative method that mirrors the need to work with change rather than against change. Moriya et al. (2016) examined employer-based insurance and found that 27 million employees would eventually receive health care as a result of the ACA mandate that requires employers to provide health care insurance for full-time employees. Additionally, the increasing number of insured individuals could decrease the cost of health care (Boubacar & Foster, 2014). Small business owners who purchase health insurance may lower insurance costs.

Continue shopping. As noted in the literature review, increasing the cost of health care would cause small business owners to continue the process of looking for cheaper health care options (Giaimo, 2013). Participant 1 found that meeting the 70% requirement to participate with a larger insurer was financially beneficial to the company even if an employer had to fund 100% of an employee's health care insurance. Small business owners would be more likely to sustain in business and make a social change if they increase their knowledge of health care and have the same options as large business owners. Small business owners' ability to continue providing health care benefits for employees will help add to the insured. Moriya et al. (2016) examined employer-based insurance and discovered 27 million employees will eventually receive coverage with the ACA mandate that requires employers to provide health care for full-time employees.

Employees who earn close to minimum wage have \$140 withheld from their pay and are more likely to opt out of employer-based health care insurance and to accept penalties imposed by government officials. Diaz (2015) noted that health cost for a full-time employee cost on average \$1.80 and \$2 per hour based on the state. Participant 1 stated that staff participation was low, but if all staff opted to purchase health care, the insurance cost would force them to close their doors. The owners had to make different decisions. Strategic organizational change was the guiding theory for this study. Small business owners' do not have the ability to ignore ACA, which causes owners to decide if they are going to comply and purchase health care or not comply and pay a penalty. Small business owners decide on compliance or noncompliance based on health care cost. Small business owners feel motivated to strategize operational methods that are

consistent with implementing SOC theory. As Participant 1 noted, modifying the number of employees insured to meet the 70% requirement decreases the cost of health care insurance. Participants' strategies and motives were to reduce cost.

Emergent Theme 3: High Staff Turnover

Employers have expressed concern that they may have to drop health care coverage because of cost (Buchmueller et al., 2013). To address this concern, employers might have to conduct complex calculations that consider federal regulations, taxes, and wages (Buchmueller et al., 2013). Rak and Coffin (2013) indicated \$900 billion was put into place to ensure 98% of all Americans received health care coverage. This finding indicates small business owners need to access large insurers for better health care rates.

The third theme was high-Staff turnover. Small business owners must meet 70% of staff participation in health care to have larger insurer options. Depending on the employees' hours worked and the number of employees requiring coverage, health care costs can have a substantial cost (Diaz, 2015). Blumenthal and Collins (2014) indicated that because business owners must ensure employees have access to health insurance, high-risk individuals might enter into a health care pool, which could make owners concerned about high-risk individuals. The findings of the study show that small business owners who look into larger insurers must revisit the requirement for 70% employee participation. In addition, participants expressed concerns about being able to remain in business if costs continue to increase. Lower income employees are reluctant to sign up for health care coverage if the money withheld is from their pay. Employees often do not sign up if they receive benefits from a spouse or a significant other.

The participants' responses, documents, literature review, and current research provided information on uncovering SOC strategies business owners used when implementing ACA. Table 3 includes the frequency of categories mentioned in the high-staff-turnover theme. The core theme of offering incentives occurred 12 times, and when referring to increasing incentives offered, participants referenced health coverage 47 times. The offer of higher pay to employees occurred seven times in the data, which reinforced that high staff turnover is a concern that reduces small business owners' insurer options. Table 3 indicates the effects of high staff turnover.

Table 3

High Staff Turnover Theme

Code	Frequency
Offer incentives	12
Offer health coverage	47
Higher pay	7
Total	66

Offer incentives. The third principal theme was the large insurance company requirements. Small business owners responded to the question about their additional thoughts on the topic of the ACA. All the owners wanted to provide health care for their employees before the ACA mandate took effect. Participants 1 and 2 noted that the costs and requirements were unreasonable and would cause financial burdens for their small business. Small business owners made business decisions using the SOC theory for strategic and tactical implementation. Participant 3 stated that health care had been an option since 2009, but the cost of health care had increased 140% and it was necessary to

control costs. Participant 3 also noted that staff members were responsible for 100% of their coverage from the company.

The large insurance agencies require 70% of staff participation in their health care program, which caused participants to find ways to maintain 70% even if paying for an employees' insurance from business funds was necessary. If owners had less than 70% employee participation in the company health care plan, they purchased health care through the health care exchanges. However, the health care exchanges are not a simple sign-up service for employers to offer health care coverage; rather, exchanges are an alternative for employers to sponsor health care coverage programs for their employees (Boubacar & Foster, 2014). The health care exchanges seemed to have higher rates. Participants 1 and 2 acknowledged that costs increased concerns of sustainability. The participants' responses related to the findings in the literature. Cordova et al. (2013) noted that small business owners receive their insurance from health care exchanges. Health care exchanges provide small business owners a less complex way to navigate the health care system.

Offer health coverage. As noted in the literature review, increasing health care costs would cause small business owners to continue the process of looking for cheaper health care options (Giaino, 2013). Participant 1 found that meeting the 70% requirement to participate with a larger insurer was financially beneficial to the company, even if an employer had to fund 100% of an employee's health care insurance. Small businesses would be more likely to sustain and make a social change if their owners increase their knowledge and provide the same options as large business owners. Small business

owners' ability to continue providing health care benefits for employees will increase the number of individuals insured by employers. Moriya et al. (2016) indicated employer-based insurance would eventually cover approximately 27 million employees through the ACA mandate that includes employers to provide health care for full-time employees.

The cost of health care could decrease with the increasing number of insured individuals (Boubacar & Foster, 2014). Small business owners who can purchase health care at a lower rate may increase employee participation based on insurer options. Employees who earn close to minimum wage do not want money removed from the pay are more likely to opt out of employer-based health care insurance. The small business owners knew 100% of the employees would not sign up for health care using the human resource component of SOC to sustain in business. The employees accept penalties imposed by government officials. Diaz (2015) noted that health care costs for full-time employees changes based on the state. Participant 1 stated that staff participation was low, but if all staff opted to purchase health care, the insurance cost would lead to the business closing or accepting the penalty. The owners had to make different decisions. Strategic organizational change was the guiding theory of this study. Small business owners' are not able to forgo making a decision on ACA. Small business owners are required to comply or not comply. The small business owners decided which option to choose based on the cost to the owners. Small business owners feel motivated to strategize operational methods that are consistent with implementing SOC theory. Small business owners employees reactions to signing up for health care are a SOC concept that addresses employees' reactions. Participant 1 stated increasing the cost of health care

insurance made modifying the number of the employees necessary to meet requirements for large insurance company necessary to get lower cost health care. All participants' strategies directly related to the need to reduce costs.

Higher pay. The difficulty for small business owners in the physical and mental health industry is that high staff turnover makes maintaining a 70% insured staff difficult to purchase insurance from large insurers. According to study participants increasing employees pay still did not stop the high turnover rates. The employees are still at the lower spectrum of the pay scale; therefore, their cost to ensure staff is higher if the small business owners do not obtain a large numbers of employees buying health care.

Applications to Professional Practice

The findings of this study clarify the strategies small business owners in the physical and mental health industry use to sustain their businesses. Based on the research question, the main themes presented in Section 3 are (a) increasing costs, (b) reducing high-cost premiums, and (c) high staff turnover for small business owners. Although this research provides meaningful information for small business owners in any industry, it particularly addresses small business owners in the physical and mental health industry. Randolph and Morrow (2013) noted that cost reduction in this context relates to an insurer-based system of health care. Small business owners can apply the findings of this research to the business practices of professional business researchers, small business owners, and stakeholders to enhance their implementation of the ACA and obtain insurance from large insurance companies.

The basis of the strategies suggested was the participants' interviews, which provided insights for small business owners trying to sustain their businesses after implementing the ACA. An essential element of these strategies is that they stemmed from small business owners in the physical and mental health care industry. Owners of physical and mental health care agencies do not have the benefits of increasing the costs of their services. The participants suggested strategies for providing reliable information on ACA implementation and resources, such as health care costs, employee turnover rates, and large health care agency requirements. The strategies and problems uncovered during this study seem increasingly important because of small business owners' inability to sustain their businesses and the Trump administration's threat to repeal the ACA.

Small business owners who lack understanding of the ACA may contribute to sustainability by providing new information. These insights leave such owners to make the best decision for their businesses (Collins & Garber, 2013). Lawmakers designed the ACA mandate to increase the number of individuals with health care in the United States. The problem was that the cost of health care threatened the sustainability of small business owners who must provide health care to their employees because of increasing costs.

Small business owners' health care insurance plan costs (Theme 1) provide evidence that supports the problem statement that small businesses whose owners provide health care insurance for full-time employees could face financial penalties. Reflecting on ACA mandate, many small business owners face challenges that could negatively affect their operational costs and sustainability. Providing all employees with insurance is

detrimental to sustaining a small business. Themes 2 and 3 provide insights into the effect of high staff turnover on health care options for small business owners. The solutions to these problems indicate that increasing the number of employees with health care plans will decrease the cost of health care (Leonhardt, 2015).

Implications for Social Change

Stakeholders can use the results of this study to share the findings with small business owners. Stakeholders can also provide insight to small business owners who are looking for different options to sustain the business while providing health care to their full-time employees. Additionally, stakeholders can share potential information on the number of employees they can reasonably insure without closing their business. These actions by small business owners follow Sanchez and Heene's (1997) recommendations for SOC. Small business owners are collectively the largest employers in the United States. I focused this study on small business owners and the ACA, and future researchers should address the issue of children staying on their parents' insurance until the age of 26 and the effects of providing health care to individuals with preexisting conditions.

Small business owners who choose to follow an SOC conceptual framework could implement an alternative framework for health care, such as a business theory that could sustain their business. Giaimo (2013) indicated that, for owners to sustain their businesses, researchers needed to find ways to reduce health care costs. I propose the following strategies for decreasing the cost burdens and contributing to the sustainability of small business owners in the physical and mental health care industry. The results of this study may lead to social change by giving small business owners information they

can use to look into different options to maximize cost savings and sustainability. Small business owners have a major role in providing health care in the United States.

Recommendations for Action

The results of this study showed insights into the mind-set of small business owners addressing the increasing cost of health care associated with ACA. Small business owners believe that cost was spiraling out of control. Health care costs for employees who work full-time range from \$1.79 to \$2.00 per hour based on state of residence. Small business owners' awareness and creative actions were pivotal to controlling health care costs and valuable in sustained business. The solutions for reducing health care costs could address small business owners' costs and address if providing 100% of their employees' health care coverage was a feasible goal for sustainability. Boubacar and Foster (2014) indicated that an increase in the number of insured individuals across the United States would reduce health care costs. The more individuals paying into the health care system will bring down the cost.

Small business owners can gain knowledge from the results of this study and be their own advocates for health care cost reduction. Owners of small businesses with 50–100 employees provided the groundwork for this study. Business owners must increase their knowledge of insurance policies. Another area of knowledge owners must gain is to understand how insurance companies categorize their employees for the purpose of insurance policies. Spouses are not dependents in the ACA for the purpose of health care, which can be pivotal in cost reduction by not having to insure spouses and thus making the insurance policy cost less.

Small business owners should apply the information gained from this study to address increasing health care costs. Health care has been a major concern for small business owners since the implementation of ACA. Although small business owners are experiencing high costs for health care, small business owners must exhaust all avenues to find reductions in health care cost.

Small business owners should conduct a tax audit to determine the strategy that provides the most efficient and lowest cost for employee health care. I recommend small business owners look into the possibility of being a self-insurer who goes through an insurance company. Small business owners who are self-insurers can apply stop-loss, which means the insurance company will pay catastrophic needs. Creating a budget for employee health care prepares owners for this process. Small business owners must know the number of full-time employees as a starting point. If owners create a budget, they can petition insurance vendors.

I also recommend small business owners look into the possibility of a 401(k) with a health care benefit that allows employers to pay a predetermined cost for health care. Owners should also complete a comparative review of vendor contracts. The lowest cost may not be the best bargain. Additionally, small business owners should check to see if using one health vendor is more cost effective than using a group vendor.

Lastly, I recommend small business owners know the number employees they can provide insurance for safely to remain sustainable. Small business owners with 50 to 100 employees are not likely to fund 100% of their employees for health care. For small business owners to expand shopping options, they must be aware that larger insurers

required 70% employer participation. Owners should also look into shared health care plans that provide tax incentives.

The results of this study include insightful information that small business owners might find useful; therefore, small business owners who participated in the study will receive a two-page summary of the results. Several small business owners who did not participate in the study will also receive the summary upon their request. Further dissemination of the study will include speaking engagements, consulting with other small business owners, training small business owners, and presenting information to government officials. I will also seek to publish my findings locally and nationally.

Recommendations for Further Research

The themes emerging from this study indicated that further research is necessary to understand the implementation of ACA by small business owners. The intent of this study was to explore the strategies small business owners used to implement ACA and sustain their businesses. The following recommendations are for future researchers. The future exploration of different geographical locations will also provide additional insight to businesses outside of the physical and mental health care industries. Exploring the ACA's impact on small business owners' sustainability will require additional research in the future.

Small business owners believe that providing health care to 100% of their employees would make it difficult to remain in business. Therefore, quantitative or mixed methods research may include additional insight into a formula that can determine the appropriate number of employees to whom small business owners can provide health

care. I recommend that researchers carry out follow-ups with small business owners to obtain their views on the change in leadership in Washington, DC.

Small business owners' strategies for health care under the ACA include tracking increases in the cost of health care insurance. Future research should seek to understand how small business owners with 50 to 100 employees in different industries strategize to implement health care for full-time employees. Beyond small business owners searching for lower health care costs, some small business owners' strategy is to act as their own health care providers.

Future research could include strategies used by small business owners in different industries outside of Northeastern Ohio. Small business owners can benefit from strategic organizational strategies. Finally, further research can include small business owners whose companies fit in the upper range of 50–100 employees and companies that fit in more than 100 employees.

Reflections

The decision to use the ACA as a research topic stemmed from the current political culture affecting health care across the United States. My current career as a small business owner with a master degree in *Conflict Analysis and Engagement* and certification in *Healthcare Conflict Analysis and Engagement* gives an in-depth look at how small business owners provide health care coverage for full-time employees. The purpose of this multiple-case study was to explore the strategy small business owners use to remain in business after the implementation of the ACA. The open-ended questions used to conduct semistructured interviews with small business owners allowed them to

recount their personal experiences. To improve the reliability and validity of the study, I followed the case study protocol. This study expanded my knowledge and assumptions that I held leading into the study.

I used NVivo 11 software to remain objective throughout the study. I collected the data using semistructured face-to-face interviews with three small business owners, which was a challenge because of their changing schedules. The interviews took place in office settings. Through the interviews, I was able to explore the strategies used to implement health care for full-time employees.

The desire to conduct this study emanated from a concern for the truth regarding health care exchanges. Providing health care for employees is a complication process that has a direct effect on profits. To mitigate my bias as a small business owner, I recruited participants with different business focus outside of my company. Through this multiple-case study, I found the problems facing small business owners who did not have an SOC strategy to provide health care for full-time employees. I have not determine if anyone explored this (SOC strategy) topic regarding employee health care coverage fully. My reflections on the findings of this study provided insight into how small business owners can develop comprehensive solutions to perceived problems. Employees purchasing of health care was straightforward at first requiring health care exchanges as providers. Owners shop for health care through a health care exchange. I was surprised at how the owners addressed their concerns regarding the cost of purchasing employee health care and how participant's met ACA requirements to sustain their businesses. Small business owners found the options at the health care exchange have limitations,

which led them to find creative ways to purchase health care from large insurers. The business owners use different approaches to arrive at the same premise for purchasing health care.

Conclusions

The themes uncovered in the study were (a) cost of health care plans, (b) high employee turnover rates, and (c) large insurance participation. These themes were integral for understanding the strategies small business owners used to offer health care to employees and remain in business. Small business owners' ability to provide health care to employees depends on the cost of a health care plan and on the number of employees who participate. Knowing the sustainability of small businesses after purchasing health insurance under the ACA is critical for developing future reforms in the health care system.

The high cost of health care is integral to small business sustainability. The ACA affects small- and medium-sized businesses with personnel whose income does not exceed \$50,000 per year (Silberstein, 2013). Federal regulators intended to address Americans' health care needs, but the transition to providing mainstream care comes at a high cost to small business owners. The intent behind creating the legislation was to spend \$900 billion by providing health care coverage for 98% of all Americans (Rak & Coffin, 2013) by changing how the health care system works (Randolph & Morrow, 2013).

The high employee turnover rate for small business owners in the physical and mental disability industry should serve as an example for small business owners in other

industries looking for strategies to remain sustainable. Small business owners who serve individuals with physical or mental disabilities in Northeastern Ohio and who made strategic organizational decisions who seek large health care insurers provided a better understanding of effective strategic planning. Business owners need to understand how to provide health care coverage for their employees so they can satisfy the ACA mandate and remain in business (Boubacar & Foster, 2014). Owners who serve individuals with physical or mental disabilities in Northeastern Ohio addressed how employee participation in health care affects sustainability and decisions to provide care or accept the penalty for not providing health care.

Silberstein (2013) indicated few researchers had explored the effects of the ACA on small business. Health care insurance options for small business owners are vital to sustainability. Large insurers outside of health care exchanges provide small business owners with lower rates and higher quality health care insurance. Small business owners who continue to search for lower health care costs and more effective implementation strategies may achieve the goal of sustainability within their businesses.

References

- Abadie, A., Diamond, A., & Hainmueller, J. (2014). Comparative politics and the synthetic control method. *American Journal of Political Science*, *59*, 495-510. doi:10.1111/ajps.12116
- Ahearn, M. C., Williamson, J. M., & Black, N. (2015). Implications of health care reform for farm business and families. *Applied Economic Perspectives and Policy*, *37*, 260-286. doi:10.1093/aep/ppy030
- Amato, N., & Schreiber, S. (2013). Small businesses struggle to navigate provisions of the health care law. *Journal of Accountancy*, *215*, 38-43. Retrieved from <http://www.journalofaccountancy.com>
- Anderson, A. (2014). The impact of the ACA on health care workforce. Retrieved from <http://report.heritage.org>
- Anderson, D. L. (2013). *Organization development: The process of leading organizational change*. Thousand Oaks, CA: Sage.
- Andraski, M. P., Chandler, C., Powell, B., Humes, D., & Wakefield, S. (2014). Bridging the divide: HIV prevention research and black men who have sex with men. *American Journal of Public Health*, *104*, 708-714. Retrieved from <http://ajph.aphapublications.org/>
- Angell, M. (2013). Obamacare confronts a fiscal crisis: Why the Affordable Care Act doesn't add up. *New Labor Forum*, *22*, 44-46. doi:10.1177/1095796012471306

- Appelbaum, S. H., St-Pierre, N., & Glavas, W. (1998). Strategic organizational change: The role of leadership, learning, motivation, and productivity. *Management Decision*, 36, 289-301. doi:10.1108/00251749810220496
- Arnold, H. (2013). The affordable care act and international recruitment and migration of nursing professionals. *Indiana Journal of Global Legal Studies*, 20, 1373-1391.
Retrieved from <http://www.repositorylaw.indiana.edu>
- Auster, E., Wylie, K., & Valente, M. (2005). *Strategic organizational change*. New York, NY: Palgrave Macmillan.
- Bailey, J., & Chorniy, A. (2016). Employer-provided health insurance and job mobility: Did the Affordable Care Act reduce job lock. *Contemporary Economic Policy*, 34, 173-183. doi:10.1111/coep.12119
- Baker, D., & Jorgensen, H. (2015). The Affordable Care Act: A hidden jobs killer?
Retrieved from <http://www.cepr.net/index.php/publication>
- Baker, T., Jayaraman, V., & Ashley, N. (2013). A data-driven inventory control policy for cash logistics operations: An exploratory case study application at a financial institution. *Decision Sciences*, 44, 205-226. doi:10.1111/j.1540-5915.2012.00389.x
- Barker, C., Pistrang, N., & Elliot, R (2015) *Research method in clinical psychology: An introduction for students and practitioners*. West Sussex, UK: Wiley Blackwell.
- Bates, D., Suchi, S., Ohno-Machado, L., Shah, A., & Escobar, G. (2014). Big data in health care: Using analytics to identify and manage high-risk and high patients. *Health Affairs*, 33, 1123-1131. doi:10.1377/hlthaff.2014.0041

- Behara, R. S., & Gunderson, D. E. (2015). Small business transformation: The MEDS approach. *Journal of Small Business Strategy*, 6(2), 69-84. Retrieved from <http://www.jsbs.org/>
- Belatti, D. A., Pugely, A. J., Phisitkul, P., Anedola, A., & Callaghan, J. (2014). Total joint arthroplasty: Trends in Medicare reimbursement and implant prices. *Journal of Arthroplasty*, 29, 1539-1544. doi:10.1016/j.arth.2014.03.015
- Bernardi, B. (2014). Claiming the small employer health insurance tax credit. *Journal of Accountancy*, 8, 48-52. Retrieved from <http://www.journalofaccountancy.com>
- Bertrand, J. (1988). Review of Walras's théorie mathématique de la richesse sociale and Cournot's recherches sur les principes mathématiques de la théorie des richesses [Review of Walras 's mathematical theory of social wealth and Cournot's research on the mathematical principles of the theory of wealth]. In A. F. Daughety (Eds.), *Cournot oligopoly: Characterization and applications* (pp. 73-81). West Nyack, NY: Cambridge University Press. doi:10.1017/CBO9780511528231.006
- Birken, S. A., Lee, S. Y. D., Weiner, B. J., Chin, M. H., Chiu, M., & Schaefer, C. T. (2015). From strategy to action: How top managers' support increases middle managers' commitment to innovation implementation in healthcare organizations. *Health Care Management Review*, 40, 159-168. doi:10.1097/HMR.0000000000000018
- Bishop, D., & Lexchin, J. (2013). Politics and its intersection with coverage with evidence development: A qualitative analysis from expert interviews. *BMC Health Services Research*, 13, 88-113. doi:10.1186/1472-6963-13-88

- Black, D., Palombaro, K., & Dole, R. (2013). Student experiences in creating and launching a student-led physical therapy pro bono clinic: A qualitative investigation. *Physical Therapy, 93*, 637-685. doi:10.2522/ptj.20110430
- Blavin, F., Shartzler, A., Long, S. K., & Holahan, J. (2014). An early look at changes in employer-sponsored insurance under the Affordable Care Act. *Health Affairs, 34*, 170-177. doi:10.1377/hlthaff.2014.1298
- Bloodgood, J. M., & Morrow, J. L. (2003). Strategic organizational change: Exploring the roles of environmental structure, internal conscious awareness and knowledge. *Journal of Management Studies, 40*, 1761-1782. doi:10.1111/1467-6486.00399
- Blumenthal, D., & Collins, S. (2014). Health care coverage under the Affordable Care Act: A progress report. *New England Journal of Medicine, 371*, 275-281. doi:10.1056/NEJMhpr1405667
- Borrego, M., Foster, M. J., & Froyd, J. E. (2014). Systematic literature reviews in engineering education and other developing interdisciplinary fields. *Journal of Engineering Education, 103*, 45-76. doi:10.1002/jee.20038
- Boubacar, I., & Foster, S. (2014). Analysis of small business owner's perception of the Patient Protection and Affordable Care Act: Evidence from Wisconsin farmers. *Economics, Management, and Financial Markets, 9*, 11-20. Retrieved from <http://www.addletonacademicpublishers.com/component/content/article?id>
- Buchmueller, T., Carey, C., & Levy, H. G. (2013). Will employers drop health insurance coverage because of the Affordable Care Act? *Health Affairs, 32*, 1522-1530. doi:10.1377/hlthaff.2013.0526

- Burwell, S. (2015). Setting value-based payment goals: HHS efforts to improve U.S. health care. *New England Journal of Medicine*, *372*, 897-899.
doi:10.1056/NEJMp1006114
- Busom, I., Corchuelo, B., & Martínez-Ros, E. (2014). Tax incentives or subsidies for business R&D. *Small Business Economics*, *43*, 571-596. doi:10.1007/s11187-014-9569-1
- Cairney, P., & St Denny, E. (2015). Reviews of what is qualitative research and what is qualitative interviewing. *International Journal of Social Research Methodology: Theory and Practice*, *18*, 117-125. doi:10.1080/13645579.2014.957434
- Carlson, D. L., Lennox Kail, B., Lynch, J. L., & Dreher, M. (2014). The Affordable Care Act, dependent health insurance coverage, and young adults' health. *Sociological Inquiry*, *84*, 191-209. doi:10.1111/soin.12036
- Chan, Z. C., Fung, Y. L., & Chien, W. T. (2013). Bracketing in phenomenology: Only undertaken in the data collection and analysis process? *The Qualitative Report*, *18*(30), 1. Retrieved from <http://tqr.nova.edu/>
- Charach, A., Yeung, E., Volpe, T., Goodale, T., & dosReis, S. (2014). Exploring stimulant treatment in ADHD: Narratives of young adolescents and their parents. *BioMed Central Psychiatry*, *14*, 110. doi:10.1186/1471-244X-14-110
- Chereni, A. (2014). Positionality and collaboration during fieldwork: Insight from research with co-nationals living abroad. *Forum: Qualitative Social Research*, *15*(3), 1-21. Retrieved from <http://www.qualitative-research.net>

- Choi, G. H. (2016). *The Supreme Court, public opinion, and the Affordable Care Act: The stability of partisan cleavage over health care* (Undergraduate publication). Retrieved from <http://scholarship.org/uc/item/31m8w6x0>
- Chrikmaitov, A., Harless, D. W., Bazzoli, G., Carretta, H. S., & Siangphoe, U. (2014). Delivery system characteristics and their association with quality and costs of care: Implications for accountable care organizations. *Health Care Management Review, 40*(2), 92-103. doi:10.1097/HMR.0000000000000014
- Coffey, A. (2016). *The ethnographic self as resource: Writing memory and experience into ethnography*. Berkley, CA: University of California Press
- Colla, C., Dow, W., & Dube, A. (2013). San Francisco's pay or play employer mandate expanded private coverage by local firms and a public care program. *Health Affairs, 32*, 69-77. doi:10.1377/hlthaff2012.0295
- Collins, S. R., & Garber, T. (2013). State health insurance exchanges: Progress and challenges. *Hastings Center Report, 43*, 1342-1350. doi:10.1002/hast.131
- Cooper, R. B. (2016). *Poverty and the myths of health care reform*. Baltimore, MD: Johns Hopkins University Press.
- Cope, D. G. (2014). Methods and meanings: Credibility and trustworthiness of qualitative research. *Oncology Nursing Forum, 41*, 89-91. doi:10.1188/14.ONF.89-91
- Cordova, A., Eibner, C., Vardavas, R., Broyles, J., & Girosi, F. (2013). Modeling employers' self-insurance decision after the Affordable Care Act. *Health Services Research, 48*, 850-865. doi:10.1111/1475-6773.12027

- Craig, D. (2014). Maximizing reimbursement: What nurse practitioners need to know. *The Nurse Practitioner*, 39(8), 16-18. Retrieved from <http://www.nursingcenter.com>
- Cronin, C. (2014). Using case study research as a vigorous form of inquiry. *Nursing Research*, 21(5), 19-27. doi:10.7748/nr.21.5.19e1240
- Cutler, D., & Sahni, N. (2013). If slow rate of health care spending growth persists, project may be off by \$770 billion. *Health Affairs*, 32, 841-850. doi:10.1377/hlthaff.2012.0289
- Cutler, N. (2014). Job lock and the Affordable Care Act. *Journal of Financial Service Professionals*, 68, 19-24. Retrieved from https://www.financialpro.org/pubs/journal_info.cfm
- Da Silva, G. F., Morano, M. T. A., Sales, M. P. U., Olegario, N. B., Cavalcante, A. G. M., & Pereira, E. D. (2014). Comparison of face-to-face interview and telephone interview administration of COPD assessment test: A randomized study. *Quality of Life Research*, 23, 1193-1197. doi:10.1007/s11136-013-0563-x
- Davies, S., Reitmaier, A., Smith, L., & Mangan-Danckwart, D. (2013). Capturing intergenerativity: The use of student reflective journals to identify learning within an undergraduate course in gerontological nursing. *Journal of Nursing Education*, 52, 139-149. doi:10.3928/01484834-20120213-01
- Depoy, E., & Gitlin, L. N. (2015). *Introduction to research: Understanding and applying multiple strategies*. St. Louis, MO: Elsevier.
- Devotta, K., Woodhall-Melnik, J., Pedersen, C., Wendaferew, A., Dowbor, T. A.,

- Guilcher, S. J. T., . . . Matheson, F. I. (2016). Enriching qualitative research by engaging peer interviewers: A case study. *Qualitative Research, 16*, 661-680. doi:10.1177/1468794115626255
- Diaz, F. G. (2015). How Obamacare will affect you: An editorial. *Neurosurgery, 62*, 81-91. doi:10.1227/NEU.0000000000000807
- Dillender, M., Heinrich, C., & Houseman S. (2016). Effects of the Affordable Care Act on part time employment: Early evidence. *Social Science Research Network, 258*, 1-34. doi:10.17848/wp16-258
- Dolan, S. L., & Garcia, S. (2002). Managing by values: Cultural redesign for strategic organizational change at the dawn for the twenty-first century. *Journal of Management Development, 22*, 101-117. doi:10.1108/02621710210417411
- Doody, O., & Noonan, M. (2013). Preparing and conducting interviews to collect data. *Nurse Researcher, 20*(5), 28-32. doi:10.7748/nr2013.05.20.5.28.e327
- Duan, N., Bhaumik, D. K., Palinkas, L. A., & Hoagwood, K. (2015). Optimal design and purposeful sampling: Complementary methodologies for implementation research. *Administration and Policy in Mental Health and Mental Health Services Research, 42*, 524-532. doi:10.1007/s10488-014-0596-7
- Ekekwe, O. J. (2013). *Relationship between institutional frameworks and growth for SMEs in Nigeria' petroleum industry* (Doctoral dissertation). Available from ProQuest Dissertations and Theses database. (UMI No. 3554901)
- Ekeroma, A. J., Kenealy, T., Shulruf, B., & Hill, A. (2015). Education and wider interventions that increase research activity and capacity of clinicians in low to

- middle income countries: A systematic review and narrative synthesis. *Journal of Research and Development*, 3, 1-9. doi:10.4172/jrd.1000120
- Eriksson, P., & Kovalainen, A. (2015). *Qualitative methods in business research: A practical guide to social research* (2nd ed.). Los Angeles, CA: Sage.
- Finberg, H. (2012). A successful and sustainable health system: How to get there from here. *New England Journal of Medicine*, 366, 1020-1027.
doi:10.1056/NEJMsa1114777
- Fisher, F. (1989). Games economists play: A noncooperative view. *RAND Journal of Economics*, 20, 113-124. Retrieved from <http://www.rje.org/>
- Foran, J. R., Sheth, N. P., Ward, S. R., Della Valle, C. J., Levine, B. R., Sporer, S. M., & Pappas, W. G. (2012). Patient perception of physician reimbursement in elective total hip and knee arthroplasty. *Journal of Arthroplasty*, 27, 703-709.
doi:10.1016/j.arth.2011.10.007
- Francis, T. (2013). The Affordable Care Act: An annotated timeline. *Physician Executive*, 39(6), 64-67. Retrieved from <http://pej-acpe.org>
- Frohman, T. J., Lin, F., & Chaboyer, W. (2016). Patient perception of nurse mentors facilitating the Aussie Heart Guide: A home based cardiac rehabilitation programme for rural patients. *Nursing Open*, 3, 41-50. doi:10.1002/nop2.34
- Fry-Bowers, E. K., Nicholas, W., & Halfon, N. (2014). Children's health care and the Patient Protection and Affordable Care Act: What's at stake? *JAMA Pediatrics*, 168, 505-506. doi:10.1001/jamapediatrics.2014.12

- Fuchs, V. R. (2012). Major trends in the U.S. health economy since 1950. *New England Journal of Medicine*, *366*, 973-977. doi:10.1056/NEJMp1200478
- Fusch, P. I., & Ness, L. R. (2015). Are we there yet? Data saturation in qualitative research. *The Qualitative Report*, *20*, 1408-1416. Retrieved from <http://tqr.nova.edu/>
- Gai, Y., & Minniti, M. (2015). Health insurance, job lock, and the supply of self-employment. *Journal of Small Business Management*, *53*, 558-580. doi:10.1111/jsbm.12169
- Gallman, S. (2016). *Influence of the Patient Protection and Affordable Care Act* (Doctoral dissertation). Retrieved from <http://scholarworks.waldenu.edu/dissertations/2029/>
- Geslison, B., & Jacobs, K. (2013). The collateral source rule and medical expenses: Anticipated effects of the Affordable Care Act and recent state case law on damages in personal injury lawsuits. *Defense Counsel Journal*, *80*, 239-251. doi:10.12690/IADC-13-007
- Giaimo, S. (2013). Behind the scenes of the patient protection and Affordable Care Act: The making of a health care co-op. *Journal of Health Politics, Policy and Law*, *38*, 599-610. doi:10.1215/03616878-2079532
- Gibson, S., Benson, O., & Brand, S. L. (2013). Talking about suicide: Confidentiality and anonymity in qualitative research. *Nursing Ethics*, *20*, 18-29. doi:10.1177/0969733012452684

- Griffin, D. (2013). Methods, models, and GIS: Establishing qualitative geographic sample size in the presence of spatial autocorrelation. *Annals of the Association of American Geographers, 103*, 1107-1122. doi:10.1080/00045608.2013.776884
- Hartman, M., Martin, A. B., Benson, J., & Catlin, A. (2012). National health spending in 2011: Overall growth remains low, but some payers and services show signs of acceleration. *Health Affairs, 32*, 87-99. doi:10.1377/hlthaff.2012.1206
- Harvey, L. (2015). Beyond member checking: A dialogic approach to the research interview. *International Journal of Research & Method in Education, 38*, 23-38. doi:10.1080/1743727X.2014.914487
- Hayes, B., Bonner, A., & Douglas, C. (2013). An introduction to mixed methods research for nephrology nurses. *Renal Society of Australasia Journal, 9*, 8-14. Retrieved from http://www.renalsociety.org/RSAJ/index_nl.html
- Hirsch, B. R., & Lyman, G. H. (2014). Biosimilars: A cure the U.S. health care cost conundrum? *Blood Reviews, 28*, 263-268. doi:10.1016/j.blre.2014.08.003
- Hoare, Z., & Hoe, J. (2013). Understanding quantitative research: Part 2. *Nursing Standard, 27*(18), 48-55. doi:10.7748/ns2013.01.27.18.48.c9488
- Holiday, J., Lerche, J., & Allen, S. (2013). Shopping for health insurance in North Carolina's federally facilitated marketplaces. *North Carolina Medical Journal, 74*, 308-311. Retrieved from <http://www.ncmedicaljournal.com/>
- Houghton, C., Casey, D., Shaw, D., & Murphy, K. (2013). Rigour in qualitative case study research. *Nurse Researcher, 20*(4), 12-17. doi:10.7748/nr2013.03.20.4.12.e326

- Ibrahim, B., Dumas, C., & McGuire, J. (2015). Strategic decision making in small family firms: An empirical investigation. *Journal of Small Business Strategy*, *12*, 80-90. Retrieved from <http://www.jsbs.org/>
- Isaac, C., Manwell, L. B., Devine, P. G., Ford, C., Byars-Winston, A., Fine, E., & Carnes, M. (2016). Difficult dialogues: Faculty responses to a gender bias literacy training program. *Qualitative Report*, *21*, 1243-1267. Retrieved from <http://nsuworks.nova.edu/tqr/>
- Jain, S., Sharma, N., & Jain, D. (2015). Basic fundamentals of designing a quality research. *Journal of Advanced Medical and Dental Sciences Research*, *3*, 88-95. Retrieved from <http://jamdsr.com>
- Kaefer, F., Roper, J., & Sinha, P. (2015). A software-assisted qualitative content analysis of news articles: Example and reflections. *Forum Qualitative Sozialforschung/Forum: Qualitative Research*, *16*(2). Retrieved from <http://www.qualitative-research.net/index.php/fqs/article/view/2123>
- Kahn, H. (2015). What changes are needed to enable the safety net to become a provider of choice? *Journal of Health Politics, Policy and Law*, *40*, 395-401. doi:10.1215/03616878-2882255
- Kahn, S. (2014). Qualitative research method: Grounded theory. *International Journal of Business and Management*, *9*(11), 224 doi.10.5539/ijbm.v9n11p224
- Kaplan, E., Livingston, C. E., Poirier-Whitley, K., & Reil, M. M. (2013). Deciding whether to pay or play under the affordable care act. *Journal of Taxation of Investments*, *30*(4), 3-41. Retrieved from <http://www.civicresearchinstitute.com>

- Kautter, J., Pope, G., Ingber, M., Freeman, S., Patterson, L., Cohen, M., & Keenan, P. (2014). The risk adjustment model for individual and small group markets under the Affordable Care Act. *Medicare & Medicaid Research Review*, 4(3), E1-E46. doi:10.5600/mmrr.004.03.a03
- Kavalieratos, D., Ernecoff, N. C., Keim-Malpass, J., & Degenholtz, H. B. (2015). Knowledge, attitudes, and preference of healthy young adults regarding advance care planning: A focus group study of university students in Pittsburgh, USA. *BMC Public Health*, 15, 1. doi:10.1186/s12889-015-1575-y
- Koelsch, L. E. (2013). Reconceptualizing the member check interview. *International Journal of Qualitative Methods*, 12, 168-179. doi:10.1177/160940691301200105
- Krizan, C. J., Luque, A., & Zawacki, A. (2014). *The effect of employer health insurance offering on the growth and survival of small business prior to the Affordable Care Act* (CES 14-22). Washington, DC: U.S. Census Bureau Center for Economic Study.
- Lahm, R. (2014). Small business and Obamacare: The new law's rules do apply to the vast majority of all businesses. *Entrepreneurial Executive*, 19, 131-147. Retrieved from <http://abs.mehmetakif.edu.tr>
- Lahm, R. (2015). Small business and Obamacare: Ripple effects when the cost is too high. *Academy of Entrepreneurship Journal*, 21(2), 25-40. Retrieved from <http://alliedacademies.org/academy-of-entrepreneurship-journal/>
- Leedy, P. D., & Ormrod, J. E. (2013). *Practical research: Planning and design* (10th ed.). Upper Saddle River, NJ: Pearson Education.

- Leonhardt, J. (2015). Tweets, hashtags, and virality: Marketing the Affordable Care Act. *Journal of Direct, Data and Digital Marketing Practice*, 16, 172-180.
doi:10.1057/dddmp.2015.4
- Liu, Y., & Jin, G. Z. (2015). Employer contribution and premium growth in health insurance. *Journal of Health Economics*, 39, 228-247.
doi:10.1016/j.jhealeco.2014.08.006
- Lowry, S., & Gravelle, J. G. (2013). *The Affordable Care Act and small business* (Congressional Research Service Report for Congress 7-5700). Retrieved from <http://www.fas.org/sgp/crs/misc/R43181.pdf>
- Mariner, W. K. (2014) Allocating responsibility for health care decisions under the United States Affordable Care Act. *Revista Portuguesa de Saude Publica*, 32, 144-150. doi:10.1016/j.rpsp.2014.09.001
- Marshall, B., Cardon, P., Poddar, A., & Fontenot, R. (2013). Does sample size matter in qualitative research? A review of qualitative interviews in research. *Journal of Computer Information Systems*, 54, 11-22. Retrieved from <http://www.tandfonline.com.dax.lib.unf.edu/>
- Marshall, C., & Rossman, G. B. (2016). *Designing qualitative research* (6th ed.). Thousand Oaks, CA: Sage.
- Marshall, P. A., Adebamowo, C. A., Adeyemo, A. A., Ogundiran, T. O., Strenski, T., Zhou, J., & Rotimi, C. N. (2014). Voluntary participation and comprehension of informed consent in a genetic epidemiological study of breast cancer in Nigeria. *BMC Medical Ethics*, 96, 1989-1995. doi:10.1186/1472-6939-15-38

- Maxwell, J. A. (2013). *Qualitative research design: An interactive approach* (3rd ed.). Thousand Oaks, CA: Sage.
- Mazur, J. D., & Goldfarb, N. M. (2015). Thirteen questions for IRBs to ask about risk disclosure. *Journal of Clinical Research Best Practice, 11*(5), 1-4. Retrieved from <http://www.firstclinical.com>
- McNabb, D. (2015). *Research methods for political science: Quantitative and qualitative methods* (2nd ed.). London, England: Routledge Taylor & Francis Group.
- Mellor, R. M., Bailey, S., Sheppard, J., Carr, P., Quinn, T., Boyal, A., & McManus, R. J. (2015). Decisions and delays with stroke patients route to the hospital: A qualitative study. *Annals of Emergency Medicine, 65*, 279-287.
doi:10.1016/j.annemergmed.2014.10.018
- Merriam, S. B. (2014). *Qualitative research: A guide to design and implementation*. San Francisco, CA: Wiley.
- Merriam, S. B., & Tisdell, E. J. (2015). *Qualitative research: A guide to design and implementation*. San Francisco, CA: Jossey-Bass.
- Moran, A. E. (2013). Full time or part time: Counting hours and why this will matter. *Employee Relations Law Journal, 38*(4), 80-90. Retrieved from <http://www.steptoelaw.com/publications-8658.html>
- Moriya, A. S., Selden, T. M., & Simon, K. I. (2016) Little change seen in part-time employment as a result of the Affordable Care Act. *Health Affairs, 35*, 119-123.
doi:10.1377/hlthaff.2015.0949
- Morse, J. M. (2015). Critical analysis of strategies for determining rigor in qualitative

inquiry. *Qualitative Health Research*, 25, 1212-1222.

doi:10.1177/1049732315588501

Muise, R., & Yerushalmi, D. (2013). Wearing the crown of Solomon? Chief Justice Roberts and the Affordable Care Act tax. *Journal of Health Politics, Policy, & Law*, 38, 291-298. doi:10.1215/03616878-1966279

Mulligan, C. B. (2014). *The Affordable Care Act and the new economics of part-time work* (Mercatus Working Paper). Retrieved from <http://mercatus.org/sites/default/files/Mulligan-ACA-Part-TimeWork.pdf>

Murdoch, M., Simon, A. B., Polusny, M. A., Bangerter, A. K., Grill, J. P., Noorbaloochi, S., & Partin, M. R. (2014). Impact of different privacy conditions and incentives on survey response rate, participant representativeness, and disclosure of sensitive information: A randomized controlled trial. *BMC Medical Research Methodology*, 14, 90. doi:10.1186/1471-2288-14-90

Nicoleta, S. (2013). The theory of the firm and the evolutionary games. *Annals of the University of Oradea, Economic Sciences Series*, 22, 533-542. Retrieved from <http://anale.steconomieuoradea.ro/>

Noble, H., & Smith, J. (2015). Issues of validity and reliability in qualitative research. *Evidence Based Nursing*, 18(2), 34-35. doi:10.1136/eb-2015-102054

Ogundipe, B., Alam, F., Gazula, L., Olagbemi, Y., Osiezagha, K., Bailey, R. K., & Richie, W. D. (2015). Remaking the American Health Care System: A positive reflection on the Affordable Care Act with emphasis on Mental Health Care.

Journal of Health Care for the Poor and Underserved, 26, 49-61.

doi:10.1353/hpu.2015.0020

Onwuegbuzie, A. J., & Byers, V. T. (2014). An exemplar for combining the collection, analysis, and interpretation of verbal and nonverbal data in qualitative research.

International Journal of Education, 6, 183-246. doi:10.5296/ije.v6i1.4399

O'Shea, M., Alonso, A., & Morton, H. (2013). Complexity theory and change: A case study of professional rugby union. *Human System Management*, 32, 67-78.

doi:10.3233/HSM-130785

Papoulias, C., Robotham, D., Drake, G., Rose, D., & Wykes, T. (2014). Staff and service users' views on a consent for contract research register within psychosis services: A qualitative study. *BMC Psychiatry*, 14, 377, 1-8. doi:10.1186/s12888-014-

0377-6

Pasek, J., Sood, G., & Krosnick, J. A. (2015). Misinformed about Affordable Care Act?

Leveraging certainty to assess the prevalence of misperceptions. *Journal of Communication*, 65, 660-673. doi:10.1111/jcom.12165

Pauly, M., & Harrington, S. (2013). Private health insurance exchanges. *Health*

Management Policy and Innovation, 1(4), 61-72. Retrieved from

<http://www.nature.com/nature/index.html>

Peredaryenko, M. S., & Krauss, S. E. (2013). Calibrating the human instrument:

Understanding the interviewing experience of novice qualitative researchers. *The*

Qualitative Report, 18(43). Retrieved from <http://tqr.nova.edu/>

- Pope, G., Bachofer, H., Pearlman, A., Kautter, J., Hunter, E., Miller, D., & Keenan, P. (2014). Risk transfer formula for individual and small group markets under the Affordable Care Act. *Medicare & Medicaid Research Review*, 4(3), E1-E23. doi:10.5600/mmrr.004.03.a04
- Potter, S., Mills, N., Cawthorn, S., Wilson, S., & Blazeby, J. (2013). Exploring inequalities in access to care and the provision of choice to women seeking breast reconstruction surgery: A qualitative study. *British Journal of Cancer*, 109, 1181-1191. doi:10.1038/bjc.2013.461
- Proctor, D. B., & Young-Adams, A. P. (2011). *Kinn's the medical assistant: An applied learning approach* (11th ed.). St. Louis, MO: Elsevier Saunders.
- Rak, S., & Coffin, D. O. (2013). Affordable Care Act. *Journal of Medical Practice Management*, 28, 317-319. Retrieved from https://greenbranch.com/store/index.cfm/product/4_31/the-journal-of-medical-practice-management.cfm
- Randolph, G., & Morrow, J. (2013). The potential impact of the Affordable Care Act on population health in North Carolina. *North Carolina Medical Journal*, 74, 330-333. Retrieved from <http://www.ncmedicaljournal.com/>
- Rashford, N. S., & De Figueiredo, J. N. (2011). The live in-class CEO intervention: A capstone experiential technique for leadership development. *Journal of Management Education*, 35, 620-647. doi:10.1177/1052562910393945
- Reilly, R. C. (2013). Found poems, member checking and crises of representation. *Qualitative Report*, 78, 411-413. Retrieved from <http://tqr.nova.edu/>

- Rittichainuwat, B., & Rattanaphinanchai, S. (2015). Applying a mixed method of quantitative and qualitative design in explaining the travel motivation of film tourists in visiting a film-shooting destination. *Tourism Management, 46*, 136-147. doi:10.1016/j.tourman.2014.06.005
- Rosenau, J. N. (1990). *Turbulence in world politics: A theory of change and continuity*. Princeton, NJ: Princeton University Press.
- Sanchez, R., & Heene, A. (1997). Managing for an uncertain future: A systems view of strategic organizational change. *International Studies of Management & Organization, 27*(2), 21-42. Retrieved from <http://www.tandfonline.com/toc/mimo20/current>
- Seidman, I. (2013). *Interviewing as qualitative research: A guide for researchers in education and the social sciences*. New York, NY: Teachers College Press.
- Shapiro, C. (1989). The theory of business strategy. *RAND Journal of Economics, 20*, 125-137. Retrieved from <http://www.rje.org/>
- Silberstein, G. (2013). The Affordable Care Act: What should be done in 2013? *Strategic Finance, 94*(8), 16. Retrieved from <http://sfmagazine.com/>
- Smith, J. A. (2015). *Qualitative psychology: A practical guide to research methods*. London, England: Sage.
- Sommers, B. D., Buchmueller, T., Decker, S. L., Carey, C., & Kronick, R. (2013). The Affordable Care Act has led to significant gains in health insurance and access to care for young adults. *Health Affairs, 32*, 165-174. doi:10.1377/hlthaff.2012.0552

- Sorrell, J. (2012). The Patient Protection and Affordable Care Act: Ethical perspectives in 21st century health care. *Online Journal of Issuing Nurses, 18*, 1.
doi:10.3912/OJIN.Vol18No02EthCol01
- Stewart, A. M., Cox, M. A., & Ku, L. (2014). Health insurance benefits advisors: Understanding responsibilities, regulations, restrictions, and the relevance to implementing the Affordable Care Act. Retrieved from
http://publichealth.gwu.edu/pdf/hp/benefits_advisors.pdf
- Strobel, C. (2014). Employer health coverage under the Affordable Care Act. *Journal of Corporate Accounting & Finance, 25*(3), 77-79. doi:10.1002/jcaf.21943
- Stulberg, D. (2013). The Patient Protection and Affordable Care Act and reproductive health: Harnessing data to improve care. *Journal of Health Politics, Policy, and Law, 38*, 441-456. doi:10.1215/03616878-1966369
- Tacchino, A. (2013). The Affordable Care Act's 'play or pay' tax: Determining coverage alternatives. *Journal of Financial Planning, 26*(2), 38-42. Retrieved from
<http://www.fpanet.org/journal>
- Talwalkar, J. A. (2014). Potential impacts of the Affordable Care Act on the clinical practice of hepatology. *Hepatology, 59*, 1681-1687. doi:10.1002/hep.27071
- Tilburt, J. C., Wynia, M. K., Sheeler, R. D., Thorsteinsdottir, B., James, K. M., Egginton, J. S., & Goold, S. D. (2013). Views of U.S. physicians about controlling health care costs. *Journal of the American Medical Association, 310*, 380-389.
doi:10.1001/jama.201.8278

- Vernon-Dotson, L. J. (2013). A review of doing case study research: A practical guide for beginning researchers. *Journal of Educational Research, 106*, 250-251.
doi:10.1080/00220671.2012.750135
- Warnsley, D. (2015). *Strategies to decrease health-related employee absenteeism* (Doctoral dissertation). Retrieved from
<http://www.scholarworks.walden.edu/dissertations/>
- Weiss, C. (1998). Have we learned anything new about the use of evaluation? *American Journal of Evaluation, 19*, 21-33. doi:10.1177/109821409801900103
- Winch, G., & Leiringer, R. (2015). Owner project capabilities for infrastructure development: A review and development of the strong owner concept. *International Journal of Project Management, 34*, 271-281.
doi:10.1016/j.ijproman.2015.02.002
- Wolgemuth, J. R. (2014). Analyzing for critical resistance and narrative research. *Qualitative Research, 14*, 586-602. doi:10.1177/146879113501685
- Yin, R. K. (2013). Validity and generalization in future case study evaluations. *Evaluation, 19*, 321-332. doi:10.1177/1356389013497081
- Yin, R. K. (2014a). *Applications of case study research* (3rd ed.). Thousand Oaks, CA: Sage.
- Yin, R. K. (2014b). *Case study research and methods* (5th ed.). Los Angeles, CA: Sage.
- Yin, R. K. (2015). *Qualitative research from start to finish*. Los Angeles, CA: Sage.

Zentner, A. (2015). *The growing pains of change: Leading through crisis and conflict to achieve positive results. A case study in higher education assessment process.*

doi:10.2139/ssrn.2560118

Zigrang, T., & Bailey, J. (2014). CBO shaves \$100 billion from ACA's ten year cost projection. *Health Capital Topics*, 7(5), 1-2. Retrieved from

<http://healthcapital.com>

Appendix A: Interview Questions

1. What were the strategies you used to implement the affordable care act mandates?
2. What have human resources managers done to create a comprehensive understanding of health care reform mandated by the ACA?
3. What training strategies do you use with your staff relative to the ACA?
4. What is your strategy for changing perceptions of the ACA?
5. What positive results were you seeing in employees when implementing the requirements of the ACA in your small business?
6. What strategies are you using to control cost, while implementing mandated health insurance, to remain in business?
7. How have you addressed challenges in hiring and retaining staff in the operational environment created by the ACA?
8. What else would you like to add regarding critical challenges to your business relative to the ACA?

Appendix B: Case Study Protocol

- A. Case study introduction
 - 1. Research Question: What strategies do small business owners in Northeastern Ohio use to implement the ACA with the intent of sustaining business?
 - 2. Conceptual Framework: The theory of strategic organizational change (SOC) (Sanchez & Heene, 1997).
- B. Protocol Purpose and Intended Use
 - 1. Researcher will use case study protocol as a guide for preparing all data collection, analysis, findings, and conclusions
 - 2. Researcher will use a case study protocol to insure reliability and validity of qualitative research method and design
- C. Data Collection Procedures
 - 1. Collect data on strategic organizational change by interviewing small business owners with approximately 50 - 100 employees.
 - 2. Recruit participants from small businesses in Northeastern Ohio that specialize in providing care.
 - 3. Specific stay site and participation will be identified and finalized after researcher sends invitations and receives confirmation.
 - 4. Preparatory activities proceeding face-to-face, Telephone, or virtual interviews
 - a. Collecting review small business documents of each participating small business organization perspective on strategic organizational change
 - b. Disseminate informed consent forms to each interviewee
 - c. Conduct informational teleconference calls with study participants to reiterate rights of the interviewee and respond two questions
 - d. Review interview protocol and ethical research requirements
- D. Case Study Interview Questions
 - 1. What are the strategies you used to implement the affordable care act mandates
 - 2. What have human resources managers done to create a comprehensive understanding of health care reform mandated by the ACA?
 - 3. What training strategies do you use with your staff relative to the ACA?
 - 4. What is your strategy for changing perceptions of the ACA?
 - 5. What positive results are you seeing in employees when implementing the requirements of the ACA in your small business?
 - 6. What strategies are you using to control cost, while implementing mandated health insurance, to remain in business?
 - 7. How have you addressed challenges in hiring and retaining staff in the operational environment created by the ACA?
 - 8. What else would you like to add regarding critical challenges to your business relative to the ACA?

- E. Interview Probes
 1. Describe your process for implementation of healthcare for full-time employees?
 2. What process did you take in determining full-time versus part-time employees?
 3. The process of you use before to implement mandates?
- F. Data Analysis Techniques And Tools
 4. Electronic coding (NVivo)
 5. Analysis tool(s) Microsoft word/Excel
- G. Credibility, Transferability, and Confirmability Both Qualitative Research Methods (see section 2)
- H. Outline of Case Study Report Content
 1. Overview study
 2. Presentation of findings
 3. Application to professional practice
 4. Implications for social change
 5. Recommendation for further actions
 6. Recommendations for future study
 7. Reflections
 8. Summary and conclusions

Appendix C: Interview Protocol

The interview will comprise of the following:

1. Opening statement
2. Restatement of research purpose and participants rights
3. Audio recording and note taking during interviews
4. Interview probe, if required
5. Follow interview, as applicable
6. Participants verification of themes through a member checking process
7. Research correction of themes, as applicable

Appendix D: Informed Consent Form

Strategies Using the Affordable Care Act with Small Businesses in Northeastern Ohio

My name is Donald W White. I am a researcher and candidate for my Doctor of Business Administration degree at Walden University. I am conducting an exploratory, multiple case study titled *Strategies Using the Affordable Care Act with Small Businesses in Northeastern Ohio*. I am meeting small business owners in the industry of providing care to individuals with physical or mental disabilities. Small business owners are mandated to provide health care for full-time employees. Consequently, I have witness business owners struggling with the idea of providing healthcare or forgoing implementation health care or except penalties.

Thank you for your interest and willingness to participate in this research study. I have invited you to participate because you are an owner of a small business and the physical and mental Industry who have implemented the affordable care act been sustained in business. You may have pertinent knowledge and experience about successfully implementing the affordable care act for your small businesses. In addition, your small business may serve as a business model for other destination management organizations on how to successfully prepare for implementation of healthcare. I would like to welcome you to this very important research project! This form is part of a process referred to as *informed consent*, which outlines specifics about the study and what your participation entails.

Background Information

The purpose of this study is to explore the strategies owners have used for healthcare implementation at the local level to reduce business interruptions and sustain business.

Procedures

If you agree to participate in this study, the procedures prior to your interview are as follows:

- You will read, sign, and return this *Informed Consent* to me by email within three (3) business days of receipt.
- Within seven (7) business days, I will call you to (a) reiterate the intent of the study, (b) answer any questions that you may have about your participation, (c) coordinate access to your organization's documents, and (d) schedule an interview.
- You will supply available organization documentation for data collection.
- We will schedule an interview through your preferred medium (face-to-face, virtual, or telephone) and on the day and time that is most convenient for you.

If you agree to participate in this study, the procedures during and following your interview are as follows:

- You will voluntarily participate in an initial interview. The time commitment for the initial interview is approximately 30 to 45 minutes, but no more than 1 hour. We will discuss the affordable care act implementation.
- You will respond to probe questions or other requests to clarify any information that the researcher does not clearly understand.
- The researcher will audiotape the initial interview to ensure the accuracy of the information collected.
- The researcher will take brief notes during the interview.
- You will verify the accuracy of the researcher's interpretations of your real-life knowledge and experiences in implementing strategies for the affordable care act, through a process referred to as *member checking*. During the member checking process, you will validate my interpretations of the transcribed interview notes. Member checking interviews will take 5 to 15 minutes, but no more than 30 minutes of your time.

Below are the main interview questions that I will ask you during the initial interview.

1. What are the strategies you used to implement the affordable care act mandates
2. What have human resources managers done to create a comprehensive understanding of health care reform mandated by the ACA?
3. What training strategies do you use with your staff relative to the ACA?
4. What is your strategy for changing perceptions of the ACA?
5. What positive results are you seeing in employees when implementing the requirements of the ACA in your small business?
6. What strategies are you using to control cost, while implementing mandated health insurance, to remain in business?
7. How have you addressed challenges in hiring and retaining staff in the operational environment created by the ACA?
8. What else would you like to add regarding critical challenges to your business relative to the ACA?

Below are samples of potential probe questions I may ask you during the interview.

1. Describe your process for implementation of healthcare for full-time employees?
2. What process did you take in determining full-time versus part-time employees?
3. What communication techniques have you used prior to, during, and following a crisis?

Voluntary Nature of the Study

Your participation in this study is completely voluntary. Everyone will respect your decision on whether or not you choose to participate in the study. No one will treat you

differently if you decide not to participate in the study. The initial interview will be approximately 30 to 45 minutes, but no more than 1 hour in length; member checks may be no more than 30 minutes. If you decide to participate in the study, you can withdraw at any time, with no consequences, even after the interview has been completed. To withdraw from the study, please send an email to donald.white@waldenu.edu, call me at 937.475.5489, or simply do not respond to my emails or phone calls.

Risks and Benefits of Being in the Study

Participation in this study involves some minor risk that can be encountered in daily life. The stress of ensuring sustainability is business based on governmental mandates. Your participation study will not oppose any risk to safety or well-being. I will take steps throughout the research process to be cognizant of adverse effects on participants by avoiding questions that may lead to disclosing sensitive data or intellectual property or causing ethical or moral distress. If you decide to participate in the study now, you may still change your mind at any time. If you feel overly stressed during the interview, you may stop at any time. You may also skip any questions that you feel are too personal. Neither I, nor Walden University will ask you to waive your legal rights. The results from the study is that small business owners may have a better understanding of how the populations of small business owners manage the implementation of ACA leading to more people having health insurance.

Payment:

There are no payments or other incentives for your voluntary participation in the research study. Upon request, the researcher will email participants and community stakeholders a one - to two-page summary of the final study results.

Privacy:

Any information you provide will be kept confidential. The researcher will not use your personal information for any purpose outside of this research project. In addition, your name, organization name, or any other information that could identify you in the study, will not be disclosed to anyone. Data will be kept secure in a password protected electronic format in a locked file drawer or digital fire-resistant safe that will only be accessible to the researcher. All data will be retained for a period of at least 5 years as required by Walden University. After 5 years, the researcher will erase all electronic files and shred all hard copy materials containing research data and identifying information on study participants.

Contacts and Questions:

You may ask any questions you have now. If you have questions later, you may contact me at Donald.white@waldenu.edu or 937-475-5489. If you want to talk privately about your rights as a participant, you may also contact Dr. Leilani Endicott who is the Walden University representative who can discuss my research project further with you. Her phone number is 800-925-3368, extension 312-1210, or you may email

irb@waldenu.edu. My Walden University approval number to conduct this study is (**IRB #11-21-16-0312951**). My approval expires on **November 20, 2017**.

Statement of Consent:

I have read the aforementioned information and I feel I understand the study well enough to make a decision about my involvement. I understand and agree to the terms described above.

Printed Name of Participant: John White

Participant's Signature:

Date of Consent:

Researcher's Signature: Donald W. White Jr.

Date: November 23, 2016

Please print or save this consent form for your records.

Appendix E: Participant Invitation and Recruitment Notice

Purpose: Invite Qualified Destination Managers to Participate in the Research Study

Dear [Name]:

My name is Donald White. I am a Doctorate of Business Administration (DBA) through Walden University in Minneapolis Minnesota specializing in leadership. I am conducting a research study on small businesses. My doctoral study is entitled "*Strategies Using the Affordable Care Act with Small Businesses in Northeastern Ohio.*" I am interested in exploring the best strategies used by owners in the physical or mental Industry to address the process of implementing the Affordable Care Act (ACA) and remaining in business. I selected this research topic because of the number of small businesses unsure about the effects providing healthcare two full-time employees would have on their business. Some business owners have reduced full-time employees to part-time status to circumvent the ACA, which has consequential effects on society.

I developed a participant selection criteria to ensure that study participants are likely to have knowledge, experience, or information that is relevant to the purpose of the study. I am seeking face-to-face, virtual, or telephone interviews with small business owners who meet all of the criteria specified below:

- Small-business owners must have approximately 50-100 employees
- Have implemented the affordable care act mandate
- Currently sustaining a business.
- Owners with a ACA plan

Your participation in this study is completely voluntary. Consequently, you may withdraw your participation at any time, even after I have collected data for the study, by sending an email to Donald.white@waldenu.edu calling me at 937-475-5489, or by simply choosing to no longer respond.

I will protect your identity. I will not publish or disclose your individual responses to interview questions. When I record, analyze, and report your responses to interview questions, I will exclude any identifying information specific to you and your organization.

I will require access to organization documents that pertain to crisis preparedness and crisis management. The documents may include (a) Affordable Care Act plans, (b) business plans, (c) training manuals, (d) government applications, or (e) other health care policies, processes, or insurance exchanges brochures. If you are willing to participate in

the study, I will require that an authorized signatory from your organization grant consent and release of organization documents for review. In addition, if requested, I will share the findings from the study with you, leaders within your organization, and community stakeholders.

I would like to formally invite you to participate in the research study. Within three (3) days of receiving this invitation, please email me at donald.white@waldenu.edu or call me on my cell phone at 937-475-5489 to confirm your interest and willingness to participate. If I do not hear from you within three (3) days, I will call you directly. To protect your rights as a research participant, once you confirm your participation in the study, within three (3) business days, I will email you an *Informed Consent* to read, sign, and return to me by email. Within seven (7) business days of sending you a consent form, I will call you to reiterate the intent of the study and answer any questions that you may have about your participation. I will schedule an interview that should take approximately 30 to 45 minutes, but no longer than 1 hour. The interview may be in person, via teleconference call, or virtually, on the day and time that is most convenient for you. I will require not more than 30 minutes of your time at a subsequent day and time to confirm the accuracy of the interpretation of the transcribed interview notes.

The implication for positive social change is successful small business owners' insights might help other small business owners maintain and contribute to economic stability I hope that you will consider the value of your participation in this very important research project. Thank you for your time and consideration.

Sincerely,

Donald W. White,
Doctor of Business Administration Candidate
Walden University

Appendix F: Organization Letter of Consent and Document Release

Purpose: To Obtain Organization's Cooperation to Participate in the Research Study and Grant Permission to Review Organization Documents

Dear [Organization Representative]:

Many small business owners determine they need to redesign their business structures for full-time employees to provide the insurance coverage mandated by the ACA. Business leaders must change their operational practices and the constructs of their businesses. Before the implementation of the ACA, business owners had no mandate to provide health care coverage for employees unless they chose to do so. Published research regarding the ACA does not include the changes that owners of small businesses made to provide services to individuals with disabilities in Northeastern Ohio. The proposed study may prove significant because the results could provide insights into the strategies implemented by providers of health care services to individuals with disabilities in Northeastern Ohio, specifically, small businesses that now accommodate the mandates of the ACA.

I am a student at Walden University pursuing a Doctor of Business Administration Degree. I am conducting a research study on destination crisis preparedness. My doctoral study is entitled *Strategies Using the Affordable Care Act with Small Businesses in Northeastern Ohio*. I am also a meeting with other small business owners, which is a sector of physical or mental disabilities. In the conduct of this study, I am serving solely in the role of student researcher. The purpose of conducting this research study is to explore the strategies small business owners have used for implementation of the Affordable Care Act (ACA) and sustain business.

Your organization may serve as a business model for small business owners on how to successfully prepare for and manage governmental mandates while sustaining business. Consequently, I am writing to request approval for small business owners that have implemented ACA and made decision regarding full-time or part-time employment to participate in my doctoral study. Participants must be owners serving in an active role of day-to-day operations. Participants must be able to contribute information to aid with understanding appropriate strategies for implementing changes in organization based on governmental mandate.

I am also requesting permission to use or reproduce health care implementation documents from your organization that are related to my study. The documents that are applicable includes (a) plans, (b) government applications, (c) training manuals, (d) policy procedures (governmental), or (e) other health care policies, processes, or resources. My request to access your organization's documents are subject to the following conditions:

- I will use all organization documents released to me exclusively for my research and will not disclose or discuss any confidential information with others, including friends or relatives.
- I will not divulge, copy, release, sell, loan, alter or destroy any confidential information, except as authorized by you, as the official organization representative.
- I will not discuss confidential information where others can overhear the conversation. I understand that it is not acceptable to discuss confidential information even if the participant's name is not used.
- I will not illegally transmit, modify, or destroy any confidential information I am provided.
- I agree that my obligations under this agreement will continue in perpetuity after completing my research study.
- I understand that any violation of this agreement may have legal implications.
- Neither Walden University nor I will ask participating organizations or participants to waive their legal rights.

By signing this document, I acknowledge that I have read and agree with all of the terms and conditions as stated above.

Printed Name of Researcher: Donald W. White

Signature:

Date:

By signing this document, I, _____ (print name), in my official capacity as _____ (title) at the _____ (organization), hereby confirm that I am authorized to approve research in this setting and that this plan complies with the organization's policies. I also agree to release the documents listed by title below to Donald W. White for the sole and exclusive use in her Doctor of Business Administration research study at Walden University. My consent to cooperate and release organization data is made this _____ day of _____ (month), 2016.

Documents Released for Use:

- 1.
- 2.
- 3.

Please print or save this consent form for your records.