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Managerial Strategies for Improving Employee Engagement: A Single Case Study

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Walden University

College of Management and Technology

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Ann-Marie Alcala

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Walden University
2017

Abstract

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by

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MBA, Albertus Magnus College, 2008

MSM, Albertus Magnus College, 2006

BS, Albertus Magnus College, 2004

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

Walden University

October 2017

Abstract

In 2013, 1% of Medicare reimbursements were withheld from U.S. hospitals, with a proposed cap of 2% in 2017 for redistribution to those hospitals that improve overall care and patient satisfaction. The purpose of this single case study was to explore the engagement strategies that some hospital middle managers used to improve employee performance to increase patient satisfaction. The sample included 4 health care middle managers in 1 hospital in northeast Connecticut. The conceptual framework that grounded this study was Kahn's personal engagement theory. Data were collected via semistructured interviews, participant observations, and review of hospital and public government documents. The process of member checking and methodological triangulation contributed to the study validity. The data were analyzed using Yin's 5-step method of analysis. Themes that emerged from the study were the importance of the role of the manager in fostering employee engagement, implementing explicit communication techniques, assisting employees in role performance, promoting employee wellbeing, commitment to patient care and satisfaction, and providing employees with rewards and recognition. Although this was a single case study, health care managers from other hospitals could benefit from the results of this study. The implications for social change include the potential for hospital managers to implement strategies to improve employees' engagement, thus improving patients' care and satisfaction, and the overall health and wellness of individuals in the community.

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Dedication

I dedicate this doctoral study to my children, Kharim Jones and Monifa Jones. I also dedicate this study to my mother, Sylvia Roberts. My children and my mother have been my biggest supporters throughout my doctoral journey.

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Section 1: Foundation of the Study

On March 23, 2010, President Barack Obama introduced the Patient Protection and Affordable Care Act (ACA), which provides Americans with more access to health care (Rubino, Esparaza, & Reid-Chassiakos, 2014). With the increasing access to health care, health care leaders face challenges and problems. Such problems not only include patient care, but also carry the additional burden of maintaining a level of care that does not reduce health care reimbursements (Postel et al., 2014). Health care managers understand the importance of employee engagement as the foundation for patient satisfaction (Lowe, 2012). In fulfilling the newly introduced health care policies, hospital managers continually seek strategies to engage employees. Employee engagement practices contribute to successful business outcomes and provide employees with the tools to commit to excellence during work performance (Menguc, Auh, Fisher, & Haddad, 2013; Mishra, Boynton, & Mishra, 2014). According to Schaufeli and Salanova (2014), engaged employees tend to perform better than disengaged employees. Employee engagement improves customer satisfaction (Swarnalatha & Prasanna, 2013).

Background of the Problem

Under the ACA, health care organizations receive Medicare reimbursements based on the quality of patient care, rather than the volume of services provided (Dempsey, Reilly, & Buhlman, 2014). The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey is a measurement tool used to rate the quality of hospital patient care (McClelland & Vogus, 2014). This rating determines the reimbursement incentive payments hospitals receive, based on the quality of patient care

or patient satisfaction scores (McClelland & Vogus, 2014). The administrators of the ACA allocate 30% of value-based purchasing (VBP) scores to hospitals that demonstrate high patient satisfaction (Dempsey et al., 2014). Low-performing hospitals, based on the HCAHPS patient satisfaction scores, risk losing revenue (Dempsey et al., 2014). Medicare cuts, because of ACA reform, could negatively affect hospital viability, operating expenses, and revenue (White & Wu, 2014). Although researchers have agreed that patient satisfaction and employee engagement affect Medicare reimbursements (Kvedar, Coye, & Everett, 2014; Purcell, 2014), few studies have explored the strategies health care managers employ to increase employee engagement to improve employee performance that will increase patient satisfaction.

Problem Statement

Amid declining Medicare reimbursements, a reported decrease in patient satisfaction could result in financial penalties for some hospitals (Banka et al., 2015). In 2013, 1% of Medicare reimbursements were withheld from U.S. hospitals, with a proposed cap of 2% in 2017, for redistribution to those hospitals that improve overall care and patient satisfaction (Petrullo, Lamar, Nwankwo-Otti, Alexander-Mills, & Viola, 2012). The general business problem is that some managers have difficulties identifying and implementing engagement strategies to improve employee performance. The specific business problem is that some hospital middle managers lack engagement strategies to improve employee performance to increase patient satisfaction.

Purpose Statement

The purpose of this qualitative single case study was to explore the engagement strategies that some hospital middle managers used to improve employee performance to increase patient satisfaction. The targeted population consisted of four middle managers in a hospital located in northeast Connecticut who used engagement strategies that improved employee performance, thereby also improving patient satisfaction. This population was important to this study because health care managers understand that employee engagement influences patient satisfaction. The resultant data may contribute to positive social change by providing health care managers with new strategies to engage health care employees and improve patient satisfaction and overall patient health care outcomes benefiting patients, families, and communities.

Nature of the Study

I chose a qualitative research method for this study. Qualitative research provides an opportunity for researchers to accumulate rich data and in-depth analysis of the subjective constructs of the phenomenon under study (Yates & Leggett, 2016). Qualitative research provides a platform for researchers to explore different paradigms and styles of research, which reflect the perceptions and experiences of participants (Yates & Leggett, 2016). Quantitative research is a framework for researchers to examine relationships and provide researchers with numerical descriptions of trends or phenomenon under study (Stoudt, 2014). The focus of this study was not in the analysis of strengths of relationships or the testing of hypotheses, which made the quantitative

approach inappropriate for this study. Similarly, the mixed method approach includes a quantitative component and was not suitable for this study.

I chose a single case study design. The case study design is suitable for small groups, specific programs, a unique topic, or a geographical area (Yin, 2014). The intent of this case study design was to explore engagement strategies hospital managers used to improve employees' performance that increases patient satisfaction. A case study design is appropriate when the main research questions focus on *how* and *why* questions (Yates & Leggett, 2016; Yin, 2014). A single case design was more appropriate for this study than a multiple-case design because the focus of this study was in one organization. Yin (2014) also stated that data collection methods for case studies include interviews, questionnaires, archival records, and note taking.

While phenomenological and ethnographic designs provide opportunities to observe perceptions and experiences of a live phenomenon (Newman, Lim, & Pineda, 2013), in this study the goal was not to observe the experiences or perceptions of the participants. Using an ethnographic design requires extended periods of observing participants, which due to time constraint was not a realistic approach to this study. In narrative research, the researcher spends quality time listening to participants' stories (Yates & Leggett, 2016). A narrative design was inappropriate for this study because employing a narrative design involves participants sharing detailed stories of an experience, which was not the focus of this study.

Research Question

The central research question for this study was as follows: What engagement strategies do hospital middle managers use to improve employee performance to increase patient satisfaction?

Interview Questions

1. How do you define employee engagement?
2. What specific employee engagement strategies did you use to improve employee performance to increase patient satisfaction?
3. How do you provide feedback to your employees who exhibit exemplary performance that increase patient satisfaction?
4. How, if at all, did employee performance change because of the implementation of engagement strategies?
5. How do you cultivate a work environment to increase employee engagement?
6. How do you gauge the effectiveness of your employee engagement strategies?
7. What suggestions do you have for health care managers who want to improve employee engagement?

Conceptual Framework

The conceptual framework for this study was Kahn's (1990) theory of personal engagement. Kahn (1990) introduced the theory of personal engagement to measure the engagement or disengagement levels of individuals during role performance. Kahn (1990) posited that three factors contribute to a person's level of engagement or disengagement. The three factors include psychological *meaningfulness*, *safety*, and

availability (Kahn, 1990). Kahn (1990) defined psychological meaningfulness as an individual's perception of being valued or recognized for the physical, emotional, and cognitive energy individuals exhibit during the daily job performance. Kahn (1990) defined safety as an understanding that an individual is free to make decisions without the threat of negative consequences. The third factor to affect employee engagement was the employee's availability (Kahn, 1990). Psychological availability refers to engaged employee whose coping strategies, physical and emotional energy, and feeling of security allow the employee to fully engage in job performance (Kahn, 1990).

In Kahn's (1990) model of the theory of engagement and disengagement, the theorist explained the effect of a person's engagement or disengagement levels on work performance. Although Kahn's theory is over 25 years old, it provided the lenses through which I studied the engagement strategies that contribute to health care employees' ability to improve performance and increase patient satisfaction.

Operational Definitions

Disengagement: Withdrawing of self from work role and constructing personal barriers that withhold self during role performance (Kahn, 1990).

Engagement: The harnessing of oneself to work roles, where people express all aspects of themselves physically, cognitively, and emotionally during role performance (Kahn, 1990).

Middle managers: Employees who receive supervision and direction from senior management and are directly responsible for communicating business processes to line workers (Noble, 1999).

Patient satisfaction: An outcome measurement that reflects the level of experience a patient perceives during a hospital visit (O'Leary & Cyrus, 2015).

Personal engagement: The extent to which employees purposely immerse themselves in their work (Kahn, 1990).

Psychological availability: The confidence an individual demonstrates regarding their freedom to be cognitively, physically, and emotionally present during role performance (Kahn, 1990).

Psychological meaningfulness: The degree of meaning that individuals experience during role performance (Kahn, 1990).

Psychological safety: Relates to an individual's ability to express opinions at work without feeling uncomfortable or threatened during the process (Kahn, 1990).

Assumptions, Limitations, and Delimitations

The purpose of this qualitative single case study was to explore the engagement strategies that some hospital middle managers used to improve employee performance to increase patient satisfaction. Researchers who acknowledge the assumptions, limitations, and delimitations of a study have opportunities to identify factors that could affect the research process (Foss & Hallberg, 2014). Assumptions lie beyond the researcher's control but prove necessary for completion of the research (Kirkwood & Price, 2013). Study limitations help researchers identify factors that limit the scope of the research, while delimitations refer to the study boundaries (Leedy & Omrod, 2013; Yin, 2014).

Assumptions

Assumptions can influence the researcher's ability to complete a study (Foss & Hallberg, 2014). Kirkwood and Price (2013) defined assumption as unidentified facts that could affect a researcher's study. The following assumptions guided the data collection and analysis plans for this study. First, I assumed that the purposeful sampling of the participants, all health care middle managers, successfully contributed to the phenomenon of employee engagement to improve employee performance, thus increasing patient satisfaction. A second study assumption implicit in this assumption is that the interview questions were sufficient to gain a clear understanding of the strategies health care middle managers used to engage employees.

A third study assumption pertained to the integrity of the interview process. I assumed that the participants were honest and unbiased in their responses to the topic of employee engagement. A fourth assumption pertained to the observations. I assumed that during the observation, the managers did not change their behaviors as they interacted with their employees. The fifth assumption pertained to hospital documents. I assumed that the documents contained information that the managers used and implemented during their day-to-day activities.

The structure of the case study design mitigated the risk associated with the assumptions of the integrity of the interview process and the interview questions. Open-ended questions allowed participants to share information freely. Also, participants' responses to follow-up questions contributed to data accuracy. Before scholars promote their study as accurate, they must offer readers factual support for their ideas (Kirkwood

& Price, 2013). I also observed the participants and took notes, which I compared to the hospital documents. During the observation process, I documented any evidence or occurrence of the observer's effect.

Limitations

Research limitations can influence the validity of this study. Limitations refer to potential situations or weaknesses that could affect the study (Leedy & Omrod, 2013; Shuck, Ghosh, Zigarmi, & Nimon, 2013). The researcher must declare any personal biases that could affect the results of the study (Noble & Smith, 2015). My experience as a health care employee could add personal bias to the study. Roulston and Shelton (2015) suggested that a researcher avoids bias by remaining neutral, objective, and impartial during the research process (p. 338). To further address this study limitation, I used a purposive sample size of four health care managers within a single hospital in northeast Connecticut.

Delimitations

Delimitations refer to the study boundaries (Yin, 2014). The geographic location of the participants contributed to the delimitation of this study. The focus of this study was health care managers in one hospital in the northeast region of Connecticut. The research study boundaries included the review questions, previous research, and literature on employee engagement strategies. The participants represented four health care managers from a single hospital who implemented successful engagement strategies to improve employee engagement to increase employee performance.

Significance of the Study

Contribution to Business Practice

In the United States, the introduction of the HCAHPS survey, which contains publicly reported patient satisfaction scores, affects hospitals Medicare reimbursements (Centers for Medicare & Medicaid Services [CMS], 2014). Under the ACA, HCAHPS survey accounts for 1% of hospitals VBP scores and financial incentives (Dempsey et al., 2014). A loss of 1% VBP is significant for hospitals that operate under declining financial budgets (Borah et al., 2012).

Engaged health care employees contribute to improved patient satisfaction (Lee, Lee, & Kang, 2012) and business outcomes (Freeney & Fellenz, 2013). This study is significant to the effective practice of business in that it might provide a practical model for health care managers to understand what engagement strategies some hospital middle managers use to improve employee performance to increase patient satisfaction. In the section below, I share how my study could contribute to social change.

Implications for Social Change

The results of this study could potentially provide significant knowledge to health care leaders that can help maximize employee engagement, thus improving patients' medical outcomes and contributing to positive social change. Ramez (2012) posited that health care employee engagement could improve the patients' quality of life, benefit the patients' families and benefit their communities.

A Review of the Professional and Academic Literature

The primary goal of this qualitative single case study was to explore the engagement strategies that middle managers at one hospital used to improve employee performance to increase patient satisfaction. Because the study was grounded in employee engagement, the conceptual framework for this study surrounded the construct of engagement and disengagement. In this study, the goal was to review the existing literature on employee engagement and to use past research to answer the research question and to provide relevant data for future research on the applied business problem.

In this study, I used Kahn's (1990) seminal work on engagement to explain personal engagement at work. Kahn's conceptualization of engagement entails an individual's deliberate and rational decision to involve all aspects of self during role performance. The job role of health care employees requires that the employees engage all aspect of self during job performance to provide quality patient care (Hilton & Sherman, 2015). The results of this study may provide health care organizations with information to understand the real-world employee engagement strategies that one hospital's middle managers employed to improve employee performance to increase patient satisfaction.

In the literature review, my initial focus was the conceptual framework of this study. This section provides an overview of the academic literature and publications related to the development of employee engagement and a review of Kahn's (1990) seminal work on engagement. Capitalizing on Kahn's construct of engagement, compared to other constructs, Kahn's theory of engagement represents a holistic view of

personal engagement, where individual cognitive, emotional, and physical states contribute to the act of engagement or disengagement during job performance.

The literature review for this study includes data collected from various organizations and applied to a qualitative single case study within the health care industry. The literature review provided the framework for the problem advanced for this study and provided an objective view of employee engagement in a small hospital in the northeast region of Connecticut. Although there is a plethora of information on employee engagement (Albrecht, 2012), there has been a lack of research on studies conducted on the population of hospital middle managers who successfully implemented employee engagement strategies to improve employee engagement to improve performance. According to Sylvester, Tate, and Johnson (2013), cumulative literature research is critical to the success of any academic research process. Therefore, in the following subsections of the literature review on employee engagement, the goal was to extract data relating to the definition and use of engagement in current literature.

Purpose of the Literature Review

The purpose of this literature review section was to explore the engagement strategies that some hospital middle managers used to improve employee engagement to improve performance and increase patient satisfaction. This literature review is the foundation for the conceptual framework posited in this study. The reviewed literature provided lenses and ideas that aligned with the problem analyzed in the research. The purpose of providing theories in this study is to disseminate information and not for the introduction of new theories.

Literature Review Searches Strategy and Outline

Review of relevant information, consultation of articles, and the extraction of relevant sources for data synthesis formed the foundation for the dissemination of data on the concept of employee engagement. Data synthesis is a process where the researcher aggregates and systematically integrates data to provide readers with a comprehensive understanding of the research topic (Newman et al., 2017). Excluded from this study were sources that did not meet the quality threshold of addressing the study research question. The various sources of data collected for this research literature included peer-reviewed and full-text journal articles published in English. Except for the conceptual framework of engagement posited in this study, all peer-reviewed articles were published within the recommended dates of 5 years from the anticipated Chief Administrative Officer (CAO) approval date. Walden University Library's databases provided the various sources of literature for this study. The following databases provided existing literature on the study and information to help explore the gaps in the literature reviews: Health Sciences by Sage, ABIN/INFORM Complete, ProQuest Central, Business Source Premier, Google Scholar, Thoreau Multiple Database, Academic Search Complete, Business Source Complete, and ProQuest Central. In addition to the literature on the study conceptual framework, I used keywords and phrases to gather data for this study and to explore themes. The key words and phrases used to search for relevant literature included *engagement, disengagement, healthcare employees, healthcare managers, managers, job performance, employee performance, patient satisfaction, customer satisfaction, Medicare, Medicaid, and HCAHPS*. The articles selected for this study were

peer-reviewed, full-text articles published within the last 5 years prior to the completion date of this study.

This study contains a total of 175 references. From the total references, 164 or 93.7% were peer-reviewed sources. From the 175 references, 157 or 89.7% were published between 2012 and 2017, which reflects the last 5 years prior to the proposed completion date of the study. Of the 175 references, 159 or 90.8% of the sources were in the literature review. Based on the review literature, the need to conduct a qualitative study was appropriate for researching engagement strategies one hospital's managers employed to improve employee engagement. The literature review provides an outline for the foundation of the study.

Introduction and Development of the Theory of Engagement

The theory of engagement is a popular topic and has continued to draw attention from various researchers. Although the model for this study was Kahn's (1990) seminal article on personal engagement, it was important to identify the various concepts of employee engagement found in research literature. Researchers have used a plethora of terms to refer to employee engagement. The various engagement terms included *work engagement*, *personal engagement*, *job engagement*, *staff engagement*, and *engagement* (Truss, Shantz, Soane, Alfes, & Delbridge, 2013, p. 3). The two most common terms were *employee engagement* and *work engagement*. Some researchers preferred the term *personal engagement*, as posited by Kahn, and stated that personal engagement is a better predictor of an employee's performance levels than work engagement (Fletcher, 2016).

Introduction to Kahn's Theory of Engagement

The conceptual and historical root of the term *employee engagement* originated with Kahn's (1990) seminal work on personal engagement. Kahn conducted an ethnographic study with a population of summer camp counselors and employees of an architectural firm. According to Kahn, these work environments harbored two different working cultures. The summer camp was a more laid-back environment compared to the architectural firm, which was more rigid in its operation (Kahn, 1990). In Kahn's first study, he assumed a participative role as a summer camp counselor and developed relationships with various members of the team to collect data on engagement and disengagement behaviors. Kahn gathered the wealth of information on employee engagement through interview questions, personal observation, documentation, and self-analysis.

In Kahn's (1990) second research study, he adopted the role of an outside observer. Kahn did not participate in this research but solely observed participants' experiences that led to the phenomenon of engagement and disengagement. Kahn observed the psychological factors that contribute to employee engagement at both organizations and questioned the employees about their work experiences. In his study, Kahn shared that engaged employees showed full involvement in their job roles and expressed themselves physically, emotionally, and cognitively during role performance (p. 694). Kahn's documented observation of the employees was the foundation for the construct of personal engagement and disengagement. Kahn proposed that the greater an individual's perception of engagement, the more the individual sought to maximize role

performance. Conversely, disengagement is an individual's conscious decision to disconnect one's authentic self and erect psychological barriers to prevent engagement during role performance (Kahn, 1990). Since Kahn's theory of engagement, various theories of engagement evolved in literature.

Engagement Theory Development

Employee engagement is a multidimensional construct, with several models and theories of engagement emerging in the literature (Macey & Schneider, 2008; Saks & Gruman, 2014). Macey and Schneider (2008) provided a conceptual framework for readers to gain an understanding of the various constructs and meaning of engagement. To help readers understand the concept of engagement, Macey and Schneider presented and examined various definitions of engagement found in today's literature. According to Macey and Schneider, employee engagement is an old construct and shares similar concepts to the existing constructs of job satisfaction, job involvement, and job commitment. Despite Macey and Schneider's personal views on the construct of employee engagement, the researchers agreed with Kahn's (1990) definition of engagement. Macey and Schneider agreed that engagement is a construct used to identify an individual's psychological state, behavior, and traits.

In a more recent study, Saks and Gruman (2014) added to the literature on employee engagement by reviewing the various theories that contribute to employee engagement. In Saks and Gruman's study on employee engagement, the authors traced the origin of the concept of employee engagement, compiled a literature review of the various definitions, and examined how researchers measure engagement. In addressing

the concepts and definitions of employee engagement, the researchers stated that Kahn (1990) was the major contributor to the theory of engagement (Saks & Gruman, 2014). The fundamental principles of Kahn's study of engagement involve the interaction between an employee and an organization and the factors that contribute to these interactions (Saks & Gruman, 2014). In Saks and Gruman's study on the various theories of engagement, the authors concluded that the theories of employee engagement most commonly found in literature reflected the original work of Kahn's (1990) and Maslach, Schaufeli, and Leiter's (2001) studies. The concept of employee engagement in the current literature can be summarized in three major theories.

Theory 1

Kahn (1990) was the original author who introduced the theory of personal engagement and disengagement. Kahn's first published study, "Psychological Conditions of Personal Engagement and Disengagement at Work," found in the *Academy of Management Journal*, is over 25 years old. As of 2014, Kahn's seminal work on engagement was still one of the most cited works in current literature (Rana, Ardichvili, & Tkachenko, 2014; Saks & Gruman, 2014).

In Kahn's (1990) pioneering study, he explored the phenomenon of engagement by observing individuals at work. Kahn defined engagement as an employee's self-absorption, involvement, or lack thereof, during the employee's work-role. During Kahn's seminal work, he discovered that his role as an active research participant had a greater effect on his feeling of engagement or disengagement, compared to his role as an outside observer. Kahn's distinct roles, as both a study participant and a nonparticipant allowed

him to conclude that three psychological factors contribute to an individual's engagement at work: meaningfulness, safety, and availability.

One could argue that Kahn's (1990) definition of engagement is an extension of Maslow's (1943) theory of an individual's five basic needs. Maslow proposed that an individual's five basic needs include (a) physiological, (b) safety, (c) love (the need to belong), (d) esteem, and (e) self-actualization. Maslow suggested that the five basic needs, when fulfilled, motivated an individual to accomplish specific goals. Kahn's definition of engagement addresses the psychological connection an individual develops towards work performance, rather than the organization. Kahn shared that an individual's psychological state of wellbeing contributes to how much effort a person exerts during role performance.

Theory 2

After Kahn's (1990) model of engagement, the second theory of engagement, found in engagement literature, originated from Maslach et al.'s (2001) study of engagement. Researchers have found that engagement is the opposite of burnout, characterized by vigor, self-involvement, and efficacy (Maslach et al., 2001). Burnout is a psychological condition that manifests in emotional exhaustion, cynicism, and a negative evaluation of oneself (Maslach & Jackson, 1981). According to Maslach and Jackson (1981), employee burnout negatively affects customer service, employees' ability to function, and organization effectiveness. Burnout represents an erosion between an employee, organizational life, and the organization's environment (Maslach & Jackson, 1981). While burnout reflects an individual's state of exhaustion and cynicism

(Truss et al., 2013), Maslach et al. viewed engagement as an independent construct that is very different from the construct of burnout.

Theory 3

The third theory of engagement, based on the job demands-resources (JD-R) model, originated from the burnout literature. The JD-R model of engagement consists of two conditions that contribute to an employee burnout: job demand and job resources (Demerouti, Bakker, Nachreiner, & Schaufeli, 2001). High job demands contribute to an individual's state of physical and emotional exhaustion, while job resources provide individuals with external functional resources and a psychological drive to activate engagement and improve performance (Demerouti et al., 2001). This empirical finding supports the construct that engagement is the opposite of burnout.

Bakker and Demerouti (2008) defined work engagement as a state of an individual's involvement in the job role, demonstrated by vigor, dedication, and absorption. Employees who feel that the job and personal resources satisfy their psychological needs show engagement during role performance (Bakker & Demerouti, 2008). A lack of personal and job resources leads to employee burnout and disengagement from their role, which leads to poor performance at work (Bakker & Demerouti, 2008).

Call for a Fourth Model of Engagement

In Saks and Gruman (2014) research on employee engagement, the researchers called for a fourth model of engagement. Saks and Gruman (2014) suggested that future research on the JD-R model of engagement should include Kahn's (1990) three

psychological conditions that contribute to engagement. Saks and Gruman (2014) argued that questions still surround the concept of employee engagement, such as what causes an employee to become engaged and the effect of employee engagement on business outcomes. Saks and Gruman (2014) offered a theoretical taxonomy of employee engagement and suggested that Kahn's (1990) theory of engagement and the psychological conditions of meaningfulness, safety, and availability, when integrated with job resources and job demands provide a better framework for employee engagement than the JD-R model alone.

Although job resources and personal resources contribute to employee engagement and help an individual avoid a state of on the job exhaustion, there must exist psychological conditions to further foster engagement (Saks & Gruman, 2014). Kahn's (1990) theory of engagement, in which he suggests bringing one's authentic and entire being into the task role, is an important mediator between job resources and employee engagement (Saks & Gruman, 2014). In the JD-R model, the researchers do not explain why certain job resources encourage the engagement process (Saks & Gruman, 2014). Therefore, linking job demands to each of Kahn's psychological conditions at work can provide a better framework for researchers to understand how meaningfulness, safety, and availability play a strategic role in employee engagement (Saks & Gruman, 2014). A fourth model of employee engagement could help clarify what aspects of job resources and job demands promote engagement (Saks & Gruman, 2014). Research shows that the synergistic combinations of Kahn's three physiological conditions contribute to an employee's state of engagement.

Researchers view of Kahn's Model of Personal Engagement

In the multidimensional, multilevel model of employee engagement, researchers seek to elucidate Kahn's (1990) theory of employee engagement. May, Gilson, and Harter (2004) empirically tested Kahn's theory of engagement by conducting a field study in a large U.S. Midwestern insurance agency. The researchers conducted surveys to gather information on employee engagement and disengagement. May et al.'s study results, empirically supported Kahn's seminal work on the role psychological meaningfulness, safety, and availability plays in an individual's state of engagement. To strengthen Kahn's theory of engagement, May et al. further stated that the concept of engagement is not as an employee's temporary state of engagement but a permanent state of engagement that is either present or not present. Kahn's study also gained support from He, Zhu, and Zheng (2014), who agreed that the concept of employee engagement is more than a physical presence, but includes a psychological presence where employees bring their authentic self to the workplace.

Conversely, not all researchers agree with Kahn's (1990) definition of engagement. Some researchers claim that engagement is a contested construct, and no true definition of engagement exists (Saks & Gruman, 2014; Truss et al., 2013). Despite the differences in the definition of engagement, the recent research literature on engagement indicates a link between engagement and positive organizational outcomes and effectiveness (Andrew & Sofian, 2012; Shuck & Reio, 2014). Building on the literature of employee engagement, May et al. (2004) stated that unlike the construct of work engagement, characterized by vigor, dedication, and absorption, employee

engagement is related to the construct of job involvement. Commitment reflects an employee's feeling of wellbeing (Valizade, Ogbonnaya, Trgaskis, & Forde, 2016). Engagement is an employee's state of mind that propels the employee towards a commitment to contribute to positive organizational outcomes.

Compared to disengaged employees, highly engaged employees demonstrate greater levels of self-involvement and performance at work (Shuck & Reio, 2014). Employee engagement is a personal relationship that an individual develops because of the employee's perception of the organization (Owen, 2014; Shuck & Herd, 2012). An employee perception of the organization, positive feelings, and self-efficacy determine the level of engagement an employee displays (Ouweneel, Le Blanc, & Schaufeli, 2013; Shuck & Herd, 2012). Shuck et al. (2013) further suggested that employee engagement is the interaction of employees, performing a defined role, with a specified group of individuals.

Considerable discussions surround the benefits of employee engagement. These discussions include various researchers' views linking engaged employees as the source that provides organizations with the necessary tools to gain a competitive edge (Kerns 2014; Nienaber & Martins, 2014). Hence, employee engagement is an evolving and unique construct. Employee engagement affects customer satisfaction, productivity levels, individual wellbeing, employee performance, and organizational effectiveness (Anitha, 2014; Kataria, Rastogi, & Garg 2013; Sahid & Azar, 2013; Shuck & Reio, 2014; Truss et al., 2013). Essentially, both the employee and the organization leaders benefit from the effects of an engaged workforce.

Common themes found in engagement literature indicate that engaged employees work towards positive organizational outcomes through self-motivation, self-absorption, and enthusiasm (Anitha, 2014; Salman, Aamir, Asif, & Khan, 2015). Engaged employees tend to perform better than their disengaged counterparts and work as a team to improve overall performance that benefits the organization (Sahid & Azhar, 2013; Schaufeli & Salanova, 2014). Barrick, Thurgood, Smith, and Courtright (2015) added that employee engagement is a product of organizational practices. Regardless of the varied definitions of employee engagement, the benefits of the construct warrant investigation.

Employee Engagement

Employee engagement contributes to an organization's competitive advantage and continues to receive increasing attention in the literature. The etymological latitude of employee engagement and the effect on organizational performance allows the concept to gain popularity in management literature (Anitha, 2014; Barnes & Collier, 2013; Macey & Schneider, 2008; Maslach et al., 2001; Nienaber & Martins, 2014). The construct of employee engagement appears to have multiple components of definitions. The varying definitions reflect the complex nature of the construct of employee engagement (Nienaber & Martins, 2014). Some researchers investigated the factors that contribute to the definition of employee engagement and defined employee engagement as an emotional attachment an employee has towards the organization and its goal (Mishra et al., 2014; Suresh, Manivannan, & Krishnaraj, 2015). Moreover, employee engagement is a prerequisite to organizational performance and productivity and affects customer service (Andrew & Sofian, 2012; Sahid & Azar, 2013). Additionally, engagement

contributes to increased employees' potential and offers opportunities for personal growth (Cattermole, Johnson, & Roberts, 2013). Engaged employees contribute to organizational success by demonstrating positive work behaviors.

Kahn (1990) defined employee engagement as an individual's psychological experience at work, where a positive work-connection occurs based on an individual's perception of self, the work experience, and the organization. Kahn based his definition of engagement on an individual's authentic and personal expression of self in the work task. According to Kahn (1990), employees demonstrate psychological vigilance that determines the boundaries they establish between their authentic self and work role. During times of engagement, people commit themselves to their role performance by exhibiting physical, cognitive, and emotional attachment to their work (Kahn, 1990). According to Kahn (1990, 1992), engagement reflects an individual's psychological presence in the workplace, and personal engagement or disengagement is the degree to which an individual harnesses personal self to the job role, during work performance. Kahn (1990) concluded that full employee engagement occurs within an organizational setting when three psychological conditions and where two interrelated processes exist. The three conditions Kahn (1990) highlighted were psychological meaningfulness, psychological safety, and psychological availability. The two interrelated processes include engagement outcomes and organizational outcomes (Kahn, 1990). Kahn (1992) identified the two interrelated processes: (a) an individual's experience that leads to engagement and, (b) organizational outcomes which depend on the resources the employees receive from the organization.

Second Approach to Employee Engagement

Schaufeli et al. (2006) proposed that employee engagement reflects an individual's state of mind characterized by vigor, dedication, and absorption. Schaufeli et al. further defined engagement as a state of wellbeing where individuals show high levels of energy, the antithesis of burnout. Saks and Gruman (2014) shared that although Kahn's (1990) and Schaufeli et al.'s studies showed similarities in concept, Kahn's definition of engagement was more substantial and in-depth than Schaufeli et al.'s definition. From the literature review, it is apparent that employee engagement depends on an employee's state of wellbeing and perception of the workplace. In practice, employee engagement refers to an individual's state of involvement, commitment, passion, enthusiasm, absorption, focused effort, zeal, dedication, and energy during work performance (Truss et al., 2013, p. 15). More specifically, cognitively engaged employees believe that they play an important role in the organization, they receive recognition and compensation for their work and the necessary tools to carry out their job roles (Alagajara & Shuck, 2015; Shuck & Reio, 2014). Thus, engagement involves the balancing of employees' perception of engagement and the resources provided by organizational leaders. Although engagement promotes business growth and success, conversely disengagement negatively affects business outcomes.

Employee Disengagement

Actively disengaged employees present challenges for managerial leadership (Kerns, 2014). In 2014, approximately 31.5% of employees in the United States were disengaged (Gallup Inc., 2014). In a subsequent study, conducted in 2015, the results of a

Gallup survey indicated an increase of 1.4% in engagement levels in the month of February, with most of the U.S. workforce showing disengagement (Gallup Inc., 2015). Kahn (1990) defined personal disengagement as a person's withdrawal of self from active role participation while erecting physical, cognitive, and emotional barriers to protect self during role play. Kahn postulated that disengaged individuals display physical, cognitive, or emotional separation of self and erect self-imposed barriers. Kahn shared that individuals use self-imposed barriers to conceal their identity and protect themselves from joining with others during work performance.

Supporting Kahn's (1990) view of disengaged employees, Slack, Corlett, and Morris (2015) added that dissident or disengaged employees confine themselves to the specific job role and choose not to go outside the boundaries of the role. Disengaged workers do not contribute to the organization as well as engaged workers (Purcell, 2014). Disengaged employees underperform and contribute to the demotivation of other employees (Anitha, 2014). Truss et al. (2013) defined disengagement as a state of burnout, fatigue, lack of involvement, and accomplishment. Burnout reflects the opposite psychological effect of engagement (Suresh et al., 2015). Burnout is a negative state of wellbeing (Schaufeli & Salanova, 2014). The theorized process of disengagement involves disengaged employees' removal of self from role performance, which contributes to increased departmental cost (Swarnalatha & Prasanna, 2013). Disengaged employees who underperform levy increased cost to organizations. Disengagement is the leading cause of employees' emotional dissatisfaction with their job roles and their desire to quit the job (Thanacoody, Newman, & Fuschs, 2014). Managers could benefit from

gaining an understanding of the overall employee engagement strategies that affect employee performance and organizational success.

While globally, millions of employees demonstrate disengagement (Shuck & Herd, 2012), managers continue to seek methods to improve employees' work engagement (He et al., 2014; Cole, Walter, Bedeian, & O'Boyle, 2012). Managers understand that engaged employees contribute to increased levels of performance, exhibit behaviors that promote organizational success, and an overall sense of wellbeing (Hakanen & Schaufeli, 2012; Lowe, 2012). Engaged employees perform well, at work, and contribute to organizational success.

How Employee Engagement Differs from Other Constructs

The use of engagement, in literature, depends on the epistemological and theoretical foundation of the construct. The rationale behind the various constructs and definitions of engagement depends on whether the derivation of the engagement concept is from academic or psychological literature (Shuck et al., 2013). In a study conducted by Shuck et al. (2013), the researchers examined the construct of employee engagement and the use of the construct in the field of human resources. Shuck et al. studied various scholars' definition and explanation of the benefits and outcomes of employee engagement. The researchers contended that the construct of employee engagement is distinct, yet overlaps with various job attitudes (Shuck et al., 2013).

Some studies show that job satisfaction and engagement, although related, are two conceptually distinct constructs (Huang et al., 2016). During a systematic exploration of the construct of employee engagement, researchers found that job satisfaction was not the

best predictor of organizational performance, while engagement was the key factor that affected performance (Barnes & Collier, 2013). Furthermore, employee engagement is more beneficial to organizations, than job satisfaction or job involvement (Eldor & Harpaz, 2016). Employee engagement involves an individuals' state of mindfulness that goes beyond the boundaries of job satisfaction (Barnes & Collier, 2013). According to Barnes and Collier (2013), engagement is an individuals' state of mind that promotes role activation. During times of engagement, employees actively invest personal resources towards goal accomplishment. In Barnes and Collier's study on the effect of employee engagement within a service industry, the researchers stated that employee engagement is a higher order construct than job satisfaction.

Some researchers claim that employee engagement is a distinct construct that holds some similarities to performance measures in the workplace (Rich, Lepine, & Crawford, 2010). Shuck et al. (2013) stated that although employee engagement, job satisfaction, job involvement, and organizational commitment overlap in construct, employee engagement is empirically separate from other constructs. Kahn (1990) noted three conditions that lead to employee engagement; *psychological meaningfulness, safety, and availability*. Kahn posited that employee engagement is a multifaceted, multilevel construct, and an individual's level of engagement or disengagement was evident by one's active involvement when performing a task.

The Effect of Psychological Meaningfulness on Employee Engagement

Kahn (1990) defined psychological meaningfulness as an individual perception of being valued or recognized for the physical, emotional, and cognitive energy individuals

exhibit during their daily job performance. Employees experience meaningfulness when they perceive their job tasks, job roles, and interactions with others as important (Kahn, 1990). Employees who feel valued and accepted tend to offer more of themselves during their everyday work performance (Barrick et al., 2015). Managers play an important role in helping employees find meaning in their roles (Pattakos & Dundon, 2017).

Clearly defined job roles, jobs that provide opportunities for employee creativity, and autonomy contribute to employee engagement (Kahn, 1990). The level of autonomy an employee perceives, and the interactions an individual has with others on the job influence an employee's sense of meaningfulness (Barrick et al., 2015). Managers who provide autonomy to their staff, allow the staff to provide input on decisions that affect the department (Tillot, Walsh, & Moxham 2013). It is important for managers to identify the factors that contribute to an employee's perception of psychological meaningfulness on the job.

The Effect of Psychological Safety on Employee Engagement

Kahn (1990) defined psychological safety as an understanding that an individual is free to express opinions and make decisions without the threat of negative consequences. In a psychologically safe environment, employees feel a sense of trust and support (Holton & Grandy, 2016; Kahn, 1990). Psychological safety (a) affects an employee job performance, (b) sets the tone for teamwork, and (c) provides a platform for employees to communicate ideas, and ask questions that benefit the organization (Edmondson & Lei, 2014). In an evolving health care environment, teamwork is an important component of quality patient care (DeNisi & Smith, 2014). Health care

employees work as a team to provide patient care and accomplish organizational goals (Edmondson & Lei, 2014). Individual health care employee performance contributes to the success of the entire team and overall organizational success.

Communication is a process that includes interactions between both managers and employees (Mishra et al., 2014). Communication includes a mutual dialogue between managers and the employees where each interlocutor shares thoughts and views freely (Grill, Alborg, & Wikström, 2014). An employee's willingness to voice concerns depends on the level of trust between the manager and the employee (Kwon, Farndale, & Park, 2016; Rees, Alfes, & Gatenby, 2013). Employees trust their managers when the managers provide untainted and relevant information for the employees to make good decisions (Strömgren, Eriksson, Bergman, & Dellve, 2016). Managers who demonstrate honesty, humility, and consistency promote employees' trust (Sparrow, 2013). When employees experience a disconnect between themselves and their managers, these employees retain vital information that could prove detrimental to an organizations' success (Milliken, Schipani, Bishara, & Prado, 2015). An employee's feeling of psychological safety benefits the employees and the organization.

The Effect of Psychological Availability on Employee Engagement

Kahn (1990) defined psychological availability as an engaged employee whose coping strategies, physical and emotional energy, and feeling of security allowed the employee to engage fully in job performance. Psychological availability reflects an employee's concept of job autonomy, and what the employees perceive to be the significance and clarity of the role (Barrick et al., 2015). Barrick et al. (2015) further

stated that employees who feel secure in their position, with no fear of job loss, experience a sense of psychological availability. Kahn's three psychological constructs of employee engagement could ultimately affect an employee's level of job performance. Due to the autonomous nature of the health care employee job duties, employees must remain cognitive and focused on job performance.

Effects of Employee's Engagement on Job Performance

Health care employers face increased job responsibilities that require managers to find new strategies to engage this population of workers. To foster an environment of engagement, leaders must establish specific plans to address and effectively engage the employees (Davenport, 2015). These employees include not only the employees directly responsible for patient care, but also employees who provide administrative support (Shantz, Alfes, & Arevshatian, 2016). A significant relationship exists between engaged employees and job performance (Idris, Dollard, & Tuckey, 2015).

According to Kahn (1990), engaged employees invest all aspects of their being into their job performance. Employee performance is an individual's behavior that fosters positive organizational outcomes (Alagaraja & Shuck, 2015). When employees project a psychological presence, that psychological presence allows the employees to engage in activities that contribute to the success in their role performance (Kahn, 1990).

Optimizing employee engagement levels promote business growth (Medlin & Green, 2014). Organizations with engaged employees report 22% higher profitability, 48% fewer safety issues, and 10% increase in customer satisfaction, compared to businesses that have less engaged employees (Kaliannan & Adjovu, 2015). Engaged

employees increase productivity, promote consumer loyalty, and increase business profitability (Sahid & Azhar, 2013).

Building on Kahn's (1990) concept of the phenomenon of engagement, work engagement deals with how employees view their task roles (Kerns, 2014). Engaged employees demonstrate proficiency and adaptability during task roles (Kataria et al., 2013 & Kerns, 2014). The engagement concept emphasizes the effect of engagement on employee performance. Engaged employees perform well and contribute to customer satisfaction (Fletcher, 2016; Ibrahim & Falasi, 2014; May et al., 2004; Alagajara & Shuck, 2015; Thompson, Lemmon, & Walter, 2015). An employee's level of performance influences the quality of patients' care.

The Effect of Engagement on Health Care Employees Job Performance

Health care organizations face declining profits and challenges to reduce the cost of health care while increasing the quality of services (Hewitt, 2014). Under heightened mandates and scrutiny, the push for high-quality care places increasing demands on the health care employee (Edmondson, Higgins, Singer, & Weiner, 2016). Engaged health care employees contribute to a positive patient experience, the delivery of quality clinical standards, and safety outcomes (Jeve, Oppenheimer, & Konje, 2015; Wessel, 2012). Patient satisfaction depends on the level of employee engagement (Granatino, Verkamp, & Parker, 2013). Furthermore, in health care organizations, teamwork is an important component of quality care (DeNisi & Smith, 2014). Effective individual performance contributes to the success of a team's performance, and overall organizational performance (DeNisi & Smith, 2014).

The Role of Middle Managers in Health Care

In hospitals, leadership role grows increasingly complex as leaders thrive to increase efficiency and productivity (Daly, Jackson, Mannix, Davidson, & Hutchinson, 2014). Health care middle managers play a key role in the implementation of innovative initiatives by providing employees with the necessary information, tools, and assistance to accomplish a task (Birken, Lee, & Weiner, 2012; Holton & Grandy, 2016). Health care middle managers are strategically positioned to influence change on the work floor and the daily operations of the department (Dainty & Sinclair, 2017; Oldenhof, Stoopendaal, & Putters, 2016). Middle managers supervise employees and develop relationships with the employees to identify what factors contribute to an increase in job performance (Dainty & Sinclair, 2017; Davenport, 2015). Health care middle managers play a strategic role in the engagement of employees charged with providing quality patient care.

Middle managers encourage health care employees to prioritize patient-centered care and guide their employees towards self-improvement (Oldenhof et al., 2016). In health care, middle managers use informal and formal meetings to communicate clear, direct, transparent, and important information to the employees (Engle, Lopez, Gormley, Chan, Charns, & VanDeusen Lucas, 2017). Middle managers set expectations, provide training, coaching, resources, and support to their employees while encouraging employees to think independently (Engle et al., 2017). Middle managers work closely with their staff to improve business processes (Engle et al., 2017). The role managers

play in employee engagement is multifaceted and is not confined to the boundaries of the health care setting.

The Role of the Manager in Employee Engagement in Health Care

In the United States, there is a projected job growth of 23% for health care managers, from 2012 to 2022 (Bureau of Labor Statistics, 2014). Health care managers' occupation will expand because of the aging of the baby-boomers who now live longer and more active lives (BLS, 2014). If this forecast is accurate, health care managers will have significant opportunities to implement strategies to engage the employees they supervise. Improving employee engagement and patient health care outcomes will rest in the hands of effective leadership (Raso, 2016).

Health care leaders face regulatory mandates to reduce the cost of health care services while increasing the quality of services (Hewett, 2014). The current state of the United States health care requires health care managers to improve the value of patient care. The quality of the working relationship between managers and employees influence job performance (Vidyarthi, Anand, & Liden, 2014). An effective engagement strategy starts with the personnel who possess the administrative power to implement change (Wutzke, Benton, & Verma, 2016). A manager's ability to engage employees contributes to organizational success. However, delivering quality patient care requires managers to understand the challenges and implement strategies to overcome those challenges.

In a recent article, the researcher shared the challenges health care managers face in the delivery of health care. The researcher referred to the list of challenges as the *Triple Aim* (Levkovich, 2016). The *Triple Aim* incorporated three areas health care

managers seek to address; better patient care and experience, better overall health care outcomes, and reduced cost of care (Levkovich, 2016). For health care managers to achieve the Triple Aim, managers need to add and address a Fourth Aim, and that is the creation of an engaged workforce (Levkovich, 2016). The Fourth Aim includes team building that fulfills patients and health care employee's needs, opportunities for employees to share information on patient care and employees' personal experiences, and the establishment of a culture that promotes employees' wellbeing (Lekovich, 2016). Although business organizational leaders easily recognize the benefits of the phenomenon of engagement (Schaufeli & Salanova, 2014), fostering employee engagement is a challenge for most organizations (Suresh et al., 2015).

Management principles play a strategic role in building employee engagement, which affects employee performance (Anitha, 2014; Kerns, 2014; Shuck & Herd, 2012; Popli & Rizvi, 2016; Strom, Sears, & Kelly, 2013). Finding ways to unite health care workers to provide superior care requires effective leadership (Sharan, Millhouse, West, Schroeder, & Vaccaro, 2015). As highlighted in Kahn's (1990) conceptual framework, management plays a key role in contributing to an employee's feeling of psychological safety, which fosters employees' engagement. Managers who foster a safe environment for their employees to speak about concerns, share ideas, and make suggestions, provide employees with the necessary tools to engage in positive behaviors during work performance (Milliken et al., 2015). As health care leaders work towards organizational transformation to address current health care challenges, managers understand the fundamental effect of employee engagement on employee performance and

organizational success (Hakanen & Schaufeli, 2012; Lowe, 2012). Past empirical studies of employee engagement and leadership provide an understanding of how managers could influence employee engagement.

Employee engagement is not a concept that leaders could manage but is a concept that could be encouraged and facilitated (Oswick, 2015). Organizational leader coaching behaviors and mentoring could lead to improved employee engagement, commitment, and organizational outcomes (Biswas & Bhatnagar, 2013). In a changing business landscape, leaders view employee engagement as a strategy to maintain a competitive edge (Shuck & Herd, 2012). In 2013, organizations in the United States spent approximately \$720 million dollars to improve employee engagement (Gerst, 2013). Leaders who engage employees demonstrate measurable differences in their organizational outcomes (Shuck & Herd, 2012). Managerial leadership behaviors contribute the culture of engagement throughout all organizational levels (Kerns, 2014). Employees who feel supported by management tend to demonstrate an increase in personal engagement (Shacklock, Brunetto, Teo, & Farr-Wharton, 2014). Therefore, a positive manager to employee relationship increases employee job satisfaction and performance levels (Shacklock et al., 2014).

Less than 33% of employees see themselves as engaged in their jobs (Noe, Hollenbeck, & Wright, 2014). Employee's perception of management influences an employee's level of engagement. Employees search for meaning in the workplace and use the perception of meaning to increase engagement in organizational activities (Salman et al., 2015). While improving patient satisfaction is difficult for organizations,

managers understand the effect of employee engagement on job performance (Dempsey et al., 2014; Lowe, 2012). Therefore, managers continue to look for strategies to improve employees' engagement (Cole et al., 2012; He et al., 2014). Engaged employees provide organizations with a competitive edge through their hard work, dedication, and commitment to excel.

Health care employers realize that patient satisfaction, part of the quality of care, is related to staff satisfaction and the contributions from an engaged workforce (Lowe, 2012). Employees find meaning in their work when they feel secure with their interpersonal relationships (Pattakos & Dundon, 2017). A positive manager-employee relationship is a key to job satisfaction and higher performance (Shacklock et al., 2014). Organization leaders understand the benefits derived from an engaged workforce and commit to retaining those employees (Nasomboon, 2014). When an employee has a sense of managerial support, the employee tends to feel more engaged (Shacklock et al., 2014). Management practices affect employee engagement.

In a Gallup survey (2013), the survey showed that disengagement, due to poor management, resulted in financial burdens on the organization. In a study, conducted in Africa, by Imandin, Bisschoff, and Botha (2015), the researchers measured the importance of managers' engagement. Although Imandin et al.'s (2015) focused on examining factors that promote managers' engagement, the researchers shared that management practices also affect employee engagement. Managers must recognize the effects of employee engagement on organizational outcomes, understand the factors that promote employee engagement, and identify those perception employees deem a

hindrance to their engagement (Imandin et al., 2015). Other viewpoints on employee engagement include the role of the manager in promoting employee wellbeing.

Managers who do not consider an employee's psychological wellbeing, in addition to other work-related constructs, could hinder their ability to improve employee engagement (Robertson, Alex, and Cooper, 2012). Other factors such as role clarity and employee empowerment provide employees with the necessary tools to accomplish job task (Imandin et al., 2015). Also, trust between managers and employees contribute to employee engagement (Gupta, 2015; Imandin et al., 2015). Health care managers' open-door policy helps employees build trust with their managers and helps the employees to communicate their concerns or issues (Dobbs, 2016). Also, health care managers should provide context when communicating with their employees. Providing context during communication provides an avenue for health care personnel to share relevant information that affects business outcomes (Taveira-Gomes et al., 2016). Employee engagement leads to an open mindedness where employees demonstrate a receptiveness to new information and move towards using that information to improve performance (Reijseger, Peeters, Taris, & Schaufeli, 2016). Other researchers explain the role transparency plays in employee engagement.

Transparency dispels staff misconceptions and perceived hierarchical dominance while providing employees with a sense of fairness and inclusion in the clinical setting (Tillot, Walsh, & Moxham, 2013). A culture of transparency, where managers encourage two-way communication, can build trust between managers and their staff (Mishra et al., 2014). In health care, like most business, employee engagement is essential in achieving

positive business outcomes. Managers who build authentic relationships demonstrate consistency and transparency in their interactions with others (Davenport, 2015).

In an article written by Forck (2014), the author shared seven points managers should consider when promoting a culture of engagement in health care. The author listed the seven points as (a) an engaged workforce increases bottom-line profits, (b) managers should examine ways to measure soft skills, (c) encourage peer-to-peer feedback, (d) provide the “why” as a means of providing role-clarity, (e) engage the employee on a personal level, (f) remember that an engaged workforce provides financial benefits to the organization, and (g) an employee’s relationship with the manager is the key to improving productivity levels. Managers who (a) view their employees as individuals, (b) provide opportunities for employees to voice their opinions, (c) understand the personal needs of their employees, and, (d) recognize employees for their contribution promote employee engagement (Stoyanova & Lliev, 2017). A manager’s ability to relate to employees affects employee engagement.

The manager to employee relationship plays an important role in the levels of employee engagement and could contribute to the patient quality of care, and safety practice (Fitzpatrick, Smith, & Wilding, 2012; Shantz et al., 2016; Truss et al., 2013). Hence, fostering employee engagement in health care is an important goal for health care managers (Shantz et al., 2016). Health care managers should promote employee engagement to improve patient satisfaction, which affects health care reimbursements.

Patient Satisfaction

The challenges associated with high-quality service and patient satisfaction vary across health care organizations. The increased regulatory demands on health care organizations, such as HCAHPS reporting, require that health care managers engage all organizational employees, clinical as well as non-clinical employees, to provide quality patient care (Hilton & Sherman, 2015). Although patient satisfaction is complex, some health care leaders have implemented successful strategies to address this issue (Vogus & McClelland, 2016). Patient satisfaction initiatives require innovations to improve the efficiency of health care delivery (Wutzke et al., 2016). Employee engagement is one of the key initiatives that could improve health service delivery (Wutzke et al., 2016). Value creation and a patient's perception of care begin at the level of all health care providers (Sharan et al., 2015). Employees play a strategic role in patient satisfaction.

Globally, health care organizations leaders face fiscal pressures that place demands on health care employees, non-clinical and clinical, to contribute to increased patient care and satisfaction (Converso, Loera, Viotti, & Martini, 2015; Daly et al., 2014; O'Leary & Cyrus, 2015). Patient satisfaction outcome measurement reflects the level of experience a patient perceives during a hospital visit (O'Leary & Cyrus, 2015). The degrees to which patients perceive their level of care determines the percentage of Medicare reimbursements some hospitals receive (Banka et al., 2015). Finding ways to improve patients' satisfaction is a criterion for most hospitals and represent one of key quality improvement initiatives for hospital leaders (Adams, Flores, Coltri, Meltzer, & Arora, 2015). In health care, all employees contribute to patient care and satisfaction.

A patient's visit to a health care facility involves interactions with all employees, not only doctors and nurses and allied health care employees but also administrative employees who work in the organization (Shantz et al., 2016). The strongest influence on patient satisfaction is the interaction between the patients and the health care employees (Johnson & Russell, 2015). Health care employees face-to-face encounter with patients provides the opportunity for a positive customer interaction, which contributes to the customer's sense of receiving value (Hardyman, Daunt, & Kitchener, 2015). Meeting customers' expectations could add value to the customer, in the form of increased customer satisfaction. Engaged employees demonstrate the ability to positively adapt when faced with emergency situations (Kataria et al., 2013), which contribute to patient satisfaction. Raso (2016) wrote an article on the role of engagement in health care and shared how engaged workers contribute to the patients' experience. In his article, Raso (2016) shared that the ultimate patient experience is the result of an engaged workforce.

In a study conducted by Converso et al. (2015), the researchers examined the literature on the relationship between employee's health and the patient's perception of the quality of care they receive. The researchers posited that there is a link between employees' physical health or psychological wellbeing, and the quality of care patients receive (Converso et al., 2015). Converso et al. suggested that managers should examine the relationship between an employee's wellbeing and patients' outcomes. Furthermore, managers should understand how a positive patient relationship, a balance of psychological demands, job autonomy, and support foster employees' wellbeing

(Converso et al., 2015). This finding correlates with Kahn's (1990) suggestion that an employee sense of wellbeing affects an employee performance level.

Granatino et al. (2013) conducted a study in a health care organization in the Midwest, United States to examine the relationship between employee engagement, job satisfaction, and increased customers rating. The study consisted of two parts. In the first part of the study, the researchers administered surveys to 49 hospital employees. The first study consisted of 22 questions for the respondents to rate their engagement levels with their managers (Granatino et al., 2013). The questions ranged from how passionate employees felt about their jobs to how loyal they were to their organizations. The Likert-type scale, responses ranged from one, which indicated strongly disagree, to seven, which indicated strongly agree.

In the second part of the study, Granatino et al. (2013) conducted a *mystery shopper*, over the telephone, survey and recorded customers' responses to questions posed by the mystery shoppers. The questions ranged from the user-friendliness of the phone system to the overall perception of the employees' ability to provide patient care and service. After the examination of the results from both surveys, Granatino et al. (2013) provided training for management and employees on ways to improve engagement and patient satisfaction. Granatino et al. (2013) listed factors that promoted increased employee engagement as (a) an open communication between employees and managers, (b) management training, (c) coaching of employees, (d) management behavioral style, and (e) managerial support. Granatino et al. proposed that successful implementation of the factors that improved employee engagement, also showed an

improvement in patient satisfaction (Granatino et al., 2013). Thus, managers could utilize employee engagement strategies to improve patient satisfaction.

Drivers of Engagement

Researchers seek to understand the drivers of employee engagement in response to the increased benefits of employee engagement to organizations (Macey & Schneider, 2008). Anitha (2014) conducted a study to identify the key drivers of employee engagement and to examine the effect of engagement on employee performance. The researcher surveyed a population of 700 lower and middle managers in a small organization to determine the factors that promote employee engagement. Anitha listed seven factors that drive employee engagement; (a) work environment, (b) leadership (c) team and coworker environment, (d) training and career development, (e) compensation (f) organizational policies, and (g) workplace-wellbeing (p. 311). From those seven factors, Anitha narrowed her focus to three factors that promoted employee engagement. These three emergent factors included work environment, leadership, and team and co-worker relationship.

The sound predictors of employee engagement, as determined by the results of the study, were the working environment and team relationship (Anitha, 2014). The author shared that employee engagement had a profound effect on employee performance and organizational outcomes (Anitha, 2014). Mitigating factors that drive employee engagement includes organizations policies and procedures (Anitha, 2014). Engaged employees make acceptable choices and exhibit behaviors that benefit the organization

(Anitha, 2014). Researchers continue to study the factors that contribute to employee engagement.

Bedarkar and Pandita (2014) conducted a study to explore the key drivers of employee engagement and the effect of these drivers on employee performance and wellbeing. First, the researchers synthesized the past and current literature on employee engagement, for the year 2010, and provided readers with a systemic review of the literature. After the analysis of the literature, Bedarkar and Pandita listed factors of employee engagement as (a) career opportunities, (b) brand alignment, (c) recognition, (d) people and human resource practices, and (e) the reputation of the organization (p. 109). The researchers explained that these key drivers for 2010, resulted from the global economic downturn of the economy and subsequent recovery (Bedarkar & Pandita, 2014).

Based on the information collected, Bedarkar and Pandita (2014) narrowed the list of engagement factors to three key drivers of engagement, leadership, work-life balance, and communication. First, the researchers shared that leadership behavior influences employee's motivation, job satisfaction, and commitment to organizational success. Second, Bedarkar and Pandita stated that work-life balance allowed employees to balance their family life with their work commitment, which improved employee engagement. Third, the researchers explained how communication between employees and leaders promote employee engagement. The researchers used these three drivers of employee engagement to build an engagement model that provides business leaders with employee engagement strategies that lead to improved employee and organizational performance.

Bedarkar and Pandita (2014) concluded that organizations leaders who commit to improving engagement should use those three key factors of employee engagement to provide employees with the freedom to make choices at work and the opportunity to create a fun working environment. The researchers further stated, employee engagement is a continuous process and depends on the both the employees and the organization collective efforts to promote engagement (Bedarkar & Pandita, 2014). Although the researchers conducted this study in India, the data on the drivers of employee engagement is relevant and transferable to organizations in the United States.

In another study, on employee engagement, Saks (2006) examined the antecedent of employee engagement. Saks collected study data from a population of 102 Canadian employees, in various organizations. The researcher stated the average age of the participants as 34 years and stated that 60% of the population were women. In this study, Saks (2006) used social exchange theory (SET) as the theoretical foundation to examine what situations led to employee engagement or disengagement. The researcher examined two types of engagement job and organizational engagement. Saks defined organizational engagement as the relationship an employee has with the organization and job engagement relates to an employee's perception of how the job satisfies the employee's needs (Saks, 2006).

Results of the survey indicated that job and organizational engagement were related to an employee's attitude, intention, and behaviors (Saks, 2006). Employees who perceived organizational support, and felt rewarded for their efforts, demonstrated greater engagement than employees who perceived less support (Saks, 2006). Employee

engagement occurs when job roles provide autonomy, task identity, and opportunities for skill variety (Saks, 2006). Also, a forum that encourages open feedback, managerial support, and employee recognition and rewards contribute to employees feeling of wellbeing (Saks, 2006). Managers who share information and make ethical decision tend to promote employee engagement in work performance (Saks, 2006). Organizational and managerial support are not the only contributors to employee engagement.

Some researchers found that employees' recognition and rewards, other than pay and incentives, combined with the quality of leadership foster employee engagement (Chandani, Mehta, Mall, & Khokhar, 2016). Kahn (1990) reported that job characteristics, rewards, recognition, perceived organizational, and management support were antecedents to employee engagement. An employee's level of engagement is contingent upon the resources received from the employer (Kahn, 1990). Employee support includes managers providing the employees with the necessary tools to service their customers.

In a study conducted by Vogus and McClelland (2016), the researchers examined the antecedents that lead to customer satisfaction and service quality in the health care field. The researcher used the information gathered from the study on health care organizations, to provide information for organizational leaders in non-health care settings who faced challenges in implementing strategies to excel in customer satisfaction (Vogus & McClelland, 2016). The researchers identified several factors that promote high levels of patient satisfaction. The factors are providing employees with the tools to meet the diverse needs of the patients (cultural competency), promoting employee

engagement, organizational characteristics, high performances work practices that provide a climate of service (relational work systems), effective communication between employees and providers, rewarding employees for compassionate acts (patient-centered care practices), and, the management of emotional reaction to situations (Vogus & McClelland, 2016). By listing the successful strategies health care organization leaders implemented to improve patient satisfaction, the researchers provided valuable information that leaders in non-health care industries could use to improve customer satisfaction (Vogus & McClelland, 2016). Researchers continue to identify and provide factors that contribute to employee engagement.

In more recent studies on engagement, researchers Krishnaveni and Monica (2016) examined various research literature on employee engagement, including Kahn's (1990) seminal work on employee engagement. The literature reviews provided the ground work for Krishnaveni and Monica's (2016) study on engagement. Krishnaveni and Monica identified (a) job characteristics, (b) supervisor and coworker relationship, (c) development and growth opportunities, and (d) reward and recognition as key factors that promote cognitive employee engagement. The researchers concluded that employee who perceive that their organizations fulfill their psychological and emotional needs show signs of self-engagement (Krishnaveni & Monica, 2016). When employees recognize and acknowledge the fulfillment of these needs, they exhibit cognitive, physical, and emotional energies towards their jobs (Krishnaveni & Monica, 2016). Business leaders, including health care leaders, understand the benefits of an engaged workforce.

Employee Engagement in Health Care

Promoting employee engagement is a strategic goal for some industry leaders, including health care leaders (Lowe, 2012). Leaders of health care organizations that outperform other health care organizations recognize the value of employee engagement (Studer, Hagins, & Cochrane, 2014). These high performing health care organizations use employee engagement strategies to transform the organization and reap the benefits of improved clinical performance, financial stability, and positive patient experience outcomes (Studer et al., 2014). Health care employees feeling of psychological safety plays an integral role in the quality of care offered to the patients (Edmondson et al., 2016). The role of an employee in health care is paramount to a patient's perception of satisfaction.

Engaged health care employees contribute to a positive patient experience, the delivery of quality clinical standards, and safety outcomes (Edmondson et al., 2016; Wessel, 2012). In a study conducted by Barrick et al. (2015), the authors extended Kahn's (1990) theory of engagement to include a collective form of engagement where the entire workforce is engaged and work together for the financial success of the organization. Researchers Andrew and Sofian (2012) posited that elements of communication, employee development, and support contribute to promoting employee engagement.

Lowe (2012) conducted a study in which he identified the factors that influence employee engagement in health care. The researcher used the data from an Ontario Hospital Association (OHA)- NRC Picker Employee Experience Survey (EES) database

to retrieve employee experience survey information from 10,000 employees in 16 Ontario Hospitals (Lowe, 2012, p.29). The OHA workplace model consisted of questionnaires that identified work environment, job characteristics, and organizational support as the drivers of employee engagement (Lowe, 2012). Data extracted from the OHA workplace model provided the framework for EES questionnaires, which provided opportunities for employees to answer 36 questions related to their jobs, training, experience with supervisors and senior managers, and the level of support they receive from the organization (Lowe, 2012).

The results of the regression analysis, conducted on the responses from 36 questions on the EES, showed low employee engagement of 33% (Lowe, 2012). The results of the study indicated a strong relationship between employee engagement and organizational outcome (Lowe, 2012). The study results also showed highly engaged health care employees felt a sense of trust with the manager, demonstrate improved work performance, felt valued, had a clear understanding of their job roles, and showed a commitment to team membership (Lowe, 2012).

Health care employers agree that patient satisfaction, part of the quality of care, occurs when employees feel satisfied with their job (Lowe, 2012). Therefore, to achieve high patient satisfaction, it is necessary for managers to engage health care employees to increase job performance. Although this study originated in Ontario, the results of this study provided relevant information for hospital leaders in other countries, including the United States, to understand the factors that promote health care employee engagement.

HCAHPS and Medicare Reimbursements

Health care is the fastest growing industry in the United States and employs over 18 million workers (Center for Disease & Control, 2015). The health care environment revolves around a business culture where service quality, health care cost, and accountability affect revenue. The passage of the ACA affects many areas of health care delivery. VBP is an incentive program, part of the ACA, that links Medicare reimbursements to the quality of care a patient receives and is assessed by the HCAHPS scores (Sharan et al., 2015). HCAHPS is a publicly viewed standard of measurement used to rate acute care hospitals according to the quality of care patients receive. Under VBP, top performing hospitals receive higher monetary incentives, compared to hospitals that receive lower ratings according to the HCAHPS score reports (Dempsey et al., 2014; Raso, 2015). The new health care law affects policies that govern health care organizations reimbursements. Patient perception of care also referred to as patient satisfaction, affect the level of reimbursements made to hospitals (Petrullo et al., 2012). The future of hospitals Medicare reimbursements partially depends on the avoidance of penalties, through increased patient care and patient satisfaction.

Patients' assessment and perception of care could increase or decrease health care organizations reimbursements (Russell, Johnson, & White, 2015). Although nurses and physicians (Banka et al., 2015) contribute to the patient experience and Medicare reimbursements, as measured by the HCAHP'S scores, all health care professionals contribute to the patient's experience (Dempsey et al., 2014).

In a study conducted by (Russell et al., 2015), the authors identified several factors that contribute to patient satisfaction, in an outpatient clinic. The factors included patients access to care, the ease of moving through the visit, interaction with the nurse assistant, interactions with numerous care providers, and the ease of which the patients found answers to their personal issues (Russell et al., 2015). Although Russell et al. (2015) conducted the study in an outpatient clinic, the factors that contribute to overall patient satisfaction also apply to hospitals. In health care, engagement plays a critical role in improving employee performance to improve patient satisfaction (Raso, 2016). As shared by Russel et al. (2015), patient satisfaction involves more than just clinical personnel such as doctors and nurses. Patient satisfaction is the responsibility of every health care member. Therefore, it is important for managers to engage all employees who contribute to patient satisfaction, to increase HCAHPS scores and secure increased Medicare reimbursements.

Transition

In this qualitative single case study, I explored engagement strategies four hospital middle managers used in one hospital in the northeast region of Connecticut, United States to improve employees' performance to increase patient satisfaction. To gather data for this study, I conducted interviews, observed the participants, and examined various hospital and government documents. The results of this study could provide hospital managers with employee engagement strategies to improve employee performance to improve patient satisfaction.

In Section 2, I provided (a) review of the purpose of this study, (b) an explanation of my role as the researcher, (c) the method applied to select the participants for the study, (d) the research design and method used in this study, (e) population and sampling, (f) ethics, (g) validity and reliability, and (h) analysis. The central research question for this study was designed to uncover the engagement strategies one hospital's middle managers use to improve employee performance to increase patient satisfaction.

Section 2: The Project

Health care employees affect not only the quality of hospital patient care but organizational effectiveness, efficiency, and overall business outcomes (Freney & Fellenz, 2013; Souliotis, Mantzana, Rekleiti, Saridi, & Contiades, 2014). Engaged health care employees contribute to organizational success more than their disengaged colleagues (Patrnchak, 2013). While increasing patient satisfaction scores has remained a challenge for most health care organizations, managers play a significant role in promoting employee engagement to improve patient satisfaction (Dempsey et al., 2014; Lee et al., 2012; Patrnchak, 2013). Some hospital middle managers lack engagement strategies to improve employee performance to increase patient satisfaction.

Purpose Statement

The purpose of this qualitative single case study was to explore the engagement strategies that some hospital middle managers used to improve employee performance to increase patient satisfaction. The specific population for this study consisted of four middle managers in a hospital located in northeast Connecticut who used employee engagement strategies that improved employee performance. This population was important to this study because health care managers understand that employee engagement influences patient satisfaction. The resultant data could contribute to positive social change by providing health care managers with new strategies to engage health care employees and improve patient satisfaction and overall patient health care outcomes benefiting patients, families, and communities.

Role of the Researcher

The role of the researcher is to provide a comprehensive and rational overview of the phenomena under study (Sylvester et al., 2013). In qualitative studies, the researcher is considered the research instrument (Sanjari, Bahramnezhad, Fomani, Shoghi, & Cheraghi, 2014). In formulating the specifics of the study, the researcher is responsible for defining the concept design, creating interview questions, transcribing the data, verifying, and reporting the theme (Sanjari et al., 2014). As the researcher, I have presented a neutral and unbiased summary of events by identifying the most appropriate data collection methods that fit this qualitative single case study. I collected semistructured interview responses from the managers until data saturation occurred.

Data collection instruments to explore managerial employee engagement strategies consisted of interviewing four health care managers in a single hospital in northeast Connecticut. I used semistructured interview questions, designed to overcome triangulation challenges (Appendix A). I used member checking to enhance the reliability and validity of the data collection process. I manually reviewed the interview data without coding to identify emergent themes. According to Bradley, Curry, and Devers (2007), the data review process, without coding, helps the researcher keep the connection between concept and their context. To answer the research question, I extracted keywords and sentences to identify and interpret relevant recurring themes. To ensure data validity and reliability, the participants reviewed the transcribed interviews. Thomas (2006) suggested that researchers use the inductive approach to condense data into themes,

establish links between the research question and findings, and provide clear data that participants can review.

Participants

The participants in this study were four health care middle managers who used employee engagement strategies to improve employee performance. The selection criteria for this sample of managers included individuals employed in the said organization for at least 4 years and contributed to the phenomenon under study. These managers were 18 years of age or older. These criteria eliminated the selection of a vulnerable population.

For this qualitative single case study, I initiated contact to the Chief Operating Officer (CEO) of the hospital via telephone. I sent an e-mail to the research gatekeeper, requesting permission to conduct the study. The e-mail included (a) an explanation of the study and the manager's role in the study, (b) a request for permission to conduct the study, and (c) a confirmation of the agreement to participate in the study (Appendix B). The letter for the participants included a statement of approval from the research gatekeeper to interview managers of the healthcare organization. I visited the hospital to collect data through one-on-one interviews with the managers. Secondary data collection sources entailed reviewing organizational and public government documents.

I assured the participants of my intent to protect their privacy and shared the methods involved in accomplishing this goal. I explained that personal and identifiable information, such as participants name, were inaccessible to all leaders of the organization as well as the public. Researchers should protect the research data and protect participants' privacy (Connelly, 2014). To commit to this goal of protecting

participants' privacy, I signed a confidentiality form. I excluded participants' names from the transcripts or any other document.

Some of the key principles in selecting study participants include selecting a purposeful sampling of participants, an in-depth study of a small number of participants, and the selection of the participants who provide a good fit to the conceptual framework (Cleary, Horsfall, & Hayter, 2014). The researcher should not use any form of coercion in the process of recruiting participants (Connelly, 2014). The intended protocol for data collection consisted of an initial e-mail to contact participants, a form for obtaining signed consent, the interviewing of the participants, using open-ended interview questions, and member checking.

Research Method and Design

Research Method

I chose a qualitative method for this study. The qualitative method approach provided the framework that evolved around the research question, the purpose of the study, and the study requirements. A qualitative study provides an opportunity to accumulate rich data and in-depth analysis of the subjective constructs of the phenomenon under study (Yates & Leggett, 2016). Quantitative research method provides a framework, which allows researchers to examine relationships and provide researchers with numerical descriptions of trends or phenomenon under study (Stoudt, 2014). The focus of this study was not in the analysis of strengths of relationships or the testing of hypotheses, which made the quantitative approach inappropriate for this study.

Similarly, a mixed method approach, which includes a quantitative component, was not suitable for this study.

Research Design

I chose a single case study design to explore engagement strategies one hospital's middle managers used to improve employees' performance that increased patient satisfaction. Researchers use a case study design when the main research questions focus on *how* and *why* questions (Yin, 2014).

A single case design was more appropriate for this study than a multiple-case design because the focus of my study was one organization. While using phenomenological and ethnographic designs provide opportunities to observe perceptions and experiences of a live phenomenon (Newman et al., 2013), in this study the goal was not to observe the experiences or perceptions of the participants. Using an ethnographic design requires extended periods of observing an entire cultural group (Yates & Leggett, 2016), which due to time constraint was not a realistic approach to this study. Storytelling was not the focus of this study. Therefore, a narrative design was inappropriate. The objective of this study was to understand the phenomena of engagement and not quantify the phenomena. Therefore, for this study, I adopted a qualitative research approach.

Population and Sampling

To successfully answer the research question, researchers must identify the appropriate population and determine the sample size (Robinson, 2014). The study population included health care middle managers in a single hospital in northeast Connecticut with direct influence on employees' engagement levels. The population

consisted of middle managers with 4 years of full-time managerial experience in the department. This length of time, 4 years, was purposefully chosen to allow for valuable data for the current study. Hospital middle managers who supervised clinical and nonclinical employees constituted the study population. This purposeful sampling of participants were managers who employed engagement strategies to improve employees' performance.

The sample size provides an opportunity for the researcher to accumulate rich and thick data that allow the researcher to arrive at data saturation (Fusch & Ness, 2015; Lee, 2014). According to Suri (2011), purposeful sampling requires the researcher to select individuals who could provide core information on the topic under investigation. Four health care middle managers comprised the sample for this study.

The process of achieving data saturation varies, and no universal saturation model exists (Fusch & Ness, 2015). However, following some basic principles ensures a certain high level of data saturation. Data saturation occurs when the information gathered could be used to replicate the study and no new coding information applies to the study (Fusch & Ness, 2015). Failure to achieve data saturation affects the validity of a study. To achieve data saturation, I conducted interviews with four participants in one hospital. The open-ended interview questions were constructed to gather data from multiple participants regarding the same topic. To enhance the reliability of the study and data saturation, I used the method of data triangulation. Data triangulation occurred with the use of interview questions, examination of public government documents, hospital documents, direct observation, and member checking. To ensure the dependability and

accuracy of the data, I audiotaped, transcribed, coded, and analyzed the interview transcripts and incorporated the hospital's government documents on patient satisfaction scores. This process provided a true understanding of the participants' views on engagement and disengagement and provided information that showed the effect of employee engagement on patient satisfaction.

Ethical Research

In the quest to advance research for the good of humanity, researchers must commit to contractual obligations that ensure the use of ethical and moral standards during research (Farmer & Lundy, 2017). I completed the training for Protecting Human Subject Research Participants given by the National Institutes of Health Training on Human Participants and received an approval number 1726679.

I followed the guidelines recommended by the *Belmont Report* (National Commission for Protection of Human Subjects of Biomedical and Behavioral Research, 1979) on the ethical principles that guide researchers on the appropriate conducts for research that involves human subjects. The basic ethical principles include (a) respect for persons, (b) beneficence, and (c) justice (National Commission for Protection of Human Subjects of Biomedical and Behavioral Research, 1979). Before starting this study, I obtained approval from Walden Institutional Review Board (IRB). The Walden IRB approval number is 11-17-16-0520691 and expires on November 16, 2017.

I adhered to all IRB legal and ethical requirements to ensure the safety and elimination of any perceived risk to the participants. With Walden's IRB approval, I sent out the official letters to explain the study and to gain permission to complete the study.

As recommended by the guidelines of the *Belmont Report* (National Commission for Protection of Human Subjects of Biomedical and Behavioral Research, 1979), to reduce any potential risks to the participants, I used a consent form. An informed consent form should include any risks to the participants and the steps to ensure participants privacy (Connelly, 2014). Each participant gave written consent to participate in this study.

I provided an interview protocol and an observation protocol for each participant. I securely stored the collected raw data and electronic files on a password-protected computer. I will securely store the data for the next 5 years. Safeguarding the research data for 5 years mitigates the risk of exposing participants' identity. The participants' identity will remain confidential. I conducted this study with integrity and transparency while safeguarding the rights of the participants.

Data Collection Instruments

The goal of this qualitative study was to explore the engagement strategies that health care managers used to improve employee engagement to improve employee performance. The data collection section explains the role of the researcher as the primary instrument and the tools used in the data collection process. A data collection instrument is a tool to gather, understand, and disseminate the results of the study (Goodman, Cryder, & Cheema, 2013). The researcher is the primary instrument for data collection (Yin, 2014). I was the primary data collection instrument for this study.

The data collection instrument used in this study included semistructured interviews, direct observations, hospital documents, and the HCAHPS survey scores from the case hospital under study retrieved from the Hospital Compare website. I used seven

in-depth, open-ended questions to understand the strategies that health care middle managers used to improve employee engagement to improve performance and increase patient satisfaction. Open-ended questions allow the interviewees to share information openly (Lee, 2014). The use of in-depth, open-ended questions allows interviewees to provide continuous information rather than brief answers (Wahyuni, 2012). During the design phase of the study, the researchers must consider the appropriateness of the data collection tools to ensure validity and reliability of the study (Noble & Smith, 2015). To ensure the validity of this study, I followed the protocols for ensuring the synthesis of the information. I used member checking, which allowed the participants to examine the data to verify that I interpreted the data correctly.

Data Collection Technique

A researcher's data collection technique affects the quality of the research (Leedy & Ormrod, 2013). Multiple sources of study data contribute to a more in-depth understanding of the phenomenon under study (Boblin, Ireland, Kirkpatrick, & Robertson, 2013). The tools to collect data for a qualitative case study include surveys, interviews, documents, observations, and archival records (Yin, 2014). The data for this single case qualitative study consisted of semistructured face-to-face interviews, direct observation of the participants, review of hospital documents, and HCAHPS survey data. The interview questions were the primary data source used to for this study. The participants answered seven open-ended questions constructed to obtain information that provided meaning to my study.

To achieve quality and reliable interview responses I asked the same set of questions to each participant. Researchers ask structured and standardized questions to participants to ensure unbiased participants responses (Brédart, Marrel, Abetz-Webb, Lasch, & Acquadro, 2014). Successful interviews depend on the interviewer's attitude and skills, the environment, and the participants' freedom to honestly answer all the interview questions (Brédart et al., 2014). Researchers facilitate the interview process, by providing the interviewees with an introductory interview package, via e-mail, and a signature form requesting signed consent, granting permission to record the information obtained during the interview (Wahyuni, 2012). I sent an introduction e-mail to the participants to introduce the study. I secured the participants' agreement to participate in the study and consent to the interview process.

I used memos to gather additional information during and after the interview. At the beginning of the interview process, the participants (a) received a debriefing of the study purpose, (b) reviewed the consent form, and (c) consented to the interview process. After each interview, I provided a debriefing to the participants and used the concept of member checking to determine data accuracy. Member checking allows the participants to review the data and provide feedback on the accuracy of the report (Koelsch, 2013). I provided the opportunity for the participants to ask questions or clarify any issues. I also observed the participants' interactions with their employees during formal and informal meetings.

Data Organization Technique

I organized the data to ensure confidentiality and the ease of interpreting the data. Multiple sources of data require the researcher to organize the data (Lee, 2014). Data organization aids the researcher in the data analysis process (Vaismoradi, Turunen, & Bondas, 2013). The interviews were recorded, saved, and transcribed. Each participant's data file contained notes that I collected to ensure study accuracy. In the process of organizing the study, I carefully protected the information and the identity of the participants. Each participant had a unique code to protect the participant's privacy. The managers' identification code included the word manager and the numerical code 1 to 4. I secured all hospital documents on a password protected computer and a locked file cabinet. Research data will be secured for five years and then safely destroyed.

Data Analysis

The data analysis process requires the researcher to extract relevant data from raw data via specific analytical techniques that help produce credible and reliable study information (Gale, Heath, Cameron, Rashid, & Redwood, 2013). Methods of data analysis include transcription of the data, familiarity with the interview, coding of the data, development of an analytical framework, using a computer assisted program to assist in the accurate storing and retrieval of data, charting of data, and interpretation of the data (Gale et al., 2013).

The use of multiple sources of data and appropriate analysis of the data increases the accuracy of the results (Yin, 2014). I used Yin's (2014) five steps data analysis technique to analyze the data. The five steps included (a) compiling the data; (b)

disassembling the data; (c) reassembling the data; (d) interpreting the data; (e) and concluding the data. I reviewed the collected data to discover patterns and themes.

Data Analysis Technique

Methodological triangulation involves the use of various methods to investigate a research problem and to gain a better understanding of the study (Bowden & Williams, 2013). Methodological triangulation process assists in data saturation and allows researchers to acknowledge that no new data emerges from the analysis of the data (Yin, 2014). I purposely selected a sample size of four middle-level managers to gather pertinent data and achieve data saturation. For data triangulation, I used (a) semistructured interviews, (b) direct observations, (c) hospital documents, and (d) public government documents. I used a digital recorder to record the interviews. I listened to the interviews and then manually transcribed the interviews.

Before transferring the data to a software program, I used a word document to identify patterns, themes, and categories in the data. I used open coding to identify the themes that emerged from the data. Label codes allow the researcher to break down the data into small segments to identify the key topics in each category of data (Robbins & McAlearney, 2016). Systematic coding classifies the data and allows the researcher to categorize and discover expected and unexpected patterns of information (Gale et al., 2013). The research question was the initial point of organizing and analyzing the data for easy retrieval of codes and themes.

Analysis

Qualitative analysis software provides researchers with the tools to analyze the data gathered from open-ended interview questions, focus groups, documents, and field notes (Woods, Paulus, Atkins & Macklin, 2015). According to Woods et al. (2015), the NVivo software provided the opportunity for researchers to:

1. Organize and prepare the data before analysis.
2. Transcribe the interview data and retrieve transcripts of the recorded interviews.
3. Assign codes to the transcripts.
4. Group codes into categories to identify themes.

I used NVivo 10 software to further (a) analyze the data, (b) detect codes that naturally arose from the data, (c) query the data, and (d) organize the data for reporting purposes. The analysis process reduces the volume of information, identifies and groups themes together for further analysis (Bengtsson, 2016). The interview responses, hospital documents, public government documents, and direct observation served as the sources of data for this study.

Reliability and Validity

Researchers must strive for the highest quality of work when conducting research. Research entails the gathering and sharing of useful information that facilitates the successful conduction of future research and practices (Minn, 2015). Researchers use reliability and validity as quality checkpoints to gauge the usefulness of the study (Cope, 2014). To determine the reliability of a study, researchers must demonstrate the

rigorousness of the study (Noble & Smith, 2015). Reliability and validity of a qualitative research incorporate four elements: credibility, dependability, transferability, and confirmability (Cope, 2014). For practical study application, a researcher must understand how these elements affect a research study.

Credibility

In qualitative research, researchers explain their role in completing the study (Cope, 2014). The credibility of the study reflects the researchers' accuracy in reporting the data associated with the phenomenon under study (Wahyuni, 2012). The process of triangulation enhances the credibility of the research and allows the researcher to apply various methods of data collection to provide readers with an in-depth understanding of the phenomenon under study and to confirm the study findings (Cope, 2014; Wahyuni, 2012). The researcher should focus on achieving research rigor and credibility to validate the trustworthiness of the study (Bengtsson, 2016). In my commitment to achieve study rigor, I chose a purposeful sampling of four middle managers. I interviewed the participants, observed the participants during formal and informal meetings with their employees, examined various documents, and accurately reported my study data.

Confirmability

Researchers establish study confirmability when the study reflects the participants' views and not that of the researcher (Cope, 2014). If a reader finds the study information relevant and the findings transferable, then the study shows confirmability (Cope, 2014). A study that shows confirmability allows future researchers to confirm the study findings and corroborate the participants' views (Wahyuni, 2012). I remained

neutral in the gathering of data for this study. The study data reflected only the views of the participants.

Transferability and Authenticity

The transferability of a qualitative study requires the researcher to demonstrate the meaning of the study to participants as well non-participants and to show how the findings of the study could apply to other research settings (Cope, 2014; Wahyuni, 2012). To ensure transferability, I collected study data that provided an opportunity to give a rich and thick description of the data findings. Study authenticity allows the readers to identify and accept the participants' feelings, emotions, and perspectives (Cope, 2014, Wahyuni, 2012). To ensure study authenticity, I reported only the participants' perspective on employee engagement.

Reliability

In a reliable study, researchers must account for any personal or research biases that could affect the reliability of the study (Noble & Smith, 2015). Reliability relates to the consistency and the worthiness of the study, whereby another researcher could conduct the same study and achieve similar or comparable results (Noble & Smith, 2015). Study dependability refers to the stability of the study, where a researcher takes into consideration how the data evolves and the changes made during the analysis process (Bengtsson, 2016). The dependability of a qualitative study ensures study replication. If a researcher conducts the study in a similar environment using the same sample population, the results obtained should show similarities to the prior study results (Cope, 2014). To achieve study dependability researcher should provide a detailed explanation of the steps

applied during the research study, which will allow other researchers to duplicate the study (Wahyuni, 2012). To increase the reliability of this study, I used member checking. I also created verbatim extracts from the interviews which contributed to the emergent themes

Validity

Study validity reflects the accuracy of the data collection and analysis process and reflects the participants' perspective on the research topic (Koelsch, 2013; Noble & Smith, 2015). Study validity occurs when researchers accurately represent the phenomenon under study (Morse, 2015). The major factors in determining the validity of a study include the efficiency of the coding process, the use of member checking, peer review-debriefing, triangulation, and external audits (Morse, 2015, p. 1217). To validate data accuracy, researchers use member checking to obtain the views of the participants regarding the data gathered from the interview (Koelsch, 2013). Member checking is an interactive process between the interviewer and the interviewees that allow interviewees to review and validate the data obtained during the interview (Koelsch, 2013).

The goal of this study was to explore the engagement strategies middle managers used to improve employee engagement to improve performance thus improving patient satisfaction. The main challenge of a qualitative study surrounds the process of proving the quality, validity, and transferability of the research (Dasgupta, 2016). To maintain construct validity, I selected managers from various departments in the hospital. I interviewed the participants and supplemented the interview data with hospital documents shared by the participants, and public government documents. To identify the

engagement strategies that evolved from the study, I identified patterns and themes that emerged from the collected data. Themes allow the researcher to interpret the study (Bengtsson, 2016). To ensure the reliability and validity of my study findings, I conducted a thorough analysis of the data, examined the relevance of the data, made study conclusions and recommendations based on the study results.

Transition and Summary

In section 2, I explained the purpose of the study, discussed the role of the researcher, and the data collection technique and process. I provided information on the data organization and analysis process and provided information on study reliability and validity. I conducted semistructured interviews with four middle managers in a hospital in the northeast United States. The purpose of the interviews was to gather data on the engagement strategies that middle managers used to improve employee performance, thus increasing patient satisfaction. To achieve data triangulation, in addition to interviews, I reviewed secondary documents from the hospital, government documents, and observed participants during hospital meetings with hospital employees.

Section 3 includes the purpose of the study, the central research question, the study findings, relevance to the business community, application to professional business, the study implications for social change, recommendations for action and future research.

Section 3: Application to Professional Practice and Implications for Change

Introduction

The purpose of this qualitative single case study was to explore the strategies that middle managers used to engage employees to improve employee performance, thus improving patient satisfaction. To answer the research question, I interviewed four middle managers in the case hospital using open-ended interview questions (Appendix A). Selecting individuals who have experience in the phenomenon under study improves study validity (Morse, 2015). I chose the study hospital from a list of hospitals on the Hospital Compare government website with publicly documented patient care experience scores that were above the national average. I asked the managers seven open-ended interview questions that allowed them to share their engagement strategies that improved employee performance, which increased patient satisfaction scores.

Various sources of data contribute to data validity (Wahyuni, 2012). I used multiple sources of data to achieve data validity and to gain a broad understanding of the engagement strategies that one hospital middle managers used to improve employee performance. I observed the managers as they interacted with their employees during formal and informal employees' meetings. I examined internal organizational and government documents. Identification of themes helps the researcher to interpret the study (Gale et al., 2013). Analysis of the data resulted in the following themes: (a) the importance of the role of the manager in employee engagement, (b) implementing explicit communication techniques, (c) assisting employees in role performance, (d)

promoting employee wellbeing, (e) commitment to patient care and satisfaction, and (f) providing employees with rewards and recognition.

Presentation of the Findings

The overarching research question for this study was as follows: What engagement strategies do hospital middle managers use to improve employee performance to increase patient satisfaction? To validate this study as a case study research, I used the process of methodological triangulation. I gathered data from participants' interviews, observation of the participants during interactions with employees, and document analysis. According to Bowden and Williams (2013), methodological triangulation involves the use of various methods to investigate a research problem and to gain a better understanding of the study. Yin (2014) recommended five steps that researchers should use, in addition to interviews, for data collection: (a) documentation, (b) archival records, (c) direct observations, (d) participant observation, and (e) the examination of physical artifacts.

After achieving data saturation from the semistructured interviews, I manually analyzed the data and entered the data into the NVivo 10 application software program used for the analysis of qualitative data. Coding of the collected data presented a selection of strategies managers could implement to improve employee engagement, which improved employee performance, thus improving patient satisfaction. Participants' responses to the interview questions and examination of document content confirmed the information gathered from the literature review regarding the phenomenon of employee engagement.

Table 1 shows the documents I analyzed from visits to the case hospital and the public government website. The documents were coded and given a combination of letters and numbers for ease of identification when referenced in the study findings. The letter D and the numerical code 1 to 7 represented the code name for the documents. For confidentiality, I have referred to the hospital as the *case hospital*.

Table 1

Code Names of Documents Analyzed for the Case Hospital

Documents	Represented by Code
Employee engagement survey	D1
Mission statement	D2
Recognition program	D3
Success reward program	D4
Philosophy of care	D5
Customer standards	D6
HCAHPS government document	D7

Employee Engagement

As a researcher, it was important to ascertain the managers' understanding of employee engagement. Without the managers' clear understanding of the concept of engagement, the information gathered would not have contributed to the validity and reliability of this study. The four middle managers agreed that an engaged employee went beyond the basic requirements of the job and strived to excel in work performance.

Engaged employees invest in making the unit better, making patients happy, making each

other happy, and feel satisfied with their work environment (Manager 1). “Employee engagement is the employee taking an active role in the goals and expectations set by myself [manager] and the organization” (Manager 2). “Engagement is really [employees] buying into, not just buying into it, but living up to the expectations set” (Manager 3). “Engagement is going beyond the call of duty, living and breathing the job” (Manager, 4). In a more detailed explanation of the concept of engagement, one manager explained that an engaged employee goes beyond the job requirements and uses “the heart and soul” during job performance (Manager 4). The managers’ definitions of engagement correlated with the conceptual framework used in this study. Kahn (1990) stated that engagement entails an individual’s conscious decision to involve the entire self during role performance.

Following the coding and the data triangulation process, six themes emerged from the data (Table 2).

Table 2

Themes Derived from the Coding of the Interviews at the Case Hospital

Themes	Frequency of the references
The Importance of the Role of the Manager in Fostering Employee Engagement	143
Implementing Explicit Communication Techniques	128
Assisting Employees in Role Performance	119
Promoting Employee Wellbeing	77
Commitment to Patient Care and Satisfaction	51
Providing Employees with Rewards and Recognition	4

The list of themes identified areas where the managers used engagement strategies to engage their employees to improve performance and thus increase patient satisfaction. Table 3 shows the six main themes that emerged from the data triangulation process, which included the review of hospital documents, managers' observations, and the managers' interviews.

Table 3

Number of Times the Themes were Referenced from the Data Triangulation Process

Themes	Frequency of reference
The Role of the Manager in Fostering Employee Engagement	267
Managers Implementation of Explicit Communication Techniques	252
Assisting Employees in Role Performance	243
Patient care and satisfaction	145
Promoting Employee Wellbeing	110
Providing Employees with Rewards and Recognition	35

Table 4 depicts the number of times each of the four managers referenced the role of the manager in employee engagement.

Table 4

Number of Times the Role of the Manager was Mentioned in the Interviews

Name	References	% Coverage
Manager 1	26	47.90
Manager 2	45	83.70
Manager 3	31	67.74
Manager 4	26	62.76

Note. References are the number of responses linked to the seven interview questions and the % coverage represents the percent of the total interview coverage.

Theme 1: The Role of Manager in Employee Engagement

From the data analysis, a predominant theme that emerged from the seven interview questions was the construct of the role of the manager in improving employee engagement. Table 5 shows the subthemes of the role of the manager in employee engagement and the number of times the managers referenced the subthemes.

Table 5

Subthemes Related to the Role of the Manager in Fostering Employee Engagement

Subthemes of the role of the manager	Frequency of reference
Manager's relationship with employees	60
Employee support	50
Autonomy	13

The subthemes that emerged from this study was the role of the manager in employee engagement, employee support, and autonomy. In the literature, Shacklock et

al. (2014) shared that the quality of a manager-to-employee relationship affects employees' satisfaction and performance. In the case hospital, middle managers were responsible for ensuring that their departments run efficiently and managing employee engagement (Manager 1; Manager 2; Manager 3; Manager 4). Improving employee engagement and patient health care outcomes rests in the hands of effective leadership (Raso, 2016). Employee engagement requires a positive relationship between the manager and the employee.

The quality of the managers' relationship with the employee contributes to employee engagement (Manager 3). The manager's statement aligns with the literature review. Krishnaveni and Monica (2016) listed the manager-to-employee relationship as one of the factors that promotes employee engagement. During my observations of the managers and the analysis of case hospital documents, I deduced the importance of the manager-to-employee relationship. During my direct observation of the participants, I observed the participants positively interacting with their employees and the employees reciprocating the behavior. The hospital document D4 contained information on the importance of employees working together to achieve the overall financial success of the hospital and for the good of the patients, customers, and the hospital.

Managers relationship with the employees. In the interviews, the managers agreed that managers who adopt a pluralistic approach to engagement, where engagement is a two-way relationship between manager and employee, increase employee engagement (Manager 1; Manager 2; Manager 3; Manager 4). As stated in the literature, when managers take reasonable actions to build positive mutual relationships with their

employees, the employees reciprocate by committing their energies towards positive outcomes (Valizade et al., 2016). To promote engagement, Manager 1 stated that managers should encourage and coach their employees. Managers cited that genuine workplace partnership may provide a viable foundation for mutual gains in the workplace (Manager 1; Manager 2; Manager 3; Manager 4). The quality of the employer-to-employee relationship determines how an employee perceives the level of managerial support and the extent to which the manager has the employees' wellbeing at heart (Valizade et al., 2016). During my observations of the participants, I saw the participants actively communicating with the employees and exhibiting positive behaviors toward their employees. One manager noted, "People, for the most part, want to be led, but they want to be led by a good leader" (Manager 1). The literature review contained researchers' views on the effect of leadership on employee engagement. Improving employee engagement and patient health care outcomes will rest in the hands of effective leadership (Raso, 2016). In health care, managers must engage all employees to promote patient satisfaction (Shantz et al., 2016).

All the managers shared strategies managers used to improve employee engagement. The strategies included building an element of trust between the employees and the employer (Manager 1; Manager 2; Manager 3). During the interview, all the participants stated that building a culture of trust is an important element of employee engagement (Manager 1; Manager 2; Manager 3; Manager 4). Manager 3 shared a detailed explanation of how trust affects an employee relationship with the manager:

I think one of the really important things is being engaged with them as employees and as people. Then you have to build a relationship in order to build some kind of trust between them. So, when you get that trust between them, then they know that if something is not going right that they could come to you and say this is not working, can we try something different.

Managers who take the time to build trust among their employees provide opportunities for employees to communicate and share negative as well as positive information (Manager 1; Manager 2). All four middle managers encouraged a questioning attitude from their staff without the fear of negative repercussions (Manager 1; Manager 2; Manager 3; Manager 4). “Sometimes it is really just sitting down and taking the time to listen to them [employees]. The 5 or 10 minutes, or whatever time it is. That is what builds trust” (Manager 1). The managers’ statements triangulate with Kahn’s (1990) conceptual framework of employee engagement. Kahn shared that an individual’s feeling of psychological safety allow an employee to speak up without the fear of negative consequences. As conveyed by the four managers, a combination of trust, open-door policy, respect, and honesty contribute to positive interpersonal relationships.

Researchers suggested that employees voice their concerns when they trust the manager (Kwon et al., 2016; Rees et al., 2013). Building a relationship with the employee allows the manager to get to know the employee and to discover the level of trust that the manager could place in that employee (Manager 2). Conversely, employees must feel comfortable with their managers before they exhibit trusting behaviors (Manager 3). Trust leads to the employee respecting the manager and, in turn, that element of trust

promotes effective communication (Manager 3). One of the managers noted that an open-door policy allows the employee to build mutual trust in the workplace (Manager 2). The manager's view of trust correlates with Kahn's (1990) view on employee engagement. Kahn stated that managers who provide an environment that fosters trust with their employees allow an employee to feel a sense of safety and psychological meaningfulness. Building a culture of honesty encourages employees to build trust with their managers.

Honesty is an important component of the manager to employee relationship and starts from top leadership and flows down to the employees (Manager 2). Creating a culture that promotes honesty, includes a manager displaying honesty even when a manager cannot comply with an employee's request (Manager 3). Sparrow (2013) indicated that honesty is part of an environment that builds trust. In an honest manager to employee relationship, managers admit to their employees when they have made a mistake (Manager 3). Conversely, the results of the case hospital employee engagement survey indicated that less than 50% of employees felt that managers were honest in their dealing with the employees. These findings correlate with the literature. An employee perception of the organization, positive feelings, and self-efficacy determine the level of engagement the employee displays (Ouweneel et al., 2013; Shuck & Herd, 2012). Through observation, I noted that the managers demonstrated a willingness to promote a positive manager to employee relationship by (a) acknowledging the employees, (b) calling the employee's name, (c) smiling with the employee, and (d) encouraging the employees to ask questions.

During the interviews, the participants shared that managers must demonstrate an interest in the employee and communicate with employees as individuals (Manager 1; Manager 2; Manager 3; Manager 4). In D1, the case hospital employee engagement survey conducted in 2014, one section of the survey was designed to gather information on the employee relationship with their supervisors (including managers). The results of the survey, D1, showed that 54% of employees reported feeling confident going to their managers with personal concerns or patient issues while 60% of employees reported sharing a respectful relationship with their supervisor.

One manager explained that building relationships could sometimes pose challenges, especially for working managers (Manager 2). During my observations, I observed the managers of the case hospital interacting with employees on a personal level, yet, providing the behavior that reflected professional working relationships. In Kahn's (1990) view of personal engagement, Kahn (1990) stated that managers who provide an environment that fosters trust with their employees, allow an employee to feel a sense of safety, and psychological meaningfulness. When an employee feels a sense of safety and psychological meaningfulness, managers could leverage those employees' feelings to build a positive relationship with the employee.

All the case hospital managers shared that a manager's open door policy positively contributed to the role of a manager in improving employee engagement and the manager to employee relationship (Manager 1; Manager 2; Manager 3; Manager 4). In the literature, (Dobbs, 2016) shared that an open-door policy promotes trust between the manager and the employee. An open-door policy allows employees the freedom to

interact with the manager at any given time. One manager shared her understanding of an open-door policy. The manager stated:

I have an open-door policy. They [employees] come to me all the time; my door is never shut. If it is shut, something is going down. I have been here seven years, and maybe my door has been closed three times (Manager 4).

Although an open-door policy encourages employee engagement, managers must also close the loop when employees bring their concerns to the manager (Manager 2).

Closing the loop negates any misunderstandings between the manager and the employee (Manager 1). The theme of the role managers play in engaging employees triangulates in the literature.

Correlation to the conceptual framework. The role of a manager in the engagement process was consistent with the definition of engagement found in the conceptual framework. Kahn (1990) defined employee engagement as an individual's psychological experience at work. Positive work connection involves an individual's perception of self, the work experience, and the organization (Kahn, 1990). Engagement is the harnessing of oneself to work role, and the purposeful immersion of self in the task role (Kahn, 1990).

Subtheme: Employee support. Managers must provide on the job employee support (Manager 3). Employee support includes gauging the employee's needs (Manager 1). Researchers Shipton, Sanders, Atkinson, and Frenkel (2016) stated that managers promote employee commitment when they interpret the employee needs and integrate those needs with the manager's goals. A manager demonstrates support of an

employee when the employee receives the necessary tools and training to succeed on the job (Manager 3). “Sometimes...the managers spend the day with the staff to see how they are interacting with the patients, how they are organizing their day, how they are giving bedside rapport, how they are doing hourly rounding” (Manager 1). As stated in the literature, an employee who feels supported by management tends to demonstrate an increase in personal engagement (Saks, 2006; Shacklock et al., 2014).

Manager 1 emphasized the importance of supporting the employee with the following statement, “I think when the units are struggling through the day, then I have to put aside those other things, and I need to get down into the trenches with them” (Manager 1). The manager shared that *walking in the employee’s shoes*, help the managers gather data on how employees think or feel, which could improve employee engagement (Manager 1). The concept of walking in the employee’s shoes is an example of a manager trying to understand the employee’s needs. According to one researcher, understanding employees’ needs contribute to employee engagement (Stoyanova & Iliev, 2016). On examination of D1, 54% of employees reported that they perceived support from the manager as it relates to their safety and the patients’ safety.

Correlation to the conceptual framework. Employee’s psychological state and perception of the workplace leads to employees finding meaning and feeling safe in the workplace (Kahn, 1990). Employees who feel a sense of managerial support could exhibit attitudes of engagement (Kahn, 1990).

Subtheme: Autonomy. In the engagement survey, D1, 57% of employees felt that case hospital encourages employee excellence. Part of excellence includes allowing

the employees autonomy over their job role. Employees who perceive autonomy on their jobs, increase performance (Manager 1). An example of providing autonomy to the employees is a manager placing trust in their employees and allowing the employees to do their job (Manager 4). Both Saks (2006) and Barrick et al. (2015) stated that the level of autonomy an employee perceives influence an employee's sense of meaningfulness.

Conversely, manager two shared, "I don't just go placing blind trust in that person... You should know what their limits are ... some people are different. Some people you give an assignment or a challenge to, and they will just take it and go with it" (Manager 2). Employees who perceive autonomy and clearly defined task roles experience psychological availability in the workplace (Barrick et al., 2015).

In the interview data, Manager 2 provided the most information on the topic of autonomy in the workplace:

If someone has a skill that I don't have, or more proficient at something, I don't need to take the credit for it. I think too often where leaders fall is where they think they must add value where value isn't needed or their perceived value because they must be part of it, they must own it. Whereas, I think if the employees own it and have the responsibility they are more fulfilled, and there is a better work product. There isn't anything that my folks are doing that I am not doing. But, I say that you are the expert and let them do what they are good at and whatever I could do well that is where I insert myself. ... Let me know when you need support, but you are the expert (Manager 2).

Researchers state that autonomy provides opportunities for employees to provide input on decisions that affect the department (Oldenhof et al., 2016). Managers must determine when it is necessary to remove self from job role and allow the employee to work independently (Manager 2). Manager 2 shared, “I try to remove myself from situations where I am not adding value, where I am just a middle person” (Manager 2). During the review of D1, 60% of employees indicated that their supervisors provided autonomy, that is the authority for the employees to complete their work independently. Fifty three percent of employees from case hospital indicated that they felt the concept of trust was an important part of the hospital culture (D1).

Correlation to the conceptual framework. According to Kahn’s (1990) theory of engagement, employees who feel safe tend to engage and perform better than their disengaged counterparts. Engagement reflects an individual’s psychological perception of the workplace, and personal engagement or disengagement is the degree to which an individual harnesses personal self to the job role during work performance (Kahn, 1990). Autonomy contributes to an employee’s psychological meaningful condition in the workplace (Kahn, 1990). Autonomy occurs when a manager places trust in an employee’s ability and the manager gives the employee the freedom to carry out the task, independent of the manager’s constant guidance.

Theme 2: Implementing Explicit Communication Techniques

The second theme, communication, includes subthemes of (a) clear expectations (b) feedback, and (c) providing context (d) and open-door policy. During the interview process, the four managers provided clarity on the subthemes of communication. The

subtheme of clear expectations refers not only to the clarity of the communication but an explanation to why a manager provided a certain answer to a question. The subtheme of feedback refers to a two-way communication where managers share information with their employees, and the employees share information with their managers (Manager 2; Manager 4). The subtheme of providing context refers to how the managers provide implicit situational information (Manager 3). The subtheme of open door policy refers to the managers allowing the employees to communicate at any time, without relying on a formal avenue of communication (Manager 2). Understanding the role managers play in using communication as an engagement tool is important to the development of rapport with managers, employees, and patients.

As in the literature, I discussed the role of communication in promoting employee engagement. Anitha (2014) stated that communication promotes employees' engagement. Communication is a two-way process where employees share information with their managers and managers share information with their employees (Manager 3). Managers communication with employees should include clear expectations and context, the missing parts to communication (Manager 3). Employees who believe that they cannot communicate with their managers become disengaged over time (Manager 1; Manager 2; Manager 3; Manager 4). Although my observations did not allow me to substantiate the effect of communication on an employee's engagement levels, I witnessed the employees actively communication with their managers. Anitha (2014) concluded that communication provides employees with opportunities to engage on the job. The

managers in case hospital asserted that the most important construct of communication is feedback (Manager 2; Manager 4).

Subtheme: Feedback. Communication includes feedback. Feedback must be both negative and positive, timely, and consistent (Manager 1; Manager 2; Manager 3; Manager 4). As stated in the literature, manager's feedback promotes employee engagement (Saks, 2006). Managers encourage case hospital employees to communicate to all levels of authority without the fear of retaliation (Manager 1; Manager 2; Manager 3; Manager 4). As stated by Edmond and Lei (2014), psychological safety is a person's feeling of acceptance when speaking up. Employees ability to voice their opinions without the fear of negative consequences lines up with the study conceptual framework and the body of literature. Engaged employees feel free to voice their opinions or share ideas without the fear of negative consequences (Kahn, 1990). Feedback should be verbal rather than in e-mail form, that means a face-to-face interaction with the employee (Manager 2).

The case hospital managers used a feedback method of communication. This feedback method demonstrated how managers interacted with employees to ascertain effective working relationship with the employees. As posited in the literature, employee feedback promotes employee engagement Forck (2014). Communication should flow beyond the formal structure of employee training and information sharing and should be a continuous process that takes place during everyday manager to employee interactions (Manager 1). Employees feel that they are part of the bigger organizational picture when they receive information on a consistent basis (Manager 1). When managers gauge the

employees' needs, communicate with employees on a personal level, and promote boundaries to maintain authority in the workplace employees feel more engaged (Manager 1). Demerouti et al. (2001) found that providing resources to the employees fueled a psychological drive to activate engagement and improve performance (Demerouti et al., 2001).

As stated by the following manager:

Well, part of what I do is to ask the folks that I work with how am I doing. Are you getting what you need from me? And one of the things I always say, if you need me to look at something or give you information or provide something that I can bring to the table and I am not doing that, let me know (Manager 4).

Feedback provides an opportunity to establish avenues for employees and managers to collaborate on the decision-making process, and provide a platform for knowledge sharing.

Subtheme: Providing context and clear expectations. While communication is important in employee engagement, the concept of providing context is equally important (Manager 2). As stated in the literature, in health care, the provision of context during the communication process helps health care personnel to provide better patient care (Taveira-Gomes et al., 2016). Helping employees understand the context was referenced 14 times in the interviews. Managers who provide context, as part of the communication process, help employees get a better understanding of the expectations of the organization (Manager 2; Manager 3). At case hospital, managers practice and promote a questioning attitude, where employees feel comfortable going to their managers with any concerns,

and arching up these concerns to leadership when necessary (Manager 1; Manager 2; Manager 3; Manager 4). All four managers agreed that case hospital is a mission-driven organization, and all employees are caregivers (Manager 1; Manager 2; Manager 3; Manager 4). In the literature, Shantz et al. (2016) stated that the practice of engagement should include not only the employees directly responsible for patient care but also employees who provide administrative support. To triangulate manager four statement, I referred to case hospital's philosophy of care, D5, which stated that all employees are caregivers and, as such, all employees must make a commitment to provide excellent patient care. The information in this document triangulates with the literature review.

Contextual communication is a tool that could promote employee engagement (Manager 2). "To actively engage your employees, they need to know; they need to have clear expectations. Communication is a tool that health care middle managers use to provide employees with the necessary resources to assist in accomplishing a task (Birken et al., 2012). "So, without clear expectations and without clear communication of those expectations then the employees are not going to be engaged" (Manager 1). Managers at case hospital have high expectation of themselves and their employees, and try to motivate disengaged employees (Manager 1).

Subtheme: Transparency. Transparency helps promote employee engagement to improve performance. During the interview process, case hospital managers used the concept of transparency to share how transparency in expectations, in hospital issues, and employees' issues promote employee engagement (Manager 1; Manager 2; Manager 3; Manager 4). In recent research, Jiang and Men (2017) suggested that transparency in

sharing information is a key instrument in promoting employee engagement.

Transparency starts with the top leadership and filters down to the employees (Manager 2). During the interviews, the managers collectively shared that the hospital culture was one where the flow of information is consistent, and employees receive honest and unbiased information from their managers (Manager 1; Manager 2; Manager 3; Manager 4). The managers at case hospital shared that transparency in communication encourages employee engagement. These statements correlate with the literature. Jiang and Men (2017) posited that a climate of transparency facilitates the free flow of relevant and substantial information that encourages employees to contribute to organizational success.

Employees need clarity on issues and expectations for employee engagement to occur (Manager 3). Transparency establishes a sense of community that demonstrates management commitment and appreciation towards the employees (Manager 2; Manager 3). Shuck and Reio (2014) shared that employees' perception of their workplace affects their level of engagement. To foster a culture of transparency, managers should provide employees with information on the organization, including organizational goals (Manager 2). Manager 2 approached the concept of transparency with the following example:

A good example is our employee meetings that we have every year. The hospital meetings that the CEO conducts on all shifts following the annual meeting to our board of trustees and our corporates. Virtually this same set of information is presented in almost the same way to all employees. There is no dumbing down of the information... There are no big secrets in this organization (Manager 2).

From the perspective of transparency, employees who feel that their manager engages in transparency during the sharing of information make better decisions when providing patient care (Manager 3). During my observation, I noted that the managers answered employees' questions related to the goals of the organization. Overall, within the literature, communication was one of the key factors that promoted employee engagement (Bedarkar & Pandita, 2014; Eldor & Harpaz, 2016; Vogus & McClelland, 2016).

Correlation to the conceptual framework. Employees who perceive a sense of psychological safety show willingness to invest in their job roles (Kahn 1990). When employees feel that their opinion matters and they perceive no negative consequences to speaking up, these employees tend to engage more than other employees. An employee must feel a sense of psychological safety when voicing opinions.

Theme 3. Assisting Employees in Role Performance

The third theme of employee performance included subthemes of teamwork and collaboration and managers' role modeling expectations. Employees perform the best when they have the tools and training to carry out their job and when managers take the time to clarify and answer questions employees have about their work (Manager 3). Part of case hospital's mission includes providing resources to the employees (D2). Researchers, Bakker and Demerouti (2008) asserted that a lack of personal and job resources lead to employees' disengagement from performing in their task roles.

Employees who know what their jobs entail, how important their role is to the success of the department, and the expectations that come with that job, tend to increase

work performance (Manager 3). In the literature, Kerns (2014) stated that work engagement deals with how employees view their task roles. Employee performance is enhanced when managers take an active role in assisting the employees with the task (Manager 1). Barrick et al. (2015) noted that during the process of engagement, there is a shared workforce commitment. To improve employee performance, managers must understand that employees perform at different levels, and provide those employees with task roles that help build the employees' confidence (Manager 4). For employees to improve performance, managers must provide the employees with clear expectations of their role and help the employees connect to the reason or significance of the task (Manager1; Manager 3). One middle manager shared that managers who provide employees with the context, the reason for the assignment, and the necessary training, and the employee fails to improve performance, the manager should accept responsibility for the employee's failure (Manager 3).

“Sometimes an employee might need one on one training, or sent to a conference to gather skills to succeed on the job” (Manager 1). Managers must communicate with the employees about the issues at hand, and allow the employee to contribute to the solution or plan of action to improve performance levels (Manager 3). Sometimes a plan of action could entail the manager meeting with the employee on a weekly basis, setting standards for the employees, and providing quality employee reviews (Manager 3). “If you [manager] are setting up something, as far as an action plan to help somebody [employee] make sure that you are consistent, and you don't just forget about it”

(Manager 3). Allowing the employee to be part of the solution contributes to an employee sense of meaningfulness (Kahn, 1990).

Teamwork and collaboration. Teamwork contributes to the success of the entire organization (Manager 1). Employee engagement is the interaction of employees performing a role with a specified group of individuals, such as in teamwork (Shuck et al., 2013). Teamwork helps foster employee relationship inside and outside of the workplace (Manager 1). “It is not about having different tiers and having a hierarchy. It’s getting everybody to work together as a team. Once they are working together as a team, then you see the patient satisfaction go up” (Manager 1). According to Edmondson and Lei (2014), the care that patients receive depends on teamwork and collaboration amongst the health care employees. Manager 4 provided the following scenario of what teamwork means at case hospital:

One of the things our department has to do is go through a certification process every three years, and it is a very long and detailed process. I divide it out, you take this, you take this, and I meet one on one with them [employees]. We then meet as a group, and it is a real team project. One of the employees who work for me now came from another hospital, and she came up to me after we had gone through the process and she thanked me. She said, “where I used to work the manager did it all by herself, and we didn't know anything of the work that went into it. I am so grateful that you let us all contribute because now I get it. Now I really understand what this process is and what it means to us.” (Manager 4).

In the research literature, Edmondson and Lei (2014) stated that health care employees collaborate and work as a team to provide patient care.

Subtheme: Managers role modeling expectations. The second subtheme of the role of the manager in employee engagement was manager's role modeling expectations. During the interview, the managers shared that they role model the behaviors they want their employees to exhibit (Manager 1; Manager 2; Manager 3; Manager 4). Role modeling is another means of providing the employees with the resources to accomplish a task. Demerouti et al. (2001) suggested that high job demands contribute to an individual's state of physical and emotional exhaustion, while job resources provide individuals with external functional resources and a psychological drive to activate engagement and improve performance.

During my direct observation of participants interacting with their employees, I noticed that they communicated with the employees and demonstrated to the employees how to accomplish the task. For example, Manager 3 had an employee who came to him with a patient concern. Manager 3 left the meeting and proceeded to speak with the patient, thereby, demonstrating to the employee how to handle the situation. In a recent article published by Shipton et al. (2016), the researchers shared the importance of health care managers' role modeling behaviors to increase employee performance.

Case hospital managers all lead by example (Manager 1; Manager 2; Manager 3; Manager 4). The managers' role model behaviors to improve employee performance (Manager 1; Manager 2; Manager 3; Manager 4). During direct observation of the managers in their role, they actively engaged with their staff, helping employees

understand the importance of their role. The managers appeared passionate about coaching the employees. Managers must provide the tools to engage employees, which include role modeling, gauging the employees' needs (Manager 1) and connecting employees to task roles that they can relate to (Manager 2).

Correlation to the conceptual framework. As previously noted by Kahn (1990), an individual cognitive, emotional, and physical state contribute to the act of engagement or disengagement during job performance. Engaged employees show full involvement in their job roles and express themselves physically, emotionally, and cognitively during role performance (Kahn, 1990, p.694). The employee's coping strategies, physical and emotional energy, and feeling of security allow employees to engage fully in job performance (Kahn, 1990). Thus, leaders and managers influence how employees view their work environment.

Theme 4: Promoting Employee Wellbeing

Managers must commit to creating a culture to foster employee wellbeing (Manager 4). An employee perceives that a manager has the employee's wellbeing at heart when the manager seeks, not only the employee's professional interest but shows interest in the employee as a person (Manager 4). In the literature, Valizade et al. (2016) posited that an employee who perceives a sense of wellbeing demonstrates a commitment to the organization. Employees who feel wanted, show up to work and will perform beyond the job requirements (Manager 1). These statements reflect Kahn's (1990) definition of employee engagement, where engaged employees invest emotional, physical, and cognitive energies towards the job role. Managers must understand what

motivates an employee beyond the work environment, such as their passions, interest, and hobbies and create an environment where employees could exhibit their true personalities (Manager 4). Employee engagement contributes to an employee's sense of wellbeing (May et al., 2004).

Subtheme: Caring for the employees. A manager to employee caring relationship is important in promoting employee engagement (Manager 4). Caring for an employee transcends the boundaries of a professional relationship, and touches the employee on a personal level (Manager 1). Managerial caring is a process that involves the acts of (a) being available to the employees, (b) emotionally accessible to the employees, (c) willingness to advance the employees, and (d) puts employees plans before self (Kroth & Keeler, 2009). Caring is a two-way street, where managers care for employees, and employees care for each other (Manager 1; Manager 2; Manager 3; Manager 4). When employees feel cared for, they reciprocate that care (Kroth & Keeler, 2009). The responses to question two (see Appendix A) provided most of the statements on what effect caring for the employees has on employee engagement. Manager 1 gave a thorough response to that question:

I think when you take a vested interest in things that are going on with them [employees] in their personal life, and you understand that, then that helps to engage employees more. It is hard sometimes to remember everything that is going on with everybody [employees]. I feel like sometimes there is a tornado going on in my head... remembering your [employee] baby was sick the other day. How are they doing now, or I know your mom hasn't been doing well... how

are they doing? Then they say, not only is she taking an interest in me as an employee but is also taking interest in me as a person” (Manager 1).

The concept of gauging employees’ needs was mentioned nine times during the open-ended interviews with the four managers of the hospital. Some of the statements made by the managers indicated that they treat their employees with respect and trust to improve employee engagement: “Be fair [to the employees]” (Manager 3). “I want you to know how much I have faith in you guys, you are doing awesome, but I want you to know that I am here. Please reach out to me if you need anything. If I am putting too much on you, let me know, and if it’s not enough let me know that too” (Manager 4).

From case hospital’s middle managers’ statements, these middle managers believe that caring for the employees promote employee engagement. Employee engagement is related to an employee’s sense of wellbeing (May et al., 2004). Showing interest in an employee opens the way for employees to trust their managers. “Managers do not have all the answers, and must openly admit when they have made a mistake” (Manager 3). The important aspect of engaging the employee is in the quality of the communication the managers have with the employees (Manager 1; Manager 2; Manager 3, Manager 4). Employee engagement is going beyond the provision of the necessary tools for the employees to perform, it is providing the employees with opportunities to take care of their entire being, both physically and mentally (Manager 1; Manager 4). Managers must provide a healthy environment for employees and provide opportunities for employees to contribute to teamwork, and to find ownership and pride in their work (Manager 3). Managers must focus on all employees, and promote employee confidence while using

humor to create a positive environment (Manager 2). Leaders must have the mindset to promote engagement, and recognize employees' purpose and provide an environment for them to succeed (Manager 3). "You [manager] have to spend time; you have to get to know your employees" (Manager 1). "Engagement makes employees happier, and they perform better because they know you [manager] care about them not because they are working for you, but you care about them as a person too" (Manager 3). Leaders actions towards promoting employee wellbeing are on the list of strategies that improve employees' engagement to improve performance and patients' outcomes (Raso, 2016).

Subtheme: Employee to employee relationship. Manager 2 explained that the culture of the department involves employees looking out for each other and helping each other to succeed. Manager 2 statement reflects case hospital's philosophy of care. In case hospital document, part of the philosophy of care requires that employees treat each other with compassion, respect, and dignity (D5). As suggested in the literature review, engagement contributes to increased employees' potential and offers opportunities for personal growth (Cattermole et al., 2013). The statements made by Manager 2 also correlate with the literature. The interactions an individual has, with others on the job, influence the employee sense of meaningfulness (Barrick et al., 2015). Manager 4 gave the following example of the importance of a good employee to employee relationship in the workplace:

I had two people in the department, for example, who were having a bit of a trouble with each other, before I knew about it, it was brought to my attention by

another one of their coworkers. What I appreciated was the other employee who brought it to my attention (Manager 4).

In document D1, 57% of the employees surveyed agreed that employee to employee relationship mattered to them. In D7, the case hospital leaders listed the strategies used to encourage a positive employee to employee relationship. The strategies include: (a) welcoming new employees, (b) helping each other, (c) respecting each other, (d) praising and encouraging each other, (e) solving conflicts with each other, and (e) employees discussing personal or confidential topics in private. Examination of the interview data and the case hospital documents showed how employee to employee relations is an integral part of the case hospital's mission.

Correlation to the conceptual framework. The concept of a positive employee to employee relationship correlates with Kahn's (1990) concept of psychological safety, where an individual is free to make decisions without the fear of negative consequences. These statements correlate with Kahn's (1990) view of engagement, where he stated that an engaged individual brings the entire self into role performance. The care an employee perceives, from the manager, affects an employee's level of engagement. This concept of an individual's wellbeing was recognized by Kahn (1990) as a factor that promotes employee performance. Managers who provide an environment that fosters trust with their employees, allow an employee to feel a sense of safety, and psychological meaningfulness (Kahn, 1990). Employees find meaningfulness in their role when they perceive a sense of being valued or recognized for the physical, emotional, and cognitive energy individuals exhibit during the daily job performance (Kahn, 1990).

Theme 5: Commitment to Patient Care and Satisfaction

As reported in case hospital mission statement, the goal and mission of the hospital leaders are to provide patient care that exceeds the patient's expectations and every person involved in the extended care of that patient (D2). Managers at case hospital define patient-centered care as employees putting the patient first (Manager 1; Manager 2; Manager 3; Manager 4). An overview of D1 showed that 75% of employees agreed with the case hospital's philosophy on patient care. As suggested by Hilton and Sherman (2015) employees provide quality patient care when they engage all aspects of self during job performance. On review of D5, the fundamental principles of the case hospital's philosophy of care include, employees' commitment to exceed the customer's expectations by providing high-quality service, with care, compassion, and courtesy. The following managers' interview statements correlate with the statement made in D5. Patient care is not solely a clinical process, but a humanistic and holistic approach to providing care (Manager 1; Manager 2; Manager 3; Manager 4). It is employees using their heart and soul when providing patient care (Manager 4).

“Patient care goes beyond budgets and revenues...it is taking care of people and doing the best job we can. Not just the medical, the science part of it, but the visceral part of it, the gut. If people don't have their gut in it, then it is hard to be part of this type of culture” (Manager 2). Further on in the interview process, Manager 2 stated, “There is part of you that chose a hospital over a manufacturing plant because you want to be part of something that helps people. If that is not the case, it becomes pretty apparent in this organization, because those people stick out like sore thumbs” (Manager 2). From the

statements made by the managers, case hospital managers believe that engaged employees contribute to patient satisfaction. Lee et al. (2012) highlighted that engaged health care employees contribute to improved patient satisfaction. Employees must connect the dots, understand the context of health care, and the organizational culture of providing holistic patient care (Manager 1; Manager 2; Manager 3; Manager 4). For organizational success, management is responsible for helping employees connect the dots and understand the role employees play in patient care and patient satisfaction (Manager 4). In the literature, Lowe (2012) explained that managers understand the importance of employee engagement and its effect on patient satisfaction (Lowe, 2012). Health care managers, from all areas of the hospital, must keep connected to the bigger picture of what factors contribute to the quality of patient care (Manager 2).

Managers should provide employees with a plan of action, and provide guidelines for the employees to succeed and improve patient care (Manager 3). Case hospital managers implement tools to encourage employee engagement. One of the tools is mastering the art of listening to the employees and waiting for the right time to speak (Manager 4). During the observation of Manager 2, the manager provided the necessary tools that employees needed to provide patient-centered and safe patient care. I observed Manager 2 as he listened to the employees and only spoke when necessary.

Subtheme: Patient satisfaction. At case hospital, patient care is not solely about the patient's physical being, but a holistic care that involves taking care of the patient's mind and spirit (D2). The quality of patient care that case hospital caregivers offer, advocated in the hospital's documents D1, D2, D3, and D4, indicate the caregivers'

commitment to quality patient care and service to their patients. On the analysis of D1, the employee engagement survey, 71% of the survey respondents believe that case hospital is living up to the mission and vision of providing quality patient care. As reported in D4, if there is a customer's complaint, employees must not make excuses or blame others. Employees should listen and respond to the customer and then find ways to correct the problem. During the interview, the four managers agreed that all employees, from clinical staff to non-clinical staff in case hospital were caregivers (Manager 1; Manager 2; Manager 3; Manager 4).

So, ... we begin and develop relationships with our patients. It's not just learning the clinical outcomes of that patient. We need to develop relationship with our patients, with every single one and across the staff. So, my staff is encouraged to touch every patient every day and engage in a conversation and what we call here at ... hospital, learn that patient story. Because, if we don't know their story we will not be able to dig down medically or clinically either (Manager 4).

The statements provided by the managers on the importance of the employee to patient relationship correlates with the literature. The strongest effect on patient satisfaction is dependent on the interaction between patients and health care employees (Johnson & Russell, 2015). The role of a caregiver involves all employees reading the patients' feedback and coming up with solutions for any patient concerns or issues (Manager 1). Manager 1 presented a scenario where she used one of her employees as a *secret shopper* to identify the issues patients experienced on the night shift. In the literature, researchers Granatino et al. (2013) identified the technique of *Secret Shoppers*

as one of the strategies that help hospital managers use to gather information on the patient perception of the care they received from hospital employees.

The four managers shared that employees provide excellent patient care when they are satisfied with their work, have clear goals and expectations, like their jobs, feel comfortable doing their jobs and, have a good working relationship with their managers (Manager 1; Manager 2; Manager 3; Manager 4). Managers from the case hospital encouraged a questioning attitude from their employees and allowed their employees to address issues without the fear of negative consequences, especially during the provision of patient care (Manager 1; Manager 2; Manager 3; Manager 4).

Managers must provide equal opportunities for employees of all levels to engage and succeed in job performance (Manager 4). Role modeling promotes teamwork and increases patient satisfaction (Manager 1). Furthermore, managers who provide context during communication processes and clear task roles increase employee engagement and employee performance (Manager 3).

Correlation to the conceptual framework. Kahn (1990) stated that when an individual experiences psychological safety, that individual is not afraid to speak up. When there is a problem with an employee's work performance, managers must be honest and openly communicate to the employee.

Theme 6: Providing Employees with Rewards and Recognition

Regarding employee reward and recognition, the case hospital managers described the hospital as having a system that rewards employees for their contributions to patient care, their departments, and the overall hospital success. During identifying

issues and coming up with new strategies to improve patient care, it is important to celebrate the positive patient feedback (Manager 1; Manager 3; Manager 4). During the interview, Manager 3 stated, “I take it very personally as far as letting my staff know if they are doing a good job. If someone is doing a good job, I make sure that the rest of the staff knows” (Manager 3).

The examination of the content in case hospital’s document D3 supported the importance of employee recognition in promoting employee engagement to increase performance. As stated in the document, the recognition program is designed to publicly recognize and reward employee behavior that improved patients and clients’ satisfaction. The recognition program allows staff members to single out their peers who exemplify the principles of the employee philosophy. The reward program includes employees from every department within the hospital, and consists of four departmental categories (a) nursing, (b) ancillary (professionals involved in direct patient care except nursing), (c) service (environmental services, engineering, telecommunication, material management, print shop, and (d) support (communications, human resources, quality assurance, volunteer and community services, lifeline, and security, etc.). Winners of the recognition award receive a monetary award and have their photographs posted on a publicly viewed bulletin board in the hospital. The employee of the year receives \$1000 and a special parking space for the entire year. The winner of the award heads the following year’s recognition selection committee.

Case hospital’s leadership view of employee reward and recognition was provided in D4. The recognition program (D4) was established to allow recognition of those

employees who show commitment to both departmental and organizational objectives.

This document was designed to provide managers with a formal process to recognize employees for their outstanding performance. Employees from all levels and department in the hospital, including the hospital President and CEO, comprise the recognition program advisory committee. The employees from case hospital receive monetary bonuses for their contribution to the successful goals of the department and the organization. The document listed target points that the employees (caregivers) must meet for eligibility to apply for the monetary award:

- Patient and customer satisfaction
- Clinical program development and program growth
- Increased efficiency
- Productivity and operating performance
- Organizational success.

The quarterly *Success Reward* program consists of two award tiers: the first one-half (50%) of the payment goes to employees who contribute to the success of the entire organization through target achievements and, (b) the second one-half (50%) of the payment goes to employees on the achievements of the individual departments.

Employees receive recognition from managers, co-workers, and patients (Manager 1).

The recognition an employee receives includes an employee of the month award (Manager 1). These employees receive recognition for going beyond the call of duty in providing exceptional patient care (Manager 1). Employee recognition and reward

programs, other than pay and incentives, combined with quality leadership foster employee engagement (Chandani et al., 2016).

Subtheme: Recognition. The interviewed managers commented that employee recognition provides opportunities for managers to promote employee engagement (Manager 1; Manager 2; Manager 3; Manager 4). “A lot of time you are sort of the figurehead or the face of the department, but if you are not the one doing the work, you have to make sure that people know who is..., who the experts are, and who is doing the work” (Manager 2). As stated in the literature review, employees who receive recognition and compensation for their work show cognitive engagement (Alagajara & Shuck, 2015; Shuck & Reio, 2014). Managers must celebrate success and recognize employees who go beyond the call of duty to improve patient care (Manager 1; Manager 2; Manager 3; Manager 4). Individuals vary in their engagement level according to their perceived benefits gained from the job (Kahn, 1990). Recognizing employees as the expert in their specific job role and giving credit where credit is due, promote employee engagement (Manager 2). Managers must recognize employees as future leaders and entrust them with authority to make decisions (Manager 2). Entrusting not only the high achievers but those employees who perform at a slower pace than others. One manager stated, “a manager must not only recognize high achievers but also recognize the low achievers.” (Manager 4). Cognitively engaged employees believe that they play an important role in the organization, and receive the necessary tools to carry out their job roles (Alagajara & Shuck, 2015; Shuck & Reio, 2014). One manager shared an occasion where she acknowledged the employees and verbalized her recognition of their performance.

I feel bad when I am pulled away from the department for long periods of time. I miss you guys I know that you are doing a great job. I have faith that you are doing it without me but I think about you, and they tell me that they appreciate that (Manager 4).

Correlation to the conceptual framework. As agreed upon by Kahn (1990) and Macey and Schneider (2008), leaders who show fairness, provide clear expectations and compensate employees for their good performance improve engagement by creating opportunities for employees to form attachments to their job. Kahn (1990) defined psychological meaningfulness as an individual's perception of being valued or recognized for the physical, emotional, and cognitive energy they exhibit during their daily job performance.

HCAHPS for the case hospital. During my analysis of the case hospital HCAHPS survey results document (D7), published by the CMS (2014), patient reporting of the overall care received from case hospital was appraised four stars from a maximum total of five stars. Collectively, patients' responses to the HCAHPS survey results, on their willingness to recommend case hospital to others, was reflected with a rating of four stars (CMS, 2014). A five-star rating is the maximum stars one hospital could receive in any of the categories listed on the HCAHPS survey (CMS, 2014). As stated in the literature, the higher the hospital HCAHPS scores, the more monetary incentives the hospital receives compared to hospitals that receive lower ratings (Dempsey et al., 2014; Raso, 2015).

One of the areas of concern for case hospital was a survey score of three on patients' perception of the noise levels patients experienced during their hospital stay. During the interview process, one of the managers reported that she implemented the *Secret Shopper* technique to gather information on the factors that contributed to the patients' complaints (Manager 1). According to the manager, part of the leadership focus at case hospital is to continue to improve HCAHPS scores through employee engagement (Manager 1).

Conclusions from Themes

During this research study, the examination of primary and secondary data sources, and the conclusion of the discovery of the themes created an opportunity to formulate a model of engagement strategies middle managers used to improve employee engagement in the case hospital. Given the different responses to the interview questions on engagement, and the synthesis of this information with participants' observations, and document analysis the following themes emerged: (a) role of the manager, (b) communication, (c) employee performance, (d) employee wellbeing, (e) patientcare and satisfaction, and (f) reward and recognition.

The dominant themes on the strategies middle managers use to engage employees include the managers' relationship with the employee and the use of communication in the fostering of employee engagement. Imperatively, managers' relationship with the employees and communication in the case hospital have the propensity to promote employee engagement to improve performance. Managers who prioritize good working relationships, effective communication, and employee wellbeing, further enhance

employee engagement. Hospitals with high levels of engagements increase employee performance and patient satisfaction.

Consequently, when there is a pluralist approach to work relationships, employees tend to go beyond the call of duty, and this could improve employee quality of work-life, increase performance, and achieve positive patient outcomes. The study findings indicate that managers have the power to affect employee engagement only when managers take a pluralistic approach to employee engagement, and consider the wellbeing of the employees. Managers must actively solicit information from employees and patients to promote an organizational climate that positively contributes to patient care.

Applications to Professional Practice

The applicability of this study findings, on the professional practice of business, is two-fold. First, the findings show that employee engagement is an ongoing process that directly affects employee performance. In health care, middle managers play a key role in promoting employee engagement to improve employee performance to increase patient satisfaction. Recognizing and analyzing the factors that promote employee engagement is important to departmental and organizational success. Middle managers who take positive steps to engage their employees create a culture where employees reciprocate by engaging their entire being into their job role.

Second, health care managers who fail to engage their employees face the risks of receiving unsatisfactory patient care reports which could affect Medicare reimbursements. This study provides key engagement strategies that one hospital middle managers used to increase employee engagement to increase employees' performance.

These strategies range from the managers' role in promoting employee engagement, through the building of positive relationships, to rewarding employees who perform beyond their job roles. Organization leaders who seek strategies to increase employee engagement to improve performance should focus on the needs of the employees and promote a collegial relationship between the employee and the manager. Also, the study results showed that managers could use employee engagement strategies as a tool to improve overall business outcomes.

Implications for Social Change

The goal of the present study was to explore the strategies that one hospital middle managers used to improve employee engagement. The study findings have several implications for social change. Managerial engagement strategies contribute to organizational success and demonstrate a strong effect on employee performance. Every organization has its individualized method of engaging employees. In an evolving health care industry, managers constantly seek strategies to engage their employees (Engle et al., 2017). Although there is no single managerial strategy to improve employee engagement, this study shows how managers from one single hospital used employee engagement strategies to improve employee engagement to increase performance.

This study presents unique engagement strategies that managers in all industries could use to improve employee engagement to improve employee performance and to increase overall productivity. Employee engagement could have long-term effects on organizational sustainability (Studer et al., 2014). The effectiveness of the employee engagement strategy is reflected, not only in the improvement of patient care but in the

consistent level of performance employees exhibit during their day to day work roles.

Overall, employee engagement strategies contribute to employees' wellbeing, patients' health, organizational effectiveness, and the overall health of the community.

Recommendations for Action

Employee engagement strategies support the goal of health care organizations by providing employees with the tools to initiate and sustain active involvement at work (Birken et al., 2012; Holton & Grandy, 2016). Employee engagement does not simply occur but relies on the actions managers take to promote the phenomena. This study results indicate that health care middle managers operationalize engagement in multiple ways, which improve employees' performance and patient satisfaction.

The findings of the study show that the key strategies of employee engagement include (a) the quality of relationship a manager has with an employee, (b) managers' communication style, (c) managers' role modeling behaviors to engage employees during work performance, (d) managers promoting employee wellbeing to engage employees, (e) managers using the concept of patient care to initiate engagement strategies, and (f) managers recognizing and rewarding employees as a means of engaging their employees. Employee engagement strategies are not a one size fit all but must be tailored to fit the employees' needs.

The creative synthesis of the engagement strategies could allow managers, not only from a hospital setting but different health care organizations to improve employees' engagement. Managers could disseminate the results of the strategies that engage employees during their managers' weekly or monthly meetings, conference calls, and

training. The addition of this finding extends the previous scholarly research on the factors that promote employee engagement and employee performance.

Recommendations for Further Research

Employee engagement is an integral component of any organization's success strategies (Kerns 2014; Nienaber & Martins, 2014). Future researchers should continue to examine the changing dynamics of the health care industry and what engagement strategies contribute to overall organizational success. Future researchers could explore managerial engagement strategies by performing a quantitative study to qualify this qualitative study. Also, future researchers should choose a larger population of managers and increase the number of interview questions to understand the managerial strategies that engage employees. Also, future researchers should explore what factors that provide barriers to employee engagement. Reliable measures for gauging the employee's level of engagement and workplace performance include the employees' perspective. Therefore, future researchers should also explore how employees view managers' engagement strategies and the effect of these strategies on employee performance.

Reflections

Reflecting on the Doctorate of Business Administration's doctoral study process encouraged me to reflect on my role as a researcher. Selection of an adequate research method was my initial challenge. My study goal entailed conducting a study to get an in-depth understanding of the phenomena of engagement. A qualitative method of approach to my study allowed me to accomplish the goal of collecting research data that explored the engagement strategies that one hospital middle managers used to improve employee

engagement. Although some researchers believe that there is no connection between the purpose of the study and the approach to the study (Dasgupta, 2016), I kept an awareness of my capabilities and purpose of conducting an exploratory study. To me, getting an in-depth understanding of the phenomena of engagement mattered more than the gathering of numbers or the testing of hypothesis. Because of the naturalistic design of a qualitative study, where the researcher does not try to influence the participants or manipulate the data for personal gains (Dasgupta, 2016), a qualitative study was the ideal method to conduct my study.

I attribute my decision to conduct a single case study to the revelatory nature of the study. Selecting one hospital whose managers used employee engagement strategies to improve employee performance was appropriate because all hospital leaders who struggle to improve employee engagement could implement these successful engagement strategies. Before going into the organization, it was important for me to identify the participants that contributed to the phenomena of engagement.

Building a relationship with the participants where they felt free to share information was not much of a challenge as I expected. The participants were experts in their field and appeared very comfortable sharing information. During the interviews and the participant observations, I received a more in-depth understanding of the role of managers in employee engagement and the strategies that promote employee engagement.

During the conduction of this research, I realized the challenges placed on a qualitative researcher to prove the quality and validity of the research. Throughout the

study, I remained aware of my personal biases and did not let my biases interfere with the data collection or the resultant data. After the interviews, observations, and documents review, I felt confident that I was provided with the sufficient data to advance a compelling argument for my study. My perspective on the phenomena of engagement deepened as I listened to the managers, as they shared their engagement strategies that they used to improve employee performance.

Changes in my thinking, after conducting this study include the realization that managers play a critical role in engaging employees. Furthermore, a manager could promote employees' engagement or nurture employees' disengagement. Engagement is a phenomenon that produces tangible results for both the organization and the employees. To establish a culture that promotes employee engagement, organizational leaders must commit to the building of a platform that could sustain the architectural design of the multifaceted factors that contribute to the phenomena of engagement.

Conclusion

Employee engagement is one of the key initiatives proven to improve health service delivery (Wutzke et al., 2016). High performing health care organizations use employee engagement strategies to transform the organization and reap the benefits of improved clinical performance, financial stability, and positive patient experience outcomes (Studer et al., 2014). Compared to disengaged employees, highly engaged employees demonstrate greater levels of self-involvement and performance at work (Shuck & Reio, 2014). This qualitative single-case study allowed for the in-depth study of one hospital in the northeast Connecticut, whose middle managers successfully

implemented engagement strategies that improved performance and patient satisfaction. I incorporated the managers' responses to the interview questions, the observation of managers during interactions with employees, and the analysis of organizational and government documents.

The findings of this study indicate that engagement is a dynamic process. Health care middle managers continually seek strategies to engage their employees to improve performance. Currently, health care leaders show concern about the future of health care and understand that employee engagement could contribute to organizational sustainability (Nasomboon, 2014; Postel et al., 2014). Case hospital's leadership and training programs promote employee engagement to improve employee performance and patient care. Case hospital middle managers demonstrate a commitment to the hospital goals and the implementation of key strategies that promote employee engagement. Managers who view the results of this study on engagement, through cognitive lenses, can engender new insights to promote employees' engagement to improve performance and overall business success.

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Appendix A: Middle Managers Interview Questions

Interview Questions

1. How do you define employee engagement?
2. What specific employee engagement strategies did you use to improve employee performance to increase patient satisfaction?
3. How do you provide feedback to your employees who exhibit exemplary performance that increase patient satisfaction?
4. How, if at all, did employee performance change because of the implementation of engagement strategies?
5. How do you cultivate a work environment to increase employee engagement?
6. How do you gauge the effectiveness of your employee engagement strategies?
7. What suggestions do you have for health care managers who want to improve employee engagement?

Appendix B: Invitation E-mail

Research Study Invitation E-mail: You are invited to participate in a research study on the engagement strategies do hospital Middle Managers use to improve employee performance to increase patient satisfaction. As the researcher, I am inviting middle managers, over the age of 18 years, who have been in the management role for at least four years, and have applied employee engagement strategies to improve employee performance to increase patient satisfaction.

My name is Ann-Marie Alcala, and I am a doctoral student at Walden University.

The purpose of this study is to explore the engagement strategies that some hospital middle managers use to improve employee performance to increase patient satisfaction. The findings of this study will assist other hospital managers to understand the successful employee engagement strategies that managers of this hospital use to improve employee performance to improve patient satisfaction.

If you are interested in participating in this study, please respond to this e-mail and I will forward the consent form, which provides additional information on the requirements of this study.

Sincerely,

Ann-Marie Alcala