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Walden University

College of Management and Technology

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Kate Chinyere Mbidoaka

has been found to be complete and satisfactory in all respects,
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Walden University
2017

Abstract

Strategies to Reduce Effects of Organizational Stress in Health Care Workplaces

by

Kate Chinyere Mbidoaka

MA, University of Nigeria, Nsukka, 1989

BA, University of Nigeria, Nsukka, 1985

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Business Administration

Walden University

October 2017

Abstract

Workplace stress has become a frequent occurrence in the race for competitive business advantage. This stress leads to negative physiological consequences in the workplace, causing productivity and profitability to suffer. The purpose of this single case study was to explore the stress management strategies that some health care business leaders used to reduce the effects of work-related stress on their employees to improve productivity. The interview process included 3 managers employed at a health care institution in Houston, Texas, with records of implementing successful strategies for mitigating the effects of workplace stress. The conceptual framework was job demands-resources model, pertinent to the research question to shape this study. Data collection occurred through: (a) face-to-face semistructured interviews, (b) document reviews including the policy and procedure manual, employee annual evaluations, returned satisfaction surveys; and (c) direct observations, using observational protocol. Using the exploratory standard data analysis process, coded input of interview transcripts produced emergent themes to reduce workplace stress including: (a) adequate work resources, (b) work-life balance, and (c) sound management responsibilities. Findings from this study indicate that business managers using these themes could mitigate some of the negative consequences of organizational stress. The data from this study may contribute to social change through conveying to healthcare functionaries anti-stress strategies, increasing community awareness, and making members of the communities healthier.

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Dedication

I dedicate this doctoral study to my husband, Emmanuel Mbidoaka, who actually pushed me into this program to help me fulfill my life-long dream of obtaining a doctoral degree, and single-handedly took care of the family to give me the space to work and study. This is also dedicated as an inspiration to my 5 boys, Destiny, Divine, Delight, Dawn, and Dandy, and my assumed daughter, Esther, without whom I would not have the peace of mind to complete this journey. They now know that anything is possible if you put your mind to it. A wealth of gratitude to my deceased parents, Mr. Simon and Mrs. Josephine Aloka, who saw the value of education earlier than their contemporaries and raised 7 college graduates even though they did not graduate high school themselves. To my brother, Mike, I say bravo! In some heroic way you found the funds to steer me toward sound education even though the odds were against an impoverished teenager getting educated at the time. To my cousin, Berty, I say, "thank you" for ensuring that I did not look at happiness through other people's eyes. I hereby report to all that I have accomplished my initial goal of coming to America.

Acknowledgments

A special thank you to my chair, Dr Frederick Nwosu, whose intellect is uniquely required to motivate just about any student to succeed. I remain exceedingly grateful to the rest of my committee members, Dr. David Moody and Dr. Judith Blando, whose invaluable feedback made this study scholarly and professional. My committee members made me go through the agony without feeling the pain. Thanks to Dr. Al Endres who reviewed and approved the prospectus to this study. Warm regards to Mr. Fred Walker, who steered me toward sanity with his compassionate attention to my problems.

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Section 1: Foundation of the Study

The health care workplace in the United States, particularly hospital systems, is employee intensive with the performance of its workforce a significant and determining factor in operational sustainability (Zopiatis, Constanti, & Theocharous, 2014). Health care workers face high levels of burnout and dissatisfaction with their current jobs (Zhang et al., 2014). As technology pulls the global economy together, the battle for stakeholder advantage remains fiercely competitive, even among health care institutions, magnifying employee tensions, frustrations, and anxieties in the workplace (Swaminathan & Rajkumar, 2013). The constant quest for profitability leverage exposes employees to burnout, job dissatisfaction, and turnover (Zhang et al., 2014), especially when the workplace becomes stressful. Employees must be happy with their workplace to become productive because unhappiness and dissatisfaction lead to lack of enthusiasm and commitment to the organization (Altuntaş, 2014).

In health care, life and death decisions are frequent and building a calm, dynamic, and satisfying work environment and culture to care for the sick, educate the employees, and increase their sense of attachment to the organization are important (Altuntaş, 2014). The Patient Protection and Affordable Care Act (ACA) put enormous burden on health care organizations to decrease the cost of services while improving the quality of care. If more emphasis continues to be on profit and loss, rather than saving lives, apathy sets in leading to stress, absenteeism, turnover, and decline in productivity.

Background of the Problem

Organizational stress is the psychosocial manifestations people have when faced with workloads and pressures beyond their knowledge and capabilities, thereby challenging their ability to cope (World Health Organization [WHO], 2012). Health care professions rank among the most stressful; nurses receive most of the harmful aspects of this stress, along with their families, and patients, and the health care services they render also suffer (Salehi, Javanbakht, & Ezzatababdi, 2014). Workers who are unhappy, distressed, and dissatisfied are abhorrently unproductive and do not perform up to their full potential. Workplace stress affects a firm's financial performance, their image, and social responsibilities. WHO (2012) stipulated that work-related stress lead to physiological, emotional, cognitive, and behavioral responses. Business leaders need to strategize through risk assessment for better options to reduce the occupational risk factors (Backé, Seidler, Latza, Rossnagel, & Schumann, 2012; d'Ettorre & Greco, 2014).

Problem Statement

Organizational stress affects the physical and mental wellbeing of employees in the workplace, costing employers billions of dollars annually (Ganster & Rosen, 2013). The American Psychological Association (2010) stated that 70% of U.S. workers considered their workplaces significant causes of stress, and 51% reported that stress reduced their productivity; stress-related illnesses cost U.S. industries an estimated $68 billion a year and 10% reduction in company profits. The general business problem that I addressed in this study was that work-related stress can lead to decreased wellbeing,

productivity, and profitability. The specific business problem that I addressed this study was some business leaders in health care lack stress management strategies to reduce the effects of work-related stress on employees to improve productivity.

Purpose Statement

The purpose of this qualitative single case study was to explore stress management strategies that some business leaders in health care used to reduce the effects of work-related stress on employees to improve productivity. The target population was composed of managers employed at Health Care Institution (pseudonym) in Houston, Texas, who implemented successful strategies for mitigating the effects of workplace stress. The implication for social change includes the potential for health care managers to expand the knowledge from this study to reduce the effects of work-related stress for their employees and members of the society. Workplace stress and health problems constitute both societal and economic problems (Ganster & Rosen, 2013). Health and wellbeing benefit society for productivity, including economic and social development (WHO, 2013). From this study, employees, patients, and families could benefit from increased understanding of the strategies for continued wellbeing.

Nature of the Study

Researchers use the qualitative method to explore the real-life settings of how individuals, groups, and businesses operate (Sparks, 2014; Yin, 2014). The goal of qualitative researchers is to understand how people make sense of the world, experience events, and manage certain situations (Willig, 2013). The quantitative method was

inappropriate for my study because quantitative researchers focus on experiments, dependent and independent variables, theories, hypotheses, and statistical measurements (Yilmaz, 2013). Those elements were not in line with the purpose of my study. Conversely, mixed-methods researchers combine both the quantitative and the qualitative methods, either concurrently or sequentially in the same research, to develop rich insights into various phenomena that using either method could not provide (Venkatesh, Brown, & Bala, 2013). The mixed-methods research method was inappropriate for this study because of the quantitative component of that method.

Researchers use research designs to achieve the goal of the study and to logically address research questions with the evidence obtained in the data and analysis (Denscombe, 2014; Yin, 2014). Qualitative researchers use research designs such as phenomenological, ethnographic, grounded theory, and case study in their research activities (Yin, 2014). When the goal of the researcher is to understand the perspectives and meanings of the lived experiences of the participants, a phenomenological approach is the most appropriate (Moustakas, 1994). Ethnographic researchers embed with cultural groups in their natural setting within an extended period to obtain an insider point of view into their everyday lives (Willig, 2013), but that was not the purpose in my study. Researchers use the grounded research design to offer a systematic way to generate theory from data and analysis (Engward, 2013; Urquhart, & Fernández, 2013). My purpose in my study was not to generate theory from collected data. The single case study

design was the most appropriate it offered me the opportunity to explore workplace stress as a complex contemporary experience in its real-world business context (Yin, 2014).

Research Question

An effective research question is a focused guide to research design, literature review, data collection, and analysis (Bryman & Bell, 2015). The framing of a question can also affect ability to generalize from the findings (Yin, 2014). Developing an effective research question is essential to the success of any study (Zhu, 2015). The central research question for this study was: What strategies do business leaders in health care use to reduce the effects of work-related stress on employees to improve productivity?

Interview Questions

1. What were your management strategies for reducing work-related stress?
2. How did work-related stress affect your employees' productivity?
3. How did you identify stressed employees on the job?
4. What strategies did you use to establish a balance between work and family for employees that benefitted from it?
5. What were the challenges in the implementation of stress-reducing strategies in your organization?
6. What did you do to overcome the challenges in the implementation of the stress-reducing strategies?

7. What were the benefits that your organization derived from implementing the strategies to reduce employee work-related stress?
8. How did you measure the effectiveness of employee performance strategies?
9. What other strategies did you find effective to manage employee stress?

Conceptual Framework

The job demands-resources (JD-R) model was the conceptual framework of this study. Demerouti, Bakker, Nachreiner, and Schaufeli developed the JD-R model in 2001 when they categorized working conditions into two broad categories: job-demands and job resources. Bakker and Demerouti (2007, 2014) extended the model to explain how job characteristics in the form of job strain could have profound effects on employee wellbeing. Bakker and Demerouti explained how job strain (stress) resulted from an imbalance between employee demands and the resources they had at their disposal.

The central concept of the JD-R model is that high job demands lead to strain in physical wellbeing, and appropriate resources lead to increased performance and productivity (Schaufeli & Taris, 2014). Job demands such as a high work pressure, emotional demands, and role ambiguity may lead to sleep problems, exhaustion, and impaired health while employees use the availability of job resources to initiate a motivational process toward job-related learning, organizational commitment, and performance (Bakker & Demerouti, 2007).

Leaders widely use the JD-R framework within their organizations to develop stress-reduction strategies (Akkermans, Schaufeli, Brenninkmeijer, & Blonk, 2013). At

the heart of the JD-R model is the assumption that every occupation has its own specific risk factors associated with job stress in two general categories: job-demands and job resources (Bakker & Demerouti, 2007). The JD-R model is appropriate for the study of organizational stress because it explains how job demands could turn into job stressors when meeting those demands requires high effort for which an employee is not adequately prepared. In contrast, providing job resources, such as career incentives and interpersonal and social relationships at work, has the motivational potential for catalyzing high work commitment and performance.

Operational Definitions

Bracketing: Bracketing is a method used by researchers to suspend their presuppositions, biases, assumptions, or experiences to describe phenomenon and increase the rigor of the study (Tufford &Newman, 2012).

Disengagement: Disengagement is a fundamental component of the burnout syndrome. A person distances him or herself from work and exhibits negative attitudes toward it (Rudman, Gustavsson, & Hultell, 2014).

Employee engagement: Employee engagement is when an employee has a strong identification with the organization and a drive to be involved in decision-making and innovation to improve the business (West, Eckert, Steward, & Pasmore, 2014).

Employee turnover: Employee turnover is the process in which employees voluntarily or involuntarily leave their employment, thereby producing adverse effect on organizational effectiveness, efficiency, and productivity (Mosadeghrad, 2013).

Mindfulness: Mindfulness is a self-initiated practice of relaxing and unwinding the body, calming and refocusing the mind by staying in the present moment with nonjudgmental and nonstriving awareness while reducing negative stress and burnout (Romani & Ashkar, 2014).

Organizational stress: Organizational stress is the process by which workplace demands produce strains on employees' mental and physical health (Ganster & Rosen, 2013).

Productivity: Productivity is a measure of the amount of work done against the usual number of hours put in, resulting in profitability and growth (Sauermann, 2016).

Role ambiguity: Role ambiguity is a clear unfamiliarity and vagueness of task, which leads to employees' lack of understanding of the requirements of their role, how to meet the role requirements, and the procedures available to perform the job successfully (Bakker & Demerouti, 2007; Fiabane, Giorgi, Sguazzin, & Argentero, 2013).

Assumptions, Limitations, and Delimitations

Assumptions, limitations, delimitations (ALDs) explain the explicit conflicts, biases, and personal choices in the study. Researchers use this section to provide a realistic and self-critical delineation of the weaknesses of the study (Brutus, Aguinis, & Wassmer, 2013). Admission of areas of weaknesses and vulnerability puts the study in context, and attributes credibility and authenticity to the study. ALDs provide full disclosure with the goal of offering useful guidelines for readers, reviewers, and faculty (Brutus et al., 2013).

Assumptions

Researchers initially take assumptions as true statements or expectations even though no empirical evidence exists to support them; without assumptions, the study is meaningless (Kirkwood & Price, 2013). I assumed that the participants would answer interview questions truthfully without consideration to how they thought the researcher expected them to answer. I also assumed that findings from my study would provide value to businesses, fill the gaps in the understanding of employee wellbeing, and shed light on the effectiveness of clinical practice toward the mission and goal of the business and the competitive advantage of the organizations.

I also assumed that just as the health care delivery and monitoring agencies are diverse, so are the industry-specific stressors and coping mechanisms. The effects of stress on individuals depend on their understanding and interpretation of the environment and their cultural perception of stress. In this study, the participants provided sufficient data to expand the understanding of the strategies that business leaders in health care use to reduce work-related stress on employees to improve productivity.

Limitations

Limitations are possible flaws or weaknesses in the study beyond the researcher's control (Lips-Wiersma & Mills, 2014). The main limitation for the study was the short time limit of the study and my requirement to operate under the supervision of the university. Most health care workers, particularly nurses, were females and they had similar perceptions to the same situations, which might be different from the perceptions

of men. Previous studies found that gender, age, education level, and social and cultural backgrounds affect the degree of stress experienced by workers (Mosadeghrad, 2013). Individual differences often existed in the interpretation of stressful situations and what was stressful to one employee might be a source of motivation to another person.

As the researcher in this study, I was aware that I am a registered nurse in a health care business, had worked many years as a staff nurse in the hospital system, and might already have had an opinion about the level of stress in the hospitals. I was also aware that my professional experiences, values, and biases must be in check at all times during data collection, analysis, or interpretation to avoid injecting first-hand experience of stress to the study. Researchers must remain emotionally detached and uninvolved with the subject under investigation, and they must maintain rhetorical neutrality at all times to empirically justify the result (Collins, Onwuegbuzie, Johnson, & Frels, 2013).

I used bracketing, stipulated in Chan, Fung, and Chien (2013), as a methodological device to hold in abeyance my experiences as a nurse while uncovering the workplace stress phenomenon of which I already know a great deal about. Bracketing is a method that researchers use to mitigate the potential harmful effects of acknowledged and unacknowledged preconceptions related to the research to increase the rigor of the study (Tufford & Newman, 2012). A nurse must make significant efforts to put aside his or her repository of knowledge, beliefs, values, and experiences to harness and explore the lived experience of the participants and accurately describe them (Chan et al., 2013; Tufford & Newman, 2012).

Delimitations

Delimitations explain the scope and boundary of the research (Kirkwood & Price, 2013) and explain the characteristics in the researcher's control that limit the scope and define the boundaries of the study (Prowse & Camfield, 2013). They are personal choices, constraints, and intentional biases the researcher systematically introduces into the study (Podsakoff, MacKenzie, & Podsakoff, 2012). The first delimitation of this study was the choice of the topic: strategies to reduce the effects of organizational stress in health care workplaces. Other delimitations included using the qualitative methods, the case study design, the JD-R conceptual framework, the geographic location of Houston, Texas, and the health care organization under study.

Significance of the Study

Fiabane et al. (2013) contended that health care professionals frequently face a variety of job stressors that could adversely affect both their mental and physical health, and decrease their work engagement and commitment. Business leaders are responsible for developing and implementing strategies that mitigate stress within the work environments. Findings from this study could be significant for offering stress-mitigating strategies to businesses and society.

Contribution to Business Practice

Health care workers, particularly nurses, are at a higher risk of developing emotional distress related to job stress (Fiabane et al., 2013). Identifying factors that hinder or improve the wellbeing of health care workers prevents occupational diseases

and increases the quality of workers' performances (Fiabane et al., 2013). Findings from this study may provide value to businesses and fill the gaps in the understanding of employee wellbeing, the effectiveness of clinical practice toward the mission and goal of the business, and the competitive advantage of organizations. Findings from the study may also contribute to improved practice of business. Researchers have demonstrated that decreasing organizational stress could improve employee satisfaction, increase engagement, encourage consumer loyalty, maintain brand reputation, and improve the quality of health care services (Nasomboon, 2014).

Implications for Social Change

Business leaders who make special contributions for positive change do so by taking actions to benefit society beyond the requirements of law and the direct interests of shareholders (Pearce & Doh, 2012). Health care executives use resources efficiently and effectively to meet the health needs of the communities they serve (Russo, 2014). Such leaders solve problems important to the health and wellbeing of community members, and they use resources on initiatives deserving of the company's investment (Pearce & Doh, 2012). Such community services improve and promote the image of the organization.

Health care organizations that embrace social change also transform the delivery of health care, and work collaboratively across local health systems for the good of the populations they serve (West et al., 2014). Three attributes for social change in health systems are (a) affordability for patients and families, employers, and the government; (b)

acceptability to key constituents (patients and health professionals); and (c) adaptability, responding adaptively to new diseases in the community, changing demographics, scientific discoveries, and dynamic technologies to remain viable (Fineberg, 2012). Fairness, in the treatment of all people without discrimination and without regard to disease, age, group identity, or place, leads the way in contributing to social change - a population with the highest level of health possible (Fineberg, 2012).

A Review of the Professional and Academic Literature

My goal in this literature review was to provide the basis to justify the research question and applied business problems. The objective was to (a) explore the relevant frameworks in this area to justify the existence of relationships and linkages; (b) review earlier studies on the causes of organizational stress to place the study in a historical context; (c) explore the effects of organizational stress on employees; (d) review relevant literatures depicting strategies business leaders in occupations used to combat stress; and (e) explore research methodologies and strategies used in previous studies of organizational stress.

The Content of the Professional and Academic Literature

Conducting a literature review entails developing and building content searches that justify the significance of the study. Focused searches rely on peer-review journals such as those found via Google Scholar, the Walden University library database, and health care management course readings. Other areas in the Walden University databases

that I used include ABI/INFORM Complete, Business Source Complete, EBSCO eBooks, ProQuest, and Dissertations & Theses at Walden University.

Table 1 shows compliance to the requirement of the Walden University Doctor of Business Administration program to ensure that 85% of references that I used were peer reviewed and published within 5 years of expected CAO approval. The study included 208 total references with 197 (95%) within the mandatory 5-year publication date requirement (2012–2017). Of the 208 references, 193 (92.8%) were peer reviewed with 88 different peer-reviewed sources in the literature review alone.

Table 1

Summary of Sources for Literature Review

Reference type	Count	Percentage
Books published within 5 years of 2017	12	5.8%
Books published more than 5 years before 2017	3	1.5%
Peer-reviewed journals published within 5 Years of 2017	185	88.9%
Peer-reviewed journals published more than 5 years before 2017	8	3.8%
Total	208	100%

Application to Applied Business Problem

The purpose of this qualitative single case study was to explore the stress management strategies that some health care business leaders used to reduce the effects of work-related stress on employees to improve productivity. The central research question for this study was: What strategies do business leaders in health care use to reduce the effects of work-related stress on employees to improve productivity? Health care is a stressful profession, albeit highly subjective, and individuals perceive and respond differently to the stressors (Higazee, Rayan, & Khalil, 2016). Health care organizational stress arises from work demands, extra work requirements, and organizational support deprivation affecting staff performance and resulting in high rate of staff turnover and burnout (Al-Homayan, Shamsudin, Subramaniam, & Islam, 2013; Sharma et al., 2014).

Ensuring the significance of the study of organizational stress entails building an argument that links the study to important theoretical perspectives, policy issues, concerns of practice, or persistent social issues that affect people's daily lives (Marshall & Rossman, 2016). Organizational stress is a concept discussed extensively in the fields of health care, business, political science, economics, and education. I reviewed the historical footprints of organizational stress, an understanding of the effects of organizational stress, its management, and prevention strategies in health care, without imposing my philosophical assumptions and biases.

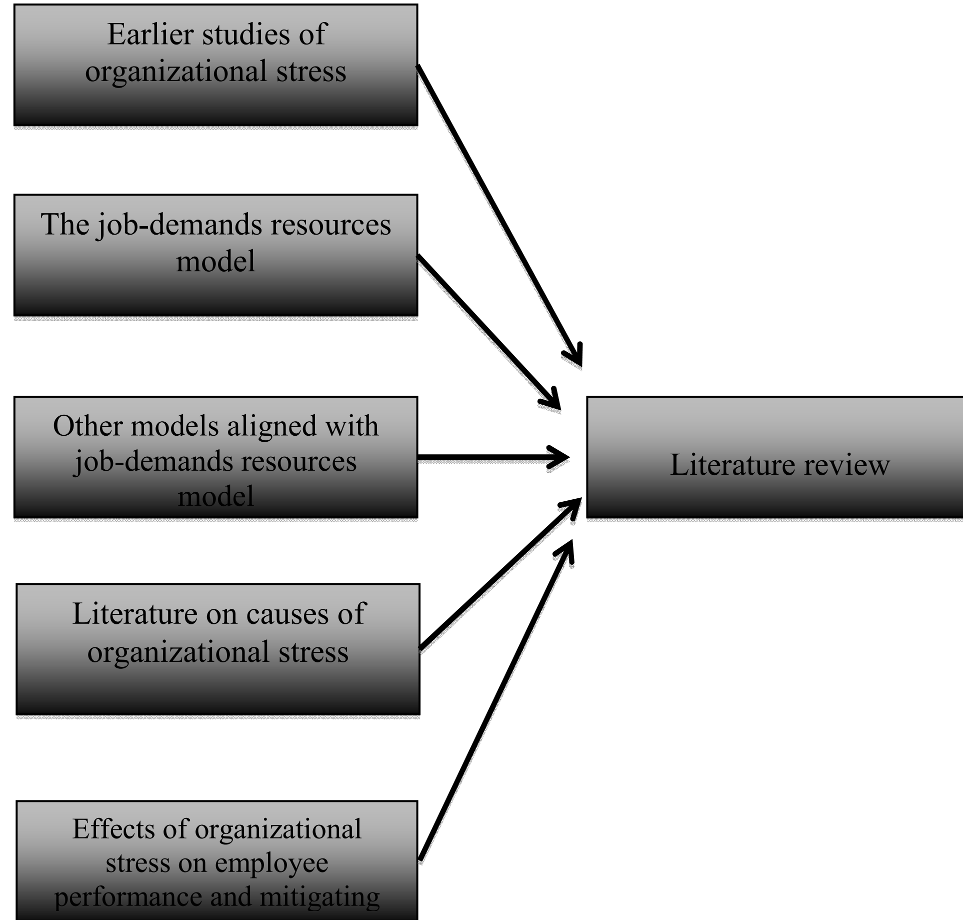

Figure 1. Organizational strategy for the literature review. Rectangles on the left denote the broad content areas of the professional and academic literature review.

Earlier Studies on Causes of Organizational Stress

Lazarus (2006) recounted how no scholars addressed stress in professional circles in the 1940s, until World Wars II and I led to exploring the effects of stress on the wellbeing and performances of soldiers. The soldiers manifested the symptoms of mild to severe anxiety, various emotional distress, and full mental disorders. Scholars called the symptoms *shell shock*, or *battle fatigue*, and *post-traumatic stress disorder* after the Vietnam War. The disorders were sometimes so severe that it not only impaired the

soldiers' ability to fight, but also made them miserable and unable to function. The earlier scholars on stress saw it as a response to environmental stimuli and humankind's interpretation of such stimuli. Stress studies took a new course when people at home also suffered from a different kind of stress as they worried and waited for the soldiers to come home. Stress studies slowly progressed to the workplace, with scholars documenting numerous academic studies on the subject. Researchers focused on four models: (a) the two-factor model by Herzberg's work in 1966; (b) the job characteristics model by Hackman and Oldman in 1980; (c) the demand-control model by Karasek in 1979; and (d) the efforts-reward imbalance model by Sieggrist in 1996 (Bakker & Demerouti, 2014).

The two-factors model researchers believed that the hygiene factors (company policies, supervision, salary, interpersonal relations, and working conditions) promote satisfaction and that motivator factors (achievement, recognition, nature of work, responsibility, and advancement) are characteristics that control employee satisfaction and motivation (Bakker & Demerouti, 2014). The postulators of this model explained these factors lead to employee satisfaction and dissatisfaction, also called enablers (motivators, satisfiers) and inhibitors (de-motivators, hygiene factors; see Park & Ryoo, 2013). Abundance of hygiene factors will promote satisfaction and a lack of them will promote dissatisfaction. Motivator factors make employees happier and more motivated to work and increase their efforts; however, without motivator factors, employees might still perform their work but without enthusiasm.

The job characteristics model postulators believed that job characteristics intrinsically influence job satisfaction and job motivation. These job characteristics include skill variety, task significance, task identity, feedback, and autonomy (Bakker & Demerouti, 2014). The positivity of the characteristics would lead to positive employee attitude on the job. Supporting this assertion, Van Bogaert, Kowalski, Weeks, and Clarke (2013) found nurses' work characteristics, such as perceived workload, decision latitude, social capital, and burnout, affect nurse practice outcomes. At the core of the job characteristics model is the concept that nurse managers should consider altering job characteristics and how nurses become involved in decision-making about care processes and tracking outcomes of care. Van Bogaert et al. found that as the nurses can work with physicians, superiors, peers, subordinates in a trusting environment based on shared values, they are predisposed to become more satisfied. In this profession, decision-making process and interdisciplinary teamwork are desirable.

Following Karasek's work on the job demands-control (JD-C) model in 1979 and Siegrist's study on the effort reward imbalance (ERI) model in 1996, the JD-R model followed and became highly accepted as a leading job stress models (Schaufeli & Taris, 2014). The JD-C and ERI stress model researchers based their studies on the assumptions that employee health and wellbeing result from a balance between job demands and the resources available to do them. The JD-C and ERI model researchers contended that high job demands lead to strain and health impairment and high resources lead to increased motivation and higher performances (Schaufeli & Taris, 2014). Theses earlier

researchers, namely those studying the JD-C model and the job demands-control-support (JDC-S) model, also designated work environments that meet an employee's psychosocial needs for support, autonomy, and feedback as associated with positive outcomes such as individual learning, development, satisfaction, and performance (Brough et al., 2013).

The Job-Demands Resources Model

Bakker and Demerouti (2007) defined *job demands* as those physical, psychological, organizational, and social aspects of the job that require sustained physical/psychological effort or skills and are associated with physical/psychological costs (e.g., high work pressure, unfavorable physical environment, emotionally demanding interactions with clients). Job resources, conversely, are those physical, psychological, social, or organizational aspects of the job that may: (a) function in achieving work goals; (b) reduce job demands and the associated physiological and psychological costs; and (c) stimulate personal growth and development (Brough et al., 2013). The JD-R model reviewed both the negative and positive effects of work experiences, such as how employees perceive job demands and job resources as directly associated with psychological wellbeing (Brough et al., 2013). Bakker (2015) stipulated that although every organization is unique, all work environments have the characteristics of job demands and job resources (Bakker, 2015). Job demand strains, whereas job resources buffer the negative effects from job demands (Chen & Chen, 2014). Chen and Chen contended that the strain process in a job leads to additional exertion (usually

negative) required by employees to manage demands while maintaining their job performance. Persistent exposure to strain is associated with impaired health and wellbeing, psychological burnout, work absenteeism, and poor job performance. The JD-R model postulates that if employees maintain job performances in conditions of high demands, strain results. The research scholars in the JD-R model postulated that job demands (rather than job resources) are predictors of job strain in the workplace.

As with all issues concerning stress and wellbeing, the ideal situation is to strike a balance. The similarities among antecedent studies was in restriction to specific job demands and job resources, but the JD-R model broadened the concept to reiterate that various job demands and job resources may affect employee health and wellbeing regardless of occupations. In the JD-R framework, a dual requirement exists involving a balance of two conditions, namely job-demand and job-resource, to work efficiently under any circumstance. Job demands are psycho-physiological and sometimes social strains that affect employees on the job (Bakker & Demerouti, 2014). These types of jobs become barriers when individuals are not adequately prepared. Job resources, conversely, are also psycho-physiological and sometimes social aspects of the job that (a) assist employees toward achieving the organizational goals; (b) mitigate job demands and all associated psycho-physiological costs; or (c) inspire personal and professional growth, and development (Bakker & Demerouti, 2014).

The JD-R framework has evolved to the revised model, which explains that burnout is a product of high job demands and poor job resources and adequate job

resources mitigate the negative effects of job demands or exhaustion (Schaufeli & Taris, 2014). Finding the balance between job demands and job resources necessary for competitive advantage in the 21st century has become important, and lack of a balance is detrimental to the development and implementation of daily job requirements. Physical demands and life-saving resources are important job requirements for most health care workers, particularly nurses on their feet all day. Sound cognition are relevant for calculations of life-saving medication, and nurses on their feet all day need resources to relieve the cognitive demands to avoid medication errors that often result in death.

Health care jobs are intensely demanding but employees with sufficient decision latitude expect to use all available skills and resources to enable a conversion of aroused energy into action to achieve effective problem solving (Bakker & Demerouti, 2014). The JD-R model explains positive organizational commitment, work enjoyment, connectedness, and work engagement and predicts the consequences of work stress, including sickness absenteeism, job burnout, turnover, and low productivity. Aligning organizational stress with the JD-R framework allows researchers to understand, explain, and make predictions about employee wellbeing like health, motivation, work engagement, and job performance. Thus, JD-R offers the flexibility of aligning with all work environments or job characteristics and tailoring to the specific occupation under consideration.

The JD-R framework is widely applicable across business occupations and industries (Akkermans et al., 2013) and offers the explanation from business leaders'

perceptions and experiences from job characteristics that make employees feel engaged with their job, and motivated to perform toward organizational goals. The propositions of this model predict organizational commitment, work enjoyment, connectedness, motivation, and work engagement leading to less job strain (Bakker & Demerouti, 2014). Bakker (2015) stated that a health-impairment process takes place with high job demands exhausting employees' mental and physical resources and leading to burnout and eventually to ill health. The JD-R model proposed that in any organization, employees' wellness and job performance are dependent upon direct and perceptive expectations of job demands and job resources (Brough et al., 2013). Job demands take efforts with the potential to cause pain while jobs become easier, more satisfying, and less painful with resources. Job resources like supervisor and colleague support account for substantial motivation in the JD-R model (Brough et al., 2013).

Job satisfaction, motivation, connectedness, work enjoyment, and organizational commitment are all factors that lead to less stress on the job. People emit different reactions to the same situation. This means that what might constitute a tremendously stressful environment may be motivational to another person. Research studies in some lean manufacturing industries indicated that studies on employee wellbeing to date have yielded contradictory findings, and positive, negative, and contingent effects have all been demonstrated (Cullinane, Bosak, Flood, & Demerouti, 2014). Even though the author indicated that these inconsistencies are because of the absence of an appropriate

model that captures the complex job design associated with this context and its relationship with employee outcomes, they found a place for them on the JD-R model.

Lean manufacturing industries are complex and socio-technical, and employees minimize the health-impairment and strain potential of the demands by using the motivational potential and complementing them with the appropriate job resources necessary to cope with a high-involvement, fast-paced work environment (Cullinane et al., 2014). Lean production systems come under increased pressure to compete on product cost, quality, and service while integrating both technical tools and management philosophies. In this type of industry, challenging jobs require responsibility and the opportunity to work in teams that operate in unison to yield combined effect rather than individual effects on operational performance. The JD-R model provides the two sets of working conditions of job demands and job resource but the availability of resources offers the motivational process that satisfies employees' basic need for autonomy, competence, motivational outcomes, work engagement, and productivity.

Other Models Aligned with the JD-R Model

Allostatic load framework. First espoused by McEwen in 2000, the allostatic load framework offers the origination of the connection between stress and the link to diseases. It underscored the cost of physiological chronic stress to the body over long periods of time, which leads to some of the risk factors for acute, stressful life events (McEwen, 2000). AL is a model showing how individual differences and the vulnerability to stress ties to individual behavioral responses to environmental challenges

that relate to physiologic and pathophysiologic responses. McEwen maintained that stress is a significant contributor to diseases, with regard to specific effects of stress on immune and cardiovascular systems. McEwen (2000) maintained that the allostatic load dangerously links to diseases with each failure to turn off the stressor sources.

Further advances have led to a focus on the primary effects of stress on stress hormones, anxiety and tension and secondary effects on resting blood pressure cholesterol, body mass index) mediators, and on tertiary disease end points like cardiovascular disease, depression, and mortality (Ganster & Rosen, 2013); the physiologic damages which manifests over time when a person is exposed to repeated or chronic stress (McEwen, 2000; Ogden, 2012). A healthy work environment is the presence of conditions promoting wellbeing (Jain, Saeed, Arnaout, & Kortum, 2012).

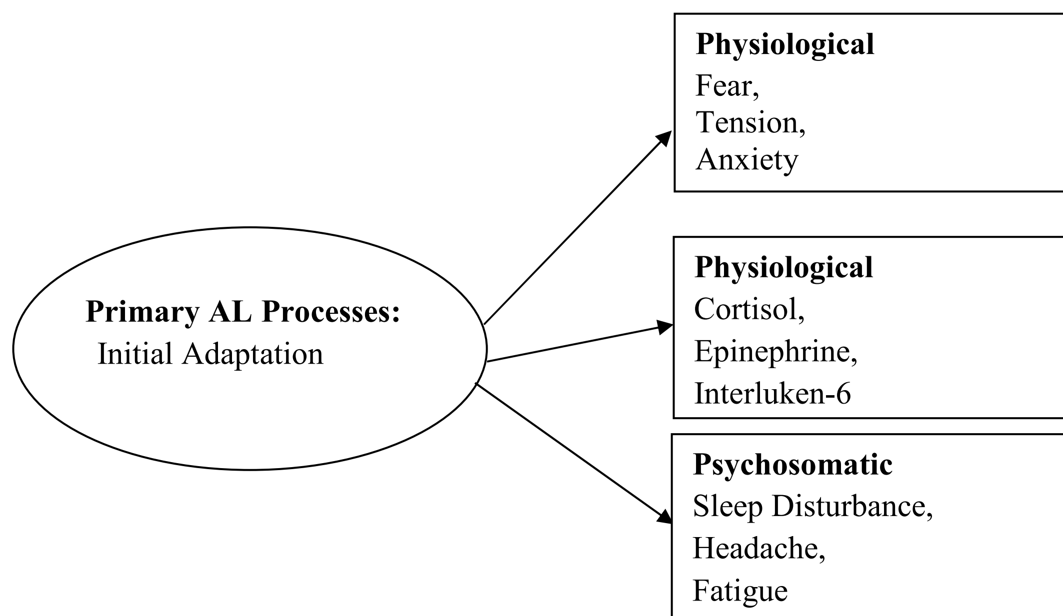

Figure 2. The acute physiologic stress-related responses in the primary AL model. Adapted from "Work stress and employee health: A multidisciplinary review" by D. C. Ganster and C. C. Rosen, 2013, *Journal of Management, 39,* p. 1087.

Jain et al. maintained that stressed workers become easily distressed and irritable, unable to relax or concentrate, have difficulty thinking logically and making decisions.

Ganster and Rosen (2013) stipulated that the AL model researchers believe the physiological reactions to stress explain to business leaders the underlying processes that link exposure to workplace stressors to impaired functioning at work, absenteeism, and health care costs incurred by employers who do nothing to alleviate the stressful situations. As displayed in figure 2, tangible psychological, physiological, and psychosomatic disorders are associated with stress as illustrated by the Allostatic Load Model of the stress processes that explain the effects of workplace experiences on mental and physical wellbeing. These indicate that organizational stress is not one abstract concept but a physiological model with supporting evidence from biology, neuroendocrinology, and physiology (Ganster & Rosen, 2013).

The study of work place stress is significant to business leaders because it will help them strategize and set realistic goals and expectations and avoid the unpleasant consequences to job performance. To improve economic productivity, and increase stakeholder values and profitability, business leaders must improve employee retention and job satisfaction. Individuals in a stressful work environment manifest real physical symptoms from minor complaints of illness to serious ailments such as heart disease, or social problems like alcoholism and drug abuse, or family problems (WHO, 2012). WHO estimated that stress cost American businesses $300 billion a year from increased absenteeism; decreased commitment to work; increased staff turnover; impaired

performance and low productivity; increased unsafe work practices and accident rates; increased complaints from clients and customers, adverse staff recruitment; increased liability to legal claims by stressed workers. When an imbalance exists between job content, workload, work pace, and work schedule, productivity is affected, morale is low, and profitability suffers (Jain et al., 2012).

The institutional theory. The institutional conceptual framework operates with the assertion that businesses mainly operate in accordance with the stipulations of their environment (Iarossi, Miller, O'Connor, & Keil, 2013). Health care industries operate under the regulations of the federal government and the state and local governments; under the contractual obligations of the vendors, the patients, and their families. In institutional theory, change in the political landscape, financial, educational, cultural, and economic elements could influence how managers respond to issues and run the daily operations of the business (Jensen & Berg 2012). The ACA of 2010 overhauled the entire health care system. The health care industry or any segments of the public that directly contracts with the Centers for Medicare and Medicaid Services (CMS) must integrate their policies and procedures according to the demands of the federal government.

Macfarlane, Barton-Sweeney, Woodard, and Greenhalgh (2013) asserted that change efforts in health care often have ambitious, whole-system remit-and-seek to achieve fundamental changes in norms and organizational culture rather than just merely restructuring the services. In health care, although some organizations may wish to pursue their own agenda through integrating new rules and legitimate practices within

their own organization, the dominant logic appears to be one of what the government has legislated which in this case was one of cost reduction and profit maximization (Glover, Champion, Daniels, & Dainty, 2014). Every business institution including health care is different and governed by a set of institutional logics, socially constructed as sets of material practices, assumptions, values, and beliefs that shape cognition and behavior (Thornton, Ocasio, & Lounsbury, 2012).

The health care industry adapts to the political changes and reform legislation while accommodating lawsuit challenges. Political coalitions both for and against legislative transitions, affect the pace of transition. Political spending by incumbent industries overwhelms grassroots coalitions and countervailing industrial power can tip the balance of power between coalitions. The ACA started undergoing some strenuous problems as employees began to lose the health insurance they had because of high premiums and other unintended consequences. The health care industry, particularly, the hospitals became heavily regulated, for safety measures, surveillance of drugs and practices, and regulated by a formal and standard set of procedures and rules.

To continuously improve the quality of health care for the public, in collaboration with other stakeholders, and by evaluating health care organizations and inspiring them to excel in providing safe and effective care of the highest quality and value, the joint commission accredits and certifies nearly 21,000 health care organizations and programs in the United States (The Joint Commission [TJC], 2014). These types of visits bring

significant stress to workers as they scramble to be compliant. Health care institutions lose licensure after such visits.

Many business entities like for profit and nonprofit organizations experience stress of a different kind. During recessions, companies lay off employees, put them on part-time employment, cut their salaries, and put them on serious strain. The same stress is true for both the federal and local governments at all levels as they experience budget shortfalls and cuts to programs important to adequate running of the nation (Never & de Leon, 2014). Businesses possess unique industry-specific stressors.

Literature on the Causes of Organizational Stress in Health Care

Organizational stress results from constant stressful demands on the job from regular uncomfortable situations, with workloads beyond one's abilities and knowledge (Ganster & Rosen, 2013). Earlier literature detailing studies in organizational stress in various occupations come from all disciplines. Two different stress classifications emerged from a wide range of literature review in all occupations, namely: *institution-based stress factors, and personal-based factors*.

In the hospitals, physicians and nurses in stressful units such as intensive care units (ICU), critical care units (CCU) and emergency rooms (ER) are vulnerable to highly stressful events than those working in other units (Azzizollah, Zaman, Khaled, & Razieh, 2013; Izaquierdo & Risquez, 2012). In home health care, work-related stress comes from many areas: stress associated with the constant struggle between life and death, the fear of misdiagnoses and medication errors, the threat of patient complaints,

fear of loss of licensure, and the never-ending unannounced state surveys that seem like the end of the world. These are in a way different from the normal stressors associated with other corporations with regard to work overload, and pressures beyond workers' knowledge and capabilities. Other studies have shown that stress in nursing is related to patient's needs and their sufferings, long shifts, work overload, work related conflicts, shortage of staff, conflicts with supervisors, bias and lack of organizational support, role ambiguity and job insecurity (Higazee, 2015; Izaquierdo & Risquez, 2012; Rayan, Qurneh, Elayyan, & Baker, 2016). Each organization has its own characteristic stressor unique to that industry.

Institution-Based Stress Factors

Institution-based job stressors are those factors that the employees meet on the job, that were already there at work when they arrived to work. These stressors come from duties and responsibilities on the job that outweighs the workers' ability to perform them or the resources available to do them. For-profit and nonprofit organizations are in constant competitions to gain advantage in both image, branding, and profitability for their stakeholders. Employees are increasingly required to work under tight deadlines, to make plans and decisions independently (Drem, Kubicek, Diestel, & Korunka, 2016). Managers must generate innovative activities geared toward beating the competition. To meet such requirements, they control and regulate their behavior and emotions, enduring tremendous workplace stress that tax and deplete their limited self-regulatory resources.

Moustaka and Constantinidis (2015) found that workplace stress is associated with reduced efficiency, decreased capacity to perform, a lack of concern for the organization and colleagues. They posited that although some stressful situations are specific to a particular type of hospital unit, health care workers are subject to more general stress which arises from the physical, psychological, and social aspects of the work environment. Such high levels of stress result in staff burnout and turnover which adversely affect patient care (Moustaka & Constantinidis, 2015).

The totality of these factors remains too burdensome on the employee and negatively affects the wellbeing of the workers and their productivity (McTiernan & McDonald, 2015). Work environments have contributed to relevant risk factors on how individuals feel and react with their workplaces and have become potential sources of workplace stress with its subsequent effects on work performances (Fiabane et al., 2013). Although stress is a natural part of a work environment, the negative consequences can be severe and may contribute to anxiety, job insecurity, absenteeism, and negative work performance, and the development of depressive symptoms (Fiabane et al., 2013).

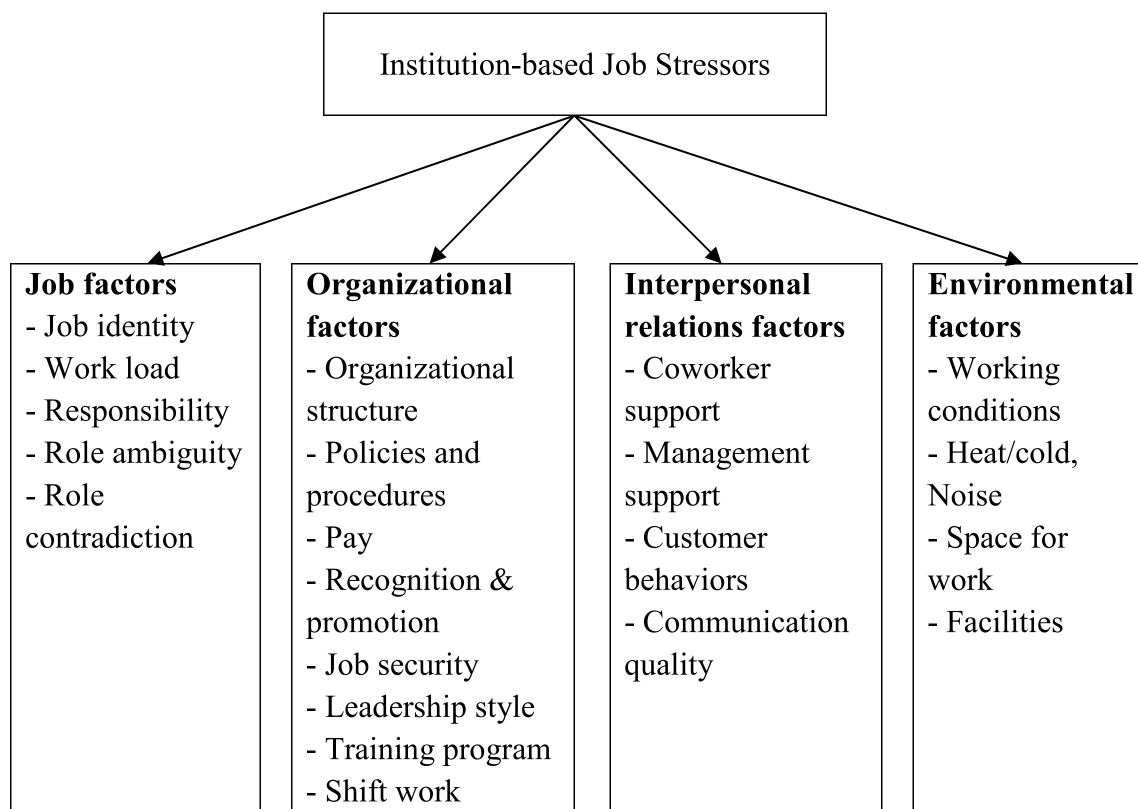

Figure 3. Institution-based job stressors by their sources. Adapted from "Occupational stress and turnover intention: Implications for nursing management," by A. M. Mosadeghrad, 2013, *International Journal of Health Policy and Management*, *1*, p. 170.

Job factors. Increased physical and psychological distress on health care workers relates to the actual stress at the workplace. Work overload, lack of task control, role ambiguity, inadequate staffing levels, role conflict, low job satisfaction, low involvement in decision-making, and time pressure are some of the consequences of workplace stress. (Fiabane et al., 2013). In technology-heavy occupations, the higher the work involves multiple technical and complex systems or technical knowledge and competence, the more employees will spend time trying to acquire the aptitude to understand them. They divert time and energy needed for the job-related tasks their job descriptions require

toward acquiring indispensable knowledge to compete (D'Arcy, Herath, & Shoss, 2014). Regardless of occupation, researchers agree that heavy work load, low salaries and incomes, prejudices at work, supervisor's expectations, high responsibility for patients' health, and physical conditions of the work environment contribute significantly to stressful workplace (Salehi et al., 2014). Excessive workload, insufficient time, staff shortage, excessive working hours, irregular shift work, and high job demands with incomparable resources weigh down the employees as well (Mosadeghrad, 2013).

Organizational factors. The rapidly changing global economy has increased the pressure of organizational workforce to perform at the highest standard with maximum output to beat their competition. Employees subsequently perform multiple tasks in the workplace to keep up with the changing technologies, and the strict requirements of the supervisors. The emerging new media adds to the complexities of the current organizational culture and employees work extended hours, learn new communication media, cope with large workloads beyond their expectation, and simultaneously meet or exceed production targets and deadlines. Such role ambiguity lead to negative outcomes, reduce confidence, promote a sense of hopelessness, disengagement anxiety, and tremendous stress.

Health care remains at the top of the list among fundamentally stressful jobs with its unique professional characteristics and difficult job descriptions as a life-saving venture. Health care is the only profession that deals with life and death decisions at the core. The workers maintain difficult working conditions as a norm, dealing with human

beings, fighting for their health and wellbeing, and the myriad of occupational health and safety hazards associated with the slightest mistakes (Mosadeghrad, 2013). Taking care of patients has the complexities of disease processes, proper diagnoses, the uncertainty of correct treatment regimen, and most importantly, dealing with the unwelcome result of death and dying, including the agony of the families dealing with losing loved ones (Salehi et al., 2014). Inadequate resources including insufficient salary, lack of decision-making input over work, too much responsibility or too little authority, poor social support, job insecurity, poor opportunities for advancement, and poor management styles (Mosadeghrad, 2013). Conditions such as these cause frustration, stress, and disengagement in the workplace.

Interpersonal relations factors. Challenging and difficult affiliations and relationships among supervisors and their subordinates in the workplace lead to detrimental and stressful outcomes not healthy for productivity (Babatunde, 2013). Babatunde posited that intimidations and harassments, threats of violence, favoritisms, unsupportive climate, and lack of assistance by leadership, social and physical isolation in the workplace and other deviant behaviors most often cause social disruption and generate outcomes ranging from aggressive behaviors, animosity, and disrespect. Organizational culture, uncooperative, and unhealthy climate are frightening to employees and deters them from wanting to go to work.

Poor communication and lack of social support at the workplace were important predictors of occupational stress among Iranian hospital nurses (Salehi et al., 2014).

Conflicts with co-workers, problems with peers and supervisors, and discrimination are stressors at work which endanger functionality, promote fear, and cause stress. Developing personal relationship at work is necessary for the prevention of stress among colleagues. In the 21st century, the structure of social network accounts for the strength of two types of supportive acts: instrumental support and informational support which primarily from management support and co-workers support (Shin & Lee, 2016).

Shin and Lee (2016) found that people who were similar to one another tended to be friends, and those with long-term friendships reported lower levels of job stress only if their ties to their friends were strong. Similarly, social cohesion at work also facilitated the transfer of knowledge, and exerts this effect over the effects from the strength of the tie (Shin & Lee, 2016). Conversely, unhealthy discussions in the workplace or friendly banters that could make people uncomfortable, create conflicts, and detrimentally affect relationships and productivity (Kippist & Duarte, 2015).

Environmental factors. Working conditions such as heat/cold, noise, space for work and other amenities that make work conducive contribute to the smooth-running of the work environment and lower the level of stress. Unfavorable work conditions are very irritating, affecting the wellbeing of employees. Disrupted or damaged basic amenities such as dysfunctional water systems, water supply, air-conditioning, heater, and housing, weaken the smooth operation at work, proper provision of services, and potentially disjointed social and spiritual cohesion of the community (van Heugten, 2012). van

Heugten contended that discomforts in the workplace predispose the individual to quick distress, prone to crying, sleeplessness, and suffering from memory lapses.

These types of discomforts happen when organizations undergo mergers, acquisitions, or relocations. Without proper planning, the initial phase of the move stalls and mires in pains and stress dealing with cramped spaces, sharing computers, temporary space, and fragmented teams (van Heugten, 2012). The study of the adverse working conditions and the connection with cardio-vascular diseases have been a source of inquiry for many decades, including studies on the effects of physical workload, noise, long working hours, shift work, and social job characteristics, including insufficient resources (Backé et al., 2012).

Personal or Family-Based Stress Factors

Some health care workers confront the challenge of combining work and family roles which can result in work-family conflict (Ioannidi et al., 2016). Ioannidi et al. espoused that work-family conflict is a form of inter-role conflict in which work and family domains are mutually and fiercely incompatible. In work-family conflict a bi-directional phenomenon exists consisting of two dimensions - from work-to-family (WTF) and from family-to-work (FTW). In work-family conflict (WFC) the general demands of time devoted to, and strain created by the job interfere with performing family-related responsibilities and in family-work conflict (FWC), the general demands of time devoted to and strain created by the family, interfere with performing work-related responsibilities (Ioannidi et al., 2016). At work, productivity and profitability

suffer while at the family level the employee may start drinking, smoking, and overeating and relationships suffer. Negative emotions such as depression, anxiety, resentment, frustration, sleeplessness, and even anger are by-products (Ioannidi et al., 2016).

Although workplace stress often originates from inside the work environment, employees also could bring some stress factor from the external environment as well (Yoon & Kim, 2013). Employees often face struggles between work and family domains and such struggles are predominant in high-tech industries because of highly demanding jobs and their professional roles (Chang & Cheng, 2014). All studies dealing with personal stressors or workplace factors related to stress deal with extensive stress search terms as psychosocial stress at work, work stress, occupational stress, mental stress, job strain, effort, reward, demand, control with cardiovascular diseases and exhaustion. Human beings, regardless of gender, race, religion, caste, or class undergo stress and strain at some point in their lives because of a multiplicity of factors in the current global competitive marketplace and in this age of social media's insatiable demands (Kushwaha, 2014). These individuals go to work daily already fully loaded with stressors outside of the work environment.

The social readjustment rating scale of Holmes and Rahe of 1967 identified common life changes that cause stress based on the amount of efforts to cope with them (Lazurus, 2006). These external life events are death of a spouse, divorce, and marital separation, death of close family member, personal health issues, and change in the health

of a family member, financial strain, child, or eldercare. Any of these could cause emotional stress that will affect one's workplace functions in major ways.

The potency of family relationships. Family and relationship issues and challenges across the lifespan emerge as a major concern in relation to the peace and freedom needed in the workplace, for example: (a) the needs of children and families, (b) people with disabilities, (c) people needing health care and mental health services, (d) people ageing, (e) people with drugs and substance abuse problems, and (f) people suffering from violence within domestic and intimate relationships. Human beings are not perfect; family burdens are bound to spill over into the workplace. The ability of one person to deal with a stressful situation and the inability of another person to deal with the same problem is a subject that warrants a deeper research. Some individuals unduly admonish themselves for their own perceived inability to effectively manage their family affairs when it seems like everyone else is capable of doing so. Such ineffective management of stressors and the attributions of responsibility or blame to oneself manifest at work in so many forms.

The age and sex of a worker could influence the absorption of the effects of stress in the workplace. Higazee, et al. (2016) posited that younger, male, married, and highly educated nurses reported relatively lower levels of perceived stress. Higazee, et al. also reported on a negative connection between perceived stress and age of the nurses as younger nurses had more nursing stress than did their older colleagues. Male and married nurses having more responsibilities outside of working increased their

stress levels. The well-educated nurses conversely, are quicker to recognize the inconsistency of real-life expectations.

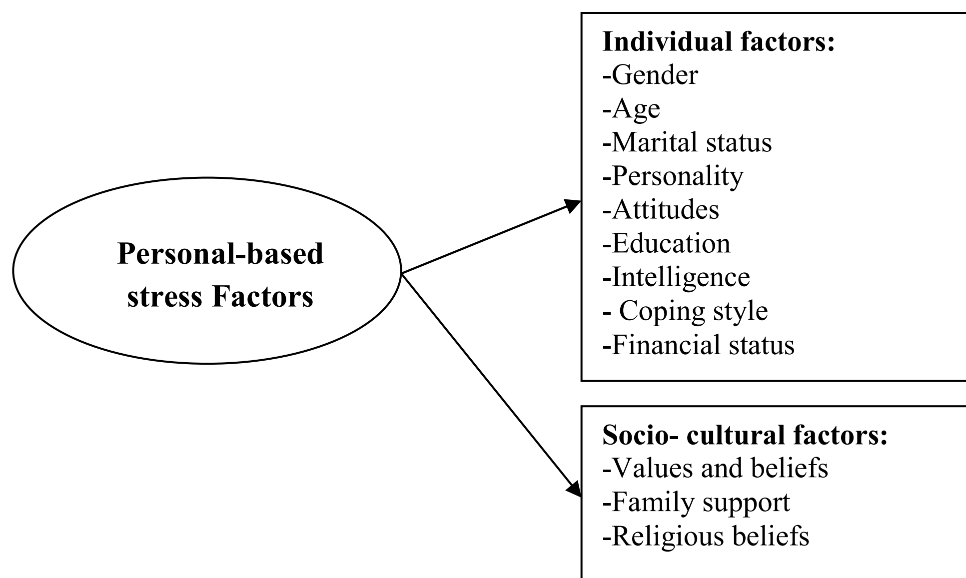

Figure 4. Personal or family-based stressors by their sources. Adapted from "Occupational stress and turnover intention: Implications for nursing management," by A. M. Mosadeghrad, 2013, *International Journal of Health Policy and Management*, *1*, p. 170.

Figure 4 shows some mediating personal and socio-cultural factors that could make coping successful or unsuccessful (Mosadeghrad, 2013). This means that individual factors and capabilities play a role to the tolerance levels of environmental stressors. Stress deteriorates family and social relationships, causing poor work performance and lower employee morale which in turn increase employee turnover rate and less quality of life (Singh, 2017). Not having work-life balance can reflect in family stress, impaired marital quality, and child development problems (Ferguson et l., 2014; Umer & Zia-ur-Rehman, 2013).

Employees have brought attention to work-life balance because the pressures of work and home up-keep have intensified in the global competitive economy with fierce demographic and workplace changes (Schjoedt, 2013; Turliuc & Buliga, 2014). Negative consequences exist between work and family balance, including turnover intentions, burnout syndrome, job satisfaction problems, personal and professional relationship issues (Park, 2014). Organizations that provide support and a policy-oriented balance of work and personal lives thrive (Zhai, Lindorff, & Cooper, 2012). Support by leadership affects employees' enculturation in the organization's norms and culture (Jung & Yoon, 2014; Leschyshyn & Minnotte, 2014).

Effects of Organizational Stress on Employee Performance

Stress is the response that individuals exhibit when they confront disproportionate pressure beyond their control and capability (Kushwaha, 2014). Depending on the magnitude of the stress and the level of reaction the individual has to it, the effects of stress on the employee can be unhealthy to the individual and costly to the organization. Because penalties exist for hospitals that fail in the cost containment and quality improvement measures when they discharge patients, they strive beyond their capabilities to be compliant. The measure is to reduce the rising number of emergency readmissions.

Workload. Researchers found that stressors related to resources, workload, and organizational structures or processes negatively affected psychiatric nurses on their work performances and their wellbeing which led to poor client care (McTiernan & McDonald, 2015). Organizational stress has contributed to employee ailments like depression,

increased distress, and irritability. Medical interns demonstrated signs of cardiovascular disease related to worsening endothelial function in depressive young adults as resulting from severe occupational stress (Fiedorowicz, Ellingrod, Kaplan, & Sen, 2015). The probability exists that psychological stress triggers acute exacerbations of tension-type headache when individuals in their sample recorded their headache intensity, psychological stress, anxiety, and depressive mood (Kikuchi, Yoshiuchi, Ando, & Yamamoto, 2015).

Aslam, Jamil, and Tariq (2014) found that Pakistani doctors who worked in the hospitals caring for distressed workers were also susceptible to stress. Some of the factors seriously stressing doctors on the job included long hours, dealing with critically-ill patients, emergencies, and night calls (Aslam et al., 2014). With job descriptions like the medical profession, stressful work environment also offers stressful distractions to doctors and affect the care that they provide to their patients. The stressors include: (a) work load (b) working conditions (c) role overload (d) sleep deprivation (e) unrealistic patient demands (Aslam et al., 2014).

Singh (2017) stipulated that job-related stressors are because of the changing business structure which has forced organization to modify or alter their perspective on their functions and roles. Stressed employees become unhappy and produce nominally. Factors related to jobs affect the behavior of the employees and result to normal life disturbances. Table 2 identifies categories of job-related stressors listing a myriad of stressors from various work-related conditions. Classifications yielding the most stressors

on the job include: (a) job content, (b) working conditions, (c) employment conditions, and (d) social relations at work. Finding strategies that mitigate the magnitude of problems from these stressors remain at the core of this study. Business leaders will use findings from the study to solve these problems or develop policies as they see fit.

Table 2

Categories of Job-Related Stressors

Job content	Working conditions
Monotonous work	Poor conditions
Too much responsibility	Physically demanding work
Work over/under-load	Work posture
Complex work	
Conflicting/ ambiguous demands	
Employment conditions	**Social relations to work**
Poor career prospects	Poor leadership
Low pay	Low participation in decision making
Job insecurity	Low social support
Flexible labor contract	Liberties
	Discrimination

Note. Adapted from Singh (2017).

Burnout. Workplace stress produced compassion fatigue and burnout in the military health professionals (Clifford, 2014). Education, training, and emphasizing teamwork helped improve cooperation among nurses and clinical professionals (Mosadeghrad, 2013). Organizational stress affects job satisfaction and organizational commitment which are among the predictors of productivity and profitability. Maldonado-Macias et al. (2017) postulated that exposure to stressors lead to burnout syndrome (BS), a gradual loss of energy, physical and psychological health impairment, like obesity and depression, compromised performance, and economic stagnation.

The organizational tension and pressure that student workers in the research experienced, when supporting women through the unpredictable intensity of the labor process, was a significant source of stress for the student midwives. The stress intensified (a) the first time they put on their uniforms, enculturating themselves within the profession and the practice environments; (b) when they were on their own volitions and decisions; and (c) during the experiences of engaging with emergency or unforeseen events in practice and learning to cope with them (Coldridge & Davies, 2016).

Coldridge and Davies (2016) recommended that midwifery educators' focus on the psychological complexities in the midwifery role could assist in giving voice to and normalizing the inevitable anxieties and difficulties inherent in the role. Kavalieratos et al. (2017) found that promoting the provision of general palliative care, frequent rotations on-and-off service, and organizational support for self-care are all preferred anti-burnout

solutions that participants proposed to ease sources of burnout between clinician type, practice setting, and role monotony among full-time clinicians.

Karatepe (2013) confirmed the negative effect which high emotional demands and work overload may have on employees' job outcomes. Karatepe specifically found that employees who have heavy workloads, are unable to establish a balance between work and family, and are emotionally exhausted and less committed in their jobs and display poor performance in the service delivery process. Stress affects emotional exhaustion and safety compliance, and evidently influences the occurrence of injuries and near-misses in workplaces (Li, Jiang, Yao, & Li, 2013).

Burnout syndrome is a consequence of work overload in modern working environments and its prevalence has increased substantially (Cañadas-De la Fuente, et al., 2015). Characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment, burnout affects all workers in the health care profession significantly including physicians, nurses and social workers who care for clients with major emotional and physical needs (Hirayama & Fernando, 2016; Romani & Ashkar, 2014). Individuals suffering from burnout usually manifest (a) psychosomatic problems (weakness and insomnia), (b) emotional problems (anxiety and depression), (c) attitude problems (hostility, apathy and distrust), and (d) behavioral problems (aggressiveness, irritability and isolation). Among other problems, health care workers manifest burnout in both public and private lives by taking numerous sick leave, showing diminished work effectiveness, and more absenteeism (Cañadas-De la Fuente et al., 2015).

Violence toward health care professionals. Workers in health care settings are at higher risk of verbal and physical abuse than any other occupational group and this constitutes a major source of stress in the workplace. WHO defined workplace violence as incidents involving staff abuse, threats, or assaults in circumstances related to their work, including commuting to and from work, involving an explicit or implicit challenge to their safety, wellbeing, or health (Rayan, Qurneh, Elayyan, & Baker, 2016). This means that workplace violence can be physical, verbal, psychological, and stressful. Health care workplaces include all governmental and private health care settings such as hospitals, primary care services, community health provider settings, educational institutions, and clients' homes (Rayan et al., 2016). Health care professionals experience these types of violence from patients, patients' relatives, family members, peers, and employers (Rayan et al., 2016).

Many organizations employ worksite interventions in an attempt to reduce the negative effects from both work and family (Ioannidi et al., 2016). Designing organizational interventions to improve employee's work-life balance and health is important. By reducing strain, organizations help reduce work-family-conflict and ensure employees' wellbeing (Ioannidi et al., 2016). Interventional programs that help working people to reduce workplace stressors also lead to better sleep quality (Choi & Kim, 2012; Lallukka et al., 2016). This enhances employees' perceived organizational support, and a resource causing positive work attitudes and outcomes (Strazdins, OBrien, Lucas, &

Rodgers, 2013). Perceived organization support affects job satisfaction, turnover intentions, and depressive symptoms (Ioannidi et al., 2016).

Kushwaha (2014) outlined the various ways that workplace stress could manifest in an individual. These physiological signs and symptoms spill over into the workplace. Many people think that stress is a mental or emotional experience that remains mutually exclusive from the signs and symptoms that might show up in the workplace when an individual has serious health issues. Table 3 shows the effects of stress manifest in the workplace in various forms. The manifestations or consequences, not to be overemphasized, are indicators that are real and debilitating in many circumstances. Each manifestations affect job performances and productivity, and managers and employees manipulate their tolerance levels to get the job done or find endurance or comfort levels. Many of the workers, unfortunately, will end up in the hospital which starts a chain reaction as the manages must find a replacement for the worker, overtime for whoever agrees to work, and cost of hospital stay for the sick employee.

Table 3

Various Effects of Workplace Stress on the Employee

Work performance	Regression
Declining/inconsistent performance	Crying
Uncharacteristic errors	Arguments
Loss of control over work	Undue sensitivity
Loss of motivation/commitment	Irritability/moodiness
Indecision	Over-reaction to problems
Lapses in memory	Sulking

Increased time at work	Immature behavior

Withdrawal	Aggressive behavior
Arriving late to work	Malicious gossip
Leaving early	Criticism of others
Extended lunches	Vandalism
Absenteeism	Shouting
Resigned attitude	Bullying or harassment
Reduced social contact	Poor employee relations
Elusiveness/evasiveness	Temper outbursts

Other behaviors	Physical signs
Out of character behavior	Nervous stumbling speech
Difficulty in relaxing	Sweating
Increased consumption of alcohol	Tiredness/lethargy
Increased smoking	Upset stomach
Lack of interest in appearance	Tension headaches
Accidents at home or work	Hand tremor
Reckless driving	Rapid weight gain or loss

Note. Adapted from Kushwaha (2014).

Factors Mitigating Workplace Stress on Employees

Stress has far reaching consequences for health care workers; stress management becomes important as stress is a major work-related health problem for workers, and a forced-cost for the hospitals (Moustaka & Constantinidis, 2015). Romani and Ashkar (2014) stipulated that stress management programs that range from relaxation to cognitive-behavioral and patient-centered therapy are significant regarding prevention and treatment of burnout syndrome.

Legislative efforts on workplace stress. The United States Department of Labor enforces the Fair Labor Standards Act (FLSA), which sets and enforces basic minimum wage and overtime pay standards for hours exceeding 40 hours in a workweek (Department of Labor [DOL], 2012). The FLSA recognized the health hazards of workplace stress to establish the minimum wage, overtime pay, recordkeeping, and youth employment standards affecting employees in the private sector and in Federal, State, and local governments. The FLSA set overtime pay at a rate not less than one and one-half times the regular rate of pay is required after 40 hours of work in a workweek. This standard was set either to discourage employers or to reward employees to doing it. The law is a tacit acknowledgement of the stress and exhaustion associated with work hours exceeding normal levels. The FLSA also ensures that when young people work, the work is safe and does not jeopardize their health, wellbeing, or educational opportunities. Workplace stress is real and the hazardous effects on the wellbeing of employees are real as well. The relevancy of literature on this subject matter is on its benefit to society in which the global economy has created a continuous stressful fight for competitive advantage.

Business managers' actions. Organizational support has moderating effects of on the relationship between job stress and job performance in public sector hospitals (Al-homayan et al., 2013). When the leadership and management of an organization show concern about the commitment of employees toward the organization, workers are able to succeed in continuing their professional development and wellbeing (Al-homayan et al.,

2013). Health care managers are under an ethical obligation to use a study of organizational stress to effect positive social change by adhering to the ethical mission of, first, doing no harm to the employee, the business and the society.

Business leaders will use the findings from this study to provide strategies that could serve the public in the voluntary application of those universally shared strategies to other occupations, and not just for the benefits and profitability of the health care industry (Brandão et al., 2013). Company leaders make social change contributions by exploring the role of private sector enterprises in building rural community resilience (Steiner & Atterton, 2014). The leaders identify important long-standing policy challenges and participate in looking for solutions over the long term (Pearce & Doh, 2012). By improving the worth, dignity, and human conditions of every employee, they work with commitment toward the company goals.

Policy Initiatives. To adopt and implement any strategy into the social fabric of the workplace, it has to be enshrined into the policy and procedure manual of such organization to become a part of the culture and habit of all employees. Both the organization and employees benefit when strategy becomes policy enhancing performance and productivity.

Social change company leaders create local jobs and volunteering opportunities, organizing events that help to increase awareness of organizational stress and providing moderating strategies (Pearce & Doh, 2012). Organizational stress management study should provide strategies for the improvement of human and social conditions, while

creating positive outcomes for individuals, families, communities, and businesses (Zhu, Chen, Li, & Zhou, 2013).

Developing and implementing effective workplace violence policy will positively affect outcomes for clients, health care professionals, and health care systems because when work place violence is controlled, there will be better delivery of effective client care, improvement of patient safety and positive patients' outcomes (Rayan et al., 2016). Rayan et al. (2016) reviewed various studies focused on workplace violence against health care workers worldwide and the World Health Assembly's approval of a global 10-year plan of action on health workers from 2008-2017 and recommended that Ministries of Health develop national programs that include the prevention and control of workplace violence (WHO, 2012). Policies on workplace violence geared toward the correction of deficiencies like poor communication with patients, family members, and close friends, high levels of anxiety for both health care professionals and service users, and carelessness and malpractice by health care professionals. Health care institutions must develop policies toward substance abuse, access to firearms, poor security system, and poor regulatory system related to movement of strangers in health sectors (Rayan et al., 2016).

Stress from unrealistic goals and expectations leading to a preponderance increase in unethical behavior as manifested in decreased moral awareness, amplified ethical objectivity, diminished self-regulatory awareness, and increase propensity to take risks (Ordóñez & Welsh, 2015). While managed earnings, meeting analyst expectations, and

employing stretch goals might be goal expectations in the larger hospital chains, home health care is knee deep in what Ordóñez and Welsh called *reward systems goal structures* as seen in the pay4performance platforms of the new health care law. The research analysis will show causes of stress in homecare different from other organizations for reasons specific to this industry.

Supportive work-family environments. Stressors frequently emanate from families and ill patients under the care of health care workers (Salehi et al., 2014). In most health care organizations, work-related stressors are unique and comes from many peculiar areas: like stress associated with the constant struggle between life and death, the fear of misdiagnoses of patients, medication or treatment errors, the threat of non-satisfied patient complaints leading to the fear of loss of licensure, the never-ending unannounced state surveys that often intrude into caregivers' work spaces and patients' private spaces to ensure state and federal regulatory compliances. Business managers should take decisive steps to establish and maintain a supportive work environment because such an environment would help employees balance their work and family roles and lead to reduced emotional exhaustion. Not adhering to these would make it difficult to retain high performing employees in the workplace. Health care workers with hours from 60 hours or more had the worst mental health issues (Alterman, Luckhaupt, Dahlhamer, Ward, & Calvert, 2013; Milner, Smith, & LaMontagne, 2015).

The balance theory. Trying to strike a balance led the researchers of the balance theory to explore how to balance the relationships between employees, supervisors, job

autonomy, and family for creating the higher job satisfaction (Chang & Cheng, 2014). This balance theory is a meaningful framework that describes how an individual perceives others around him or her, to achieve cognitive consistency and equilibrium. Chang and Cheng called it a triad of a person, other person, and an entity. Hiring individuals who fit well with the job and organizational culture via objective tests and experiential exercises would also be helpful for employee retention (Karatepe, 2013). Karatepe also suggested that organizations should provide opportunities for social interaction and for promoting a sense of community among workers.

Effective organizational interventions. Team nursing in health care settings and other multidisciplinary health care teams are among different strategies that professionals use to provide patients' care (Schill, & Chosewood, 2013). Mindfulness training, an evidence-based approach to increase situational awareness and positive responses to stressful situations, is an inexpensive strategy also to reduce stress and improve the quality of nurses' work lives (Fiabane et al., 2013). The mission statement should lean toward: promoting and adopting policies and practices proven to protect and improve worker health both on and off the job; motivating interdisciplinary collaboration among employees focused on preserving and improving the health workers; encouraging and supporting rigorous evaluation of comprehensive and integrative approaches to total worker health (Zeller & Levin, 2013).

Supportive work-life balance. When employees understand management support to be the case, they appreciate their employment and job satisfaction increases (Ferguson,

Carlson, & Kacmar, 2014; Rathi & Barath, 2013). Policy-oriented culture to support work-life balance may take formal and informal formats (Jung & Yoon, 2014). Leadership support includes the inter-personal relationships within the organizations (Kossek, Ruderman, Braddy, & Hannum, 2012). Single parents are more susceptible to work-life conflict and stress (Dlugonski & Motl, 2014; Minnott, 2016).

Mindfulness-based stress reduction intervention. Romani and Ashkar (2014) found mindfulness-based stress reduction interventions to efficiently encourage empathy, reduce psychological distress and negative vibes while significantly enhancing health care workers' quality of life. Maldonado-Macias et al. (2017) recommended that managers promote changes that guarantee outstanding organizational behavior that reflect on organizational environment which will consequently favor an achievement of productivity, quality, team empowerment, enhanced integration, benefits, and goals. Stubbs et al. (2017) found exercise more effective than usual treatment or control condition in people with anxiety and stress-related disorders. Business managers should encourage exercise as a strategy to improve health, wellbeing, and cardiovascular conditions of workers under considerable of stress and anxiety (Stubbs et al., 2017).

Researchers use the JD-R framework to explain how employees' working conditions influence their health, and how job demands and job resources affect outcomes, organizational commitment, and job performance (Bakker & Demerouti, 2007). JD-R framework is the guiding conceptual framework that researchers use in health care to develop the relationship between emotional exhaustion at work, in any

environment, and in the family. The JD-R framework is also a by-product of the effects of work overload, the wellbeing of the individual, and his or her job performance and commitment. Business managers should understand that employees struggling with stressors and nervous tension find their personal values, career goals, and skills not fitting well with the demands of the organizational culture and climate. Such employees sacrifice benefits and opportunities in the organization and subsequently withdraw from these unfavorable work situations or negative experiences. These employees show less attention and commitments, decrease their work effort, and consider turnover as a legitimate option (Holtom, Burton, & Crossley, 2012).

Finally, individual differences determine the coping mechanism. Dedicated public servants have repeatedly used motivation to determine how they deal with their daily job demands and job resources combinations. Highly motivated public servants are able to deal with their job demands and use available resources to prevent exhaustion, remain motivated, stay engaged, and perform well (Bakker, 2015). Organizations with less stressedful workplaces will have employee satisfaction, increase in engagement, loyalty, company reputation, and improvement in quality health care services (Nasomboon, 2014).

Summary

A review of professional and academic literature has shown frequent and comprehensive studies in the area of organizational stress with historical and emerging trends in the era of global economy. Profitability remains the goal of businesses seeking

to placate shareholders and stakeholders. While researchers have done much work in the area of workplace stress, health care is a unique industry that adheres to the modern accelerations in technology and innovation, and to strict governmental reforms and regulations. Health care organizations are also businesses and must maintain profitability for their shareholders, their survival, and payroll even if they are nonprofit.

Health care workers have the unique ethical task of making life and death decisions daily which leads to burnout. Health care ranks as a stressful profession with the potential for employees working long hours, providing tense emotional support to clients, caring for the dead and the dying, and dealing with helpless situations, sometimes, with trauma and blood. The idea of the study is to demonstrate the potential for positive social change in the application of the findings to business problems and to make the profession less burdensome because of its unique role as a social change agent to solve both human and business problems of each community.

Transition

Section 1 included a comprehensive overview of academic literature review including a critical analysis and synthesis of various sources of the literature to convince readers of the depth of the study. The academic literature review also contains a critical exploration of literature pertaining to the conceptual framework including analysis with supporting and contrasting models for conceptual framework. Section 2 comprised of the role of the researcher in the data collection process, describes the eligibility criteria and working relationship for study participants, and assures that their ethical protection is

adequate. Section 2 also covered the use of the qualitative method and justifies the case study research design over the other research designs for this specific doctoral study. Section 3 consists of the summary of the findings, presentation of the findings, and a detailed discussion on the applicability of the findings to the professional practice of business and the academic exploration for why and how the findings are relevant to improved business practice. Finally, Section 3 includes the implications for social change with real improvements to not just businesses, but also individuals, communities, organizations, institutions, cultures, and societies.

Section 2: The Project

In Section 2, I restate the purpose of this qualitative case study and describe my understanding and willingness to mitigate bias. I also describe how I avoided looking at data from a personal perspective. In this section, I reiterate my role as the researcher in the data collection process, and not interfering with the protection of the human research participants as required by the National Institutes of Health (NIH) Office of Extramural Research. Organizational stress has become a leading source of stress for adults in the United States, constituting a serious hazard to employee health and productivity (Aikens et al., 2014). In this section, I explain the adherence to the eligibility criteria for study participants, the observation of the basic ethical guidelines, and the nature and use of informed consent. With the research method and design I chose, I ensured adequate and quality data saturation. In Section 2, I also discuss data collection instrument, technique, pertinent data analysis process, and the maintenance of reliability and validity of the research method and design.

Purpose Statement

The purpose of this qualitative single case study was to explore the stress management strategies some business leaders in health care use to reduce the effects of work-related stress on employees to improve productivity. The target population was composed of managers employed in a Health care Institution (pseudonym) in Houston, Texas, who implemented successful strategies for mitigating the effects of workplace stress. The implication for social change includes the potential for health care managers

to expand the knowledge from my study to reduce the effects of work-related stress for their employees and members of society. Workplace stress and health problems constitute both societal and economic problems (Ganster & Rosen, 2013). Health and wellbeing benefit society in productivity, economic, and social development (WHO, 2013). From this study, employees, patients, and families may benefit from increased understanding of the strategies for continued wellbeing.

Role of the Researcher

My primary role as the researcher was to obtain informed consent, collect and analyze data through the exploration of seminal or peer-reviewed sources, engage participants through established relationships, and conduct interviews and guide discussion toward the research question (Al Ghazali, 2014). The informed consent procedures had judicious information and adequate time to review the information and ask questions before signing the consent. Using interview questions (see Appendix A), I served as the primary data collection instrument. As a researcher, I identified and recruited research participants in the study and facilitated professionally sound and unbiased interviews. A researcher comes into a study with pre-established relationships with the research topic, participants, research area, and population. He or she may also bring personal values, assumptions, and biases to the research environment (Marshall & Rossman, 2016; Yin, 2014). My affinity toward health care came from having worked for 25 years as a nurse in the health care industry, and I experienced first-hand the stress that came with making life and death decisions daily. This explained my interest in seeking an

understanding into the strategies that decrease such stress on employees to improve productivity and wellbeing.

Bias-related dilemmas exist because of inherent generalizations, dichotomies, metaphors, decision rules, and moral precepts that pervade understanding of any phenomena (Soros, 2013). As stipulated by Collins and Cooper (2014), I understood that critical self-reflection of my biases, predispositions, and preferences must occur to entirely remove myself from the setting or context that I sought to understand. I was also aware that personal connections, location, and my background influenced my selection of the location and the kind of managers to recruit (Robinson, 2014). I avoided conflict of interest and bias by choosing a health care organization that I did not have any residual affiliations and participants with whom I did not have existing knowledge or relationships. My health care knowledge and experience simply helped me to better understand the dynamics of the health care industry because establishing a rapport and transparent relationships are critical to gaining rapport and trust of the participants (Chikweche & Fletcher, 2012).

This qualitative case study involved the study of a case within a real-life setting bound by place and time and offered sources for data collections such as interviews, document review, and direct observation (Yin, 2014). A qualitative researcher must bring interpersonal skills to the research to collect data, hear the stories of others, and use their words to describe the phenomenon (Collins & Cooper, 2014). The role of the researcher is to maintain self-awareness, self-regulation, and motivation, which are three of the

factors relevant to qualitative research (Goleman, Boyatzis, & McKee, 2013). The Belmont Report protocol identifies the basic ethical principles of research: the principle of respect for autonomy protecting informed consent, the principle of beneficence, and the principle of justice protecting fairness (Rogers, & Lange, 2013). In interview-based research, a voluntary participation is central to ethical practice, and a researcher must be aware of the possibility for bias and eliminate its possible effect on findings and generalization (Robinson, 2014). In this qualitative case study, semistructured interviews constituted the modality for data collection. I used interview protocol (see Appendix B) to organize the sequence of my interaction with the interviewees. The rationale for the interview protocol was to maintain a professional process and ensure that all essential data collection actions occurred. Interview protocol enabled me to keep track of questions the participant answered. I was able to toggle between questions as the participants' responses dictated without losing track of the substantive questions (Marshall & Rossman, 2016). Ethical skills and sensitivity were critical to the process, especially while informing potential interviewees what the study's purpose was and what participation entailed, the voluntary nature, and how anonymity was protected (Robinson, 2014). Semistructured interviews allow interviewees to elaborate on areas that interest them or concern them the most (von Wagner et al., 2014).

Participants

With strict adherence to the Belmont Report, participants willingly entered the study voluntarily without coercion or intimidation and with complete information and

explanations, and I as the researcher acted appropriately to protect their identities (U.S. Department of Health and Human Services, 1979). There was no recruitment in a group setting, no offer of compensations, and no leveraging of an existing relationship to encourage participation. I avoided the perceptions or appearance of financial benefits by letting the participants know that the research would only benefit the student toward obtaining a doctoral degree. The research design did not justify participation of vulnerable individuals; and so I did not recruit individuals aged 65 years or older or minors younger than 18 years old in accordance with the special consideration of vulnerable populations' inclusion in research. No pregnant adult participated in the study.

No justifications existed for limits to confidentiality for this study and there was no evidence of criminal activities revealed on site that was worthy of reporting. Nothing in the process or procedure created an acute psychological state or necessitated a medical referral. I would have reported the condition promptly to the supervisors of the institution for referral to the MD. All participants were aware of having equal access to the final study and its contributions to business practice and implication for social change.

I selected three managers from a Health Care Institution (pseudonym) in Houston, Texas, who successfully demonstrated management of workers in low stress environments. This health care institution (pseudonym) had a rating of four stars on Medicare compare website and a high client satisfaction rate on surveys administered by an independent agency. An overall four-star rating indicated better quality care in the measures reported on Medicare compare website against significant categories of

measurement: mortality, safety of care, readmission, patient experience, effectiveness of care, timeliness of care, and efficient use of medical imaging. In all of these areas, the health care institution did better than the national average.

I Diversified the participants to reflect the diverse Houston community to ensure validity and a representative pool (Albuquerque, de Lucena, & de Freitas Lins Neto, 2014). The strategy for access to participants was by onsite visit after obtaining a signed letter of cooperation. Face to face social interaction has been one of the most regularly experienced social reality. With emerging technological advancements, researchers have new avenues to gain access, recruit, and establish a working relationship with participants in more ways than ever from face-to-face to online interactions (Casler, Bickel, & Hackett, 2013). For me, a working relationship with the participants was critical to removing uneasiness and establishing rapport during the interview process to ensure guided fluid conversation, and not rigidly structured queries (Yin, 2014).

I took advantage of both face-to-face and email technology for the entire process. Earlier attempts were by onsite visit of the Health Care Institution (pseudonym) for identification of the population, departments, units, or floor managers to determine the appropriateness of the participants. After the selection of the research participants following the letter of cooperation and research participation criteria, initial communication was by email invitation (see Appendix C) to introduce myself as the researcher and establish agreement, arrangement, relationship, and familiarity.

Knowing how busy health care workers are, helped to indicate that the managers' preferences would be the electronic means of communication. In the absence of the managers' availability by telephone, the majority of those in authority prefer email communication. A survey of adults found that 85% of those in the United States use the Internet, 91% of them use the Internet to send or read emails, and those using email as communication medium take advantage of the Internet as a large component of everyday life (Truong et al., 2013). A manager too busy to answer a face-to-face question will always take the time to review emails at down times. If the email sender included a personal contact information like name, email address, or phone number, it usually sparked an interest to respond. Email use was important to me during transcript review as it was easy to email participants and ask the preferred mode of delivery and notification of completion during transcript review of their interviews to ensure the accuracy and credibility of the recording (Houghton, Casey, Shaw, & Murphy, 2013).

Establishing a rapport for a planned semistructured interview process and facilitating a working relationship were important. The desired goal definitely was to elicit and effect a desired social change in the communities that we served through collaboration and understanding that findings of the study would go a long way to benefit the public. Doody and Noonan (2013) indicated that interviewers must use proper interview technique, choose the right method, and plan for all aspects of the interview process to ensure understanding of the focus and appropriateness of the data developed from the participants. At all time, the researcher must ensure that the participants'

characteristics and information provided align with the overarching research question which is to find the strategies business leaders in health care use to reduce the effects of work-related stress on employees to improve productivity. I used the interview questions to elicit candid, normal conversation. This had the characteristics of informal semistructured exchanges that fostered a range of opinions and allowed for having a more comprehensive and revealing understanding of the topic. The focus was to elicit the perceptions, beliefs, attitudes, and ideas of the participants with rich, multi-faceted understanding of their perspectives.

Research Method and Design

The qualitative research method was the method of choice for this study because it allowed me to explore the strategies health care managers used in real-life business setting to successfully operate on a daily basis. The case study design distinctly ensured a logical and detailed link to the research question. The point of view of the research participants aligned with obtaining the necessary data for analysis while keeping the study in alignment with the purpose and problem statements (Denscombe, 2014; Yin, 2014). The goal in a case study design is the strengthening potential of the qualitative study; the acceptability of the forms of data; the validity of data analysis, the quality of findings, and the easiness of reporting of the conclusions (Harland, 2014).

Research Method

Qualitative research methodological approaches aim to generate an in-depth interpretation and understanding of people's social and material circumstances, their

experiences, perspectives, and histories (Kemparaj & Chavan, 2013). The qualitative research had its foundation within the fields of sociology, anthropology, and psychology, but its popularity has now extended predominantly to the health sciences (Kemparaj & Chavan, 2013). The goal of qualitative research is to explore lived experiences and participant-generated and defined meanings (Willig, 2014). Qualitative researchers study people in their naturally occurring settings such as hospitals which are open systems that lend themselves to conditions and processes constantly developing and people repeatedly interacting with one another. Individual interpretations and reactions of those changes in processes happen and give answers to questions of how to manage situations that occur or the appropriate strategies that make such management easier.

The qualitative method gives the participants the opportunity to relax and engage in a participatory everyday language, with open-ended interview format to describe a psychological event, experience, or phenomenon, from an involving, naturally contextual, and socially contrasting perspectives (Kemparaj & Chavan, 2013; Sparks, 2014). The quantitative method was not appropriate for this study as it deals with experiments and quasi-experiments; dependent and independent variables; theories and hypotheses; statistical measurement and analyses; even though it has been the method for natural sciences with success (Yilmaz, 2013). Quantitative research deals with statistical measurements for professional audiences and requires decoding and professional interpretation to present the findings (Bishop & Lexchin, 2013; Frels & Onwuegbuzie, 2013) but qualitative studies deal with rich descriptive contexts. The reporting of

qualitative research, is in accessible language to everyone including the participants, and not merely the scientific community, audience, or the experts (Kruth, 2015). The mixed methods researchers use both the quantitative and qualitative research methods to understand a phenomenon of importance, engaging in two different studies at the same time concurrently or sequentially which takes longer time (Venkatesh et al., 2013).

Qualitative researchers go into their study with the research questions of *what*, *why*, and *how* of the phenomenon in a social context and natural environment. While recognizing the valuable contribution of qualitative research in the field of nursing, Houghton, Casey, Shaw, and Murphy (2013) viewed it as an artistic endeavor that required a soulful and imaginative approach in assessing its quality. Houghton et al. stipulated the strategies to ensure research rigor, namely prolonged engagement, persistent observation, triangulation, peer debriefing, member checking, audit trail, reflexivity, and thick descriptions. Houghton et al. maintained that to sustain rigor and credibility, the use of QSR NVivo tools was necessary and beneficial as data management tool to provide a comprehensive audit trail, to depict decisions made during the research process, and to enhance transparency and rigor. NVivo allows the researcher to manage data and ideas, query the data, allow for the storage of information about participants, such as demographic data, which the researcher uses to seek patterns and ask questions about the data. It has a variety of search and retrieval tools, called queries, which enables the researcher to ask questions or test emerging themes. The orderly

verifiable compilation of data in an electronic database increases the reliability of the entire study (Yin, 2014).

Qualitative research has not only achieved full respectability in academic spheres, the success of commercial qualitative market research is demonstrably substantial as evidenced by their value in guiding the development of new products and services, in testing the communication of advertising, in exploring the meaning of consumer vocabulary, and in gaining understanding of consumer motivation (Bailey, 2014). As the scope of qualitative research continues to grow, identifiably in academia, market research, and management or marketing consultancy, the evolution of qualitative research in all its forms still seeks to explore and explain lived experiences as opposed to the researcher choosing to follow a strict experimental or quantitative statistical protocol (Kruth, 2015). The significance and pervasiveness of qualitative research method have become so obvious that far from disregarded as merely subjective exploration and explanation of participants' experiences, quantitative researchers have begun to integrate it with their quantitative inquiry (Wertz, 2014). Wertz contended that the qualitative research method is now so industrialized, institutionalized, and commercialized that knowledge from the research range from being highly implicit and taken for granted, freewheeling and unsystematic, to being rigorous with primary focus on the self-conscious and deliberate scientific practice.

Research Design

I used the single case study research design in this study. Research design is the blueprint for an entire study and enables the researcher to effectively answer the research question (Leedy & Ormrod, 2013; Scammacca, Roberts, & Stuebing, 2014). For the purposes of data collection methods, data analysis techniques, sampling, reporting, and validation, qualitative research method encompasses five research designs. These five research designs include narratives, case studies, phenomenology, grounded theory, and ethnographies (Lewis, 2015). Ethnographers study social or cultural problems or document the customs, beliefs, perspectives, and practices of people, organizations, teams, and communities in their native habitat and sometimes embed with the cultural groups in their natural setting (Reeves, Peller, Goldman, & Kitto, 2013). That was beyond the scope of this study. The goal of the phenomenological approach researcher is to understand the perspectives and meanings of the lived experiences of the participants (Schwartz, Stevens, Ramirez, & Wulf, 2013), which was not the intention of this study. Researchers use the grounded research design to offer a systematic way to generate theory from data and analysis (Engward, 2013; Urquhart, & Fernández, 2013) and the intention here was not to embark on grounded research.

The focus of this study was the use of the qualitative case study design extrapolated from the research question with implications that organizational stress was a contemporary phenomenon primarily experienced in real-life contexts (Keenan, Teijlingen, & Pitchforth, 2015; Yin, 2014). With the scope of qualitative research method

extending to business organizations, market research, and management or marketing consultancy, the case study design was distinctly applicable to explore the contemporary phenomenon of organizational stress in the health care industry from a holistic and real-world perspective (Shields & Rangarjan, 2013). Embarking on strategic interventions to combat the stress phenomenon informed subsequent implementations with a view toward social change (Boblin, Ireland, Kirkpatrick, & Robertson, 2013). Researchers use the qualitative case study design across numerous disciplines to contribute to the knowledge of individuals, groups, processes, and organizational relationships (Boblin et al., 2013).

All professional or workplace experiences offer applicable contemporary social issues and participants in these workplaces live to retell their experience and coping strategies. The qualitative case study design was specifically suited for exploring the strategies used by health care leaders to mitigate stress in their workforce to increase productivity. To share the empirical findings, researchers determine the problems, identify the research significance, historical conceptualizations by pioneers, a review of literature, constitution of data and analysis, norms and methodology codified, specified, and reported (Wertz, 2014).

The strength of the case study research design is in the multi-focal analyses the researcher can take into consideration and the interaction between persons or groups within the organization like CEOs, employees, customers, regulators and other people involved in the organization (Zivkovic, 2012). No laboratory experiment could capture human emotions, cultural motivations and environments, or hindrances to a response or

interaction. Not only was it not viable to reproduce workplace environment in the laboratory, data so produced would be clearly corrupt. It became more valuable to perform the research in the field of action to observe behaviors and experiences first-hand, in the environment it occurs (Kruth, 2015). Having established the necessity for qualitative research to capture the area of human phenomenon not amenable to objective investigation in a controlled environment of the laboratory, one quality indicator of qualitative research was the extent to which the study had a high degree of social validity, or practicality in dealing with the exploration of participants' experiences (Leko, 2014).

Qualitative case study researchers rely on semistructured interviews to allow the participants to provide information in a way that will most clearly reveal the nature of their experiences and allow for maximum expression of those experiences. The case study design researcher depends on his or her skills and diligence, using a well-developed interview protocol, sound interview techniques, and interpersonal relationship to gather and analyze data. Data saturation occurs with enough information to replicate the study, when the researcher attains no further ability to obtain new information, and when further coding is no longer feasible (Fusch & Ness, 2015). The importance of data saturation cannot be underestimated to achieve validity (Gibbins, Bhatia, Forbes, & Reid, 2014). The researcher must review all facets of the research and ask how many interviews are enough to reach data saturation? Is the sample size sufficient to achieve data saturation or until the data starts to become replicable (Dworkin, 2012; Rao, 2012). Interview processes must leave no stones unturned and peer-reviewed articles must remain current,

and within five year limit to avoid highly dated materials. Most researchers update their work to reflect more contemporary ideas and issues because the concepts of data saturation remain universal and timeless (Fusch & Ness, 2015).

The methodological foundation of this case study was scientifically sound and one that all the stakeholders in the industry would be able to use to gauge the quality and usefulness of their decision making (Gabriel & Normand, 2012). The foundation of the case study design was the strength of the methodology; the acceptability of the forms of data; the extent of analysis, and the quality of the case study (Harland, 2014). The significance of the study to the intended audience was to increase the understanding of the strategies involved in the implementation ideas to mitigate and in turn, propagate subsequent implementation in organizational decision making authorities. The obvious advantage of the case study over the other four designs was the easiness and availability of information sources - interviews, document analysis, archival investigation, and direct observations, participant-observation, and focus groups. For this study, three of these information sources will suffice.

Population and Sampling

The Walden University Institutional Review Board (IRB) had the authority to ensure that I demonstrated the ability to select the participants for this study. Walden University's IRB approval number for this study is **04-25-17-0141429** and it expires on **April 24, 2018.** Upon receiving approval from the IRB, in conformance with 45 CFR 46 standards of research in the United States, I called the front office of the health care

institution to obtain the phone number of nurse manager. I placed a call first, formally introduced myself, and indicated the purpose of the call and the purpose of the study which was to ask for participation in a study to explore the strategies that business leaders in health care use to reduce the effects of work-related stress on their employees to improve productivity. I also informed them that the purpose of the study was to fulfill a requirement to obtain a Doctor of Business Administration (DBA) degree at Walden University.

After obtaining positive response, I asked for and obtained authorization to recruit and interview three willing department managers for exploring the strategies to reduce the effects of organizational stress in the workplace. Individuals' participation was strictly voluntary and at their own discretion. The authorization also indicated an understanding that the organization's responsibilities included: assisting in the identification of participants that meet the specified criteria and giving the researcher access to observe staff doing their routine activities, and reviewing available documents and other resources to augment and complete data collection. At all times, they reserved the right to withdraw from the study if circumstances change.

After receiving the list of department managers, I decided on three participants, sent them emails invitations, and enclosed the informed consent form with it. These managers met the criteria as managers in a health care institution with four-star rating in the Houston metropolitan area, successfully implementing the strategies to mitigate stress on employees in their workplace. After obtaining positive responses, I emailed them the

invitation to participate in the study, introduced myself, and attached the informed consent forms. The informed consent forms provided background of the study, the procedure that I followed, the purpose of the interview which was to collect data that would help to answer the research question, *What strategies do business leaders in healthcare use to reduce the effects of work-related stress on employees to improve productivity?*

The informed consent forms also provided information that participation was entirely voluntary, there would be audiorecording of the interviews, no payments associated with the interview, privacy and confidentiality protections of the interview, and that data would be security stored data with all documents locked in cabinet at my home, and electronic data in a password-protected computer for five years. As required by the university, after five years, I would destroy all documents linking them to the study, electronic files deleted, and paper documents shredded. I made another onsite visit to the institution to pick up the signed consent form and introduce myself face-to-face. This helped to create familiarity and rapport and we exchanged preferred contact information for future communications and scheduled the interviews.

Data population requirement for a case study interview is one or more persons and data collections from a minimum of two sources from six main sources of data collections: documents, archival records, interviews, direct observations, direct observation, and physical artifacts; a complete list could be more extensive (Yin, 2014). The population for this study consisted of three health care managers from a health care

institution (pseudonym) in Houston, Texas, with a record of successful implementation of strategies that mitigate workplace stress. Leaders included in the study had demonstrated extensive experience with the development and implementation of strategies to mitigate workplace stress in their unique industry. Population and sampling denoted a process of selecting a subsection of the population to participate in providing information relevant to the research problem (Oppong, 2013). A sample of the population of interest was necessary as a representation of the entire population (Hulley, Cummings, Browner, Grady, & Newman, 2013). Through semistructured face-to-face interview questions, with participants who had extensive knowledge of the subject matter, the interview continued until recurrences of the same key themes, insights, and perspectives emerged (Fairbrother et al., 2014).

I used the purposeful sampling for this study which is a technique widely used in qualitative research for the identification and selection of individuals or groups of individuals that are especially knowledgeable about or experienced with a phenomenon of interest (Palinkas et al. (2015). The participants were knowledgeable or experienced with the phenomenon of interest, available, willing to participate, and had the ability to communicate experiences and opinions in an articulate, expressive, and reflective manner (Palinkas et al., 2015). Purposeful sampling enabled me to take the recommendations from the nurse manager to identify the department managers with the specific range of skills needed for the study as stipulated by Zikmund, Babin, Carr, and Griffin (2013). Researchers use purposeful sampling technique for identification based on established

criteria, the characteristics of the participants, and the objective of the study (Lambert & Lambert, 2012; Palinkas et al., 2015).

As one cannot necessarily rule out all elements of convenience in most population sample selection involving qualitative research, the target population for the research derived from the health care industry. Regardless of the familiarity of the industry, the managers possessed extensive experience with the development and implementation of strategies to mitigate workplace stress in the industry. The Houston location was convenient, appropriate, easily accessible, but rich in the subject matter under study. The location was dependent on the judgment and convenience of the researcher.

There was no inclusion of the participants' demographic details or site description in the final document. The participants' characteristic attribute and experience were to ensure that they had the necessary knowledge and perspectives in the topic area. Along with maintaining a four-star rating on the Medicare Health Care Compare, the Health Care Institution (pseudonym) is in regular compliance with federal and state regulations, and valued by workers according to internal employee and client satisfaction surveys. The participants in the sample were in alignment with profound understanding of the phenomenon under study and provided data required for meaningful understanding of workplace stress (Poulis, Poulis, & Plakoyiannaki, 2013).

Ethical Research

Researcher are responsible for maintaining the special care and sensitivity to protect the privacy and confidentiality of the participants, even going beyond the research

design and technicalities to do so (Yin, 2014). Because of the need to protect participants' privacy, the NIH Certificate (see Appendix D) became necessary as the proof that I understood the nuances of *protecting human research participants.* Such knowledge of ethical issues in research stimulate and broaden moral imagination, enablethe researcher to recognize ethical issues, develop analytical skills to elicit a sense of moral obligation and responsibility to cope with the moral ambiguities that could arise (Vanclay, Baines, & Taylor, 2013). No psychological, economic, professional, or physical risks or harm during data collection greater than those that participants encounter in their daily lives during normal question and answer sessions arose.

Ethical researchers must balance the rights of the participants with the social benefits of the study and the right of the researcher to conduct the study (Marshall & Rossman, 2016). The time that the participants spent during the interview was reasonable in consideration to the potential for enhancing the understanding of the strategies to reduce the effects of workplace stress that the research design offered. From the Nuremberg Code, the Declaration of Helsinki, and the Belmont Report, there have been concerted efforts toward the establishment of ethical principles for research, to fully inform human participants about the study they are about to participate in, to obtain their consents in writing, and to ensure their protection from harm (Parsa-Parsi, Ellis, & Wiesing, 2014). The NIH Office of Extramural Research stipulated that participants must wittingly and willingly enter a study voluntarily without intimidation, with complete information and explanations, and the researcher must act appropriately to protect their

identities. The NIH specified that although focusing on goals is understandable, our society values the rights, and welfare of individuals and using individuals solely as means to an end is an unethical behavior. Researchers must abide by ethical responsibilities to protect all human subjects from harm while maintaining their confidentiality and obtaining their informed consent before they participate in any study (Knepp, 2014).

In the Belmont Report of 1979, the National Commission for the Protection of human Subjects of Biomedical and Behavioral Research issued ethical principles and guidelines for the protection of human subjects of research. The Report summarized the basic ethical principles and guidelines that should assist anyone in resolving the problems surrounding the conduct of research with human subjects (Department of Health, Education, and Welfare, 2014). The report included the consideration that the nature, probability, and magnitude of risk, harm, or benefits from research be reasonable (Lantos & Spertus, 2014). Research studies must follow the principle of beneficence by maximizing possible benefits and minimizing possible harms to research participants.

The report has become the foundational document of ethical principles for the protection of research participant based on respect of persons, beneficence, and justice for all. The researcher must maintain the anonymity of participants at all times. The principle of respect for person requires (a) voluntary informed consent, (b) the ability of the participant to comprehend the information he or she requires to make informed decision, and (c) the disclosure of the purpose, risks, benefits, and confidentiality protections, compensations for potential injury, contact information, and conditions of participation.

Judicious explanation of the informed consent became necessary when empirical evidence indicated an ethical quandary for researchers as overwhelming numbers of literate subjects are not likely to even read research consent forms, but would rather sign the consent and move on, and for whatever reason, might not take the time to know and understand their rights (Knepp, 2014). To assist the subject to comprehend the information necessary to consent to participate or at least be able to make informed decisions is an obligatory responsibility. Ethical research also requires that the researcher strive for equitable distribution of the potential benefits of the study through the study's significance for social change.

I made security, confidentiality, and privacy disclosures and encouraged participants to ask questions as they wished. The participants were cognizant of the audio recording of the interview after assurances that the protection of human subjects in research was of paramount importance even in the age of innovation and social media (Fiske & Hauser, 2014). Ethical research ensured that the participants also had the right to check and modify the transcript of the audio recording (Vanclay et al., 2013). They understood that no financial incentive emanated from the study, and that their participation in the research was voluntary, and they could withdraw from the study at any time without penalty. They received information that upon such a withdrawal, I would destroy all related data, shred all paper documents, and delete all audio recordings. None elected to withdraw. The participants were aware of the presumed maintenance and preservation of their anonymity and the security of their personal information throughout

the study. To maintain anonymity of participants and the confidentiality of information no identification of individuals by their real names occurred throughout the study.

Because of institutional requirements to produce raw data in the event of an audit trail or complaint and to safeguard against fraud (Vanclay et al., 2013), I informed the participants that I stored all paper documents in a locked file cabinet at my home and all electronic files in my password-protected computer for 5 years for confidentiality. After this time, I would destroy all documents linking the participants to the study. To assure the ethical protection of participants, the final doctoral manuscript includes the Walden IRB approval number and no appearance of their signed consent. This study did not require confidentiality agreements for any transcribers, statisticians, translators, or interpreters as I elected to those assignments myself.

Data Collection Instruments

Data collection is the foundation of every empirical study. Different types of data collection techniques exist for different research methods (Yin, 2015). The primary characteristic of the qualitative case study is the reliance on systematic and detailed data collection from multiple sources (Martinson & O’Brien, 2015). Although case studies use data from six main sources: documents, archival records, interviews, direct observations, participant observation, and physical artifacts; a complete list could be more extensive (Yin, 2014). I elected to use three data collection sources: the interview process, document review, and direct observation. Data from document review and direct observation, although subjective augmented the interview process.

Intellectual honesty and objectivity are paramount and indispensable in data collection, analysis, and reporting of findings and these elements offer to the study the empiricism and logical validity required for social change of the larger community (Roy, 2013). The goal of a qualitative case study is to develop a comprehensive understanding of the case in the context or circumstances in which it occurs (Martinson & O'Brien, 2015; Nightingale & Rossman, 2015). Determining which data sources to use was critical since no single source of data collection had a complete advantage over the others, as the various sources were highly complementary. Yin (2014) encouraged researchers to have confirmatory evidence from two or more different sources, and the evidence from those two or more sources should converge to the same findings. Data triangulation could not occur without the convergeance of data to the same finding.

Data Collection Instruments

As this case study researcher, I was the primary data collection instrument. I used open-ended questions in a semistructured interview format and augmented with document review and direct observation. To avoid conflicts of interest in the study, I put in check any biases and the potential conflicts of interest I may have had as a nurse who has experienced workplace stress. A nurse must make great efforts to bracket out any repository knowledge, beliefs, values, and experiences in order to harness and explore the lived experiences of the participants and to accurately describe those lived experiences (Chan et al., 2013; Tufford & Newman, 2012). The secondary data collection instrument consisted of 9 open-ended questions in alignment with the specific business problem,

purpose statement, and research question. The interview protocol guided the interview sequence and provided for follow-up questions without disrupting the original flow of interview questions.

In some research situations, conducting a pilot test is important to try out instruments and procedures and to help to identify revisions or corrections that may arise (Nightingale & Rossman, 2015). A pilot study is a small scale initial study to assess the feasibility, time, cost, challenges, appropriate sample size, and design prior to embarking on a large-scale research project (Julious, 2016). It is also an essential first step in exploring a novel intervention or an innovative application of an intervention, in drug therapies using trials as screening mechanisms to identify promising treatments (Wilson, Walwyn, Brown, Farrin, & Brown, 2016). Funding bodies often require pilot studies prior to determining whether a researcher is competent and knowledgeable and whether the study is feasible and worth funding.

This study did not require a preliminary study to test the adequacy of research instruments, research design, research protocol, population and sampling, data collection methodology or data analysis. The purpose of this study did not require a pilot study. I conducted the interviews using the interview questions and interview protocol which guided the questions with changes and adjustments, follow-ups, and feedback (Adams, 2015). I used a tape recorder (AGPTEK 8GB Digital Voice Recorder and Built-in Speaker MP3 Player with FM Radio), notability application, stylus, and a notebook to assist with the interview. Livescribe digital pen was not appropriate and a cell phone was inadequate

because of the frequency of cell phone use that predisposed it to unplanned exposure and deletion by mistake. The tape recorder was a stand-alone device of choice for recording the interview and its function was limited to the recording of the interview throughout the process. The notability application augmented the tape recorder as a versatile application for note-taking while audio recording the interview at the same time.

Assurances regarding privacy and confidentiality issues were paramount with regard to the audio-recorded interview including safe-guarding of private information, accurate transcription of information, and transcript review. Strict safe-guarding of private information was also of paramount importance to avoid the risk of unintended breach of confidential information obtained during the interview process, review of medical records, or overheard in conversation during direct observation. Conversations promptly stopped when someone not involved in the provision of data or family members walked in. This enhanced the reliability and validity of the data collection method and process. The process of a semistructured interview was conversational with one respondent at a time and employed a blend of closed- and open-ended questions, often accompanied by a follow-up with *why* or *how* questions (Adams, 2015). Interviews in case studies require the respondents to comment on events, with the view of providing insights or perspectives (Martinson & O'Brien, 2015).

Data Collection Technique

Critiques of the case study state the unlikelihood for two or more data sources to encompass a large enough sample to yield much precision to generalize to the public

(Yin, 2014). My information sources yielded enough data from interviews, document review, and direct observation. No sharing of research findings will occur with the participants except when published and available at ProQuest for the public.

Semistructured Interview

The interview process consisted of a list of broad open-ended questions that answered the central research question (Birchall, 2014; Chan et al., 2013). One advantage of the interview format was that properly planned semistructured interview questions were useful in uncovering the story behind participants' experiences and the researcher followed a line of questions to gain information about the research topic (Doody & Noonan, 2013). Interviews are among the most important sources of data collection in a case study and are appropriately suited when the questions require insights, independent thoughts, and follow-up queries (Adams, 2015). Employing a face-to-face semistructured interview strategy builds trust and exemplifies ethical research practice (Robinson, 2014).

The disadvantage of using the semistructured interview process was that the procedure was time consuming and labor intensive and required the interviewer's sophistication, poise, nimbleness, knowledge, and sensitivity (Adams, 2015). The process of preparing for the interviews, scheduling the interviews, conducting the interviews, transcribing the interviews, and properly analyzing were not easy tasks. The Semistructured interview process required patience because the time and effort required to do everything right was substantial. Relaxed, engaging, in-person semistructured interview process is undoubtedly longer than telephone surveys (Adams, 2015).

Notwithstanding the painstaking patience to follow the interview protocol, the semistructured interview process generated a huge volume of audio-recordings to transcribe as well as notes from company documents to review. NVivo 11 was convenient in absorbing the large volume of data, and worked efficiently to use in organizing, storing, and retrieving data.

I did not meet any resistance to audio-recording of the interview and no participant felt threatened by the presence of the device. All schedules were predetermined to minimize inconveniences or stress of any kind. Yin (2014) emphasized the inherent bias from poorly phrased questions and bias-ridden responses, inaccuracies because of bad memory, reflexivity in which the respondent gives answers he or she thinks the interviewer wanted. I successfully guarded against those interview drawbacks. Prior to starting the interview, I reiterated the purpose of the research, the voluntary nature of participation, and the right to withdraw without repercussions. I also ensured their understanding that the use of audio-recording device was for easiness of transcription, storage, and retrieval of data upon request (Andreasen, Nielsen, Schrøder, & Stage, 2015).

I shared the interview procedure prior to starting the interview. They included:

a) Asking only questions that will help answer the research question, *what strategies do business leaders in healthcare use to reduce the effects of work-related stress on employees to improve productivity*.

b) Recording the interview with an audio-recorder even though the participant could request to turn it off at any time.

c) Observing workplace activities that go on in during the day including workers' interactions with one another.

d) Allowing the interview to last approximately 30-60 minutes.

e) Allowing the participant to ask questions or make corrections as desired.

f) After the interview, transcribing the entire audio-recorded interview and sending to the participant to review to ensure that the response were accurate.

g) Using identification codes to identify the participants to maintain confidentiality and keeping the data secure in a locked cabinet and electronic data on a password-protected computer for five years, after which I would destroy everything.

During the interview process, I used interview protocol to develop and modify the questions as necessary and arm myself with the attributes necessary for cordial relationship. The interview protocol provided a road map to collect data during the interview process and at the core were the data collection instructions for the interviews, the substantive questions to ask to keep interviewer on track as the data collection proceeded, and the interview process covering all key topics (Martinson & O'Brien, 2015). The participants were composed and answered all questions professionally.

The semistructured interview process was suitable for open-ended questions and follow-ups and allowed the researcher to align the questions to the topic of study while also allowing the respondents the opportunity to provide insightful personal perceptions,

attitudes, and meaning to organizational stress as a workplace phenomenon (Yin, 2014). A major characteristic of a qualitative case study is the focus on a case with real-world perspectives, which in this case is exploring the managerial process of mitigating stress on the job for employees (Yin, 2014). The data collection environment was from the managers at their institution work spaces. At the end of the interview, I asked for any additions, deletions, or amendments of answers for clarity and accuracy of information. There were no amendments made and I expressed my gratitude and left.

I transcribed the interviews after a few days and rescheduled appointments with the participants for transcript review. Member checking is an important quality control process in some qualitative research to give participants the opportunity to review the summary of their statements for accuracy and completeness to enhance the validity of the study (Koelsch, 2013; Yilmaz, 2013). Transcript review is primarily a quality control tool, by which a researcher seeks to improve the accuracy, credibility, and validity of recorded research interview by transcribing verbatim the interview responses and asking the respondents for validation, thereby establishing reliability and validity (Harper & Cole, 2012; Houghton et al., 2013). I delivered copies of the transcripts to the participants as planned and although it probably took no more than 20 minutes to review, I went the next business day to pick up the document. The Participants reviewed and validated the transcripts as accurate and made no changes.

Document Review

The letter of cooperation obtained from the institution under study indicated that the organization's responsibilities included among other things: (a) giving the researcher access to observe staff doing their routine activities; and (b) making documents and other resources available to researcher to complete data collection. To augment the interview process, I reviewed formal and informal documents such as policies and procedure manuals, satisfaction surveys, formal employee competency evaluation records, appreciation letters, and clinical evaluations. I explored and perused the company's promotion policy and policy raise qualifications and ceiling and employee attrition records. They all proved how satisfied the workers felt in the organization, and how satisfied all clients that responded after discharge from the institution also felt. I found evidence of annual raises and promotions for jobs well-done. Annual evaluations included letters from clients commending staff that cared for them, including sending blessings and prayers to the staff. Kruth (2015) indicated that diaries, letters, and other pertinent sources could corroborate interview information as well. The most important use of these documents was to augment data from interviews or to provide important details that filled in the blanks for outstanding questions remaining. The policies and procedure manuals offered rich contextual information and a better understanding of the design of the strategies for work assignments, implementation strategies, and operational strategies at the site, and employee involvement in decision making.

One of the advantages of reviewing documents was that documents were stable, specific, and broad and could be in the form of letters, administrative documents, formal evaluations, news clippings, internet materials, and even minutes of meetings (Yin, 2014). I achieved the goal of document review which was to develop a wide-range understanding of the strategies to mitigate employee stress in the business context in which it occurs (Martinson & O'Brien, 2015). It also offered evidentiary documentations of the veracity of the participants' responses with respect to how the employees appreciated and received the strategies they promulgated. It is one thing to make policy changes, it is another to implement it and validate it as successful.

Direct Observation

Using observational protocol (see Appendix E), I used direct observation during onsite visits to augment data from the interviews and document review. Collecting the data at locations the programs or phenomena of study occur enhances credibility (Nightingale & Rossman, 2015). Because all case studies take place in a real-world setting, opportunities arise for direct observation through relevant social and environmental conditions of the workplace (Yin, 2014). Natural observations occur during formal interview processes, casual conversations, meetings, and other activities around the workplace, to corroborate data from interviews and document reviews (Yin, 2014). Direct observation included the use of observational protocol with the following stipulated procedure on entering the site:

a. Observed work stations and attitudes around the hallways and documented observations on the field notes.
b. Observed and documented conditions of the immediate environment as an indication of the culture of the organization.
c. Observed and documented behaviors and body language of interview participants during interview process.
d. Observed and documented facial expressions and mannerisms of the participants.
e. Casually observed conversations, small meetings, or other activities around the workplace as permitted.
f. Observed and documented real-life activities and emotional emissions or affects depicting the phenomenon under study like distress, grimaces, excitement, engagement, boredom, irritation, or indifference around the workstations.
g. Ensured the prevention of the risk of unintended breach of confidential information obtained during interview, review of medical records or overheard in conversation during observation.

Yin (2014) indicated that conditions of the immediate environment are indications of the culture of the organization. I observed behavior and body language of interview participants during interview process and in all cases, documented relaxed facial expressions and mannerisms of the participants. Other activities around the workplace as

indicated small jovial team activities needed for team work. I did not ask the workers any questions but emotional emissions depicting the phenomenon under study (distress, grimaces, excitement, engagement, boredom, irritation, or indifference) around the workstations showed team work and no extreme pressure. I did not notice any signs of stress or discomfort around the immediate environments of the participants during the interview process.

Data Organization Technique

Qualitative research produces large volumes of textual data in the form of transcripts and field notes, which enhances the endless possibilities of researchers using computer assisted qualitative data analysis software for data organization (Zamawe, 2015). While the need for data storage and organization are paramount, the use of quality tested software is essential particularly one with which the researcher was familiar (Doody & Noonan, 2013; Sotiriadou, Brouwers, & Le, 2014). NVivo 11 allowed me to organize and analyze transcribed data imported from Microsoft Word. I transcribed all the interviews in word documents and saved them in folders already formatted to receive files for Participants 1, 2, and 3 and saved in a common folder on the desktop.

The descriptive efficiency with which Zamawe (2015) explained NVivo software's flexibility and compatibility to qualitative research designs, its character-based coding, rich text capabilities, and multimedia functions crucial for qualitative data management were fascinating and captivating. I got more familiar with it and found it essential, with the capability for keeping track of data, emerging understandings on

research logs, reflective journals, and cataloging and labeling systems, as the case study required. The software answered most of my data upkeep questions and was easy to use. The NVivo 11 assists in data organization to enhance record keeping, creation of logs, audit trails, and made spaces available for comments section (Silver & Lewins, 2014). NVivo 11 gave me the opportunity to focus on coding alone.

Data Analysis

The research question for this study is: *what strategies do business leaders in health care use to reduce the effects of work-related stress on employees to improve productivity?* At the core of data analysis is the central concept of the JD-R conceptual framework that high job demands lead to strain in physical wellbeing and appropriate resources lead to increased performance and productivity (Schaufeli & Taris, 2014). Yin (2014) defined data analysis as examining, categorizing, tabulating, testing, or otherwise recombining evidence to produce empirically based finding. Because of the multiple sources of data collection in a case study and the sheer volume of textual and transcribed data I took care to input the transcript for coding. Systematic and rigorous preparation and analysis of data is enormously time consuming and labor intensive (Zamawe, 2015). Company documents that augmented and corroborated data from the interview process added to the textual volume but helped to finalize data analysis.

The use of NVivo 11 program was fast, easy, time-saving, and efficient once I created codes to find approaches that suited my analytic needs and personal style. NVivo 11 provided a range of tools and creativity in effectively and efficiently coding

transcripts, storing them for future retrieval, and most importantly saving the researcher from the arduous task of more writing while enhancing the accuracy and speed of the process (Kaefer, Roper, & Sinha, 2015). NVivo 11 is useful in promoting reliability and validity of studies, facilitating the development of qualitative thematic content analysis, and simplifying the coding, and display of data (Zapata-Sepúlveda, López-Sánchez, & Sánchez-Gómez, 2012). It decreases subjectivity from content analysis and maintains auditable trails between the researcher and data (Hai-Jew, 2016)

During data analysis, data from the three information sources converged to the same finding. Of the four types of triangulation for case study (Yin, 2015); data triangulation suited this case study better than the other methods. With data triangulation, I collected data from multiple sources all aimed at corroborating the same finding (Yin, 2014). To ensure data triangulation in a case study, all three data collection sources converge to support the study's findings (Frels & Onwuegbuzie, 2013; Yin, 2014). By illustrating convergence of evidence, data triangulation helped to enhance the validity of this case study. Data triangulation is beneficial to provide confirmation of findings, giving more comprehensive data, increasing validity, and enhancing the understanding of the studied phenomenon (Bekhet & Zauszniewski, 2012).

I imported each participant's answers as they answered them with the questions under heading 1 and answers under normal format and aligned answers to each question. I outlined categories, collaborative units, and coded the transcripts at the level of units of meaning. Reilly (2013) stipulated that to keep the category internally consistent, the

researcher must develop, delineate, and define rules for inclusion and exclusion of characteristics of each category string and strand through using statements that seemed to relate to the same representation (Reilly, 2013).

Data analysis was time consuming, challenging to manage, and hard to navigate but NVivo 11is supportive in letting researchers work more efficiently, saving time, quickly organizing, storing and retrieving data, uncovering connections in ways not possible manually (Bazeley & Jackson, 2013; Edwards-Jones, 2014). I assigned identification codes like Participants 1, Participants 2, and Participants 3 to the respondents to provide for data control, confidentiality, and appropriate linkages. During the preliminary coding, 32 central themes emerged. When verbatim transcripts are a part of the sources of evidence which together represent the strength of the case study, a researcher must develop their own analytic strategies (Yin, 2014). One analytic strategy is to manipulate data looking for patterns, insights, or concepts until additional relationships produce more concise groups of emergent themes (Yin, 2014).

Reliability and Validity

Reliability and validity are the key terminologies to explain trustworthiness in qualitative research in an attempt to establish rigor and credibility (Elo et al., 2014). Trustworthiness of content analysis depends on the availability of rich, appropriate, and well-saturated data (Elo et al., 2014). Lincoln and Guba (1985) are frequently noteworthy whenever researchers are analyzing and reporting the reliability and validity of research findings in qualitative research. Lincoln and Guba proposed credibility, dependability,

confirmability, and transferability as the four criteria to determine rigor and trustworthiness in qualitative research.

Reliability

Reliability in qualitative research establishes dependability if the researcher used all the quality control elements and criteria like member checking or transcript review. By restating or summarizing the interview transcript and asking the participants to determine its accuracy or transcribing verbatim the interview and responses and asking the respondents for validation, the researcher establishes reliability and validity (Harper & Cole, 2012). The participants in this case study had the opportunity to review the transcripts in this case study over 24 hours (the actual review takes no more than 20 minutes) to verify the truthfulness of data. Transcript review serve as a participant verification tool, informant feedback, respondent validation instrument, applicability tool, reliability tool, and fittingness mechanism for verifying accuracy by the participants (Harper & Cole, 2012). Researchers use transcript review to augment data triangulation and data saturation to achieve a relatively high degree of accuracy, reliability, and consensus with respondents revisiting collected facts (Reilly, 2013).

I used of multiple data sources, semistructured interview, document review, and direct observation to enhance and ensure a higher degree of reliability. In qualitative research, reliability is a necessary condition and antecedent for validity to show the degree to which the qualitative design components are of acceptable quality and rigor (Venkatesh et al., 2013). The establishment of trustworthiness of content analysis starts

with providing details of the sampling method, participants' descriptions, availability of rich, appropriate, and well-saturated data, data collection, data analysis, and result reporting to improve the trustworthiness of the research (Elo et al, 2014). Lincoln and Guba specified that in qualitative research, consistency and dependability of data and analysis are conceptually similar to reliability in quantitative research which relates to how consistent and reliable a measure is in yielding the same result repeatedly.

Validity

Research validity is the method of proving the legitimacy of findings – how accurately the findings represent the truth in the objective world (Venkatesh et al., 2013). Leading the historical perspective, Lincoln and Guba (1985) described research validity, as the extent to which the research data is plausible, credible, and trustworthy, and can stand up to scrutiny and challenge. The credibility of a qualitative case study relies on the extent to which data collection techniques, data sources, data triangulation, thick, and rich description, external reviews or member checking, transcript review, external audits, and other techniques for producing trustworthy data become used (Boesch, Schwaninger, Weber, & Scholz, 2013; Yilmaz, 2013). For this case study, I used transcript review, data triangulation, and data saturation to ensure validity.

Researchers had varying opinions on what qualitative validity should include - from descriptive validity, (reporting accurately); interpretive validity (accurate interpretation of participants' views, thoughts, feelings, intentions, and experiences); and theoretical validity (explaining credibility and defensibility of the findings) (Maxwell,

1992). Venkatesh et al. (2013) followed the three prevalent criteria postulated by Lincoln and Guba namely credibility, transferability, and confirmability which mirror internal validity, external validity, and statistical conclusion validity respectively in quantitative research. This study aligned with Lincoln and Guba (1985) in using credibility, transferability, and confirmability to ensure validity.

Credibility. Credibility identifies how the researcher ensures integrity or believability of the research findings. Credibility is a major criterion for trustworthiness, without which the findings are not believable (Lincoln & Guba, 1985). Credibility is in alignment with internal validity in quantitative research. Researchers use transcript review to ensure accurate reporting of the phenomenon under study and accurate reporting of the inferences of the perspectives, behavior, and feelings of the participants (Kahlke, 2014). I used transcript review and data triangulation to solidify the credibility of the research data and provided methodical data analysis to ensure that readers trust the analysis and resulting conclusions (Elo et al., 2014).

Credibility also derives from not only the facts of data analysis but also reporting of the participant views including the interpretation and representation of the truth and inferences by the researcher (Polit & Beck, 2012). The researcher's description of those perspectives and experiences enhances the credibility (Cope, 2014). The study is credible if the participants do not question or challenge the researcher's accounts of their experiences. Direct observation also augmented the credibility criteria.

Transferability. Transferability refers to findings that researchers can apply or replicate to other settings or groups (Elo et al., 2014; Houghton et al., 2013; Polit & Beck, 2012). A qualitative study meets this criterion if the results have meanings to individuals not involved in the study but who could easily associate the results with their own experiences (Cope, 2014). Individuals would read this doctoral study and nod their heads in understanding of how workplace stress has affected them in their own work environments. The readers would assess the findings' capability of being transferable as they recognize that organizational stress is a subject matter that has potentially affected them at some point in their lives. Researchers maintain authenticity when they fairly and faithfully show a range of realistic possibilities (Lincoln & Guba, 1985; Polit & Beck, 2012). The findings of this study on workplace stress emanated from the idea that stress is harmful in the workplace and managers need strategies to mitigate the consequences.

Confirmability. Confirmability refers to the researcher's ability to demonstrate that the data represent the participants' responses and not the researcher's biases or viewpoints (Cope, 2014). To demonstrate that the outcome of the research was not from my imagination, I displayed neutrality by providing rich quotes from the participants that show the emerging themes from data. I suspended my perceptions to ensure that the outcome of data analysis resulted from the respondents' experiences and perspectives. Use of direct quotes is necessary to indicate the trustworthiness of results (Elo et al., 2014; Polit & Beck, 2012).

Lincoln and Guba (1985) identified confirmability as equivalent to objectivity in quantitative studies and the best qualitative objective data is a member-acknowledged direct quote. Confirmability implies that the data accurately represented the information the participants provided in their voices and not the researcher's inventions and interpretations (Lincoln & Guba, 1985; Polit & Beck, 2012). To demonstrate confirmability, I have included some of the participants' quotes to illustrate objective member-reviewed verbatim transcripts.

Data saturation. Data saturation is when the researcher has exhausted the range of views on the topic to the point that continuing the interviews will only yield more of what the researcher already knows with no themes or insights emerging (Krueger & Casey, 2015). It is the point of redundancy in research when the researcher could no longer collect new data, no more generation of new concepts from the data-driven approach, and when no new themes could emerge or are forthcoming (Bekhet, & Zauszniewski, 2012; Guba & Lincoln, 1989; Lee, Hoti, Hughes, & Emmerton, 2014; Morse, Lowery, and Steury, 2014). Failure to reach data saturation has an effect on the quality of the research and hampers content validity (Fusch & Ness, 2015).

Thoroughness is an element of data saturation resulting in full exploration of the phenomenon with congruence or connectedness between the research question and the method, between the data collection and analysis, between current study and previous literature, and between findings and the implications of the study (Cope, 2014). Thorough data analysis continued until no further new themes emerged. To achieve data saturation

and breadth of understanding of the phenomenon, I provided a detailed description of in-depth data analysis and included some verbatim quotes to support the findings. Data saturation came from the research question, the research method and design, the sample population to study, the significance of the study, data collection technique, data analysis, and interpretation, reporting of findings, and verification of the process (Hancock & Algozzine, 2015). Data saturation is not about the numbers, but the depth of data, rich analysis, and descriptive reporting (Burmeister & Aitken, 2012).

Transition and Summary

The purpose objective of this section was largely to demonstrate that qualitative case studies could be quite exhaustive and effective in allowing the researcher to explore the lived experiences, meaning, interpretations, and individual perceptions. In Section 1 identified the problem and purpose statements, nature of the study, research question, conceptual framework, assumptions, limitations, and delimitations of the study including operational definitions of peculiar terminologies. Section 1 also served as the foundational backbone for the study with a comprehensive literature review to explore stress management strategies some business leaders in health care used to reduce the effects of work-related stress on their employees. I used Section 2 also to justify the use of qualitative research method over the other methods, and explained the role of the researcher, the research design, population sampling, and the assurance for ethical protection of participants. I included some data collection techniques and the methodological rigor to ensure trustworthiness: reliability and validity.

Section 3: Application to Professional Practice and Implications for Change

Introduction

The purpose of this qualitative single case study was to explore stress management strategies some business leaders in health care used to reduce the effects of work-related stress on employees to improve productivity. Section 3 included a detailed discussion of data collection, the applicability of the findings with respect to professional practice of business, and the implications for social change. It also included whether the findings will make tangible improvements to individuals, communities, organizations, institutions, cultures, and societies. Section 3 also included the recommendations for future studies and for improved practice in business, and in Section 3 I outlined the limitations from the research, revealed personal reflections, and concluded.

Presentation of the Findings

The overarching research question was: What strategies do business leaders in health care use to reduce the effects of work-related stress on employees to improve productivity? Individuals who are not business leaders were not in the participants' pool without disrespect or stigma to them because the justification for participation tailored to those who develop policies and implement strategies in the workplace. Data collection was through the interview process using semistructured approved interview questions and augmented by document review and direct observation.

Using NVivo 11, I conducted an exploratory analysis of data collected. I performed preprocessing on the transcripts using standard data cleansing and validation

techniques and then consolidated transcripts, now containing only participant responses, into a single corpus. I used standard qualitative analysis techniques in analyzing the corpus of responses with each response reviewed and coded, uncovering a variety of emergent themes. In total, 32 themes emerged during the preliminary coding. These themes constituted the central themes discovered in participant responses. Analysis of the emerging themes revealed that employee performance is at the core of attention when implementing strategies to reduce work-related stress. Participants significantly believed that leadership is responsible for providing the work environment that will facilitate employee performance in as much of a stress-free setting as possible. Figure 5 displays a hierarchical cluster analysis of the 32 preliminary, central themes.

Clustering of Preliminary Central Themes

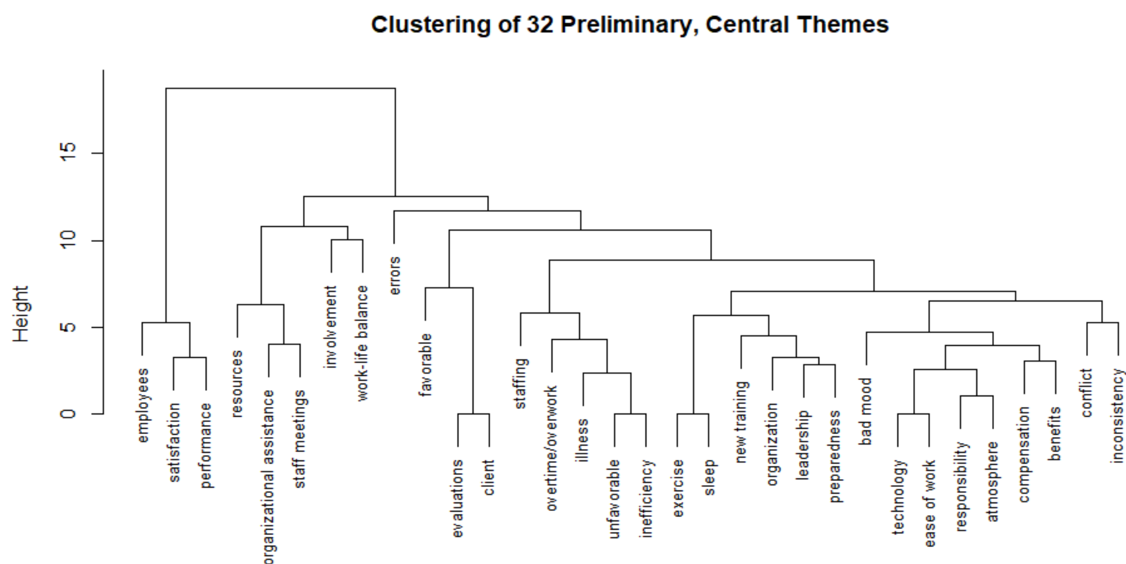

Figure 5. Clustering of preliminary central themes.

The cluster diagram revealed the degree of similarity and dissimilarity between each preliminary, central theme. It exposed the underlying relationship between each theme, with respect to the frequency of cooccurrence in the participants' responses to each question. Manipulating data looking for patterns, insights, concepts, or relationships produced groups of emergent themes that were interesting. For instance, the clustering between *resources, organizational assistance,* and *staff meetings* implied a connection between these three by the participants. A few clusters in the diagram were of interest.

1. Employees, satisfaction, performance.
2. Resources, organizational assistance, staff meetings.
3. Involvement, work-life balance.
4. Unfavorable, Inefficiency, illness, overtime/overwork, staffing.
5. Exercise, sleep.
6. Technology, ease of work, responsibility, atmosphere, compensation, benefits.

These six clusters represent areas of interest with respect to the overarching research question: What strategies do business leaders in health care use to reduce the effects of work-related stress on employees to improve productivity? Further analysis of the cluster diagram reveals more about the relationship of the clusters to each other. For example, the cluster of *employees, satisfaction,* and *performance* are on a branch of their own and only connects with the other clusters at the highest hierarchical level. The distance between this cluster and the other is indicative of the relationship between them all. Expressed simply, it implied that the cluster shares no direct relationship to any of the

other clusters. Rather, the relationship is distant. Examining the theme of *employees, satisfaction* and *performance* further, I postulated that the participants, in their responses, viewed employee satisfaction and employee performance as related to the other clusters in the sense that employee satisfaction and performance is affected by the other clusters. I tested this postulate relatively by examining the *employees, satisfaction* and *performance* cluster with the other five aforementioned emergent areas of interest:

1. Adequate resources, organizational assistance, and staff meetings affect employee satisfaction and performance.
2. Involvement and a work-life balance affect employee satisfaction and performance.
3. Unfavorable conditions, illness, overtime/overwork, and inadequate staffing affect employee satisfaction and performance.
4. Exercise and sleep affect employee satisfaction and performance.
5. Technology, ease of work, responsibility, atmosphere, compensation, and benefits affect employee satisfaction and performance.

The next quest was finding out how closely the relationships were between these areas of interest and the *employees, satisfaction,* and *performance* cluster. Once again I tested the participants' perception of theme relevance to reveal how the participants think their employees significantly favored these five themes as indicative of what factors significantly affected their level of performances on the job. Bearing in mind the central

research question, these themes constituted the factors to strategize on when attempting to mitigate workplace stress to improve productivity and profitability for stakeholders.

The previous clustering of the 32 preliminary central themes and resulting areas of interest revealed five emergent themes in relation to the overarching research question. These five emergent themes show that the effects of work-related stress on employees come from unfavorable conditions emanating from: resources, the balance between work and life, ease of work, compensation, and benefits. The participants' verbatim responses later revealed how those effects are addressed, which in turn are the strategies used in their respective organizations to reduce the effects of work-related stress on employees to improve productivity. I performed a hierarchical cluster analysis for each emergent theme to better understand how the participants perceived the relevance of *satisfaction* and *performance* with respect to each emergent theme. Figure 6 visualizes the results.

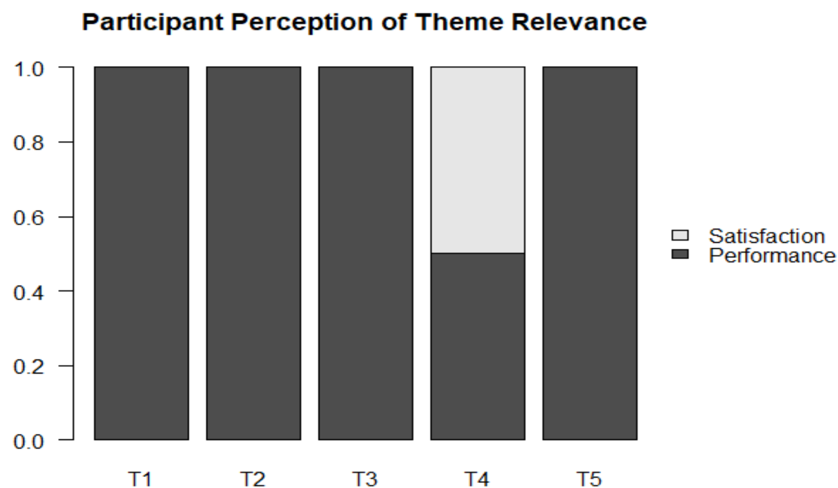

Figure 6. Participant perception of theme relevance.

The overall perception among participants was that *performance* had more direct relationship with four of the five emergent themes. These include Themes 1, 2, 3, and 5. For Theme 4, both *performance* and *satisfaction* shared equal relevance of 50% each. The dynamic presented in the chart suggest that the strategies used by leaders in health care would lean heavily toward ensuring *employee performance*, whereas *employee satisfaction* has a secondary relationship and consequential in some other instances. In other words, strategies implemented to ensure no adverse impact on employee performance by work-related stress would, in effect, be favorable for employee satisfaction. Conversely, whatever makes the employees satisfied would improve their performances as well.

Findings

This qualitative case study involved conducting a semistructured interview, documents review, and direct observation. Information from documents review, and direct observation were input into NVivo 11 and analyzed alongside the interview responses. A convergence of findings emerged to confirm the emergent themes. Analysis of each of the five emergent themes revealed that participants significantly favored employee performance as a core feature when implementing strategies to reduce work-related stress. In addition, participants believed that leadership is responsible for providing work environment that will facilitate employee performance in as much of a stress-free atmosphere as possible. Strategies used by business leaders, focus on understandings these relevant themes. I discuss each emergent theme represented in a

hierarchical cluster analysis, showing the association between the respective preliminary themes in the cluster and the relationship to employee performance and satisfaction.

Emergent Theme 1 Cluster

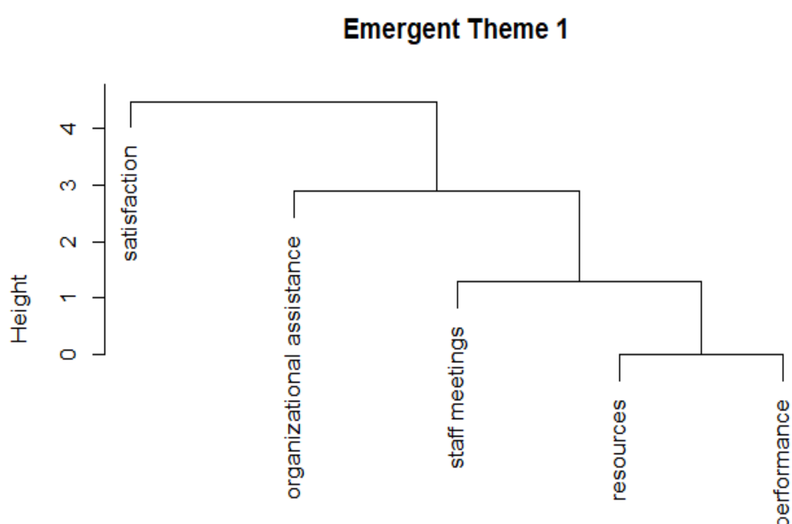

Figure 7. Emergent Theme 1: Resources, organizational assistance, and staff meetings affect employee satisfaction and performance.

Participant perceptions on strategies directly connected *performance* with *resources*. Having adequate resources to work is significantly the closest in relationship to performance than inputs from staff meetings and organizational assistance. Nevertheless, the three factors grouped together are paramount to enhancing performance than satisfaction when considering strategies to reduces the effects of organizational stress in health care workplaces. Participant 1 aptly summarized the participants' general views by stating that "having adequate resources to do the job makes employees happy." Emergent Theme 1 suggests then that the lack of work-place resources is a significant

contributor to employee low performance and consequently, employee dissatisfaction. Participant 3 also added that there are times when one's company runs dry with work resources. Often, this can be due to vendor issues, and "workers come on the receiving end of the stress of working without adequate supply of resources." Participant 3 further added that it would be to the employee's benefit to know that work resources will be available for them. Both Participant 2 and Participant 3 associated the provision of resources with management. Participant 3 stated that the availability of resources indicates to employees that "management has their best interest at heart." Participant 2 further added that one specific technique employed by them is to utilize staff meetings to explore and share resource options and ideas available to workers. Participant 1 agreed that leadership "creates policies that encourage continuing education, in-services, seminars, question, and answer sessions during monthly staff meetings to find out workers' concerns, attitudes."

Emergent Theme 2 Cluster

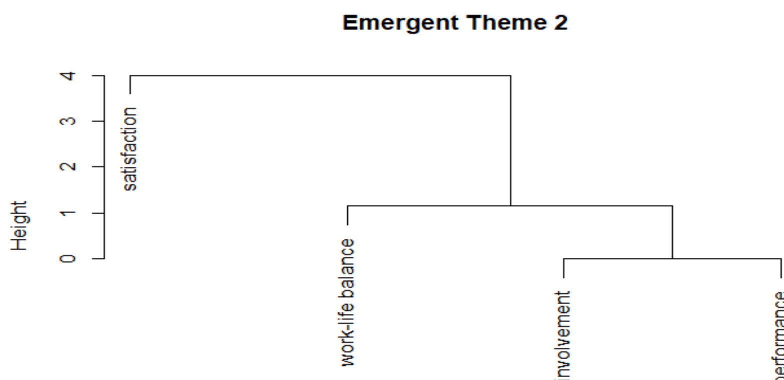

Figure 8. Emergent Theme 2: Involvement and a work-life balance affect employee satisfaction and performance.

Within the Emergent Theme 2 cluster in Figure 2, strategies aimed at improving productivity focus on the involvement of employees in health care workplace as well as maintaining adequate work-life balance for them. Participant 3, as a leader, stated that they try to make sure that workers' opinions come into consideration during decision-making. They suggested that providing a support system at the management level fosters work commitment, engagement, satisfaction, and organizational loyalty on the part of the employees. These factors together affect employee performance. Participants also expressed a relationship between employee involvement, their work-life balance, and performance. The two factors also have a distant relationship with employee satisfaction. In other words, if employees are involved with decision making, they perform well.

Lazurus (2006) pointed out that death of a spouse, divorce, and marital separation, death of close family member, personal health issues or that of a family member,

financial strain, childcare or eldercare are some external life events that could cause emotional stress that will in turn affect one's workplace functions in major ways. The participants in this study agreed that imbalance in a worker's home life can lead to work-related stress and obligations on the job. Participant 1 stated that, "employees show a sense of belonging or commitment when you involve them in decision making or seek their opinion in organizational issues." Participant 1 stated that, "a person's attitude, endurance, and stability at home affect their response and coping mechanisms to stress"… I often tailor assistance given to each individual to their unique situation, usual attitude, and tolerance." To address this, Participant 3 stated that leadership should be able to provide an open platform for workers to voice their issues and situations, and work with employees to maintain a balance between work and family.

Emergent Theme 3 Cluster

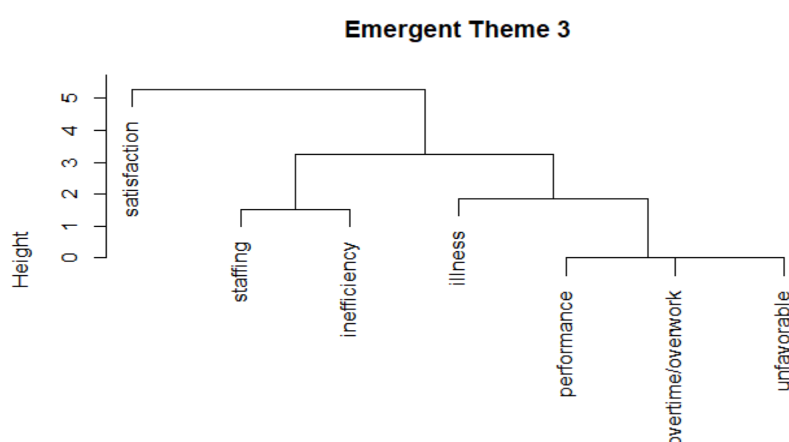

Figure 9. Emergent Theme 3: Unfavorable inefficiency, illness, overtime/overwork, and staffing affect employee satisfaction and performance.

Participant perceptions within Emergent Theme 3 center on staffing, administrative inefficiency, overtime, and work overload. In particular, the participants shared the understanding that stressed workers contribute toward unfavorable performance in the workplace. Participant 3 stated explicitly that "there is a direct link between workplace stress and illness, and as such, some employees that call in sick do so because of stress." The act of calling in sick has consequences on the workplace as well. Participant 1 stated that when "stressed workers call in sick for whatever reason, it causes management to either pay overtime or over-work the ones who elected to come to work." Such a dynamic is of course unfavorable with respect to employee performance.

Participants 1 and 3 both noted adequate staffing squarely rests on administration as one of the ways to address such an unfavorable dynamic of overtime and overwork. As explained by Participant 1, "adequate staffing is the next strategy in this regard. Adequate staffing helps to avoid work overload." Participant 3 further added that the best way to relieve work-related stress, as a strategy, is to ensure that there are enough available workers and that those workers that show up to work are not over-burdened. "Constantly short-staffing and over-working available workers lead to inefficient care [in the health care industry], frequent mistakes, and less enthusiasm to come to work." These factors affect employee performance and satisfaction. Every theme that emerged in this study has a relationship with job satisfaction, albeit distant. Participants consider inefficiency resulting from staffing as highly unsatisfactory for both management and employees.

Participant 1 stated, “Leaders in organizations like mine set the tone for the organizational climate. Most of the poor attitudes and conflicts at work stem from bad leadership examples.” All the factors on Theme 3 cluster are suggestive of management duties in doing their own jobs well. The participants acknowledged that it is their duty to staff ahead of time and adequately. Participant 2 stated that “a good manager decreases stress by having a stress-free schedule with each employee getting his or her schedule on time to plan ahead. I bring out three month schedules ahead of time to give them time to organize their family schedules, holidays, doctors’ appointment, and children’s celebrations accordingly.” This scheduling pattern gives employees “time to arrange among themselves to cover for each other in the case of family emergencies.” Participant 3 indicated that “constantly short-staffing and over-working available workers lead to inefficient care, frequent mistakes, and less enthusiasm to come to work.” Administrative inefficiency produces counterproductive and chain reactionary behavior at work and in the end, the organization suffers.

Emergent Theme 4 Cluster

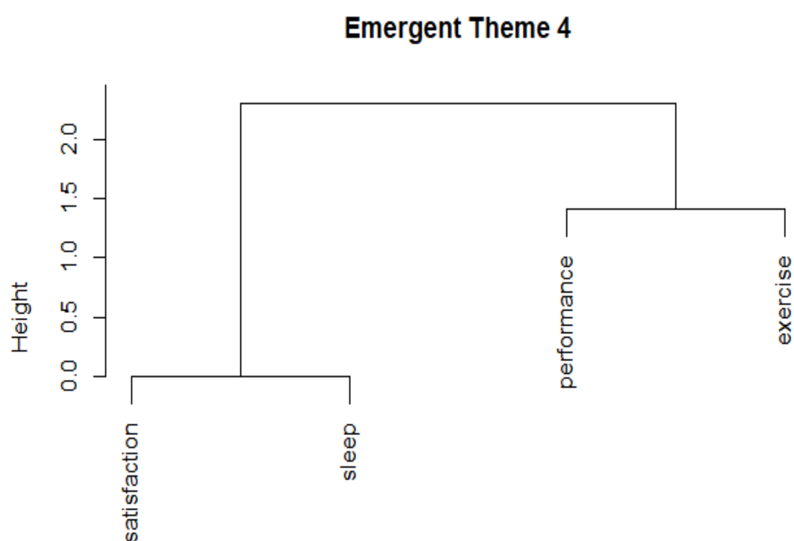

Figure 10. Emergent Theme 4: Exercise and sleep affect employee satisfaction and performance.

The nature of the health care industry can be particularly demanding on health care workers. The participants cited sleep deprivation as problematic. Participant 2 noted that sleep is necessary, and enough sleep every night is essential to performance on the job. Participant 2 also suggested exercise as a stress management tool. It is also common, in this day and age, for organizations to provide gyms within their facilities and for those without gyms, to provide discount gym membership options in their employee benefit package. Participants encourage workers to take advantage of these exercise benefits for both wellbeing and for stress reduction. Participant 2 indicated that there is a feeling of tension-release after exercise. It increases energy, lightens your spirit, hydrates you, maintains your weight loss, and improves overall health and wellness." Participant 2 also

agreed that "adequate sleep helps with creativity, focus, and calmness needed for energy and problem solving." During participants' perception of theme relevance, participants viewed exercise and sleep as having equal relevance to performance and satisfaction.

Emergent Theme 5 Cluster

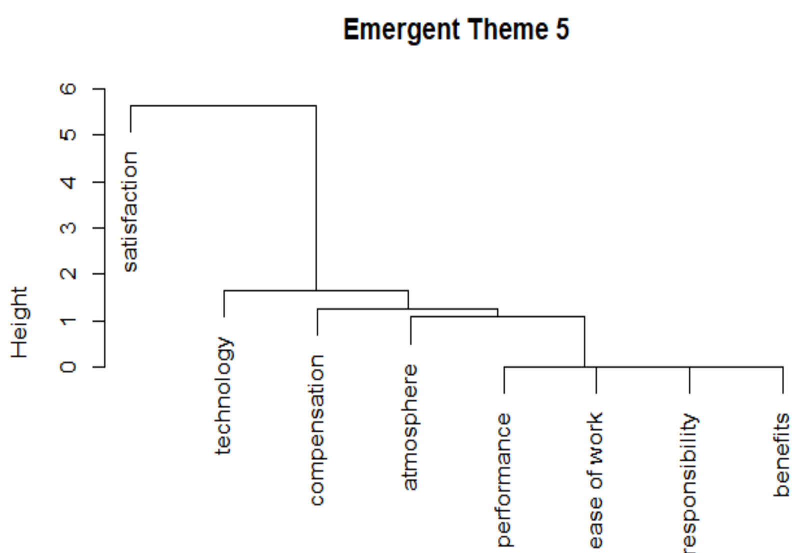

Figure 11. Emergent Theme 5: Technology, ease of work, responsibility, atmosphere, compensation, and benefits affect employee satisfaction and performance.

Participant perceptions within Emergent Theme 5 highlight management's responsibility in contributing toward enhanced employee performance. Analysis of participants' responses showed that employee performances tie to peace of mind with respect to one's work in the health care industry. All participants noted three specific aspects that are target to providing peace of mind, limiting stress and enhancing productivity. These include the work atmosphere, finances, and benefits. Participant 1

stated that it is leaders who "set the tone for the organizational climate." Employee and management attitudes toward one another, workplace conflicts, and the strain of the job itself contribute toward the atmosphere that employees must work with. It becomes essential for employees to feel adequately compensated for their time. As Participant 3 stated, "compensation issues are the cause of tremendous stress to workers." To that end, Participant 2 aptly noted that when employees receive their pay checks on time, evaluations, and raises annually, they are happy.

They also cited the provision of employee benefits such as insurance, wellness programs, and childcare programs, for those who need it, as significantly impacting the peace of mind of employees. Participant 1 indicated that "organizations that offer health insurance, life insurance, and other benefits not only show that they care, the workers tend to stay longer to keep their benefits." It becomes the responsibility of leadership to ensure that they address these benefits in a timely manner as a strategy to ensure the maintenance of employee's peace of mind. Theme 5 encompasses management provision of innovative technology, resources that eases work load, management responsibility in creating a conducive atmosphere, availability of adequate compensation, and benefits affect employee satisfaction and performance. Participant 3 indicated that managers should do a better job of alerting employees on the resources available to them. "From baby-sitting issues, pregnancy resources, day care centers, elder care centers, staff discounts to financial help, and credit union small loans, managers that provide cordial environment can provide avenues for …help that is needed."

Participant 1 stated that when workers are stressed, "they are tired, disengaged, performances slow down and productivity suffers." In the health care profession when performances suffer, it leads to adverse chain reactions: inadequate care of the patient, improper care, complaints by patients or family, wound infections, medication errors, deaths, bad public relations and company reputation tarnishing, lawsuits, and poor referrals to the organization. At one point, Participant 1 indicated that human beings are not machines. Organizations in socialized world know that lawsuits might become public relations nightmare where one bad patient experience could make it to the evening news.

The participants believed that organization stress has counterproductive antecedents which affect productivity. Participant 2 stated, "Productivity is affected by inactivity from work stress, lateness from work-related stress, errors from work-related stress, absenteeism from work-related stress, disengagement from work-related stress, loss of speed/effort from non-commitment, etc." The participants also believed that financial health is at core of many home stress issues because if workers have financial security, they are able to meet most of their needs. Participant 2 stipulated that "financial stability could ease child or elderly care need, college tuition needs, and house rent or mortgage needs." When employees are happy, the company maintains a happy, committed, motivated workforce, with increased performance and productivity by implication. Participant 1 stated that the benefit of implementing strategies to reduce employee stress is maintaining a satisfied workforce who is happy to come to work daily.

"You definitely know when employees are happy to come to work because they work as if the organization is their own."

Applications to Professional Practice

Improving the health and wellbeing of the workforce can lead to higher productivity and profitability of business organizations. Developing strategies to reduce organizational stress will benefit the three pillars of society (a) the employee, by the improvement of mental and physical wellbeing both at work and at home by maintaining a work-life balance; (b) the business, by the motivational potential that will lead to higher work commitment, successful performance, and enhanced productivity (Bakker & Demerouti, 2007); and (c) the society, by the achievement of social wellbeing, optimism, and economic growth to the wider community (Pearce & Doh, 2012). Business leaders in other industries will also use the findings from this study to provide strategies that could serve the public in the voluntary application of the universally shared strategies that are not just for the benefits and profitability of the health care industry (Brandão et al., 2013).

The general objective was to also apply the research findings to other professional business practices, other than health care (Marshall & Rossman, 2016). By augmenting existing knowledge on workplace stress, readers might come away with knowledge relevant to the management of stressful situations on their job, thereby improving their business practices. High risk stress workers like nurses and other health care workers will benefit from the study with better management of their emotional and mental wellbeing (Fiabane et al., 2013). Identifying the risk factors for workplace stress might improve

health care workers' wellbeing and increase their job performances (Fiabane et al., 2013). Working without stress leads to employee satisfaction, increased engagement, consumer loyalty, and commitment, and quality improvement (Nasomboon, 2014).

Implications for Social Change

Pearce and Doh (2012) contended that in addition to creating local jobs for the community, social change company leaders create volunteering opportunities, organize events that help to increase awareness of organizational stress, and share the moderating strategies. Thus, the study provides strategies for the improvement of human and social conditions, and creates positive outcomes for individuals, families, communities, and businesses (Zhu, Chen, Li, & Zhou, 2013). Business leaders who make special contributions for positive change do so by taking actions to benefit society beyond the requirements of the law and the direct interests of shareholders (Pearce & Doh, 2012).

Fineberg (2012) identified three key attributes for social change in health systems: (a) affordability, to patients and families, employers, and the government; (b) acceptability, to key constituents (patients, families, and health professionals); and (c) adaptability, to new diseases in the community, changing demographics, scientific discoveries, and dynamic technologies in order to remain viable. Fairness, in the treatment of all people without discrimination and without regard to disease, age, group identity, or place, leads the way in contributing to social change in striving for a population with the highest level of health possible (Fineberg, 2012). The right to health

care, is a positive social right, as health care workers contribute to a common moral obligation (Brandão et al., 2013) and helping to heal the sick in their communities.

Health care managers are under an ethical obligation to “do no harm” and to follow the WHO claim that everyone has a right to the highest attainable health care. Health care workers also follow the four principles of health care ethics for every human being: autonomy, beneficence, non-maleficence, and justice. Treating stress as a disease has an overarching social implication in various occupational settings in the society, to yield strategies with applicability beneficial to those businesses and to society as a whole (Brandão et al., 2013).

Recommendations for Action

The prevalence of workplace stress in the 21st century has almost become a way of life as technological advancement continues to promote innovative and competitive advantage. The psychological, physiological, and mental disorder to the individual under stress has not changed and should become a cause of concern to employers, employees, organizations, and society as a whole (Aidoo, 2017). The following research recommendations would help decrease the dire consequences to workers including low productivity, job dissatisfaction, frequent job truancy, and health challenges such as: drug abuse, alcoholism, hypertension, cardiovascular, and other health problems affecting behavior, physical, and psychological health of the individual (Kazi & Haslam, 2013).

Some business leaders would easily adopt strategies to mitigate the consequences of counterproductive workplace behavior if those behaviors are from stress. Stressed

workers are more likely to engage in counterproductive workplace behavior in their relationship with other workers (Samnani, Salamon, & Singh, 2014). Stress is a phenomenon with a tremendous effect on the individual in the workplace. This goal of this study was to find out possible strategies to recommend to leaders for management and mitigating circumstances. The negative consequences of workplace stress call for all involved to recognize and institute necessary measures and policy changes to prevent the factors that create stress. These factors lead to a reduction in job performance and productivity, increase in the cost of illnesses, absenteeism, poor quality control measures, increase in turnover costs, and disengagement (Aidoo, 2017).

Adequate resources. The recommendation is for business leaders to realize that the availability of resources indicates to employees, “Management has their best interest at heart.” Participants in Theme 1 suggested that the lack of work-place resources is a significant contributor to employee low performance and consequently, employee dissatisfaction. The provision of resources is the responsibility of the organizational management who must recognize from this study the direct relationship between resources and performance, productivity and satisfaction. The participants agreed with the existence of ssignificant positive relationships between job resources, job demand, job engagement, job satisfaction, and job performance.

Maintaining work-life balance. Theme 2 participants indicated that providing a support system at the management level for work-life balance fosters work commitment, engagement, satisfaction, and organizational loyalty on the part of the employees.

Literature review revealed that engaged employees go the extra mile, love their jobs, and are proud to be part of the organization. Leadership should provide an open platform for workers to voice their issues and situations, and assist them to maintain a balance between work and family to foster the aforementioned engagement and commitment. These factors affect employee performance, productivity, and profitability. Imbalance in a worker's home life can lead to work-related stress that devastates job performances.

Staffing efficiency. Theme 3 participants specified, "Constantly short-staffing and over-working available workers lead to inefficient care, frequent mistakes, and less enthusiasm to come to work." These participants consider inefficiency resulting from staffing highly unsatisfactory to both management and employees. The recommendation is for business leaders to recognize that the best way to relieve work-related stress, as a strategy, is to ensure that there are enough available workers to do the job and that those workers are not over-burdened. Adequate staffing helps to avoid work overload and affects employee performance and satisfaction.

Exercise and sleep. Theme 4 participants identified exercise and adequate sleep as stress management tools as the nature of the health care industry can be particularly demanding on health care workers. Exercise with wellness benefits on the job go a long way followed by enough sleep every night as essential to performance on the job. Theme 4 participants encourage workers to take advantage of these exercise benefits for both wellbeing and for stress reduction and to turn off the television and take a night sleep

every night. Participant 2 indicated that "exercise increases energy, lightens your spirit, hydrates you, maintains your weight loss, and improves overall health and wellness."

Management responsibility. Theme 5 highlighted efficient management responsibility as contributing to employee peace of mind, by limiting stress and enhancing productivity with cooperative work atmosphere, adequate finances, and benefits. These included employee and management attitudes toward one another, workplace conflicts resolution devoid of favoritism. Business leaders must understand that if employees feel adequately compensated for their time, it takes away the cause of tremendous stress on the employee and creates a happy workforce. In the same vein, the provision of employee benefits such as insurance, wellness programs, and childcare programs, for those who need it, significantly impact the peace of mind of employees and make it difficult for such workers to leave. Business leaders are responsible to ensure that they address these benefits in a timely manner to ensure the maintenance of employee's peace of mind and retention.

I recommend that business leaders worldwide acknowledge that employee health and wellbeing, productivity, and profitability are strictly interconnected. Research studies on wellbeing are recently getting the attention they deserve in conferences, seminars, continuing education trainings, and symposia which may help disseminate these recommendations to business leaders. Information sharing in this technology age is essential and beneficial to assist managers in understanding what works in their specific occupational endeavors. To ensure that business leaders take full advantage of the

information from this study, I will provide the participants in this study with a summary of the findings and the recommendations, and publish in ProQuest in accordance with the university requirements.

Recommendations for Further Research

Organizational stress affects the physical and mental wellbeing of employees in the workplace costing employers billions of dollars annually (Ganster & Rosen, 2013). The purpose of this qualitative single case study was to explore stress management strategies some business leaders in health care used to reduce the effects of work-related stress on employees to improve productivity. The goal of this study was to mitigate organizational stress to improve employee performance, productivity, and organizations profitability and at the same time, foster employees' satisfaction, engagement, and commitment to the organizational bottom line.

I recommend future research that would put more time into document review and direct observations information sources. The only disadvantage of this document review and observational data collection methods were the subjectivity and the insufficient time it took to implement all three information sources with the researcher having to operate under the supervision of the university. It would be interesting to do an ethnographic study of organizational stress without the University restrictions of time and space. In ethnographic study, the researcher embeds with the subjects of the study in their natural setting over an extended period to obtain an insider point-of-view into their everyday lives of the research subjects (Willig, 2013).

All the health care workers in the study were females who probably have similar perceptions to the same situations which might be different from the perceptions of men. Previous studies found that gender, age, education level, social and cultural backgrounds affected the degree of stress experienced by workers (Mosadeghrad, 2013). Future studies should include all the gender variables to determine how much men differ from women in their interpretations of stressful situations.

Finally, student researchers bring their individual experiences in their selections of topics of interest. A researcher without prior biases in the health care system or one who may not have had an opinion about the level of stress in health care may be better suited to conduct an independent study.

Reflections

Every human being at one point or another has experienced stress - the psychosocial manifestations emanating from pressures beyond their endurance. Not all experiences of stress are bad. Positive stress could be motivational to increase job performance in certain organizations. Positive stress called eustress is the good stress but bad stress results from what WHO (2012) regarded as resulting from a mismatch between the demands and pressures on the person. Bad stress is what business leaders must pay attention to which affects the individuals' psychological and physical health as well as organizations' effectiveness in an adverse manner.

All students in the DBA students have experienced academic stress. We know debilitating stress when we see it. It could come in the form of fear, tension, anxiety,

sleep disturbance, headache, and fatigue. There are also major diseases symptoms from cardiovascular disease, respiratory disease, gastro-intestinal disorder, depression, and even death when a person exposes themselves to chronic levels of stress for a long period. Stress actually affects all organs of the body from head to toe. A stressed person panics, sweat, has headaches, stomach upsets, palpitations, increased heart rates, frequent urination, diarrhea, etc. We also know a healthy workplace when we see one. Workers and managers work together in team spirit, protecting and promoting the health, safety, and wellbeing of each other. These negative consequences of stress could alleviate if business leaders accept the findings from studies such as this one and incorporate the strategies to reduce the effects on their employees. Management responsibilities that are in tune with employee wellbeing will enjoy improved performance and productivity.

Conclusion

The vast professional literature reviewed for this study indicated that organizational stress is real and prolonged workplace stress leads to diseases and negative physiological consequences in which the mission of the organization suffers along with productivity and profitability. The goal of this study was (a) to explore the stress management strategies some business leaders in health care used to help their employees improve productivity, (b) to highlight the contribution to business practices which included the potential for business managers to use knowledge from the study to reduce the effects of work-related stress on their employees and members of the society they serve, (c) to make recommendations for business leaders based on the findings from data

analysis, and (d) to expose the implication for social change by regarding organizational stress as a disease with social implication to various occupational settings, and offer strategies that have applicability benefits to those businesses and to society as a whole (Brandão et al., 2013).

Finally, I had huge catharsis at the end of this study as if I had poured my own academic stress onto the pages of the study and know firsthand the transferability some readers would feel when those not involved in the study associate the findings of the study with their own experiences and nod their heads in agreement. The health care profession was the focus of this study as health care workers are at a higher risk of developing stress on the job (Fiabane et al., 2013), the benefits from this study go beyond the health care profession. Any person could use the findings to reduce his or her own stress level. The symptoms of stress are not only physically real, they could be deadly.

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Appendix A: Interview Questions

1. What are your management strategies for reducing work-related stress?
2. How does work-related stress affect your employees' productivity?
3. How do you identify stressed employees on the job?
4. What strategies do you use to establish a balance between work and family for employees that may benefit from it?
5. What are the challenges in the implementation of stress-reducing strategies in your organization?
6. What do you do to overcome the challenges in the implementation of the stress-reducing strategies?
7. What are the benefits that your organization has derived from implementing the strategies to reduce employee work-related stress?
8. How do you measure the effectiveness of employee performance strategies?
9. What other strategies have you found effective to manage employee stress?

Appendix B: Interview Protocol

A. Case Study Introduction

1. Research Question: What strategies do business leaders in health care use to reduce the effects of work-related stress on employees to improve productivity?
2. Conceptual Framework: JD-R Model

B. Protocol Purpose and Intended Use

1. This is the study protocol to use by the researcher as a guide to all study data collection, analysis, findings, and conclusions preparation efforts.
2. Researcher will use the protocol to ensure dependability and credibility of the case study methods, findings, and conclusions

C. Data Collection Procedures

1. Data collection will from conducting of semistructured interviews with health care managers with a record of success, a review of company documents, and participant observation for augmentation.
2. Researcher will recruit 3 managers from Health care Institution (pseudonym) in the Houston metropolitan area of Texas.
3. Researcher will determine specific study department and contact persons after sending letters and getting responses back.
4. Preparation activities to take place before site visits to conduct interviews:
    - Identify the participant pool,
    - Obtain consent and inform participants about audio-recording,

- Inform participants about privacy, confidentiality, and security of their information.
- Reiterate to the participants about audio-recording of the interview, and inform them that they could request to turn it off at any time,
- Schedule and conduct the interviews for 30 to 60 minutes
- Participants can ask questions or make corrections,
- The interview will take place only one time unless you have something to add,
- Transcribe the entire audio-recorded interview,
- Give the transcript for review to ensure that the answers you gave are correct.

5. Data collection tools:

    a. Digital audio recorder

    b. Research field notes

    c. Case study database NVivo.

D. Case Study Interview Questions:

1. What are your management strategies for reducing work-related stress?
2. How does work-related stress affect your employees' productivity?
3. How do you identify stressed employees on the job?
4. What strategies do you use to establish a balance between work and family for employees that may benefit from it?
5. What are the challenges in the implementation of stress-reducing strategies in your organization?

6. What do you do to overcome the challenges in the implementation of the stress-reducing strategies?
7. What are the benefits that your organization has derived from implementing the strategies to reduce employee work-related stress?
8. How do you measure the effectiveness of employee performance strategies?
9. What other strategies have you found effective to manage employee stress?

E. Data Analysis Techniques and Tools.

1. Coding (deductive and inductive).
2. Analysis tools: NVivo 11

F. Study Dependability, Credibility, and Transferability Methods.

1. Dependability methods
   a) interview protocol use
   b) Case study database creation
2. Credibility and transferability methods
   a) Multiple data sources (credibility)
   b) Assessment of rival explanations, research bias identification, and transcript review (credibility)
   c) Rich description of study sample population, context, and use of field review panel (transferability)

G. Outline of Case Study Report:

1. Overview of study

2. Presentation of the findings
3. Applications to professional practice
4. Implications for social change
5. Recommendations for action
6. Recommendations for further study
7. Summary and study conclusions

Appendix C: Email Invitation

Dear ____

My name is Kate Mbidoaka, a doctoral student doing research to obtain a Doctor of Business Administration (DBA) degree at Walden University. My Major concentration is Health care Management. I am inviting you, as a department manager in Health care Institution (pseudonym) to participate in a research study to explore the strategies that business leaders in health care use to reduce the effects of work-related stress on their employees to improve productivity. You met the criteria, as a manager in a health care institution with a four-star rating in the Houston metropolitan area, Texas successfully implementing the strategies to mitigate stress on employees in the workplace. Health care professionals frequently face a variety of job stressors that can adversely affect their mental and physical wellbeing. Business leaders are responsible for developing and implementing strategies that mitigate stress within the work place.

This study is voluntary. You are free to accept or turn down the invitation. If you decide to be in the study, you can still change your mind later. I will respect your decision either way. My email is kate.mbidoaka@waldenu.edu. I am enclosing the consent form with this email invitation for you to read-through prior to deciding to participate or not to participateAfter reading the consent form, if you agree to participate, you can sign the form and I will stop by in 24-48 hours to pick it up and talk to you in person. Thank you for the consideration.

Sincerely,

Appendix D: National Institutes of Health Certificate of Completion

The National Institutes of Health (NIH) Office of Extramural Research certifies that **Kate Mbidoaka** successfully completed the NIH Web-based training course "Protecting Human Research Participants".

Date of completion: 03/15/2015.

Certification Number: 1723816.

Appendix E: Observational Protocol

A. Research Title:

Strategies to Reduce the Effects of Organizational Stress in Health care workplaces.

B. Research Question:

What strategies do business leaders in health care use to reduce the effects of work-related stress on employees to improve productivity?

C. Observational Protocol's Purpose:

Observational protocol is a tool used as data collection guide for direct observation during onsite visit.

D. Observational Procedure:

a. Ensure that observation is included in the informed consent and understand that even if they allow me to carry out observations, the participants could still refuse.

b. On entering the site, observe work stations and attitudes around the hallways.

c. Document observations on the field notes.

d. Document conditions of the immediate environment as an indication of the culture of the organization.

e. Observe behaviors and body language of interview participants during interview process.

f. Observe and document facial expressions and mannerisms of the participants.

g. Casually observe conversations, small meetings, or other activities around the workplace as permitted.

h. Document real-life activities and emotional emissions or affects depicting the phenomenon under study like distress, grimaces, excitement, engagement, boredom, irritation, or indifference around the workstations.

i. The researcher will prevent the risk of unintended breach of confidential information obtained during interview, review of medical records or overheard in conversation during observation.