


2017

Communication Strategies Used During Organizational Change in a Health Care Organization

Amber Rose Smith
Walden University

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

 Part of the [Business Commons](#), and the [Communication Commons](#)

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

Walden University

College of Management and Technology

This is to certify that the doctoral study by

Amber Smith

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

Review Committee

Dr. Lisa Kangas, Committee Chairperson, Doctor of Business Administration Faculty

Dr. Janet Booker, Committee Member, Doctor of Business Administration Faculty

Dr. Peter Anthony, University Reviewer, Doctor of Business Administration Faculty

Chief Academic Officer

Eric Riedel, Ph.D.

Walden University

2017

Abstract

Communication Strategies Used During Organizational Change in a Health Care
Organization

by

Amber R. Smith

MBA, Webster University, 2012

BS, Park University, 2010

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

Walden University

November 2017

Abstract

More than 4.9 million businesses exist in the United States, and leaders within these businesses have to acclimate to change. Clear and effective communication is vital to the success of an organization. According to scholars and health care leaders focusing on strategies to communicate change during organizational change is a critical aspect of sustainability and profitability. The conceptual framework of this study was communication theory. The purpose of this single case study was to explore successful strategies that some health care leaders used to communicate during organizational change in a health care organization in El Paso, Texas. The data collection process consisted of collecting data from semistructured interviews and organizational documents, and the analysis process included grouping key words and reconstructing data into themes. The 4 key themes that emerged from this process included building trust through organizational communication is critical during change, the use of technologies, as a tool for communication is key during change, 2-way communication needs to occur during organizational change, and communication about change is vital through comprehensive organizational meetings. Health care leaders provided insights on management and communication strategies and responsibilities leaders and employees go through during organizational change. The implications for positive social change include strategies to improve communication that could help health care leaders with their employees and their patients during organizational change, which could increase the profitability of the organization and potentially generate a more thriving and healthy community.

Communication Strategies Used During Organizational Change in a Health Care
Organization

by

Amber R. Smith

MBA, Webster University, 2012

BS, Park University, 2010

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

Walden University

November 2017

Dedication

I dedicate this to my family. I would not be where I am today without them. They have pushed me through so many degrees and so many schools. I dedicate this study to them. Thank you to my parents, Paula and Dale Rudd who have always pushed me to follow my dreams and never give up. My parents have always been there to wipe the tears and celebrate in the smiles. Thanks to my siblings Ashley, Allen, Aaron, Amy, and Ayden for telling me when I was down to keep at it, and persevere and to hurry up and finish. I also have to thank my in-laws, Barbara and Jeffrey Smith for keeping me sane when I felt a little crazy and telling me that my dreams are always possible.

I have to acknowledge and my wonderful husband, Jacob Smith, who has had to sacrifice so much and who has been affected by my love to continue to learn. Thank you for enduring with me through the late nights, the tears, the computer problems, and the laughter and being available to handle the crazy schedules. My family instilled work ethics and the faith in myself that I can be anything I want to be. Thank you all for the prayers and support and encouraging words throughout this journey and trusting me to make it through and become something I have always dreamed about doing.

Acknowledgments

A sincere thanks to my committee members Dr. Lisa Kangas, Dr. Pete Anthony, and Dr. Janet Booker for helping me attain high academic standards. I want to thank Dr. Kangas especially, for pushing me and giving me consistent guidance and support through this journey and answering endless questions every week. I also have to thank my friend and editor, Dr. Marie Bakari and Dr. Cheryl Brown. Dr. Bakari never tired of my countless questions and pushed me every time I felt like I wanted to quit. This study would have been a hard journey without the advice of a fellow classmate and friend. Dr Brown helped push me at the very end when I was tired and down. She helped me see what was important and helped with edits to complete my journey.

As I come to the end of this journey, I am almost positive that my family and friends will be ecstatic to hear me talk about something other than my study, and I am sure they will appreciate me no longer using homework as an excuse when they ask me to go out. To everyone that made this possible, thank you. I know I could not have been successful without you. I am sure that the end of this journey is just the beginning of another one.

Table of Contents

Section 1: Foundation of the Study.....	1
Background of the Problem	1
Problem Statement	2
Purpose Statement.....	2
Nature of the Study.....	3
Research Question	5
Interview Questions	5
Conceptual Framework.....	6
Definition of Terms.....	7
Assumptions, Limitations, and Delimitations.....	7
Assumptions.....	8
Limitations	8
Delimitations.....	8
Significance of the Study	9
Contribution to Business Practice.....	9
Implications for Social Change.....	10
A Review of the Professional and Academic Literature.....	10
Communication Theory	12
Organizational Model	13
Communication Styles	15
Change Management	18

Change Management Leadership Skills.....	20
Technical Versus Adaptive Approach	22
Internal Communication	25
Trust and Organizational Change	28
Face-to-Face Communication.....	30
Emotional Intelligence	32
Employee Engagement	35
Avoidance	37
Three Types of Employees	38
Negative Communication	40
Lack of Communication	42
Corporate Social Responsibility	44
Consequences.....	46
Leadership Through Communication	47
Resistance to Change	50
Summary and Transition.....	52
Section 2: The Project.....	53
Purpose Statement.....	53
Role of the Researcher	54
Participants.....	56
Research Method and Design	57
Population and Sampling	59

Ethical Research.....	60
Data Collection Instruments	62
Data Collection Techniques.....	63
Data Organization Techniques.....	65
Data Analysis.....	66
Reliability and Validity.....	67
Transition and Summary.....	69
Section 3: Application to Professional Practice and Implications for Change.....	70
Introduction.....	70
Presentation of the Findings.....	72
Trust in Organizational Communication is Critical During Change	72
The Use of Technologies as a Tool for Communication is Key During Change	76
Successful Communications Strategies for Two Way Communication.....	80
Facilitating Communication about Change is Vital through Comprehensive	
Organizational Meetings.....	82
Applications to Professional Practice	84
Implications for Social Change.....	85
Recommendations for Action	86
Recommendations for Further Research.....	86
Reflections	87
Conclusion	89
References.....	91

Appendix A: Invitation Email.....	127
Appendix B: Interview Protocol.....	128

Section 1: Foundation of the Study

Organizational leaders have agreed that communication is necessary when managing change in the business environment (Neves & Eisenberger, 2012). Change is difficult, so effective communication skills can help organizational transformation without negatively affecting individual workers within the organization (Quinn, 2014). In this context the preferred methods of communication exists in several types of organizations including health care and larger businesses (Quinn, 2014). The focus of this study was on health care leaders' communication strategies during organizational change.

Background of the Problem

Communication is a key element in all aspects of business. Therefore, communication is an important aspect of change management within an organization (Ocasio, Loewenstein, & Nigam, 2015). Factors such as openness, accuracy, performance, policy development, and procedural messages can help managers transfer information to employees effectively; thus altering performance levels (Neves & Eisenberger, 2012). Bakker- Pieper and de Vries (2013) demonstrated the importance of leaders' communication strategies. Communication is about understanding different personalities and leaders need to demonstrate that they can communicate with different types of people.

Communication is crucial to how leaders can bring change to the forefront of the company. In response to industry trends, leaders must convey the changes to personnel effectively (French & Holden, 2012). Learning how to determine and improve what

communication strategies to use and how communication affects health care personnel during organizational change will help organizational leaders who have difficulty communicating the change to employees and determining the timing of implementation (French & Holden, 2012).

Problem Statement

Many health care leaders lack the necessary communication strategies to implement change effectively (Mishra, Boynton, & Mishra, 2014). More than 4.9 million businesses exist in the United States, and leaders within these businesses acclimate to shifting business environments; employees must understand and accept the changes that occur within the organization (Kaesehage, Leyshon, & Caseldine, 2014). The general business problem was that some health care leaders are negatively affected by ineffective communication during organizational change, which results in loss of profitability for the business. The specific business problem was that some health care leaders lack strategies to improve communication with their employees during organization change.

Purpose Statement

The purpose of this qualitative single case study was to explore successful strategies that health care leaders used to improve communication during organizational change. The targeted population was 10 health care leaders from one hospital in the southwest region of Texas who had implemented successful strategies to improve communication with their employees during organizational change. Organizational change is important to business leaders who develop a culture within a health care

organization that promotes communication to help business growth (Cronin, 2014; Thomas & Magilvy, 2011). The implications for positive social change included (a) the potential to share with health care leaders' correct communication strategies during organizational change, and (b) to help the community leaders communicate during organizational change. Improvement of communication strategies among employees translates into growth in social conditions (Scannell & Gifford, 2013).

Nature of the Study

I used a qualitative method for this study. A qualitative method is a means for investigating a research problem that occurs in a real-world setting (Yin, 2014) and entails an understanding of a complex phenomenon that occurs in organizations and management settings (Toloie-Eshlaghy, Chitsaz, Karimian, & Charkhchi, 2011). Marshall and Rossman (2016) claimed that the qualitative method allows the researcher to identify evolving patterns and reactions among study participants. I selected a qualitative method because this method allowed me to identify patterns and themes with participants in a real-world setting. Research that occurs in a real-life setting can result in the development and discovery of details that might remain hidden if investigators use other methods (Badenhorst et al., 2015).

The mixed-method approach includes both quantitative and qualitative methods (Hayes et al., 2013). The mixed-method is helpful when either the qualitative or quantitative method is not sufficient (Wisdom et al., 2012). Each of these methods has different goals regarding qualitative and quantitative data (Barnham, 2012). The

quantitative method uses numbers to find the research answers and is scientific in proving or disproving hypotheses and testing variables (Hoare & Hoe, 2013); therefore, I did not use a quantitative method or mixed method in my study.

I used a case study design in this study. Yin (2014) focused on processes that are time bound, and in case studies, researchers explore the individuals and the events separately. I selected a single case design for this research study because I explored a real-world situation at a single site. Case study researchers examine evidence clearly, while other designs might be appropriate if exploring multiple strategic changes within a business (Poulis, Poulis, & Plakoyiannaki, 2013). The case study was the best option for this study because it allows the exploration of issues work and allows discussing the day-to-day operations within the organization (Moll, 2012). Health care leader's need an initiative when change is involved and different strategies are needed (Arbab et al., 2014).

There were other options that I considered as the qualitative designs for this study, but they were not the correct options. The narrative design has many concepts and transferability's (Whiffin et al., 2014). Transferability is specific and can transfer ideas into another study by the reader. Yazan (2015) discussed how a case study rather than the narrative design reduces the abstraction characteristic that is elemental to a narrative design. An ethnographic study includes a focus on an entire culture to gain the different perspectives in culture (Lopez-Dicastillo, & Belintxon, 2014). This type of design was not relevant to my study. I considered the phenomenological design for this study, but it

was not appropriate. In a phenomenological design, the researcher can live through the experiences of the participants, by understanding the perceptions and perspectives (Tirgari, 2012).

Research Question

The research question for this study was: What communication strategies do health care leaders use during the organizational change?

Interview Questions

1. What communication strategies did you use as a health care leader to communicate the change to hospital personnel?
2. What communication strategies are important to have during the organizational change?
3. How did you continue to develop your communication strategies to prepare you for organizational changes?
4. How did you share information that you received during management change and how did hospital personnel communicate the change to you?
5. How did upper-level management communicate with you the requirements and responsibilities for the change?
6. How do you continue to communicate changes that are occurring within the hospital?
7. How did you communicate to the upper-level management during a change in the day-to-day activities?

8. How does the communication about new responsibilities and requirements within the hospital differentiate from how communication within the hospital and provided from the hospital in the past?
9. What mode of communication did you use that worked the best during organizational change (email, newsletter, or face-to-face)? Why did you select this as is the best mode of communication?
10. What other communication strategies, which we did not discuss, do you use during the organizational change?

Conceptual Framework

The conceptual framework of this research study was the communication theory. Frank Dance developed the communication theory in 1967 and stated that communication is sending and receiving messages (Craig, 1999; Dainton & Zelle, 2014). An essential concept within this theory is that communication is challenging. There are distinctive characteristics that define the message each leader must attempt to discern with the problems that are occurring in the organization (Craig, 1999). Applying this theory might uncover the best practices leaders can use to communicate (Craig, 1999). Communication should come from inside the organization, and leaders must be able to explain the change processes (Craig, 1999).

There are four aspects of the communication theory: (a) communication must be understood for cultural and intellectual history; (b) communication is reflexive and can influence or reinforce change, or reinforce everyday behaviors; (c) communication

reflects society's value for information; and (d) communication requires intellectual discipline with altered perceptions of a new reality (Craig, 1999). The incorporation of the communication theory framework allowed me to explore health care leaders and their communications, communication strategies, and strategies they used in the organization.

Definition of Terms

Change Management: Change Management is where there are changes occurring and a standard to change by within management (Malone & Mouritsen, 2014).

Communication: Communication is any information that allows the signifier or the signified to assist or inhibit, reveal and conceal, or provide information (Bishop, 2013).

Leaders: Leaders are individuals who can motivate and influence personnel to contribute to group goals. Leaders also have a social influence within the organization (Kaiser, McGinnis, & Overfield, 2012).

Organizational Change: Organizational change is a change in an organization that makes a lasting impact and changes how it performs and has a knowing that the changes are permanent (Gonzales, 2006).

Assumptions, Limitations, and Delimitations

The assumptions were what I believed to be true despite lack of evidence, limitations were what could limit the study and cause weaknesses in the study. The delimitations were the established boundaries of the study.

Assumptions

Assumptions are not measurable but are truths identified by the researcher, and are truths not supported by evidence (Nenty, 2009). One of my assumptions was the data would not represent personal beliefs and experiences of the participants with prejudice, instead specific facts and observations during interviews. Another assumption was that participants would answer questions honestly and could understand the process of how change affects an organization. The final assumption was that hospital personnel would not have the same experience or perception of communication during organizational change.

Limitations

Limitations are the weaknesses of a research study (McCaslin, 2003). Limitations of a research study are uncontrollable factors transferrable within the research (Nenty, 2009). The limitation with participants was that they were health care leaders with experience in communicating change within a hospital. Participants could withdraw at any time; thus, participants who finished the study might not be truly representative of the population. Business leaders validating the proficiency survey may not represent universally accepted expert opinions.

Delimitations

Delimitations are the outlines, boundaries or restrictions within the study (Ellis & Levy, 2009). One delimitation of my study was the geographic location, which was the

southwest region of Texas, in the city of El Paso. Participation was restricted to health care employees that work at a hospital.

Significance of the Study

Hospital leaders have strategies to communicate change that help health care facilities (Sinkowitz-Cochran et al., 2011). Communication is a big part of how change is viewed in business and is needed in the health care business. Understanding these strategies of communication can help provide insights on strategies that work well, and maybe some strategies that do not work as well when dealing with change.

Contribution to Business Practice

This study may be of value to the practice of business because communication is a big part of every person and organization and will contribute to professionalism. Twelve billion dollars is lost every year because of communication inefficiencies, and 53% of the annual burden is on the economics of organizations (Agarwal, 2013). Effective communication includes transferring correct information (Cooren, 2015). Managers who do not communicate will fail to analyze and understand how a business runs. Leaders and managers should maintain discourse with employees to avoid discordant or negative results from poor communication (Cooren, 2015). The contributions to professional applications are helping leaders learn to communicate during organizational change that allows employees' communication strategies to grow and the business to grow. These strategies can be used outside of the organization as well and through stressful situations.

Implications for Social Change

The implications for positive social change include the potential to indicate how organizational leaders communicate, their perceptions of effective communication, and the method of implementation for changing processes. The results of this study might be valuable to an organization's leadership that uses communication to affect change.

The results of this study may contribute to positive social change in health care organizations because health care leaders are influential in how staff handles conflicts. Health care leaders have to understand how to handle conflicts with the staff and understanding how to communicate helps this (Agarwal, Sands, & Schneider, 2010). The results of this study may contribute to understanding the complexities, speed, and accuracy of communication associated with change. Health care leaders need to understand the complexities of communication, and why the accuracy of communication is important and connected with change (Domnariu, 2014; Spencer, 2013).

The results of this study could be useful for supporting the channels of communication throughout the health care system. The study could also be important to social change on a larger scale that could help all health care facilities and leaders learn the strategies to communicate well throughout a change. When health care leaders and health care facilities find strategies that work well, the entire community could benefit.

A Review of the Professional and Academic Literature

I conducted a review of the literature on communication strategies through sources including peer-reviewed article journals, books, dissertations, and websites. Key

terms included: *change management, change, communication strategies, and training in communication, qualitative methods, quantitative methods, case study research, and leadership*. The primary research libraries included the Walden University Library, ProQuest, Google Scholar, Thoreau, SAGE, and EBSCO Host. The total number of all references used in each category was (a) 11 books, (b) 219 journals and articles, and (c) three dissertations. Of the 229 references, 200 (including dissertations) were peer-reviewed and published in the last 5 years (85%). Throughout my review of different studies, I searched: *communication, change management within hospitals, change management, communication in hospitals, and communication with leaders, health care change, and communication theory*.

The literature review includes the history of communication theory with the viewpoints of how people communicate and how communication differs. In the review, I discuss how organizations and leaders have to communicate and the use of the different communication styles. I review change management and some of the topics causing communication problems and bringing about change within health care facilities, and different skill sets that leaders can have especially with different approaches were part of this research. I examine different types of employees and how some of the information could be portrayed by different types of employees and how they view communication. I also consider the negative side of communication, and how some people do not like change.

Communication Theory

Communication is the focus on relaying messages (Koschmann, 2016). The communication theory is used to understand and evaluate how to relay a message in the best way possible, and give leadership and direction. The fundamentals of communication theory give guidance and frame the traditional view of how people accept communication (Craig, 1999). The communication theory frames the exploration of relationships within an organization and the expressions of human processing of information (Craig, 1999).

Craig (1999) used different viewpoints to form the foundation of the communication theory; the viewpoints included (a) a common-sense viewpoint, (b) a scholarly viewpoint, and (c) a working viewpoint. Combining communication strategies with leadership skills could challenge health care leaders, and all employees and leaders that have a role in communicating (Mazzei, 2014). Leadership skills vary just as the views of communication differ.

There should a relationship between employees and employers that builds a framework for communication (Ekekwe, 2013). Middle managers communicate differently than employees, yet both groups perceive the need for formalized and official statements (Peccei, Giangreco, & Sebastiano, 2011). Christensen (2014) suggested that communication is important while going through a change. Craig (1999) stated that the problems with communication relate to misunderstandings, emotions, experience and openness, culture, and resistance to change.

Organizational Model

In 1967, Larry Greiner developed the organizational stage model as a framework for studying how organizations discerned the successful and unsuccessful effects of change (Frantz, 2004; Greiner, 1967). There is value in knowing if leaders and employees are accepting change, and change management strategies are effective (Frantz, 2004; Greiner, 1967). The organizational model was a framework for exploring the organizational response to change through the processing of responses to the change by people.

The organizational model is complex and yet balances the tendencies of employees and employers who conceptualize how communication occurs and those tendencies of not communicating during a change (Hutchinson, Whittle, & Rouncefield, 2014). The organization model is a preferred framework when attempting to understand micro- and macro-levels of change and the effect on the interpersonal and inter-professional relations within an organization (Suter et al., 2013). Employees who work together communicate better within the examination of the work environment and improvement of their work is seen when communication is better (Suter et al., 2013).

There was a 35% increase in productivity and 37% increase in maintainability when leaders implemented the organizational method during communication, this is also called the model driven method (Hutchinson et al., 2014). There are benefits to adding effective tools that support the business. These resources and effective tools of communication may affect gains in productivity and interoperability; while applying the

model has positive effects, employees are not used to the abstract thinking may have difficulty (Hutchinson et al., 2014).

Health care organizations can increase productivity by using the communication tools to bridge the gap between change and organizational models. Employees may not be used to the abstract thinking that comes about during organizational change, but can have positive effects on the health care organization if used properly.

Evaluating the language used within the organizational language is related to leaders (Hutchinson et al., 2014). Employees must communicate within the team and make sure all the doctors and nurses agree and understand the change while remaining consistent (Hutchinson et al., 2014). Applying this organizational model promotes understanding and was an important part of the effective change. Organizational change occurring in health care organizations could be technical or creative with how communication occurs. Organizational change is challenging, and the absence of effective communication might indicate how well the company can withstand the new difficulties (Hutchinson et al., 2014).

Organizational Communication

Organizational communication is how people perceive messages in settings (Nzitunga, 2016). Organizational communication has to have the right amount of strategies from the past to maintain stability, but there needs to be enough flexibility for change and growth (Winkler & Zerfass, 2016). Organizational communication can help a business grow and may improve ways of learning and contribute to society (Kang, Jia &

Ju, 2016). Communication needs contain the correct information, coordinating events and activities, and processes and rules for the organization (Nzitunga, 2014).

Nzitunga (2014) stated the flow of communication can determine how it is perceived, and where the message filters from could raise or lower employee satisfaction within the employee's jobs. Organizational communication plays a large part in the effectiveness of communication. If leadership has inefficient communication organizational communication suffers and prevents profitability growth (Kwofie, Adinyira & Fugar, 2016).

Downward communication refers to how communication flows from the supervisors or managers to the junior level employees (Nzitunga, 2014). The leaders have to know how to convey the vision of the company, feedback, goals, procedures and practices, and change (Nzitunga, 2014). Upward communication is from junior level employees up to the leaders in the organization, and this communication could be about how the employees perceive communication and the organization (Nzitunga, 2014). Upward communication can have aspects of the problems in the organizations, process improvement, and what the clients are doing and how the clients are feeling (Nzitunga, 2014 & Adelman, 2012).

Communication Styles

Communication is a necessary social process for change (Hewett, Watson, & Gallois, 2015). The six communication styles are: a) expressiveness, b) preciseness, c) always, d) questioning, e) verbal aggression, f) manipulative communication, and g)

emotional communication (Bakker-Pieper & de Vries, 2013). Bakker-Pieper & de Vries (2013) focused their research on these six styles and their relationship to personalities. The researchers paired the six styles with traits using the acronym HEXACO to represent honesty or humility, emotions, extraversion, agreeableness, conscientiousness, and openness to experience (Bakker-Pieper & de Vries, 2013). Honesty-humility affects the sincerity and modesty of conversation and is a determinant of fairness. Emotions bring feeling into communication. Extraversion is the outward expression of liveliness and an individual's ease in certain social interactions.

Openness to experience involves creativeness in communication and the love of the nature of and showing the awkward parts of communicating. Effective email and memo messaging should bring about fewer errors; however, slowly the errors should recur less frequently (Watson et al., 2015). Receiving and interpreting messages occurs differently depending on the style, and individuals can animate or dramatize change (Kang & Hyun, 2012).

There are a few types of communication patterns including duration, frequency, type of communication, and temporal channels (Manojlovich et al., 2015). Communication styles can differ from adult learners, and when adults have to communicate, there are different perspectives where communication can come from (Liu, 2016). When communication is consistent and effective the business can grow, and tasks are accomplished faster (Liu, 2016). Communication needing to be consistent is needed in

the health care industry and needed to ensure leaders and employees communicate effectively.

Communication must be consistent among nurses, doctors, and leaders of health care organizations to improve the frequency of communication, but the type of communication will depend on their preferences (Manojlovich et al., 2016). Health care leaders are complex in many ways depending on the type of hospital and the type of care given, but the complexity of communication stays the same; therefore, there needs to be an exploration of different communication strategies (Manojlovich et al., 2016). Health care leaders should learn to communicate across many different types of settings and in diverse ways, and communication should result in respect and better leadership (Morris & Matthews, 2014).

Communication efficiency improves when the parties involved in the process rapidly hand out information (Wu et al., 2012). Communication breakdown occurs when the change brings about poor communication; these types of breakdowns can result in litigation, according to Stewart et al. (2012). Communication breakdown does help the quality and enhances services provided by health care leaders (Stewart et al., 2012). Effective communicators utilize computer and telephone technology. Effective communication occurs when organizational communication is accurate; therefore if there are inconsistencies, the information can be inaccurate (Gong, Hoyte & Greenwood, 2016). Information could alter jobs and intensify the work the employees are doing while trying to contain the strain and distress of change in the workplace (Chesley, 2014). The

findings of this research could support the views of employees that have poor communication and can be a nuisance to positive work conditions.

Change Management

Changes in the health care field have leaders looking for a perfect setting for how new processes and procedures affect employees. Over 70% of the change initiatives that leaders start within the health care field fail (Lawrence, Ruppel, & Tworoger, 2014). Change, regardless of the setting, is a process and causes emotions that are difficult to manage (Lawrence et al., 2014). Change causes an attitude shift at the hospital that allows progression and enables employee innovation (Powell et al., 2014).

Managing change requires high decision-making skills and knowing how communication can help within the organization. This is especially true when a normal routine changes (Yap, Abdul-Rahman & Wang, 2016). Health care facilities go through a many changes and employees that initially resist change can bounce back through change (Norton, 2015). If employees or leaders inside a hospital can handle the changes in a health care field, there is a lack of responsibility, goals, and boundaries (Norton, 2015).

Change management is necessary when there is a transition in progress, and can help provide reflection and measurements with future changes (Frantz, 2004). The change management theories of Lewin were part in is the organic model, the organizational stage model, and the interactionist model. Lewin described the organizational change in terms of unfreezing, changing, and refreezing (Frantz, 2004).

During the 20th century, Bausch (2002) emphasized stability instead of change but claimed change required leaders to have an internal restructuring.

Through the change management theories, there is an 8-step process for creating change (Kotter, 1996). Change management theories addressed and proactively brought out with the business are useful to use when the barriers throughout the change (Appleby & Tempest, 2006). The theories fit into the categories organic models, organizational models, and interactionist models (Frantz, 2004).

To understand change management, understanding of open systems is essential. Open systems are where there is uncertainty in internal and external settings (Arab-Kash et al., 2014). The concepts to deal with change include unity, involvement, communication, and leadership (Arab-Kash et al., 2014). The leaders must understand the predecessors of implementing change, and must predict the effect on the business during the implementation phase. For leaders to support change, they must have communicated with employees effectively, from the highest level to the lowest staff (Frantz, 2004). Intensity during communication and strength are important aspects of dealing with change in an organization. It is also important to have supportive employees through organizational change (Frantz, 2004). Health care managers have to deal strategically with change, learn to be flexible with high quality aspects, and know the short terms performance that facilitate an increased strategic change (Naranjo-Gil, 2015).

The changes that take place over time create a shift, but it may not be a large shift within the company. This shift may be gradual (Carstensen, 2012). Carstensen (2012)

discussed how change occurs before, after and during the crisis or event causing change; and the timing of the change is everything in the business. Carstensen (2012) researched how understanding ideas and developing through change is mentally demanding and will require engaging with different perspectives to gain traditions within a business.

Change Management Leadership Skills

There are many businesses going through change management issues, and organizations must find a way to process the management and learn to adapt and transition (Frantz, 2004). Health care leaders have to understand a change in business, to truly realize how to have a great effect on the organization, and continue to grow effectively (Issel, 2016). Change is critical to a business that wants to continue to grow and help improve process flow, morale, and delivery of effective operations (Keyser, Sawhney & Marella, 2016). Health care is an industry that rapidly changes, and each hospital assesses change differently. Some change brings about greater frustrations than others (Kushell, 2013). Interpreting change takes a very specific skill that is needed when knowing some of the internal and external factors of change (Marin, Cordier & Hameed, 2016). Employees want leaders to influence their work, to be responsible for what is going on in the workplace, and to encourage communication. These are the skills that leaders in organizations need (Rajashi & Joshi, 2016).

Organizational leaders should learn through change management that businesses leaders should continue to adapt new communication strategies. Dealing with change must bring about competencies in the company so the company and the leaders can see

how to deal with the rapidly changing environments (Beattie & Smith, 2013). Leaders in organizations should be able to realize they can bring about teams that work well together and collaborate for the profits of the business if they realize the understanding of teams and shifting of individuals and how to better the business (Chreim & MacNaughton, 2016). Leaders understand change is crucial if they share the burden with everyone in the business (Chreim & MacNaughton, 2016). Businesses have a need for technologies that will grow with the change and know how to help the organization quickly adapt when change arises (Beattie & Smith, 2013). Change is something that is considered a constant within every business and all organizations should deal with change and how it affects the employee's resistance in the organization (Peccei, Giangreco, & Sebastiano, 2011).

Change within a hospital requires that employees understand that change is a necessity and must know there are requirements dealing with commitments arise during change (Moore, 2014). Communication in a hospital is very important to break down change and help the care process in the hospital to become better (Yerrapragada & Petersen, 2016). Organization change includes knowing the rules of each section of the hospital. People on the team or within the organization can perceive rules in different ways, and their perceptions and focus on the logistics of the rules is not emphasizing the context (Kirkpatrick et al., 2013). Changes in a hospital can increase the demands of interacting with patients and bringing a facility some balancing of the priorities and more awareness to change (Granata & Hamilton, 2015). Managers within a hospital dealing with change should know that positive internal relationships bring about better

communication between managers and employees of the health care organizations (Moore, 2014). Within health care organizations there needs to be a type of communication that deals with gathering and disseminating information (Moore, 2014).

Managers have to lead the change in the workplace for the change communication to be effective and to be in control of the communication with the different forms available to disseminate the information (Moore, 2014). Moore mentioned a great research point when the research of internal communication brought about improved employee engagement and better effectiveness within the organization, as well shows the importance of the employees during the change. One of the abilities of a leader is to know the employees and the responses they might have during complex changes and to have the ability to predict and handle the change with the employees (Stensaker & Meyer, 2011). Internal communication can generate trust and can increase commitment between employees (Togna, 2014). Some of the complex changes a hospital can go through are with the technology and the costs. Health care organizations' managers should establish relationships and implement change with ease to make sure the changes are enhancing the health care organizations (Hsu & Qu, 2012).

Technical Versus Adaptive Approach

Theorists Ron Heifetz and Donald Laurie adapted the adaptive approach in 1997 (Frantz, 2004). The example of adaptive approach is evident with new change in the health care organizations, and electronic health records (EHR). To communicate with this design, employees within a hospital may have a challenging time adjusting to the change.

Technology in business should reflect and support the business with the norms and values the business projects (Tiwari, 2016).

The support that technology can bring in business for communication can share information brings stronger effective communication and help the teams work together (Tiwari, 2016). Some leaders have a technical approach to solving problems, but even technical leaders have to communicate within the organization (Frantz, 2004). Some employees are having problems communicating with technology because there is a lack of training and communicating with the change of innovative technology in the workplace (Ziehm et al., 2016). The technology that continues to grow in health care facilities allows employees to grow in knowledge, and stay engaged while on shift, but training needs to be throughout the whole organization (Hendriks, Ligthart & Schouteten, 2016). Through the innovative aspects of technology, management can operate and transform the business, so it is a growing and thriving business (An, 2016).

Technology supports effective communication if used correctly (An, 2016). The electronic health records truly have made a positive impact in the organization and have significantly improved hospitals level of performances and timelines (Collum, Menachemi & Sen, 2016). Information communication technologies can help improve communication in business if the change is successful and employees are trained correctly (Agrawal, 2013). The information technology used in health care facilities is the electronic health systems. The electronic health systems help exchange and distribute the communication system needed for the high volume of data coming into a hospital (Ding

et al., 2015). The types of technical communication needed in a hospital setting deal with the medical data records, medical video conferencing, vital sign monitoring, and internet surfing (Ding et al., 2015). Technological communication is at the forefront of communicating and proven in research that 84% of people used the internet for communication, and this can be very helpful in business to communicate the way people like to communicate (Babic, Vukmirovic & Capko, 2016). One thing that employers can do is provide the computer hardware or the connection to encourage communication and make it stronger within the business (Babic et al., 2016). Looking at how technology is growing can impact communication and organization as a whole to ensure the communication still plays a rich role in the organization (Ozkan, 2015). The technical approach within the adaptive approach deals with the new product implementation within the organization.

The implementation of the EHR system has shown that many patients, doctors, and nurses have a hard time adjusting to change because of a lack of communication (Ghitza, Gore-Langton, Lindblad, Shide & Subramaniam, 2013). Technological communication brought about improvements in quality care and reduced medical errors. Additionally, the conveniences of technology were useful to leaders and managers in health care organizations (Huang & Change, 2014). Despite the change and training that should be happening, there is a problem with the implementation of EHR, which has training starting slowly or not occurring at all. The new technological change has some employees resisting the change to technology, and the implementation is affecting

productivity (Ajami & Bagheri-Tadi, 2011). Over \$27 billion dollars has been set aside for medical professionals and doctors to improve health care (Adler-Milstein et al., 2013). When implementing the EHR system into the health care organizations in the United States, it showed the doctors and nurses had a resistance to the change (Kuang-Ming, Chung-Feng, & Chen-Chung, 2013).

The EHR system can have up to 10 emerging themes: impeding patient flow, hindering communication in the office, improving tracking of patient care, spending less time with patients, requiring more training, needing more features, enhancing internal communication and needing more training (Noblin et al., 2013 & Carayon et al., 2014). These emerging themes all need communication. Communication can give accuracy, efficiency, and quality to the hospital (Noblin et al., 2013). Some of the health care organizations forced to change to an EHR system created different feelings and brought about opinions because of communication about the technology (Noblin et al., 2013). The EHR system can bring forth perceptions, hopes, and fears of employees and can have consequences on the long-term process of change (Taiken, Sheikh, & Barber, 2014).

Internal Communication

Internal communication requires different skills that could be reflective of the employee's attitudes, social behaviors, and standards. Moreover, internal communication patterns affect the communicator's reputation and trust (Mazzei & Ravazzani, 2015). Internal communications can help work processes and operations run smoothly if used by the employees and leader use this consistently (Sanden, 2016). Employees who enjoy

working and trust the people they work with are usually interested in open communication (Mishra et al., 2014). Organizations' leaders who care about the employees tends to build relationships while engaging in positive communication and sharing information. Organizations can handle internal communication easier if the leaders know the environments that influence the employees and the different knowledge areas the employees have (Little & Deokar, 2016). Mishra et al. (2014) discussed how the relationships between communicators and employees within the same organization must be internal and the two-way nature of information.

There are differences between how leaders and employees communicate with each other and with the patients, especially during a major change (Shi & Omachnu, 2016). Intense communication from leadership can cause different behaviors in the workplace like burnout and turnover (Kelly & Westerman, 2014). Some supervisors reported employees were less productive because the employees did not respond correctly or directly (Kelly & Westerman, 2014).

Internal communication between employees and managers that occur in environments where the employees are well-treated, results in open communication (Mishra et al., 2014). Open communication enriches the environment and results in high-quality customer service (Mishra et al., 2014). There are a few ways the leaders can use internal communication to deal with changes occurring in the organization, and they are the electronic bulletin, internal bulletin, suggestion box, claim campaign, letters, and memorandums (Bartrina De La Fuente, 2016). Other options for internal communication

include the quality circle, working lunches, emails, surveys, presentation leaflets, work meetings, bulletin boards, intranets, and the employee handbook (Bartrina De La Fuente, 2016).

All of these options are how leadership can communicate internally the changes occurring in the organization or the information going out quickly without having to speak to each person to ensure the message is accurate and efficient (Bartrina De La Fuente, 2016). Managers who are honest, transparent, caring, and supportive in the workplace, as well as those who listen to employees reported that integrating external and internal communications was necessary. These same managers reported increased professionalism and employees who embraced their jobs and day-to-day responsibilities. Internal communication required self-reporting of outcomes of scenarios (Wu et al., 2012). Wu et al. (2012) claimed there were negative and positive aspects of communication; the negative effects were due to the loss of control, but the positive results occurred when employees perceived communication was better, and with the use of technology and devices.

Managers lack the ability to note strategically when internal communication was inadequate (Mishra et al., 2014). Managers who do not communicate effectively have similar issues with employees and these problems affected patient care (Skrzypek, 2014). Employees using internal communication fulfilled strategic roles within the hospital that uncovered the diverse communication roles and communication-on-demand allowed the development of communication strategies (Heide & Simonsson, 2014).

When employees know their managers are not communicating with them, the employees may feel vulnerable and might rely on co-workers to complete their tasks. Moreover, communication causes positive change when engaging employees (Mishra et al., 2014). Employees and their strategic communications lack sufficient study.

Internal communication is important for employees to make fewer mistakes. At least 49% of patients had at least one medical error through a hospital visit, and up to 23% of patients suffered (Shivji et al., 2015). Avoiding these types of mistakes is possible when communication is effective with the help of hospital employees. The managers and leaders within a hospital must learn how to improve communication (Shivji et al., 2015). Management that is proactive during change will improve internal communication and will reduce employees' fears of internal and external factors (Mosquera et al., 2015). Quality internal communication will result in trust building and the development of communication strategies that support understanding of messages between employees and supervisors (Tonga, 2014).

Trust and Organizational Change

Trust involves open communication between managers and the exchange of sound, reliable information (Mishra et al., 2014). Allowing employees to gain trust ensures that effective communication has been received (Ulbinaitė & Zdanovic, 2016). Trust bring about better profits within a business because the employees that have had real life experiences and interactions with other employees will show in the type of communication that will come out of the employees (Sheremeta & Zhang, 2014). At

times there are moments when fear can take over instead of effective communication affecting the trust with employees if the fear is strong (Kriss, 2016). There are different levels of trust, and trust-based communication tends to be more accurate (Sheremeta & Zhang, 2014). If managers do not have effective communication strategies, they can (a) lose the trust of employees, (b) create a less successful working relationship, and (c) harm productivity and dissemination of information (Mishra et al, 2014). Trust is personal and relates to inner member relationships (Kalanithi et al., 2013).

Trust reduces risks that occur in business because of shared knowledge (Cai et al., 2013). Trust through communication comes about when people can see the attitude and confidence in the communication (Yu, 2016). Maintaining relationships is a part of internal communication and having harmonious relationships with customers helps the communication to flow smoother (Yu, 2016). Communication in the hospital engages employees and patient behaviors and is likely to have an effect (Davey et al., 2013). The presence or absence of trust can affect the future health status of patients (Davey et al., 2013).

Knowledge sharing is a strategy for effective communication. Knowledge sharing only occurs when trust is present (Cai et al., 2013). Trust is a willingness to exchange information which might lead to increases in profitability and efficiency (Cai et al., 2013 & Buchanan, 2013). The presence of technological knowledge is subjective, and some employees might not feel comfortable sharing this type of knowledge. The transfer of

technological knowledge is difficult. According to Cai et al., (2013) the communication of technological knowledge and skills is imperative.

Needing communication on an individual level will bring interpersonal skills in and help with the awareness and knowledge to help change behaviors involving patients and employees (Domnariu, 2014). The commitment, emotional intelligence, and cognitive ability of the team and individuals can promote the building of trust (Lee & Chang, 2013). The organization's managers or leaders must develop a strategy that supports employees during a change (Domnariu, 2014). When health care leaders and employees communicate a change in any policy, product, or service; the norms and values may vary within the community of the hospital (Domnariu, 2014).

Face-to-Face Communication

Effective communication occurs multifaceted, and interaction between employees and managers is necessary (Mishra et al., 2014). Face-to-face communication can take place anywhere in the organization and on many various levels which entails formal and informal interaction. Formal interactions include meetings and one-on-one conversations, while informal interactions include documents and memos (Mishra et al., 2014).

Organizational communication can be effective when it is face-to-face, and it allows organizations to improve the performance of employees, but also allows communication to be more open which increases job satisfaction (Madalina & Catalin, 2016).

Communication affects productivity but, if not effective, can negatively affect the patients (Trotter, Matt, & Wojnar, 2014). Face-to-face communication should be used

when team learning. Face-to-face communication is when a team can communicate through challenges and adapt to improve based on the feedback to better the organization (Ortega et al., 2014). Team learning brings about face-to-face communication when the team uses their knowledge and skill with experiences to combat the change having an effective outcome on the organization (Ortega et al., 2014). Effective messaging could improve patient outcomes. Some non-verbal communication brings communication, and face-to-face communication is a different type of communication, but either of these will allow for people to communicate and disseminate information (Vimala & Omar, 2016).

Managers' focus on face-to-face communication making clear statements when assigning tasks; this is a proven positive strategy. Managers have learned that appropriate messaging is a vital aspect of ensuring the elements of prevention are secured. Face-to-face communication can be considered oral communication as well and is effective with managers with differences to ensure the goals of the organization are met (Khorvash & Afghari, 2016). An example of effective communication is using the two small words *thank you* in the workplace (Beck, 2016). These two words can go so far between employees and the leaders within an organization; this can change the employee perspectives as well as increase employee satisfaction within the organization (Beck, 2016). Effectively communicating with patients, health care teams, and family members is essential (Shafakhah et al., 2012). Shafakhah et al., (2012) documented the resultant benefits and positive effects of communication strategies. Some problems with

communication can come from the literacy levels, and how employees communicate with forms of media instead of through print (Kohli, 2016).

Emotional Intelligence

Communication can bring about some emotional intelligence issues with people inside the business. Emotional intelligence can affect the engagement of the employees as the characteristics of communication, and the employees cannot thoroughly communicate. Emotional intelligence is useful for leaders communicating change because the leader needs to know how to frame the communication for the intended audience. Organizational leaders should look at the emotional intelligence of their team and see how the teamwork or personal goals are being perceived (Mahon, Taylor, & Boyatzis, 2015). Mahon et al. (2015) discussed that emotional intelligence is simply having the ability to recognize the emotional signals either building or destroying a person's performance. Optimizing an individual's need during communication can help find a better to motivate employees and improve job performance (Zacher et al., 2015). Emotional intelligence can bring about behavior signals that will allow leaders to give employee engagement levels and see how they communicate with the employees. Emotions in the workplace can stem from events, outcomes, and attitudes (Li et al., 2016). Emotions within the workplace can affect the decisions that leaders make as well as attitudes that employees view the leadership to have (Li et al, 2016). The perceived organization support (POS) can play a part in the emotional intelligence of leaders, the employees, and organization. All leaders involved in the organization should share the

same vision for the company, and the emotional intelligence can test the company. Mahon et al. (2015) stated that emotional intelligence is important for leaders to bring out the adapting and coping traits in themselves and employees, while also showing their personality. Mahon et al. (2015) showed clear traits that impacted employees with emotional intelligence that had a clear judgment with adaptability, emotional self-awareness, and emotional self-control. Leaders that can understand emotional intelligence have better leadership behaviors and effectiveness (Mahon et al., 2015).

When there are leaders and employees that cannot communicate with each other, there should be evidence that shows the behaviors and effectiveness of the communication through emotions. Emotional intelligence can be a moderator that shows job performance and can influence the job performance (Mahon et al., 2015). When employees are engaged, there is an emotional and intellectual commitment happening and the employees care about the organization more than just a paycheck (Mahon et al., 2015).

Leaders have to understand how to implement change within the organization. By planning, implementing, and evaluating change correctly, the organization should be able to see transformation and satisfaction with a job (Neil et al., 2016). During organizational change, leaders should evaluate emotional intelligence and training while mentoring the future leaders (Neil et al., 2016). Emotional intelligence within an organization can have an impact on the organizational change and how to facilitate a better group and will see individuals grow within the organization (Neil et al., 2016).

Viewing emotional intelligence within leaders and employees in an organization helps enhance functions and is visible to the individuals as well as the team's function (Neil et al., 2016). When there is cohesion within the team, the patterns of communication are more structured, and the emotional intelligence of the group is stronger (Neil et al., 2016). The cohesion of the group is better with the goals of the team and how the performance levels are higher and behaviors are different in how the leadership behaves. With emotions, the groups within the organization can view positive and negative emotions, and with this, the group could not work well if there is a negative emotion coming off the leadership (Li et al., 2016). Although some employees work well under a negative emotion, and it can drive the employees, most need a positive field, and encouragement will always build a special relationship between the employees and the leadership (Li et al., 2016). When employees have support from leadership and emotional intelligence is high there is a reduced stress with the employees in the organization (Li et al., 2016).

Emotional intelligence can bring about doubts within leaders, and, if not controlled, the traits are with the leadership's performance within the organization Cavazotte et al., (2012). If leaders doubt themselves, there is a problem with communication that will not take place because of lack of the intelligence. Some leadership traits that have been found to influence traits include behaviors and ideas, motivation, intellect, and the individualization of the leaders Cavazotte et al., (2012). Leadership can behave in such ways that bring emotions of frustration, anger, joy, and

optimism, and can play a part in the relationships between the employees and how they view the organization as a whole (Li et al., 2016). Emotional intelligence can bring about a sense of ability and experience combined that leaders need, but leaders will need to inspire and motivate their employees (Cavazotte et al., 2012) Cavazotte et al. (2012) stated that emotional intelligence could be very controversial, but when researched the correlations between how the leaders lead and the agreeableness of the employees and how they can stand out (Cavazotte et al., 2012). Overall, emotional intelligence can benefit leaders, if they are attuned with their emotions and can determine how the organization can profit by being in touch with how the organization has engaged their employees.

Employee Engagement

Employee engagement is a set of cognitive, emotional, and behavioral commitments that alter how the employees react to situations (Alagaraja & Shuck, 2015). Engagement is the state of motivation that the employees have during change and the stimuli that sustain behaviors. Engaged employees outperform others who might be disengaged in the same environment (Mishra et al., 2014). Engaged employees know the direction of the task and change as the organization goes through the specific changes. Three types of employee engagement can occur: employees might be engaged, not engaged, or actively disengaged (Robinson, 2012). Engaged employees have drive, can communicate at an important level, and help move the organization forward. Employees that have a high engagement at work can have a high awareness of their surroundings and

the cultures that are around them (Liton, 2016). Those classified as not engaged lack energy and passion for their; this group communicates only as necessary. Actively disengaged employees reported feeling miserable at work, had multiple issues with coworkers, and reported problems with managers (Robinson, 2012). Employee engagement is where communication begins trying to balance work and life, but sometimes these two are not compatible and hurt employees performance (Asame-Sanchez, Gonzalez-Cruz, & Martinez-Fuentes, 2016). Policies are placed into action to ensure that the effects of work and family do not hurt communication and ensure engaged employees are present in the organization (Adame-Sanchez, Gonzalez-Cruz, & Martinez-Fuentes, 2016).

According to Robinson (2012), workers in the not engaged and actively disengaged groups could act out, becoming involved in group-think. Members of these groups often express disagreements or differences in opinions. According to Payne (2014), some leaders value the dissent of disgruntled employees. Robinson researched the relationship between listening and engaging and found both affected communication during change.

Many issues can hinder employee engagement and culture, languages, and sometimes locations and the processing of communication are all factors (Jowers et al., 2016). Sometimes employees should discuss the opportunities for communicating and how to develop these skills (Jowers et al., 2016). Successful companies operated with high productivity levels when engaged employees were strategically using effective

communication strategies within the workplace (Robinson). Employee engagement was difficult but necessary if the organization's leaders were to avoid hindrances (Christensen, 2014).

Employee engagement related to corporate social responsibility (CSR) and was significant in companies (Slack, Corlett, & Morris, 2015). The CSR included the morale, productivity, and recruitment efforts within the work environment (Slack et al., 2015 & Elving et al., 2015). Leaders and managers built relationships within the workplace that supported or encouraged employee engagement; conversely, for their engagement commitment, employees expected loyalty from leaders and managers (Yalibik et al., 2015). Effective work engagement required the use of communication strategies for success. According to Zacher et al., (2015), regular internal assessments between peers and supervisors are necessary.

The presence of employee engagement allowed for positive relationships between the leaders and employees of the organization (Yoerger, Crowe, & Allen, 2015). Strong team skills were useful for avoiding the negative aspects of poor communication. The speed of change lead to uncertainty, but the correct messaging between leaders and employees could lead to improved adaptation (Spencer, 2013 Wilson, 2012).

Avoidance

Avoidance is an ineffective strategy in communication. Wang et al., (2012) discussed the relationship between conflict and avoidance. There are non-avoidance strategies, and the business leaders must have goals and must know the abilities of the

employees to handle the avoidance issues with no communication (Wang et al., 2012). There are many goals that leaders can have, and these goals support employee cooperation as well bring about focused communication and competitiveness (Wang et al., 2012). Leaders' avoidance behaviors lead to the voluntary withdrawal of employees from situations (Wang et al., 2012). Withdrawal can result in the silent employee leaving the conversation, and this can influence the organization (Wang et al., 2012). Uncertainty avoidance occurs when employees feel insecure, and the existence of a crisis will cause the person to seek loopholes in company policies to exit the situation (Zhang & Zhou, 2014). When the employees do not trust the supervisors, there is a creativity to avoid the problem increases within the organization (Zhang & Zhou, 2014). The avoidance behavior is an indication of the state of the employee's job performance, and the presence of negative emotions associated with change (Johnson et al., 2013).

The positive aspect of the withdrawal is that the employee could de-escalate conflicts and have inappropriate stress reactions to a changing situation. Under these circumstances, managers' required skills include communication, listening, and strategic interventions (Wang et al., 2012). Researchers determined hostilities, physical reactions, and inappropriate language could occur. Frustration usually follows employee's negative withdrawal (Wang et al., 2012).

Three Types of Employees

Three types of employees were identified by researchers who explored effective communication strategies for managing during change (Christensen, 2014). The types of

employees in business were (a) the employees who were currently going through a change; (b) the employees who had experienced multiple changes; and (c) the employees who had not experienced a change in a business setting (Christensen, 2014).

The three distinct types of employees are important when communicating change because where the employees are at by their experience can play a role in how the communication is perceived and how the employees receive the communication. The circumstances leading to change included downsizing, the introduction of innovative technology, external competition, and company restructuring are just a few of the aspects that bring about change (Christensen, 2014). Employees that are going through change need communication and have preferences with how it is received.

The employees that have had experience with multiple changes in an organization have a different way of perceiving communication, and understand how communication should occur during a change. The employees that have never experienced change within an organization may have no preference to communication and delivering it, but the strategies of relaying the communication may make the deciding factor as to how employees react to the change. Successful change should involve communication, and employees that may not have dealt with change may have a resistance to change (Christensen, 2014). Regardless of the source of the change, a leader's adaptation of communication strategies is necessary.

Without effective communication, employees are fearful, uncertain, and feel threatened in the workplace, particularly about processes and systems that affected

productivity (Christensen, 2014). Effective communication includes skills by employees that are communicated in oral and in written text (Engleberg, 2016). Effective communication skills also derive from employees or leaders that work well with others and build teamwork skills in groups that are diverse (Engleberg, 2016). Leaders want to build a calm and relaxed atmosphere within a health care setting. Patients who know and trust employees are less anxious with employees show their sufficient skills (Giroldi et al., 2014). Organizational communication is a means personnel use to acquire the needed information to succeed. Leaders who must communicate in an organizational setting must manage conflict, engage in team building, and demonstrate competence (Christensen, 2014). Communication can influence how employees perceive their influence and help with self-discovery of individual roles.

Managers spend more than 80% of their time at their desks, and about 34% of their workday problem-solving. Managers also spend a portion of their time in employee meetings (Tell & Gabrielsson, 2013); therefore, little time is devoted to develop manager-employee communication, as part of the internal structure of the company. Moreover, the shortfall in manager's time results in informal or loose communication with employees (Tell & Gabrielsson, 2013).

Negative Communication

Negative communication can occur within the hospital setting. This type of communication is empty and does not produce positive results. Gossip is a factor that affects the success of the organization (Altunta, Altun & Akyil, 2014). Managers may

also exhibit anxiety to change and engage in gossip in the workplace (Christensen, 2014). Gossip is a mode of informal communication and is widely used among employees and some managers within a business (Altunta et al., 2014). Dysfunctional communication creates gossip and not handling gossip properly could destroy the business (Altunta et al., 2014). A lack of communication can bring many negative opinions and thoughts which causes low expectations from employees to leaders (Kartal, 2016). Research on communication errors within a hospital, reflects that 77% of errors happen during a late shift and the impact of communication had superior outcomes within the hospital (Williams et al., 2014).

There are five functions of gossip in a hospital. First, gossip is an information channel for collecting and dividing information, and the personnel that disseminates the information throughout the organization (Altunta et al., 2014). Second, gossip has inclusion features, even if it is a negative aspect of the organization (Altunta et al., 2014). Third, bringing different people together occurs when gossip facilitates a bond that gives personnel a sense of connectivity. Fourth, stories and expectations involves gossip (Altunta et al., 2014).

Lastly, gossip eliminates boredom while some employees feel that engaging in this type of talk helped them to meet emotional needs (Altunta et al., 2014). Gossip reduces productivity and impaires the quality of the health care. Employees revert to gossip when there was anxiety, stress, or unresolved emotions (Altunta et al., 2014). The

challenge for managers is reconciling the fact that gossip would remain present in the work environment.

Lack of Communication

The lack of communication can cause many problems and shortcoming in training. Lack of communication is caused by employees not knowing how or what is important to communicate. The lack of effectively communicating is the number one reason for patient's death or injuries to patients in health care facilities (Johnsen, Fruhling & Fossum, 2016). The lack of communication brings about the lack of information exchanged and during training, this is necessary to communicate properly to ensure that the message is clear (Abbood & Neama, 2016). The lack of communication can be worse if there is a language barrier within the organization and diversity and cultural differences is a good thing, but there should be a way to ensure employees can communicate with each other and train correctly (Zhang, 2016).

The ability to train individuals does depend on the trainers delivering the message, but this requires planning and implementation to ensure the training develops accurately, and the message is clear (Abbood & Neama, 2016). There are several types of communication, but the lack of communication comes into action when vertical communication (either up to down, or down to up) lacks and stops before completing the necessary information (Cirnu, Busan, & Chirtoc, 2016). Communication traps occur when there is a lack of communication and problems arise, when disagreements occur, and when problems cannot be fixed (Murzina & Tonysheva, 2016). During a

communication trap, stress levels with employees are much higher than at a time when change is low, and communication is high (Nabie & Ome, 2016).

Failure in communication occurs when clarity is lacking, and completion of the vertical communication is missing (Cirnu, Busan, & Chirtoc, 2016). There is an issue that arises in health care facilities when a lack of communication is present, and patients are not getting the information they need from the leaders and employees because of changes happening so quickly (Rashidian et al., 2016). Lack of communication is not appropriate and becomes problematic in health care facilities when there is a lack of knowledge and decision making (Haque, Dash, & Chowdhury, 2016). One problem with lack of communication occurs when patients are discussed.

Leaders have to train employees properly for them to be able to communicate and increase patient satisfaction through communication (Ahmad et al., 2016). Sometimes employees have heavy works loads and the lack of training brings about issues with communication during these times of heavy workloads (Ahmad et al., 2016). When communication is not present, it is problematic and causes employees to have issues with who is in power, their beliefs, and when the communication is absent and employees do not know what is next in the business (Safo et al., 2016).

Lack of communication is when errors start appearing and problems happen. If communication is high and being used, the errors will be few, and plans and future projects can run smoothly, but too much communication can also cause problems (Adeyemi & Masalila, 2016). There are several reasons for failures in communication

within a business, but one is diverse cultural values of viewpoints within a business (Aimoldina, Zharkynbekova & Akynova, 2016).

Problems can occur within an organization when there are different cultures and values, and someone cannot get past the issues. This can hurt productivity and cause very evident problems (Niazi et al., 2016). Another reason for communication failures in business is the mixtures of genres in a company and lack of language skills with employees (Aimoldina et al., 2016). Employees have unusual ways of thinking and different ways of assuming the delivery of communication. The lack of communication is apparent when one employee does not think the communication is important or the communication is assumed to be known (Aimoldina et al., 2016). When communication is the problem, communication competence begins, and this can be viewed when employees become too rude or straightforward in the views of others (Aimoldina et al., 2016).

Corporate Social Responsibility

Most large corporations can analyze corporate responsibility. Corporate social responsibility can help the business grow and can benefit the company and the stakeholders (Osagie et al., 2016). Corporate social responsibility is necessary when change is occurring and encourages a two-way communication allowing companies to shift from one-way communication channels (Cortado & Chalmeta, 2016). Knowing a strategy for communication will help with corporate social responsibility and showing

how health care leaders can push the organization into better strategies and channels to communicate.

Corporate social responsibility is when the organization has to look at the message of what the leaders are communicating about in the organization (Cristina, Paula & Ionna, 2016). The audience the organization is targeting and the channel that the organization uses to complete the message and ensure it comes across the right way (Cristina, Paula & Ionna, 2016). Corporate social responsibility comes in the plan when an organization has to make large decisions and can impact the investments and society (Szczanowicz & Saniuk, 2016 & Abbasi, 2016). There are many ways that a health care leader can communicate through corporate social responsibility, and it can be used for informational aspects, and persuasive topics, which are all key areas within the organization (Elvin et al., 2015).

There are controlled channels through corporate social responsibility, and there are non-controlled channels like social media, blogs, and discussion forums which can still be used (Cristina, Paula & Ionna, 2016). Some channels of communication do not have a strong element of control throughout the organization (Cristina, Paula & Ionna, 2016). Corporate social responsibility can be great for social change when properly communicated and when challenges arise in the workplace (Coombs & Holladay, 2015). Corporate social responsibility has focused on effectiveness within the organizations and how the information versus the emotional communication can have differences with employees (Bogel, 2015).

Communication can be focused to help public communication and corporate responsibility, which can also find and isolate problems within the organization (Coombs & Holladay, 2015). Through corporate social responsibility, the organization can manage and engage the employees with ease (Tata & Prasad, 2015). The organization can also add various factors that can motivate employees to build a strong base of communication (Tata & Prasad, 2015). Abassi (2016), explained how corporate social responsibility is an obligation to society, and this obligation has policies and the leaders within the organization has to make decisions to help the values and objectives of the society. Knowing objectives is true even for health care facilities to communicate properly; health care leaders have policies to follow and make decisions based on the patients who have their personal values and objectives to meet.

Consequences

Barriers within the hospital lead to inadequacies in communication (King et al., 2013). Improved communication can be supportive of safe and effective transitions during the change. Communication should be strong, and the type of communication should bring out motivation and empowerment, and will have consequences which are good for the organization (Sandeep & Panwar, 2016). Consequences to ineffective communication strategies could result in patients possibly suffering (King et al., 2013). Communication should be apparent to managers when patients suffer, employees complain about missing information, or when there are dissatisfied patient; however, this is not always the case.

Leadership Through Communication

Through communication, managers can meet the interpersonal needs of employees and reduce the stress of personnel and patients within health care organizations. Communication is critical to organizational communication and can assist in stronger bonds with employees and leaders (Mallah, Syed & Memon, 2016). Different strategies can be looked at when trying to communicate; the different roles can prevent risks and help behaviors within the business and for employees (Salvati et al., 2016). Communication is directional, and is initiated by leaders or employees. The strategies that managers use to communicate can make all the difference in effective communication (Kim, 2016).

Managers must use effective communication so leaders can make decisions quickly and efficiently (Akbar, 2014). There should be more than one type of communication when looking at health care facilities using the broad range of facilities, patients, and technology for the leaders (Malloy-Weird, Negoray & Tatlock, 2016). Managers using effective communication should keep communication lines open and eliminate confusion. Technological changes have potential shifts in communications within the health care facility (Jang et al., 2016). Communication through the tough times and changes ensures clarity and credibility through communication (Jang et al., 2016). Bases show distinct roles in communication and how health care leaders can communicate with employees as well as customers. Technological use in communication is very helpful to communicate with people and gain better relationships (Abu Farha,

2016). Interpersonal and intradepartmental communication in the health care organizations affects personnel, managers, executives, and patients and their relatives (Akbar, 2014).

Leaders reinforce the employee salience and learning by listening (Adleman, 2012). This is one strategy of communication which is a learned trait. Listening is still a valid part of communication and can reinforce decisions. Exchanging appropriate messages is pertinent to achieving specific goals, and differences in perceptions could lead to knowledge gaps and inaccurate visions (Al-Harrasi, 2014). Adequate communication facilitates the feelings and limits the effect of emotions on employees' motivation to cooperate with the change (Al-Harrasi, 2014). With feelings and emotions of employees, there are also potential generational issues (Jarvis, 2016). For example, generation X and generation Y may have different diverse ways of communicating and different viewpoints on the importance of communication (Jarvis, 2016).

Compatible communication is effective with teamwork required during patient care, however the messages will have problems if there is a lack of clarity or if there is conflict or change (Akbar, 2014). Regardless of the medium used (verbal, written, gestures, actions, or behaviors), the message must be clear and understood (Simoes & Esposito, 2014). Effective communication should be an everyday practice just like adapting to change and knowing change could be a reality, but communication helps this (Allen, 2016). Managers should have an effective strategy and structure for

communication. Training and methods that promote communication among employees will improve productivity (Akbar, 2014).

Effective communication may not always lead to effective change; communicating change is not only about the quantity (how much communication) but also the quality (Simoes & Esposito, 2014). Leaders and employees must work as a team, and must pair well to support ongoing patient care (Clements et al., 2015). When a leader has effective communication with their team, their team may be more productive by working together to prioritize medical and clinical care to enhance the quality of their work (Clements et al., 2015). Leaders who are willing to admit to their mistakes and to coach their employees may have more productive employees with better performance results.

Leaders may also have opportunities to collect data to analyze their mistakes to improve communication within the workplace (Spanu et al., 2013). Health care leaders must learn the behaviors of their employees, be willing to interact, and take the opportunity to learn collectively (Spanu et al., 2013). Effective communication, when combined with certain leadership styles, can change learned thought patterns, values, and attitudes (Salmela, Eriksson, & Fagerstrom, 2012). Through effective communication, changing leadership roles are a part of communication and leaders have to communicate well (Harden & Fulop, 2015). Decision-making challenges by leaders should not get side-tracked; see problems that emerge as solvable in many ways, particularly when communication is a part of the process (Harden & Fulop, 2015). Change within health

care organizations can lead to better relationships and a learning culture (Salmela et al., 2012).

Feedback is an element of communication. Exhaustion occurs when feedback turns into avoidance behaviors; thus, managers need specific tactics to ensure the avoidance of abuse (Whitman, Halbesleben & Holmes, 2014). With every change, there is the potential for stress; however, supervisors should recognize the dual direction of communication (Whitman et al., 2014). Exhausted employees or leaders become defensive and may disconnect from the communication cycle (Whitman et al., 2014).

Resistance to Change

Resistance to change is a barrier to effective communication within a business. Communication problems develop when there are misunderstandings, hostility, confusion, absence of planning, or a lack of resources (Christensen, 2014). Effective messaging reduces employees' resistance to change and support to accepting of the change (Christensen, 2014). Having employees who can communicate change effectively allows learning to take place as well as increases participation and shifts dynamics that may not have been possible before the change (Simoes & Esposito, 2014).

Resistance to change within an organization comes from the lack of trust that results from broken contracts (Bateh, Castaneda & Farah, 2013). Disagreements in the workplace relate to resistance, and resistance brings about fear and uncertainty that affects employee's morale (Bateh et al., 2013). There can be a resistance to change if employees have not discussed the changes and thoroughly communicated the aspects of

the business (Komanda, 2016). Managers have to analyze the communication issues to determine how to fix them before changes can occur in the business (Komanda, 2016).

Managers and employees face short-term challenges when a change occurs; however, change can result in long-term benefits. Leaders who combined resistance to change with employee readiness could engage their teams in logical decision-making. Additionally, leaders could ensure fair treatment of employees in all circumstances. Adapting to change is necessary and inevitable in business, and typical results lead to increases in productivity and efficiency (Bateh et al, 2013.). Employees are willing to adapt to change if there is effective leadership Bateh et al., 2013).

Employees who understand the benefits of change, and those employees who recognize that change could positively affect their self-interests, are usually supportive of change (Peccei, Giangreco, & Sebastiano, 2011). The factors most likely to have a positive affect on employees' perceptions include fairness attitudes, reactions, and favor. Employees who exhibit resistance to change have negative attitudes toward job security, salary, and the change process (Peccei et al., 2011). According to Garcia-Cabrera & Garcia-Barba Hernandez (2014), there were three aspects associated with creating resistance within an organization. These aspects include change content, process, and context. The changing context is an individual's favorable prediction of what happens within the organization. The context of change influences the reactions of the employee as adjustments occurred. The change process related to employee involvement and depth of information and whether or not the presence of these elements motivated the

embracing of change. The changing content related to the level of employees' resistance, the consequences, and the perceived outcomes of the change (Garcia-Cabrera & Garcia-Barba Hernandez, 2014).

Summary and Transition

Section 1 was an introduction to successful strategies health care leaders use to improve communication strategies during organizational change. I will use a qualitative single case-study to explore strategies used to provide effective communications during organizational change. Section 1 contained the foundation of the study, the background of the problem, the problem and purpose statement, the nature of the study, the research question, the conceptual framework, the assumptions, limitations, and delimitations, the significance of the study, contributions to business, and literature review. I used existing literature and explored research applicable to change, communication strategies, and approaches to communication. Section 2 contains descriptions of the purpose statement, role of researcher, research method and design, participants, population and sampling, discussions of ethics, data collection techniques, data organization, data analysis, validity, and reliability. Section 3 contains an overview of the study, presentation of the findings, application to professional practice, implications for social change, recommendations for action, recommendations for further study, reflections, and the summary and conclusions.

Section 2: The Project

Section 2 includes an explanation of the research study and acknowledgment of my roles and responsibilities. This section also includes a discussion about the purpose of this study, the role of researcher, participant involvement, the research method and design, the data collection techniques, and data analysis. Section 2 concludes with a discussion of ethics, reliability, how change affects communications in health care, and required strategies to communicate.

Purpose Statement

The purpose of this qualitative single case study was to explore successful strategies that health care leaders used to improve communication during organizational change. The targeted population was 10 health care leaders from one hospital in the southwest region of Texas who had implemented successful strategies to improve communication with their employees during organizational change. Organizational change is important to business leaders who develop a culture within a health care organization that promotes communication to help business growth (Cronin, 2014; Thomas & Magilvy, 2011 & Houghton et al., 2013).

The implications for positive social change included (a) the potential to share with health care leaders' correct communication strategies during organizational change, and (b) to help the community leaders communicate during organizational change. Improvement of communication strategies among employees translates into growth in social conditions (Scannell & Gifford, 2013).

Role of the Researcher

My role in this study was to select participants and collect, organize, and analyze data. I had no connections to the participants, the topic, or the research site. In completing this research, I followed the policies and procedures for ethical research as required by Walden University's Institutional Review Board and the Belmont Report. The Belmont Report described the researcher's role as an individual who can assess the risks and benefits of the participants and who knows what is appropriate for human participants. The Belmont Report included the informed consent and addressed the importance of a research study (HHS, 2012).

The Belmont Report covered three topics: respect for persons, beneficence, and justice. The respect for persons ensures that all participants are autonomous and protected. The participants were not harmed during this study. Beneficence ensured that participants were not harmed and that their well-being was taken care of. I did not harm the participants during research, nor did I pass any judgements about participants that I interviewed. Justice describes fairness and what each person is entitled to. I completed the National Institutes of Health web-based training course on protecting people during the research processes (see Appendix B).

Since 2006, I have used several health care facilities as a patient, due to numerous surgeries. This allowed me to gain a great deal of knowledge regarding change and patient care in various health care organizations. Some organizations were good, and some were great. Through my observations and my experiences during my personal

patient visits, I learned and noticed a lot of many changes that health care organizations go through. I also began to take notice of how employees communicated or did not communicate with each other and their patients. By being exposed to business problems within health care organizations my interest extended to research and resolution to this problem, so I started to research and develop some strategies for communication. The research I began indicated that health care facilities growth and scheduling should mature and change during implementation of effective communication.

This study contributed to research that I had already started. This study enhanced my understanding of communication strategies that worked well with those that could help more through changes in health care facilities. As the sole researcher in this study and to prevent bias, I refrained from soliciting participants in hospitals that I have been to or with which I have associated.

A challenge to all researchers is mitigating bias (Podsakoff et al., 2012). Rebellon and Modecki (2014) stated that understanding bias is a false consensus of ideas. I established and maintained neutrality during all phases of the research study and during the interview process with the participants. Elrich and Narayanan (2014) discussed the importance of giving participants the autonomy to convey what they mean without bringing in personal preconceptions of what they are saying. Mitigating bias requires identification of bias and then engagement in activities or practices to remove those elements.

Participants

I gained access to participants by asking a health care facility for permission to do my study at their organization. This organization gave me contact information and access to participants that met the eligibility criteria. I then emailed participants with an invitation and asked them if they would like to volunteer for my research study (See Appendix A). The eligible criteria for participants in this study included health care leaders that used successful strategies to improve communication during organizational change.

The second strategy I used was to access participants to determine who would like to be involved and then I had to build a familiarity with knowledge of the hospital community. Upon approval from the hospitals, I sought volunteers to participate in my research study. I then gained their consent to participate in my study through a consent form. The participants were leaders in the hospital. After selecting the four participants, I contacted each one to set up an interview. The number of participants could be smaller than seven in a single case study (Cronin, 2014; Thomas & Magilvy, 2011). To ensure compliance with rules about confidentiality, and respect for the participants, permission from all volunteers is recommended (Aluwihare-Samaranyake, 2012).

I ensured that each eligible participant involved in my research study had permission to participate from the health care organization. I built working relationships with each health care leader by sending an email with the invitation email (see Appendix

A). After receiving an email confirmation from participants to participate in my study, I emailed the consent form to the participants, to review interviews.

Research Method and Design

The focus of this qualitative single case study communication strategies that health care leaders used during organizational change. This section includes a discussion of my understanding of the qualitative method and why I selected this method for my study. I also justify why I selected a single case study, and why this type of research design was the best choice for my research study.

Research Method

I selected a qualitative research method for this research study. I explored strategies used by health care leaders to improve communication during an organizational change. Qualitative research involves exploring how individuals will attach the meanings perceived from the real world setting of a problem that already existed (Yin, 2014). Yin noted that interviews helped researchers explore participant's perceptions. Researchers who use the qualitative method determine the perspective from interpreting what the participants say, through listening to conversations, and collecting data on the meaning of the experiences (Wisdom, Cavaleri, Onwuegbuzie, & Green, 2012).

The use of the qualitative research method affords the opportunity to capture information in a real-world setting. Exploring this topic within a hospital will add value to this study and will allow the participants in the research setting to have a voice in the process.

The mixed method approach is when the researcher includes both quantitative and qualitative data (Hayes et al., 2013). The mixed method is useful when the researcher who employs the qualitative method cannot sufficiently explore a topic; therefore, including quantitative elements would lead to robust findings (Hayes et al., 2013). The quantitative method requires a hypothesis and has specific variables (Hoare & Hoe, 2013). For this study, I did not use statistics or test a hypothesis. I did not use a quantitative or mixed methods approach.

Research Design

Researchers use the single case study design and interviews to collect data, to listen and watch the verbal expressions, and to hear how each participant related to the research question with the answers they provide (Petty et al., 2012). Yin (2014) noted that a case study researcher has to have a main objective. Ethnographic researchers explore problems and events related to a culture or a group (Yilmaz, 2013). I did not select an ethnographic design because my study is not about the culture or a group of people.

The phenomenological design is for people who have lived experiences about a phenomenon and alternate perspectives (Bernard, 2013). The reason I did not choose the phenomenological design was that it was an approach used for participants to share their lived experiences. I did not choose the narrative research design because it includes detailed stories for a few individuals. The case study design is preferred over the narrative form because it is an exploration of the life of an individual specifically

(Yilmaz, 2013). By using a case design study, I researched a case over a set period of time. This single case study design allowed the employees from the organization to gain information on what communication strategies affect health care organizations during a change.

Population and Sampling

I used purposeful sampling to acquire participants for my qualitative case study. Purposeful sampling is useful when researchers need to understand the views of participants and their perspectives (Walker, 2012). Purposeful sampling allows a group of people to have the best information about the problem in question (Walker, 2012 & Spence et al., 2011).

A sample size in a qualitative study is usually smaller than in a quantitative project (Dworkin, 2012). The sample size recommended for qualitative studies is five to 15 participants (Dworkin, 2012). Walker (2012) stated the sample size is relevant to achieving data saturation, and the sample size could range in a qualitative study. Data saturation is very important and must not include too many participants, or the data will be skewed, because the more people interviewed, the more the topic is discussed (Mason, 2010). I used two data collection techniques, interviews and company documentation to reach data saturation. Data saturation was reached when no new data and no new themes emerged from the data I collected.

I collected data through semistructured face-to-face interviews with the participants in appropriate interview settings. The interview setting allowed participants

to be in a non-threatening environment and enabled the participants to be open and honest about their experiences (Mukeredzi, 2012). The interviews occurred according to participant's convenience and in a public place, which was the health care organization. Having the interviews at the hospital eliminated the need for participant's to travel. This interview setting also allowed participant's to be in a comfortable and familiar setting. I scheduled the interviews for 45-60 minutes. By spending time with participants during the interview, the participants can speak about the real nature of the subject and power imbalances in the organization (Anyan, 2013). The participants shared their successful strategies of communication used during change within a hospital.

Ethical Research

Before interviewing participants, I received approval from the Walden University Institutional Review Board (IRB). The final doctoral manuscript includes the Walden IRB approval number. My IRB approval number is 01-06-17-0403804. IRB ensures that people receive respect as required by the Belmont Report (HHS, 2012; Brakewood & Poldrack, 2013). Before I asked the participants any questions, I had each participant complete the consent form. Upon selecting a health care organization, I obtained permission of the appropriate party of the partnership sign a letter of cooperation.

The participants need to review and sign the consent form and know to what they agreeing to by during interviews and so the participants know what is needed to excuse themselves from the study if need be (Barker, 2013). Once the hospital administrator gave permission to do the research study, I reviewed the informed consent form with

participants who agreed to volunteer and participate in my study. To ensure privacy and confidentiality, I notified the participants and reminded them their identities would remain confidential. I also reviewed the consent form with them and emphasized the during the interviews their names would remain confidential in the study. I also explained to, participantst that they could withdraw prior to the interview.

Knowing what the needs of the participants are through the research process and what constitutes risks to individual human participants is part of being a good researcher (Amon et al., 2012). Therefore, all research participants in my research study had a full understanding of the research process and knew their rights in accordance to the consent form. The participant consent form included this information for their risks and human rights. If a participant agreed to continue with the interview, I asked the participants to sign a consent form. I assigned the participants alphanumeric codes from P1 to P4 to protect participants' identities. It was important that I keep the identities of participant's confidential. Barker (2013) described that ensuring participants about the process is important and is a fundamental guide in ethical research. I will keep all of the signed consent forms, recordings, transcriptions, and documents in a locked storage cabinet and on a password protected flash drive for 5 years after I complete the study to ensure confidentiality. After the 5 years, I will destroy the flash drive. I will destroy all information by shredding it after 5 years. Health care leaders did not receive incentives for their participation in this study; however after completion, they received a 1-2 page summary of the results and findings of my study.

Data Collection Instruments

I was the primary instrument for data collection in this qualitative research study with health care leaders in a hospital. Street and Ward (2012) stated this is acceptable and typical in a qualitative case study. As the collection instrument, I used interview questions and an interview protocol (see Appendix C) to collect data from interviews. According to Marshall and Rossman (2016), researchers who use qualitative method do not usually use interview questions created by other researchers. Therefore, I created my own interview questions. Each interview consisted of nine open-ended interview questions covering strategies used to improve communication during change within the hospital (see Appendix C). Completing interviews permitted the collection of data to successful strategies used to improve communication during change in the organization.

To ensure the reliability and validity of this study, I asked health care experts that have used successful strategies to improve of communication during change to participate in my study. The interviews I completed with my participants, along with, member checking, and data collected through documents ensured that I had a valid study. According to Yin (2014), ensuring the reliability of the data requires the triangulation from the interview data with other resources. This study also included member checking to ensure the reliability of the results. According to Harper and Cole (2012), member checking is for the researcher to verify the responses of their interview with participants and the check for accuracy. After the interviews, I completed member checking and met with the participants again to review my interpretation of their responses. The

interpretation ensured that I interpreted the responses from interviews that I had with participants.

Data Collection Techniques

I used methodological triangulation in my study. I collected data using an interview protocol (see Appendix C) that included semistructured interviews and member checking, and review of documents. Data collection permits the exploration of strategies that participants used to improve communication during change in an organization. Data from a case study can come from different sources including face-to-face interviews, observations, and document review (Yin, 2014). The documents included meeting notes, presentation timelines, project improvement documents, quarterly reporting summaries, patient satisfaction surveys, and performance reviews. Interviews allow the researcher to use open-ended questions (Marshall & Rossman, 2016).

Interview technique can allow participants to explore strategies used in communicating change. Semistructured interviews are different from unstructured interviews and both are viewed through the definitions of semistructured interviews (Rubin & Rubin, 2012). Semistructured interviews the interviewer has a plan and unstructured is when the interviewers have no plan, and the conversation just goes where the participants take it (Rubin & Rubin, 2012; Jensen, Ammentorp, Erlandsen, Ording, 2012). I gathered contact information of possible participants, and after making initial contact with them, I went through the consent form. Once I retrieved a signed consent

form, I scheduled interviews for the participant that volunteered to participate in my study.

I developed the interview questions based on my research question for the participants. I used a digital voice recorder to capture the responses. Using a voice recorder helped when I needed to transcribe the responses. I verbally informed the participants of the interview process, which served as a reminder of the information in the consent form. Each interview lasted 45-60 minutes and occurred at specific dates and times that were convenient to the participants. The data I gathered through my interviews provided thorough insights regarding a phenomenon.

After completing the interviews, I conducted member checking, which ensured that participants' responses to their interview were recorded accurately. Member checking is a process in which the participants reviewed the interpretation of their responses to which ensure that content is correctly interpreted by me. After the interviews, I made an appointment to meet with each participant and review a summary of their interviews with them to verify my interpretation of their responses. Harper and Cole (2012) stated that member checking is for the participants to verify the facts and are accurate. Turner (2010) suggested avoiding expressions and maintaining the neutral approach during interviews to avoid influencing the conversation or running out of time during the interview. My study included collecting documents during the interview. This data helped to determine potential strategies that health care leaders are already using in

the work environment. According to Cairney and St. Denny (2015), documents are a way to find information that answers the research question.

Data Organization Techniques

Maintaining truthfulness and preserving the accuracy of the data lends to developing rigor in a study. Maintaining the truthfulness and preserving the accuracy of the data requires a system. A system provides a place to keep track of data. According to Gibson, Benson, and Brand (2013), assigning codes to keep track of participants in the study allowed for confidentiality of each participant. Therefore, I assigned codes to participants and labels using Microsoft Excel to track each participant that I interviewed. Using identifiers keeps the identities of participant's protected and confidential. I kept track of the data using a notebook to take brief notes on thoughts and observations throughout the interview process.

Rubin and Rubin (2012) stated that semistructured interviews include different subjects with already prepared questions instead of the unstructured that only have an outline that provides flow during conversation in interview. The second step in organization is to transcribe the interviews. After the interview, the interview responses need to be transcribed, so that member checking can be completed. Upon data completion, I will maintain raw data for 5 years in a locked container to keep the information secure. Raw data that will be stored includes data from recorded interviews, transcribed data from interviews, member checking notes, data collected from member checking and a research journal log.

Data Analysis

Methodological triangulation is a technique that uses two or more sources to validate the data (Bekhet & Zauszniewski, 2012; Denzin, 2012). There are several methods and ways to apply the methodological triangulation in this study.

Methodological triangulation improves validity in a study and ensures the study's findings (Alvarez, Canduela, & Raeside, 2012). I analyzed the data by compiling the data, disassembling the data, reassembling the data, and interpreting the data, and finally finding the meaning of the data. My additional data collection techniques were documents such as emails, memos, or notes with changes from the organization and addressing what strategies are used to improve communication during change that affected the health care facility. I collected documents from the participants to show information on different strategies of communication. According to Cairney & St Denny (2015), participants give information during interviews that can help with research, so that it comes together. Yin (2011) stated that the steps for analyzing data are collecting the data through research, taking the data apart, piecing the data back together and interpreting the data to generate with themes.

Discovering reoccurring information within the data developed my emerging themes. I used the Dedoose software to not only determine recurring themes but also to help develop the coding. Dedoose software is a data tool that supported my findings, and themes in the data to answer the research question. I uploaded the transcribed interview

data in this software to validate my findings. I used Dedoose software to organization and manage the text, audio, and research logs.

Reliability and Validity

I used interviews as one data collection method to ensure that health care leaders could discuss successful strategies to improve communication during changes a hospital goes through, and through methodological triangulation of interviews, member checking, and review of documents. I ensured validity and reliability of my study.

Reliability

Ensuring reliability to the study occurred through methodological triangulation and transcribed data through member checking. Interview protocol, for this study, guided my process of recording all data and information gathered to ensure accuracy. Elo et al., (2014) stated, the data from recorded interviews helps ensure accuracy. There are four things that are used to establish trustworthiness within a study. According to Aarikka-Stenroos & Sandberg (2012), credibility, transferability, dependability, and confirmability are the four items used in the criteria to attain trustworthiness. triangulation is used to ensure the trustworthiness is increased and assessed. By researching through the reliability, White, Oelke, and Friesen (2012), suggested that coding measurements helped with dependability.

Validity

In qualitative research, the corresponding word for validity is credibility, and researchers can use many different strategies to sustain validity (Charleston, 2012;

Thomas & Magilvy, 2011). Clear and concise questions asked to participants improved the validity and reliability of responses and prove to be helpful (White & Drew, 2011).

Using methodological triangulation for this research study ensured the data I had was accurate brought about the validity of the research. Using methodological triangulation ensured data saturation for this research, and the triangulation options will be interviews, and document review. Methodological triangulation brings about completeness to the data; when gathering information multiple different ways, the research is found consistent (Houghman et al., 2013). The validity of this research ensured the confidence in the study (Houghman et al., 2013).

When the researcher makes assumptions in the study, it can be challenging during the study to stay valid (Tufford & Newman, 2012). Confirmability is supporting the data, and accomplishing this is done by member checking (Burchett, Mayhew, Lavis, & Dobrow, 2013). Whiffin (2014) discussed the authenticity of research studies and the transferability of all the data gathered throughout the research. Transferability the study results can threaten the accuracy of the data collected and comparing the results with other literature contributes to how reliable and valid this study will be. Transferability and how it applies to my study is allowing another researcher to take the same information and enhance it to another hospital or another set of participants. I can enhance more of the already defined perspectives throughout the study. When others can replicate the study, there is reliability and validity that is added to the study (Jensen,

Ammentorp, Erlandsen, & Ording, 2012). When there is a consistency in the study, the study is stronger (Jensen, Ammentorp, Erlandsen, & Ording, 2012).

Transition and Summary

In Section 2, an illustration of the research purpose, the role research played, and the process in my research study. This section contains an in-depth view of the action needed to collect data and how to analyze the data. This section describes the methods and approach used to ensure the reliability and validity in the research study. The use of triangulation is explained in this section to help maintain the honesty of the research study for development of Section 3.

Section 3 is a presentation of the findings of this study, and application to professional practice. Section 3 provided the application for professional practice with health care leaders, and steps to apply my study to their business problem, and implications for social change to create a win-win for other companies and individuals within the health care field. There are recommendations for actions for other scholars who want to focus on the results and what areas need further study. Lastly, the reflection of my experiences includes final thoughts of the entire research study and how the study was conducting.

Section 3: Application to Professional Practice and Implications for Change

Section 3 includes the findings of my study and the four strategies that health care organizations can consider when communication during organizational change. Section 3 provides the presentation of findings, applications to professional practice, recommendations for actions, recommendations for further research, and applications for social change. This section concludes with my reflections and conclusions of the research study.

Introduction

The purpose of this qualitative single case study was to explore the strategies that health care leaders used to improve communication during organizational change. The data was collected from semistructured interviews and company documents from health care leaders in one health care organization in El Paso, Texas. The findings revealed successful strategies that some health care leaders use to improve communication during change.

In the first theme, trust in organizational communication is critical during change, participants stressed that the importance of building trust is key in communication, and learning to develop this with employees is difficult. Once trust is established communication can flow easier and occurs more because the employees are comfortable (Pearce & Klein, 2016). This theme answered my research question about how to communicate and that trust is a strategy that needs to be used by leaders and employees, and observed within the organization and between employees.

In the second theme, the use of technologies as a tool for communication is key during change, participants discussed the use of technology as a tool for communication and one of the technologies discussed was the electronic health records system, the pros and cons of the electronic health records, and also how it was instrumental in communicating with employees in the organization and understanding the patient's information as well. The participants also said email, texting, and conference calls between the teams were a significant part of communicating in the organization. The participants' discussion about email, texting, and calls connects to my research question about organizations needing to catch up to technology and technologies are being used to communicate in the health care industry.

In the third theme, successful communication strategies for two way communication, the participants all agreed that successful communication strategies were needed included interpersonal, nonverbal, and oral strategies. They also discussed communication during change and needing to see people's reactions.

In the fourth theme, facilitating communication about change is vital through comprehensive organizational meetings, the healthcare leaders agreed and emphasized that facilitating communication about change is vital through comprehensive organizational meetings. The leaders discussed how questions were inevitable and they needed to be prepared, and they helped the employees prepare through organizational meetings. The leaders did not have to have all the answers, but needed to be prepared for them and willing to address them as many times if need be. The participants discussed

how change is difficult and people do not like change. Change needs to be planned for and management needs to understand going through the change alone in the organization is difficult and should not occur. This theme related to my research question because organizational meetings are a requirement in this health care organization to pass on information and continue to communicate clearly. Organizational meetings are tool that the leaders use as a platform to communicate and this is how the leaders can deal with change.

Presentation of the Findings

The research question of this study was: What communication strategies do healthcare leaders use during organizational change? The four themes that emerged are as follows: (a) trust in organizational communication is critical during change; (b) the use of technologies as a tool for communication is key during change; (c) successful communication strategies used by health care leaders for successful two-way communication; and (d) facilitating communication about change is vital through comprehensive organizational meetings.

Trust in Organizational Communication is Critical During Change

Building trust through transparent communication was the first theme that emerged from the data. Each participant discussed the importance of trust and the data proved how trust is important. If there is no trust, employees will avoid leadership and then two-way communication will break.

The participants talked about the website and when I viewed the company's website I noticed a discussion of values and mission of the organization. The organization's mission is to provide excellent care and to ensure compassionate and complete care at all times. This mission relates to trust because in order to ensure compassionate care, employees and leaders need communicate effectively so the patients are provided the best treatment. Excellent care cannot be provided if everyone in the organization ignoring patient's needs and not building a relationship.

By following the mission and values of the organization, the values of the organization allow employees to remain professional and to be open and honest with all employees, which may build trust in relationships. By building trust in relationships whether with employees, patients, or leaders requires everyone to embrace the openness of communication within the organization. Building trust helps recognize the different support roles that employees and leadership have.

The data I analyzed from documents as well as meeting plans showed different ways of building trust with communication. The meeting plans I reviewed, explained the types of meetings. The leaders in the health care organization were careful to build trust with employees and other leadership so they could predict what was going to occur in each meeting and how the employees and leaders were all accountable for information that was to be presented during the meeting. There are different levels of communication, but if employees or managers do not trust each other, then there may be a trust issue and communication may fail. Pierce and Klein (2016) discussed how employees need to trust

upper level management because if the employees do not trust management issues in mismanagement, bad use of practices and financial concerns will arise. If employees are afraid of communicating then some of these problems may go unresolved. If employees feel there is secrecy in their organization, then they will determine what information they believe is needed, and if the information is pertinent to the organization (Pierce & Klein, 2016). Withholding information is not a proper way of communicating but until trust is established there could be many problems within the organization (Pierce & Klein, 2016). Participant 1 summarized how the chain of command in health care organizations is mandatory and needed, but when employees are using the chain of command the trust level has to be high. Participant 1 also discussed how the management team will have a hard time communicating to other employees, and during change trust is crucial so employees know will occur and is sometimes needed.

Some activities that are meant to build trust and strengthen communication within health care organizations include meetings and discussing open door policies (Ulbinaitė & Zdanovic, 2016). All participants discussed these factors and talked about building groups and teams to ensure the change from electronic health records or new standards implemented were successful. The documents I analyzed also showed the different aspects of how the groups work together and communicate on paperwork, and these documents allowed me to see how they structure and strengthen communication during organizational change. Participant 3 discussed how assumptions can take place when facts are not discussed and trust is lacking in the workplace.

Ulbinaitė and Zdanovic (2016) suggested that assumptions are made within an organization and this can diminish the effectiveness of communication. Communication needs to occur for long-term goals and change to take place within an organization (Ulbinaitė & Zdanovic, 2016). Participant 2 understood the importance of trust and building relationships within the organization. Communication comes down the chain of command, all participants identified. According to the participants, developing strategies to prepare the organization for change is necessary because people do not like change. Making change easier by having trust and enabling employees to know there is always communication is an effective tool in change management and building effective strategies in communication. Participants encouraged and emphasized the importance of trust that is built through meetings, face-to-face conversations, and being open to conversations.

A document I reviewed indicated the importance of communication being a two-way channel to encourage communication throughout the organization. The communication theory includes an explanation by me of why trust is critical and how employees in an organization communicate. The communication theory only applicable in this study when it works when leaders and they attempt to discern problems that occur and the leaders can explain changes when necessary (Craig, 1999). Communication theory states that communication needs the discipline of reoccurring and with the reality that employees have perceptions and continue to communicate (Craig, 1999). The communication theory should help leaders understand that trust with employees will help

them progress through the change and allow for the organization to flow smoothly during a transition. Table 1 is a summary of the word frequencies related to the first theme that emerged during the data analysis.

Table 1

Summary of Word Frequencies

Themes	Sources	References
Trust is Essential	4	19
Communication is a Two-Way Channel	5	9
Trust Starts at the Top	4	11
Total References Theme 1		39

The Use of Technologies as a Tool for Communication is Key During Change

After interviewing the four participants and reviewing the technology used to communicate change in a health care organization the theme of technology used to communicate emerged from the data. I reviewed the communication aspect of the electronic health records, emails from leadership to employees with updates regarding organizational change, and emails to inform employees of meetings and topics to be prepare for discussions. Each participant stated how technology was key to communicating change and how it was essential in the organization.

Participants agreed that using new technology required training and was essential in communicating with each other as employees and for the patients' well-being. Using document collection on my secondary data collection, I reviewed reports and performance reviews that were sent by email. Email is a way for businesses to communicate and email is used to facilitate employee's messages (Casey, Schwartz,

Stewart, & Adler, 2016). Email is also a way that the health care organization took notes and had proof that the communication existed.

By using technology, leaders in the health care organization showed me how they communicate by using electronic health records. Electronic health records allow employees and leaders to be more equipped with dealing with patients, and the electronic health records allow all employees have access to the same information in the system. The electronic health records system allows for employees, doctors, nurses, and leaders to be able to see what has transpired in each session with the patients and allows for an increase in profitability because process saves time by not having to ask each other about current data every time someone in the organization has met with each patient. The electronic health records and electronic medical records are some of the aspects of communicating using technology in the health care field. Although this technology-based system is for patient records, there is a substantial amount of communication that can occur using the technology based system for employees and managers.

Participants described how communication is carried on through the electronic health records systems with the documents that are electronic in the system itself. The electronic health record system was an effective visual for the electronic documents process, and how the communication flows. The electronic health records system is a way for employees to be more equipped to handle the patients and ensure everyone has access to the same information. The system allows for the employees to communicate more and have a higher success rate with the patients.

Electronic health records are a part of the strategies for communicating with for employees and others through messaging and patient portals inside the records. Each participant emphasized how the electronic health records were a focus when we talked about change because the employees and leadership at some point have had to switch to the electronic health records systems. Electronic health records were discussed because it is how the employees communicated and dealt with change in the health care organization. Participants 1 and 4 discussed how there is a messaging system in the software where all the notes are stored and everyone can see the communication to ensure the employees know what happens with each patient every time the patient is at the facility.

The messaging system also allows for less repetitive communication when employees and leadership can easily review the same information to ensure best practices are followed. The software is also protected to ensure patient information remains confidential. Participant 2 discussed how the software change was first implemented and how frustrated employees and managers were because there was so much required training to learn and use the technology.

The electronic health records are an effective tool used by leaders and employees to communicate in health care organization. After reviewing the documents using technology, the employees using the electronic health records can assist in the complex network structures and multiple channels of individuals within the chain of command to ensure communication flows (Casey et al., 2016). Multiple channels also allow the

patients to have the best service because the employees are with every patient in person and can speak to them one-on-one (Casey et al., 2016). Technology can be an effective means of communicating when looking at the aspects of the system on the inside and understanding how it allows employees to be equipped to deal with patients and communicate with other employees quickly and saving time when reading the notes and memos inside the system. Noblin et al. (2013) said that training is required for these systems and it can enhance internal communication within the organization.

Email is another form of technology used in the health care organization by leaders. Cantwell et al. (2016) discussed the importance of email as part of the innovation process with businesses. Email is a modern way of establishing connectivity within the organization and ensuring all employees are in the same mindset (Cantwell et al., 2016 & Cano-Kollmann, 2016). Important changes are sent out by email to ensure the employees know when meetings are scheduled and what topics are included in the agenda.

Participant 3 stated emails can be read when needed, and management can send receipts that the employee has read the information. The send receipt allows everyone to be liable for the information. Emails keep everyone up to date and reduce errors within the organization. Participants 1 and 4 discussed how emails ensure there will be a time for questions during meetings, but the organization must stay up-to-date. Participants showed different email documents that provided information on meeting times, and the relevance to employee engagement. Table 2 is a summary of the word frequencies related to the second theme that emerged during the data analysis.

Table 2

Preferred Types of Communication by Health Care Leaders

Themes	Sources	References
Organized Meetings	6	15
Email	4	17
Verbally/Face-to-Face	5	19
Total References Theme 2		51

Successful Communications Strategies for Two Way Communication

The third theme that emerged from the analyzed data was that many types of communication must be used, so that health care leaders can communicate effectively during change. All four participants discussed the use of the same types of communication that are used in the health care organization. The four participants provided documents that showed how communication worked, and I reviewed meeting minutes, surveys, electronic health records, emails, and project schedules. The health care organization uses every type of communication strategy they can, including: face-to-face, electronic health records, text, phone calls, conference calls, and email. The four participants explained how communication was important and they could not narrow down 1 strategy that was best.

Many types of reports were given to discuss process improvement, employees, and performance. The process improvement document I reviewed was discussed because the document established the main cause of communication for scheduling and processes to complete training, as well as what happens during change within the organization. I read that employee tracking was needed to improve performance during change to

monitor employees' attendance; there was evidence of improvement and performance goals for employees.

The performance goals were for employees to see if their goals were met, if the employees met the quarterly expectations, and if leaders assisted through the change. There was a report which provided operational excellence goals from a project that was completed within the organization about goals that were met during the health care organizations' fiscal year 2017. The communication theory aligns with this theme of successful communication because as communication is relaying messages and for the communication to continue smoothly the relaying of messages needs to occur.

The communication theory helps with understanding why communication is important and how communication will set up the organization for success (Craig, 1999). Koschmann (2016) stated that communication by people is the focus on relaying messages. The context of communication theory is how to relay the message in the best way possible, and give leadership and direction. While researching the communication theory, I saw how there is a traditional view of communicating and that ties with the face-to-face communication that all participants discussed. Table 3 is a summary of the word frequencies related to the third theme that emerged during the data analysis.

Table 3

Types of Communications Used

Themes	Sources	References
Communication Strategies	5	8

Phone	4	6
Face-to-Face	5	19
Total References Theme 3		33

Facilitating Communication about Change is Vital through Comprehensive Organizational Meetings

After interviewing four participants and reviewing company documents, the last theme that emerged was facilitating change through comprehensive organizational meetings. The theme aligned with content relative to corporate social responsibility. Facilitating meetings aligns with corporate social responsibility because meetings allow the organization to be sustainable in the economy and standards for the health care organizations are met. If leaders can communicate effectively with employees there is a potential for improved organizational sustainability.

I also had the opportunity to review meeting minutes that displayed comprehensive information that influenced better communication. Every department knew what was going to be discussed and what was required in each meeting. I reviewed different reporting documents that showed growth and progression as well as understanding what could be better in every department of the health care organization. The documents helped the organization during change to run smoothly and ensure that the organization ran smoothly as a whole.

Surveys contributed to the way the health care organization communicated. I reviewed a patient survey and a supervisor survey. The intent of both surveys was to understand what was causing problems in the organization and how the problems could

be corrected. During a change these surveys were distributed to allow for the employees and the participants to understand what was happening and if the change being implemented was working correctly. The surveys also allowed for the employees to see what was positively being completed by the employees. The surveys allowed for positive reinforcement which boosted morale and profitability because the work continued the correct way.

Each participant confirmed the importance of having meetings and being able to communicate face-to-face while having the opportunity to hear questions and answer other employee's questions at the same time. According to Slack et al. (2015), employee engagement is important and can improve morale and productivity within the organization. Employee engagement was proven when each participant discussed the organizational meeting and how it helped ensure the morale was high and questions were answered. Each participant understood when questions were not answered and how that could have people making assumptions.

Most employees want to be encouraged and respected, and one way to encourage employees is by having organizational meetings which lay everything out especially what is going on through a time of change in the health care organization. Slack et al. (2015) discussed how corporate social responsibility includes supportive environments and leaders that maintain the relationship in the workplace. Table 4 is a summary of the word frequencies related to the fourth theme that emerged during data analysis.

Table 4

Facilitating Change through Comprehensive Organizational Meetings

Themes	Sources	References
Chain of Command/Leadership	3	8
Meetings	6	12
Change is Difficult	4	7
Total References Theme 4		27

One of the health care leaders I interviewed understood the organizational meeting concept and explained their meetings happened monthly, quarterly, and on an annually basis depending on the topic and what was to be discussed. Two of the participant's interviewed discussed how change is difficult and inevitable. During change the leaders should be prepared to deal with uncertainty. Mosquera et al. (2015) discussed how open communication is necessary and will help with the fear of change and knowing change is inevitable.

Applications to Professional Practice

Health care leaders could use the findings from my study as a tool to support communication in the health care industry. Increasing the strategies to deal with changes within the organization, also allows other leaders to see what has worked and what has not worked for the organization. The findings could also contribute to the strategies to communicate change in health care organizations and will help with finding the best strategies that make the best business plan for the organization. Health care leaders should have a plan to prepare for change in the organization.

Change is inevitable and how to communicate through the change will help the employees deal effectively with change. The results from the study could serve other

health care organizational leaders to understand what communication strategies work and how the strategies are put into action. The findings from this study show how communication can increase productivity and improve morale within the organization and how other health care organizations can use this information to increase communication and build their organizations.

Implications for Social Change

Social change implications for health care leaders include developing successful strategies to improve communication during change within the health care organization. The findings of my study may be important to other industry leaders in their efforts to improve communication during change to increase profits. The implications for social change include health care leaders and how they could influence employees and other leaders to build the employee trust within the organization. By promoting communication and handling change, health care leaders can build trust and impact social change to help with knowledge and greater employee involvement within the organization.

Employee involvement can impact social change by defining cultural norms and patterns within the organization. Developing strategies to communicate change help social change by understanding the norms and behaviors within a health care organization. Strategies to communicate should allow other health care organizations to also structure their communication channels in a way that affects the organization positively during a change. The implication for positive social change could enhance customer satisfaction and provide for a prosperous and thriving community.

Recommendations for Action

While researching for successful strategies to improve communication during organizational change, I found it is an essential goal of health care organizations to communicate in the best way possible. The ability for an organization to communicate during change is an essential quality of an organization. It is my recommendation that health care leaders and other industry leaders use my study to consider what strategies to use to improve communication during change to understand, which strategies work best to build trust, and to understand that profitability is high where fewer mistakes are made. My goal is to share the results of my study to a broader audience by publishing the study findings in scholarly journals. The findings may also be shared by presenting at health care conferences to leaders and health care associations.

Recommendations for Further Research

I used a qualitative single case study to explore strategies to communicate change in a health care organization. The study results showed clear strategies for future research. The study has a limited sample group, and the study took place at one local health care organization that provided one viewpoint and very specific experiences of health care leaders and how they communicated with employees during change. Each participant's interview gave thorough answers and several communication strategies that as a result answered follow-up questions from the participant's original responses. Recommendations for further research include expanding the study to include larger samples, different population, or additional facilities. Further research would allow richer

qualitative data or potentially a quantitative or mixed method from a larger sample and in different locations. Another recommendation for future study could include consideration to use a different research design.

An opportunity may exist to perform similar studies regarding the strategies to communicate with employees instead of only leaders. Future research could include comparing the findings to determine if the strategies to communicate change are similar or dissimilar to the results of my research. Additional recommendations are to conduct a multiple-case study that could include participants of all types' not just leaders. New research studies could explore the effectiveness of the different or specific strategies used to improve communication to prepare health care organizations for change.

Reflections

One of my life goals has been to receive my doctorate. My life goal was one very emotional and physically draining process, but I have learned so much through this whole time frame. There were so many times I had setbacks, as well as sacrifices and disappointments to complete this journey. However, every challenge I went through fueled me to work harder and write more to achieve my goals in the DBA program. I have sharpened and honed my skills, and built my self-confidence. I have a greater knowledge, which I find priceless. I have doubted my abilities so many times, and wanted to give up. I learned to reach out to classmates and friends that have graduated before me and built relationships with many people. These people have become my school family and have understood the struggle and when my attitude was not perfect. I

began to feel defeated after a year of search for a Letter of Cooperation to be signed. However, it finally happened in the final moments of me wanting to give up and call it quits. One company finally contacted me and signed the Letter of Cooperation. The leaders were excited work with me and were eager to share their stores and answer questions about communicating and what works best in their organization. Having an organization that wanted me to come and wanted to talk and understood my frustrations and struggles helped me get back into the study and become excited. The excitement of an organization agreeing to help me renewed my drive to complete my study. The most exciting part in the DBA process was when I passed IRB and my oral defense.

I plan to use my study to help further leader's knowledge on how to communicate and which strategies are the most helpful. From my research, I see how research and study can assist with organizations and keeping businesses from making the same mistake and listening to the employees to help communication move forward effectively. I can see myself helping in educational aspects to teaching how to communicate with ease and the different strategies and how necessary it is to communicate.

Despite all my challenges and the disappointments, the data from my research offers insights to business leaders, health care leaders, and employees, as well as future researchers. I had an unbiased approach throughout my research study and I did not have any preconceived thoughts going into my study. I was calm and comfortable with the participants and their knowledge based on the research question and how they handled the organization throughout the whole interview process. The semistructured interviews

brought my data from the participant's real life experiences and improved my understanding and knowledge for the industry and the topic of strategies to communicate during organizational change.

Conclusion

Communicating in organizations is essential to employee growth and business growth. Businesses lose profits and struggle when communication is lacking. I used methodological triangulation to collect data using semistructured interviews and review of company documents. By using these two data collection techniques I achieved data saturation, which included no new information or themes that emerged from data. I used the data I collected from interviews, member checking, and documentation to determine the findings for my study. These findings provided successful strategies that health care leaders use to improve communication during organizational change. After completing the data collection, I analyzed and coded the information until themes emerged. The themes were supported by my literature review and the conceptual framework of communication theory. The four themes that were discovered in my data were: (a) trust in communication is key, (b) technology is beneficial for communicating, (c) face-to-face communication is fundamental, and (d) facilitating change through comprehensive organizational meetings is important. The findings from my study may assist health care leaders, business owners, and leaders within organizations in other industries, and employees that seek successful strategies to improve communication during change

within a health care organization and the communication strategies may help improve morale and increase profitability within the organization.

References

- Aarikka-Stenroos, L., & Sandberg, B. (2012). From new-product development to commercialization through networks. *Journal of Business Research*, 65(2), 198-206. doi:10.1016/j.jbusres.2011.05.023
- Abbasi, H. (2016). Corporate social responsibilities: Issues and challenges. *International Journal of Engineering Science*, 6(5) 5821-5826. doi:10.4010/2016.1416
- Abbood, R. H., & Neama, N. H. (2016). The role of community partnership in financial supporting for scientific research. *International Journal of Business and Management*, 11(8), 273-286. doi:10.5539/ijbm.v11n8p273
- Abu Farha, A. (2016). Matching organizational frame of reference and business strategy with contemporary marketing practices: Evidence from Arab World. *International Journal of Emerging Markets*, 11(4) 533-549. doi:10.1108/IJoEM-05-2015-0104
- Adelman, K. (2012). Promoting employee voice and upward communication in health care: The CEO's influence. *Journal of Health Care Management*, 57(2), 133-147. Retrieved from <http://www.biomedsearch.com>
- Adeyemi, A. Y., & Masalila, K. (2016). Delay factors and time-cost performance of construction projects in gaborone city council, botswana. *Journal for the Advancement of Performance Information & Value*, 8(1), 4-18. Retrieved from <http://www.cibw117.com>
- Adler-Milstein, J., Furukawa, M. F., King, J., & Jha, A. K. (2013). Early results from the hospital electronic health record incentive programs. *American Journal of*

Managed Care, 19(7), 273-284. Retrieved from

<http://www.ajmc.com/publications/issue/2013/2013-1-vol19-n7>

Agrawal, S. K. (2013). International journal of advance research in computer science and management studies. *International Journal*, 4(6), 111-115. Retrieved from

<https://ijarcsms.com>

Agarwal, R., Sands, D., & Schneider, J. (2010). Quantifying the economic impact of communication inefficiencies in U.S. Health care organizations. *Journal of Health care Management*, 55(1), 265-281. Retrieved from <http://www.ache.org/hap.cfm>

Ahmad, A. M. K., Alghamdi, M. A. S., Alghamdi, S. A. S., Alsharqi, O. Z., & Al-Borie, H. M. (2016). Factors influencing patient satisfaction with pharmacy services: An empirical investigation at king fahd armed forces hospital, Saudi Arabia.

International Journal of Business and Management, 11(9), 272.

doi:10.5539/ijbm.v11n9p272

Aimoldina, A., Zharkynbekova, S., & Akynova, D. (2016). Investigating pragmatic failures in business letters of kazakhstani professionals. *Procedia Economics and Finance*, 39(1), 65-70. doi:10.1016/S2212-5671(16)30241-6

Ajami, S., & Bagheri-Tadi, T. (2013). Barriers for adopting electronic health records (EHRs) by physicians. *Acta Informatica Medica*, 21(2), 129-134.

doi:10.5455/aim.2013.21.129-134

- Akbar, T. M. (2014). Role of effective communication in management of medical emergencies. *Anesthesia, Pain & Intensive Care, 18*(4), 329-331. Retrieved from <http://www.apicareonline.com/>
- Al-Harrasi, N. (2014). The application of organizational learning theory to Omani academic library collaboration. *Procedia: Social and Behavioral Sciences, 147*(1), 86-90. Retrieved from <http://www.sciencedirect.com>
- Allen, R. (2016). Working the connections, four times a day. *Journal of Victorian Culture, 1*(1), 1-4. doi:10.1080/13555502.2016.1204690
- Altunta, S., Altun, Ö. Ş., & Akyil, R. Ç. (2014). The nurses' form of organizational communication: What is the role of gossip? *Contemporary Nurse, 48*(1), 109-116. doi:10.5172/conu.2014.48.1.109
- Aluwihare-Samaranayake, D. (2012). Ethics in qualitative research: A view of the participants' and researchers' world from a critical standpoint. *International Journal of Qualitative Methods, 11*(1), 64-81. Retrieved from <http://www.ualberta.ca>
- Alvarez, J., Canduela, J., & Raeside, R. (2012). Knowledge creation and the use of secondary data. *Journal of Clinical Nursing, 21*(1), 2699-2710. doi:10.1111/j.1365-2702.2012.04296
- Amon, J. J., Baral, S. D., Beyrer, C., & Kass, N. (2012). Human rights research and ethics review: Protecting individuals or protecting the state?. *PLoS Med, 9*(1), 1-5. doi:10.1371/journal.pmed.1001325

- An, Y. (2016). The entire network topology display system of terminal communication access network. In *MATEC Web of Conferences*, 63(1), 4-14.
doi:10.1051/mateconf/2016630
- Anyan, F. (2013). The influence of power shifts in data collection and analysis stages: A focus on qualitative research interview. *The Qualitative Report*, 18(18), 1-9.
Retrieved from <http://nova.edu.sss/QR/index.html>
- Appleby, H., & Tempest, S. (2006). Using change management theory to implement the international classification of functioning, disability and health (ICF) in clinical practice. *The British Journal of Occupational Therapy*, 69(10), 477-480.
Retrieved from
<http://bura.brunel.ac.uk/bitstream/2438/1790/1/Practice%20Eval%20APPLEBY.pdf>
- Arbab Kash, B., Spaulding, A., Johnson, C. E., & Gamm, L. (2014). Success factors for strategic change initiatives: A qualitative study of health care administrators' perspectives. *Journal of Health care Management*, 59(1), 65-81. Retrieved from
https://ache.org/pubs/jhm/jhm_index.cfm
- Babić, A., Vukmirović, S., & Čapko, Z. (2016). Using web applications in education. *39th International Convention on Information and Communication Technology, Electronics and Microelectronics (MIPRO)*, 1. 1056-1059. Retrieved from
<http://www.ieeexplore.org>

- Badenhorst, C., Moloney, C., Rosales, J., Dyer, J., & Ru, L. (2015). Beyond deficit: Graduate student research-writing pedagogies. *Teaching in Higher Education, 20*(1), 1-11. doi:10.1080/13562517.2014.945160
- Bakker-Pieper, A., & de Vries, R. E. (2013). The incremental validity of communication styles over personality traits for leader outcomes. *Human Performance, 26*(1), 1-19. doi:10.1080/08959285.2012.736900
- Barker, M. (2013). Finding Audiences for our research: rethinking the issue of ethical challenges. *The Journal of the Communication Review, 16*(1-2), 70-80. doi:10.1080/10714421.2013.757504
- Bartrina De La Fuente, S. (2016). The effect of leadership and internal communication on the organizational climate. *Universitat Jaume, 1*(1), 1-46. Retrieved from <http://hdl.handle.net/10234/161390>
- Barnham, C. (2012). Separating methodologies. *International Journal of Market Research, 54*(1), 736-738. doi:10.2501/IJMR-54-6-736-738
- Bateh, J., Castaneda, M. E., & Farah, J. E. (2013). Employee resistance to organizational change. *International Journal of Management & Information Systems, 17*(2), 113-116. Retrieved from <http://www.cluteinstitue.com>
- Bausch, K. C. (2002). Roots and branches: A brief, picaresque, personal history of systems theory. *Systems Research and Behavioral Science, 19*(1), 417-428. doi:10.1002/sres.498

- Beattie, V., & Smith, S. J. (2013). Value creation and business models: Refocusing the intellectual capital debate. *The British Accounting Review*, 45(4), 243-254. doi:10.1016/j.bar.2013.06.001
- Beck, C. W. (2016). Perceptions of thanks in the workplace: Use, effectiveness, and dark sides of managerial gratitude. *Corporate Communications: An International Journal*, 21(3), 333-351. doi:10.1108/CCIJ-07-2014-0048
- Bekhet, A. K., & Zauszniewski, J. A. (2012). Methodological triangulation: An approach to understanding data. *Nurse Researcher*, 20(2), 40-43. Retrieved from <http://www.nurseresearcher.co.uk>
- Bernard, H. R. (2013). *Social research methods: Qualitative and quantitative approaches*. Thousand Oaks, CA: SAGE.
- Bernard, H. R., & Bernard, H. R. (2012). *Social research methods: Qualitative and quantitative approaches*. Thousand Oaks, CA: SAGE.
- Bird, S. J. (2010). Responsible research: What is expected? *Science & Engineering Ethics*, 16(1), 693-696. doi:10.1007/s11948-010-9248-9
- Bishop, S. C. (2013). The rhetoric of study abroad: perpetuating expectations and results through technological enframing. *Journal of Studies in International Education*, 17(4), 398-413. doi:10.28315312472983
- Bögel, P. M. (2015). Processing of csr communication: Insights from the elm. *Corporate Communications*, 20(2), 128-143. <http://www.researchgate.net>

- Brakewood, E., & Poldrack, R. (2013). The ethics of secondary data analysis: Considering the application of Belmont principles to the sharing of neuroimaging data. *Neuroimage*, 82(1), 671-676. doi:10.1016/j.neuroimage.2013.02.040
- Buchanan, W. L. (2013). *Exploring sustainability: The key to corporate profitability in the 21st century* (Doctoral dissertation). Retrieved from ProQuest Dissertations and Theses database. (UMI No. 3604426).
- Burchett, H. E., Mayhew, S. H., Lavis, J. N., & Dobrow, M. J. (2013). When can research from one setting be useful in another? Understanding perceptions of the applicability and transferability of research. *Health Promotion International*, 28(1), 418-430. doi:10.1093/heapro/das026
- Cai, S., Goh, M., de Souza, R., & Li, G. (2013). Knowledge sharing in collaborative supply chains: Twin effects of trust and power. *International Journal of Production Research*, 51(1), 2060-2076. doi:10.1080/00207543.2012.701780
- Cairney, P., & St Denny, E. (2015). What is Qualitative Research. *International Journal of Social Research Methodology*, 18(1), 117-125. doi: 10.1080/13645579.2014.957434
- Cano-Kollmann, M., Cantwell, J., Hannigan, T. J., Mudambi, R., & Song, J. (2016). Knowledge connectivity: An agenda for innovation research in international business. *Journal of International Business Studies*, 47(3), 255-262. Retrieved from <https://link.springer.com/article/10.1057%2Fjibs.2016.8>

- Carayon, P., Wetterneck, T. B., Rivera-Rodriguez, A. J., Hundt, A. S., Hoonakker, P., Holden, R., & Gurses, A. P. (2014). Human factors systems approach to health care quality and patient safety. *Applied Ergonomics*, *45*(1), 14-25.
doi:10.1016/j.apergo.2013.04.023
- Carstensen, M. B. (2012). The relevance of an incremental approach to ideational change: a rejoinder to liam stanley. *Political Studies*, *60*(1), 720-728. doi:10.1111/j.1467-9248.2012.00984.x
- Casey, J. A., Schwartz, B. S., Stewart, W. F., & Adler, N. E. (2016). Using electronic health records for population health research: A review of methods and applications. *Annual Review of Public Health*, *37*(1), 61-81. Retrieved from:
<http://www.annualreviews.org>
- Cavazotte, F., Moreno, V., & Hickmann, M. (2012). Effects of leader intelligence, personality and emotional intelligence on transformational leadership and managerial performance. *The Leadership Quarterly*, *23*(1), 443-455.
doi:10.1016/j.leaqua.2011.10.003
- Charleston, L. J. (2012). A qualitative investigation of African Americans' decision to pursue computing science degrees: Implications for cultivating career choice and aspiration. *Journal of Diversity in Higher Education*, *5*(1), 222-243.
doi:10.1037/a0028918

- Chesley, N. (2014). Information and communication technology use, work intensification and employee strain and distress. *Work, Employment & Society, 28*(1), 589-610.
doi:10.1177/0950017013500112
- Chreim, S., & MacNaughton, K. (2016). Distributed leadership in health care teams: Constellation role distribution and leadership practices. *Health Care Management Review, 41*(3), 200-212. doi:10.1097/HMR.0000000000000073
- Christensen, M. (2014). Communication as a strategic tool in change processes. *International Journal of Business Communication, 51*(1), 359-385.
doi:10.1177/2329488414525442
- Cirnu, D., Busan, G., & Chirtoc, I. E. (2016). Organizational communication from the top down to sc artego as. *Annals-Economy Series, 3*(1), 22-25. Retrieved from <http://www.utgjiu.ro/revista/ec/pdf/v>
- Clements, A., Curtis, K., Horvat, L., & Shaban, R. Z. (2015). The effect of a nurse team leader on communication and leadership in major trauma resuscitations. *International Emergency Nursing, 23*(1), 3-7. doi:10.1016.2014.04.004
- Cortado, F. J., & Chalmeta, R. (2016). Use of social networks as a CSR communication tool. *Cogent Business & Management, 3*(1), 1-18.
doi:10.1080/23311975.2016.111187783.
- Cooren, F. (2015). *Organizational discourse: Communication and constitution*. John Wiley & Sons.

- Craig, R. T. (1999). Communication theory as a field. *Communication Theory*, 9(2), 119-161. doi:10.1111/11468-2885.1999.00166
- Cristina, B., Paula, P., & Ioana, S. (2016). The role of the organizational communication in achieving the corporate social responsibility goals. *PARIPEX-Indian Journal of Research*, 4(6), 501-502. Retrieved from <http://worldwidejournals.in/ojs/index.php/pijr/article/view/9292>
- Collum, T. H., Menachemi, N., & Sen, B. (2016). Does electronic health record use improve hospital financial performance? Evidence from panel data. *Health Care Management Review*, 41(3), 267-274. doi:10.1097/HMR.000000000000068
- Cronin, C. (2014). Using case study research as a rigorous form of inquiry. *Nurse Researcher*, 21(5), 19-27. doi:10.7748/nr.21.5.19.e1240
- Coombs, T., & Holladay, S. (2015). CSR as crisis risk: Expanding how we conceptualize the relationship. *Corporate Communications*, 20(2), 144-162. Retrieved from <http://www.researchgate.net>
- Dainton, M., & Zelle, E. D. (2014). *Applying communication theory for professional life: A practical introduction*. SAGE Publications.
- Davey, A., Asprey, A., Carter, M., & Campbell, J. L. (2013). Trust, negotiation, and communication: young adults' experiences of primary care services. *BMC Family Practice*, 14(1). doi:10.1186/1471-2296-14-202
- Denzin, N. K. (2012). Triangulation 2.0. *Journal of Mixed Methods Research*, 6(2), 80-88. doi:10.1177/1558689812437186

- Ding, W., Yang, F., Yang, H., Wang, J., Wang, X., Zhang, X., & Song, J. (2015). A hybrid power line and visible light communication system for indoor hospital applications. *Computers in Industry*, *68*(1), 170-178. doi:10.1016.2015.01.006
- Domnariu, C. D. (2014). Importance of communication in public health. *Acta Medica Transilvanica*, *19*(4), 161-162. Retrieved from http://www.amtsibiu.ro/Arhiva/2014/Nr4-en/Domnariu_en.pdf
- Dworkin, S. L. (2012). Sample size policy for qualitative studies using in-depth interviews. *Archives of Sexual Behavior*, *41*(1), 1319-1320. doi:10.1007/s105080120016-6
- Ekekwe, O. J. (2013). *Relationship between institutional frameworks and growth of SMEs in Nigeria's petroleum industry* (Doctoral dissertation). Retrieved from ProQuest Dissertations and Theses database. (UMI No. 3554901).
- Ellis, T. J., & Levy, Y. (2009). Towards a guide for novice researchers on research methodology: Review and proposed methods. *Issues in Informing Science and Information Technology*, *6*(1), 323-337. Retrieved from informingscience.org
- Elo, S., Kääriäinen, M., Kanste, O., Pölkki, T., Utriainen, K., & Kyngäs, H. (2014). Qualitative 10.1177/2158244014522633
- Elving, W. J. L., Golob, U., Podnar, K., Ellerup - Nielsen, A., & Thomson, C. (2015). The bad, the ugly and the good: New challenges for CSR communication. *Corporate Communications*, *20*(2), 118-127. Retrieved from <http://www.researchgate.net>

- Engleberg, I. N. (2016). The case for core competencies in introductory communication courses. *Review of Communication, 16*(2-3), 151-161.
doi:10.1080/15358593.2016.1187448
- Erlich, Y., & Narayanan, A. (2014). Routes for breaching and protecting genetic privacy. *Nature Reviews Genetics, 15*(1), 409-421. doi:10.1038/nrg3723
- Fein, E. C., & Kulik, C. T. (2011). Safeguarding access and safeguarding meaning as strategies for achieving confidentiality. *Industrial and Organizational Psychology: Perspectives on Science and Practice, 4*(1), 479-481. doi:10.1111/j.1754-9434.2011.01378.x
- Frantz, D. (2004). Change management. In G. Goethals, G. Sorenson, & J. Burns (Eds.), *Encyclopedia of Leadership*. (155-158). Thousand Oaks, CA: SAGE
doi:10.4135/9781412952392.40
- French, S. L., & Holden, T. Q. (2012). Positive organizational behavior: A buffer for bad news. *Business Communication Quarterly, 75*(2), 208-220.
doi:10.1177/1080569912441823
- García-Cabrera, A. M., & García-Barba Hernández, F. (2014). Differentiating the three components of resistance to change: The moderating effect of organization-based self-esteem on the employee involvement-resistance relation. *Human Resource Development Quarterly, 25*(1), 441-469. doi:10.1002/hrdq.21193
- Ghitza, U. E., Gore-Langton, R. E., Lindblad, R., Shide, D., Subramaniam, G., & Tai, B. (2013). Common data elements for substance use disorders in electronic health

records: the NIDA Clinical Trials Network experience. *Addiction*, *108*(1), 3-8.

doi:10.1111/1360-0443.2012.03876

Gibson, S., Benson, O., & Brand, S. L. (2013). Talking about suicide: Confidentiality and anonymity in qualitative research. *Nursing Ethics*, *20*(1), 18-29.

doi:10.1177/0969733012452684

Giroldi, E., Veldhuijzen, W., Leijten, C., Welter, D., van der Weijden, T., Muris, J., & van der Vleuten, C. (2014). 'No need to worry': An exploration of general practitioners' reassuring strategies. *BMC Family Practice*, *15*(1), 133-145.

doi:10.1186/1471-2296-15-133

Gong, B., Hoyte, D. S., & Greenwood, R. A. (2016). The impact of media choice and social capital on quality improvement. *Journal of the North American Management Society*, *1*(1). 1-56. Retrieved from <http://www.mbaa-nams.org>

Granata, R. L., & Hamilton, K. (2015). Exploring the effect of at-risk case management compensation on hospital pay-for-performance outcomes: Tools for change.

Professional Case Management, *20*(1), 14-29. doi:10.1097/.0000000000000067

Greiner, L. E. (1967). Patterns of organization change. *Harvard Business Review*, *45*(3), 119-130. Retrieved from <http://www.worldcat.org/title/patterns-of-organization-change/oclc/219963064>

Harden, H., & Fulop, L. (2015). The challenges of a relational leadership and the

- implications efficacious decision-making in health care. *Asia Pacific Journal of Health Management*, 10(3), 151-162. Retrieved from <http://www.achsm.org.au/journalhome.aspx?pageid=31>
- Harper, M., & Cole, P. (2012). Member checking: Can benefits be gained similar to group therapy? *The Qualitative Report*, 17(2), 510-517. Retrieved from <http://www.nova.edu>
- Haque, M. A., Dash, S. K., & Chowdhury, M. A. B. (2016). Maternal health care seeking behavior: The case of haor (wetland) in Bangladesh. *BMC Public Health*, 16(1), 592 -601. doi:10.1186/s12889-016-3296-2
- Hayes, B., Bonner, A., & Douglas, C. (2013). An introduction to mixed methods research for nephrology nurses. *Renal Society of Australasia Journal*, 9(1), 8-14. Retrieved from http://www.renalsociety.org/RSAJ/index_nl.html
- Heide, M., & Simonsson, C. (2014). Developing internal crisis communication: New roles and practices of communication professionals. *Corporate Communications: An International Journal*, 19(2), 128-146. doi:10.1108-09-2012-0063
- Hendriks, P. H., Ligthart, P. E., & Schouteten, R. L. (2016). Knowledge management, health information technology and nurses' work engagement. *Health Care Management Review*, 41(3), 256-266. doi:10.1097/HMR.0000000000000075
- Hewett, D. G., Watson, B. M., & Gallois, C. (2015). Communication between hospital doctors: Under accommodation and interpretability. *Language & Communication*, 41(1), 71-83. doi:10.1016/.2014.10.007

- Hoare, Z., & Hoe, J. (2013). Understanding quantitative research: Part 2. *Nursing Standard*, 27(18), 48-55. doi:10.7748/ns2013.01.27.18.48.c9488
- Houghton, C., Casey, D., Shaw, D., & Murphy, K. (2013). Rigor in qualitative case-study research. *Nurse Researcher*, 20(4), 12-17. doi:10.7748/2013.03.20.4.12.326
- Hsu, S. H., & Qu, S. Q. (2012). Strategic cost management and institutional changes in health care organizations. *European Accounting Review*, 21(3), 499-531. doi:10.1080/09638180.2012.658152
- Hutchinson, J., Whittle, J., & Rouncefield, M. (2014). Model-driven engineering practices in industry: Social, organizational and managerial factors that lead to success or failure. *Science of Computer Programming*, 89(1), 144-161. Retrieved from <http://www.idt.mdh.se/kurser/ISD>
- Issel, L. M. (2016). Experiment with management, not reimbursement. *Health Care Management Review*, 41(3), 177-283. doi:10.1097/HMR.0000000000000117
- Jang, B., Perry, M., Vangjeli, N., & Ducharme, L. (2016). A nonprofit model in a for-profit world: a closer look at sheltered workshops and sustainability as an employee run business. *School of Professional Studies*, 1(1), 1-101. Retrieved from <http://www.common.clarku.edu/>
- Jarvis, C. E. (2016). *The impact of communication style on organizational assimilation: A qualitative inquiry exploring generation y employees during their first year of employment with an organization* (Doctoral dissertation, Capella University). Retrieved from <http://gradworks.umi.com/10/10/10108827.html>

- Jensen, H. I., Ammentorp, J., Erlandsen, M., & Ording, H. (2012). End of life practices in danish icu's: Development and validation of a questionnaire. *BMC Anesthesiology*, *12*(1), 16-22. doi:10.1186/1471-2253-12-16
- Johnsen, H. M., Fruhling, A., & Fossum, M. (2016). An analysis of the work system framework for examining information exchange in a health care setting. *Communications of the Association for Information Systems*, *39*(1), 73-95. Retrieved from <http://aisel.aisnet.org>
- Jowers, I., Gaved, M., Elliott-Cirigottis, G., Dallison, D., Rochead, A., & Craig, M. (2016). Communication is not collaboration: Observations from a case study in collaborative learning. *Open Research Online*, *1*(1), 609-624. Retrieved from <http://www.oro.open.ac.uk/45331/>
- Kaesehage, K., Leyshon, M., & Caseldine, C. (2014). Communicating climate change – learning from business: Challenging values, changing economic thinking, innovating the low carbon economy. *Fennia*, *192*(2), 81-99. doi:10.11143/40867
- Kaiser, R. B., McGinnis, J., & Overfield, D. V. (2012). The how and the what of leadership. *Consulting Psychology Journal: Practice and Research*, *64*(1), 119-135. doi:10.1037/a0029331
- Kalanithi, L., Coffey, C. E., Mourad, M., Vidyarthi, A. R., Hollander, H., & Ranji, S. R. (2013). The effect of a resident-led quality improvement project on improving communication between hospital-based and outpatient physicians. *American Journal of Medical Quality*, *28*(6), 472-479. doi:10.1177/1062860613478976

- Kang, D., Jia, M., & Ju, R. (2016). The expanding territory of organizational communication in China. *Chinese Journal of Communication*, 9(3), 232-263. doi:1080/17544750.2016.1202292
- Kang, J., & Hyun, S. S. (2012). Effective communication styles for the customer-oriented service employee: Inducing dedicational behaviors in luxury restaurant patrons. *International Journal of Hospitality Management*, 3(1), 1772-1785. doi:10.1016/j.ijhm.2011.09.014
- Kartal, S. E. (2016). Determining school administrators' perceptions on institutional culture: A qualitative study. *Educational Process: International Journal*, 5(2), 152-166. doi:10.12973/edupij.2016.52.6
- Kelly, S., & Westerman, C. K. (2014). Immediacy as an influence on supervisor-subordinate communication. *Communication Research Reports*, 31(3), 252-261. doi:10.1080/08824096.2014.924335
- Keyser, R. S., Sawhney, R. S., & Marella, L. (2016). A management framework for understanding change in a lean environment. *Tékhne*, 56(1), 1-14. doi:10.1016/j.tekhne.2016.06.004
- Kim, S. (2016), "Strategic predisposition in communication management". *Journal of Communication Management*, 20(3), 232–254. doi:10.1108/JCOM-06-2015-0050
- King, B. J., Gilmore-Bykovskyi, A. L., Roiland, R. A., Polnaszek, B. E., Bowers, B. J., & Kind, A. H. (2013). The consequences of poor communication during transitions

- from hospital to skilled nursing facility: A Qualitative Study. *Journal of the American Geriatrics Society*, 61(1), 1095-1102. doi:10.1111/12328
- Kirkpatrick, I., Bullinger, B., Lega, F., & Dent, M. (2013). The translation of hospital management models in European health systems: A framework for comparison. *British Journal of Management*, 24(1), 48-61. doi:10.1111/1467-8551.12030
- Kohli, A. (2016). Problem of marketing within rural areas. *Paripex-Indian Journal of Research*, 5(5), 4-6 Retrieved from <http://www.worldwidejournals.in/ojs/index.php/pijr/article/view/5258>
- Komańda, M. (2016). Communication about a business model within an organization in the opinion of czechs and polish. *Economics and Culture*, 13(1), 21-30. doi:10.1515/jec-2016-0003
- Koschmann, M. A. (2016). A communication perspective on organizational stakeholder relationships: discursivity, relationality, and materiality. *Communication Research and Practice*, 1(1), 1-25. doi:10.1080/22041451.2016.1217383
- Kriss, S. (2016). *Mary parker follett: toward organizational communication ethics in a flattening and fearful world* (Doctoral dissertation, Duquesne University). Retrieved from <http://www.gradworks.umi.com/10/10/10109527.html>
- Kotter, J. P. (1996). Leading change. *Harvard Business Press*, 12(2), 60-61. Retrieved from <http://www.psu.edu>
- Kuang-Ming, K., Chung-Feng, L., & Chen-Chung, M. (2013). An investigation of the effect of nurses' technology readiness on the acceptance of mobile electronic

medical record systems. *BMC Medical Informatics & Decision Making*, 13(1), 1-4. doi:10.1186/1472-6947-13-88

Kushell, E. (2013). How rapid organizational change affects management perceptions. *Global Education Journal*, 1(1), 164-171. Retrieved from <http://www.franklinpublishing.net>

Kwofie, T. E., Adinyira, E., & Fugar, F. (2016). Modelling the effect of housing design unit contract packaging on mass housing project team communication performance. *Journal of Construction in Developing Countries*, 21(1), 35. doi:10.21315/jcdc2016.21.1.3

Lawrence, E., Ruppel, C. P., & Tworoger, L. C. (2014). The emotions and cognitions during organizational change: The importance of the emotional work for leaders. *Journal of Organizational Culture, Communications and Conflict*, 18(1), 257-273. Retrieved from <http://www.questia.com/library/journal/1G1-397579875/the-emotions-and-cognitions-during-organizational>

Lee, C., & Chang, J. (2013). Does trust promote more teamwork? Modeling online game players' teamwork using team experience as a moderator. *Cyberpsychology, Behavior and Social Networking*, 16(1), 813-819. doi:10.1089/cyber.2012.0461

Li, Z., Gupta, B., Loon, M., & Casimir, G. (2016). Combinative aspects of leadership style and emotional intelligence. *Leadership and Organization Development Journal*, 3(1), 107-125. doi:10.1108/LODJ-04-2014-0082

- Liton, H. A. (2016). Adopting intercultural communication issue in teaching english. *Lingua Cultura, 10*(1), 1-6. doi:10.21512/lc.v10i1.910
- Little, T. A., & Deokar, A. V. (2016). Understanding knowledge creation in the context of knowledge-intensive business processes. *Journal of Knowledge Management, 20*(5), 2-25. doi:10.1108/JKM-11-2015-0443
- Liu, X. (2016). Motivation management of project-based learning for business english adult learners. *International Journal of Higher Education, 5*(3), 137-145. doi:10.5430/ijhe.v5n3p137
- Lopez-Dicastillo, O., & Belintxon, M. (2014). The challenges of participant observations of cultural encounters within an ethnographic study. *Procedia - Social and Behavioral Sciences, 132*(1), 522-526. doi:10.1016/j.sbspro.2014.04.347
- Mahon, E. G., Taylor, S. N., & Boyatzis, R. E. (2015). Antecedents of organizational engagement: exploring vision, mood and perceived organizational support with emotional intelligence as a moderator. *The Impact of Shared Vision on Leadership, Engagement, and Organizational Citizenship, 5*(1), 129-140. doi:10.3389/fpsyg.2014.0132
- Mallah, M., Syed, S., & Memon, S. B. (2016). Role of communication in developing psychological contract breach: Mediating role of power distance. *Journal of Economics and Behavioral Studies, 8*(3), 6-13. Retrieved from <http://www.ifrnd.org>

- Malloy-Weir, L. J., Begoray, D., & Tatlock, J. (2016). Public health nurses' perceptions of health literacy in adolescent patients. *Journal of Nursing Education and Practice*, 6(11), 1-6. Retrieved from <http://www.sciedupress.com>
- Manojlovich, M., Harrod, M., Holtz, B., Hofer, T., Kuhn, L., & Krein, S. L. (2015). The use of multiple qualitative methods to characterize communication events between physicians and nurses. *Health Communication*, 30(1), 61-69. doi:10.1080/10410236.2013.835894
- Marin, A., Cordier, J., & Hameed, T. (2016). Reconciling ambiguity with interaction: Implementing formal knowledge strategies in a knowledge intensive organization. *Journal of Knowledge Management*, 20(5), 2-33. doi:10.1108/JKM-11-2015-0438
- Marshall, C. & Rossman, G. (2016). *Designing qualitative research* (6th ed.). Thousand Oaks: SAGE.
- Mason, M. (2010). Sample size and saturation in PHD studies using qualitative interviews. *Forum: Qualitative Sozialforschung*, 11(3), 1-19. Retrieved from <http://www.qualitative-research.net>
- Mazzei, A., & Ravazzani, S. (2015). Internal crisis communication strategies to protect trust relationships: A study of Italian companies. *Journal of Business Communication*, 52(1), 319-337. doi:10.1177/2329488414525447
- McCaslin, M. L., & Scott, K. W. (2003). The five-question method for framing a qualitative research study. *The Qualitative Report*, 8(1), 447-461. Retrieved from <http://www.nova.edu>

- Mishra, K., Boynton, L., & Mishra, A. (2014). Driving employee engagement: The expanded role of internal communications. *Journal of Business Communication*, 51(2), 183-202. doi:10.1177/2329488414525399
- Mohlala, J., Goldman, G. A., & Goosen, X. (2012). Employee retention within the information technology division of a South African bank. *South African Journal of Human Resource Management*, 10(2), 1-11. doi:10.4102/sajhrm.v10i2.438
- Moll, S. (2012). Navigating political minefields: Partnerships in organizational case study research. *Work*, 43(1), 5-12. doi:10.3233/wor-2012-1442
- Moore, K. (2014). Improving communication between emergency department staff. *Emergency Nurse*, 22(2), 29-36. doi:10.7748/2014.04.22.2.29.1251
- Mosquera, M., Melendez, V., & Latasa, P. (2015). Handling europe's first ebola case: Internal hospital communication experience. *AJIC: American Journal of Infection Control*, 43(4), 368. doi:10.1016/j.ajic.2015.01.015
- Morris, D., & Matthews, J. (2014). Communication, respect, and leadership: Interprofessional collaboration in health care organizations of rural ontario. *Canadian Journal of Dietetic Practice & Research*, 75(4), 173-179. doi:10.3148/cjdpr-2014-020
- Mukeredzi, T. (2012). Qualitative data gathering challenges in a politically unstable rural environment: A zimbabwean experience. *International Journal of Qualitative Methods*, 11(1), 1-11. Retrieved from <http://www.ualberta.ca>

- Murzina, J. S., & Tonysheva, L. L. (2016). Succession of business in russia: motives for owners business transfer under the conditions of economic instability. *Indian Journal of Science and Technology*, 9(27), 1-16.
doi:10.17485/ijst/2016/v9i27/97700
- Nabie, A., & Ome, B. (2016). Effective communication: a key component to reduce workplace stress. *International Advanced Journal of Teaching and Learning*, 2(5), 15-21. Retrieved from <http://www.ztjournals.com>
- Naranjo-Gil, D. (2015). The role of top management teams in Health care organizations facing strategic change: effects on performance. *International Journal of Health Care Management*, 8(1), 34-41. doi:10.1179/2047971914Y.0000000078
- Neil, R., Wagstaff, C. R., Weller, E., & Lewis, R. (2016). Leader behavior, emotional intelligence, and team performance at a UK government executive agency during organizational change. *Journal of Change Management*, 1(1), 1-25.
doi:10.1080/14697017.2015.1134624
- Nenty, H. J. (2009). Writing a quantitative research thesis. *International Journal of Educational Sciences*, 1(1), 19-32. Retrieved from <http://www.krepublishers.com>
- Niazi, M., Mahmood, S., Alshayeb, M., Riaz, M. R., Faisal, K., Cerpa, N., & Richardson, I. (2016). Challenges of project management in global software development: A client-vendor analysis. *Information and Software Technology*, 80(1), 1-19.
doi:10.1016/j.infsof.2016.08.002

- Noblin, A., Cortelyou-Ward, K., Cantiello, J., Breyer, T., Oliveira, L., Dangiolo, M., & Berman, S. (2013). EHR implementation in a new clinic: A case study of clinician perceptions. *Journal of Medical Systems, 37*(4), 2-6. doi:10.1007/s10916-013-9955-2
- Norton, L. (2015). Integral design leadership: Health care design as extraordinary service: An interview with Peter Jones. *Integral Leadership Review 1*(15), 236-242. Retrieved from <http://integrallleadershipreview.com>
- Neves, P., & Eisenberger, R. (2012). Management communication and employee performance: The contribution of perceived organizational support. *Human Performance, 25*(5), 452-464. doi:10.1080/08959285.2012.721834
- Nzitunga, J. B. (2016). Influence of organizational communication on public employees' organizational commitment and job satisfaction. *Business, Management and Economics Research, 2*(2), 24-30. Retrieved from <http://zenithresearch.org.in>
- Ocasio, W., Loewenstein, J., & Nigam, A. (2015). How streams of communication reproduce and change institutional logics: The role of categories. *Academy of Management Review, 40*(1), 28-48. doi:10.5465/amr.2013.0274
- Osagie, E. R., Wesselink, R., Blok, V., Lans, T., & Mulder, M. (2016). Individual competencies for corporate social responsibility: A literature and practice perspective. *Journal of Business Ethics, 135*(2), 233-252. doi:10.1007/s10551-014-2469-0
- Ortega, A., Bossche, P., Sánchez-Manzanares, M., Rico, R., & Gil, F. (2014). The

influence of change-oriented leadership and psychological safety on team learning in health care teams. *Journal of Business & Psychology*, 29(2), 311-321.

doi:10.1007/s10869-013-9315-8

Özkan, B. (2015). Information and communication technologies and organizational culture in the Turkish ministry of foreign affairs. *Perceptions*, 20(4), 37. Retrieved from <http://www.sam.gov.tr>

Patterson, P. (2016). Retrospective: Tracking the impact of communications effectiveness on client satisfaction, trust and loyalty in professional services. *Journal of Services Marketing*, 30(5), 2-14. doi:10.1108/JSM-05-2016-0190

Payne, H. J. (2014). Examining the relationship between trust in supervisor–employee relationships and workplace dissent expression. *Communication Research Reports*, 31(2), 131-140. doi:10.1080/08824096.2014.907141

Pearce, J. L., & Klein, K. (2016). Are secret proceedings why longer tenured employees trust their organizations least? *Journal of Leadership and Organizational Studies*. 1(1). Retrieved from <http://escholarship.org/uc/item/0dp8t44h>

Peccei, R., Giangreco, A., & Sebastiano, A. (2011). The role of organizational commitment in the analysis of resistance to change: Copredictor and moderator effects. *Personnel Review*, 40(2), 185-204. doi:10.1108/00483481111106075

Petty, N. J., Thomson, O. P., & Stew, G. (2012). Ready for a paradigm shift? Part 1: Introducing the philosophy of qualitative research. *Manual Therapy*, 17(1), 267-274. doi:10.1016/2012.03.006

- Poulis, K., Poulis, E., & Plakoyiannaki, E. (2013). The role of context in case study selection: An international business perspective. *International Business Review*, 22(1), 304-314. doi:10.1016/j.ibusrev.2012.04.003
- Powell, S., Owen M., & Stefani, D. (2014). Changes in hospital case management through the years. *Professional Case Management*, 19(1), 253-254. doi:10.1097/NCM.0000000000000061
- Quinn, A. E. (2014). Effective communication in a time of connectivity: An interview with Dr. Beverly Helms. *Delta Kappa Gamma Bulletin*, 80(3), 6-10. Retrieved from <https://www.dkg.org/>
- Rajashi, B. N., & Joshi, A. (2016). Ethics in business communication—much talked about less understood. *PARIPEX-Indian Journal of Research*, 4(9), 194-195. Retrieved from www.worldwidejournals.in
- Rashidian, M., Minichiello, V., Knutsen, S. F., & Ghamsary, M. (2016). Barriers to sexual health care: a survey of Iranian-American physicians in california, usa. *BMC Health Services Research*, 16(1), 1-11. doi:10.1186/s12913-016-1481-8
- Rebllon, C. J., & Modecki, K. L. (2014). Accounting for projection bias in models of delinquent peer influence: the utility and limits of latent variable approaches. *Journal of Quantitative Criminology*, 30(2), 163-186. doi:10.1007/s10940-013-9199-9

- Robison, J. (2012). Boosting engagement at stryker. *Gallup Management Journal*, 1(1), 1-5. Retrieved from <http://gmj.gallup.com/content/150956/Boosting-Engagement-Stryker.aspx>
- Rubin, H. J., & Rubin, I. S. (2012). *Qualitative interviewing: The art of hearing data*. Thousand Oaks, CA.SAGE.
- Safo, S., Cunningham, C., Beckman, A., Haughton, L., & Starrels, J. L. (2016). A place at the table: A qualitative analysis of community board members' experiences with academic HIV/aids research. *BMC Medical Research Methodology*, 16(1), 1-9. doi:10.1186/s12874-016-0181-8
- Salmela, S., Eriksson, K., & Fagerström, L. (2012). Leading change: a three-dimensional model of nurse leaders' main tasks and roles during a change process. *Journal of Advanced Nursing*, 68(1), 423-433. doi:10.1111/j.1365-2648.2011.05802.x
- Sandelowski, M. (1995), Sample size in qualitative research. *Research in Nursing and Health*, 18(1), 179-183. doi:10.1002/nur.4770180211
- Salvati, P., Pernice, U., Bianchi, C., Marchesini, I., Fiorucci, F., & Guzzetti, F. (2016). Communication strategies to address geohydrological risks: The Polaris web initiative in Italy. *Natural Hazards and Earth System Sciences*, 16(6), 1487-1497. doi:10.5194/nhess-16-1487-2016
- Sandeep, R. K. A., & Panwar, N. (2016). World class manufacturing (WCM) practices: An introspection. *International research Journal of Engineering and Technology*. 3(5), 1-4. Retrieved from <http://irjet.net>

- Sanden , G.R. (2016) Language: The sharpest tool in the business strategy toolbox, *Corporate Communications: An International Journal*, 21(3), 274-288.
doi:10.1108/CCIJ-08-2014-0051
- Scannell, L., & Gifford, R. (2013). Personally relevant climate change the role of place attachment and local versus global message framing in engagement. *Environment and Behavior*, 45(1), 60-85. doi:10.1177/0013916511421196
- Sheremeta R. M., & Zhang, J. (2014). Three-player trust game with insider communication. *Economic Inquiry*, 52(1), 576-591. doi:10.1111/ecin.12018
- Shi, C., & Omachnu, V. (2016). A conceptual framework for analyzing quality gaps in consulting services. *Universal Journal of Management*, 4(7), 375-385.
doi:10.13189/ujm.2016.040701
- Shivji, F. S., Ramoutar, D. N., Bailey, C., & Hunter, J. B. (2015). Improving communication with primary care to ensure patient safety post-hospital discharge. *British Journal of Hospital Medicine*, 76(1), 46-49. doi:10.12968.2015.76.1.46
- Simoës, P., & Esposito, M. (2014). Improving change management: How communication nature influences resistance to change. *Journal of Management Development*, 33(2), 324-341. Retrieved from <http://www.researchgate.net>
- Sinkowitz-Cochran, R. L., Burkitt, K. H., Cuerdon, T., Harrison, C., Shasha Gao, Obrosky, D. S., & Jernigan, J. A. (2011). The associations between organizational culture and knowledge, attitudes, and practices in a multicenter veteran's affairs quality improvement initiative to prevent methicillin-resistant staphylococcus

aureus. *American Journal of Infection Control*, 40(1), 138-143.

doi:10.1016/j.ajic.2011.04.332

Skrzypek, M. (2014). The social origin of the illness experience-an outline of problems.

Annals of Agricultural and Environmental Medicine: AAEM, 21(2), 654-660. doi:

10.5604/12321966.1120619

Spânu, F., Băban, A., Bria, M., Lucăcel, R., Florian, I. Ș., & Rus, L. (2013). Error

communication and analysis in Health care organizations: The role of leadership

and interpersonal climate. *Procedia - Social and Behavioral Sciences*, 84(1), 949-

953. doi:10.1016/j.sbspro.2013.06.680

Spence, J., Murray, T., Tang, A. S., Butler, R. S., & Albert, N. M. (2011). Nighttime

noise issues that interrupt sleep after cardiac surgery. *Journal of Nursing Care*

Quality, 26(1), 88-95. doi:10.1097/NCQ.0b013e3181ed939a

Spencer, R. W. (2013). Work is not a game. *Research-Technology Management*, 56(6),

59-64. doi:10.5437/08956308X5606007

Stake, R. E. (2010). *Qualitative research: Studying how things work*. New York, NY:

The Guilford Press.

Stensaker, I. G., & Meyer, C. B. (2011). Change experience and employee reactions:

Developing capabilities for change. *Personnel Review*, 41(1), 106-124

doi:10.1108/00483481211189974

Stewart, M. J., Georgiou, A., Hordern, A., Dimigen, M., & Westbrook, J. I. (2012). What

do radiology incident reports reveal about in-hospital communication processes

- and the use of health information technology? *Study of Health Technologies and Informatics*, 178(3), 213-218. doi:10.3233/978-1-61499-078-9-213
- Street, C. T., & Ward, K. W. (2012). Improving validity and reliability in longitudinal case study timelines. *European Journal of Information Systems*, 21(1), 160-175. doi:10.1057/ejis.2011.53
- Suter, E., Goldman, J., Martimianakis, T., Chatalalsingh, C., Dematteo, D. J., & Reeves, S. (2013). The use of systems and organizational theories in the interprofessional field: Findings from a scoping review. *Journal of Interprofessional Care*, 27(1), 57-64. doi:10.3109/13561820.2012.739670
- Szczanowicz, J., & Saniuk, S. (2016). Evaluation and reporting of csr in sme sector. *Management*, 20(1), 96-110. doi: 10.1515/manment-2015-0027
- Takian, A., Sheikh, A., & Barber, N. (2014). Organizational learning in the implementation and adoption of national electronic health records: Case studies of two health care organizations participating in the national programme for information technology in England. *Health Informatics Journal*, 20(3), 199-212. doi:10.1177/1460458213493196
- Tata, J., & Prasad, S. (2015). CSR communication: An impression management perspective. *Journal of Business Ethics*, 132(4), 765-778. doi:10.1007/s10551-014-2328-z

- Tell, J., & Gabrielsson, J. (2013). Management development in small firms: Understanding the learning dilemma for small business managers. *International Journal of Innovation Science*, 5(3), 143-152. doi:10.1260/1757-2223.5.3.143
- Tirgari, V. (2012). Information technology policies and procedures against unstructured data: A phenomenological study of information technology professionals. *Academy of Information & Management Sciences Journal*, 15(1), 87-106.
Retrieved from
<http://alliedacademies.org/public/Journals/JournalDetails.aspx?jid=10>
- Tiwari, D. K. (2016). Evolution of groupware: A boon for business in group environment. *International Journal of Innovative Research and Development*, 5(8), 207-210. Retrieved from <http://www.ijird.com>
- Thomas, E., & Magilvy, J. (2011). Qualitative rigor or research validity in qualitative research. *Journal for Specialists in Pediatric Nursing*, 16(1), 151-155.
doi:10.1111/j.1744-6155.2011.00283.x
- Togna, G. (2014). Does internal communication to generate trust always increase commitment? A study at micron technology. *Corporate Communications*, 19(1), 64-81. doi:10.1108/CCIJ-07-2012-0046
- Trotter, A. R., Matt, S. B., & Wojnar, D. (2014). Communication strategies and utilized by health care providers with hearing loss: A pilot study. *American Journal of Audiology*, 23(1), 7-19. doi:10.1044/1059-0889

- Tufford, L., & Newman, P. (2012). Bracketing in qualitative research. *Qualitative Social Work, 11*(1), 80-96. doi:10.1177/1473325010368316
- Turner, D. W. III. (2010). Qualitative interview design: A practical guide for novice investigators. *The Qualitative Report, 15*(1), 754-760. Retrieved from <http://www.nova.edu/ssss/Q>
- Ulbinaitė, A., & Zdanovic, G. (2016). Management and intrinsic hurdles in the development process of integrated communication between service providers and consumers. *Business and Management 2016, 1*(1), 1-9. doi:10.3846/bm.2016.26
- Walker, J. L. (2012). Research column: The use of saturation in qualitative research. *Canadian Journal of Cardiovascular Nursing, 22*(2), 37-41. Retrieved from <http://www.cccn.ca/content.php?doc=21>
- Wang, Q., Fink, E. L., & Cai, D. A. (2012). The effect of conflict goals on avoidance strategies: What does not communicating communicate? *Human Communication Research, 38*(2), 222-252. doi:10.1111/1468-2958.2011.01421
- Watson, B. M., Angus, D., Gore, L., & Farmer, J. (2015). Communication in open disclosure conversations about adverse events in health care organizations. *Language & Communication, 57*(3), 261-167. doi:10.1016/j.langcom.2014.10.013
- Whiffin, C. J., Bailey, C., Ellis-Hill, C., & Jarrett, N. (2014). Challenges and solutions during analysis in a longitudinal narrative case study. *Nurse Researcher, 21*(4), 20-26. Retrieved from <http://rcnpublishing.com/journal/nr>

- White, J., & Drew, S. (2011). Collecting data or creating meaning? *Qualitative Research Journal*, *11*(1), 3-12. doi:10.3316/QRJ1101003
- White, D. E., Oelke, N. D., & Friesen, S. (2012). Management of a large qualitative data set: Establishing trustworthiness of the data. *International Journal of Qualitative Methods*, *11*(3), 244-258. Retrieved from <http://www.ualberta.ca/~ijqm/>
- Whitman, M. V., Halbesleben, J. B., & Holmes, O. (2014). Abusive supervision and feedback avoidance: The mediating role of emotional exhaustion. *Journal of Organizational Behavior*, *35*(1), 38-53. doi:10.1002/job.1852
- Williams, M., Alban, R. F., Hardy, J. P., Oxman, D. A., Garcia, E. R., Hevelone, N., & Rogers, J. O. (2014). Administration and management: In-hospital fellow coverage reduces communication errors in the surgical intensive care unit. *Journal of Critical Care*, *29*(1), 445-449. doi:10.1016/j.jcrc.2014.01.004
- Wilson, C. V. (2012). *Postimplementation planning and organizational structure of enterprise resource planning systems* (Doctoral dissertation). Retrieved from ProQuest Dissertations and Theses database. (UMI No. 3512581).
- Winkler, L., & Zerfass, A. (2016). Strategy and organizational culture—Conceptualizing the interplay of key concepts in communication. *Globe: A Journal of Language, Culture and Communication*, *3*(1), 108-120. Retrieved from <http://www.aau.dk>
- Wisdom, J. P., Cavaleri, M. A., Onwuegbuzie, A. J., & Green, C. A. (2012). Methodological reporting in qualitative, quantitative, and mixed methods health

services research articles. *Health Services Research*, 47(1), 721-745.

doi:10.1111/j.1475-6773.2011.01344.x

Wu, R. C., Tran, K., Lo, V., O'Leary, K. J., Morra, D., Quan, S. D., & Perrier, L. (2012).

Effects of clinical communication interventions in health care organizations: A systematic review of information and communication technology adoptions for improved communication between clinicians. *International Journal of Medical Informatics*, 81(1), 723-732. doi:10.1016/j.ijmedinf.2012.05.014

Yap, J. B. H., Abdul-Rahman, H., & Wang, C. (2016). A conceptual framework for managing design changes in building construction. *MATEC Web of Conferences*, 66(1), 21-31.:doi:10.1051/mateconf/20166

Yalabik, Z. Y., van Rossenberg, Y., Kinnie, N., & Swart, J. (2015). Engaged and committed? The relationship between work engagement and commitment in professional service firms. *The International Journal of Human Resource Management*, 26(1), 1602-1621. doi:10.1080/09585192.2014.953972

Yazan, B. (2015). Three approaches to case study methods in education: Yin, Merriam, and Stake. *The Qualitative Report*, 20(2), 134-152. Retrieved from <http://nsuworks.nova.edu/tqr/vol20/iss2/12>

Yerrapragada, N., & Petersen, D. (2016). Framing the future: exploring inter-professional education and practice in an undergraduate course. *Health Care Transformation*, 1(2), 102-113. Retrieved from <http://www.liebertpub.com>

- Yilmaz, K. (2013). Comparison of quantitative and qualitative research traditions: Epistemological, theoretical, and methodological differences. *European Journal of Education, 48*(1), 311-325. doi:10.1111/ejed.12014
- Vimala, G., & Omar, S. Z. (2016). Interpersonal communication skill barrier faced by cardiology doctors at national heart center Malaysia. *International Journal of Academic Research in Business and Social Sciences, 6*(6), 355-369. doi:10.6007/IJARBSS/v6-i6/2202
- Yin, R. K. (2011). *Qualitative research from start to finish* (3rd ed.). Thousand Oaks, CA: SAGE.
- Yin, R. K. (2014). *Case study research: Design and methods* (5th ed.). Thousand Oaks, CA: SAGE.
- Yoerger, M., Crowe, J., & Allen, J. A. (2015). Participate or else! The effect of participation in decision-making in meetings on employee engagement. *Consulting Psychology Journal: Practice and Research, 67*(1), 65-80. doi:10.1037/cpb0000029
- Yu, Z. A. N. G. (2016). Research on the integration of Chinese immigrants in Turin: A case study of bar Francesca. *Canadian Social Science, 12*(6), 50-57. doi:10.3968/8503
- Zacher, H., Chan, F., Bakker, A. B., & Demerouti, E. (2015). Selection, optimization, and compensation strategies: Interactive effects on daily work engagement. *Journal of Vocational Behavior, 87*(1), 101-107. doi:10.1016/j.jvb.2014.12.008

- Zhang, L. L. (2016). Error analysis of business English translation based upon functional theory. *Advances in Literary Study*, 4(1), 37-40. doi:10.4236/als.2016.43007
- Zhang, X., & Zhou, J. (2014). Empowering leadership, uncertainty avoidance, trust, and employee creativity: Interaction effects and a mediating mechanism. *Organizational Behavior and Human Decision Processes*, 124(1), 150-164. doi:10.1016/j.obhdp.2014.02.002
- Ziehm, J., Farin, E., Schäfer, J., Woitha, K., Becker, G., & Köberich, S. (2016). Palliative care for patients with heart failure: facilitators and barriers-a cross sectional survey of German health care professionals. *BMC Health Services Research*, 16(1), 1-10. doi:10.1186/s12913-016-1609-x

Appendix A: Invitation Email

Hello,

My name is Amber Smith and I am a doctoral student at Walden University, living in the El Paso, Texas, and I am currently working on my doctoral research study, Communication Strategies used in Organizational Change in a Health Care Organization. The purpose of my study is to explore the strategies health care leaders' use to communicate change during organizational change.

You have been invited to participate in my study because you are a health care leader in the El Paso, Texas area who has experiences with strategies for communicating change you are invited to participate because you have been with the health care organization for over one year. The benefits of participating in this study include access to the study results via a 1-2 page summary and the ability to apply study findings to the health care organization.

If you agree to be in this study, you will be asked to:

- Participate in a face-to-face interview and document review that will last between 45 – 60 minutes.
- Provide secondary data documentation at the time of the interview such records, meeting notes, policy changing documents, or any type of communication used at the organization during the operation of organizational change.
- Be willing to meet with me at a public location chosen by you during a time that is convenient for you.
- Review the summarized interview and answer any follow-up questions through member checking which will last approximately 30 minutes.

Participation in this study is voluntary and your name, health care organizations name, and all gathered data will remain confidential. Your privacy is my priority at every step of this study. Your name and your business name will not appear at any time within the study. Your personal information will not be used for any purposes outside of the study. If you are interested, please reply to this email and let me know your availability for an interview that is convenient for you. I can also be reached via my cell phone, [REDACTED] [REDACTED] if you have any questions about this study.

Thank you for your time and consideration.

Amber Smith
DBA Student
Walden University

Appendix B: Interview Protocol

Interview Protocol	
What you will do	What you will say script
Introduce the interview and set the stage—often over a meal or coffee	My name is Amber Smith, and you are here to participate voluntarily in the interview for my research with the communication strategies change within the hospital.
Watch for non-verbal queues Paraphrase as needed Ask follow-up probing questions to get more in-depth	What communication strategies did you use as a Health care leader to communicate change to hospital personnel?
	2. What communication strategies are important to have during organizational change?
	3. How did you continue to develop your communication strategies in order to prepare you for organizational changes?
	How did you share information that you received during management change was communicated to you by hospital personnel?
	What mode of communication did you use that worked the best for organization change (email, newsletter, or face-to-face)? Why did you see this as the best mode of communication?
	How did upper-level management communicate with you the requirements and responsibilities for change?
	How did you continue to communicate changes that are occurring within the hospital?
	How did you communicate to the upper-level management during a change in the day-to-day activities?
	How does the communication about new responsibilities and requirements within the hospital differentiate from how communication has been previously within the hospital?
	What other communication strategies do you use during organizational change, which we did not discuss, do you wish to share?
Wrap up interview thanking participant	Thank you so much for spending this time and helping me out understand the communication strategies in a

