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Healthcare Administrator Strategies for Nurse Engagement to Increase Patient Care

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Abstract

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MA, Webster University, 2013

BA, Southern Illinois University Carbondale, 2011

Doctoral Study Submitted in Partial Fulfillment

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Abstract

Healthcare administrators can improve patient care and safety by stimulating nurse engagement as a means of improving internal relationships. The purpose of this case study was to explore engagement strategies that healthcare administrators use to stimulate nurse engagement. Data were collected using semistructured interviews with 4 healthcare administrators in a Missouri hospital setting. The engagement theory informed the conceptual framework of the study. Data were analyzed using Yin's 5-step process that included compiling, disassembling, reassembling, interpreting, and concluding. Analysis revealed 4 major themes: teamwork, nurse and administrator communication, nurse recognition, and nurse empowerment. Strategies were identified through the exploration and analysis of the 4 themes, and the major findings included healthcare administrators increase trust with nurses by forming teams, and administrators who increase communication are more likely to stimulate nurse engagement. The social change implication for this study was that findings of nurse engagement may lead to improved patient care and contribute to a positive patient experience, which benefit patients and their families. Improved patient care may lead to greater faith and credence in medical care benefiting citizens, practitioners, and healthcare administrators.

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Dedication

I dedicate this work, first and foremost, to my mom and dad. Their love and support, no matter what situation God gave me in life, has always prevailed. Mom is the most intelligent, successful, and strong woman that I strive to become every day. Her profession has inspired me to complete this doctoral study in the nursing field. She shows me how to be fierce, intelligent, and compassionate. As for my Pop, I have several of his traits to include intelligence, leadership ability, and perseverance; most importantly, he shows me to be unstoppable with my goals. Thank you for guiding me through my education, military career, and life. I am truly appreciative of the hard work and long days that they both put in to provide me and my three siblings with the best life and values imaginable. I want to make them proud to show them that all of their hard work in life was worth it. Thank you from the bottom of my heart.

Additionally, I would like to dedicate this doctoral study to my sister and two brothers. My sister, Laura, has inspired me to write this study, as she has been a nurse in the neurosciences unit for fifteen years and is now a documentation improvement specialist. I always looked up to her intelligence and beauty and wanted to be just like my big sis. My older brother, David, has inspired me to never give up and could always be counted on to be tough on me when I did not want to hear it, yet needed it the most. My baby brother, Bradley, has listened to my complaints and been a shoulder to cry on whenever my doctoral research became overwhelming. I love my siblings from the bottom of my heart and work to stay best friends with each of them.

Acknowledgments

I want to acknowledge the teaching and support of my Doctoral Chair, Dr. Michael Gottleib. Without his constant support, mentorship, and remarkable teaching ability, this degree would have been much longer and more painful. As my doctoral chair, I will forever look up to Dr. Gottleib and his contributions to academia. He has been personable, professional, and the professor to emulate; he has taught me to become tougher and more critical of myself as a professional and scholar. I want to thank him for being a constant support as well as for becoming my favorite professor.

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Section 1: Foundation of the Study

Because of new technology, healthcare insurance expansion, and an increased life expectancy rate, medical services rendered to patients are of growing concern in the United States (Li, Pittman, Han, & Lowe, 2017). Patient consideration is an important factor towards achieving hospital success in terms of reputation and finances. When care is neglected, patients suffer. According to the Institute for Healthcare Improvement, patient care and satisfaction is the primary driver of patient safety (St. Onge & Parnell, 2015). Positive patient satisfaction increases the financial success of hospitals because of patient referrals and reimbursements (Ferrand et al., 2016). Furthermore, employee engagement is an effectual tool that influences the performance of hospitals in terms of patient care and satisfaction (Lightle, Castellano, Baker, & Sweeney, 2015; Lu, Lu, Gursoy, & Neale, 2016).

Background of the Problem

As a result of the concern for improved medical services, hospital administrators must address patient care and satisfaction, which directly influences hospital reputation and finances (Barrick, Thurgood, Smith, & Courtright, 2015; Lightle et al., 2015). The engagement between healthcare administrators and nurses becomes a critical factor to achieve a positive overall patient experience and contribute to the financial success of hospitals. The focus of this study was to explore effective strategies of stimulating nurse engagement with healthcare administrators in a hospital setting.

Problem Statement

Engagement between nurses and healthcare administrators can affect the quality of patient care, which in turn, affects hospital quality management (Barrick et al., 2015; Feather, Ebright, & Bakas, 2015). A lack of employee engagement led to employee errors and discontinuity that cost a median of $6,306 per patient hospitalization between 2008 and 2011 (Turner et al., 2014) and made hospital employee errors the third leading cause of death in the United States (Abbasi, 2016). The general business problem was that marginal engagement between nurses and healthcare administrators results in discontinuity, which leads to negative patient experiences that negatively affect hospital costs. The specific business problem was that some healthcare administrators lack strategies to stimulate nurse engagement.

Purpose Statement

The purpose of this qualitative case study was to explore strategies healthcare administrators use to stimulate nurse engagement. In this single case study, I focused on a hospital located in the state of Missouri with a target population of four healthcare administrators who had successfully implemented employee engagement strategies. The social change implication for this study was that findings of nurse engagement may lead to improved patient care and contribute to a positive patient experience incidental to faith and credence in medical care. This may reduce patients' costs, thereby benefiting patients' families.

Nature of the Study

I used a qualitative research methodology in this study. Researchers use the qualitative method to explore phenomena using people's experiences and records of behavior in a natural setting (Taylor, Bogdan, & DeVault, 2015). In contrast, a researcher who uses the quantitative method focuses on the formulation of a hypothesis and the establishment of a correlational relationship between variables and outcomes (Choy, 2014). A researcher that uses the mixed-method approach is interested in collecting data using both the quantitative and qualitative research methodologies to provide more thorough answers to research questions (Turner, Cardinal, & Burton, 2017). A qualitative research methodology was most appropriate for this study as my intent was to explore the opinions and behavior of individuals in a specific context.

I used a single case study design for this study based on the objective of gaining a deep understanding of a selective, small group of participants' experiences. Researchers use case study research to gain an in-depth understanding of a complex case to explain *what*, *how*, or *why* (Gog, 2015; Yin, 2017). A researcher who uses the ethnographic approach is concerned with studying experiences of a culture over an extended period (Rashid, Caine, & Goez, 2015). The purpose of the study was not to explore the cultural patterns of a group over time, rather I intended to study a certain phenomenon within a group; hence, an ethnographic design was not appropriate. Phenomenology is the method of using personal experiences of human beings (Willis, Sullivan-Bolyai, Knafl, & Cohen, 2016). Due to the need for a descriptive exploration of a small group in my study, a phenomenological design would have only partially fit the intended purpose of my

research. My intention was to gain an in-depth understanding of a complex case to explain what strategies administrators apply to increase engagement. As a result, I chose the case study design rather than ethnography or phenomenology.

Research Question

The research question guiding this study was: What strategies do healthcare administrators use to stimulate nurse engagement?

Interview Questions

1. What are your strategies for motivating nurses to do their job?
2. What conditions (i.e., awards, the possibility for promotion and/or pay raises, increased vacation time) in your hospital culture promote effective engagement between yourself and the nurse?
3. What are the challenges with implementing specific engagement strategies?
4. How do you evaluate the effectiveness of engagement between you and your nurses?
5. How do the nurse and healthcare administrator relationship affect nurse motivation to stimulate patient care/safety and overall patient experience?
6. What additional information about engagement would you like to add?

Conceptual Framework

The engagement theory served as the conceptual framework for this research study. The engagement theory was developed by Kahn (1990) to explain the degree to which people are psychologically present in any single moment of work. The amount to which people see themselves cognitively, emotionally, and physically influences how

they perform their jobs and how they fit into personal roles in an organization (Kahn, 1990). The engagement theory developed from work motivation stemming from Maslow's hierarchy of needs (Valentin, Valentin, & Nafukho, 2015).

Employee engagement involves motivation from different situations and experiences. Engagement is constructed through different means: passion, affiliation, participation, attention, captivation, and incorporation (Whitton & Moseley, 2014). These constructs enable an employer to influence employee engagement to improve organizational performance. Managers, using motivational strategies, influence employee engagement; therefore, I expected that Kahn's (1990) engagement theory was an appropriate conceptual framework through which to view administrator strategies to enhance employee engagement in this study.

Operational Definitions

Employee engagement: An approach used to develop an employee's psychological state of meaningfulness, availability of work-related resources, and trust of self-expression in his or her work (Hansen, Byrne, & Kiersch, 2014).

Engagement strategies: Actions that influence the effective communication between the leader and subordinate, which influences organizational communication, decision-making, problem-solving, coordinating, goal setting, and change management techniques (Men, 2014).

Healthcare administrator: An individual who acts as the nursing supervisor and is a key agent in the development of innovation and achieving success for the hospital (Carrington, 2016).

Nonpunitive error: An error that, when reported, does not cause punishment nor harm to a nurse's career (Ghahramanian, Rezaei, Abdullahzadeh, Sheikhalipour, & Dianat, 2017).

Personal adjustment: An employee's ability to adjust to differing tasks or varying conditions that can either help or hinder their level of involvement (Kahn, 1990).

Assumptions, Limitations, and Delimitations

Assumptions

Assumptions are used in the development of a study in which the researcher assumes specific ideas as factual (Marshall & Rossman, 2016). In this research, I assumed that engagement techniques may improve the nurse and healthcare administrator relationship and have a positive effect on the hospital's profit margin. Another assumption was that administrators would provide honest and unbiased responses to describe their specific experiences relating to the research question. I assumed that the selection of participants who had nonreporting relationships among themselves would facilitate open disclosure. Additionally, I assumed that I would understand the responses provided by the participants well enough to categorize and analyze the data into themes. My development of themes in this study supported this assumption.

Limitations

Limitations are the conceptual boundaries in a study that the researcher cannot alter (Marshall & Rossman, 2016). In qualitative case study research, the researcher identifies limitations to portray that he or she will not overly generalize what was learned from the study (Marshall & Rossman, 2016). Every study has limitations due to personal

reserves and the researcher's analytic experience (Corbin, Strauss, & Strauss, 2014). One limitation of this study was that this was the first case study I have conducted. This was mitigated by taking doctoral courses, participating in lectures and discussion boards, researching dissertations, and reading peer-reviewed articles. Another limitation was the population size because the case study was conducted in a single hospital. Small samples are less transferable to a broader population.

Delimitations

Delimitations are the entities that can be controlled by the researcher within the bounded context (Yazan, 2015). The first delimitation was the use of a single case study design with four healthcare administrators working at one medical center. It was possible to gather data from other hospitals; however, it was geographically easier for me to conduct interviews at a single hospital setting. Another delimitation was the use of interviews and published research for gathering the data. This excluded other useful information that could have been gathered.

Significance of the Study

The significance of this study stems from an exploration to seek effective strategies that stimulate nurse engagement with healthcare administrators in a hospital setting. Ensuring a hospital's success requires high-quality patient safety and satisfaction. If patient safety and satisfaction are measures of hospital success, then employee engagement, using increased communication, influences hospital success (Lightle et al., 2015).

Contribution to Business Practice

Increased employee engagement may lead to organizational benefits. When healthcare administrators influence positive engagement, both revenue and the overall value of the hospital benefit positively (Barrick et al., 2015; Lightle et al., 2015). Employee engagement influences the financial performance of hospitals as a direct result of the nurses' care for patients (Beattie & Crossan, 2015). The results of this study have several implications for business practice. Patient satisfaction is becoming increasingly important to hospitals and healthcare administrators (Ferrand et al., 2016). Inspired nurse engagement is central to a positive patient experience, which influences a hospitals' productivity (Khatri, Gupta, & Varma, 2017). Engaged employees are proven to work at a 225% productivity level while dissatisfied employees are less engaged and therefore work at a 71% productivity level (Raso, 2016). Lightle et al. (2015) concluded that the productivity of hospitals is directly influenced by employee engagement. The findings of this study may help me offer guidelines to improve nurse and healthcare administrator communication. Sharing information and treating employees well can also contribute to the increased trust and communication between the manager and employee (Mishra, Boynton, & Mishra, 2014). Increased engagement can promote patient satisfaction and productive hospital operations (Amey, Burlingame, & Welch, 2017; Khatri et al., 2017).

Implications for Social Change

The findings from this study can potentially promote social change. For example, nurses who exceed patient care standards provide the most beneficial care to patients (Beattie & Crossan, 2015; Lightle et al., 2015). This care contributes directly to the

patient's overall experience and prevents discontinuity between shifts (Lightle et al., 2015). Therefore, improving nurse and healthcare administrator engagement may contribute to reducing nurse errors thereby increasing patient safety. The results of this study may also have social change implications for employees who experience satisfying working relationships. Motivated, satisfied employees use their cognitive and behavioral skills to reach out in the community through volunteering (Lee & Brudney, 2015). Therefore, stimulating engagement between nurses and healthcare administrators may also influence hospital employees towards feelings of satisfaction, which can contribute to positive social change.

A Review of the Professional and Academic Literature

The purpose of this literature review was to provide a critical analysis and synthesis of various sources and content of the literature related to employee engagement, with particular emphasis on engagement between administrators and nurses, and nurses' influence on patient care, patient satisfaction, and the overall success of the hospital. I used 152 references in this study, of which 139 (91.4%) were peer-reviewed, and 146 (96.1%) were published in 2014 or later. This study also included information from seminal sources, statistical websites, and books.

To synthesize a comprehensive review of the topic, I used the following keywords to search for peer-reviewed articles: *engagement*, *engagement strategies, medical errors, nurse communication, nurse engagement*, and *patient satisfaction*. The research databases that I accessed for this search included: Academic Search Complete, Business Source Complete, EBSCOhost, ERIC, Google Scholar, ProQuest, MEDLINE, and

SAGE. Studies present in this literature review relate to administrators, nurses, and employee engagement strategies that may explain how an increase in engagement between healthcare administrators and nurses can influence positive patient care and overall patient satisfaction. Patient satisfaction is relevant because of its influence on revenue and profit due to patient referrals and reimbursements (Ferrand et al., 2016). This literature review will include an analysis and synthesis of the literature about the engagement theory, which served as the conceptual framework for this study, as well as studies that show how increased engagement leads to positive patient experience and increased productivity to lessen discontinuity of nurses. This literature review will also include studies showing the role of patient care, safety, and satisfaction in the overall success of the hospital.

Researchers write literature reviews to illustrate and summarize the current discourse about the topic and to build upon the research for which the study is connected (Marshall & Rossman, 2016). The purpose of this qualitative, explorative case study was to explore strategies healthcare administrators use to stimulate nurse engagement. The organization of the literature review will be as follows:

- Conceptual framework,
- Communication in the leader-member exchange relationship,
- Patient care and safety,
- Healthcare administrators' roles in patient satisfaction,
- Nurses' role in patient care, and
- Engagement between nurses and healthcare administrators.

In this literature review, I will guide researchers and readers through an understanding of the foundation of the role of engagement between healthcare administrators and nurses and how their internal engagement influences patient care and patient satisfaction.

Conceptual Framework

The engagement theory served as the conceptual framework and guided this study. The engagement theory was developed using Maslow's hierarchy of needs (Jyothi, 2016; Winston, 2016). The hierarchy connects the act of an employee's motivation to that employee's performance (Mutsuddi, 2016). In the following subsections, I will explain the engagement theory supplemented with an explanation of Maslow's hierarchy of needs.

Engagement. The focus of this study was to explore strategies healthcare administrators use to stimulate engagement in their relationships with nurses. Using the engagement theory, Kahn (1990) explained that employee engagement depends on the amount of psychological involvement that a person possesses during a specific moment in time while filling an assigned role. Employee engagement is stimulated by developing an employee's psychological state of meaningfulness, availability of resources, and trust of self-expression (Hansen et al., 2014). An employee's understanding of his or her perceived role influences their engagement (Li & Liao, 2014).

Healthcare administrators possess the ability to increase a nurse's psychological involvement through the use of strategies and techniques to increase their overall supervisor/employee relationship. In turn, the increased amount of engagement causes

more nurse psychological involvement and can simultaneously increase patient care and patient satisfaction (Khatri et al., 2017). An increase in psychological involvement means that nurses may have more motivation to work and the possibility for nurses to perform more complex tasks. Healthcare researchers may use the engagement theory to set the foundation for effective engagement strategies that guarantee positive patient care and patient satisfaction.

A person undergoes different levels of energy at any given time of day. Kahn (1990) researched performance variation in workers and focused on specific task performance moments and how individuals personally adjust themselves in their work environments. Personal adjustment is important to the study of engagement because adjusting to differing tasks or varying conditions can hinder or help an employee's level of involvement. Additionally, people distinguish perceptions of themselves, others, and their work environment; these various contexts influence the level of engagement of each employee with his or her supervisor (Kahn, 1990). With one context influencing another, each individual's condition can vary from person to person and, at the same time, no two people can view themselves in the same context.

Employee engagement is the involvement of an individual's ideal self in relation to his or her work environment (Kahn, 1990). A person's behavior is influenced by that connection. The connection between human behavior and engagement has led to other research concurring that engagement is the combination of several behavioral components: optimistic attitude, energy, organizational commitment, and mental presence within the work environment (Boon & Kalshoven, 2014; Gupta & Sharma,

2016). Engaged individuals possess additional positive resources to include enhanced cognitive skills and behavioral outcomes that influence positive emotions (Kane-Frieder, Hochwarter, Hampton, & Ferris, 2014). An effective, engaged relationship between a supervisor and employee can lead to the expansion of knowledge on work tasks and shared responsibility.

Employee engagement is a term often related to human resources and business practices (Beattie & Crossan, 2015). Employee engagement is closely related to organizational commitment and the social exchange theory because it facilitates a productive relationship between employees, peers, and employers (Beattie & Crossan, 2015). The exchange between these individuals can greatly influence performance and the overall professional environment. Placing emphasis on human resource tools, such as employee engagement, can help hospitals sustain a competitive advantage (Khatri et al., 2017). Other researchers have suggested that corporations, on average, lose over $300 billion annually due to lack of productivity from employees (Valentin et al., 2015). Additionally, researchers at the Gallup Organization concluded that 20% of American employees are disengaged, while 54% have a neutral opinion about their work (Valentin et al., 2015). These data substantiate that it is advantageous for healthcare administrators to focus on improving the employee engagement of their nurses.

Antecedents for engagement are also relevant to business managers if they want to cultivate successful engagement. An interactive model of engagement serves to increase employee engagement and is best predicted when an employee feels close to their organization and trusts the people that he or she works with (Shantz, Alfes, &

Arevshatian, 2016). Trust is the main component associated with engagement; with trust comes opportunity. For example, organizational trust as a job resource influences work goals either positively or negatively (Shantz et al., 2016). Additionally, organizational trust is known to mediate the relationship between an ethical environment and that environment's employees (Hough, Green, & Plumlee, 2015). The amount of trust that an employee holds in his or her organization influences behaviors of predictability and integrity (Hough et al., 2015). Work engagement is an important topic for business leaders due to its influence on employee performance (Kane-Frieder et al., 2014). Work engagement through the use of training, opportunities for development, and open communication positively relate to patient quality of care and safety (Shantz et al., 2016). Work engagement also leads to positive financial performance (Kane-Frieder et al., 2014).

Engagement can influence successful business performance. Barrick et al. (2015) studied the dimensions of collective engagement at a hospital and how these dimensions contribute to successful performance. Researchers postulate that employee engagement creates a competitive advantage (Gupta & Sharma, 2016). Seeking a competitive advantage can influence an organization's ability to be more successful than others in the market. Business leaders seeking success strive to obtain a competitive advantage to drive out competition in the market. Highly-engaged employees are known to work with dedication and provide high cognitive absorbency in their work (Enwereuzor, Ugwu, & Eze, 2018; Keating & Heslin, 2015). Managing effective employee engagement can lead to increased profitability, more motivated employees, and increased organizational trust

(Kane-Frieder et al., 2014). Higher engaged employees can contribute to a business' competitive advantage.

Administrators can influence the effects of work engagement. Work engagement is related to several positive effects that, in turn, also influence work performance, including positive physical and mental health, job satisfaction, personal commitment, proactive behavior, and positive attitudes (Frögéli, Rudman, Ljótsson, & Gustavsson, 2018; Kopperud, Martinsen, & Humborstad, 2014). Lam, Loi, Chan, and Liu (2016) claimed that an engaged employee possesses more cognitive skills in comparison to less engaged employees and also invests their minds in assigned job tasks. Cognitive engagement aids an employee in identifying problems and seeking solutions (Lam et al., 2016). Vess (2018) found that engaged nurses have more intentionality to achieve specific patient care outcomes. Eldor and Harpaz (2016) conducted a study in Israel with a focus on employee engagement and its contribution to employee performance behaviors, concluding that an increase in work engagement provides a competitive advantage for a business as well as adds value beyond work-related constructs. Effective work engagement leads to the stimulation of cognitive skills and task performance (Lam et al., 2016). Administrators can influence the health, cognitive skill enhancement, and task performance of nurses.

The level of engagement between a nurse and healthcare administrator may signify a contributing partnership between supervisor and employee. Creating a partnership and encouraging teamwork can help the administrator increase engagement (Eisler & Potter, 2014). Cultivating a positive partnership may also improve the safety of

patients (Eisler & Potter, 2014). A collaborative team can be achieved by establishing partnerships and a professional environment where nurses accomplish maximum healthcare outcomes (Eisler & Potter, 2014). Teamwork can create a sense of belongingness and empowerment, can help transform conflict into creative ideas, can stimulate innovation, and lastly, can improve patient safety (Eisler & Potter, 2014). Teamwork in the form of work-group cohesion is also a sign of supervisor support (Ajeigbe, McNeese-Smith, Phillips, & Leach, 2014). A partnership between healthcare administrators and nurses may lead to productive patient safety outcomes.

Engagement is influenced by motivation and facilitates creativity, innovation, and safety. An administrator may use strategies and interventions to keep their employees motivated, thereby influencing cognitive presence (De Beer, 2014) and increasing individual meaningfulness and work value, or the needs of the employee (Lam et al., 2016). Therefore, employee engagement is influenced by motivation.

Maslow's hierarchy of needs. Human motivation and the study of self-actualization culminated from the theorist, Abraham Maslow (Whitton & Moseley, 2014; Winston, 2016). Maslow's hierarchy of needs classified the needs of individuals into five prominent categories: psychological, safety, belongingness (love), esteem, and self-actualization (Jyothi, 2016; Winston, 2016). The first three needs listed are the lower-level needs, and the last two are considered higher- level needs (Whitton & Moseley, 2014). Maslow explained that when an individual has satisfied the lower-level needs, then that person will move through the pyramid to satisfy higher order development (Jyothi, 2016; Mutsuddi, 2016).

The actual involvement of an employee in his or her job, referred to as engagement, is a product of intent, or motivation, of that employee. Motivation levels relate to personal needs and can vary from person to person. In a work environment, employees tend to migrate towards situations that are most suitable for meeting their needs (Gallagher, Maher, Gallagher, & Valle, 2017). As a result, individuals differ in their amount of motivation depending on the goal and differ by which type of motivation influences them to take to action (Gallagher et al., 2017). To motivate a person to perform an action, that person should possess the desire to perform it. The amount of engagement also differs by leader, due to the leader's leadership style and depending on the leader's view of the organization's future and the creation of strategic tasks involved in achieving the future's goals (Davenport, 2015). Engagement can affect employee motivation.

Communication in the Leader-Member Exchange Relationship

Communication is the foundation of engagement and therefore the basis of any relationship. An organization that models effective administrator/employee communication can have positive developmental opportunities. For example, effective communication influences organizational communication, decision-making, problem-solving, coordinating, goal setting, and change management techniques (Men, 2014). Communication can also contribute to increased trust in the manager and employee relationship (Li & Liao, 2014; Mishra et al., 2014). Communication is promoted by the leader-member exchange between the subordinate and supervisor; this dialogue is the link to making the organization better (Trinchero, Borgonovi, & Farr-Wharton, 2014). In

a healthcare setting, relevant to this study, the Institute of Medicine deemed communication critical to patient safety, the reduction of medical errors, and hospital quality (Real, Bardach, & Bardach, 2017). Havens, Gittell, and Vasey (2018) postulated that relational coordination-communicating increased work engagement and job satisfaction while reducing burnout of nurses. Effective communication is simple to achieve if both the manager and the employee are willing to interact (Janson, 2015). An efficient organizational team has the ability to improve the health and safety of patients through their communication processes (Bergman, Dellve, & Skagert, 2016). Communicating members of a team also possess the ability to solve complex problems, due to their various levels of expertise and knowledge (Gabelica, Van den Bossche, Fiore, Segers, & Gijselaers, 2016). Communication between the administrator and nurse can increase engagement.

Leaders are responsible for outlining goals for the organization and communicating those goals with his or her subordinates. Communication in a professional, working relationship is essential because employees need clear guidance and performance expectations (Janson, 2015). The American Nurses Nursing Administration: Scope and Standards of Practice is a guide written as a means to support nurse and administrator communication; the guide promotes regular engagement in work relationships, emphasizes group dynamics, and enhances overall performance of the team (Byrne, Albert, Manning, & Desir, 2017; Echevarria, 2017). The guide encourages healthcare administrators to communicate in a way that creates trust, credibility, and an interpersonal relationship (Echevarria, 2017). Interpersonal relationships between nurses

and healthcare administrators have the possibility to influence the link between employee attitudes and behaviors (Men, 2014). Administrators are responsible for communication because communication indirectly influences the attitudes and behavior of nurses, which can positively affect organizational goals.

The leadership style of the administrator can help nurses formulate performance outcomes. The leadership style of an administrator influences work engagement (Enwereuzor et al., 2018; Torabinia, Mahmoudi, Dolatshahi, & Abyaz, 2017). For example, when there are transformational leaders in a hospital's hierarchy, employees tend to imbue a sense of purpose (Men, 2014) and feelings of being part of a team. Leaders that display transformational leadership qualities use inspirational communication to foster an environment of care and well-being for their employees (Enwereuzor et al., 2018). When employees feel empowered and cared for, they will want to achieve success for their organization. Employees of transformational leaders tend to value the mentorship, vision, and generosity that their leaders provide (Martin, 2017). In this sense, nurses that feel like they are an integral part of the team tend to possess greater work engagement and better job performance (Breevaart, Bakker, Demerouti, & Derks, 2016). In a study conducted by Kunie, Kawakami, Shimazu, Yonekura, and Miyamoto (2017), a data analysis revealed that administrator communication behaviors were associated with nurse work engagement. The study measured three administrator communication behaviors: direction-giving, empathetic communication, and meaning-making language; meaning-making language refers to administrators' verbal communication that supports nurse value (Kunie et al., 2017). The

study concluded that the use of verbal communication through direction-giving, empathetic communication, or meaning-making language by healthcare administrators may influence work engagement by nurses (Kunie et al., 2017). Using communication may influence positive performance from nurses.

Effective communication leads to the discovery of employee talents that aid hospital success. According to Janson (2015), effective communication that leads to the revelation of talent is achieved with five strategies: counseling, outlining expectations, explaining past performance, discussing fair compensation for work results, and planning employee development. Lucas, Manikas, Mattingly, and Crider (2017) also support the concept that counseling is essential. A healthcare administrator should counsel their nurses on what they are currently doing, and how they can develop to become the best (Lucas et al., 2017). Sometimes individuals have a difficult time differentiating between what they are actually doing and what they should do to perform their best. Second, along with expressing what the nurse needs to do in order to achieve their best, a healthcare administrator should outline their desired expectations (Janson, 2015). Without clear guidance from leadership, nurses do not know what is desired. Third, a healthcare administrator is responsible for explaining past performance such as a performance review or evaluation (Lucas et al., 2017). If the administrator outlines what needs to be done and a nurse's past performance, then the performance review is not necessary (Gallagher et al., 2017). The fourth approach that a leader should have with his or her subordinate should explain fair compensation for the employee's work results (Janson, 2015). When pay is used to reward performance, it can yield positive results.

Lastly, the healthcare administrator should discuss the employee's development (Janson, 2015). Both short-term and long-term goals are important, and the administrator's input in an employee's development plan can yield influential, positive results (Janson, 2015). Effective communication influences nurses to aid in the successful performance of hospitals.

Effective communication can promote independence and knowledge in nurses. Researchers Hyungmin, Pei-Luen, Jun, and Caihong (2017) deduced that Americans use a direct communication style to solve conflict. Real et al. (2017) theorized that the concept of *decentralized nurse stations* may aid in influencing direct communication to solve conflict and sustain solutions. A decentralized nurse station places nurses together in one location near the patients for which they are assigned. Placing the nursing staff together in one location culminates into enhanced teamwork due to increased visibility and direct communication between coworkers (Real et al., 2017). Zhang, Zhao, and Li (2015) conducted a study in China that surveyed 1,256 workers regarding communication in the work environment; the researchers found that when coworkers communicate more frequently, the better their work performance. Also, when nurses feel that they have professional support from coworkers and administrators, their patients have better care and safety outcomes (Real et al., 2017). With decentralized nursing stations, nurses can collaborate on solutions while receiving mentorship and feedback from each other. As a result, using decentralized nurse stations can directly influence patient care.

Communication between nurses can influence the reporting of nonpunitive errors, which can improve safety for patients. Employees' positive and reciprocal

communication reduces patient medical errors and enforces teamwork (Ghahramanian et al, 2017; Weller, Boyd, & Cumin, 2014). When nurses interact with each other on a regular basis, they are more likely to discuss patient problems and shift change information about patients. According to a study conducted in Iran by Ghahramanian et al. (2017), questionnaires revealed that 45.87% of nurses claimed that *nonpunitive response to errors*, or minor safety violations or incidents that did not result in punishment, were not being reported. Nonpunitive error reporting does not cause punishment, and therefore will not adversely influence a nurse's career. Ghahramanian et al. concluded that administrators should create an organizational culture that encourages nurses to report nonpunitive errors. Administrators can change an organizational culture through the use of communication, cooperation, and teamwork (Ghahramanian et al., 2017). The reporting of nonpunitive errors can be achieved through open dialogue between nurses and administrators. Therefore, enhanced communication through innovative methods can influence patient safety.

The absence of communication, or discontinuity, can negatively affect the professional environment of an organization. Turner et al. (2014) conducted research on the impact of hospitalist discontinuity on hospital cost and patient satisfaction; the researcher found that discontinuity between shifts is modestly associated with increased hospital costs. In some situations, a lack of communication can cause stress and burnout. In a study conducted by Blosky and Spegman (2015), 1,700 nurses, physicians, and administrators were surveyed; of that population, 31% deemed the absence of communication and collaboration in their organization as the cause for leaving a position.

Wagner, Bezuidenhout, and Roos (2015) surveyed 265 professional nurses in Johannesburg, South Africa and found that nurses did not feel that informal communication channels were satisfactory. In this study, nurses did not feel that information regarding policies and procedures were being disseminated due to the lack of engagement at all levels of management in the hospital (Wagner et al., 2015). It is the responsibility of the administrator to continually monitor and communicate educational interventions on proper procedures instructed to their nurses (Kozleski, 2017). Without regular communication, a professional environment suffers, which negatively affects the professional healthcare environment.

Patient Care and Safety

A hospital's performance is driven by leadership. Patient care is a contributing factor to hospital performance (Lu et al., 2016), and hence, sought after by leadership. While in the hospital and after discharge, patient safety is related to patient-centered care. According to a study conducted by researchers from the National Council of State Boards of Nursing, a significant number of nursing educators, nursing supervisors, and newly licensed nurses agreed that safety is the most important nurse competency to maintain (St. Onge & Parnell, 2015). A hospital's business performance is influenced by the overall safety of patients before, during, and after discharge.

Using the research from St. Onge and Parnell (2015) as a foundation, the researchers created a patient centered-care model that integrates patient safety, evidence-based practice, teamwork, and informatics. This model illustrates how patient care is interrelated to safety. To further support this concept, the National Patient Safety

Foundation conducted a study where researchers found that the level of patient safety in clinical care, whether that be successful or adverse events, is influenced by the personal involvement of the patient, patient's family, and caregiver (St. Onge & Parnell, 2015). This collective involvement, dependent on the patient and nurse interaction, motivates the patient care and safety experience.

Patient care and treatment errors can occur as frequently as shift changes, or handovers, between nurses. In a study in Israel, Drach-Zahavy and Hadid (2014) randomly selected 200 handovers and observed the patients' files for treatment errors such as no documentation, incorrect dosages, and postponed care orders. The researchers concluded that half of the patients' documentation files were missing, one-third of the patients care orders were late, and one-fifth of the medication dosages reported in patients' files were incorrect (Drach-Zahavy & Hadid, 2014). Additionally, binomial regression analysis showed that verbal interaction, verbal outgoing practitioner update, or a summary written about the shift by the outgoing nurse were negatively and significantly related to patient errors (Drach-Zahavy & Hadid, 2014). The findings suggest that risk aversion strategies must be implemented to reduce handover-related medical errors.

Khatri et al. (2017) surveyed senior managers across hospitals to reveal if proactive behaviors used by clinical workers could influence patient care. The researchers used the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) to test the amount of perceived care by patients and to test the quality of care as perceived by senior managers (Khatri et al., 2017). As a result of the study, the researchers suggested that human resource capabilities are significantly related

to manager-perceived quality of patient care when proactive work behaviors are used (Khatri et al., 2017). These results indicate that proactive work behaviors, such as motivation to work, have an influence on patient care and are therefore important to maintain.

Patient care is influenced by how nurses are scheduled on shifts and the amount of time nurses spend with patients. Li et al. (2017) found that nurses spent an average of 173,337 hours over a 1-year period with their patients; of those hours, the overall nurse-related hours spent on patients per day were 1.48 hours, which was a decrease of 3% from previous years (Li et al., 2017). The lesser amount of time spent with patients can negatively influence safety (Zolot, 2017). A study of a hospital's staff in Connecticut revealed that implementing productive scheduling technology helped the staff gain more control over their shifts, and therefore, nurses were able to spend more time with patients (Brennan, 2014). When the scheduling software was implemented, supervisors were able to spend less time in the act of scheduling and more time on patient care initiatives; the software helped increase employee productivity, employee satisfaction, and patient safety (Brennan, 2014). The study concluded that when morale is high from being scheduled to work a desired shift, motivation to work and to accomplish tasks during the shift are also high (Brennan, 2014). Scheduling software can provide the ability to predict staffing gaps and allow for quick adaptability. The ability to avoid staffing gaps is indicative of patients receiving more interaction and attention from their assigned nurses (Brennan, 2014). If more attention is given to each patient, then patient safety and overall care can increase.

Safety is a prominent part of patient care; evidence supports that safety and patient care are connected. Yilmas and Goris (2015) conducted a study in Turkey in which they found that 88% of nurses did not document a single fall incident and that 43% of nurses deemed a patient's environment safe. As a result, and in order to improve the safety environment and perception of the environment, the researchers concluded that nurses should chart and document all critical incidents that occur during their shifts (Yilmas & Goris, 2015). Incidents should be communicated to other nurses and supervisors during such times as shift changeover to ensure the safety of patients (Yilmas & Goris, 2015). Nurses have the ability, through documentation of incidents and communicating those incidents during shift changeover, to create a safe environment for their patients. This study supports the concept that patient care and safety are connected.

Patient care and safety can be tracked through various hospital administrative protocols. For example, unsafe procedures can be documented by patients. In the United Kingdom, if an employee or member of the public feels as though there is a concern with a nurse's practice, he or she can submit a claim, also called a negative patient referral, to the Nurses and Midwifery Council (NMC; Foster, 2017). Between 2015-2016, nearly 5,415 concerns were brought to the NMC's attention (Foster, 2017). A referral to the NMC damages a nurse's career and can affect them personally (Foster, 2017). Referrals to a leadership entity such as the NMC are put in place to monitor the safety of patients and ensure that healthcare professionals are providing the best attentiveness to care. A negative patient referral has the potential to correct unsafe procedures performed by nurses. It is the responsibility of administrators to know the behavior and motives of

their nurses involved in the incident; this can be achieved through communication (Foster, 2017). It is the responsibility of administrators to communicate unsafe procedures, investigate the incident for inclusive facts, and correct unsafe procedures.

Healthcare Administrators' Roles in Patient Satisfaction

Healthcare administrators have a role to play in patient satisfaction in managing their hospital performance. Patient satisfaction is an important quality measure (Feather et al., 2015; Schell, 2017). Hospital quality management is the assessment of performance relative to performance standards, whereas customer satisfaction is the assessment of quality relative to an outlined standard set by the hospital (Golder, Mitra, & Moorman, 2012). Hospitals, as part of the service industry, depend on customer satisfaction for their survival (Kahn, Jannuzzi, Stassen, Bankey, & Gestring, 2015). Administrators rely on employee engagement with patients to improve hospital performance. To stimulate positive performance from hospital employees, the United States Centers for Medicare and Medicaid Services (CMS) developed the HCAHPS (Kahn et al., 2015).

Hospital consumer assessment of healthcare providers and systems (HCAHPS). The HCAHPS assessment was created to survey 32 categories of the patient experience which serves as a public standard for assessing hospitals in comparison with each other and is used by over 31,000 patients and 4,100 hospitals per day (Tefera, Lehrman, & Conway, 2016). The metrics that are reported to the public include various details of the patient's hospital stay. They include rating the cleanliness and peace of the hospital, the decision for a patient to recommend the hospital to others, the hospital's

overall rating, and the responsiveness of the hospital staff to patients' pain and needs (Jie, Koren, Munroe, & Ping, 2014). The HCAHPS is administered by hospitals and results are sent to the CMS (Tefera et al., 2016). The CMS reports these data to the public; the results include such areas as nurse responsiveness to patients, communication between patient and caregiver, and quality of patient-centered care (Tefera et al., 2016). This tool is useful to hospitals attempting to seek a competitive advantage if the hospitals want to receive reimbursements and keep patients.

The scores of all areas in the HCAHPS are combined to show a *composite domain* and an *individual domain* (Kahn et al., 2015). The survey is a standardized metric that creates fairness and serves as a benchmark for hospitals. The HCAHPS assessment was implemented and soon became an important metric of adherence in the United States (Jie et al., 2014). The overall scores received by individual hospitals influence the Medicare reimbursement value-based program purchasing of pay for performance (Jie et al., 2014). These metrics have influenced strategies to improve the overall patient experience that extends beyond historical clinical outcomes (Jie et al., 2014). The factors that contribute to positive patient satisfaction can also improve overall patient quality of care such as aspects of a hospital stay. Details of a patient's hospital stay include larger bed sizes as well as a smaller patient to nurse ratio, which can help improve patients' experiences (Jie et al., 2014). Since the launch of the Affordable Care Act in 2010, hospitals have become more value-based (Piper & Tallman, 2016). The Affordable Care Act forced hospitals to become competitive based on costs, quality of care and services, and perception of the

patient experience (Piper & Tallman, 2016). The HCAHPS survey serves as a gauge to aid hospitals in the United States to better serve patients.

Positive patient satisfaction is valuable to hospitals in that it is a factor used to evaluate business performance. Healthcare administrators who provide patients with unsatisfactory care are more likely to acquire complaints or medical malpractice lawsuits (Ferrand et al., 2016). A lawsuit's effects can lessen revenue and harm the reputation of a hospital. For this reason, healthcare administrators should monitor and develop strategies to cultivate positive patient satisfaction. Positive patient satisfaction can be achieved using several methods, for example, the use of surveys such as the HCAHPS assessment.

Magnet designation. Hospitals seek various designations to obtain a positive reputation. Obtaining a designation can, therefore, help a hospital gain business. A highly sought after designation is the Magnet designation (Wai Chi Tai & Bame, 2017). In 2014, the Magnet designation was revitalized to include new requirements that focus on empirically measured outcomes consisting of patient and nurse satisfaction scores as well as nurse clinical outcomes (Wilson et al., 2015). People compare Magnet related data to national benchmarks on the same scale, and upon achieving superior, the Magnet designation is granted for a period of 4 years (Wilson et al., 2015). Wilson et al. (2015) found evidence that Magnet-designated hospitals are linked to improved outcomes and higher standards of increased educational preparation of nurses. Magnet standards also promote professional development strategies that lead to high-quality and evidenced-

based care (Wilson et al., 2015). The Magnet designation is a highly coveted title due to its high standards.

Evidence supports the claim that Magnet hospitals possess a competitive advantage. My research focused on how nurse and administrator communication strategies can affect patient satisfaction, and therefore business performance. Hospitals granted the Magnet status are credentialed by the American Nurses Credentialing Center and epitomize nursing excellence (Friese, Xia, Ghaferi, Birkmeyer, & Banerjee, 2015). A hospital that is designated as Magnet is deemed as having higher cost-effectiveness in comparison to non-Magnet hospitals (Wai Chi Tai & Bame, 2017). Not only do Magnet hospitals achieve better cost-effectiveness, Magnet hospitals also possess greater job satisfaction from their nurses, better quality of patient care, and better patient satisfaction (Wai Chi Tai & Bame, 2017). For example, patients that received care from a Magnet designated hospital, when compared to a non-Magnet hospital, were 7.7% less likely to die within thirty days of a postoperative procedure and 8.6% less likely to die after a postoperative complication (Friese et al., 2015). Statistically, Magnet hospitals have preferential safety and patient satisfaction outcomes, which leads to a competitive advantage.

Additionally, Magnet hospital staffs regularly participate in the shared responsibility of decision making. Most Magnet hospitals adopt a *bottom-up* decision-making perspective (Senot, Chandrasekaran, & Ward, 2016). Decisions are discussed from the lowest level employee to the senior executives. Other researchers describe the process of lowest level and shared decision making as *shared governance* (Kutney-Lee et

al., 2016; Ong, 2017). Nurses working in Magnet hospitals are more likely to create individual plans for delivering care to patients (Senot et al., 2016). These nurses explain prescribed medications to patients, discuss individual patient care, and ensure patients are ready for discharge (Senot et al., 2016). Nurse engagement and positive communication flow ensures that patients and their families are prepared for care both in and out of the hospital setting. A nurse that uses positive communication flow best assists in patient care and satisfaction, promoting a hospital's business performance. Because of the beliefs that a Magnet designation is a sign of increased attention to patient care and influences a hospital's competitive advantage, the designation is highly coveted among hospitals.

The staffs at Magnet hospitals possess another competitive advantage related to the practice of employee engagement. Because healthcare administrators are professionally obligated to lead both nurses and patients (Raso, 2016), in a Magnet hospital, healthcare administrators provide nurses the opportunity to exercise a greater voice, make decisions, and share issues (Senot et al., 2016). Open dialogue and a system of shared governance help empower nurses to make decisions and take responsibility (Allen-Gilliam et al., 2016; Ong, 2017). Because of nurse empowerment and nurse administrator practices, Magnet hospitals may achieve a competitive advantage in their respective markets.

Nurses' Role in Patient Care

Nurses have a direct role in the care of patients, but more importantly, how this role is executed has significant implications for nurses and patients. Nursing practices directly impact patient outcomes (Carter, Pallin, Mandel, Sinnette, & Schuur, 2016). Nurses successful care coordination can only be achieved when there is an understanding of each profession's roles and responsibilities to the patient (Abbott, Fuji, & Galt, 2015). Quality of patient care is one of the highest priorities of healthcare leaders and nurses' job satisfaction directly influences the quality of patient care and hence patient satisfaction (Khatri et al., 2017). According to a data analysis from a study conducted by Armstrong, Dietrich, Norman, Barnsteiner, and Mion (2017), nurses' attitudes regarding their personal job satisfaction also influence their adherence to safe medication practices. Positive work engagement positively influences employees' job satisfaction (Mihail & Kloutsiniotis, 2016). Additionally, when nurses are engaged, they have a willingness to work harder and provide positive services for their patients (Kahn et al., 2015). Nurses are the direct link between healthcare services and the patient. Through nurse engagement with patients, nurses facilitate a prominent influence on containing healthcare costs (Tzeng & Marcus Pierson, 2017). Shahgholian and Yousefi (2015) revealed that patients rely on the emotional support provided by their caregivers. Nurses provide constant care as caregivers, administer medications, are trained on advanced equipment, and can offer life support in emergency situations (Yilmaz & Goris, 2015). Nurses are a critical link between the hospital and the patients' care because a nurse directly engages the patient regularly.

Nurses have direct involvement with patients on a regular basis and are responsible for their safety. Beginning in a nurse's school curriculum, nursing students are taught the importance of upholding safety and quality care of their patients and are also responsible for creating a culture of safety (St. Onge & Parnell, 2015). Safety includes various measures that reduce the amount of risk and increases the care given to the patient. In the hospital setting, reducing risk refers to anything from patient handling to the length of a nurse's shift (Zolot, 2017). Nurses perform responsibilities such as the administering of medications and operating of equipment that influence the care of their patients.

Specific nursing situations can influence the safety and care of patients. Poor unit-staffing and low nurse-to-patient ratios can inhibit a nurse's ability to provide optimum patient care (Zolot, 2017). Low nurse-to-patient ratios can reduce nurse attentiveness to individual patients (Zolot, 2017). Less attentiveness to individual patients may result in adverse patient events or forgotten medications (Yilmaz & Goris, 2015). Abbasi (2016) found that healthcare employee errors occur during times when attentiveness is reduced. Abbasi further noted employee errors are the third leading cause of death in the United States. Healthcare administrators may implement policies to increase the safety of patients and lessen employee errors when low nurse-to-patient ratios occur. If nurses become involved in the decision-making process, they may become intrinsically motivated and engaged (Allen-Gilliam et al., 2016). Toode, Routasalo, Helminen, and Suominen's (2015) study of nurses concluded the amount of perceived personal control that nurses have over their work greatly affects their

motivation and engagement with administrators. The nurses in Toode et al.'s study displayed low mean scores for engagement, which created the perception that involved healthcare teams and participants did not expect to have influence over the decisions made in the hospital. Toode et al. suggested that interprofessional respect and teamwork within the healthcare team, and nurses' ability to make decisions, enhances confidence and work motivation (Weller et al., 2014). Evidence suggests that empowering nurses to make decisions can intrinsically motivate them to improve patient safety.

Nurses have the ability to prevent and reduce safety concerns, while healthcare administrators have the ability to influence nurses. A patient safety culture is determined by the prevention of healthcare-related errors (Yilmaz & Goris, 2015). Safety concerns emerge from adverse actions that result in bedsores, hospital infections, patient/nurse falls, and misdiagnosis or medication errors (Yilmaz & Goris, 2015). Nadolski, Britt, and Ramos (2017) found that falls with injury were decreased by 75% with the use of effective staffing and a lower patient to nurse ratio. In intensive care units, for example, the unit possesses more high-tech and specialized equipment that has the ability to provide constant monitoring, if a lower nurse to patient ratio is not feasible (Yilmaz & Goris, 2015). Increasing the monitoring of patients via surveillance at any one time can positively affect the safety culture (Zolot, 2017). Safety monitoring can ensure that transitions between shifts are consistent and that accurate charting of incidents per patient is recorded as to help to reduce patient health risks (Yilmas & Goris, 2015). Nurses have the ability to increase safety through their actions.

Engagement Between Nurses and Healthcare Administrators

Task performance is an important aspect to any goal. Smith and Macko (2014) postulated that the manager is the sole enabler of an employee's motivation and job commitment. When the primary supervisor takes care of their nurses, nurses tend to take care of their patients (Kahn et al., 2015). Satisfied employees tend to have greater work motivation than dissatisfied (Kahn et al., 2015). Employee motivation and job commitment can greatly influence his or her overall work performance. In my study, the term *nursing leadership* or *nurse administrator* was referred to as *healthcare administrator*. A healthcare administrator is a key agent in the development of innovation and achieving success for the hospital (Carrington, 2016). As a stakeholder in the supervision of goals set by the hospital administrators, the healthcare administrator carries out guidance in order to achieve patient care and hospital satisfaction.

According to Adarsh and Kumar (2017), there are a total of five factors that result in the overall amount of employee engagement. The areas include the overall job environment within the hospital, the hospital as an organization, the teamwork between the nurse and healthcare administrator, whether or not there is a reward or recognition system, and supervision of nurses (Adarsh & Kumar, 2017). These factors will be explained in the paragraphs to follow.

Job environment. Healthcare administrators are responsible for creating a professional environment that enables the nurses' motivation and commitment. According to research, healthcare administrators are directly responsible for the cultivation of a professional environment in hospitals (Allen-Gilliam et al., 2016). Trust

is an essential aspect of the nurse and healthcare administrator relationship, and hence, their combined engagement. However, breaches of trust are possible within the healthcare administrator and nurse's relationship. This tends to happen when either party considers his or her expectations not met (Beattie & Crossan, 2015). When employees are satisfied with their own jobs, they are more likely to express proactive behaviors and perform at their best (Khatri et al., 2017). Workplace performance is positively influenced by employee trust (Brown, Gray, McHardy, & Taylor, 2015). Exerting positive performance can enhance the safety and quality of care given to each patient. For this study, I assumed then that this helps the hospital achieve better performance due to positive patient care and increased patient satisfaction.

Organization and teamwork. Healthcare administrators can shift their focus from a relationship of domination, as is how the traditional leader/subordinate relationship plays out, to one of partnership (Eisler & Potter, 2014). Emphasizing partnership and shared governance of decisions can help to create a stronger and more motivated relationship for the nurse and healthcare administrator dynamic. Additionally, emphasizing partnership and the promotion of relationships both within and outside of the hospital organization can increase professionalism with patients, doctors, healthcare administrators, nurses, and the community (Eisler & Potter, 2014). Therefore, enforcing partnership has the capacity to influence the hospital as a whole and improve overall hospital performance. Giving subordinates the ability to discuss situations and determine solutions can empower them to become better and more energetic workers. Including nurses in the decision-making process also supports their individual empowerment and

participatory actions (Cusack, Cohen, Mignone, Chartier, & Lutfiyya, 2018). As a team, each party needs to possess the ability to listen, discuss, and provide feedback (FitzPatrick, Doucette, Cotton, Arnow, & Pipe, 2016). Exercising the ability to listen, discuss, and provide feedback can help instill a sense of being a part of a team.

Teamwork is important in that it assists in the creation of communication. According to research by Spencer and Johnson (2017), achieving top performance by nurses can be simplified into emphasizing communication by staff rounding and consistent meetings as well as through the documentation of performance. Creating energized employees is also key and can assist in the cultivation of engagement (Keating & Heslin, 2015). Inspired employees can be 225% more productive than unengaged and unmotivated employees (Raso, 2016). Motivated employees are inspired by their leaders, value the organization's mission, and find purpose in their work (Raso, 2016). Employees are motivated and find inspiration through successful interaction with their supervisors.

Incentives. When positive interaction between nurses and patients increase, performance increases. Motivating nurses to attain specified results and goals can be influenced through the use of an incentive system. Also, recognition can be used to retain nursing staff and to increase the nurse population (Seitovirta, Vehviläinen-Julkunen, Mitronen, De Gieter, & Kvist, 2017). In a study conducted in Finland by Seitovirta et al. (2017), registered nurses identified both financial and non-financial incentives as meaningful. Researchers found that nurses identified the most with six types of incentives: financial compensation and benefits, professional development,

recognition, supportive leadership, work content, and work-life balance (Seitovirta et al., 2017). Financial compensation translates into pay raises, overtime, and basic salaries. Benefits differ in that they interpret to discounts at gyms, healthcare services, lunches at work, or Christmas gifts (Seitovirta et al., 2017). Professional development is an incentive for educational opportunities to develop nursing skills. Recognition deems the granting of positive feedback in the form of appreciation of one's service. Next, supportive leadership refers to the supportive presence of healthcare administrators and a fair reward system (Seitovirta et al., 2017). Work content incentives can mean continuous progress of expertise related to a nurse's contextual job description (Seitovirta et al., 2017). The work-life balance incentive refers to granting nurses work schedules that accommodate their desires. Incentives are motivation to achieve an end state goal and possess the possibility to reinforce employee satisfaction and guide nurse's work activities. These six incentives can help influence the engagement between administrator and nurse. Seitovirta, Lehtimäki, Vehviläinen-Julkunen, Mitronen, and Kvist (2018) found that different types of rewards help to encourage nurses to increase their job performance.

Supervision. Improving the professional nursing environment can be achieved through creating a system of shared governance or an infrastructure that emphasizes the act of shared decision making between nurses and healthcare administrators (Allen-Gilliam et al., 2016; Kutney-Lee et al., 2016). Communication and teamwork derive from the use of shared governance. Sharing the responsibility to make decisions also influences a nurse's motivation to report medical errors; it is the perceived control

possessed by the supervisor that greatly influences nurse communication (Russo, Buonocore, & Ferrara, 2015). In order for employee engagement to succeed, the leader must supervise and provide clear, outlined performance expectations (Trinchero et al., 2014). Supervision should be implemented on the nurses' performance plans by healthcare administrators to ensure expectations are met. Nurses that are involved in the decision-making process have the ability to deliver effective patient care (Strachan, Kryworuchko, Nouvet, Downar, & You, 2018).

Other researchers have supported the importance of effective supervision. For example, Davenport (2015) highlighted three core elements of supervision. First, leaders are responsible for envisioning the future, envisioning the end state goals, and creating a plan to achieve the organization's mission (Davenport, 2015). Second, leaders identify problems and solutions to arise at the end state (Davenport, 2015). The final core element expressed by Davenport was that leaders are responsible for sustaining energy in employees to achieve the aforementioned goals; in other terms, responsible for instilling self-motivation in their employees. It is up to the lower and mid-level leaders to understand the individual abilities of each employee, in order to accomplish organizational goals (Davenport, 2015). These leaders also manage the performance goals of their employees. Patient care and hospital success is a collective effort and is achieved through the duties of nurses, healthcare administrators, and numerous other professionals. Leaders at all levels in a business are responsible for the achievement of organizational success in differing capacities. Evidence provided by Davenport suggests that the healthcare administrator needs to stimulate positive engagement from his or her

nurses, when in the role of leader. Positive engagement can be cultivated within a professional environment of shared decisions and responsibility.

Healthcare administrators may improve communication flow and engagement. Leaders can implement one-on-one meetings with staff members, known as *staff rounding* (Nguyen, 2015). Staff rounding enables the communication flow between the healthcare administrator and nurse. Additionally, staff rounding helps the healthcare administrator gather information about employees in order to invest in their career growth and development (Nguyen, 2015). Frequent meetings between the nurse and administrator can help to enhance communication.

Transition and Summary

In Section 1, I presented the background, problem, and purpose of the study. The purpose of the study was to explore strategies that healthcare administrators use to stimulate nurse engagement. The safety of patients and patient satisfaction requires improving engagement techniques that have direct implications for patient care. Administrator and nurse engagement is one process that hospital leaders can use to improve patient care and patient satisfaction. Administrators and nurses interact daily. In a hospital setting, one way that administrators may stimulate engagement is by positively communicating goals and expectations with their nurses (Janson, 2015).

Several interventions and strategies exist to improve engagement in the nurse and administrator relationship. These include influencing teamwork and partnerships, cultivating an environment that encourages the reporting of nonpunitive errors, creating decentralized nurse stations, implementing scheduling technology, and providing an

incentives system. Also, some hospitals have adopted a strategy called shared governance, which allows nurses at the lowest level to share and make decisions.

The engagement theory, the conceptual framework of the study, is a compilation of the needs and motivation of an employee in the workplace. It involves the cognitive, emotional, and physical characteristics of why employees perform and how they fit into their work environment (Valentin et al., 2015). The premise of the conceptual framework is that in order for an employee to gain motivation and take initiative in his or her job, the specific needs of that person must be fulfilled (Jyothi, 2016). Through the strategic implementation of engagement, administrators might better attain patient care and patient satisfaction, which contributes to the financial success of the hospital.

In Section 2, I will present my research methodology. I will explain the selection process for participants, ethical considerations, and the data collection, organization, and analysis. In Section 3 I will present a discussion of the findings, applications to professional practice, implications for social change, and recommendations for future research and actions.

Section 2: The Project

In Section 1, I explained the business problem of this study and other related background information. In Section 2, I will introduce the research process with an in-depth analysis of the research method and design. The section will also include the steps I took to maintain ethical protocols and a summary of the data collection and technique, data analysis, and validity.

Purpose Statement

The purpose of this qualitative case study was to explore strategies healthcare administrators use to stimulate nurse engagement. In this single case study, I focused on a hospital located in the state of Missouri with a target population of four healthcare administrators who had successfully implemented employee engagement strategies. The social change implication for this study was that findings of nurse engagement may lead to improved patient care and contribute to a positive patient experience incidental to faith and credence in medical care. This may reduce patients' costs, thereby benefiting patients' families.

Role of the Researcher

In qualitative case study research, the investigator is responsible for collecting data and establishing the lens for the research process and protocol (Yin, 2016). I was the sole, main investigator in this study. My role consisted of: (a) analyzing the current literature surrounding employee engagement between nurses and healthcare administrators; (b) creating interview questions related to the topic; (c) conducting

interviews; (d) transcribing, coding, and analyzing the gathered data; (e) establishing emerging themes; and (f) suggesting actions for further research.

Qualitative researchers should not exhibit bias throughout the study. Research participants and data can sometimes be susceptible to bias and selectivity (Yin, 2016). Bias is the influence of someone's experiences and analytical perspective on the subject under review (Elo et al., 2014). My role for this study was as an independent researcher. I am neither a nurse nor healthcare administrator and did not work at the hospital under study. I did not belong to the participants' group or participate in any of the group members' work activities. My separation from the participant groups under study allowed me to view their work and responses from a distanced or naïve perspective, which helped to mitigate bias.

I adhered to *The Belmont Report* protocol, which provides basic ethical principles for human subjects, including respect for persons, beneficence, and justice (U.S. Department of Health and Human Services, The National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1979). *The Belmont Report* established that all human subjects will be treated with autonomy and that those with diminished autonomy be granted protection; this is respect (Miracle, 2016). Beneficence refers to the ethical conviction that a person should do no harm and must increase benefits while decreasing possible risks or harm (Miracle, 2016). Lastly, *The Belmont Report* calls for justice, which means fair and equal treatment for all (Miracle, 2016). I conducted my research in accordance with these ethical considerations.

An investigator serves as the authority that maintains quality control of the study (Yazan, 2015). A case study should have several sources of evidence to reduce investigator bias; this may include documents, archival records, direct or participant observations, interviews, or physical artifacts (Yazan, 2015). To alleviate personal bias, I used two sources of evidentiary data: semistructured interviews and procedures on nurse and administrator performance evaluation policies.

I developed an interview protocol to organize the interviews (see Appendix A). An interview protocol is a universally-accepted procedure that serves as a mental framework for the researcher (Yin, 2016). Without the protocol, research is susceptible to bias and possible allegations of selectivity (Yin, 2016). The interview protocol included a list of questions for the participants, prescribed what I would say prior to and after the interview, and served as a reminder to me that the informed consent form be completed. Using the same interview protocol for each participant establishes reliability and validity (Silverman, 2016); consequently, I used the same interview protocol for each participant in this study.

Participants

I enlisted healthcare administrators to participate in the interviews because of their ability to offer data related to the research problem. These specific participants were important because they helped me gain an in-depth knowledge of the phenomenon being examined. When participants are interviewed, their experiences serve as a vicarious experience for the researcher (Stake, 2014). The eligibility criteria for healthcare administrators to participate in interviews for this study included: (a) being

employed at the specific hospital, (b) having successfully implemented employee engagement strategies, and (c) serving in the healthcare administrator position as nurse supervisors.

It was important for me to gain access to respondents who had the appropriate knowledge related to the study problem and purpose. A researcher must ensure all interviewees' identities are kept confidential while continuously ensuring they are willingly participating in the study (Marshall & Rossman, 2016). I took measures to keep the participants' personally identifiable information private and obtained approval to conduct the interviews from the chosen research site as well as Walden's Institutional Review Board (IRB) prior to beginning research. I requested that the manager of the department for which the nurses worked sign a Letter of Cooperation (LOC). Once the LOC was signed, I received determination from the senior research coordinator of the hospital that my study did not require the hospital's IRB approval according to the hospital's guidelines. After submitting the LOC and the exemption letter to the Walden IRB, I was granted approval to begin research. The LOC served as the authorization for the hospital to release the names and e-mail addresses of healthcare administrator participants to me after receiving Walden IRB approval. I sent invitations to possible participants using electronic-mail. In the introductory e-mail, I invited them to participate with a description of the study purpose and procedures. I included a copy of the informed consent form for the participants and the signed LOC from the research site in the introductory e-mail.

Establishing a working relationship with the participants was essential to the success of the study. Prior to conducting interviews, I set a precedence of professionalism through my advanced preparations of sending an overview of the research purpose and procedures. The working relationship between the interviewer and the interviewee is crucial to valid data collection (Yin, 2017). To achieve a trustworthy relationship with the participants, the interviewer must act as a distinguished professional, withholding judgment (Taylor et al., 2015). An interviewer maintains patience and should not display behavioral or cognitive cues that could skew the response of the participant (Taylor et al., 2015). I emulated a professional, neutral, and courteous demeanor to make the respondents feel respected and relaxed during and following the interviews. Upon starting the interviews, I introduced myself and explained the study and desired outcomes while asking the participants if they had any questions. After answering any participant questions, I began the interviews using a semistructured interview approach.

Research Method and Design

The three research methodologies – qualitative, quantitative, and mixed method – focus on the strategies that researchers use to comprehend reality in the social sciences (Hartas, 2015). Collecting data from verbal interactions to gain an in-depth knowledge using inductive reasoning is a characteristic of the qualitative research methodology and case study design (Hartas, 2015). In this study, I gathered data through verbal interaction to gain an in-depth knowledge of the participants' communication processes and decisions.

Research Method

The purpose of this qualitative, explorative case study was to explore strategies that healthcare administrators use to stimulate nurse engagement. For this purpose, I used a qualitative method to study the participants' communication processes to explore what healthcare administrators use to motivate nurses. Using a qualitative approach enables a researcher to interview and review documents to identify emerging patterns from data (Hartas, 2015). Gathering narrative data through interviews and document reviews help the researcher understand the context and background from which the data emerged (Yin, 2016). The collection of narrative data was the primary reason that I selected the qualitative research method for this study. The focus of the qualitative method is to gather rich data, to the point of saturation (Yin, 2016). Collini, Guidroz, and Perez (2015) achieved data saturation through extensive narrative inquiry in a qualitative study to reveal that nursing engagement is a mediator between organizational context and turnover rates. Research conducted on similar topics lends credence to a qualitative research approach. As I intended to research nurse engagement, I followed the example of Fragoso et al. (2016), who, using a qualitative method, researched the relationship between nurse engagement and its effects on burnout, commitment, and workability. The qualitative approach was used to gather rich data and to find emerging patterns and strategies to stimulate nurse engagement.

In contrast, a researcher that uses a quantitative methodology tests a hypothesis based on previous theories to either disprove or validate theories (Hartas, 2015). Quantitative research differs from qualitative in that the quantitative method follows a

realist, deductive perspective (Yin, 2016). The quantitative method is more accurate and reliable because it is objective in nature (Appelbaum et al., 2018). Quantitative research requires a cause and effect approach through the use of experimenting (Appelbaum et al, 2018). Results from quantitative studies are analyzed into quantifiable data that reject or fail to reject the hypothesis in question (Appelbaum et al., 2018). The intent of my study was not to test a hypothesis, but instead to explore emerging patterns in a specified case; therefore, a quantitative methodology would not have been appropriate for this study.

Researchers choose the mixed method approach when they want to provide more thorough answers to complex situations; therefore, both the qualitative and quantitative methods are combined (Molina-Azorin, Bergh, Corley, & Ketchen, 2014; Turner et al., 2017). However, the purpose of this study was to explore a specific phenomenon without using an experimental context. Mixed method research would not have served this purpose, I did not employ it in this study.

Research Design

Qualitative research designs include ethnography, narrative, phenomenology, and case study (Yin, 2017). The research design of a study is important because it determines the direction of the study (Yin, 2017). The purpose of an exploratory case study is to explore the multiple realities of an experience within a specific context and from a defined time (Raeburn, Schmied, Hungerford, & Cleary, 2015). I explored multiple realities of a phenomenon during a defined time; therefore, I used an exploratory case study design to explore the strategies that healthcare administrators apply to stimulate nurse engagement.

Ethnographic research is a combination of the direct observations of culture with the use of interviews (Rashid et al., 2015). Ethnographic research requires time to sufficiently observe respective cultural patterns (Rashid et al., 2015). My intent was to study and interview a specific phenomenon of a certain group within a context in a shorter amount of time not based on culture. As a result, the ethnographic research design was not appropriate for the intended purpose of this study.

Narrative research involves studying the experiences of people through the use of storytelling (Casey, Proudfoot, & Corbally, 2016). Using narratives enables a researcher to analyze and interpret discordant life events (Casey et al., 2016). The intent of my study was to gain an understanding of the participants' experiences, not to gather meaning from stories; therefore, the narrative approach was not appropriate for my study.

Another qualitative research design is phenomenology. A researcher uses the phenomenological design to observe a human experience of a selected phenomenon within nature (Willis et al., 2016). Observing human experience allows a researcher to discover the essence of a phenomenon experienced differently by many individuals (Willis et al., 2016). Additionally, phenomenology allows the researcher to uncover related themes due to those individuals' differing perspectives (Willis et al., 2016). I did not plan to study lived experiences, rather, I was concerned with managerial decisions and strategies; therefore, phenomenology was not appropriate for this study.

I considered each of these research designs and selected the exploratory case study option. In an exploratory single case study, the details given by each person contribute to the research quality (Petrova, Dewing, & Camilleri, 2016). Case study

research involves the use of triangulation of multiple data collection methods in order to corroborate phenomena to ensure a study's validity and reliability (Yin, 2017).

The quality of data is essential to answering the research question, thus data saturation must be met. Data saturation occurs as part of the research process when the same pattern of data repetitively appears (Marshall & Rosman, 2016). In this single case study, data saturation was achieved when no new data or themes emerged from the interviews. I used interview data and archival documents for methodological triangulation to ensure data saturation; however, I was prepared to interview additional respondents until no new data emerged. Meeting data saturation further promotes the quality of this study.

Population and Sampling

My respondents consisted of healthcare administrators, in charge of supervising nurses, employed at a hospital in Missouri. The basis for population selection in this study was individuals with specific work experience related to engagement with nurses. Additionally, participant access and geographic convenience were relevant to participant selection. I used a purposive sample for this study. In a purposive sample, participants are selected that will yield the most relevant data for the study (Yin, 2016). Using a purposive sample means that the researcher deliberately selects the population that will be tested to yield the most information-rich data (Yin, 2016). Simultaneously, the purposive sample must be a maximum variation sample; this will ensure that the researcher will not bias the results (Yin, 2016). A purposive sampling is similar to theoretical sampling in that purposive sampling is not meant to be an empirical

representation of the entire population (Mason, 2017). A researcher that uses a purposive sample makes informed decisions about the study but must remain interactive and dynamic (Mason, 2017). Based on the usefulness of purposeful sampling, I applied this sampling approach to my study.

My research sample consisted of respondents who have a nonreporting relationship among themselves; a researcher that uses a nonreporting relationship helps to avoid bias because each participant operates within his or her own hierarchy of management. In any reporting hierarchy, the possibility of power and authority, recrimination for negative thoughts affects disclosure (Russo et al., 2015). In a qualitative case study, the sample size needs to be employed systematically with thought and analysis (Mason, 2017). With a purposive sample, the researcher makes informed decisions as the study continues and explains these decisions with logic (Mason, 2017). Purposive sampling enables the researcher to select groups or units to study related to the research question and the researcher's theoretic position and framework (Mason, 2017). Qualitative data is based on the informants' knowledge related to the topic (Elo et al., 2014). The purposive sample allowed for a specific selection of participants that have knowledge to answer the research question. A disadvantage of using purposive sampling is that data can sometimes seem untrustworthy (Elo et al., 2014). To mitigate this possible disadvantage, respondents were given advanced disclosure of the interview questions and their identities remained confidential.

For my sample size, the nonreported sample population was based on the rich and valued data needed to address the research problem. There is no specified guidance on

sample size, merely, that a researcher must consider the complexity of the study and the depth of information needed from each participant (Yin, 2017). A sample size is effective when the data contains reference points from the original respondents (Gaasedelen, 2016). Established reference points guide a reader to better understand the value of data from the selected sample population (Gaasedelen, 2016). Using a small sample size provides the most clinically relevant data and potentially stimulates further readership of the topic (Gaasedelen, 2016). Therefore, based on Yin (2017) and Gaasedelen (2016), I deemed a sample size of four participants appropriate to answer the research question. The participants were four healthcare administrators that have used successful engagement strategies with nurses.

Researchers achieve data saturation when no new themes emerge from the data (Marshall & Rossman, 2016). However, if new themes continue to emerge, then the researcher may add more interviews (Fusch & Ness, 2015). I was prepared to add more interviews to reach the point of data saturation; however, my data did reach saturation, so no additional interviews were needed.

I conducted interviews with healthcare administrators. These participants contribute to the implementation of care for patients. Healthcare administrators were crucial to this study because they are responsible for the engagement of work relationships, group dynamics, and overall performance of the medical team. I conducted interviews with the individual respondents using a set of predetermined, open-ended questions. These interviews were conducted via telephone and audio-recorded. It is important that participants do not get distracted during interviews so that they can

concentrate and provide the most honest data (Turner, 2010). Each participant was asked to reside during the interviews, in a quiet, private room to minimize distractions. Attention to the setting promoted a professional relationship between me and the interviewee.

Ethical Research

Ethical considerations kept participants safe and I informed them of the possible risks and benefits before they decided to take part in the research. Participants deserve voluntary participation, anonymity, informed consent, and the right to privacy (Thorpe, 2014). I used an informed consent form to ensure the participants were aware of the possible risks and benefits prior to collecting data. The informed consent form included procedures to withdraw from the study at any time for any reason. Participants were able to withdraw from the study at any time for any reason by notifying me via phone call, e-mail, text message, or in-person meeting. An individual has the right to take part in research willingly without coercion or only partial comprehension of the study's purpose (Thorpe, 2014). If any of the participants had decided to withdraw, I would not have used that participant's data. I would not have tried to coerce that individual nor would I have tried to convince them to reconsider. I would have deleted all related data, to include recordings, notes, or e-mails from the withdrawn participant. However, none of my participants decided to withdraw from the study.

The researcher uses an informed consent form to explain the purpose and procedure of the study to the participants (Festinger, Dugosh, Marlowe, & Clements, 2013). The consent form was dispersed via electronic-mail along with an invitation to

take part in the research to possible participants but only after I obtained a LOC from the research site, the hospital's IRB exemption letter, and Walden's IRB approval. The manager of the department for which the healthcare administrators hailed provided a LOC which served as the agreement to release the names and contact numbers of the potential participants.

I sent e-mail invitations to the participants that included the informed consent form. The e-mail explained that there was a monetary incentive for participating: a $5 Starbucks gift card. After the potential interviewees were introduced to the research purpose and procedures and replied to the introductory e-mail consenting to participate, they were asked to call or e-mail me to schedule an interview. During the scheduled interview time, I followed the interview protocol (Appendix A) and began by asking each participant the prescribed interview questions numerically.

Ethical considerations are of the utmost importance to the researcher (Miracle, 2016). A primary ethical consideration in research is confidentiality (Thorpe, 2014). Ensuring a person's privacy and identity helps influence truthful data collection (Heffetz & Ligett, 2014). To protect the identity of participants, I assigned an alphanumeric code to each person: A1, A2, A3, and A4. This mitigated the use of names while still being able to track the data. The codes served as a safeguard for the participants. Codes provide meaning for the researcher when analyzing the data collection (Morse & Coulehan, 2015). Once I completed the analysis, all identifiable information was removed and deleted to ensure no data could be traced back to the participants. One safeguard was that the alphanumeric code key will remain on my personal password-

protected computer, for a period of 5 years. When the 5-year period has passed, I will erase all collected data. I took measures to ensure participant confidentially, which cultivated trust with my respondents.

I conducted research after receiving both the exemption letter from the research site's IRB and permission from the Walden University IRB (Approval #07-30-18-0664867). The hospital's IRB notified me in an official letter that my study was exempt from needing their approval to conduct my study due to hospital guidelines. An ethical research compliance certification was also required prior to receiving Walden University IRB approval. To fulfill this requirement, I completed the National Institutes of Health training course Protecting Human Research Participants before I collected any data.

Data Collection Instruments

As the researcher, I was the primary research instrument. As the data collector, I was able to observe and note verbal cues, over the phone, during the interviews. Interviews serve three purposes: (a) to obtain information through the interpretation of a participant's experience, (b) to collect an agglomeration of information from several persons, and (c) to obtain information about a specific topic that the researcher was unable to find using other means (Stake, 2014). I used semistructured interviews with open-ended questions to collect data from the participants as well as hospital archival documents. Open-ended questions aid the researcher to gain the most knowledge about the phenomenon being studied (Marshall & Rossman, 2016). Using interviews as the data collection technique enables the researcher to gain the most meaningful data from personal experiences (Dubé, Schinke, Strasser, & Lightfoot, 2014). Additionally, by

selecting a qualitative research methodology, the researcher has the ability to explore the opinions and behaviors of the participants' specific experiences (Lee, 2014). I used an interview protocol (Appendix A) with each participant. Using the same procedures as specified in an interview protocol ensures reliable, valid responses (Marshall & Rossman, 2016).

Methodological triangulation is a technique used to strengthen and provide reliability and validity to the results of a study (Yin, 2017). Triangulation is a technique in which the researcher uses two or more sources to corroborate and verify an event, result, or description from a study (Yin, 2017). To achieve methodological triangulation, I collected data from interviews and I discussed, with the manager of the department, archival documents in the form of the hospital's policies on nurse evaluations and the performance review process at this specific research site. I researched the hospital's performance review process to inquire about the policy on frequency of performance counseling. This information was used to corroborate with the interview data to provide credibility and validity.

Upon completion of collecting data, I employed member checking. Member checking is the review of data by the interviewees to verify that the identified themes were accurate (Marshall & Rossman, 2016). Member checking supports validity and reliability by serving as a respondent verification check of the data (Yin, 2017). Member checking also allowed the participants the opportunity to modify or add information about their experiences to the research. I shared my interpretation of data with the

respondents via e-mail upon completion of data analysis to ensure thematic accuracy. I also provided them with the opportunity to modify their responses to interview questions.

Data Collection Technique

The primary data collection technique for this study was semistructured interviews. A data collection technique is important to a study because it is the method that allows for valid and reliable data (Byrne, Brugha, Clarke, Lavelle, & McGarvey, 2015). Data collection followed an interview protocol (Appendix A). The interview protocol is a guide I followed for each interview. Key elements in the interview protocol included the purpose and procedure of the study, an explanation of the ethical considerations, and a description of the semistructured interviews. Semistructured interviews allow for open-ended questions to encourage participants to elaborate on particular areas they feel are important (Van Mastrigt et al., 2015).

I discussed archival documents in the form of the hospital's performance evaluation process to inquire about the policy on frequency of performance counseling and availability of financial incentives. I analyzed the hospital's standard procedures for frequency of performance counseling. Additionally, I maintained an interview notes log on a Word document. In qualitative research, the process of using two or more data sources allows the researcher to gain multiple perspectives and data validation (Carter, Bryant-Lukosius, DiCenso, Blythe, & Neville, 2014). A researcher seeks triangulation through the analysis of two or more methods of data collection to cross-check his or her findings (Pacho, 2015). Discussing hospital procedures with the manager of the department may lead to increased validity and reliability of data. Triangulation between

different instruments supports the strengths of conclusions (Pacho, 2015). Despite these advantages, archival document review can be challenging because information may be irrelevant, disorganized, or even out of date (Pacho, 2015).

I conducted semistructured interviews with healthcare administrators. An advantage to using semistructured interviews is that this technique allows the respondents an opportunity to uncover opinions or details that may not have previously emerged (Yin, 2017). Interviews can be a disadvantage, however, because of limited time with each participant and the possibility of judgment from participant responses (Alby & Fatigante, 2014). I adhered to the interview protocol yet rephrased questions to extract more extensive responses in some cases.

After receiving response e-mails stating consent from each respondent, I used my smartphone to record the interviews. Then, I transcribed the participants' responses verbatim using a word processor. I reviewed the transcript by listening to the recording again. I used copies of the documents to analyze the contents and meaning of their responses to the interview questions. By recording the interviews, I had access to participants' full responses to the interview questions.

Once transcribed, I formed my initial impressions regarding the data, and the participants were given a chance to review my interpretation of data through member checking. Alternatively, member checking is referred to as participant validation because it verifies the credibility of results (Birt, Walter, Scott, Cavers, & Campbell, 2016). Member checking reduces researcher bias by involving the participants in confirming the research results (Birt et al., 2016). After I analyzed the data for possible strategies used

to stimulate nurse engagement, I sent the identified themes to the participants using e-mail. Sending the respondents the identified themes provided them the opportunity to verify for accuracy.

Data Organization Technique

I used three forms of data: interviews, an interview notes log, and archival document analysis. Data organization is important for the researcher because it aids in the comprehension of data and answering the research question (Garcia-Mila, Marti, Gilabert, & Castells, 2014). To achieve data organization, I labeled all documents corresponding to its respective type, whether that be an interview, interview notes log, or archival document analysis. Interview data included the transcribed interviews. I noted in the interview notes log the verbal cues corresponding with each individual interview. I used archival document analysis to research hospital policies on patient care, satisfaction, and employer/employee counseling frequency. The interviews, interview notes log, and archival document analysis files were saved to a corresponding folder on my Windows laptop.

I organized the interviews using numbers as codes to correspond to the respective participant, for example, A1, A2, A3, and A4. These numbers were sequential in the order for which the interviews were conducted. I stored the recordings, transcripts, and documents in the labeled folder “Interviews” on my laptop. I used word processing to transcribe all interviews and capture all notes in the interview notes log. Notes were recorded from all interviews in a Word document during the data collection process. The

transcripts were intended for my personal use in order to arrive at an interpretation and synthesis for the eventual member checking.

I kept all transcribed data in a password protected computer and will retain hard copies in a locked cabinet at my home office. I transferred the recordings of the interviews from my smartphone to a password-protected computer; subsequently, I deleted the recordings from my password protected smartphone. Confidentiality and protecting the participants' identity and dignity is the researcher's responsibility (Petrova et al., 2016). I will store these data electronically in my password protected computer and hard copy format in a locked file cabinet that only I have access to for a period of 5 years. Upon receipt of the 5 years, I will destroy the electronic and paper copy data.

Data Analysis

I used data analysis to uncover corresponding themes from the interview data. Using data analysis, the researcher will discover useful information that leads to decision making and research conclusions (Handy, 2017). In qualitative research, data analysis is the process by which the researcher examines and interprets data into patterns and themes to answer the research question (Averill, 2015). The researcher codes words from the participants' transcribed interviews and interprets the codes into actual meaningful conclusions (Pierre & Jackson, 2014).

I used a deliberate process to analyze the data. I focused my analysis on the strategies that administrators use to stimulate nurses to increase patient care and patient satisfaction in the hospital setting. Data analysis involves a five-step process that includes compiling, disassembling, reassembling, interpreting, and concluding (Yin,

2016). This was an iterative process in which I analyzed the data both forward and backward. All five phases are recursive and iterative; therefore, any of the phases may be visited more than once (Yin, 2016). The compiling phase was the first step and started with assembling the data from both the interviews and archival document discussion. During this stage, I familiarized myself with the interview notes log and audio files. I transcribed the recordings from the participants' interviews and my interview notes log using Microsoft Word. I ensured the organization of folders corresponding to the participants and included all relevant notes from the interview notes log.

The second phase in the data analysis process was disassembling. Disassembling the data includes two activities, creating analytic memos and coding the data (Yin, 2016). The purpose of data analysis is to code the themes and subthemes into interpretable results (Lewis, 2015). Researchers use qualitative data analysis software to explore large amounts of data in alternative ways and to query functions that would not be possible otherwise (Robins & Eisen, 2017). The software does not replace the researcher; the researcher is responsible for coding and analytical thinking (Yin, 2016). NVivo software can be used to document thoughts that occur to the researcher as data is analyzed. There are two types of codes in NVivo: theory-generated codes and NVivo codes. Theory-generated codes refer to those derived from the literature while NVivo codes emerge from the interview data (Marshall & Rossman, 2016). The common codes are organized into folders to facilitate reassembling, which is the third phase in the process. Due to the study's small purposive sample, I was able to code the data without utilizing qualitative data analysis software. I was able to connect thoughts to corresponding source data as I

developed them. The coding process was used to turn my concepts into meaningful information.

During the reassembling step, the researcher searches for patterns in the data (Yin, 2016). I evaluated the data through coding, which helped me uncover emerging concepts. In the reassembling stage, the researcher will make comparisons, use rival thinking, and search for negative themes (Yin, 2016). The identification of negative themes helped to confirm or deny early assumptions made regarding codes. A researcher engages in rival thinking by searching for other explanations for previous observations (Yin, 2016). While reassembling the coded data, I continued to type notes and document observations.

The fourth stage in the data analysis process is the act of interpreting emergent themes into meaningful findings (Yin, 2016). According to Yin (2016), a researcher's interpretation of data must be fair, accurate, and complete. I organized data that corresponded with like themes. I organized the themes into emergent patterns and interpreted their meaning into findings.

The last phase of the data analysis process includes drawing conclusions from the study (Yin, 2016). The conclusions should be related to the interpretation of data through the fourth phase to all other phases (Yin, 2016). A conclusion is a statement that places the findings of a study at a higher level or to more common ideas (Yin, 2016). In this phase, I included the lessons learned and implications of my research for future studies.

Methodological triangulation was the data analysis method for this exploratory case study. Triangulation is achieved using several sources of data to enhance the

reliability and validity of the study's results (Fusch & Ness, 2015). Methodological triangulation helps the researcher correlate data from multiple data collection methods (Fusch & Ness, 2015). I used methodological triangulation to categorize themes and subthemes using two sources which included the semistructured interviews and the e-mail discussion I had with the department's manager regarding archival documents on patient care and satisfaction standards as well as the hospital's policy on frequency of performance counseling.

I saved the data from the interviews and hospital's policies separately in two electronic folders on my personal computer. Once both forms of data were coded, I worked to identify emerging themes. I suspected that Kahn's (1990) engagement theory was the appropriate conceptual framework to view administrator strategies to enhance employee engagement. Enhancing objectivity and supporting validity is the purpose of triangulation (Lewis, 2015).

Reliability and Validity

Reliability and validity are terms most often applied to quantitative research. The reliability and validity of a qualitative study refer to the study's credibility, transferability, dependability, and confirmability (Silverman, 2016). As the researcher, I sought to achieve reliability and validity through the data collection method. Reliability and validity refer to the objectivity and credibility of research (Silverman, 2016). The data collection method informs the trustworthiness of a study (Elo et al., 2014).

Reliability

Reliability is a term mostly applied to quantitative research. In qualitative research, reliability is a technical term that refers to the dependability and accuracy of data (Silverman, 2016). The essence of reliability is consistency (Leung, 2015). Throughout the data analysis process, researchers are responsible for constantly verifying the accuracy of data (Leung, 2015). Dependability, or the consistency of data (Leung, 2015), is one of the techniques used to judge the reliability and trustworthiness of a study (Marshall & Rossman, 2016). I ensured dependability by applying three defined steps that promoted consistency to verify the accuracy of data: (a) I applied an interview protocol for each interview, (b) conducted member checking with each respondent, and (c) applied methodological triangulation.

Validity

Validity differs from reliability in that validity involves the interpretation of the observations and the issues that the observations represent (Silverman, 2016). In qualitative research, validity represents credibility of a study (Cope, 2014). When a researcher seeks validity, he or she is testing the credibility of the analysis derived from the data (Silverman, 2016). This term refers to the verisimilitude and meaningfulness of the study (Taylor et al., 2015).

To obtain validity, I sought credibility using member checking and through the use of methodological triangulation. Member checking ensures that the interpreted data is an accurate depiction of the participant's responses to the interview questions and the findings of the study (Birt et al., 2016). Confirmability is one criterion that also

determined the validity of the study. Confirmability refers to the extent to which the study's results directly reflect the data instead of portraying researcher bias (Cope, 2014). The participants were asked to review the findings of the study, which provided the researcher confirmability of the results. Whether or not others deem the study applicable to other contexts for future studies is the transferability of a study (Cope, 2014). Transferability is subjective (Cope, 2014). Credibility was dependent on member checking and triangulation.

Methodological triangulation enabled me to support the strength of my conclusions from the study. Methodological triangulation is the process by which the researcher attempts to gain an understandable view of the phenomenon (Cope, 2014; Pacho, 2015). In this study, I corroborated interview transcripts and operating procedures on the administrator and nurse evaluation process in order to mitigate researcher bias.

Data saturation is achieved when no new themes or codes emerge (Fusch & Ness, 2015). Data saturation refers to the depth and meaning of rich and thick data (Fusch & Ness, 2015). The data saturation point has occurred when the same study can be repeated and produce the same results (Fusch & Ness, 2015). I ensured data saturation of the study before completing my exploration of employee engagement. I was prepared to conduct additional interviews if data saturation had not been reached; however, no further interviews were needed to seek data saturation.

Transition and Summary

The purpose of Section 2 was to establish the study design for maximum rigor. I explained my role as the researcher and the eligibility criteria for participants due to

purposive sampling. I also outlined the use of semistructured interviews and archival document retrieval as the two data collection techniques. Next, I explained the data organization and analysis. Finally, I summarized reliability and validity for ensuring objectivity.

Section 3 will include data findings with my interpretation of coded data and emergent themes. I will relate my findings to the engagement theory that conceptually frames the study and the current literature. Lastly, I will discuss my (a) research findings and conclusions, (b) application to professional practice, (c) implications for social change, (d) recommendations for action and further research, and (e) personal reflections.

Section 3: Application to Professional Practice and Implications for Change

Introduction

The purpose of this qualitative, explorative single case study was to explore strategies healthcare administrators use to stimulate nurse engagement. I collected the study data using semistructured interviews with open-ended questions of healthcare administrators at a hospital in Missouri. Open-ended questions aid the researcher to gain the most knowledge about the phenomenon being studied (Marshall & Rossman, 2016). Using interviews as the data collection technique enables the researcher to gain the most meaningful data from personal experiences (Dubé et al., 2014). The hospital procedures on nurse and administrator evaluation frequency served as a secondary data source. My findings showed different strategies that healthcare administrators have used with their nurses to stimulate engagement leading to improved patient care/safety and contributing to a positive patient experience incidental to faith and credence in medical care. Additionally, I found the effectiveness of these strategies.

Once I transcribed the interviews, I employed methodological triangulation to analyze and extract different themes from the semistructured interviews and the hospital operating procedures on evaluations. The following four core themes emerged from my analysis of the interview data and the hospital's guidance regarding administrator and nurse evaluation processes: (a) the team concept, (b) nurse and administrator communication, (c) nurse recognition, and (d) nurse empowerment. These themes pertained to the different strategies that healthcare administrators use to stimulate nurse engagement.

Presentation of the Findings

The research question guiding this study was: What strategies do healthcare administrators use to stimulate nurse engagement? Each group of participants responded to an aligned set of semistructured interview questions based on their supervisory roles in the hospital. Based on the research question, my analysis of the participants' responses, and the hospital's operating procedures surrounding the nurse evaluation process, 11 subthemes were revealed. I grouped the subthemes into four main themes. My exploration of the themes and subthemes resulted in extracting strategies that healthcare administrators use to stimulate nurse engagement in the hospital setting. The findings correlated with the conceptual framework of the study, the engagement theory, and previous literature on the topic.

Theme 1: Creating a Team

The first main theme was the creation of a team between healthcare administrators and nurses. Table 1 shows the frequency and percentages of occurrence of the three subthemes in the healthcare administrators' responses. My exploration and analysis of the subthemes revealed strategies that healthcare administrators use to stimulate nurse engagement.

Table 1

Frequency of the Three Subcategories Under the Teamwork Theme

Teamwork	*n*	Frequency of occurrence
Enhancing trust and respect	26	37.1%
Working alongside nurses	23	32.9%
Creating a partnership	21	30%

The four interviewed healthcare administrators at the research site agreed that facilitating teamwork is a major strategy that effectively influences nurse engagement. Eisler and Potter (2014) postulated that an administrator that encourages teamwork influences an increase in engagement. The concept of creating a team appeared across all healthcare administrators' responses. Using interview data analysis, I validated the finding that teamwork between the healthcare administrators and nurses was one of the strategies most frequently used. According to Ajeigbe et al. (2014), teamwork in the form of work-group cohesion is a sign of supervisor support. A nurse that feels like he or she belongs is more likely to improve patients' safety (Eisler & Potter, 2014). Logan and Malone (2017) found that teamwork is a productive approach in creating a healthy organizational environment and providing improved patient care. Teamwork can improve patient safety.

Three subthemes related to administrators cultivating teamwork emerged. These subthemes were administrators (a) enhancing trust and respect with nurses, (b) working alongside nurses, and (c) creating a partnership. I also explored the effectiveness of existing strategies and recommended new strategies based on the healthcare administrators' responses and evidence-based studies.

Enhancing trust and respect. The first subtheme underlying teamwork was the enhancement of trust and respect between the administrators and nurses. Administrator respondents were adamant that respecting nurses and cultivating an environment of trust are important to influencing positive patient care. Baddar, Salem, and Hakami (2016) posited that administrators need to place trust and respect in nurses so that delegated tasks

are completed efficiently. For example, A1 explained, "The patients are getting better care, safer care, and the patient will have a higher satisfaction rate if we show respect to our nurses." Respondent A1 also remarked, "We value the nurse and her skills and her as a person." Administrator A4 agreed:

> We need to make sure that they [nurses] can trust what we are telling them, and that they can feel confident in what we are doing….We had a bit of a punitive culture in the past, we no longer have that punitive culture, but it takes you 3–5 years to change the culture of an organization so we give them [nurses] an opportunity to give completely anonymous feedback so that they can feel open and honest and comfortable.

Administrators who use honesty and trust can help to change an organizational culture into a positive work environment. The finding of the importance of giving respect and improving trust with nurses was supported in the literature. Mishra et al. (2014) explained that treating employees well contributes to an increase in trust. Toode et al. (2015) studied nurse practices and concluded that interprofessional respect within the healthcare team motivates nurses to do their job. Hansen et al. (2014) explained that engagement is stimulated when a supervisor develops an employee's psychological state using several strategies that enhance trust. The findings of this study indicated that enhancing trust and respect with nurses is an effective strategy for a healthcare administrator to stimulate nurse engagement.

Working alongside nurses. The second subtheme that emerged under teamwork was administrators working alongside nurses. Döös, Vinell, and von Knorring (2017)

theorized that administrators working alongside nurses was essential to everyday nursing tasks and an organizational solution to problems that arise. Respondent A3 emphasized the importance of working alongside nurses:

> It's very important as a leader to do everything, to be able to do everything, and know about the people underneath you, what they are doing in their job, and I need to be able to perform it as well…I think it helps engage them, and make it seem like "hey I am not here working against you, I am here working with you"…And like I said, trying to help them get through the hard days too. If a nurse is having a hard day, what do I do? I go out on the floor and try to help her; I pass some of her meds [to patients], I check some of her blood sugars, I answer some call lights, and you know, kind of dig in and help.

Administrators working alongside nurses further promotes the sense of belongingness through teamwork (Eisler & Potter, 2014). In conjunction with the first subtheme (i.e., enhancing trust and respect), nurses who feel respected and work alongside their administrators possess the ability to change an organizational culture. Research supports the subtheme of the importance of working relationships. Administrators can change a negative organizational culture through the implementation of teamwork and cooperation (Ghahramanian et al., 2017). Respondent A4 stated that "an open and honest administrator creates a more positive culture within the hospital." Therefore, by respecting, trusting, and working alongside nurses, an administrator can create a positive organizational culture that promotes work engagement.

Creating a partnership. The third subtheme that fell under teamwork was creating a partnership between the administrator and nurse. Respondent A1 remarked, "We form a partnership with the nurse, so the administrator actually becomes a partner with the nurse." Research also supports the significance of creating a partnership. Eisler and Potter (2014) explained that creating a partnership increases engagement and that a positive partnership may improve patient safety. Improved patient care outcomes can be achieved when teamwork culminates into a collaborative team (Eisler & Potter, 2014). Ott and Ross (2014) predicated that partnership between managers and nurses constructs the foundation for nurse development and decision-making. Administrator A2's experience supported the partnership theme:

> I'm also on a unit nursing committee with several of my department's nurses, we meet with other departments, the heads and nurses of other departments, and we all collaborate and find out how we are doing. We also find out what the people in the other departments in the other areas of the hospital are doing and what their suggestions are, and I think that helps us a lot.

Interpersonal relationships, or partnerships, between nurses and healthcare administrators may influence employee attitudes and behaviors (Men, 2014). Frögéli et al. (2018) studied proactive work behaviors and their effects on nurses' attitudes pertaining to work ethic and job satisfaction and found that a nurse's positive work ethic and job satisfaction can increase patient care and safety. Similarly, Armstrong et al. (2017) researched nurses' attitudes on work ethic and job satisfaction. The researchers found that individual attitudes on work ethic influence a nurse's adherence to safe

medication practices (Armstrong et al., 2017). Therefore, creating a partnership may influence patient care and safety, thereby increasing hospital performance.

Theme 2: Nurse and Administrator Communication

The second main theme to emerge from the data was nurse and administrator communication. The nurse and administrator communication theme encompassed the following three subthemes that emerged from the analysis of interview data and the hospital's guidelines regarding performance evaluations: evaluative communications, the ability to listen, and the ability for administrators to engage nurses. Table 2 shows the frequency and percentages of occurrence of the three subthemes in the administrators' responses.

Table 2

Frequency of the Three Subcategories Under the Communication Theme

Nurse and administrator communication	*n*	Frequency of occurrence
Evaluative communications	40	61.5%
Listen	16	24.6%
Engage	9	13.8%

Nurse and administrator communication emerged as a major theme in the analysis of interview data. My analysis of the hospital policy regarding frequency of performance evaluations and self-evaluations supported the nurse and administrator communication theme. In my triangulation of archival documents, hospital policy showed that a nurse and administrator are required to meet quarterly to review a nurse's performance and progress and that an overall evaluation is due annually. Administrators identified

communication as a key strategy to stimulate nurse engagement. Existing literature supports this discovery. Effective communication influences organizational communication, decision making, problem solving, and coordinating (Men, 2014). Marx (2014) indicated that administrators who maintain comprehension of communication processes within their departments may impel productive quality of care. Therefore, effective communication between the nurse and administrator can influence positive outcomes and the delivery of quality care.

Evaluative communications. The most frequently occurring subtheme under the nurse and administrator communication theme was evaluative communications. In evaluative communications, administrators set standards for nurse performance. The administrators remarked that setting transparent performance standards ensures the flow of communication. Routine counseling and checks by the administrators of nurses' work can help keep the flow of communication effective. Pitel and Mentel (2017) presupposed that a nurse-manager subjective performance evaluation system increases nurses' vigilant decision making. Administrator A1 explained,

> I find it helps, when evaluations come up, that the actual nurse can write up her own evaluation in the way that she can actually state all of the amazing challenges that she has overcome this year; including things like "Oh I learned how to do another skill, I'm working on another certification so that I can give better care to my patients." I wanted to hear that; I want the nurse to actually type that out on her evaluation and that way she can actually evaluate herself and she can fully see "Oh and my goal for next year is this" …And then touch base with her

> periodically through the year to see how she is doing in achieving that goal of hers.

Increased communication can be used to influence employee engagement, thereby influencing hospital success (Lightle et al., 2015). The evaluative communications strategy correlates with the engagement theory. Evaluations are a useful tool that opens dialogue between the administrator and nurse. Hospital policy archival documents on performance evaluations instructed that mandatory evaluations are due annually. Sharing information and communicating increases the nurse engagement (Mishra et al., 2014). Respondent A2 exercised evaluative communications with motivating nurses:

> The first strategy is good communication between you and all the people that are working in that department. I think we all have important jobs to do; not one is any better than the other, so good communication is the first thing [strategy to motivate nurses to do their job] …Evaluations are done every year as well as self-evaluations.

Listen. The second subtheme underlying nurse and administrator communication is an administrator's ability to listen to nurses. Both parties, the administrator and the nurse, need to apply the ability to listen and discuss (FitzPatrick et al., 2016). Donnelly (2017) theorized that listening to nurses helps develop the nursing department culture by increasing job satisfaction and improving nurse task delivery. The concept of listening was reiterated in all four administrators' responses. For example, A2 commented that listening is a focused strategy for nurse engagement: "Good communication, in the form of listening, by sitting down talking to them [nurses] and finding out what their needs are

really helps to motivate the nurses at our hospital." Administrator A3 echoed the theme of listening, "Talk to them [nurses] about their problems, listen to them, ask them how to make it better, and make it a punitive-free discussion." Respondent A4 agreed, "You have to take a moment to listen to their side of it [a situation] because they have a different perspective." Administrator A1 reiterated the listening theme:

> The first strategy for motivating nurses to do their job is to listen to my nurses. That is very important because they are the staff, they are the first lines to the patient, so they know when strategies or when protocols are not working. And so by listening to the nurse, it essentially helps to make the workplace better, in which the patients are getting better care, safer care, and the patient will have a higher satisfaction rate.

Engage. The third subtheme underlying nurse and administrator communication is the ability of an administrator to engage nurses. Administrators who engage nurses develop employees' psychological state of meaningfulness, availability of work-related resources, and trust of self-expression in their work (Hansen et al., 2014). A4 explained the importance of engaging nurses, "My number one strategy is going to them, going to their location, where they're performing their work, and asking them: what are the pains that they're feeling in their everyday work?" The literature supported administrators engaging with their nurses. Vess (2018) found that managers who engage nurses are likely to experience nurses with more intentionality to achieve specific care outcomes.

Whitton and Moseley (2014) reinforced the strategy of listening by corroborating that the attention and captivation of employees constructs effective engagement.

Healthcare administrators may achieve the attention and captivation of nurses by directly communicating with them in the locations where they perform their nurse tasks. Respondent A3 concurred: “Nurses themselves will show me how effective I am as a supervisor by them coming to me and communicating with me, and I will go to where they are working with their patients and engage them as well.” Relational-coordination communicating, similarly mentioned by A3, was postulated by Havens et al. (2018) to increase work engagement and job satisfaction and to reduce nurse burnout. As suggested by A3, engagement is most effective if employed by both the administrator and nurse.

Theme 3: Nurse Recognition

The third main theme was nurse recognition. The nurse recognition theme equates to administrators that use nurse recognition as a strategy to stimulate nurse engagement. Nurse recognition is a parent theme of four subthemes: compliments or encouragement, monetary incentives, public recognition, and educational opportunities. All four administrators use these strategies. The literature supported the concept of recognition as a means for achieving increased performance. Seitovirta et al. (2017) posited that administrators hold rewards as a significant means for motivating nurses because they promote high performance and patient safety. Qarani (2017) found that individualized consideration motivates nurses and improves nurse retention.

Table 3

Frequency of the Four Subcategories Under the Nurse Recognition Theme

Nurse recognition	*n*	Frequency of occurrence
Compliments or encouragement	22	47.8%
Monetary incentives	14	30.4%
Public recognition	7	15.2%
Education opportunities	3	6.5%

Compliments or encouragement. The first subtheme that emerged from nurse recognition was the bestowment of compliments, encouragement, or notes. All four healthcare administrators recognized the importance of gratitude as a strategy for stimulating nurse motivation. The administrators acknowledged nurses for their specific work with patients. Interviewer A1 remarked:

> There are a number of ways we do this [recognize] for our nurses, one, of course, is in the form of a personal thank you note from the manager. It can also be the kind words that a manager immediately bestows on that nurse that is actually showing a great display of compassion and going above and beyond for her patient. The way we actually see this is through management rounds.

Staff rounding enables the manager to personally see the work of a nurse (Nguyen, 2015). Seitovirta et al. (2017) conducted a study to find several types of incentives that could be used to improve nurse recruitment and aid in nurse job retention. The researchers concluded that recognition, in the form of positive feedback and appreciation of service, retains and increases the nurse population at a hospital (Seitovirta et al., 2017). Barker (2017) concluded that a daily "thank you" is sufficient to improve

nurse morale and retention. The administrators' responses were supported by the literature; the respondents explained the value of providing positive feedback in notes, e-mails, or immediate, in-person recognition. Respondent A3 acknowledged this strategy:

> Don't just focus on the negative, focus on the positive with everybody. If this person is doing great with checking their [patients] responses to pain, and I am checking that in their documentation – let's honor them…let's send them an e-mail that says "Congratulations, you are doing great!" Kind of remind them individually that I am not just here to point out what you are doing wrong, I am here to point out what you are doing right.

The sense of value bestowed on a nurse can have positive effects on that nurse's motivation and job satisfaction. Seitovirta et al. (2018) studied reward type preferences and the effects of rewards perceived by Finnish nurses. The researchers concluded that registered nurses valued nonfinancial rewards when compared to monetary rewards (Seitovirta et al., 2018). The literature supported the subtheme echoed by the respondents explaining the importance of nonfinancial rewards.

Monetary incentives. Awarding monetary incentives to nurses was an additional thematic subcategory under nurse recognition as a means of stimulating nurse engagement. Administrators discussed this subtheme as a means to motivate nurses to feel valued and give praise to the work they do for their patients. The literature supported the concept of using monetary incentives to award nurses. Hotchkiss, Banteyerga, and Tharaney (2015) postulated that healthcare workers are motivated to achieve organizational goals when financial incentives are present. Administrator A2 explained

the hospital's program for monetary incentives in the form of pay raises: "We [nurses and administrators] get pay raises according to the points that we receive on evaluations." However, these monetary awards are limited to specific employment status nurses. Administrator A1 explained:

> Implementing certain engagement strategies is really a challenge when it comes to the different types of employees that we have. We have full-time nurses, those that are part-time nurses, and those that are PRN [Latin for 'as the need arises'] nurses. Some of the employment statuses are not eligible for such typical ways of showing value to our employees – this includes pay raises, paid vacations, and more days paid vacation as the person works longer [gains more tenure at the hospital]. Yet, because some nurses are PRN nurses they are certainly not eligible for paid vacations, nor for health insurance or raises. Management has to find other ways to actually engage those employees. Very much a challenge.

The literature supported the subtheme of monetary incentives. Seitovirta et al. (2018) found that diverse rewards help to encourage nurses to increase commitment and perform their jobs optimally. Various employment statuses at the research site made it difficult to gauge the importance of monetary incentives, yet three out of four healthcare administrators interviewed in this study agreed that monetary rewards, when available, influence nurses to perform their nursing tasks more efficiently. Seitovirta et al. also concluded that part-time employment status nurses place a higher value on rewards than any other employment status nurse. Methodological triangulation using the evaluation policy at the research site confirmed that the employment status affects a nurses' ability

to obtain monetary incentives. My study revealed that the employment status of nurses' challenges healthcare administrators to find other strategies to show appreciation and is supported by the literature.

Public recognition. The third subtheme that emerged from nurse recognition, is the value of displaying public recognition. Cusack, Cohen, Mignone, Chartier, and Lutfiyya (2018) found that publicly recognizing nurses' influences nurse participatory action which promotes individual empowerment and organizational change. For example, Administrator A3 remarked: "Let's put their [nurses] names up on the board!" Seitovirta et al. (2017) agreed with the importance of publicly recognizing nurses; Seitovirta et al. postulated that personal attention from nurse managers or senior leadership in the form of medals and celebrations presented publicly helps to retain the nurse population. A1 agreed in her response:

> Recognizing the nurse in the moment is important; it's very important to, perhaps, recognize nurses during our hospital huddles that we conduct once or twice a week, which we have on the floor. It really does help because it lets us show that this nurse has done an exceptional job and can be commended for whatever she did and that she [or he] is a good example for the other nurses as well…I feel there is such a connection that if we consistently focus on our nurses and recognize them for the incredibly intelligent and highly skilled human beings that they are, and give them very tangible ways of this recognition, such as giving them a breakfast or a specialized occasion like a dinner, that shows our camaraderie and engagement together.

Nurses feel more valuable when publicly recognized for his or her skills, and places nurses as a positive example for others. Administrator A3 further explained the hospital's recent public recognition experience:

> This year, in fact, they had a public awards ceremony. It was purely based on suggestions of everyone that works in the hospital, so if you thought that this person could be nominated for the best nurse, then that person does their job really, very well and does it with a smile. People were able to put in anonymous suggestions for each category. So it was actually a nice big awards ceremony, and it was displayed on our website internally – it was quite neat.

In this interview, A3 revealed that the public recognition conducted at the research site involved everyone working at the hospital, not just nurses. Therefore, everyone in the hospital community was able to take part and show appreciation. The all-inclusive engagement strategy of public recognition correlates with the major theme of teamwork. Administrators can make nurses feel part of the team by publicly recognizing nurses for their specific profession. Administrator A3 added:

> It wasn't just for the nurses, it was for everybody that works in the hospital, and nurses are just one part of them. You know if we didn't have housekeepers, if we didn't have maintenance workers, if we didn't have the people passing trays for dietary, if we didn't have everyone working here, we wouldn't be able to do our jobs.

Additionally, the public recognition strategy is a characteristic of the leader-member exchange theory. Bergman et al. (2016) theorized that the health and safety of

patients can be improved by an organizational team as a whole. The respondents in my study echoed the importance of nurse public recognition, as well as making nurses part of the team.

Education opportunities. In addition to personal compliments, monetary incentives, and public displays of recognition, the fourth thematic subcategory under nurse recognition is providing education/training opportunities for nurses. Kozleski (2017) concluded that it is the administrator's responsibility to continuously monitor nurse education. Administrator A4 explained the use of educational and training opportunities as a means to motivate nurses:

> We have a program where nurses who achieve certain levels of training or educational milestones that their supervisors offer them, based on a job well done, can move up a career pyramid, which opens up future opportunities for more leadership types and roles for them.

A4 revealed that providing training and education is rewarding in and of itself, but also helps to influence a nurse's future career goals. Sri Hariyati, Kumiko, Yuma, Sri Susilaningsih, and Prayenti (2017) describe professional development as a continuous and integral process of a nurse's career and should be implemented based on the individual competency of the nurse. Sri Harivati et al. found that professional development is effective in the improvement of retention of nurses and can be used in a reward system to advance clinical performance. Professional development may be an incentive to enhance their skills, and further contributes to organizational efficiency (Seitovirta et al., 2017). Administrator A1 agreed:

> Also, another way to form this partnership and help this nurse feel valued is to provide educational opportunities. There are so many, I've got at least five educational opportunities coming up for nurses that are working directly with the patients on the floor as well as lactation consultants and all of those are different types of educational opportunities. This is very important so that the nurses can know that she [or he] is up-to-date on her [or his] skills and that is very important to giving our patients the best care possible.

As iterated in the literature, the National Council of State Boards of Nursing make nurse continuing education mandatory, especially regarding patient safety (St. Onge & Parnell, 2015). Therefore, educational opportunities provide twofold benefits: educational opportunities make a nurse feel valued, and furthering nurse education adds to the nurses' skills, thereby increasing the care and safety of patients.

Theme 4: Nurse Empowerment

The final theme extracted by the data analysis was nurse empowerment. The healthcare administrators agreed that encouraging nurses to take part in decision-making and creating change are important strategies to continuous patient care and safety. Analysis of administrators' responses revealed that nurse empowerment in the form of shared governance is an effective strategy for stimulating nurse engagement. The existing literature supported the concept of nurse empowerment. Fawcett, Holloway, and Rhynas (2015) theorized that patient centered-care and safety increases when nurses are empowered to make decisions.

All four healthcare administrators explained the importance of influencing nurse decision-making. Nurse decision-making is indicative of a Magnet hospital, where healthcare administrators are likely to influence nurses to make decisions (Senot et al., 2016). Gerard, Owens, and Oliver (2016) explained that shared governance, or nurse decisional involvement, increases nurses' control over the nursing practice and are empirically associated with better patient and safety outcomes. A4 remarked:

> We actually get their [nurses] buy-in and their engagement, and really have them as part of the solution. We give nurses a voice or shared governance…We make our nurses part of the design and process improvement of patient care and safety. It is essential to increasing their engagement and work motivation…They are really leading that change, they need to know that.

Administrator A3 agreed: "We give nurses at the lowest level a voice to actually speak up." Researchers Allen-Gilliam et al. (2016) and Ong (2017), in separate studies, found that a system of shared governance, or the act of including nurses in decision-making, influences nurses to feel empowered in their jobs, influences nurses to make decisions, and encourages nurses take responsibility for their actions. Similarly, Strachan, Kryworuchko, Nouvet, Downar, and You (2018) postulated that nurses embedded in the decision-making process are key to delivering effective patient care. As a result of data analysis, administrators may need to increase engagement by including nurses in the decision-making process.

Applications to Professional Practice

This study is significant to healthcare business practice in many ways. My objective in writing this study was to explore strategies that stimulate nurse engagement. The findings of this study revealed the opinions and experiences of healthcare administrators in one hospital regarding nurse engagement. Four main themes emerged as a result of the data analysis. The themes were (a) teamwork, (b) nurse and administrator communication, (c) nurse recognition, and (d) nurse empowerment. Hospital administrators may benefit from the findings of this study by implementing strategies to stimulate administrator and nurse engagement.

Effective engagement among healthcare administrators and nurses improves patient care and patient satisfaction. Researchers Kane-Frieder et al. (2014) agreed that work engagement leads to the positive financial performance of an organization. Increased work engagement creates an increase in nurse psychological involvement, which results in an increase in patient care and patient satisfaction (Khatri et al., 2017). Communication between an administrator and nurse as well as opportunities to develop more skills as a nurse are examples of strategies that improve engagement and positively correlates with patient quality of safety and care (Shantz et al., 2016). Publishing the results of this study may provide healthcare administrators with strategies on how to effectively engage their nurses to stimulate nurse motivation. Additionally, publishing the results of this study may help administrators address the challenges they may face in implementing these strategies.

Learning how to stimulate nurse engagement is a priority for hospital administrators. The literature revealed challenges to nurse engagement (Weller et al., 2014). To address these challenges and improve patient care, healthcare administrators may need to implement a team approach that influences a positive organizational culture (Weller et al., 2014). The conceptual framework of the study, the engagement theory, involves the cognitive, emotional, and physical characteristics of why employees perform and how they fit into their work environment (Valentin et al., 2015). Kahn explained that employees gain motivation and take initiative in a job when the needs of the person are fulfilled (Jyothi, 2016). The literature offers strategies for administrators to stimulate nurse engagement including rewarding incentives, cultivating teamwork, and increasing communication between the administrator and nurse (Eisler & Potter, 2014; Men, 2014; Mishra et al., 2014; Seitovirta et al., 2017). In this study, I found similar results related to teamwork, communicating between the administrator and nurse, recognizing and appreciating nurses' work, and empowering nurses to have a voice.

The results of this study can inform strategies for stimulating nurse engagement. Therefore, based on the study's findings, healthcare administrators may identify strategies that stimulate nurse engagement, allowing them to (a) implement the strategies that could specifically work with their organizations, (b) review their current strategies and procedures to integrate engagement, and (c) be able to identify effective or ineffective engagement strategies at their hospitals overtime. Healthcare administrators that employ these strategies may benefit from stimulating nurse engagement.

Implications for Social Change

Patient care and safety, as well as patient satisfaction, are priorities for hospital administrators and members of society. The National Council of State Boards of Nursing, nursing educators, nursing supervisors, and newly licensed nurses agreed that the study of safety is the most important knowledge for nurses to learn and continuously maintain because it saves human lives (St. Onge & Parnell, 2015). Safety and engagement correlate because the amount of engagement that a nurse displays can enhance the safety and care given to hospital patients. Improving administrator and nurse engagement contributes to safe hospital care for members of society. Conclusions of this study add to the existing body of knowledge about improving care and patient satisfaction influenced by engagement strategies. In addition, stimulating engagement may improve patient care and contribute to a positive patient experience influencing the Medicare reimbursement value-based program purchasing of pay for performance (Jie et al., 2014). Improving patient experience may reduce patient's cost and result in benefiting patients' families. Beneficial patient care contributes directly to the patient's overall experience and prevents discontinuity between shifts (Lightle et al., 2015). Therefore, improving nurse and healthcare administrator engagement may contribute to a positive patient experience thereby decreasing patients' hospital costs.

This study may also have social change implications for employees who experience satisfied working relationships. Motivated, satisfied employees use their cognitive and behavioral skills to volunteer in their communities (Lee & Brudney, 2015).

Therefore, the conclusions of this study may also contribute to the satisfaction of healthcare professionals.

Recommendations for Action

Hospital administrators may consider implementing engagement strategies into operating procedures. Additionally, administrators may cogitate the evaluation of existing strategies in order to stimulate nurse and healthcare administrator engagement. Healthcare administrators should consider implementing engagement strategies that motivate nurses to improve patient care and safety and patient satisfaction. Since the findings of this study provide strategies to stimulate nurse engagement, healthcare administrators seeking to stimulate engagement may benefit from the conclusions of this study.

My primary audience for this study are hospital directors, chief executive officers, department head managers, and nursing directors. As the main investigator of the study, I discovered four main strategies, including subcategories. Additionally, I provided detailed explanation of the way to enact each strategy, and then discussed their value in stimulating nurse and administrator engagement.

This study included strategies to stimulate nurse and administrator engagement; it is beneficial to disperse the findings to hospital administrators. I will disseminate the study findings to the hospital administrators through e-mail. I will seek opportunities to publish the findings of the study in literature and conferences related to employee engagement.

Recommendations for Further Research

This research was a qualitative, explorative single case study, conducted in a single hospital in Missouri. Other hospitals may experience different challenges and barriers linked to effective nurse and administrator engagement. It is important to conduct this same study in other hospitals to gain a thorough insight into the topic of nurse engagement. This study was conducted in a single institution; the study's sample size was limited to four healthcare administrators. As a result of the small sample size, the study results may not be applicable to all healthcare administrator populations. I recommend that future studies include a larger sample size.

Additionally, if this study were conducted in other geographic locations, results may be different. For example, a hospital located in a metropolitan location could reveal different healthcare administrator responses in comparison to a hospital located in a rural community. Different responses based on geographic location may yield different results.

Using my study, I was able to explore various strategies to stimulate nurse and administrator engagement. Hospital administrators may be interested in implementing one or more of these resulting strategies. Therefore, further research may be recommended to explore the feasibility and effectiveness of each strategy.

Reflections

Patient care and patient satisfaction may influence hospital reputation and finances; therefore, this study may be important to hospital administrators. Healthcare administrators should be concerned with the strategies to engage nurses. Accordingly,

administrators may apply the findings from this study to modify nurse engagement strategies that may apply to their specific hospitals.

The DBA doctoral study was a lengthy and exciting learning process. I learned to plan, conduct, and analyze a research study and support each step with evidence-based literature. This study was my first experience conducting a case study. My previous knowledge on the topic of engagement suggested that nurse engagement may be a challenging topic due to different employment statuses of nurses. However, the participants helped me understand and appreciate the different healthcare relationships. The respondents provided rich responses to aid in improving nurse engagement in hopes of achieving improved patient care and patient experience. The selected administrators elucidated knowledge corresponding to the research question based on strategies put into practice.

The research was conducted in a 4,577 acute-licensed bed hospital. Perhaps conducting the same study in a smaller hospital would reveal other themes that could not appear on a large scale. Despite the possibility for further research, conducting this study added to my knowledge of the participants' perceptions of the topic. Respondents provided various viewpoints and opinions regarding the topic of engagement and supported their opinions with real-life situations. Recording and transcribing the interviews assisted in removing personal bias that may have been imposed on the administrators during the telephonic interviews.

The study findings added to my knowledge of strategies that stimulate engagement in the workplace. As I presented my findings, I gained a new understanding

of the effective engagement strategies available that may influence nurses' work. Hospital administrators may benefit from this study to employ engagement strategies and alter such strategies according to their hospital's specific needs.

Conclusion

Hospital administrators must be concerned with patient care and satisfaction because patient care and satisfaction directly influence hospital reputation and finances (Barrick et al., 2015; Lightle et al., 2015). Hospitals rely on customer satisfaction for their survival (Kahn et al., 2015). The quality of patient care is important to hospitals because patient care is a contributing factor to hospital overall performance (Lu et al., 2016). Healthcare administrators are concerned with hospital quality management as part of hospital performance (Feather et al., 2015). The concluded strategies to increase nurse engagement were (a) teamwork, (b) nurse and administrator communication, (c) nurse recognition, and (d) nurse empowerment. These strategies may stimulate nurse engagement with healthcare administrators, motivate nurses to provide improved patient care and safety, increase patient satisfaction, and ultimately improve hospital reputation and finances.

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Appendix A: Interview Protocol

The purpose of the interview is to explore successful engagement strategies that healthcare administrators' use with their nurses that affects patient care and patient satisfaction. Four administrators will be interviewed. Each participant will be asked the same questions as per the protocol below:

1. Over the phone, I will introduce myself to the participant as a doctoral candidate at Walden University's School of Management and explain the purpose of the interview.
2. Prior to the interview process, I will give a copy of the consent form via e-mail to the participant. Once the consent form is reviewed and signed by the participant, and an endorsed copy is sent back to me, then I can proceed with the semistructured interview.
3. I will remind the participant that the interview will be audio-recorded using a Smartphone. The interview will start with the following background information:
    a. Education
    b. Title and position
    c. Years of experience in the same title/position
4. The research questions will follow. I will start the interview with question #1 and follow through numerically. I will add "Did I miss anything?" and "Is there anything else that you would like to add?" prior to ending the interview.
5. Then I will commence the interview. The participants will be informed that I will contact him/her for member checking. The remaining process will be

explained to the participants:

a. I will interpret the interview data and share the interpretation with the respondents by e-mail.

b. If any of the respondents have more comments to add, they will respond to me by e-mail.

c. If a respondent has something to add or change, I will contact them by phone to clarify the information that is added or changed.

6. I will thank the respondent for participating and stop recording on my smartphone.

7. I will confirm the participant has my contact information for follow-up questions and concerns.