

2018

Small Business Owners' Search for Profitability Under the Affordable Care Act

Alton Simpson
Walden University

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

 Part of the [Business Administration, Management, and Operations Commons](#), [Databases and Information Systems Commons](#), and the [Management Sciences and Quantitative Methods Commons](#)

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

Walden University

College of Management and Technology

This is to certify that the doctoral dissertation by

Alton Simpson

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

Review Committee

Dr. Howard Schechter, Committee Chairperson, Management Faculty

Dr. Sunil Hazari, Committee Member, Management Faculty

Dr. David Gould, University Reviewer, Management Faculty

Chief Academic Officer

Eric Riedel, Ph.D.

Walden University

2018

Abstract

Small Businesses Owners' Search for Profitability Under the Affordable Care Act

by

Alton Simpson

MBA, American Intercontinental University, 2010

BS, University of Pittsburgh, 1988

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Management—Information Systems

Walden University

December 2018

Abstract

Health care costs for small businesses have been rising annually for the past few decades. Congress voted to pass the Affordable Care Act (ACA) to lower the cost of health care in 2010. The purpose of this phenomenological study was to explore small business owners' experiences in implementing ACA requirements and how the ACA affects small businesses as their owners work to make these organizations profitable. Complex adaptive systems theory formed the conceptual framework for this study. Data were gathered during face-to-face and telephone interviews with a sample of 20 small business owners in the Philadelphia region. The research questions focused on participants' experiences with the ACA and changes made to their business model to maintain profits throughout the implementation process. A modified version of the Van Kamm data process assisted in finding themes within the data collected and analyzed using descriptive coding. Following data analysis, member checking was used to establish the trustworthiness of the outcomes. The themes that emerged indicated that small business owners adjusted their strategies because of ACA implementation but were concerned about the healthcare needs of their employees. This study may promote positive social change by informing small business leaders about ways to create efficient and inventive prototypical solutions specific to the needs of the business community, as well as ways to improve profitability. Both employees and employers may benefit.

Small Business Owners' Search for Profitability Under the Affordable Care Act

by

Alton Simpson

MBA, American Intercontinental University, 2010

BS, University of Pittsburgh, 1988

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Management—Information Systems

Walden University

November 2018

Dedication

This work is dedicated to my wife, Svatka, and my two boys, Wesley and Dean. It is also dedicated to my parents, Arthur Simpson and Bettie Lawrence, and stepfather, Harold Lawrence, who sacrificed so much so that I could pursue my education. Thank you.

Acknowledgments

I would like to thank Dr. Howard B. Schechter, an excellent mentor, as well as other faculty, including Dr. Sunil Hazari and Dr. Juanita White, for her editing, and my family members and friends who have helped me reach this point in my academic career.

Table of Contents

List of Tables	v
Chapter 1: Introduction to the Study.....	1
Background.....	3
Problem Statement.....	7
Purpose Statement.....	8
Research Questions.....	9
Conceptual Framework.....	9
Nature of the Research.....	10
Definition of Terms.....	12
Assumptions.....	13
Scope and Delimitations	13
Limitations	14
Significance.....	15
Summary	15
Chapter 2: Literature Review.....	17
Literature Search Strategy.....	18
Conceptual Framework.....	18
Complex Adaptive Systems and Qualitative Research Paradigms.....	21
CAS and Business Systems	23
CAS and Healthcare.....	27
CAS and Uncertainty	28

CAS and Disorder	30
CAS and Reflexivity	32
CAS and Leadership	33
CAS and Community	35
CAS and Complexity Management	36
Literature Review	39
Initial Responses to Research Activity	43
Potential Detriments and Benefits	44
Coping With Policy Changes	47
Use of Technology	51
Summary	54
Chapter 3: Research Method	57
Research Questions	57
Research Design and Rationale	57
Phenomenology	58
Phenomenology and Small Business	59
Role of Researcher	64
Methodology	66
Participant Selection Logic	68
Population	68
Sampling Strategy	69
Sample Size and Saturation	70
Instrumentation	70

Pilot Study.....	71
Data Collection	72
Data Analysis	73
Issues of Trustworthiness.....	77
Credibility	79
Transferability.....	79
Dependability	80
Confirmability.....	81
Ethical Procedures	81
Summary	83
Chapter 4: Results	84
Pilot Study.....	85
Setting	86
Demographics	86
Data Collection	87
Data Analysis	88
Evidence of Trustworthiness.....	90
Credibility	91
Transferability.....	92
Dependability	92
Confirmability.....	93
Results.....	94
Theme 1: Concern for Employees	94

Theme 2: Need for Affordable Insurance	97
Theme 3: Rising Cost.....	98
Theme 4: Avoiding Penalties.....	103
Theme 5: Changes in the ACA.....	106
Theme 6: Personal Insurance Affected	108
Theme 7: Maturity of Business.....	109
Theme 8: Increasing Productivity.....	111
Summary.....	119
Chapter 5: Discussions, Conclusions, and Recommendations	120
Research Questions.....	122
Interpretations of Findings.....	124
Employee Concern and Affordable Insurance.....	125
Rising Costs and Avoiding Penalties.....	127
Personal Insurance and Increasing Productivity.....	129
Limitations of the Study.....	131
Recommendations.....	132
Positive Social Change	134
Implications.....	135
Conclusions.....	139
References.....	141
Appendix A: Questionnaire	159
Appendix B: Consent Email	160
Appendix C: Literature Review by Year of Publication.....	161

List of Tables

Table 1. Q1: How Has Your Business Changed Since Implementing the ACA?	113
Table 2. Q2: Has Healthcare Been a Major Concern for Your Business Cost?	114
Table 3. Q3: What Changes Have You Made Since the ACA Implementation to Your Organization?	114
Table 4. Q4: Have the Decisions You Made Improved the Productivity Bottom Line?	115
Table 5. Q5: What Feedback Have Employees Given on Decisions Involving Healthcare in the Company?	116
Table 6. Q6: What Has Been Your Experience Complying With the ACA?	116
Table 7. Q7: Has ACA Compliance Affected Employee Hours?	117
Table 8. Q8: What Were Your Issues With Healthcare Before the ACA?	117
Table 9. Q9: Has the ACA Compliance Affected Your Bottom Line?	118
Table 10. Q10: What Type of Changes Can You See Making if the ACA Is Repealed?	118

Chapter 1: Introduction to the Study

The cost of healthcare has been an issue for small business owners for the past 30 years. For the last few decades, health care prices have continued an upward spiral (Fontenot, 2015). The rising cost of healthcare, along with competition from other companies, the challenges of economic changes, and other expenses, can cause issues for small business owners to manage. Profits for small business owners are shrinking, due in part to changes in health insurance (Gabel, Whitmore, Pickreign, Satorius, & Stromberg, 2013). The mandate for small business owners to offer insurance through the Affordable Care Act (ACA) may require them to spend money that they otherwise would use for wages or company improvements. With increases in healthcare costs, small business owners have struggled to provide health insurance coverage for employees while not losing capital. Small business owners may not have the monetary resources to pay for employee health insurance and conform to the requirements of the ACA. This problem is significant enough for redress by the government through the ACA. Congress created the ACA in part to lower the cost of healthcare to make it more affordable (Blumberg, Corlette, & Lucia, 2014).

Small business owners play a significant role in the larger economy in America. Small business owners created 64% of the jobs in the country between 1993 and 2011, according to the Small Business Administration (U.S. Department of Labor, 2014). Controlling healthcare costs in a small business environment may allow employers to hire new workers. The ability for small business owners to manage their organizations to profitability while implementing the ACA may be a major factor determining whether the economy expands or contracts in the coming years.

According to the SBA, small business contributes almost \$6 trillion to the gross domestic product (GDP), accounting for 50% of private nonfarm gross domestic production. There are external issues that can affect the decisions of small business owners—such as globalization; social, technological, and legal factors; the physical environment; and competition from the domestic market—that may contribute to whether there is economic growth in the future. Each external issue can be a complex adaptive system (CAS) that affects the small business owner's environment.

Small business owners have tried to control what they spend toward healthcare within their organizations for some time. The implementation of the ACA has made the issue of healthcare costs personal and immediately relevant to what small business owners select as their strategy moving forward. The current administration is in the process of changing the ACA but has not specified what its replacement will be. Members of Congress have worked with small business owners to help manage the issues that can arise while implementing the ACA. Congressional members voted to allow qualified small business owners a 50% tax credit towards any employee health insurance they may provide (Barry, 2014). A tax credit to defer costs not only acknowledges that healthcare is a major issue for small business owners, but also points to the idea of finding profit while managing healthcare. The ACA is also changing the structure of small business health insurance markets, which can pose a risk to the financial security of organizations. As healthcare costs rise for small business owners, their companies' budgets increase, and their profits can fall (Monahan & Schwarcz, 2013). Members of Congress and small business owners identified and tried to defer problems with the cost

of healthcare for employees. Small business owners may implement the ACA in a way that allows them to continue to operate with a focus on profits.

In this chapter, I explain the framework of the research study and give background details about the issues that small business owners have worked through concerning health insurance.

Background

Small business owners attempt to manage cost issues in a changing environment. Healthcare for workers is one cost connected to these changes. As the demand for healthcare has increased, the associated costs have continued to rise (Custer, 2013). Small business owners must decide if they want to provide healthcare and must identify the quality of care that they can afford. Health insurance rates for business owners have become a barrier to profitability, especially for those with lower percentages of earnings to spend on resources (Miller, 2011). Small business owners work to contain costs to stay in business. To offset the obstacle of high health insurance costs, employers have increased productivity, opening opportunities for them to hire additional staff. The control of costs may allow additional investment, which may also increase productivity. Simultaneously, the control of costs eased the high unemployment rates, which spiked at elevated proportions following the national financial collapse of 2008, when the country experienced prolonged periods of recession (Chow & Dunkelberg, 2011). Small business owners may have an opportunity to expand if they manage changes in healthcare cost skillfully. Small business owners can also expand if they improve their competitiveness and work to manage economic changes that may occur.

It is essential that businesses hire workers if the U.S. economy is going to expand in the future. Small business owners hire the majority of employees in the United States, and when the cost of health care rises, it can be one of the factors, along with competition and economic changes, that can stifle growth in their budgets (Miller, 2011). Small business owners look at many variables before they decide to hire anyone. Hiring the wrong individual can be costly if the new hire does not stay after receiving training and other resources. Small business owners make decisions about insurance coverage for their employees while managing other issues, which were nonexistent before the ACA (Blumberg et al., 2014). Keeping the small business profitable is always the main concern for the owner. Through this study, I offer information to assist small business owners in understanding and analyzing the problem of complying with the ACA regulations while searching for profits, so that they can make informed decisions about their futures. The research, therefore, has the potential to improve the profitability of small businesses, which, in turn, may influence overall productivity in the economy. The outcomes of my study may contribute to illuminating the experiences of small business managers in implementing the ACA, as well as the methods used to make changes to improve the quality of the work environment, which may benefit workers and their families along with contributing to social change.

The implementation of the ACA can be a barrier for small business owners who lack the skill necessary to manage it and continue to make money for their business. Researchers have acknowledged that small business owners have experienced problems in realizing profits due to changes required by the ACA (Bishop, 2015). Regulations can offer new challenges or new opportunities, depending on how people perceive them. As

health insurance costs have continued to increase, small business owners have lowered coverage or increased the level of copayments their employees must pay, both of which have negatively influenced the financial stability of many employees (Berwick & Hackbarth, 2012). An increase in the cost of running the organization may make small business owners lose money or cut spending in other areas to stay profitable. Small businesses may generate jobs in the future based on previous activity. Small businesses create 2 out of every 3 jobs in the American economy (Yallapragada & Bhuiyan, 2011). In 2000, small business owners with 10 or fewer employees offered coverage to 57% of their workers, but in 2013, coverage had dropped to 45% due to the cost of insurance. The ability to weigh the needs of the business and the workers is an essential skill for the small business owner. In 2013, one-half of small businesses stated they would either cut work hours to reduce full-time employees or replace them with part-time employees to avoid the ACA mandate (Lahm, 2014). The impediment of ACA mandates, either real or perceived, continues to influence decision making, affecting economic progress. Small business owners fear that the ACA will make it difficult for them to include health insurance in employee benefit packages (Buchmueller, Carey, & Levy, 2013). Small business owners are finding that the cost of the exchanges is higher than expected, and this, along with competition and economic changes, may be an added expense to the organization (Lahm, 2014). Benefits can be helpful in keeping quality employees who contribute to business productivity. If small business owners can navigate the changes of the ACA, competition, adaptive technology, and the economy, among other issues, they may continue hiring, which is positive for the economy.

Businesses use and continue to value technology as a means to cut costs and increase efficiency. The ACA requires healthcare institutions to achieve greater efficiency by using the latest technology to reduce expenses (U.S. Department of Health and Human Services, 2013). For example, when doctors use electronic files instead of paper, more fluid transfer of information becomes possible. The ACA also requires healthcare businesses to expedite gathering research and to track the implementation of changes in care to the public (Blumberg et al., 2014). The sharing of information can allow other members of society to benefit and learn ways to improve the system. Tracking changes also assists in clarifying and correcting expanding budgets. Healthcare providers must offer preventive care to patients to avoid expensive procedures (Carpenter, 2011). Healthcare cost overages can cause increases in budgets and misuse of funds.

Health insurance providers, meanwhile, are offering a variety of choices to consumers. Using the exchanges available in each state and through a federal system, individuals can change the decisions they make regarding their health care, benefiting from greater access to coverage information (Rajesh, 2013). The healthcare exchanges are online marketplaces that allow users to compare insurance plans to purchase plans better tailored to their needs. State-based and state-centric, the exchanges are accessible via the Internet. Decisions made by state representatives affect the quality and reliability of the Internet exchanges. It will take years to assess the results of the ACA because changes in healthcare service delivery on a larger scale delay the determination of actual costs to the business community (Lahm, 2014). Congressional representatives work to make changes to the ACA to support its efficacy. However, problems continue to exist.

Upon the launch of the healthcare enrollment system, there were technology issues such as glitches with the website, which created setbacks for full implementation.

This research adds to the body of knowledge concerning how small business owners have dealt with the ACA while attempting to maintain profits. Ongoing changes related to the ACA affect global economic progress because the productivity of the small-business sector affects employment rates and the growth of demand for goods and services abroad (Haltiwanger, Jarmin, & Miranda, 2013). Either directly or indirectly, the decisions that business owners make regarding the ACA have long-lasting effects on the lives of everyone in the United States. Healthcare and small businesses influence future economic progress. Contributing useful data to assist small business owners and workers is important, in order to create both a roadmap for small businesses and as a historical record (Blumberg et al., 2014). Implementing the ACA in the small business environment requires incorporating technological development, along with interconnectivity as an essential component.

Problem Statement

Small business owners searching for profits have been uncertain about the effect of the ACA on their organizations as the government makes changes during ACA implementation (Lahm, 2014). Healthcare is among the issues, such as market competition and economic changes that a small business owner must manage to be successful. Beginning in 1986, small business owners ranked the rising cost of healthcare as the most serious problem they faced, critical to their business survival (Kautter et al., 2014). According to the SBA (2014), U.S. small businesses employ 130 million workers. The problem was that the rising cost of health insurance in the small business sector is an

obstacle to owners hiring new employees and staying profitable. Small business owners make decisions about insurance coverage for their employees while managing other issues that were nonexistent before the ACA (Blumberg et al., 2014). The specific problem was that small business owners struggle with the costs associated with the implementation of the ACA, which can lead to loss of profitability in the business model.

Small business owners see healthcare as an issue that could potentially lower their profitability; they continue to search for alternative strategies to negate this outcome. This research, therefore, has the potential to help small business owners develop ways to improve their systems to increase their chances of becoming profitable. Small business owners' success can influence overall productivity in the economy. The findings of my study may contribute to illuminating the experiences of small business managers' implementation of the ACA, as well as methods used to make decisions concerning the cost of healthcare coverage, which may benefit workers and their families along with contributing to social change.

Purpose Statement

The goal of this qualitative phenomenological study was to explore the lived experiences of small business managers seeking to conform to the regulations associated with the implementation of the ACA. The targeted sample included 20 small business owners in the southeastern New Jersey and Philadelphia region. A *small business*, for the purposes of this inquiry, was a company with 100 or fewer employees, which is consistent with the definition provided by Bardwell (2015). The region surrounding Philadelphia offered rich opportunities for research on small business activity. Firms in this region are diverse, and research conducted in this area has the potential to yield data

representative of businesses with similar demographics (Glover, Roop, & Stark-Jones, 2012). Small business owners could use more tools in order to update some of their activities in technology and healthcare decision making. The outcomes of this research may provide information for advocacy so that small businesses have an opportunity to use the ACA effectively.

Research Questions

- RQ1. How do small business owners describe their lived experiences during the implementation of the regulations associated with the ACA?
- RQ2. What is the perception of small business owners regarding internal choices made to their employees' healthcare coverage?
- RQ3. How do employees describe the external barriers, such as market competition, influencing the implementation of the ACA?

Conceptual Framework

The theory of small business as a complex adaptive system (CAS) was the foundation for the study. CAS theory focuses on the evolution of systems working together in an environment where they are interdependent (Borzillo & Kaminska-Labbé, 2011). Small businesses have various systems that interact with internal and external forces. Changes in markets and competition represent a daily issue for small business owners. The barriers affecting how small business owners implement the ACA may be internal or environmental, or they may involve multiple interactions between process agents (Borzillo & Kaminska-Labbé, 2011). Internally, a small business owner must manage the costs of healthcare and simultaneously operate all facets of the business in a way that allows the business to reach a profit. Most small business owners probably did

not start their businesses with the aim of focusing on healthcare for their workers, but changing external forces are requiring them to consider this. Business owners and employees who have interacted with the new system created by changes within the ACA have experienced a learning curve along with anticipating associated costs (Buchmueller et al., 2013). I accessed information by conducting face-to-face interviews with business owners. Context is significant because while many small business owners have concerns about employee health care for humanitarian reasons, they fail to regard it as one of the principal foci of small businesses' health care strategies (Buchmueller et al., 2013). CAS can provide a framework to understand how small business owners sustain profitability while implementing the ACA. Complex systems can react to change by adapting to function, and small business owners make changes with a view toward continuing to operate. The ACA is making many small business owners alter their current systems to stay competitive.

Nature of the Research

I used a qualitative phenomenological methodology to conduct this study. Researchers use various methods to investigate and document societal concerns. These methods include qualitative, quantitative, and mixed methods (Maxwell, 2013). Alignment is necessary to assure that the outcomes produce results reflective of the intent of an investigation. Statistical results presented using quantitative methodology would not have been responsive to the research questions posed in this study. Researchers using quantitative methods generalize results from larger sample populations, typically by collecting data from surveys (Tuohy, 2013). With mixed methods approaches, researchers can use quantitative tools to validate samples of large and randomly selected

populations, followed by qualitative techniques to provide greater description and clarification of the issues under investigation or vice versa (Ogula, Rose, & Abii, 2012). Mixed methods can require dual activity involving both qualitative and quantitative work, which may be confusing if not handled correctly. A mixed methods study takes more time and resources than other methodological approaches. The qualitative methodology fit the subject and also made a strong foundation for the study because it involves using multiple methods to collect data and analyze information, leading to thematic categories describing the collective experience from the participants' perspective. The size of the population was relevant to the study structure because it was necessary to speak to enough small business owners to have information to analyze. A qualitative study probes a smaller population on which little information exists, which aligned well with the questions posed in my study (Maxwell, 2013). Qualitative methodology allowed the components of the study to work in unison.

I looked at many types of qualitative methodologies before making a choice. Methods of qualitative research include ethnography, case study, grounded theory, phenomenology, and narrative approaches. Each of these has a place in the history of qualitative research. Ethnographic researchers study social behavior and language to find patterns of experiences in the lives of the individuals and develop an understanding of a particular group (Maxwell, 2013). My study explored what small business owners experience and the barriers that they feel obscure their success. For researchers using grounded theory, the intention is to generate a concept, which was outside of the scope of this study (Lawrence & Tar, 2013). Moreover, the generation of theory would have required additional resources and time that would not have benefited my research. The

accuracy of case research depends on conducting procedures multiple times at more than one site, which broadens the focus of the research (Venkatesh, Brown, & Bala, 2013). The cases would have to be relevant to a new issue like the ACA to collect the necessary data. In the next decade, there will probably be enough data generated around the ACA to create many cases for reference points in research. The input will then provide a complete perspective, allowing a rich and varied analysis (Suri, 2011). Because the focus of this study was the lived experiences of small business owners, phenomenological methods facilitated reporting their perspectives regarding a shared event. The population selected for this study was small businesses located in the Philadelphia area that were members of local Chambers of Commerce and employed 100 or fewer people. I used the methodology and population decisions to determine the direction of the process.

Definition of Terms

Bracketing: Occurs when a researcher suspends bias or judgments to focus on experience for analysis (Vagle, 2014).

Complex adaptive systems theory (CAS): An explanation of the inherent complexity of systems when they interact as agents with each other for emergence to occur (Nan, 2011).

Gross domestic product (GDP): The monetary value of goods and services produced within a country during a specific period (U.S. Department of Labor, 2013).

Intentionality: Direction of the mind toward a particular subject or thought (Vagle, 2014).

Reduction: The suspension of the researcher's viewpoint to focus on the meaning of the lived experience of the person interviewed (Vagle, 2014).

Small business: An organization with fewer than 100 employees (Dyckhoorn & Sinning, 2010).

Assumptions

I assumed that this qualitative phenomenological research on small businesses in the Philadelphia region would offer small business owners the opportunity to tell me of their lived experiences of implementing the ACA in their community. In using this research methodology, I made the assumption that the data analysis would produce a nonbiased explanation of a significant ongoing change process. I also assumed that business owners would be truthful in relating how they altered their practices concerning making decisions about how they accommodated the ACA into their business model. The objective was to discover how the ACA influenced their small business strategies, and therefore, I used the data to represent the experiences of the group participating in the research. The premiums for small business employers rose from \$6,500 for a family in the year 2000 to \$15,530 by 2013 (U.S. Department of Labor, 2013). I also assumed that the small business owners I interviewed were familiar with and understood the mandates included in the ACA.

Scope and Delimitations

I explained the extent and limitations of this research to allow a better understanding of the framework of the study. The specific aspects of the research problem centered on small businesses and the battle between profits and insurance costs (Souter & Gurevitz, 2012). Small business owners lack many of the tools needed to solve problems in their organizations. Without informed data, small business owners may not be able to contribute to the economic health of society by hiring new workers because of

competition, the pace of advances in technology, economic conditions, and difficulties in navigating the health care law (Buchmueller et al., 2013). The small business owners answered questions related to how they continued to search for profitability while implementing the ACA. The Philadelphia region offered me some opportunities to interview small business owners. The Philadelphia region is a diverse area in which to conduct research (Srivastava, Yoo, Frankwick, & Voss, 2013). There are many small firms in the area, thereby keeping generalization to a minimum based on the varying sizes of businesses in the region. The outcomes have limited applicability to businesses in other areas around the country, including those located in urban environments that face similar economic pressures.

Limitations

The ACA is relatively new, and ACA research does not have a long history. This study allowed me the opportunity to collect and analyze new data to contribute to the body of knowledge in this area (Gruber, 2011). I have experience in small business operations, which created the potential that my background would bias the results. I conducted member checking and made field notes to increase the credibility and dependability of the outcomes (Carlson, 2010; White, Oelke, & Friesen, 2012). Limited historical data existed in relation to the ACA when I conducted this study; however, I spoke with small business owners to ascertain their current perspectives.

The current administration intends to repeal and replace the ACA. The changes have not occurred yet, and any changes will be implemented over a period of time. My study may have relevance to small business owners even if changes are made to the ACA because they will still have to address changes in healthcare as they relate to their

organization. Legislation to change the ACA has not been passed by the current Congress but will still be a concern to small business owners because of uncertainty about what will happen concerning employee healthcare in the future.

Significance

The decisions of small business owners can have an influence on the economic well-being of the country. Small business owners created 63% of net new jobs from 1993 to 2013, adding 14.3 million new jobs (U.S. Department of Labor, 2013). The outcomes of this research may contribute to the body of knowledge by describing the choices that small business owners made concerning the ACA and identifying the consequences of small business owners making changes to their organizational models (Carpenter, 2011; Greengard, 2013). The larger business community will benefit from having additional information to use in decision-making processes. This research has practical applications because it has the potential to provide information to develop a template for small business decision makers seeking to help their organizations operate more efficiently. A productive small business sector benefits the global and national economies by providing employment, thus giving workers income that they can reinvest into the financial system (Clayton, Sadeghi, Spletzer, & Talan, 2013). According to the SBA (2016), small business owners and their companies added 1.9 million net jobs in 2015. My study may offer small business owners additional tools to manage their businesses successfully.

Summary

I used this research to describe how small business owners in the Philadelphia region implemented the ACA as part of business plans that included navigating economic, social, and internal forces to find ways to be profitable. This chapter included

a description of the rationale and basic structure of the research. The goal of this qualitative phenomenological study was to explore the lived experiences of small business managers as they sought to conform to regulations associated with the implementation of the ACA. I collected useful information by documenting how participants confronted these experiences.

The targeted sample consisted of 20 small business owners and workers in the Philadelphia region. I found data saturation with the 20 small business owners in the study. If I had not reached saturation before 20 interviews, then I would have expanded the sample until saturation was attained. Using face-to-face, semistructured interviews, I gathered data consistent with phenomenological methods. Using the outcomes of this research, I sought to provide information for advocacy and offer small businesses an opportunity to understand the ACA and the implementation processes used by similar populations. The small business owners in this study may provide information on the future of healthcare based on their lived experiences.

In the next chapter, I focus on presenting my review of the literature regarding the myriad of issues related to the research problem. I also explain the status of current research as it relates to ACA and the implementation of new rules and regulations. Chapter 3 includes an explanation of the methodological strategy I employed and my role as the researcher. In Chapter 4, I document the outcomes of data collection and analysis. In the concluding chapter, I share my interpretation of the findings of the study, along with recommendations for future research and the study's potential to influence social change.

Chapter 2: Literature Review

The cost of health insurance creates issues for small business owners and their workers. A significant part of small businesses' budgets is committed to health insurance in the United States (Anderko, Millard, Wildenhaus, DeSantis, & Novelli, 2012). Health insurance is an issue, along with market competition and economic uncertainty that small business owners have to manage effectively in order to be profitable. The small business owner focuses on meeting the needs of the customer and meeting the demand to pay employees. Rising costs associated with business can make this a challenging task. Increasing costs reflect the challenges that small business owners face in implementing the ACA and controlling the rising cost of their employees' healthcare (Fontenot, 2015). Small business owners sometimes make decisions without relevant data and without the proper tools to find solutions. Success for small business owners has a positive effect on the economy. Small business owners struggle with the implementation of the ACA and compliance with ACA requirements, which can lead to loss of profitability in their business model (Miller, 2011). Loss of profitability is a primary concern for the small business owner. An owner of a business that continually loses money will eventually go bankrupt.

I explored the lived experiences of small business owners seeking to conform to the regulations associated with the implementation of the ACA. Focusing on small firms in the Philadelphia, Pennsylvania region of the United States, I used interviews to gather relevant data concerning modifications that small business owners made to ensure compliance with ACA regulations. The implementation of the ACA has the potential to disrupt the economic well-being of U.S. society, changing the dynamics between small

businesses and health insurance companies in an unpredictable way (Ghosh, 2013). Small businesses need solutions to resolve direct conflicts between healthcare and meeting their financial goals. The purpose of this research was to document participants' experiences in relation to how they focused on making a profit while meeting the healthcare-coverage needs of their employees (Chow & Dunkelberg, 2011). Small business owners must address regulations in the ACA such as the mandate to cover employees. I created an environment that was comfortable for the participants in the interview process by explaining the expectations for their participation.

Literature Search Strategy

I used the Walden University Library to gather documentation using the search terms *small business, healthcare, Affordable Care Act, ACA, Obamacare, insurance carriers, and health care providers*. I used the Walden University dissertation database to identify additional studies. Accessing EBSCO, Business Source Complete, Ulrich web, ProQuest, Premier, and Google Scholar assisted me in the database search for peer-reviewed articles. My searches in the databases focused on business implementation and healthcare. I found limited data on the ACA because it is in its infancy. Therefore, I expanded my search to include articles focused on previous issues such as lack of insurance coverage in the workplace that hampered the provision of health insurance through or outside of business entities.

Conceptual Framework

Organizations can be complicated and difficult to manage. I used the theory of complex adaptive systems (CAS) as the conceptual framework for the study (Alaa & Fitzgerald, 2013; Day, 2014). CAS theory can be useful in understanding small business

organizational issues. The theory centers on the environment changing on an ongoing basis and actors within it adapting by learning from the changes as they occur (Alaa & Fitzgerald, 2013; Borzillo & Kaminska-Labbé, 2011; Edson, 2012). Systems can be difficult to explain when they are multilayered. Through the lens of CAS, Edson (2012) suggested that change teams face adverse conditions influencing their work. Teams respond by adapting with a possibility of innovation through creation, which can be destructive to a system. As the actors change, interact, and evolve, CAS is useful in understanding and managing complex environments while describing how the actors overcome adverse conditions (Alaa & Fitzgerald, 2013; Borzillo & Kaminska-Labbé, 2011; Edson, 2012). CAS theory was the framework for this study, and I used it in seeking to understand capabilities of the business organization.

Using CAS, I show the connections within small business firms. Minor changes in a system may appear to make only slight differences but may have a significant effect when large change happens (Day, 2014). The use of CAS theory can help in explaining how these results occur and what the causes may be. A small business can have a variety of elements contributing to its success. Agents are elements within a system that can interact in an autonomous way (or not). The various parts of the system may or may not unite through the agents' actions of changing patterns and producing new ones (Alaa & Fitzgerald, 2013). External factors such as the economy, social and demographic issues, technology, legal issues, military issues, and of course the physical environment can affect small business owners' decisions. Small businesses adapt to survive internal and external changes. A small business is a complex system that if managed correctly can lead to success. Small business owners can be uncertain of how to adapt to changes that

occur because of economic or competitive factors outside their control. The implementation of the ACA has made the system that small business owner's work in less certain in terms of the future of the structure, requiring the development of new procedures, which is a hallmark of CAS. The challenge provided by the implementation of the ACA has caused agents within the system to innovate by making adjustments, such as shorter work hours, that affect productivity (Blumberg, Buettgens, Holahan, & Feder, 2012; Chow & Dunkelberg, 2011; Meek, 2014). Businesses implementing the ACA involve agents including owners, employees, insurance workers, and medical personnel (Bardwell, 2015). There are also agents in the healthcare industry, including insurance carriers. These agents experience direct or indirect effects based on the actions of the small business owner. Actors have a reciprocal relationship within the system, influencing each other and the eventual outcomes (Alaa & Fitzgerald, 2013; Bardwell, 2015). Overcoming barriers requires new tactics. Small business owners often employ innovative actions out of necessity. CAS include small businesses because innovation is a significant element of the process of creating changes in the way that businesses grow by instituting new ideas to produce better results (Bardwell, 2015; Edson, 2012). The use of CAS in this study may help small business owners understand the lived experiences of small business managers to conform to the regulations associated with the implementation of the ACA.

Small business owners must develop a strategy to use for the implementation of the ACA. A useful plan includes steps leading to a logical conclusion involving improvement for the organization. Members of the small business community try to find long-term solutions to allow their organizations to continue being viable and sustain

improvements while maintaining short-term growth (Karwowski, 2012; Meek, 2014). Successful small business owners have a solid grasp of the vital elements of their companies. It is essential to be familiar with all of the interconnected parts of small business ownership to assess the effect of the ACA.

Change is a constant in the business environment. Small businesses that adapt to change in an efficient way have a better opportunity to survive over the long term (Chiva, Ghauri, & Alegre, 2014). Adjustments are necessary for company survival. Procedures implemented in response to ACA mandates for employee coverage within specific timetables have proactively targeted and cut costs while also providing coverage for workers (Blumberg et al., 2012). Many small business issues, such as market competition and natural disasters, are unpredictable. Thus, the system requires self-learning to accomplish performance improvement (Edson, 2012; Meek, 2014). Internal and external stakeholders contribute to a company's decisions. Because of small business owner's interdependence, testing innovative ideas through trial and error eventually leads the way to satisfactory solutions. Small business owners who survive learn from their previous mistakes. Implementation of the ACA can be a barrier to success if not managed with a focus on making the system flexible while adapting to changes in an unpredictable environment (Day, 2014). Small business owners modify their systems of activities to adjust to ACA implementation while focusing on profitability.

Complex Adaptive Systems and Qualitative Research Paradigms

Previous researchers used CAS as a theoretical lens in qualitative research designs. The focus of my research was small business owners and the ACA. The correlations between management strategies within CAS act as conceptual foundations

(Alaa & Fitzgerald, 2013; Day, 2014). To understand the connection between the two is important. Based on previous studies, CAS theory examines different areas of information system management and assists in building systems that allow the adaptation of effective solutions. CAS theory connected the elements of this study for clarity. An information system is a fit with CAS theory because its multilevel, interactive construct is similar to IT systems structures (Nan, 2011). Processes within a system can be difficult to understand. Small business owners can use a compass to navigate ongoing changes. As a theoretical lens, CAS theory is useful in developing an understanding of these processes (Alaa & Fitzgerald, 2013; Nan, 2011). The use of technology supports the development of new ways of solving problems. CAS theory helps in conceptualizing emergence in IT through continuous change processes. Small business owners find success when they work together to improve their systems. Although CAS is unpredictable, the new order created through the interaction of agents within the changing environment can lead to consistent improvements (Alaa & Fitzgerald, 2013; Edson, 2012). CAS theory assists with understanding changes occurring in systems.

Technology can bring issues to the fore so that all stakeholders can engage in creating change solutions. Information systems use communication and negotiation that are socially impactful and relevant (Alaa & Fitzgerald, 2013). Improvement is a consistent goal for small business owners. They can control costs by improving their business efficiency. A trait connecting IT to CAS is the core principle of interaction for innovation's sake (Nan, 2011). Managers use IT to filter out barriers to success. Using proper controls and procedures to bring stability limits uncertain parts of data. A phenomenological methodology coupled with the foundation of CAS supports

developing and understanding the experiences of small business owners implementing the ACA. I used this research design to assist in understanding the context of the lived experiences of members of the population as they perceived the subject (Stanghellini, 2011). Dilthey inspired the foundation for the qualitative school of thought over 100 years ago when researchers acknowledged that the nature of quantitative science did not provide a clear, comprehensive explanation of humanity (Heidegger, 1962). However, I used technological advances to assist with the further understanding of small business owners' perceptions and lived experiences with ACA.

The methodology chosen for a study brings clarity to the study and ensures correct alignment. Researchers use various methods to validate studies and increase their reliability so that future investigations can build upon the conclusions they reach (Maxwell, 2013). I used the phenomenological methodology to collect information expressed by the participants and provide a description of how participants experienced the current small business environment. I recorded and analyzed participants' innovations, along with how they discovered ways to work within the boundaries of the ACA while attempting to sustain profitability for their organizations.

CAS and Business Systems

CAS theory can assist businesses when the economy becomes erratic. Throughout history, downturns in the economy have caused shock waves to travel throughout the business community, creating unforeseen problems for owners and patrons (Dominguez & Shapiro, 2013). Economic uncertainty can also be a barrier to profitability for small businesses. During periods of decline similar to the recent recession in 2008, consumers lost confidence in the ability of firms to sustain themselves. Over time, companies

develop the capacity to expand and contract based on financial trends (Evans & Karecha, 2014). Small business owners need tools to find stability for their organizations.

Adaptive capacity is the ability of businesses to react to malicious activity or critical situations in innovative ways to ensure that the system survives. With the use of CAS theory, businesses can develop and build their internal capacity (Evans & Karecha, 2014). Small businesses need new tools to harness positive change. CAS allows companies to create innovative strategies by turning adversity into opportunity using new methods (Metcalf & Benn, 2012a). There are also agents throughout small business organizations that can assist with changes. Small business owners can give authority to workers in order to find consensus for change. Agents within an organization can become complex systems as well. CAS use entities within the environment to adapt to change through their actions or behaviors (Shakun, 2013). Small business owners should gather information and review it for improvements. Through feedback and adjustment, the system goes through a cycle spurring growth through survival, thereby representing CAS. Ownership of decisions made based on circular feedback creates purpose and pathways to success. Managers need to understand CAS to allow business to continue moving toward successful outcomes (Kessler et al., 2012). CAS allows a business to work toward certainty by allowing the owner a new way to understand how parts of the system work with each other to find efficiencies.

Business and technology can work together in many ways. Today, the convergence of technology and business is occurring throughout the process of implementing the ACA (Buntin, Burke, Hoaglin, & Blumenthal, 2011). Measurement of progress may help small businesses find profitability. The use of knowledge spirals

allows companies to measure performance by managing uncertainty. The spirals use a synthesis of command, control, penalty, and incentives to govern. The process gives adaptive forces the opportunity to reach performance goals through changes made within the complex system (Kessler et al., 2012). External environments consistently influence changes in business operations. The ability for organizations to react in a systematic way can give them an advantage. The key to implementing CAS is the understanding that while individual actors or groups influence, support, and develop the system over time, the agents cannot control the progression. CAS theory is of great assistance in clarifying the inner workings of a small business (Aagaard, 2012; Buntin et al., 2011; Kessler et al., 2012). It assists small business owners with the ACA transition through the use of technology and the application of productive management principles.

Small business owners should be aware of their external and internal environment. The fitness landscape is the surrounding environment, which is consistently in flux (Aagaard, 2012). It can change due to unforeseen issues, and a quickly developing problem can place a small business in jeopardy. Small businesses work to survive on a regular basis because they often do not have the resources of larger corporations when adversity strikes (Neiburger, 2011). Market forces can be very competitive and cause issues for small business owners. Adaptive capability is an essential ingredient in the success of small businesses (Cagliuso, 2014). Small business owners should be aware of their competencies. Adaptive capability is also inherent in the systems used to implement the ACA.

The rise of the Internet has assisted small businesses in a variety of ways. Being web based, the decentralization of the ACA allows flexibility for changes that can be

made quickly to the site in decisions to support small companies and the public, leading to increased effectiveness of outcomes (Aagaard, 2012). A successful small business owner is aware of potential prospects and prepares for any barriers prohibiting actualization of the business strategic plan. Because the ACA is now a part of the healthcare milieu, using CAS in business practices offers an opportunity to give structure to a chaotic environment (Neiburger, 2011). Small business owners can use combined systems to improve organizational capability. Economic and social systems connect in a broad-based way, which includes small business internal operations on the narrow end of the spectrum and the natural public interest on the other extreme (Metcalf & Benn, 2012a). Small business owners may lack the tools to analyze issues that occur in their system. Small business owners may solve a problem for the short term but not fix the reasons for the event or even understand what has happened. Challenges to small business can be social or environmental and at times may be symptomatic of unaddressed complex problems. CAS theory promotes identification of layered and independent relationship networks (Shakun, 2013). A strategy of change can be the beginning of a new framework. The change may require a review of its effectiveness before implementation. Through the lens of CAS theory, small business owners can study the implementation of the ACA, including specific elements of change strategies, to develop a better understanding of the overall strategy (Metcalf & Benn, 2012a). Using CAS theory can help small business owners understand the capabilities of agents along with agent interaction to give a complete picture of the system. If there is an understanding of the motivations of each agent that acts autonomously and how agents adapt, then the way

that a system works becomes more manageable. Small business owners can use new strategies to overcome issues that may keep them from success.

Business can be profitable and conscientious simultaneously. Examining healthcare metrics can highlight outcomes, which lead to socially responsible business practices, such as better healthcare for workers (Metcalf & Benn, 2012a). Improving the quality of healthcare requires an alliance between process and structure. Business strategies are not usually one size fits all. The duplication of best practices for one organization does not always produce the same results in another (Gonnering, 2011). Small business owners may reexamine past issues to document positive gains. Identifying specific points of improvement in the progression towards adaptation in a complex system gives direction to managers and businesses owners (Shakun, 2013). Using CAS can help small businesses improve the scope, capacity, and socially desirable outcomes.

CAS and Healthcare

Complicated systems are difficult to understand. To resolve complicated issues, business owners often transplant best practices from one area to address a pressing concern in another. However, many issues in healthcare fall into the complex area (Gonnering, 2011). Small business owners challenged with compounding problems, lack choices of potentially viable solutions. The involved field of healthcare requires owners to make multiple attempts to solve issues, while simultaneously creating a framework for positive outcomes to emerge (Aagaard, 2012). Although a starting point for CAS theory is the use of best practices, healthcare organizations are complex and require self-organization for individuals to interact and work along with stakeholders to achieve positive outcomes. The process illuminates the interest of stakeholders and enfolds them

into the decision-making process (Maillet, Lamarche, Roy, & Lemire, 2015). While stakeholders have conflicting interests, they must invest in the change process and act as agents connected to the system. Vested change agents can monitor feedback to develop informed decisions regarding what direction offers the best opportunity to produce satisfactory results. The ability for stakeholders to work together through a system of feedback and adjustments promotes co-creation of options and alternates (Maillet et al., 2015). Adaptation within a healthcare system is dependent on stakeholders focusing on positive outcomes from previous attempts (Maillet et al., 2015). The system of healthcare includes doctors and nurses as well as organizations such as hospitals. Systemic productivity requires teamwork, with everyone working together to accomplish their mutual and independent goals.

CAS and Uncertainty

Rouse, Boff, Sanderson, and Snowden (2011) discussed the need to understand how agents interacting within various structures complicate complex adaptive systems. Behavioral patterns emerge and change over time. After an interactive change takes place, CAS cannot return to a state of equilibrium. The constraints of the agents within a system create complexity. Although CAS explains how many systems work, humanity is often the most complicated. CAS supports understanding frameworks in both an academic and real operational context. Human systems contain narratives influencing activity based on previous experiences, which change perceptions and influence decision-making. Three different types of constraints provide a basis for making decisions. When constraint is at the maximum level, the operators of the system create solutions with a high probability of obtaining specific outcomes. A chaotic system has no restraints or

predictable outcomes. Innovative or novel solutions can occur. However, independence is hard to maintain. CAS includes agent-controlled constraints, which lead to changing system activity through interaction. Co-evolution occurs with the agents and the system itself. Through the interaction, the agent patterns stabilize for regular activity. Reversing the action would erase co-evolved patterns. It is also difficult to recreate them. Repeating conditions with the same agents completely changes the patterned outcomes. Small business activity can often seem like an ordered system, but when interacting with modifications like the ACA, the agents create new areas of co-evolution.

The coherence of retrospection creates many new issues with CAS. These problems can be significant barriers to the success of unexpected difficulties. The decision makers will make changes in a system to create solutions, but future failures can differ from the previous ones (Rouse et al., 2011). The solution used in a system can be inflexible and unprepared for the unexpected occurrences. The reduction of uncertain outcomes is the goal of management within a system. The ideal situation would be not to make premature decisions that are ineffectual but to fashion those fitting the situation at hand. Challenges can require more than one solution. Complex systems do not have simple solutions.

The Cynifin Network, which is part of CAS, focuses on two domains, simple, and complex (Rouse et al., 2011). The simple domain is one where best practices occur because the relationship between cause and effect works logically. Data comes into the system, and workers analyze and act on it in a predetermined way. The complicated order understands the relationship between cause and effect based on previous information but does not share knowledge with all the decision makers. Data comes into the system for

analysis, however, based on sensing needs and available options, decision makers turn to experts for direction. Although there is no specific right way, experts offer advice concerning potential outcomes and assists with identifying best practices within the system. The small business owner becomes the expert for their system to survive and profit. The difference between success and failure for an owner of a small business is the ability to develop this skill.

Small business owners make decisions to enhance their company's efficient operations. Being an agent of change may alleviate some problems that require flexibility. The act requires companies to make annual changes based on previous results and feedback from enrollment periods (Cagliuso Sr., 2014). Small business owner can be risk adverse because of limited resources. Innovation in the small business environment requires risk taking. Bounded diversity is the awareness of the context used to identify potential answers (Rouse et al., 2011). Influences on a system include the nature, knowledge of possibility and perception of the people in it. Small business owners have to decide whether to engage or avoid the changes coming from the mandates in the ACA.

CAS and Disorder

The challenge of disorder is an issue that is hard to manage in a system. CAS offers many ways to understand the motivations of the stakeholders who influence decisions concerning the system. Uncertainty can cause owner to make rash decisions. Social categorization allows individuals to create identities based on their relationship to others within the system, similar to agent's interaction in CAS. The personalized position is where the perception of all activity begins for a social identity (Porter & Zivanovic-

Nenadovic, 2014). Other individuals' staking their position creates tension. The community reacts to each other while continuing to navigate goal attainment.

Business owners can often have a goal of economic success, social acceptance, and making environmental improvements. The agents within a complex system focus on self-organization. System elements can reorganize in a spontaneous way to recombine even when control is not from the top (Beinhocker, 2013). Agents who are diverse in nature, make many changes within a multilayered network based on changes within the system. These changes can be system-wide and include the use of feedback as well as co-evolution (Porter & Zivanovic-Nenadovic, 2014). The agents within the system will receive feedback, which contributes to making progressive changes to improve efficiency. The basis of path dependence is the emergence of changes individually experienced by agents. Because it is situational, there is no universal application of the knowledge throughout the system. Small business owners work to contain the chaos created by attempting to respond to multiple changes while also focusing on process improvements. Although the implementation of ACA created opportunities to innovate, it can also be a barrier to finding the equilibrium decision-makers seek to maintain. Researchers call the activity occurring in the system during this transitional period, the edge of disorder, because of the unpredictability of the results (Beinhocker, 2013). The agents can also be stakeholders in a small business or the owners themselves. The agent's interaction produces better outcomes, allowing them to achieve their goals. Maintaining the advances realized during periods of disorder requires continual modifications. Innovation emerges when the system strengthens through creative activity. CAS is the

proper lens to view the many complex layers and connected networks in the evolving business world.

I encouraged the small business owners I interviewed for the study to talk about their lived experiences, which their self-categorized identity claims to influence. The relationships and experiences of the agents through interaction yielded feedback for my study. It was essential to capture the expression of the small business owners lived experiences to analyze their perceptions. Complex systems are multi-layered, which render a linear concept of cause and effect useless (Porter & Zivanovic-Nenadovic, 2014). I found patterns, which are heuristically structural, to explain the layered interconnected system. In recording and analyzing their actions, I looked at the connection between their values, decisions, and actions. The process included documenting narratives of previous events and explaining how these experiences contributed to constructing their reality. The values of an individual are part of the identity decisions that construct the larger social arrangement. Stakeholders can be proactive and form strong relationships with their personal betterment and the businesses they own. Transparency and accountability in business are outcomes of the connected network making a system more efficient or profitable. Small business owners make decisions based on history and identity, which can be barriers to achieving their goals to innovate and find success.

CAS and Reflexivity

CAS and reflexive systems have differences but also overlap in certain areas. Complex adaptive systems have multiple agents whose interactions cause change. In most instances, reflexive systems only have one agent (Beinhocker, 2013). In adaptive

systems, agents adjust guidelines or parameters based on feedback from within the environment. Reflective systems can also change weights based on feedback, but the actual structure of the entire environment changes as well. Complex adaptive systems overlap and can be reflective but complex reflective systems may not be adaptive (Shakun, 2013). There are many different types of systems considered complex. The use of CAS offers business owners the ability to understand many of the systems they deal with daily. Statistical systems and dynamic systems like fluid turbulence estimation provide opportunities for using CAS. Artificial and human social systems are also ripe for use with CAS when users attempt to explain the operation of clocks or the endless activity on the internet. Complex adaptive systems work well with this study because small businesses do not have the ability to change the structure of the system in order to survive (Beinhocker, 2013). The economic environment is a product of the era and activity at the time of the study. The external factors, such as competition, are not controllable by the small business owners who participated in my study. However, external stakeholders involved in the system benefit from the decisions made by the small business owners. While reflexivity in a complex system allows alternations in the structure; the process is not applicable to the businesses involved in my study. In a future study, other researchers can build on my work and expand it to the complex reflexive environment.

CAS and Leadership

Small business owners use leadership in order to move their organization ahead in the market by making strategic decisions. Leadership can be a key factor to reaching a challenging goal. Inspirational leaders empower agents in a concise and convincing

manner (Metcalf & Benn, 2012a). Workers will often push themselves for a leader they admire and who challenges them to perform at their highest level. These factors exemplify employees who increase productivity. Focused leadership keeps an organization moving toward successful outcomes. Leaders, who efficiently work through complex problems to find solutions, thrive in a CAS (Aagaard, 2012). Their success is also based on dynamically using emotional intelligence to adapt to organizational change. Businesses achieve sustainability based on the qualities of its leadership. Corporate social responsibility connects network businesses so they can achieve new levels of growth. The leader must acknowledge their organization is part of a complex adaptive system and work to leverage the connections to economic, social, and environmental networks. Small business owners knowledge of how to affect a lasting transition to leadership is another element of implementing changes in systems. Leaders can also be agents of change in an organization. The ability to adapt to the variations in the wider systems is a part of their corporate survival (Metcalf & Benn, 2012b). Leaders who learn from their mistakes work against repeating them.

Leaders diagram different scenarios to avoid the potential negative impact of plans based on trial and error (Savage-Austin & Honeycutt, 2011). The illustration illuminates possible scenarios and problems leading to designing executable strategies. Leaders can better understand and motivate others to follow based on the presenting an analysis of the problem. The process contributes to developing a more comprehensive proposal to communicate to the stakeholders. Testing outcomes produce feedback to make adjustments and improve efficiency. The leader manages expectations and continues this process with appropriate changes until the goal is achieved (Metcalf &

Benn, 2012b). The head of a complex system needs to be able to understand the many layers of activity and fiduciary outcomes of their actions. Financial stability sustains business and their capacity to maintain themselves during turbulent market conditions. Steady leadership is a fundamental element of keeping a small business stable.

CAS and Community

CAS is helpful when focusing on decentralized systems where the control and components modify to create emergent behaviors. Small business owners work to align their energy, creating self-reliant interconnected dynamic networks, which realize a positive economic impact in their communities (Morris, Schindehutte, Edmonds, & Watters, 2011). They partner with inner city community leaders, using CAS to develop strategic plans and innovations (Morris et al., 2011). Researchers conducted studies on how using CAS theory can help solve some of the problems in urban environments. Crime, high unemployment, and lack of upward mobility plague inner cities. Many urban areas economic and social systems do not achieve equilibrium because they remain on the edge of chaos. Although they are dynamic, no real innovation emerges. Small businesses in these environments can improve their conditions by connecting with more major systems and agents with entrepreneurial expertise. Connections between networks and larger systems influences activity in the community. Training youth in a community on entrepreneurial techniques generates new opportunities (Morris et al., 2011). Using CAS to spur community development is fraught with barriers that yield new prospects. A combination of top-down leadership along with feedback from agents can inform decision makers to improve efficiency.

Feedback can allow small business owners opportunities to make changes based on occurrences related to their organization. Adaptation after feedback is a necessary component for improving opportunities in the community and is an essential part of CAS (Marchi, Erdmann, & Rodriguez, 2014). Tensions exists within systems. There can be forces working together as well as forces working against each other. Adaptive tensions is another CAS related issue, which is apparent in communities and small business on multiple levels (Morris et al., 2011). Tension rises when internal budget constraints and limited resources interconnect with networks of larger systems. The demands of agents in systems of various sizes can be in conflict, creating more tension. Small business owners face the pressures of attempting to stay competitive with other firms, both large and small. The stress increases when confronting a volatile or unpopular subject such as implementating ACA. However, adapting to tensions can lead to learning information applicable to performing the tasks needed for systemic improvement. Adaptation based on feedback allows specification of improvements that can help a system or business.

CAS and Complexity Management

Managing a business requires monitoring of many different levels of activity. Once business owners acknowledge they are part of a complex system, they will also realize linear problem-solving solutions may be ineffective (Pellissier, 2012). Small business owners can develop tools they formerly used to assist with instituting changes. Previous problem-solving tools required modifications to work in a complex environment (Muñoz & Encinar, 2014). CAS theory helps small business CEO's to start formulating plans in a discontinuous fashion. Stability is a key to small business success regardless of the barriers. Natural and human-made disasters have caused global slowdowns in recent

decades, including the economic recession of the last decade (Chow & Dunkelberg, 2011). These disasters created obstacles to the profitability of business owners. Business owners have to be able to stay competitive by managing chaos at more than one level. The business models used to predict outcomes is often contradictory. The success of an organization occurs when the strengths of the company connect with external forces. In business, it can be a competitive edge of a patent or a marketing plan that is fortuitous because the public was ready for its consumption.

Linear business models have to be reactive to the changing environment to keep pace with change. The implementation of ACA by small business owners requires decisions to be made based on activity that is still in the process of developing (Buchmueller et al., 2013). Small business owners will have to adapt to a new way of thinking. Leaders will need to think of proactive methods, which are flexible and based on the resources available to find the sweet spot between equilibrium and the edge of chaos (Zivkovic, 2015). CAS assists small business owners in managing the complexity of change that occurred throughout implementing the ACA.

System complexity presents in three different ways. Organizational hierarchy relates to vertical complexity because information comes from top and rolls down. Departments across an organization yield information in a horizontal fashion. Spatial complexity occurs when agents gather information from various locations outside the system (Pellissier, 2012). Organizations need to build a framework that is involved in handling the issues generated by a complex environment. In a non-linear system, a simultaneous change in any parameters can fundamentally affect the environment in drastic and lasting ways. In a complex system, inputs are converted to outputs based on

continual feedback that happens from a network of sources. CAS in business acknowledges the system is unable to establish universal control. The patterns created by agent interaction are not constant but do form a different environment, which influences their behavior. These outcomes happen in businesses with individuals, teams, companies, and industries that are interconnected networks of interdependent systems (Aagaard, 2012). Owners unable to control the system, consider the fallibility of mechanisms, processes, and human decisions. The leadership should work to prepare for variations, which occur due to inconsistent behavior of marketplaces, changes in the economy, and agents who create issues when they alter their business models. Profits may be attainable when companies react to changes in the market. Small business CEO's need to prepare for the changes the ACA requires to be able to continue a path to favorable outcomes (Buchmueller et al., 2013). Although complete control is not realistic, the system can be managed in an efficient manner using CAS tactics.

A theory of complexity encourages small business owners to broaden their view. Complexity theory with CAS allows businesses to organize from within to strengthen the system. These organizations evolve based on recombination (Pellissier, 2012). CAS helps agents work through interactions within company teams and individually. Shared values allow agents to bond based on experiencing increases in productive activity. The changes start as small and experimental, but those working to expand to the larger system increase efficiency in processes and functions. There is no guarantee growth will occur, however, by carefully analyzing feedback, owners can identify organic changes contributing to positive outcomes. Each team breaks into smaller units to pinpoint changes necessary for innovation. The organization will need to flatten out and reduce the

inflexibility of a top-down approach while consistently evaluating the implementation of new ideas. Diversity is also necessary to be inclusive of all stakeholders involved in the planning. Leaders can use CAS as a lens to view the adaptations made, bringing clarity to a changing environment.

Organizations can integrate systems to find synergy. According to Tsasis, Evans, Rush, and Diamond (2013), integrated care is a goal for professionals in healthcare, and many of them use CAS theory to implement and manage their networks. CAS has various agents that interact vigorously and include other organizations. The interactions create patterns that allow the system to function. Unpredictable behavior can be an outcome of CAS due to the adaptation by agents occurring continuously. The non-linear nature and self-organizing of CAS brings a new consciousness or way of thinking through the changing of relationships to create learning.

Literature Review

There is current literature about the ACA, but it is still evolving as Congress makes changes to it. The previous literature discussed ACA as a concept rather than reality (Barry, 2014). The Act, passed by Congress in 2010, included various stages of implementation expected during subsequent years (U.S. Government, 2010). It is a complex document. I reviewed the literature concerning ACA implementation strategies by small businesses to understand various aspects of the program. My primary focus was small business owners and employees. The majority of researchers concentrated on the effect of ACA on healthcare related processes and outcomes (Hall & Lord, 2014). I determined small business owner's implementation of the ACA and the profitability aspect as having the potential for further investigation. Before the ACA became law,

many business owners faced a myriad of problems, which suddenly became more complicated (Brighenti, 2011). The enactment of the ACA created a need for small business owners to make changes in order to overcome new obstacles to profitability. Liability insurance and the cost of workers' compensation, for example, presented concerns for small-business owners (Cox, Jankiewicz, & Rousseau, 2015). Injured workers slow down productivity, creating additional burdens for other employees. The government enacted ACA to find ways of lowering costs of insurance connected to the system of healthcare in the United States (Monahan & Schwarcz, 2013). Decreasing budget expenditures increases opportunities for additional profitability. They determined the savings of the ACA would result from the cutting of budgets used in the past to fund entitlements such as Medicare (Mansur & Thompson, 2015). Adjusting entitlements is a controversial subject, making politicians hesitant to change current policies and procedures. Researchers focused on how slowing of growth in Medicare would improve the healthcare system, as long as other methods made up the cuts using efficient techniques. Costs can grow over time due to inflation or waste, making it advantageous to slow them. Medicare price increases are a primary driver in the escalation of costs to stakeholders in the system (White, 2013). Over time, additional financial burden accrues. The rising of cost in a business can be difficult to navigate. The ability to regulate price increases negates the provider's ability to manipulate systemic faults, such as actually managing the timing during change processes (Wilensky, 2011). Government entities cannot completely control market price increases. Providers of health care can limit access, creating a barrier to system regulation (Jones, 2013). Insurance carriers and healthcare companies also need to assure profitability. Regulating prices is an effective

short-term solution, which creates time to address long-term problems associated with rising healthcare costs. The objective of those who developed the ACA was to retard the rising costs related to systemic changes.

The ACA required changing patient care processes along with how providers maintain healthcare records (Boerner, 2015). Altering the use of technology is an integral part of establishing systemic improvements. Given certain inefficiencies, the modernization lowers and attempts to control the costs of healthcare (Buntin et al., 2011). Lowering of costs through technology has allowed many industries to become more efficient and increase productivity. The increase in costs of health care could be because of inefficient activity such as overcharges for goods and services by hospitals or price gouging by pharmaceutical companies.

Healthcare in the U.S. has a long and varied path. In 1927, a group of economists, doctors, and health experts convened the Committee on the Cost of Medical Care. They concluded that although the country spent 4% of its Gross Domestic Product on healthcare, the amount was not enough to help those at the poverty level (Committee on the Costs of Medical Care, 1932). There was no organized national healthcare provider in the previous century, and many people relied primarily on local doctors. The doctors understood that healthcare should be accessible to the poor, even if they could not afford it. In the 1930s and 1940s, unions worked to make insurance through employers a reality using collective bargaining, which forced employers to contribute to their employees' insurance plans (Jost, 2012). For people who wanted to improve their quality of life after the depression and the Great War, this was another chance to achieve that goal. Seventy-five million Americans had hospital insurance by 1950, which represented a significant

number of workers (U.S. Department of Labor, 2013). In 1965, the creation of Medicare and Medicaid expanded these measures even though many congressional members did not support the new insurance providers. By 2012, the United States total population was 316.4 million people, of which Medicare was covering 50.7 million individuals and Medicaid an additional 58.6 million (Department of Health & Human Services, 2013). The expansion of healthcare benefits for the citizens of the U.S. that needed the coverage evolved into the recently created Affordable Care Act (ACA). The ACA has been in the process of becoming law for quite some time. The history of healthcare in the U.S. is relevant to explaining previous mistakes.

Biases create additional concerns that could cause issues in the future. The perceptions of small business owners can sometimes effect reality in decisions being made based on incorrect data. Researchers either argued for or against the repeal of the law based on preconceived beliefs (Gitterman & Scott, 2011). In conducting this study, I presented facts objectively, based on peer-reviewed information and unbiased data collection and analysis. Much of the recent research continues to evolve, paralleling the actual implementation of the ACA (Hoffman & Emanuel, 2013). The focus of the majority of studies I located highlighted the complexity of the issues related to the act, rather than the lived experience of small business owners implementing the mandates. The initial studies revealed biases concerning repealing the law and based on conjecture anticipated the reactions in the small business community (Gitterman & Scott, 2011; Smyrl, 2014). The media and politicians influence people's opinions on many issues. Different types of businesses viewed the implementation negatively because owners feared the unknown (Blumberg et al., 2012). Small business owners concentrating on

their operations do not always connect to external changes affecting them. It is possible the effect on businesses might be negative, but during the early stages of implementation of such complex changes, outcomes are unknown and speculative (Fronstin, 2012). My focus remained on the stated issues while considering external factors when appropriate.

Initial Responses to Research Activity

I was unable to locate research regarding the small business owner's lived experiences in relationship to establishing or maintaining profitability while implementing the ACA mandates. Bishop (2015) found most small business owners they interviewed stated they anticipated ACA would make it harder to hire new workers. Hiring signals, the expansion of demand, which is good for the economy. Before implementation of the act, a sizable number of companies decided to cut back hours for workers to avoid the financial effect of the law (Bishop, 2015). The downsizing of company production may be an indication of a contraction in economic progress. Business owners responded to surveys by saying they would replace full-time workers with more part-time employees to follow the letter of the law and avoid penalties (Anelli, 2013). Each company focused on continuing as a viable financial entity regardless of the consequences of the healthcare law (Lahm Jr., 2014). Small business owners assessing the situation may not have all the information needed to make an informed decision.

Healthcare costs are on-going concerns for small business owners. Beginning in the 1950s, researchers confirmed increasing costs of health care and liability insurance was a potential problem for small business owners (Carpenter, 2011; Kautter et al., 2014). There is a need to find solutions robust enough to solve the problem. An impactful solution is potentially helpful to both small business owners and healthcare companies.

Since 1988, healthcare costs continued to increase at the rate of 7 and 12 % annually (Bradley & Hobbs, 2008). I was unable to locate salient information regarding future expectations. The lack of documentation creates a need for additional research to track how business owners handle new expenses based on changes in legislation (Bradley & Hobbs, 2008; Huneycutt Bardwell, 2015). Researchers can inform small business owners about innovative practices other owners employed.

Potential Detriments and Benefits

There are parts of the ACA that could be barriers to small firms. The associated penalties for employers who do not provide coverage are an impediment to business growth (Watts & Gaertner, 2013). Noncompliance results in the assessment of fines. The negative financial consequences affect businesses with more than 100 full-time employees, who cover less than 60% of their healthcare expenses (Bokert & Hahn, 2014). Understanding the parameters related to describing what constituted full-time employment contributed to the options available to business owners. Defining employees who worked more than 30 hours a week as full-time, led owners to cut hours for full-time workers in order to avoid the penalties (Hardin & Segal, 2013). Based on the guidelines set in the ACA, small business owners face similar conflicting decisions in coming years. The penalty became active in 2015 to allow business owners time to make changes or to lobby politicians to find ways of delaying the implementation of additional aspects of the Act (Schreiber, 2015). Delaying decisions is another type of tactic that a small business owner can use but will not solve long term goals or problems.

Taxes can be another barrier to success and is a primary concern of business owners. Financial accountants and attorneys continue to attempt to identify ways for

businesses to avoid paying additional taxes (Dietrich, 2014). Lower taxes allow small business owners to expand their staff. The tax penalty connected to lacking health coverage can hamper decreasing unemployment rates (Tacchino, 2014). Complex tax issues create a need for accountants and tax professionals to work with small businesses to assure they meet their obligations.

Tax credits can be useful in helping small business owners handle additional costs. Employers received tax credits from 2010 through 2013 to alleviate some of the financial pressure of the act's implementation (Souter & Gurevitz, 2012). Deductions can help offset business expenses. Business owners deduct the cost of healthcare coverage as a part of their annual expenses, reducing their overall burden. Misunderstandings continue, and while I included information related to me during the interviews, the implications of changes in tax codes, incentives, and penalties are not the primary focus of the study. Small business owners may use the tax incentives to increase profit margins by cutting costs.

Policy makers use revisions to make changes in healthcare coverage. The ACA altered the coverage of over the counter medications (Blumberg et al., 2014). Because many Americans purchase non-prescribed treatments, they need to know how to continue their current purchases based on understanding the changes in policies. Health savings and medical savings accounts currently used to buy non-qualified treatments assess a penalty of 20% or higher for the highest-income earners (Cordell & Langdon, 2011). The cap on flexible spending accounts changed from \$5,000 to \$2,500 as well. The government established various alternatives to incentivize patients to deposit earnings into tax-free accounts. They could use the savings to pay for uncovered health expenses.

Without information, workers will remain unaware of the potential benefits or determinants of participating in the healthcare saving accounts.

The population will change over the years, and this is also another part of the changes needed in healthcare. Demographic changes in society are also part of the problems and challenges of the current healthcare system (Moreo Moreo, Urbano, Weeks, & Greene, 2014). As societal patterns fluctuate, new concerns emerge. Life expectancy is increasing, creating additional burdens to support an aging population (Fawcett, Sepers, Jones, Jones, & McKain, 2015; Moreo et al., 2014). The direction of health care services must evolve to address their needs. Changes in medicine and technology are contributing to longer life spans (Fawcett et al., 2015; Schafer & Dawson, 2015). Providers confront the need to develop methods to maintain the quality of life of older adults. However, the cost of maintaining a desirable quality of life becomes more expensive every year. Insurance companies modified their plans and increased premiums at an exponential rate to stay current with demand in the market. (Wilensky, 2011). The size of a company can often allow control of individual costs. Small businesses cannot negotiate lower premium costs because they lack the volume and financial resources of larger companies (Collins, 2014; Wilensky, 2011). There is an interrelationship between cost and coverage small business owners need to understand to make informed decisions. As costs become higher, business owners either lower the coverage or increase the level of co-pay (Bradley, Neumark, & Barkowski, 2013; Collin, 2014). If this continues, it could cause problems with budget imbalances. Both options negatively affect the financial and potentially physical health of employees. Being able to balance cost and coverage is critical to keeping system equilibrium in the small business community.

Coping With Policy Changes

Small business owners have tried to find solutions despite the lack of research to inform their decisions. Various associations and committees around the nation discuss and brainstorm ways to handle the changes (Koepp, Manohar, McCrady-Spitzer, & Levine, 2011). Numerous options are available, however, because of the act's early developmental stage; owners take actions without the necessary data to support their choices. One alternative is for business owners to increase profits is by cutting costs, offering employees innovative plans, which do not require employer contributions (Blumberg et al., 2012; Koepp et al., 2011). Insurance carrier shopping is a very common practice when prices rise, and employers face additional budget restraints. Employees experience the merry-go-round scenario of their company switching insurance carriers every year to get the best deal. Changing coverage represented a way for employers to cut insurance costs because they could find the least expensive healthcare provider offering them specific coverage benefits, e.g. vision or dental (Barry, 2014; Buchmueller et al., 2013). Some business owners may withdraw coverage for workers that are costlier to carry. Other firms eliminated certain types of coverage due to limited accessibility for the insured, which may not be helpful in meeting the needs of participants (Blumberg et al., 2012; Buchmueller et al., 2013). The small business owner will look at cost and quality of healthcare to keep their business environment stable.

Human resource staff can assist in many areas of transition in a business climate. Researchers demonstrated the importance of using human resource personnel to gather data for analysis to find optimal solutions, and management's role in making sure the focus is on changes leading to improvement within the corporate structure (Arbab Kash,

Spaulding, Johnson, & Gamm. 2014). Business owners take different approaches to resolving healthcare issues. Human resource departments in some organizations coordinate with their financial teams to find solutions to insurance problems, including cost overruns and rising premiums (Reese, 2013; Young & Schwartz, 2014). Other companies rely on internal agency departments to find solutions. In the past, finance, and human resources departments have not always worked in unison and conflicts impede the organization's future success (Custer, 2013; Reese, 2013; Young & Schwartz, 2014). Acknowledging interdependency avoids disagreements and contentious situations. Recognizing commonality promotes a unified atmosphere and the ability to work together on shared objectives necessary for organizational success. The release of information from insurers and health care providers has been slow or inaccurate at times, increasing the difficulty for business owners to make informed decisions (Glover et al., 2012). Attaining resolution can include offering employee's complete coverage to ascertain vital statistical information and increase their involvement in cost-control procedures.

The healthcare landscape has changed significantly in a short period. Before the advent of the ACA, small-business owners had problems of cost but handled them in a very different way (Battistella, 2013; Bhattacharya & Vogt, 2014). Small and large businesses react differently because of their divergent environments. As of 2006, only 60 % of small businesses in the country offered healthcare coverage to their employees (Blumberg et al., 2012; Miller, 2011). Larger businesses can work with economies of scale in some situations to cut costs, so in contrast, 98 % of larger firms covered their staff. The disparity is reflective of size and budgetary constraints. Smaller companies

paid proportionately more to cover employees' health care needs than larger companies. Whether this perception is valid, and representative of small business owner's experiences was part of my inquiry. Researchers cited the rising cost of healthcare as a primary reason many owners could not cover their workers (Blumberg et al., 2012; Miller, 2011). If healthcare costs continue to escalate, small business owners may have to make drastic decisions to sustain profitability.

The government has acknowledged problems in healthcare and worked on solutions in the past. Congress debates various issues and enacts changes when an issue has affected enough members of society to cause them to move towards consensus (Carpenter, 2011). Although debates are common in Congress, they do not always reach agreement on solutions. Attempts by Congress to address these complex problems did not offer viable solutions (Masino & McCurry, 2011). Legislators worked to create a national association of plans, which would allow small businesses to use pools of different insurers to cover those employees who might not fit into traditional healthcare plans (Sandefur, 2015). Pools of insurers allow the sharing of risk and possibly reduce costs as well. Each state has specific health care regulations, and these associated pools would lower the cost of insurance to individual employees by grouping them all together under an assessed risk the insurer could control. The groupings would also decrease managerial responsibilities. There would also be savings of up to 30%, due to the efficient use of administrative resources (Sandefur, 2015). Policymakers suggested the sharing of resources would also offer opportunities to reduce other expenditures. The bill failed to pass Congress in 2006, but this caused them to admit the problems required readdress

without government assistance or interference (Carpenter, 2011). The quagmire continued until the recent ratification of ACA.

The healthcare industry continues to consider modifications to increase efficacy. Researchers focused on the numerous and varied problems related to making changes within the healthcare field (Fontenot, 2015). Many bureaucracies have difficulty policing themselves. Like most mature industries, the healthcare industry has deeply established policies and procedures directing its business practices (Custer, 2013; Fontenot, 2015). The healthcare industry is complex and interconnected to insurance carriers who need to work together to help consumers. The industry's relationships with stakeholders, such as doctors and insurance companies continue to evolve but allow inefficiencies to continue to be the norm (Aldhizer & Juras, 2015). Similarities exist across the industry. Sixty-one leaders in healthcare organizations participated in a study focusing on identifying factors, deemed successful when cross-referenced with other empirical data from outside industries (Arbab Kash et al., 2014). The change process required considering the timing of implementation strategies. They determined the top three values of effective change management strategies included consideration of the culture of the organization; the process flow of the business model; and the people engage in activities necessary to implement the plans (Lahm Jr., 2014). They discovered changes were not only indicative of the healthcare industry. They found some were comparable to other models, who took service and customer satisfaction into consideration (Arbab Kash et al., 2014). Information can improve understanding within a system that might be complex to others. The need for clients to access information in an efficient way was also a major point

identified in previous studies. Technology and reorganization is a key to making healthcare more efficient.

Leaders can make a difference in acceptance of changes in some situations. Implementing plans can only be successful if supported by leaders who clearly communicate the procedures and anticipated outcomes (Aubry & Hobbs, 2011). Managing worker's expectations can be challenging. It should be the mission of management to ensure the team has the proper training to succeed, acknowledging the importance of continuous education as an integral part of the change process. Management can build the framework for successful outcomes. Researchers suggested implementing feedback circles to monitor, analyze, and make adjustments as the change process continues (Senge, 1990). More information about the business environment from many sources can allow decisions made to have impact and relevance to the system. Researchers also use surveys to gather new information for problem-solving that is innovative. The use of surveys to identify inefficiencies with a healthcare provider is another viable problem-solving tool (Kennedy, Caselli, & Berry, 2011). As the landscape continues to change, a need for workable solutions also increases.

Use of Technology

Technology can allow a connective framework to exist between healthcare, small business, and insurance carriers. Healthcare analysts are working with software specialists and mathematicians to create methods of mapping complex problems to find root causes (Fontenot, 2015). Models demonstrate how systems react to certain situations, allowing decision making to preclude potentially adverse occurrences. Model building with new technology allows accessing large sets of data to undertake analysis not

previously possible (Greengard, 2013). By being flexible, business owners can forecast issues before they become detrimental to a system. History allows us to see trends that occur. Since in the 1950s, business owners have mapped out issues using technology, but the necessary level of sophistication needed to ensure an adequate standard of accuracy came with the rise of online technologies in the 1990s (Kautter et al., 2014). Generation of information is a continuous process. The amount of accumulated and accessible data has become massive, along with new techniques for analytical manipulation (Mansur & Thompson, 2015). Computer modeling allows opportunities to explore new concepts within a safe environment without harming participants while objectively testing scientific concepts. Future decision-making can include analyzing information generated by the process.

Insurance healthcare costs continue to increase. The government enacted ACA to find ways of lowering costs of insurance connected to the healthcare system in the United States (Monahan & Schwarcz, 2013). Mansur and Thompson (2015) determined savings caused by ACA would result from the lowering expenditures previously dedicated to supporting entitlements such as Medicare. Cost overruns may cost taxpayers in the end and not improve quality. Researchers have focused on how the slowing of growth in Medicare as improving the healthcare system, as long as other methods made up the cuts using efficient techniques (Greengard, 2013). The switching of paper for electronic communication is one such action. Medicare price increases are a major driver in the escalation of costs to the stakeholders in the system (White, 2013). Medical expenses are part of the free market that might increase costs across the board. The ability to regulate price increases has negated the provider's ability to manipulate systemic faults, such as

the active timing during the change process (Wilensky, 2011). If Congress reached consensus, they could use regulations to control prices. The use of price controls would be a short-term change while addressing impactful long-term problems associated with rising healthcare costs (Ossoff & Thomason, 2013). Pricing is another constraint, requiring oversight for system improvements to occur.

Technology can provide ways to improve the healthcare system to be more efficient. The act requires changes in technology, including how healthcare providers maintain patient records (Boerner, 2015). Patient records generate data that takes up many resources. Paper files take up space in many facilities and make it difficult to manage information. Technology requirements enable system improvements, such as optimizing healthcare operations by using paperless systems to cut cost (Mansur & Thompson, 2015). Applying, the use of technology, could result in realizing efficiencies. Although not always effective, the modernization lowers and attempts to control the costs of healthcare. Many countries use technology to assess the value of their care as a way of improving cost controls in pricing and delivery systems for healthcare (Schildkraut, Baker, Cho, & Reuss, 2015). Efficiency is a goal for small business owners.

Accurate assessment is a difficult task because it can lead to rationing of care or lowering of standards of quality (Schildkraut et al., 2015). The industry is moving toward the personalization of coverage specific to individuals. Data yielded from different reports over their medical history, informs new opportunities for cures. The current paradigm of cost-per-service, or fee-for-patient, is under pressure because if the current trend continues, Medicare will consume a larger portion of the countries budget at some point in the future (Mansur & Thompson, 2015). Many elements interact to influence

costs. The development of an understanding of the relationships between the variables controlling cost ratios will be instrumental in creating concise and efficient plans (Taylor & Calhoun, 2015). It is possible organizing provider-care fee payments will lower costs without sacrificing quality. Although the United States healthcare system is one of the most technologically advanced in the world, it is operating inefficiently (Wilensky, 2011). My research offers an opportunity to document the problems of healthcare from the perspective of small business owners.

Small business owners worked to increase productive behavior because it will improve the organization's bottom line. Maximum productivity in most systems necessitates managing constraints, such as time, resources, and capital. Cutting corners potentially create moral dilemmas. Managers must also consider ethical concerns, including conflicts of interest (Thamhain, 2014). Using computers to test concepts allows another type of development void of contentious concerns. Using technology correctly can improve many processes.

Summary

My literature review focuses on identifying issues related to finding ways to remain profitable while implementing change processes such as the ACA. I also examined the role of the government as it relates to healthcare for the people of the country and what the ACA might influence or change. Constituents and business owners worked with government officials to formulate legislation to support delivering healthcare services to a broader population of uninsured citizens. Entitlement programs provide access to healthcare for those who demonstrate financial need. However, they did

not extend to low-income workers, or employed staff who not able to pay for costly insurance plans. Small business owners faced similar constraints.

The intent of my study was to report outcomes from small businesses owner's perspectives. The use of innovation has helped small business owners survive adversity in the past and remains necessary in the future. Companies usually focus on trying to make a profit regardless of obstacles erected on the path to economic success. When a corporation is larger, it can be more flexible due to sizable resources that can be used to strengthen the organizational structure. Small business owners face different challenges when implementing the requirements of ACA in an efficient and effective manner. My research delves into that issue in a meaningful way.

The research I identified on the subject of the ACA varied in its focus. It primarily targeted the social impact or changes in how small business accounts for making profits its organization. Due to the on-going evolution of the healthcare industry, I directed my attention on the outcomes of the implementation of ACA on small business owners. I identified a gap in research when I was unable to locate salient information regarding small businesses owners 'experiences adapting to ACA mandates. I focused on how small business owners perceive the implementation of the changes and document the way they describe the effects on their goal to sustain profitability.

In the next chapter, I explore qualitative phenomenological methodology. I use phenomenology to focus on understanding the experiences of the small business owners based on how they perceived their healthcare situation working with the ACA. I use CAS to guide my analysis of the data. The construct contributes to examining the small business environment and explores various systemic approaches. The ability to be

interpretive yet intensive is essential to the success of my research. The focus of previous studies on the subject was on specific issues resulting from the implementation of the ACA, or how they related to an organizations' business model. Through the interview process, I examined the lived experiences of small business owners and focus through the lens of antipositivism to understand and interpret the owners' perceptions.

Previous researchers focused on larger companies and the ACA, but small-business owners have not received the same type of attention, specifically regarding profitability (Spivak, 2014). The connection between small business, healthcare, and government regulation is a complex one. Through my research, I may contribute to lessening the confusion from the small business owner's perspectives.

Chapter 3: Research Method

The purpose of this research was to explore the lived experiences of small business managers seeking to conform to the regulations associated with the implementation of the ACA. Narrowing the scope of the research, I identified small businesses in the Philadelphia region to participate in the study. In this chapter, I describe the research design and rationale that I used to understand the lived experiences of small business owners in attempting compliance when implementing the ACA. I discuss the methodology, my role as the researcher, and the processes used for participant recruitment and data collection. In concluding the chapter, I review steps taken to ensure the trustworthiness of the research.

Research Questions

- RQ1. How do small business owners describe their lived experiences during the implementation of the regulations associated with the ACA?
- RQ2. What is the perception of small business owners regarding internal choices made to their employees' healthcare coverage?
- RQ3. How do employees describe the external barriers, such as market competition, influencing the implementation of the ACA?

Research Design and Rationale

Choosing the correct research design can affect the direction of a study. If I had opted for a mixed methods design, then there would have been qualitative and quantitative exploration. The use of mixed methods can add time to a research study. My study of small businesses implementing the ACA was an opportunity for discovery, as this topic of research is evolving, with new changes regularly occurring (Boubacar &

Foster, 2014). A research method should be timely and align with the problem and purpose of the study. Qualitative methodology is inductive in nature, unlike quantitative methods, which are deductive (Thamhain, 2014). The choice of methodology supports exploring changes in society using a prescribed approach, tailored to assure that the outcomes are useful in broader contexts. In studies of social disorder, when new societal changes occur, qualitative methods are helpful for examining the central phenomenon (Blumer, 1969/1970). Changes in society can sometimes bring disorder. I sought to explain the lived experiences of small business owners and focused intently on small businesses in the Philadelphia region as my specified target.

Phenomenology

Phenomenology is a qualitative research tradition encompassing two schools of thought. Husserl (1954) founded phenomenology and believed that experiences of individuals and the meaning they place on them compose the basis of qualitative analysis (Tuohy, 2013). I explored the lived experience of the small business owners. Husserl also created the descriptive tradition, which directs the researcher to nullify preconceived concepts or bracket them while describing participants' experiences. The researcher collects the perceptions of people who share a similar experience of an event. Heidegger (1962) suggested an interpretative process, whereby researchers involve themselves in the analytical process, interpreting what interviewees offer while acknowledging their personal biases. I followed the descriptive school of thought and suspended preconceived notions to focus intently on the lived experiences of my participants.

Researchers use phenomenology in studies focusing on the entrepreneurial opportunities that happen to small business owners. Entrepreneurial actions can originate

in opportunities external from the lived experience of the owners (Popp & Holt, 2013). Small business owners have problems indicative of their situation and different from those that occur in other types of organizations. I used the approach of phenomenology to assist in explaining the lived experience of the small business owner when navigating uncertain outcomes in the implementation of a program such as the ACA. I documented the lived experiences of the small business owners who conformed to the ACA and used the phenomenological framework to illuminate what they explained to me. Failures can hinder small business owners, causing them to avoid taking risks in the future. Failing at a task may make people not want to attempt the same event again out of fear of having the same results. Entrepreneurs often internalize business failures, and they do not use them as learning experiences to inform future endeavors (Heinze, 2013). Small business owners may have had previous experiences with healthcare deterring them from making informed decisions regarding ACA implementation. The fear of failure can keep innovation from occurring and make small business owners wary of changes that could result in improved profitability.

Phenomenology and Small Business

Small business faces unique barriers to success. The size of economic forces can be overwhelming, forcing business owners to spend resources reacting to the market rather than executing plans (Rizzo & Fulford, 2012). Stakeholders may also give valuable input to decision makers. Stakeholders include business owners, their employees, their families, and all external suppliers affected by their decisions. The contributions of the stakeholders to small businesses can guide strategies to assist in fulfilling the goals of the organization. The plans can encompass additional variables to become increasingly

comprehensive and allow small-business stakeholders a chance to follow their missions (Cutler, 2014). Small business owners create strategies that fit their organization and the current situation. The strategies that small business owners' support should be decisive yet reflect an understanding of the effects of external forces. My research focused on accumulating small business owners' lived experiences to formulate patterns reflecting their behaviors in achieving their goals.

Hiring by small business owners can have a positive effect on the economy; small businesses create the majority of jobs in the United States (U.S. Department of Labor, 2014). Choices concerning ethical behavior may be part of the small business owners lived experience. Phenomenological researchers examine ethical behavior based on how individuals react to abstract representations (Puyou & Faÿ, 2015). Researchers have asserted that people behave as if they are unaffected by their experiences if they are uncomfortable, keeping them from responding to their conscience. A holistic approach, phenomenology gives the researcher the ability to include economic, spatial, historical, or social contexts (Puyou & Faÿ, 2015). The ability to map a path for business owners to understand reasons for both their actions and resulting consequences is critical to creating a comprehensive strategy for similar companies and industries.

The core phenomenon in this research was a change in healthcare policy and how a particular sector—small business owners—handled the experience of this change while attempting to remain profitable. The tri-state area where I live has experienced reverberating economic pressures while small-business owners have worked to make conditions better for their employees. There is a connection between the needs of businesses and those of the individuals attached to them. The outcomes of this study may

offer opportunities to help business entities find ways to improve the process of implementing the mandated healthcare system. The changes occurring in the United States often influence the rest of the world's economies because of the current interconnectivity of the modern financial health system (Daugherty, 2012). The Internet links the financial world, facilitating international and national business transactions.

My intention was to reveal connections between healthcare and small business, exploring how they relate to each other in a manner reflecting the owner's worldview. The initial research questions provided a roadmap for understanding the methods that companies used during the process of integrating the mandates included in the ACA (Hancock & Algozzine, 2011). I delved deeply into the topic as the interviews progressed, using a semi structured inquiry. Using interviews promotes the free exchange of information, which, once codified and analyzed, is useful to other researchers, similar populations of business owners, and the broader community. In coding similarities and identifying themes, I endeavored to find the meaning of the concepts by examining the data inductively, focusing on responses with a broad perspective and then narrowing the scope to find specific patterns but not so small as to eliminate possible codes containing insightful information (Maxwell, 2013). As a researcher, I worked maintain the processes in a controlled manner, staying on track in anticipation of eventual success supported by valid outcomes.

The fundamental paradigm informing this study was CAS theory. The use of social research demonstrates how agents within a chaotic environment interact with each other to create a new activity, leading to innovative actions intended to improve an existing system (Day, 2014; Edson, 2012). Small business owners face a variety of

challenges every day. Small business owners, influenced by outside forces such as the ACA, make decisions affecting their employees and others in the environment. The phenomenological approach allowed me to examine how the small business owners experienced implementing the ACA and to review the decision-making processes they used to keep their businesses profitable. The design included focusing on what the experience meant to individuals by asking in-depth questions to people who shared similar encounters (Moustakas, 1994). I interpreted and analyzed participants' lived experiences to unveil emerging themes. Phenomenological exploration focuses on identifying the collective meanings of experiences, promoting the emergence of consistent themes based on the perception of an individual. I used this approach to describe new insights about the experiences of small business owners and examine their successes and failures when incorporating ACA mandates.

The use of phenomenology allowed me to explore how small business owners perceived changes in their organization pertaining to implementation of the ACA. The use of phenomenology allows researchers to focus on what humans discover about themselves as they experience the world naturally, not as a planned construct but spontaneously (Tuohy, 2013). In defining relationships, individual experiences can collectively affect the development of larger groups' worldviews. Phenomenological studies look at how people connect, in a meaningful way, to their experiences in the world (Hanson, Balmer, & Giardino, 2011). I concentrated on finding what connects issues and activities to construct an enhanced understanding of this phenomenon. Husserl focused on essence as the connector between the search for meaning between intentional relations and phenomena (Maxwell, 2013). The connector can often be unintentional

relationships as well. The focus of this study was intentional relations between the small business owners as subject and the ACA as an object to find a deeper understanding of outcomes resulting from their decisions and activities. I explored the differences existing between subject and object, and I used the interactions as units of analysis. I defined units to analyze the supports and allow quantification of an occurrence, and identifying patterns of thematic content.

Small business owners working daily to implement the ACA face the challenge of integrating it into their system to keep their businesses financially stable. Van Manen's model may be used to interpret phenomena through deep thought and actual events, rather than through conceptualizations of what might have happened (Vagle, 2014). I asked questions as an interviewer to elicit real responses from small business owners concerning their experiences. I used reflective techniques to identify emerging themes, highlighting the outcomes from the participants' perspectives. I used phenomenology to explore events in daily life patterns that were obscure or unnoticed to find new information (Maxwell, 2013). I asked questions to get the small business owners to reveal information about compliance to the ACA in their organizations. Studied patterns show relationships, which tell a story. I examined participants' responses to identify trends in order to understand how the small business owners perceived their implementation of the ACA. I found underlying significance in this study through exploring the lived experiences of the small business owners as they searched for profit while implementing the ACA. Using the data and data analysis, I created a crafted text and used bracketing to focus on the phenomena without relying on my previous knowledge and conceptualizations (Hanson et al., 2011). I employed phenomenological methods to

interpret small business owners' descriptions of their lived experiences. I looked at many types of qualitative methodologies before making a choice. Methods of qualitative research include ethnographic, case study, grounded theory, phenomenological, and narrative approaches. Each of these has a place in qualitative history. Ethnographic researchers study social behavior and language to find patterns of experiences in the lives of individuals and develop an understanding of a particular group (Maxwell, 2013). My study explored what small business owners experienced and the barriers that they felt hampered their success. In using grounded theory, the intention is to generate a concept, which was outside of the scope of this study (Lawrence & Tar, 2013). Moreover, the generation of theory would have required additional resources and time that would not have benefited my research. The accuracy of case research depends on conducting procedures multiple times at more than one site, which broadens the focus of the research (Venkatesh et al., 2013). The cases would have needed to be relevant to a new issue like the ACA in order for me to collect the necessary data. In the next decade, there will probably be enough data generated around the ACA to create many cases for reference points in research. The input then may provide a complete perspective, allowing a rich and varied analysis (Suri, 2011). Because the focus of this study was the lived experiences of the small business owners, phenomenological methods facilitated reporting their perspectives regarding a shared event.

Role of Researcher

My role in the study was that of an observer-participant. I was not involved in the research itself through immersion, but rather held an objective position throughout the entire process. I worked to create a comfortable and inviting environment for the

participants, and I was professional while remaining approachable. Being sensitive to the challenges faced by the participants engaging in this study, I also took an empathic approach to facilitate their comfort and encourage honest exchanges. I asked exploratory questions to prompt the participants to open up about their experiences without putting them on the defensive regarding their feelings about the subject (Maxwell, 2013). My inquiry focused on pertinent questions concerning the topic, and I brought the participants back to questions if they digressed into other unrelated conversations.

I set the tone of the interview by preparing in advance for issues that might arise such as a family emergency. Although the participants agreed to scheduled times, I remained flexible in case any unforeseen circumstances forced a delay in the meeting time. The conversation needed to be friendly without becoming overbearing, so I practiced the questions ahead of time to become comfortable and fluent in delivering them. I tested the audio equipment to assure that it functioned properly and was not a distraction during the interviews.

The issue of perceived power over the participants is relevant because it influences a researcher's ability to procure honest answers from interviewees (Peredaryenko & Krauss, 2013). If participants are uncomfortable, they may not be responsive during interview. If they view the researcher as someone who has power based on perceived superior knowledge, interviewees' perceptions can skew their responses and thereby the data. I was impartial toward the participants in all aspects of the research. It was my goal to make the participants comfortable and ask questions that would elicit honest responses and contribute to analysis of the issues. I addressed any biases that might invalidate the results. Valid studies allow future researchers the

opportunity of adding to the completed work. A lack of validity diminishes the relevance of a study (Maxwell, 2013). The information collected needed to be accurate and untainted in order for me to interpret the data without misconstruing the results. I used member checking to achieve this. My intention was to conduct a valuable and influential study that would be useful for ongoing and future research.

Methodology

I chose the qualitative method over the quantitative method for this research study, as the former offers a clear difference between the collection of data and its final analysis (Hanson et al., 2011; Maxwell, 2013). My desire was to collect contextual information, which falls outside the range of quantitative strategies. Qualitative methods support delving into topics from an exploratory stance to unveil the meaning that people attach to their experiences (Hanson et al., 2011; Maxwell, 2013). The method allows researchers to gather a substantial amount of information and use newly developed technology and software programs to assist in codifying and identifying themes from data. Qualitative analysis allows researchers to collect and synthesize information, looking for repetition and patterns. Patterns can often explain what is happening using the collective experiences of people who share similar perspectives. The researcher can then focus on what is consistent with the subject's experiences and communicate findings to a larger audience (Lawrence & Tar, 2013). I chose to use a qualitative approach as the foundation for my research.

I followed the process and guidelines of previous qualitative studies while allowing flexibility to innovate where feasible to achieve accurate results. Focused on the experiences of small businesses affected by the implementation of the ACA, I described

the owners' perceptions concerning attempts made to maintain profitability and avoid financial losses. The outcomes of this study may benefit current and future business owners, as well as future researchers.

Qualitative methodology details the impetus of individuals to reach new areas of discovery. Using methodology such as phenomenology supports researchers inquiring about meaningful experiences people share when confronting real world dilemmas (Hanson et al., 2011; Maxwell, 2013). Asking questions to small business owners about their search for profits while implementing the ACA, may yield new data helpful to their situation, along with other owners struggling with similar challenges. Researchers actively listen to understand the lived experiences of individuals who have encountered a unique phenomenon (Maxwell, 2013; Venkatesh et al., 2013). During the interview process, I encouraged small business owners to convey their experiences in a safe environment. The conversation and analysis facilitate documenting their ideas to develop a deeper understanding of the topic (Branthwaite & Patterson, 2011). Interviews with individuals who have a shared experience yield rich information as it unearths profound insights from participants. These ideas assist researchers to validate their work by documenting emerging patterns of responses and outcomes.

Listening is a skill I acquired from years in the finance industry. Researchers actively listen, to understand the lived experiences of the individuals who have shared experiences with a unique phenomenon (Maxwell, 2013). Speaking to each other is one of the oldest forms of communication. I conducted detailed interviews to gather information to gain insight from the small business owner's perception of their experiences with implementing the ACA. Interviews with individuals who have a shared

experience provide rich, contextual information to unearth their unique perspectives about a subject (Venkatesh et al., 2013). As explained by Chenail (2011), qualitative methodology connects theories and assumptions to clarify a problem. I listened to the participants and document their points to look for patterns that explain a deeper understanding of their lived experience.

Participant Selection Logic

Owners of small businesses located in the Philadelphia area are potential candidates for my research. I engaged members of a local Chamber of Commerce and small business clubs to identify businesses with less than 100 employees each, thereby defining them as small-sized entities. To approach prospective owners or managers, I spoke with some. I then used email introductions to explain the specifics of the research, and then with a follow-up phone call or visit. I then set a time and convenient place for the interview that was practical and briefed the participant before the interview so that they understood the length of time needed and objective of the activity. The work of a small-business owner leaves little time for optional activities, so I worked diligently to explain the process and time commitment required, as well as the potential to benefit both themselves and society.

Population

I used convenience sampling to purposefully select owners of small businesses operating in the Philadelphia, Pennsylvania area (Suri, 2011). The sample included those who self-identify as currently working on implementing the requirements detailed in the ACA. I also inquired about the numbers of people they employ, to assure they qualify as a small business. Based on the responses, I included a variety of business, to promote

inclusion of diverse perspectives from the participants. The sample for the study represents 20 small business owners currently working towards implementing the ACA. They did not have any previous connection to the researcher or the other small business owners. This research is for a qualitative phenomenological study, and the samples size is appropriate for the exploration of the lived experience of the small business owners. There is a limited amount of time for the study, and data saturation often occurs when a study is open-ended with more resources.

Sampling Strategy

I chose the sample from a pool of small business owners in the Philadelphia region. Purposeful sampling allows me to focus specifically on participants who can provide rich data (Creswell & Plano Clark, 2011; Jacob & Furgerson, 2012). Organizations may not want to share data due to internal controls, security concerns, or fear of creating public relations problems. These are legitimate concerns, but the job of the researcher is to make the subject comfortable in the environment and confirm the confidential nature of the process (Jacob & Furgerson, 2012). The participants were voluntary, and I incorporated snowball techniques to get organizational leaders and workers to refer potential participants (Venkatesh et al., 2013). I anticipated the possibility of not being able to reach the intended target of 20 participants through one source. If this had happened, I would have found other small-business owners through additional resources such as other associations in the Philadelphia region located in proximity to each other. Alternatively, I did not advertise the need for participants online, through social media sources such as LinkedIn or Facebook. I did not run a campaign that markets to small businesses in the regional area. I have conducted many social media

targeted campaigns, and they are accurate enough to present the opportunity to the appropriate small business owners whom I could vet to see if they meet the study criteria.

Sample Size and Saturation

The local Small Business Association in the Philadelphia region has members who were willing to participate after I explained the study concept. The association in my area holds monthly meetings, which I attended to establish interest from the group by addressing and explaining the intent of my study. I gave information to their associates to identify participants who meet the stated criterion. I continued recruitment efforts until 20 small business owners fit the criteria to participate in the study. I would have recruited more participants if saturation did not occur with the 20 small business owners interviewed for this study.

The Small Business Association agreed to serve as a liaison, introducing me to the members. I used the introduction to facilitate initiating the data collection process. I identified a business location accessible to local businesses and arranged the interviews at a convenient time for the participants. Notoriously, small-business owners have minimal available time, so I made every effort to accommodate their schedules. The size of the sample is important as it relates to reaching the point of saturation (Mason, 2010; Suri, 2011). The depth of experience of the individuals in the small business owners will broaden the content of the information they offer. The larger the sample allows for increased amounts of generated data.

Instrumentation

I used the research questions to drive the process of inquiry and guide me throughout the collection and analysis of the data. The interview process offered me

opportunities to observe and analyze organizations currently implementing the ACA, yet remain profitable. I vetted the participants and got feedback from my committee, before making final selections. To engage a variety of businesses, I remained flexible but also focused on achieving the goal of completing the research. Qualitative studies require researchers to create a credible plan, which allows room for changes to meet the needs of those who volunteer to participate (Chenail 2011). I used instrumentation that is standard for a study of this scope and pertinent to the subject.

I asked the questions presented earlier in this proposal to elicit answers to gather information. The job of the interviewer is to keep the subject on track and yet push the boundaries of the subject to get them to reveal information that will add new discoveries to the research (Maxwell, 2013). To remain focused, I prepared and organized myself before meeting with the participants.

Pilot Study

I tested to see if the pilot participants understand the instructions and the interview questions. Pilot studies can allow testing of conditions before initiating the actual study (Doody & Doody, 2015). I decided this was suitable for my study and felt comfortable with the planned process and procedures. I used pilot testing to ensure I understood how to conduct the research in an organized fashion. I made sure resources were available for the pilot testing as part of preparation for the continuing research study. I used 10% of the population sample of 20 small business owners for the pilot study. I asked the two small business owners the Institutional Review Board (IRB) approved questions, and this tested the potential for the larger study. I analyzed the responses by hand with assistance from Nvivo software, and when the framework was

durable, and repeated the process for the primary study of 20 small business members. The 20 small business owners were separate from the two small business owners in the pilot study.

Data Collection

The collection of data included primary informants who are owners of the small businesses. The interviews with the small-business owners included those with experience implementing the ACA while at the same time making decisions to allow their business to stay profitable. The owners needed assurance of the proper and secure handling of their information. I confirmed this during the informed consent process, which included reviewing data storage methods.

I asked the participants to allow 60-minutes for the interview and additional time for member checking. To avoid confusion, I disclosed the study parameters before the conducting the first meeting. The participants should not feel pressured or trapped in any way, and I informed them of their ability to withdraw at any point before or during the engagement. The level of comfort and relationship-development needs to be part of the researcher's toolkit for the collection process to work efficiently (Peredaryenko & Krauss, 2013). I demonstrated interest for all the participants involved, and communicated this in every aspect of the work, while attempting to connect with them on a professional and personal level. It is hard to retrieve information if there is no bond of trust between subject and researcher (Jacob & Furgerson, 2012). Once I established rapport, I freely gathered information.

After participants granted permission, I audio taped the interviews to generate data by asking specific questions and then followed up with inquiries to probe for

additional information regarding business owner's experiences. In designing the questions, I intended them to delve extensively into the subject matter, eliciting detail from the responses and thereby enriching the data. I did not ask leading questions and understood my demeanor and the delivery of the question could influence the type of information shared.

As a researcher, I stayed open to the possible outcomes and did not prejudge the collected data. The ability to listen and yet use improvisation in the interview process is another element of phenomenological methodology (Vagle, 2014). Each interview yielded different answers, but I followed where the answers took me to discover information explaining the experiences of the small business owner. The ability to listen, take notes, and record the conversations gives me the opportunity to learn from each interaction. To garner deeper descriptions, I drew out the answers from the subject using phenomenological interview techniques (Peredaryenko & Krauss, 2013). Occasionally, I interjected statements relevant to the conversation and remembered every part of the interview is an opportunity to gather data, even if it does not go in the direction I expected.

Data Analysis

Qualitative studies often create large volumes of data that can be difficult to analyze due to their size and density. From the beginning, researchers decide how to manage and maintain control over the process while staying organized. I collected, transcribed, and coded the data, consistent with qualitative research methods. The analysis process is unique to the information and research, which means using certain approaches and techniques so not to lose momentum or mishandle data.

I analyzed the data by hand with assistance from the Nvivo software. The use of qualitative methodology promotes focusing on understanding the data through the strategy of direct interpretation of a complex subject, with static time limitations (Chenail, 2011). The data analysis involves obtaining the information through interviews, followed by transcribing, coding, and then analysis using Nvivo software to see relational patterns. I used the audio recording to capture the moments in real-time and assure the accuracy of the transcriptions. Using software such as Nvivo, I organized, mapped, and encoded the data for further analysis (QSR International Pty Ltd, 2012). Mapping increases the detail of the information and yields similarities or differences I used to decide whether the data was useful or if I needed to collect additional information (Davies, 2011). After transcribing the interviews, I used Nvivo software to assist my analysis as it limits misinterpretations and highlights different interpretations. I created nodes, which represented general themes, and connected them to codes representing specific topics. From this point, I coded strips of assorted colors and highlight patterns, leading to thematic outcomes representative of the data collected from the participants.

The researcher must be able to communicate the findings to the chosen audience. I collected and analyzed data in an orderly and logical way to be consistent so the study was successful. The myriad of pieces of information may not make the job of the researcher easier but does give flexibility, which may lead to potential new directions to pursue during the process. I worked hard to keep the process objective and allow the work to go in the path the analysis directs. The ability for a researcher to stay objective contributes to dependability and lays a foundation for future researchers (Mojtahed,

Nunes, Martins, & Peng, 2014). I communicated the findings clearly to facilitate the ability of future researchers to use the outcomes or pursue similar topics.

I analyzed the data collected from the small business owners to explore their lived experiences. Information systems, healthcare, and small businesses use phenomenological methods because they explore the complex relationships developed between participants (Bradley & Hobbs, 2008). The changes in healthcare are ongoing and continue to unfold. The ACA is a new complex link in the relationships between business and healthcare (Boubacar & Foster, 2014). I analyzed the data, using Nvivo software to explain a story that follows the patterns made clearer through research. Researchers analyze collected data to create a picture of what the participants are attempting to communicate, and to translate the information into related content, confirming or discounting the conceptual framework (Maxwell, 2013). I used notes, interviews, and transcripts to help explain the lived experiences of the small business owners as they implement the ACA and focus on keeping profits for their organization.

I managed the data in an accurate fashion to maintain credibility. The amount of data and the effort of analysis can be overwhelming in a study with more participants and creates barriers for the researcher to complete the study (Peredaryenko & Krauss, 2013). The 20 participants for this study and the two participants for the pilot study were a manageable group. The comfort level of the participants was the key to getting the information. I did not let my level of stress affect the way I asked questions of the participants because that can also influence their responses. Novice qualitative researchers identify a subject, organize the study, and choose the method of analysis. Creating a systematic framework to conduct the analysis in an orderly fashion is an

important part of the research process (Maxwell, 2013). Following the framework approved by the committee and Walden University helped ensure a satisfactory conclusion to the study.

Memo writing is of assistance to researchers during the interview process, and later, when assessing and correcting data. I took notes to follow a logical progression and keep structure to the proceedings. Then, using the notes, I constructed a framework to draw a picture of what the participants shared. I used memos extensively to document the information related to the subject and confirm the accuracy of the transcribed data. The use of notes allows the researcher to brainstorm ideas and identify patterns, which match the emerging themes (Maxwell, 2013). Using memos, captured the information as it happened and referred to it later in the transcription and analysis phases.

The qualitative methodologist looks intrinsically at the data and organizes it in a logical way. I systematically processed the material to maximize my understanding of the participants' perception of their current reality (Peck, Kim, & Lucio, 2012). As patterns emerged and commonalities identified, the repetition supported documenting, through codes, distinct and frequent data points. I had the data collected transcribed and then coded it with the use of the software. Following the codification, I named thematic schemes and continued to refine them until the analytical process concluded. The phenomenological precept of van Manen requires going through an intense period of learning, writing, communication, and engagement allowing themes to emerge from the data naturally (Vagle, 2014). The context helps explain how the parts contribute to the topics. The search for themes is an essential component of the research process.

I debriefed the participants at the end of the interview and explained the next steps in the process. In my efforts to collect and analyze the data for this study, I welcomed any additional information if it was germane to the subject of the research. The interviewees could request a follow-up interview if they felt they had additional information to share pertinent to the research. The supplementary information from the participants had to also fit into the timeframe of the study, to allow me time to incorporate the new data with member checking. There is always the possibility of outlier responses or ones far outside the range of other participants' contribution. Through the continual process of collection and analysis, patterns develop. They tell a story of the events experienced by the participant

Issues of Trustworthiness

Trust is an essential element of the research process. The study process consisted of having peers review procedures throughout to keep the research trustworthy (McDermid, Peters, Jackson, & Daly, 2014). Peer-review processes are of most use in this type of research because qualitative research can be subjective at certain points, and another researcher will promote intensifying my critical thinking (McDermid et al. 2014). I conferred with my committee members to assure my processes are transparent, also underscoring the trustworthiness of the study.

I did not immerse myself in the environment to learn about the day-to-day activity through observation but rather have contact limited only to the interview and post-interview process. The investigation can set back the work environment if it becomes a hindrance to the production needed to make the organization profitable. The collection of data allows the interaction to happen between the researcher and the participants in a

neutral environmental, averting interruptions, and potential breaches of confidentiality. I incorporated reflexivity because my actions can influence the study environment (Keso, Lehtimäki, & Pietiläinen, 2009). The researcher has a duty to reflect upon the collected data during the interview process, including the use of memos. I indicated I would use them to assess the quality of the engagement, but not to inject my belief system into the proceedings (Savage-Austin & Honeycutt, 2011; White et al., 2012). My role was an observer, trying to learn about the lived experiences and the perceptions of the target population.

The act of discovery requires a reflexive interaction between the information collected and the analysis of the data. Responses from the interviewed participants could be factual or opinion-based, but ethical mandates require the researcher to report the information verbatim, rather than the way it would best fit the theory (Savage-Austin & Honeycutt, 2011). My research on how small businesses can remain profitable while also implementing certain parts of the ACA focused on following the direction the data analysis points to rather than deciding the route ahead of time. I let the research inform the path I took to maintain validity and keep the research objective. To assess whether the data was responsive to the research questions, I used methodological reflexivity (Keso et al., 2009). I did not use deconstructive reflexivity because my research did not question discoveries; rather I detailed them as reported by the participants (Advances, 2010). Reflectively, I could deconstruct the data at another time, but it is not a consideration.

I contacted the participants, at least, three to five times during the process. The majority of contacts was through email and telephone calls. The purpose of the initial intake was to qualify the subject and explain the interview and follow-up process. I was

open to working with the participants in more detail if they were interested in giving relevant information to the research. However, due to the urgency of the work, it needed to be germane to the reason they participated. Through member checking, I elicited feedback and confirmed data was consistent with their intent (Carlson, 2010). I collected and interpreted the data from the members and then verified it by taking it back to them for feedback.

Credibility

The use of phenomenology allowed me to focus on concepts such as credibility, confirmability, and trustworthiness. Bracketing is a technique where the researcher ignores previous knowledge of the phenomena experienced in order to focus only on a clear picture of a complex situation (Tuohy, 2013). There are techniques to help make the process easier. Bridling is another technique allowing the researcher to take an open stance and be reflexive to preclude premature conceptualizations (Vagle, 2014). The ability of the researcher to have a complete understanding of the material allows for ways of finding factors that initially become the most apparent. I focused on being consistent and following the framework that was set up before the beginning of the study. Bracketing and bridling are techniques, which contribute to validating the collection and analysis process undertaken in a study (Vagle, 2014). I employed bracketing to strengthen and substantiate the outcomes of my investigation.

Transferability

I asked questions of the participants without any preconceived notions or agenda. A qualitative researcher investigates data without a set concept; therefore, theories may or may not support the analysis (Hanson et al., 2011). I used a variety of participants

related to the field based on their organizational affiliation. Although the participants share experiences, they varied based on the industry their businesses serve. I attempted to avoid the pool participants from becoming too generic, as it discounts the applicability to other populations (Suri, 2011). The group was not homogenous, based on the selection process and every participant's interview was different. In-group variations limit the transferability of the outcomes. Additionally, the small number of participants also hampers the ability to assign conclusions to other groups. To assure I recorded the process accurately, I organized the data in a logical manner, documenting each step methodically, allowing future researchers the ability to replicate the study with other populations. This study has an opportunity to be transferable to other research on the lived experience of small business owners as they work to find profitability while implementing the ACA. This study covers a smaller sample size than would usually be transferable, thus it may not happen. The evolution of the ACA is far from over, and future changes may happen that I cannot anticipate.

Dependability

I ignored subjectivity to sustain objectivity, so the data remained dependable. The research achieves dependability when the design has the right series of controls to monitor variance of quality (Singh, Hillmer, & Wang, 2011). I was consistent with following the proposal approved by the Walden University IRB to have dependable results and employed the use of member checking to assure the dependability of the outcomes. Participants reviewed the content of the interview and assured it was reflective of their thoughts and experiences. Dependable information furthers the milieu and gives future researchers a foundation on which to build.

Confirmability

While reviewing my interpretation of their statements, I confirmed the information and results with the participants. I incorporated prior research based on studies with similar findings to support or contradict the inferences I found. The use of one methodological approach also gives the research stability, increasing the results confirmability (Singh et al., 2011).

Ethical Procedures

Ethical concerns about the researcher and investigative processes are always a possibility. I complied with the Walden University's IRB procedures and documents necessary to keep the work ethically sound (Klitzman, 2013). Compliance requires researchers to follow prescribed methods. The structured framework created by the IRB was essential to assuring I conducted the research in an ethical manner protecting both the researcher and the participants (Klitzman, 2013). Transparency is important to the participants of the research and assured by the IRB. The IRB gives the study a solid foundation, and I followed the approved steps provided to conduct my research. I performed my actions ethically throughout this process. Walden's IRB holds me to the highest standards and confirm I have undergone ethical training before beginning this process.

The material used for recruiting participants clearly stated the objective of the study, interview protocols, and procedures to assure confidentiality. I also used a post-interview questionnaire, asking the participants how they thought the process worked and if I followed the established guidelines (Maxwell, 2013). The additional step is another part of the process aimed at improving the research by promoting feedback from the

participants and addressing issues related to my adherence to established guidelines and mandates.

All participants signed an informed consent document confirming they were giving information to the best of their ability, in an honest manner, and without coercion, before beginning the interview. I used an additional form to indicate the participant had granted me permission to audiotape the meeting. I also had controls to keep the information on the participants' safe, by not naming them or their work location. This protection offered the participants reassurance I would not hold their statements against them or attempt to influence their job environment. Also, I cataloged data and stored it for safety on an encrypted computer with copies stored under lock and key. I will not share specific details or locations of participants that would compromise the data collected, other than with my committee members and Walden's IRB and informed the participants of the exceptions.

Participants choosing not to complete the entire interview process along with those deciding to work with me had the security of knowing I would shred the information in the prescribed time constraints, and not share it with others. I did not use any specific names or places in the published research final product and handled the data for the sole purpose of furthering the research. If there was a conflict of interest for the subject or a stakeholder, I would exclude their information from the research, but this was not necessary. To reduce the influence on outcomes and validity of the findings, I did not offer incentives.

Summary

This chapter covered the methodology and the tools used in the research study of small-business owners implementing aspects of the ACA. In presenting the process, procedures, and protections, I offered and justified the strategies selected to answer the research questions posed for analysis. I anticipated complex layers, which I managed with the assistance of my committee and chair. Throughout the following chapter, I focus on the work of collecting and analyzing the specific information acquired during the research.

Chapter 4: Results

The purpose of this qualitative phenomenological study was to explore the lived experiences of small business managers attempting to conform to the regulations associated with the implementation of the ACA while remaining profitable. I defined the lived experiences as any business decisions that the small business managers made concerning their health coverage for employees and how that might have affected their companies' ability to stay profitable. The outcomes of this research may provide information for advocacy so that small businesses have a chance to use the ACA in a manner that is effective for their organizations.

The three research questions that I asked focused on what decisions small business owners made while implementing the ACA and the influence they had on maintaining positive revenue streams. The first question was the following: How do small business owners describe their lived experiences during the implementation of the regulations associated with the ACA? The second question was the following: What is the perception of small business owners regarding internal choices made to their employees' healthcare coverage? The final question was as follows: How do employees describe the external barriers, such as market competition, influencing the implementation of the ACA?

There are eight sections in this chapter. The first addresses the pilot study, which influenced elements of the study discussed in other parts of the chapter. Descriptions of the research setting, demographics, and data collection follow. I explain the context for the research, the demographics, and how I collected and analyzed the data. I discuss the trustworthiness of my study and describe the results, concluding with a summary at the

end of the chapter. The findings offer a conclusion that is logical, trustworthy, and understandable.

Pilot Study

The purpose of the pilot study was to make sure that the questions were comfortable for the participants to understand, as well as to make any necessary changes to improve the research. The pilot study involved two people whom I interviewed separately from the others. I incorporated the information they offered into the complete study. I contacted local businesses in the southern New Jersey and Philadelphia area through emails and phone calls. The first person I contacted was interested but needed a call at another time. I followed up with a phone call to confirm a specific interview time and location. The second participant responded when I visited the site and explained what I sought to understand. I went to conduct the interview for the pilot of this research study but had to reschedule because the business was unusually busy. I deferred to the availability of the small business owners and stayed flexible to get the meetings done in a way that was comfortable for them. The face-to-face interviews were useful because they allowed me to understand responses in a personal way while conveying my interest in the feedback the individuals offered.

As I met with the participants, I asked 10 questions about the decisions they made while attempting to conform to the regulations associated with the implementation of the ACA. The meeting began with a review of the informed consent document. Once the participant agreed and signed the consent form, I requested and received permission to tape the interview. After each question, I paused to listen to the participant's response. The participants offered targeted information as they discussed what their lived

experience had been in managing the small business after the ACA became law. In asking questions, I was careful not to show any personal or professional bias for or against the ACA. I confirmed that my interest was to ascertain participants' lived experiences as small business owners and what they did to keep their businesses profitable. The ACA is a politically charged subject for many, so I allowed participants to express themselves while also bringing the conversation back to my study as needed. The pilot study helped to formulate and test my questions based on the feedback that I received from the participants. I found that there was no need to make any modifications and proceeded with additional interviews to complete the study.

Setting

Throughout the data collection process, I remained flexible, scheduling interviews at convenient times for the small business owners. The weather and flu season were additional factors in scheduling interviews. It was essential to be able to reschedule at any time even though I felt a sense of urgency to conclude the research study. I made efforts to ensure that the participants felt comfortable, which yielded responses that were meaningful to them and the study. The participants expressed having enjoyed the interviews. I initially met most of them in person at a local business club. Once they agreed to participate in the study, I contacted them by phone and email to set the interview time and location. I conducted most of the interviews in person and on the phone due to the time constraints of the participants.

Demographics

The majority of the participants were men between the ages of 18 and 65 years. Only two participants were a women. Participants had achieved various levels of formal

education, ranging from high school to advanced degrees. Their time of business ownership also ranged from 2 to 30 years. This range of experience allowed the small business owners to talk about health care coverage before the implementation of the ACA. It also gave perspective to their answers concerning their lived experience over time, specifically regarding healthcare in relation to small business activity. All of the participants operated small businesses in the Philadelphia and southern New Jersey region. They all spoke English; thus, there was no need for translation services.

Data Collection

I collected the data over a 6-month period and spoke to a total of 22 small business owners, including the two participants interviewed for the pilot study. I met the small business owners through networking events in the southern New Jersey and Philadelphia area. I explained to them the purpose and procedures involved in conducting the study. If they expressed interest, I collected their contact information, which I used to set up specific times and dates to meet. I kept a list of individuals who expressed interest in a locked box, to maintain confidentiality. Later, I contacted the participants to identify good times to interview them, offering either in-person or telephone options. For some, the best time was when they were in the car switching locations, while for others; it was after regular business hours. I found that meeting and speaking to each participant in person allowed a level of comfort when the interview began. The participants invested personally in their answers, which was useful for the study. I interviewed four participants in person and 16 over the phone for the data collection process. On average, the length of the interviews was 10 to 20 minutes. The small business owners I interviewed explained to me that they had a limited amount of time to spend answering

questions but were happy to speak with me until the end of the interview. Because of the controversy surrounding the ACA in the media, participants started to discuss unrelated subjects. When this occurred, I redirected them toward answers responsive to the research questions and encouraged them to answer as thoroughly as they felt comfortable doing.

I assigned each person a pseudonym to identify him or her while also assuring confidentiality. I kept the codes in a secure location in a lockbox. The participants' codes were letters from the alphabet, which I used to identify the participants throughout the research process. Rev.com transcribed the digital recording files using the confidential pseudonyms I assigned. To ensure that I analyzed the interviews using the exact data that the participants shared, Rev.com used verbatim transcription methods. Rev.com uploaded the digital files and sent data back to me through encrypted email. I verified the transcriptions by reviewing and comparing my notes to make sure that they were accurate. I saved the transcribed interviews on a portable hard drive. I placed the drive in a locked box.

Data Analysis

I collected the data by recording interviews with the study participants, followed by having the recordings transcribed and uploaded for analysis using NVivo software. I used NVivo software to assist with analysis. NVivo helps with categorizing data to use in axial coding. The process helps in finding patterns explaining the layered, complex meaning in the responses of a participant (Maxwell, 2013). I connect the patterns to broader themes, which helped me build a complete picture based on the results of the study.

The use of NVivo allowed me to see patterns that were relational and relevant to the study. NVivo also helped me to organize the data for mapping, as it highlighted details to better target repetition within the participants' responses. I gave all of the information the same attention and used bracketing to keep my opinions or beliefs from influencing the study (Vagle, 2014). Using NVivo software, I highlighted information to avert misinterpretations and direct my focus on the words spoken by the interviewees. I created nodes based on repetitions from the data collected and used color-coded strips to connect the nodes, thereby allowing the themes to emerge.

The analysis of the data was complicated, but the use of NVivo software helped me organize the information to formulate a better understanding (QSR International, 2012). The patterns and relationships within the data created a picture of how the participants described their lived experiences while attempting to implement the ACA and maintain profitability. The recordings of the interviews assisted me in developing an accurate account of how the participants felt then. I used their descriptions to document their experiences, followed by using member checking to verify the data after transcription and I focused on information relevant to answering the research questions. The interview questions were specific and yielded answers that contributed to developing the themes and conclusions of the study. The lived experiences of the small business owners in their search for profits while implementing the ACA were the focus of the questions. The participants' responses began developing a pattern after the 16th interview. Not having reached total saturation at this point, I proceeded with the process until the data became repetitious and concluded data collection after 20 interviews, at which point I had achieved saturation (Tuohy, 2013).

I used the conceptual framework of CAS theory to analyze the lived experiences of small business owners who implemented the ACA with a focus on profits (Marchi et al., 2014). As detailed in Chapter 2, the small business owners represented CAS reacting to changes occurring as they interacted with the economic environment (Marchi et al., 2014). The changes to their operations caused by the ACA forced them to focus on innovative ways to either avoid ACA requirements entirely or incorporate them into their environment. CAS interacts with variables both internally and externally (Morris et al., 2011). I spoke with small business owners who understood how their situations could evolve and the consequences of their actions. Some of my interviewees went into detail to explain how the ACA had affected their businesses. The study offered them an opportunity to tell what steps they took to deal with the changes. It was the first time that some of them had vocalized their frustration. The small business owners were also helpful in sharing insightful methods they had implemented, unknown to the public.

Evidence of Trustworthiness

I kept the study trustworthy by following the standards set by Walden University, my committee, and the IRB. The qualitative method requires the following protocol to maintain the process's trustworthiness (McDermid et al., 2014). I emailed each participant his or her interview transcript and followed up with a phone call to verify the accuracy of my recordings of his or her responses. Through this process, known as *member checking*, I was able to ensure that the participants were comfortable with my reporting of their contributions and did not feel that I needed to make changes (Ross & Onwuegbuzie, 2014). I also used reflexivity to assess the quality of the engagement (Keso et al., 2009). The process underscored that I had not injected my belief system,

which could have influenced the outcomes of the study. Reflexivity also enhances confirmability (Keso et al., 2009). I recorded the interviews in an organized way and used NVivo software to help identify patterns in the transcribed data. I followed the approved series of controls necessary for dependability to remain intact.

I created a Microsoft Word document with all of the contact data for the small business owners and kept it on my laptop, which is password protected. I recorded the meetings that took place face to face using a digital device and utilized Pro Tools software to record the interviews conducted over the phone. I either handed the consent form to the participant or emailed it to the participant for review and signature before moving forward with questioning. The interview questions are in Appendix A.

Credibility

I used bracketing to block out previous information on the subject and focus specifically on the lived experiences expressed by the participants (Tuohy, 2013; Vagle, 2014). I also used bridling, which allowed me to take an open stance at the beginning of the process and avoid having a previous opinion influence my reception of the responses of the participants (Vagle, 2014). The sample of 20 participants gave me the opportunity to reach saturation with the interviews and document the thick descriptive responses they contributed (Tuohy, 2013). The use of the pilot study helped me test these procedures before I undertook the complete work of research, which in turn strengthened the research. I did not waver from following the approved steps and requirements outlined in the previous chapter.

Transferability

I interviewed a variety of small business owners from southern New Jersey and Philadelphia. The small business owners worked in different industries, which created a diverse participant pool. The pilot study involved two people, and the primary research had 20 participants, limiting the transferability of the study to other geographic and business locations. I interviewed one female participant who suggested an emphasis on gender in future studies. Having more balance by gender could contribute to a higher degree of transferability. Other researchers could use the outcomes of the study to build upon and assist with informing owners when new policies arise. Findings from a similar study replicating the qualitative methodology, scope, and subject matter would underscore the results of the current research (Hanson et al., 2011). The location is another barrier to transferability. The use of the southern New Jersey and Philadelphia region for participants limits the transferability to other urban or suburban communities. I used thick, detailed descriptions to increase transferability.

Dependability

I focused on remaining objective throughout the study to ensure the dependability of the results. The controls of the study approved by the IRB ensured that I had the tools necessary to establish this criterion of trustworthiness. The questions I posed to the participants were topic related and pertained to areas that small business owner's experience. The focus of the study is connecting the appropriate participants with the questions, allowing them to give relevant and timely data. I collected data with transparency in mind, with the aim of creating a foundation for future researchers focused on similar subjects (Tuohy, 2013). Using coding and member checking was essential to

establishing the ability to verify the data and resulting analysis (McDermid et al., 2014).

This conceptual framework undergirds the study's dependability, which may be helpful to future researchers.

Confirmability

I confirmed the information shared by participants during data collection by member checking with each participant. By following established qualitative methods, I brought stability to the research, increasing its confirmability (Vagle, 2014). The findings of the study reflect the collected data, and the interpretations logically guided the analysis, emerging themes, and conclusions. I put aside any biases I might have had and focused on data collection, following where the information led. The themes that arose came directly from the thick descriptions conveyed by the participants. The ability to confirm the data relies on accurate collection and analysis procedures (Vagle, 2014). I based the protocol on an approved structure and method previously used by other researchers striving to attain confirmable results.

I used bracketing to set aside any personal assumptions I might have while conducting my research (Tuohy, 2013). Every researcher comes to a study with his or her ideas, but it is incumbent on him or her to not have those concepts taint the outcome of the work (Singh et al., 2011). My use of bracketing allowed me to separate any personal beliefs about the subject matter out of the study. I also relied on the approved conceptual framework and my ability to remain consistent in the steps I took. The analysis of the interview questions was my roadmap for reaching the goal of a confirmable research study. Other researchers have followed this framework, which added to my confidence that my outcomes would reflect trustworthy results.

Results

Overall, the results of this study illuminated the pressure on small business owners to maintain profitability while implementing the ACA. The participants were open when sharing their lived experiences concerning the dilemma of operating a small business while attempting to provide health care to their employees. The emerging themes from the analysis are complex, reflecting how each small business owner tried to negotiate competing interests based on their unique circumstances. I used Nvivo 10 to assist me with coding the transcripts and emerging themes communicated to me by the participants.

Theme 1: Concern for Employees

Each small business owner in the study mentioned their concern for their employees regardless of whether the business offered insurance coverage. Small business owners have fewer resources than larger corporations, thus they depend on their employees' output. The work of the employees is vital to the survival of the small business and the owner's profitability. Although some employees must find insurance outside of their employer, either with a spouse or through the ACA, small business owners are concerned about their welfare. The word employee was the most mentioned word in the study according to the word wall I created from the coded nodes using the Nvivo 10 software. Participant 2 said:

You know, my concern if someone opted to not have benefits, but yet they were an employee of mine, you know, what if they got into a car accident? You know, what if something were to happen with them on the job?

Participant 14 offered:

So, yeah, that has had an impact on not only me but also my employees, because I pay 50% and they pay 50%. So, they've, you know, so that's a hit on, you know, I honestly, to be honest, I'm more worried about them, but it's been a hit on both, I guess.

Participant 9 conferred:

...even the Affordable Care Act is ... is too expensive for, you know, a lot of ... you know, a lot of my employees. You know, for me looking at it I mean it's very ... it really isn't expensive, but again, when they're living paycheck to paycheck, asking you know, \$150, \$200 a month is rough for people.

Participant 13 did their best to keep coverage for the employees the same at the expense of the business model. Participant 13 shared:

It's difficult as a small business owner to really, you know to contribute and do all of that. I do other things for them like 401k and profit sharing, so they understand that I'm doing a lot and as a small business owner it's tough. So, that I did not pass on the increase for the last three years. I did this year though.

Having benefits for the employee is a valuable resource for a small business owner to attract the best workers. Participant 2 suggested:

...and it helps to bring good talent when you have an excellent benefits package, it means a lot to people individually, so when we have to take a look at our benefits package and then say, "Oh no, this might be too expensive." it impacts, you know, our hiring process, it affects the company as a whole, and it ends up being one of the top five expenses that we look at on a regular basis.

The small business owners help as much as they can but increasing costs leaves them less flexibility for employee insurance coverage. Participant 4 expressed:

Uh, the employees have been quite understanding, uh, realize that you know, their shares going up every year. And, some of them that we helped with their coverage the year before, we didn't help as much, or at all, in the following year.

Although small business owners focus on profits, they also know that employees can assist them in that goal. The employees have needs, and these are handled by negotiation with the participants. Participant 12 reported:

You know, it will be eventually based on changes at our employees and things, so it will be, you know, a huge factor in trying to figure out, compensation, because we can't, you know, pay \$10,000 a year in benefits and also, you know, continue to pay that higher salary.

Participant 13 noted:

Over the years I used to years ago I used to cover 80% of the health benefits and then when yearly increases became a standard and got a little out of hand I had to drop my contribution down to 50%". The small business owners would like to do more for the employees, but there are fewer funds to do that now as opposed to previous years.

Participant 4 replied:

Uh, the employees have quite understood, realizing that, you know, their share's going up every year. And, some of them that we helped with their coverage the year before, we didn't help as much, or at all, in the following year.

The small business owners realized if they lose productivity from an employee, the company will have a barrier to future success. The participant's concern is for both their business and their employee is comfortable with the decisions made surrounding their health care coverage. They conveyed the need to understand specific needs their employees expressed regarding their health insurance.

Theme 2: Need for Affordable Insurance

The majority of the small business owners have been in existence before the creation of the ACA. They stated insurance was more affordable in previous years and they have seen a steady increase in the time they have been in business. The small business owners have taken steps to handle these increases in their business model. They cut the hours of their employees to part-time in some cases to keep the small business owner from incurring a higher insurance premium for their company. The participants are finding unorthodox ways to cover their employees. One owner had joined a group based on their religious preferences and beliefs to see more affordable coverage. The small business owners in the group sign a sacred pledge binding them to specific religious practices they will follow to continue their benefits from the group. The group operates on word of mouth through the religious community and uses public marketing to recruit members. It is an innovative way to find affordable coverage for their employees. Most of the small business owners have raised deductibles to continue to carry employees on the same types of coverage they had in previous years. Participant 3 concluded:

It used to be something we prided ourselves in an offering. We still offer it, uh, but it's so cost prohibitive that it, it's not something we can um, you know do more, again, more than that kind of significant small percentage.

Participant 2 added:

Because we could not afford to keep the benefits under our company name, and that causes a great deal of havoc, cause then you're no longer an employee of your own company, you become an employee of a bigger company overall.

There is a rise in the cost of affordable insurance, and small business owners said, "This insurance has increased since the implementation of the ACA. Participant 10 shared, "It ruins your overhead, it ruins profit margin, and it ruins everything." Participant 12 asserted, "And then you had ACA healthcare reform on top of it, which have made those issues even greater. So, I mean, affordability of coverage and from an employee and employer, perspective is challenging." Participant 14 expressed their feelings adding, "My impression is my, my take is that the plans have changed, because of the ACA." Participant 1 offered, "Uh, well just more affordability for a small business to get the health care coverage that they need for, for ourselves and our families and then also for our employees." Small business owners hope insurance becomes more affordable in the future. The participants realized the money, and administrative work used for protection is taking away from resources used to grow the company. The next theme focuses on the participant's history with the cost of employee health care insurance.

Theme 3: Rising Cost

One universal issue for the businesses that chose to offer insurance to their employees is the increase in the cost of healthcare following the implementation of the ACA. The small business owners are concerned about how they cover their employees and shop for the best rates. The shopping has been on a yearly basis for the participants who have been in the business of more than the last four years. Every year there is an

increase; they would shop for a new carrier or lower the coverage with increased deductibles to keep it affordable. Following the mandating of the ACA, small business owners saw a rise in premium prices with some going as high as twenty-six percent. The participants explained that those types of increases are difficult for a small entity to handle in a short period. One company owner did not see any increases because he self-insures many of his workers. His company has been in existence for 35 years and is very stable. The companies with the most extended history and did not have more than 50 employees absorbed the price hikes as a natural part of doing business. The small business owners who did not experience an increase in health care premiums for employees had decided not to offer coverage for them or designed their business to avoid carrying it altogether. One company owner designed their business to exclude full-time workers to avoid mandatory penalties for workers they were unable to afford to cover with insurance. The small business owners expressed they wanted to include their workers for health insurance but could not in some cases because of the escalation in premiums.

The changes in cost were an issue for the small business owners before the implementation of the ACA, but they felt the health insurance premiums have further escalated since congressional approval. Participant 2 explained, "they spiked up 26% after the Affordable Care Act came out." Participant 7 related, "They have ...every year it seems they increase, you know, anywhere from 15 to 25%". Participant 3 expressed, "... but I know just for as a business owner, and insuring a family of four, uh, I want to say that our annual premium costs as a family have increased at least 60% since I've been a business owner." Participant 10 noted:

Well, it no longer became affordable. What we were forced to do is find, you know, kind of downgrade the plan from year to year, based on the quote that would come in. And every year it went up and up and up and up.

There were some small business owners in the study who actively referred their employees to ACA because they could not offer adequate coverage at a reasonable cost and deductible. Participant 14 described their experience, "well, regarding my employees, I saw them it made more sense to try to go onto the, on to the exchange, cause I thought that might have been a better deal for them." Participant 17 felt the penalties were an additional cost to small business more than larger corporations because of the tax laws.

They commented:

And, if not, then we're going to be, you know, penalized. So, I think that the intention was a great intention, but I don't believe enough accountability was, you know, was thought out, right- ... for small businesses. And small businesses are the anchor of this country.

Participant 4 added:

... it has during the last uh, three, four years, since, the rates started going through the roof. Uh, we had to reduce our share that we were paying on the on the staff's behalf, we had to change the qualifications before we started paying. Um, it was a few years of madness.

Participant 18 said, "So, the plan that was right for us, the insurance itself, was very, very expensive." Some small business owners found ways to avoid the cost associated with the ACA altogether by structuring their business to avoid having to deal with penalties or additional administrative paperwork. Participant 19 stated, "Yes. We were contemplating

providing healthcare or not providing health care. The costs were prohibitive at this stage in our journey, and so we decided to opt against providing." Participant 5 shared, "It hasn't changed at all, because we don't participate in any, healthcare with our organization." Participant 6 asserted, "I think the main reason being, is cause obviously if we were to offer benefits or such, I think it would change the whole, like the structure of the business but that's not happening, so I don't think that's going to affect the business in any way. Participant 15 related, "The way that it did affect me though is it forced me to get insurance, so that I didn't get hit with a 2% penalty, which is now gone, but it forced me to buy insurance so I didn't get hit with the 2% penalty and me, you know, it's expensive."

The small business owners who were less sensitive to changes in cost were those who had been around since the years before the implementation of ACA or before 2011. Participant 3 said, "It used to be something we prided ourselves in an offering. We still offer it, uh, but it's so cost prohibitive that it's not something we can um, you know do more, again, more than that kind of basic small percentage." Participant 19 explained the relationship between employees, taxes, and insurance costs rather clearly for their business model.

I equate payroll taxes with, health, healthcare fees, because, ultimately, there is a cost for, you know ...If I were to pay you 20 bucks an hour, you know, you're being paid 20 bucks, but you're, you know, spending, let's call it, you know, two dollars, that goes to taxes, but also, it's the employer. We're spending another two dollars and fifty cents towards fees.

Participant 9 reported:

I have two types of employees, I either have employees that are married, and their spouses have insurance. Or the other employees I have are, you know, pretty much on low economic, and you know They're getting healthcare through either the state or a couple of them had signed up for the Affordable Healthcare Act and you know, they'd be getting it that way.

Cost can be more than just monetary and the small business owners pointed out that the ACA added additional administrative issues in time and use of individuals that is a strain on their business model. Participant 17 commented:

Oh, the Affordable Care Act was implemented, so all could have, coverage, and it's been a difficult issue on small businesses because it's been mandated and so you're winding up having to get constant training on it because it was on a timeline process, so more penalties, violations, requirements, were implemented and had been implemented, moving forward. So, it's, you know, it's an HR nightmare for small businesses like me.

Participant 2 added:

It's a lot of work going through a third-party administrator. Well, the switching is a lot of work; let me put it that way so that I will say that. But it costs more. It ends up costing more in the long run with administrative fees.

There have been costs for small business owners with the implementation of ACA in a variety of different ways. Participant 19 shared:

And on top of it, we're also paying a third-party company to do that payroll. So, you know, there, that's, you know, let's call it five dollars on top of the twenty dollars that the employee isn't even thinking about. The same thing is for health

insurance. I haven't gone through all over the rigmarole, but I mean ... I know there are differences between the two, but, I think there are a lot of similarities between the added cost of payroll, and the added cost of health insurance.

Participant 11 concluded:

It's more paperwork, you know, you have to fill that form out at the end of the year for each employee to say, I forget the number of the form, but we have to fill it out every year for that.

The participants feel that although the cost of employee health insurance has been rising over time, the implementation of ACA has not been helpful with either slowing it down or solving the problem. I explain the steps participants were willing to make to avoid aspects of ACA in the next theme.

Theme 4: Avoiding Penalties

The small business owners in this study made changes or designed their organizations to avoid penalties or additional compliance work since the implementation of ACA. The use of part-time workers allows participants to incur less cost and administrative paperwork. Participant 6 said, "and then again you know most all my employees are part-time, so obviously I'm not required to have any of that offer any of those things to my employees." Participant 9 stated, "I have about 12 part-time employees, and I have about six full-time employees." Participant 18 felt, "We had some employees that were here. A lot of them were, part-time employees, so they're more ... I didn't have to cover them fully," The ACA requires a small business owner to offer insurance coverage to an employee who works over 30 hours. Small business owners hire more part-time workers at fewer hours to avoid having to do this because it lowers their

cost for insurance coverage. Small business owners are now starting to see this as a barrier to them expanding the company. Participant 19 asserted, "Yes we were contemplating providing healthcare or not providing health care. The costs were prohibitive at this stage in our journey, and so we decided to opt against providing." Participant 5 offered,

...but it also prohibits the growth of my company because if I do need, you know, certain types of employees, it's just that I have to make sure that my margins and my income are there to be able to sustain that if I wanted to grow my business further.

Participant 20 pointed out that before the ACA the insurance coverage was less and now they cannot cover their employees because the cost has risen too high. They expressed, "Since the affordable care act, we've uh, have been unable to provide healthcare to my employees, just because it becomes too cost prohibitive." The change in business strategy has been to drop insurance coverage for employees to keep the business in operation. These changes in business strategy have consequences. The money small business owners would spend on expanding the company they diverted to cover increases in medical costs. Participant 20 also noted:

It has mainly uh, hindered us from expanding uh, in specific areas because now we absorb thousands of dollars a year in medical cost, um, that is, um, every year decreasing in their overall um, what they provide for us. The care is getting worse.

The change in business strategy is what makes small business a CAS. Each small business owner in this study is making changes to enhance the chances of their

organization surviving. There are internal and external forces like the market competition that causes them to make these decisions. Each small business owner deals with issues causing a change in their system but focuses on finding success for themselves and employees. The employees are aware of the problems facing the small business owners.

Participant 14 explained:

They know the situation. We know that I'm trying to keep the costs down as much as possible and they seem receptive enough when I explained that, look, this is a catastrophic plan.

Participant 13 reported:

No, they understand it's difficult as a small business owner to, you know, contribute and do all of that. I do other things for them like a 401k and profit sharing, so they understand that I'm doing a lot and as a small business owner it's rough.

Participant 5 added, "They're 1099, so they're on their own." Participant 3 proactively brings employees into the decision-making process. They shared, "You know, as a small business, we did invite the employees into the decision-making process on which um, you know the plan, and you know, we went with." The innovative approach of allowing employees to assist with the decision making allows small business owners to build consensus. It strengthens the bond between small business owner and employee for future decision-making affecting both of them. Participant 3 felt, "It's just something that had to be done to survive as a business." Small business owners have changed their business strategy since the implementation of the ACA, and it continues to evolve. The next theme

focuses on how the participants feel their business structure may change if the government repeals the ACA.

Theme 5: Changes in the ACA

The ACA has become part of the small business owner's insurance decision-making process. Small business owners have been dealing with the ACA since Congress passed the bill in 2011. Health insurance has been part of the decision-making process for each organization. Participant 19 said, "I do not see a change in the Affordable Care Act or its repeal to have much of an effect on me, but that's only because of, you know, the maturity of my business compared to the life cycle of the ACA." Participant 14 reported, "I don't know. I mean, I guess, I don't see it getting cheaper or more expensive. I mean it's just always going to be expensive." Participant 16 conveyed, "I don't see any difference, you know, I don't know if that would bring more people under our policy." Small business owners will make other decisions to insure organization stability based on any internal or external changes caused by the market, economy, or changes in the ACA. Participant 5 expressed, "depending on what is necessary or acquired, if it is repealed, it would be a little bit easier to say, okay, let's go ahead and end and hire traditional W2 employees. Participant 3 related, "So, thus far it doesn't seem like it's affected us too much, so uh, I can't think of any changes." Participant 7 concluded, "Probably none...like I said, the very little effect on us so far." Small business owners would like to know what would replace the ACA. Planning business for the unknown is a difficult process. Participant 10 offered, "Okay, so, if it's repealed, what's it repealed with? That worries me?" Participant 12 suggested:

I think we need to figure out, having coverage, what does that mean? You know, is catastrophic. You know, I'm a believer that everyone should have at least catastrophic coverage and the day-to-day things that we need to go back to the way it was when my parents, where, you had to save your money.

The small business owner has ideas about what insurance for their employees should be to improve the situation of maintaining proper coverage. Participant 20 said:

I would like to have something, a broader scope of care to be provided at a reasonable rate. Um, last year we were able to have a multiple state plan, and it was about \$600. This year, that plan went to \$1,000. Um, so we ended up having to go to a lesser plan. So, I'd like to have a program that has a broader scope.

Participant 14 added, "and you know, as far as all the details. I mean, you got to make sure that there's decent coverage otherwise, but more what I look at is a deductible premium, maxim out-of-pocket." Participant 4 described, "Well, I mean, we'll go back to uh, to carry a large portion of the employee's cost. We'll be back to having uh, several people in the company, probably 30% of the company, would be covered." Participant 18 reflected, "Well if it's repealed then we can go back to our growth that we were going."

Participant 2 discussed their insight:

I'm in favor of the insurance companies getting -sized with the actual benefits that are available now to the affordable and available to all. However, if it is repealed, in my organization does it. Is it going to affect my small business? I don't know the answer to that, because I don't know the effect it will have. I know that it affected when it went into place for all the wrong reasons.

Small business owners have worked through the changes caused by the implementation of the ACA and will continue to do so for the foreseeable future. The participants expressed that the repeal of the ACA would not affect how they operate their company because they are adjusting their business strategy when needed. The participants have seen their insurance change based on the ACA and the size of their company.

Theme 6: Personal Insurance Affected

Ten of the participants had their insurance affected by changes in their business insurance. The small business owners changed or dropped coverage entirely through their business because of cost, availability, or high deductibles. The small business owners found insurance coverage through an employed spouse or a cooperative. Participant 1 reported:

There are two problems. Number one, I have a family with uh- I have a wife and a son, who's 19 right now. Um, so I'm paying in roughly \$2000 a month for my regular insurance. Um, it is not considered business insurance as it was before, because you have to have three full-time employees.

Participant 20 explained, "...now, you know, we have a tough time keeping employees, and now that we are self-insuring, my wife and I it cost us, uh, with deductibles, it cost us about \$20,000 a year." Participant 15 offered, "I almost dropped it and was going to keep it for my daughter and not keep it for me. And then, you know, gamble for the year, because it went from \$450 dollars for us to \$650 dollars for just me." Participant 9 concluded, "You know, again, I mean right now my bottom line doesn't have any health insurance coverage on it at all. Even myself, I mean, I get my insurance through my wife." Small business owner's choices to have insurance coverage for themselves and

their family are complicated by the choices they made following the ACA implementation. Participant 1 elaborated by saying:

At this point, I am the only full-time employee. Um, we are going to be opening three Max Challenges ultimately. Um, but that's gonna take, uh, two to three years to do. Uh, at which point I will have three full-time employees, and therefore I can qualify for health insurance. But for right now I have to pay for my own individually, and I can't offer it to my staff. My part-time staff, yeah.

The participants explained how their insurance was more challenging to keep based on the implementation of the ACA and the fluctuation in the size of their business. When the company is smaller, there is less opportunity for the business owner to include themselves and family in the coverage. The next theme deals with how the length of time in business influences the experience of the participants.

Theme 7: Maturity of Business

Small business owners with years in their organization expressed less fear of the future and said they the changes brought forth by the implementation of the ACA affected them less. There could be some reasons for this. They have years of experience and success, so they could see this as a natural progression of market forces they have had to deal with for some time. Participant 7, who has been in business since 1989 reported:

...it hasn't affected me too much, other than the rates going up but that was common. Before that our rates were with whatever company we have been with, and we've been with you know, top name insurance carriers. Every year it seems to increase, you know, anywhere from 15 to 25%.

Participant 3, who has been in business 15 years noted, "I can't say that our business changed as a result of the affordable care act." Participant 3 has seen increases in the cost of health insurance but attributes it to a general increase that has occurred over time. Participant 3 added, "We do offer a group health plan to our employees if they want to participate in the plan. However, we can no longer afford to pay more than the minimum um, you know, the requirement of whatever it is 3%." Participant 13 responded, "it hasn't" when asked if the ACA implementation has affected their business. But when asked if healthcare for workers has become a larger expense for his organization added, "Yeah, I think in the last, five years it's probably increased over 50%." Participant 16 has a company that has been in existence for 11 years said:

Subsequently, we saw little disruption or low effect on our business, but we've seen premiums increase every year, some years more than others but I would generally say, you know, without going back and looking I would say a minim of 10 percent every year.

The experience of small business owners who have been around for some years may give them a confidence new owner's lack when it comes to decision-making. The trend for all participants is there is a change in cost that has increased for some time. Participant 14 stated:

I don't know that impacts me that much and one of the reasons it that I have about, I have 11 employees. A couple of those are part-time, and some of the full-timers have healthcare insurance through other means, through a spouse or whatever. So, it doesn't rise to the level where it impacts me so greatly, just because of those factors.

There is one participant who has been in business 20 years was affected by the ACA implementation but admitted healthcare for employees had been an ongoing issue for their organization. Participant 17 suggested, "in the majority insurance that I had to- plan that I had to get. And all the plans were different. So, the plan that, that was right for us, the insurance itself was very, very extremely expensive."

Theme 8: Increasing Productivity

Small businesses who handle debt increased by higher deductibles associated with the ACA implementation and small businesses that charge companies to handle added administrative, human resources are seeing their organization get busier. Participant 4 said, "The Affordable Care Act leaves us all owing so much more money than we did in the past, making our business uh, much more important to the hospitals themselves than it ever was before." The debt requires many organizations to service and collect what is due. They added:

There is a whole lot more uh, patient portion. Now whether it's deductibles, or-or co-pays, uh, it is creating a huge problem. I would link the um, ability for hospitals to recruit doctors to their umbrella, uh, directly to the ACA. It's-it has really, really helped uh, helped hospitals with their recruiting efforts, uh, taken away a whole lot of businesses that used to be uh, owned by the doctors themselves.

The implementation of the ACA is a boon to specific industries because it has caused issues that have not existed before. There are more administrative duties since the ACA implementation has created more bureaucracy. Participant 12 conferred:

You know, going more of a direction of a consultative model, because there are now so many more moving parts from benefit compliance, so the actual benefits

themselves and the process of finding a plan that's affordable, you know, it's still a... you know, finding something that's affordable, getting premiums and spread sheeting and things.

The new bureaucracy requires an organization to get more assistance with the complexity of decisions needing redress, but solutions are difficult to attain because of employee insurance cost. Increase deductibles are making proper coverage out of reach of the employee the small business owner wants to provide insurance for. Participant 12 commented:

So now that employees are paying more towards the premiums, they're expecting more from the coverage, except the coverage, to keep it affordable, has a much higher deductible, so there's a lot of frustration from the employee feeling that they're paying a lot of money and not getting benefits. You know, if the employer who's paying a lot of money in premiums and has disgruntled employees, it's not achieving what they wanted to make.

The system of healthcare is generating more work for those connected with the industry since the implementation of the ACA. Participant 4 noted:

Um, well, I guess yes, in a positive manner. When we're deciding on the employee, the share of the employees' payments that we'll make, we don't consider the fact that we're gonna get more work from our medical clients and possibly make extra money bottom line is, it's probably not fair to the employees.

Two of the participants are working on new problems the ACA implementation created but are profiting by finding solutions for other entities even as they endure the same issues. Participant 4 shared, "Our comptroller, myself, and my partner, are all focused on

getting our insurance bid put together, and figuring' out what we're gonna be able to do for the staff." Participant 12 felt, "It will be, you know, a huge factor in trying to figure out compensation, because we can't, you know, pay \$10,000 a year in benefits and also, you know, continue to pay that higher salary." The small business owners connected to the healthcare industry shared broad perspectives.

Table 1

Q1: How Has Your Business Changed Since Implementing the ACA?

Nodes	Number of participants	Percentage
Higher cost	11	55
No change	4	20
Modest change	1	5
No employee coverage	4	20

Small business owners who said there was a higher cost for their insurance saw the sharpest increase in the shortest period of time. Those who saw little or no change experienced increases in employee insurance premiums but did not see a sharp increase and viewed it as the cost of doing business. Other owners who have no employee insurance calculated the expensive as too high to maintain any level of profitability.

Table 2

Q2: Has Healthcare Been a Major Concern for Your Business Cost?

Nodes	Number of participants	Percentage
Yes	14	70
No	2	10
No employee coverage	4	20

Those who said healthcare had not been a major concern for their business costs have employees that carry coverage with a spouse, through the ACA, or have no coverage at all. For the ones when healthcare was a major concern suggested over time employee health insurance had escalated, causing them to spend resources, which they might otherwise use to strengthen or expand their organization.

Table 3

Q3: What Changes Have You Made Since the ACA Implementation to Your Organization?

Nodes	Number of participants	Percentage
Lowered coverage	1	5
No change	10	50
Dropped coverage	3	15
Hired less	1	5

The ones who joined a group plan use cooperative affiliated organizations based on religion or industry to lower the cost of their employee insurance. The affiliated group negotiates for more comprehensive coverage and a lower price for the small businesses within their group. Owners who made no change since the ACA implementation were either from stable, mature companies or those who shop for insurance carriers yearly as part of their business strategy. The government announced changes they would have to make a year before the implementation of ACA, which offered them an opportunity to prepare.

Table 4

Q4: Have the Decisions You Made Improved the Productivity Bottom Line?

Nodes	Number of participants	Percentage
Yes	15	75
No	4	20
No change	1	5

Small business owners focus on running their business as efficiently as possible by making decisions to keep their organizations operational. To avoid penalties, participants structured their businesses by hiring more part time workers and outsourcing administrative paperwork associated with the ACA implementation.

Table 5

Q5: What Feedback Have Employees Given on Decisions Involving Healthcare in the Company?

Nodes	Number of participants	Percentage
Positive	3	15
Negative	5	25
Indifferent	12	60

Participants felt employees were aware of the pressure they faced when attempting to overcome barriers offering healthcare benefits create. Owners have taken the time to explain what they can offer and to help employees make a decision, which will enable them to continue working in the organization.

Table 6

Q6: What Has Been Your Experience Complying With the ACA?

Nodes	Number of participants	Percentage
Difficult	10	50
Not difficult	9	45
Somewhat	1	5

The participants explained that compliance with the ACA has been difficult for most of them. The added paperwork and paying or avoiding penalties requires additional resources that owners could use to improve their business processes. Almost an equal

number of participants saw no difficulty with ACA compliance because they had prepared for the changes or avoided the ACA by employing business strategies that allowed them to do so. One strategy was limiting hours for employees to part time or hiring an outside firm to handle administrative work for the changes.

Table 7

Q7: Has ACA Compliance Affected Employee Hours?

Nodes	Number of participants	Percentage
Yes	3	15
No	15	75
Partially	2	10

The owners in my study employed many part time workers to avoid the need to cut workers hours to comply with the ACA.

Table 8

Q8: What Were Your Issues With Healthcare Before the ACA?

Nodes	Number of Participants	Percentage
Rising cost	8	40
Type of coverage	4	15
No issues	6	20
New business	3	15

Small business owners described issues before the ACA as finding low cost employee insurance coverage. Those who had no issues either carried no coverage for their employees or were comfortable absorbing the cost of rising prices for insurance premiums.

Table 9

Q9: Has the ACA Compliance Affected Your Bottom Line?

Nodes	Number of participants	Percentage
Yes	9	45
No change	10	50
Unsure	1	5

Table 10

Q10: What Type of Changes Can You See Making if the ACA Is Repealed?

Nodes	Number of participants	Percentage
Affordable coverage	6	30
Change back	4	20
No change	6	30
Unknown	4	20

Small business owners would like more affordable coverage for employee health insurance or the ability to go back to the plan they had previously. Many expect to have

to make more changes in the future because of the trends that have occurred in the past due to market forces and implementation of the ACA.

Summary

I conducted this qualitative, phenomenological study to explore and explain the lived experiences of small business owners who struggled to maintain profitability while implementing the ACA. The emerging themes included understanding concern small business owners have for their valued employees. They viewed stability as essential to helping small business owners reach their goal of profitability. The owners would like affordable insurance for their employees because it allows them to attract and keep candidates while maintaining a manageable budget. Small business owners have experienced a rise in healthcare costs since the implementation of the ACA.

The participants of this study indicated they had changed the structure of their organizations by dropping insurance coverage, hiring more part time workers, or hiring more administrative assistance to stay in compliance with the additional rules and regulations associated with the implementation of ACA. They were not concerned about the repeal of the ACA because offering healthcare for employees is an ongoing concern regardless of the source. Those who had been in existence before the ACA experienced less volatility to their organizational model because of their previous experience with other changes in the market. I further explain and analyze the results of the research in Chapter 5. In the next chapter, I also discuss the limitations of the study, offer recommendations for future exploration of this topic, and present my final conclusions.

Chapter 5: Discussions, Conclusions, and Recommendations

The purpose of this qualitative phenomenological study was to explore the lived experiences of 20 small business owners searching for profitability while working to conform to the regulations associated with the implementation of the ACA in the Philadelphia/Southern New Jersey region. Minimal research exists on the experiences of small business owners regarding this current dilemma. I conducted interviews to find out the lessons of the small business owners and what decisions they were making to keep their companies prosperous. During the analysis, six themes emerged.

The first theme was the concern that small business owners had for their employees. They felt that offering coverage or helping their workers know their options for insurance was vital to keeping their businesses running smoothly. Participating owners explained their circumstances in purchasing insurance to their workers to establish an honest understanding between workers and management. A small business is more dependent on its workforce than a large corporation is because if employees decide to leave as a group, the company may need to stop production. The worker–management relationship is a fragile one that the small business owners appreciate and work to strengthen. Although the small business owners could not always offer benefits in every situation, they tried to create an environment in which workers realized the circumstances and were comfortable with their position regarding insurance coverage.

The second theme that emerged was small business owners' desire for more affordable insurance choices. Participants shared how insurance coverage had been a rising cost for some time, whether for their employees or themselves. They felt that the ACA implementation had accelerated the rise in insurance coverage premium costs for

employees. At the same time, the increase in choices for more affordable employee insurance would allow the company owners to attract a higher caliber of worker. The managers of larger corporations have an advantage in hiring because they can offer benefits in more variety and possibly at lower cost because of the size of their workforce. Participants indicated a desire for insurance coverage to be more affordable for their employees and their families to ease the burden of increasing premium costs.

The third theme highlighted small business owners' insight into escalating prices for their employee insurance since the ACA implementation. The participants looked for more competitive insurance plans on a yearly basis to lower or stabilize the cost of employee health insurance for their company. Some interviewees had dropped insurance coverage from their business model to cut costs. They would often refer their employees to another avenue such as the ACA marketplace for coverage. Insurance premiums were trending higher before ACA implementation, and participants felt that cost increases accelerated once the ACA became policy.

Theme 4 pointed to the changing strategies small business owners contemplated to avoid the detrimental outcomes of noncompliance with ACA regulations. The participants wanted to avoid costly penalties and additional paperwork associated with the implementation of the ACA. Small business owners made changes to their operations such as hiring only part-time workers or hiring additional staff for administrative duties to handle ACA protocols. They conferred with accountants before they pursued business opportunities to avoid complications caused by the ACA. One participant started a company with the intent of having only part-time workers to circumvent the ACA entirely.

Theme 5 underscored the lack of concern that small business owners had regarding the repeal of the ACA. Over the preceding months, the participants made decisions on whether to offer insurance coverage to their employees. Small business owners felt that repealing the ACA would result in either replacing it or returning to previous models in the employee insurance market. Many pundits in the media and politics used the needs of the small business owner as a reason for the ACA repeal effort, but it had become a nonissue to many of the participants in the study. Either way, it forced the participants to make decisions based on events that they could not control at the time of the study.

The sixth theme conveyed how small business owners who operated a company for more extended periods of time were handling the ACA implementation without disruption to their business model. Participants who owned well-established businesses (including one that had been operating for 35 years) changed tactics and made decisions to prevent negative consequences resulting from ACA implementation. The respondent who had been in business for 35 years had an agreement with employees to work at the pace that the production demanded. These workers stayed under a certain number of hours and therefore were not considered full time. Limiting employees' hours has been a part of the business strategy for some time, as the result saved the small business owner money and increased profitability.

Research Questions

RQ1. How do small business owners describe their lived experiences during the implementation of the regulations associated with the ACA?

RQ2. What is the perception of the small business owners regarding internal choices made in their employees' healthcare coverage?

RQ3. How do employers describe the external barriers, such as market competition, influencing the implementation of the ACA?

The 20 small business owners described their lived experiences during the implementation of ACA regulations as challenging. Those with more experience anticipated some of the obstacles they would face and had less turmoil in their operations than participants with less familiarity with changes in employee health care. The participants made necessary internal choices, even when their offers may have been inadequate for the situation. Participants provided high-deductible plans knowing that employees might reject them, but they did not see better alternatives. Small business owners who did not provide insurance coverage for their employees explained their inability to maintain solvency if they could not reach an agreement with their staff.

To stay competitive, the small business owners made decisions affecting the bottom line while implementing the ACA regulations. Small business owners adjusted business structures or strategies as needed to keep their company moving in a profitable direction. Not every company was affected by the implementation of the ACA, but each organizational leader acknowledged the influence it had on his or her decision making and noted an inability to ignore the need to make adjustments. Although market competition was a barrier influencing the decision making of the participants, some used part-time workers to stay competitive and avoid penalties. The rising cost of employee healthcare is an issue requiring the commitment of time, resources, and money, forestalling reinvestment into expanding the organization. To increase efficiencies and

improve the bottom line, participants felt forced to make internal changes affecting their bottom line. The small business owners who made employees part-time workers did so because it was better for the business and fit their strategy for ACA implementation. The participants also expressed empathy for their employees as far as the changes in healthcare, regardless of their decisions regarding the ACA. Small business owners voiced concern about the welfare of employees because employee well-being is integral to the success of the organization. They identified external barriers such as the economy as less significant because the organizations were doing well and could maintain profitability while implementing the ACA. The repeal of the ACA was not a concern for the participants, although there was some apprehension about what might replace it. The small business owners hoped that whatever replaced the ACA would be a step forward toward improving the environment for affordable employee health care.

CAS theory informed the study as a framework reflected by how each participant created a business strategy specific to each small business owner's organization model or situation. The organizations were reacting to internal or external forces on an ongoing basis, and the actors adapted by learning from the changes as they occurred (Day, 2014). The outcomes for the small business owners have been positive so far as they have made these decisions with a focus on staying profitable and satisfying the needs of their employees in a challenging environment.

Interpretations of Findings

The findings reflect my analysis of the data and the emerging themes identified in the previous chapter. As described in Chapter 4, I analyzed the transcripts using both NVivo 10 software and hand-coding. The hands-on approach gave me a greater

understanding of the lived experiences of small business owners in their searches for profitability while implementing the ACA. It also allowed me to remember vividly what the participants tried to communicate during the data collection process. The themes I discovered from the results assisted me with completing a thorough interpretation of the findings.

Employee Concern and Affordable Insurance

These two themes surfaced early and often when interviewing the small business owners. Each participant expressed concern about the well-being of the employees and their families when it came to insurance coverage. Their response suggested that the participants had empathy for the workers' experiences as individuals, as opposed to just seeing employees as a cost to the business. Employees are the lifeblood of a small business because one metric of growing is increased productivity and hiring more workers. Small business owners have more personal connections with their employees than leaders of larger corporations, in that there are fewer levels of bureaucracy in a small company. Additionally, smaller business owners often work with each other to solve daily problems. Their closeness can allow stakeholders to bond productively, benefiting the growth of the organization (Maillet et al., 2015). Small business owners genuinely want to help their workers and support them in attaining some insurance coverage as part of the business organization process. The participants did not put employee insurance coverage above profitability, but even when they did not offer coverage, they were interested in what the employees carried personally. Some small business owners recommended the employees go to the ACA exchange to check their eligibility. Although the employers showed a concern for the well-being of the workers, it was not completely

altruistic. They realized the potential for distracted and less productive employees if lack of insurance was a concern. One small business owner pointed to how offering a competitive employee insurance plan allowed the company to attract a higher caliber of worker. The type of healthcare benefits that small business owners can offer is another type of market competition influencing their ability to get the best employees for the job.

Affordable healthcare coverage connects with concern for the employee because the small business owner can offer the benefit to satisfy the needs of the worker. The participants pointed out that the cost of employee and personal healthcare coverage continues to rise, and the implementation of the ACA caused the cost of some plans to increase at an alarming rate. Affordable healthcare coverage is something that small business owners would like because it leads to anticipating future budget costs and methods to save money. They can use the additional income to improve their business models or even create a fund for the future. The cost of healthcare coverage for employees continues to consume more of the budget for small business owners. Affordable healthcare coverage would bring relief to the participants' business structure and personal finances. The small business owners reacted to the lack of affordable healthcare by finding plans with higher deductibles or less coverage, or by dropping coverage altogether. A CAS responds to changes by reorganizing elements to improve efficiency (Beinhocker, 2013). Each participant made changes to the business structure to react to the external or internal barriers that occurred with ACA implementation. Small business owners focus on getting affordable coverage as a concern for their employees because employees are stakeholders and essential to organizational improvement.

Rising Costs and Avoiding Penalties

Small business owners explained how their costs for healthcare had increased over time and noted that the implementation of the ACA aggravated the situation in some cases. The rising costs took resources away from other areas of the company that might have expanded if not for the depletion of funds. The participants changed strategy to handle rising costs by finding insurance plans with higher deductibles and lower coverage for staff. They realized that these were not ideal strategies but discussed the decisions with the workers and explained their necessity for the survival of the company.

Small business owners in this study also explained that they did not want to pay penalties for not following regulations for the implementation of the ACA. The participants avoided penalties by restructuring their businesses into primarily part-time worker entities with fewer full-time employees. Another way to avoid penalties is to hire additional administrative employees or organizations to consult and handle paperwork needed to stay in compliance with ACA regulations. The participants explained how this was an additional cost that they incurred based on implementation of the ACA. Reliance on a part-time workforce and the dropping of coverage altogether are now regular parts of small business management. The small business owners wanted full-time workers and the ability to expand their staff but pointed to the ACA as a barrier. However, not every participant had this issue. Some small business owners saw the ACA implementation and the rise in cost as another phase of the evolution of employee healthcare in this country. These participants had more experience and made plans according to the strategic needs of their businesses. The ACA caused a paradigm shift as it became another consideration for profitable business operations.

Changes in ACA and Maturity of Business

The repeal of the ACA is an issue in the media and is frequently spoken about by politicians around the country. The ongoing changes in the ACA had not affected most of the small business owners in my study. The participants did not believe that repealing the ACA would affect what they were doing regarding their current business strategies. The ACA was a trend for small business owners to which they attributed the rising costs of employee health insurance. The participants did see a need for a program like the ACA for a segment of the population but felt that it required more thought before full execution. If there is a repeal of the ACA, the small business owners would like either an improvement of the system or to go back to how they previously insured employees. The participants explained that, either way, they would have to incorporate the final decisions with a focus on what was best for their company. Small business owners with more experience were less affected or concerned about changes to the ACA. The maturity of the business was a factor in being able to handle subtle changes occurring from ACA implementation. The participants with experience had both resources and confidence from successfully navigating through barriers in the past.

The maturity of the business is a factor in whether an organization can survive seemingly insurmountable challenges related to change. The small business owners with experience had been able to handle the changes that occurred over the time that they had been efficiently managing their organizations. CAS theory is relevant to small businesses because innovation is a significant element in creating changes in the way that enterprises grow by instituting new ideas to produce better results (Bardwell, 2015; Edson, 2012). The small business owners with experience were preparing for changes that might occur

in the future by remaining flexible within their business strategies and informing their employees of their situation as it evolves.

Personal Insurance and Increasing Productivity

The small business owners with the least number of employees were the participants whose personal insurance was most affected. Following the implementation of the ACA, the number of employees became a factor in whether small business owners could add coverage for themselves and their families. One participant stated that once the company carried fewer than three employees after implementing ACA regulations, it was no longer possible to provide coverage for the participant's family through the business insurance plan. Such unanticipated penalties can have consequences for the families involved. The ease of getting coverage has changed and become a new barrier requiring consideration. Initially, the aim was to encourage businesses to hire more employees to get insurance coverage, but barriers to coverage for organizations with few employees have instead had an adverse effect. The participants handled this by dropping employee insurance coverage until they hired more employees or by attaining insurance through other avenues such as groups with religious affiliation. Small business owners can seek insurance coverage through affiliation with a group such as a trade or professional organization. Those who sign a pledge to be part of a religious group's insurance plan may need to promise to adhere to the religious beliefs of the group, as well as to ensure that the manner in which the organization is conducted reflects those beliefs. Some of these plans have a morality clause based on religious beliefs. This clause represents a new way of making sure that the group has access to affordable healthcare by allowing the group to negotiate as one with insurers, a factor that I discovered through asking

questions in my study. Many groups are getting together to have bargaining power and are negotiating friendly terms with insurance carriers for more comprehensive coverage. This action is an innovative activity that may not be well known but is becoming a useful tool to level the playing field for the small business owner.

The small business owners who saw an increase in productivity since the implementation of the ACA were part of industries providing healthcare consultation or debt collection. The ACA regulations required more companies to seek assistance with understanding their rights and what the government expected for compliance. The small business owners verified how many organizations they consult for additional guidance on decision making to maximize business strategies and avoid penalties. Industry changes allowed participants to increase their production and understand what issues many other companies experienced because of the ACA mandates. The small business owner explained the devastating effect larger companies experienced because of the additional paperwork and bureaucracy created when attempting to implement ACA requirements. Owners who collected debts, pointed out the increased cost of healthcare because of the ACA enactment as it meant more people owed money to healthcare institutions. It has a cascading effect, which allows debt collectors to reap the benefits of the shift in burdens. The amount typically handled by a collection agency increased enough to generate new opportunities for participants in the debt collection business. The unintended consequences of the ACA include external barriers such as changes the economy or rising competition. Some enterprises capitalize on the situation to become more profitable. Small businesses owners who adopt have a better opportunity of surviving

over the long term (Chiva et al., 2014). The participants of my study have found ways to continue their search for profitability while implementing the ACA compliance changes.

Limitations of the Study

The limitations of my research study include the relative newness of ACA not allowing time to conduct research measuring its long-term efficacy. The novelty of the subject allowed me the freedom to gather a fresh perspective from the participants to contribute to a growing body of knowledge (Guiliot, 2014). Having 20 participants in a qualitative, phenomenological study is appropriate but more extensive research over time may yield additional data for analysis. Biases may exist in the interpretation of the data based on the lived experiences of the small business owners because of the lack of extensive research specific to the outcomes on those most affected by the changes ACA presents. The participant's responses to experiences are not as easily quantifiable or exact as statistical analysis. I focused on the subject when interviewing the small business owners and endeavored to stay away from political or emotional responses to keep the research relevant.

I spoke with small business owners in the southern New Jersey and Philadelphia region. This region is a limited area although it is rich with many types of small businesses. The limitations due to the location make the findings inapplicable to the other areas in the country. My research does have the opportunity to be useful in regions with similar composition and variety but has limited applications in a rural area. With additional time and resources, a national study of small business owners could achieve more significant impact and reach a broader audience.

My bias as a small business owner could also be a limitation of this study. I have taken steps to avoid this by having my questions and proposal vetted by my committee and the IRB for structure along with any prejudicial tendencies. I was aware of the possibility of bias, which is a reactive step taken to blunt any predispositions and maintain objectivity (Maxwell, 2013). I used member checking and reflexivity to off-set potential preconceptions impeding the analysis of the data (Maxwell, 2013).

Recommendations

I would recommend future researchers expand the size and scope of this research to create a greater understanding of the lived experiences of the small business owner's search for profitability while implementing the ACA. I interviewed 20 participants operating businesses in the southern New Jersey and Philadelphia region. The qualitative nature of the study does not allow generalization to other areas. More extensive research could open the boundaries to include different types of business owners and help fill the gap in existing literature.

The small business owners I spoke with had many ideas to improve their situation when it comes to affordable healthcare for employees. The expansion of the ability for more groups to band together to negotiate better prices is one suggestion. Many of the issues confronting the participants require input from additional stakeholders with varying backgrounds. Because of their effect on the outcomes, there is a need to involve representatives from the government, insurance carriers, and healthcare organizations in the decision-making process. Small business owners in my study would like affordable healthcare for their employees because it will allow them to operate their companies with

less worry and more resources. The increase in healthcare costs has become a burden over time and a barrier to the growth of some small businesses.

The American economy is growing despite or because of the changes occurring with the ACA. It will take some time before stakeholders understand and thoroughly assess the full reaction to the implementation. The political outrage did not influence many of the participant's decisions in their business strategy. Small business owners view the ACA as an ineffective part of the healthcare system, which lacks usability and credibility. The participants recognized the need to fix the system or return to previous models. Simultaneously, they must focus on making individual strides to keep their companies on the road to profit. The repeal of the ACA is not something currently concerning the small business owners. They seem to understand intuitively how employee healthcare is always changing and not necessarily for the better. Affordable health care would be an asset to the small business owner's bottom line but also instrumental in attracting new candidates to achieve expansion. The ability to get high-level individuals for jobs may be useful for future productivity.

Some other health care coverage could replace the ACA, or it could collapse altogether. I recommend continued research as it is part of the evolution of healthcare in this country. It is important because the issues involve billions of dollars and touches many lives who depend on an effectively run healthcare system. Small business owners involved in my study understood the relationship between healthcare and efficiently running their business and expressed how it is essential to maximizing the capabilities of their employees. The participants made decisions to work with or around the implementation of ACA, as ignoring it was not an option. A study such as this may offer

a roadmap to congress and other stakeholders to make the changes needed to secure healthcare for working individuals and families.

Positive Social Change

I would recommend offering forums to small business owners to discuss or share data concerning the decisions they made regarding handling the implementation of the ACA in their business. The 20 participants I spoke with offered information, which could be helpful to other business owners outside of their situation. Although this is a stand-alone study, the outcomes could contribute to creating an online forum where owners could test and share ideas. A forum such as this would be a powerful tool to assist in helping overcome existing barriers. The data from a study such as this is more substantial than general information from the government statistics for a variety of reasons. The small business owners I have met were interested in what others are doing, but they also want to share their successes with organizations in similar positions. The use of firsthand experiences is vital for trusting the veracity of outcome information. The localization of the discussion forums would also be instrumental in building a consensus on what is happening in a specific area and relevant to those who share the same economic environment.

The sharing of information is relevant to problem-solving and vital to finding solutions. The forum could be part of an ongoing study conducted over some years to track the changes occurring in the ACA implementation specifically as it affects small business owner's decisions. Small business owners can use assistance, but they are also resourceful. Most participants made their decisions without any input from the other stakeholders. They may not have had many resources initially but assessed their place in

the market and planned accordingly. They explained to the workers if they could no longer carry employee insurance coverage and incorporated the decision into their business plan. Part of the survival of a small business owner seems to be their ability to think innovatively in adverse conditions and then execute the program with an eye on flexibility to keep the company on the road to success. The thematic outcomes can be helpful to other business owners making informed decisions. Smaller businesses have fewer available resources than large corporation worth millions of dollars. The act of giving these small business owners access to information to aid in essential choices will improve the chances of their survival.

Implications

The implications of this qualitative phenomenological research study on the lived experiences of small business owners search for profitability while implementing the ACA include how offering employee health care has been difficult because of rising costs. The ACA implementation has not eliminated barriers related to giving the employer the ability to provide insurance coverage when it comes to small business. The price of offering employee health care has risen over time and threatens to consume more of the budget and resources of small business owners. The participants in my study explained how the ACA was an issue they had to deal with, but the rising cost of healthcare is the more urgent problem. The rise of the cost of employee healthcare can impede the broader economy if it continues unabated because small business owners create the majority of jobs in this country. The small business owner will not have the capital to hire new workers if they redirect resources to pay for increased insurance costs. The small business owner who drops coverage for employees because of costs may lose

the best candidates and workers because they cannot offer competitive benefits in today's market. These types of issues may stunt the future growth of employment.

The small business owners will need to mobilize to gain the attention of the other stakeholders including the government, insurance carriers, and healthcare institutions. The issue of employee healthcare in small business is relevant to the broader concept of affordable coverage for the society at large. The systems involved will not be able to provide services an average person can pay if the deductibles are too high and the coverage is too low. This activity could create a form of self-insurance exclusive to the well-off, as well as acting as a barrier to employees living a healthy life. Over time, no group of individual stakeholders could solve the problem without additional input. The ACA as written by Congress is in a vacuum, and its inefficiencies show how the involvement of more groups in its crafting, could achieve greater success along with broader acceptance.

My study has resulting implications potentially affecting small business owners, employee healthcare, and society. The information I discovered through interviews and analysis can lead to a positive change in our community. The purpose of this qualitative phenomenological study was to explain the lived experiences of the small business owner as they search for profits while implementing the ACA. I have communicated their words to that end. Using my analysis, I discuss how small business owners have a growing problem with the cost of affordable healthcare for their employees and themselves. The participants explained how over a period they have seen employee insurance premiums rise without any relief. They have worked to avoid penalties and additional costs occurring following the implementation of the ACA, but this seems like a temporary

adjustment. I was unable to find anyone who has identified a permanent solution to address the more significant issues related to providing affordable healthcare for employees of small businesses. The implication is the growth in the cost of employee healthcare could one day be such a burden on small business that it causes a slowdown in productivity. Some participants stated they cannot hire more people now because of the cost.

If this problem persists, it could cause a downturn in the employment, which would adversely affect the economy, workers, families, and organizations. Small business owners hire most of the workers in the United States so if they have issues it influences many other aspects of our lives. The implications for individuals and families are without affordable healthcare they will have to deal with high deductibles and lower coverage, which is like self-insurance or having no protection. Families and individuals who do not have proper healthcare will not have the same quality of life as those who can afford it, which places a strain on society at large. Healthcare may not be a right as of today, but it is an opportunity to live a better life if you have access to coverage.

Affordable employee healthcare is essential to the worker and the small business owner. The worker is there to provide a better life for themselves and their families. The affordable employee health care is the positive support to improve their disposition and security. The small business owner will have a stronger business structure when the employees feel secure about their healthcare benefits. Owners can attract more employees of a higher caliber when they can offer affordable insurance. It will be one less issue dividing owners and laborers. A consensus agreement between small business owners and workers will make industry stable and improve society by allowing productivity to

blossom in the current and future employment marketplace. The implication for society is the resulting high costs if solutions to assuring affordable employee healthcare remain undiscovered and small business owners, government, insurance carriers, and healthcare institutions cannot reach an agreement on how to proceed.

By focusing on the feedback from the small business owners, the outcomes of the study can influence positive social changes in several ways. The participants explained how more flexibility would help in running their businesses by having regulations, which solve problems and do not impede progress. The penalties and added bureaucracy created barriers causing small business owners to maneuver around or avoid them altogether by restructuring their organizations. The government, insurance carriers, and healthcare providers could find ways to lower costs and encourage innovative ways to make employee coverage more affordable. Small business owners are making decisions like joining affiliated groups that allow them to get more affordable employee coverage on their terms. The stakeholders can work together to find ways to solve issues and foster innovation to improve the environment before the cost overruns budgets. The participants in this study spoke to me about their lived experiences as small business owners searching for profit while implementing the ACA. They explained problems and showed the need for solutions in the current economy to improve the likelihood of small business owner success. Moving forward, this will require managing changes in the employee healthcare environment towards a positive outcome for individual workers, families, and society.

Conclusions

The purpose of this qualitative phenomenological study was to explore the lived experiences of 20 small business owners search for profit while implementing the ACA. I conducted five face-to-face and 15 telephone interviews to collect the data. Upon the conclusion of gathering information directly from the small business owners, I hand-coded the information with assistance from Nvivo 10 software. My purpose was to contribute to reducing the gap in the literature by conducting a phenomenological study focused on answering the research questions posed as they related to small business owners' lived experiences. The information shared during the interviews with the participants gave insight into how small business owners are working to keep their business profitable while also handling the healthcare needs of their employees based on regulations associated with the ACA implementation.

Participants expressed the themes of employee concern, rising costs, avoiding penalties, business maturity, personal insurance coverage, affordable insurance coverage, changes in the ACA, and increasing productivity as barriers existing within the current business marketplace. They created innovative reactions to internal and external agents occurring in the evolution of learning what happens in a CAS. The analysis revealed how small business owners operate within a CAS regardless of barriers like the economy, market competition, or government regulations. They endure by creating new tactics to survive. The internal forces such as wages, costs of production, and employee benefits compete with external effects such as economic changes, market leadership, and unforeseen natural occurrences.

It would be interesting to contact these same businesses in 5 years to see what other steps they took or if their business survived. The small business owners discussed what measures they choose to succeed while attempting to achieve the goal of profitability. They also detailed how they removed impediments created during the implementation of the ACA. The first concern for the participants was the welfare of the employee regardless of whether they were offering insurance coverage. The small business owners had a personal connection to the wellbeing of the employee because of the intimacy of the relationship bonding the worker and manager together. The limited number of workers makes them essential to the success of the business in a way that might not exist in a larger organization. A giant corporation may easily replace an employee, but in a small business, an inextricable link exists between them and the continuation of the company. The connection between affordable employee healthcare, small business owner success, and economic stability of America is vital to positive outcomes for those in our society. Because small business owners employ a high percentage of employees across the country, if healthcare costs continue to rise, eventually they will not be able to afford to expand through hiring. Some participants felt ACA exacerbated the unanticipated costs and will ultimately bring an economic downturn lowering opportunity and affecting the quality of life for many Americans. Using the results from the study can contribute to positive social change by bringing attention to what small business owners are currently experiencing. I also highlighted what innovative strategies they are using, which might assist others in the same situation, and educate the other stakeholders of the on-going issues requiring a consensus solution.

References

- Aagaard, P. (2012). The challenge of adaptive capability in public organizations. *Public Management Review*, 14(6), 731-746. doi:10.1080/14719037.2011.642626
- Alaa, G., & Fitzgerald, G. (2013). Re-conceptualizing agile information systems development using complex adaptive systems theory. *Emergence: Complexity & Organization*, 15(3), 1-23. Retrieved from <http://journal.emergentpublications.com/>
- Aldhizer, G. R., & Juras, P. (2015). Improving the effectiveness and efficiency of healthcare delivery systems. *CPA Journal*, 85(1), 66-71. Retrieved from <http://www.cpajournal.com/>
- Anderko, L. R., Millard, F., Wildenhaus, K., DeSantis, C., & Novelli, W. (2012). Promoting prevention through the Affordable Care Act: Workplace wellness. *Preventing Chronic Disease*, 9. doi:10.5888/pcd9.120092
- Anelli, J. P. (2013). Employers must take a multipronged approach to ACA compliance. *Employment Relations Today*, 40(2), 13-19. doi:10.1002/ert.21406
- Arbab Kash, B., Spaulding, A., Johnson, C. E., & Gamm, L. (2014). Success factors for strategic change initiatives: A qualitative research of healthcare administrators' perspectives. *Journal of Healthcare Management*, 59(1), 65-81. Retrieved from <http://www.ache.org/PUBS/jhmsub.cfm>
- Aubry, M., & Hobbs, B. (2011). A fresh look at the contribution of project management to organizational performance. *Project Management Journal*, 42(1), 3-16. doi:10.1002/pmj.20213

- Barry, J. S. (2014). A pound of cure: Preparing for the ACA's 2014 deadline. *CPA Journal*, 82(8). doi:10.1080/13504851.2012.657346
- Battistella, R. (2013). U.S. universal health coverage at a crossroad. *International Advances in Economic Research*, 19(4), 409-423. doi:10.1007/s11294-013-9428-x.
- Beinhocker, E. D. (2013). Reflexivity, complexity, and the nature of social science. *Journal of Economic Methodology*, 20(4), 330-342. doi:10.1080/1350178X.2013.859403.
- Berwick, D. M., & Hackbarth, A. D. (2012). Eliminating waste in US health care. *Journal of the American Medical Association*, 7(14), 1513-1516. doi:10.1001/jama.2012.362.
- Bhattacharya, J., & Vogt, W. B. (2014). Employment and adverse selection in health insurance. *Forum for Health Economics & Policy*, 17(1), 79-104. doi:10.1515/fhep-2013-0017
- Bishop, H. M. (2015). Unintended consequences of the ACA's 30-hour workweek. *Labor Law Journal*, 66(1), 65-69. Retrieved from <http://hr.cch.com/>
- Blumberg, L. J., Buettgens, M., Holahan, J., & Feder, J. (2012). Why employers will continue to provide health insurance: The impact of the Affordable Care Act. *Inquiry*, 49(2), 116-126. doi:10.5034/inquiryjml_49.02.05
- Blumberg, L. J., Corlette, S., & Lucia, K. (2014). The Affordable Care Act: Improving incentives for entrepreneurship and self-employment. *Public Policy & Aging Report*, 24(4), 162-167. Retrieved from http://www.agingsociety.org/aging_society/publications/public_policy/index.html

- Boerner, H. (2015). Losing and winning under the ACA in 2015. *Physician Leadership Journal*, 2(1), 58-60. Retrieved from <http://www.acpe.org>
- Bokert, M. E., & Hahn, A. (2014). Countdown to ACA compliance: Key issues under the employer mandate. *Employee Relations Law Journal*, 40(2), 79-100. Retrieved from <http://www.aspenpublishers.com/>
- Borzillo, S., & Kaminska-Labbé, R. (2011). Unravelling the dynamics of knowledge creation in communities of practice through complexity theory lenses. *Knowledge Management Research & Practice*, 9, 353-366. doi:10.1057/kmrp.2011.13
- Boubacar, I., & Foster, S. (2014). Analysis of small business owners' perception of the patient protection and Affordable Care Act: Evidence from Wisconsin farmers. *Economics, Management & Financial Markets*, 9(1), 11-20. Retrieved from <http://www.addletonacademicpublishers.com>
- Bradley, C. J., Neumark, D., & Barkowski, S. (2013). Does employer-provided health insurance constrain labor supply adjustments to health shocks? New evidence on women diagnosed with breast cancer. *Journal of Health Economics*, 32(5), 833-849. doi:10.1016/j.jhealeco.2013.06.008
- Bradley, D. B., & Hobbs, M. D. (2008). Understanding healthcare costs and evaluating health insurance for small business employees. *Academy of Health Care Management Journal*, 4(1), 91-112. Retrieved from <http://www.alliedacademies.org/Publications/Download.aspx?fid=402>
- Branthwaite, A., & Patterson, S. (2011). The power of qualitative research in the era of social media. *Qualitative Market Research: An International Journal*, 14, 430-440. doi:10.1108/13522751111163245

- Brighenti, W. (2011). How to calculate the healthcare tax credit. *CPA Journal*, 52-55.
Retrieved from <https://www.nysscpa.org/news/publications/the-cpa-journal>
- Buchmueller, T., Carey, C., & Levy, H. G. (2013). Will employers drop health insurance coverage because of the Affordable Care Act? *Health Affairs*, 32(9), 1522-1530.
doi:10.1377/hlthaff.2013.0526
- Buntin, M. B., Burke, M. F., Hoaglin, M. C., & Blumenthal, D. (2011). The benefits of health information technology: A review of the recent literature shows predominantly positive results. *Health Affairs*, 30(3), 464-471
doi:10.1377/hlthaff.2011.0178
- Cagliuso Sr., N. V. (2014). Stakeholders' experiences with US hospital emergency preparedness Part 2. *Journal of Business Continuity & Emergency Planning*, 8(3), 263-279. Retrieved from <http://www.henrystewartpublications.com/jbcep>
- Carlson, J. A. (2010). Avoiding traps in member checking. *Qualitative Report*, 15(5), 1102-1113. Retrieved from <http://www.nova.edu/ssss/QR>
- Carpenter, C. E. (2011). Federal health reform's impact on employer-sponsored health insurance. *Journal of Financial Service Professionals*, 65(2), 23-26. Retrieved from https://www.financialpro.org/pubs/journal_info.cfm
- Chenail, R. J. (2011). Ten steps for conceptualizing and conducting qualitative research studies in a pragmatically curious manner. *Qualitative Report*, 16, 1713-1730.
Retrieved from <http://www.nova.edu/ssss/QR/index.html>
- Chiva, R., Ghauri, P., & Alegre, J. (2014). Organizational learning, innovation and internationalization: A complex system model. *British Journal of Management*, 25(4), 687-705. doi:10.1111/1467-8551.12026

- Chow, M. J., & Dunkelberg, W. C. (2011). The small business sector in recent recoveries. *Business Economics*, 46, 214-228. doi:10.1057/be.2011.23
- Collins, T. B. (2014). Significant new transition relief set forth in final ACA shared responsibility regulations. *Employee Relations Law Journal*, 40(1), 12-16. Retrieved from <http://www.worldcat.org/title/employee-relations-law-journal/oclc/60621747>
- Committee on the Costs of Medical Care. (1932). Final report: Medical care for the American people. *California and Western Medicine*, 37(6), 395-400. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1780794/>
- Cordell, D. M., & Langdon, T. P. (2011). Healthcare planning and the new reality. *Journal of Financial Planning*, 24(1), 38-40. Retrieved from <https://www.onefpa.org/journal/Pages/default.aspx>
- Cox, C. M., Jankiewicz, A., & Rousseau, D. (2015). Premium changes in the Affordable Care Act's health insurance marketplaces. *JAMA*, 313(6), 557-557. doi:10.1001/jama.2015.121
- Custer, W. S. (2013). Risk adjustment and the Affordable Care Act. *Journal of Financial Service Professionals*, 67(6), 25-26. Retrieved from <http://www.acclaimsubscriptions.com/europe/magazines/journal-of-financial-service-professionals.php>
- Daugherty, D. A. (2012). The relationship between socioeconomic data, financial ratios, and operational status of safety-net hospitals. *Walden University*, (140), 3495556. Retrieved from <http://gradworks.umi.com/34/95/3495556.html>

- Day, J. M. (2014). Fostering emergent resilience: The complex adaptive supply network of disaster relief. *International Journal of Production Research*, 52(7), 1970-1988. doi:10.1080/00207543.2013.787496
- Department of Health and Human Services. (2013). *Actuarial Report on the financial outlook for Medicaid*. Retrieved from Department of Health and Human Services: Retrieved from <http://www.medicaid.gov>
- Dietrich, M. O. (2014). Health care reform essentials: Ten things CPAs should know about the Affordable Care Act. *Journal of Accountancy*, 218(1), 30. doi:10.1001/jama.2013.7106
- Dominguez, K. M., & Shapiro, M. D. (2013). Forecasting the recovery from the Great Recession: Is this time different? *American Economic Review*, 103(3), 147-152. doi:10.1257/aer.103.3.147
- Doody, O. & Doody, C.M. (2015). Conducting a pilot study: Case study of a novice researcher. *British Journal of Nursing*, 24(21), 1074-1078. doi:10.12968/bjon.2015.24.21.1074
- Dyckhoorn, H. J., & Sinning, K. E. (2010). Helping small businesses provide. *CPA Journal*, 80(12), 38-41. Retrieved from <http://www.cpajournal.com/>
- Edson, M. C. (2012). A complex adaptive systems view of resilience in a project team. *Systems Research & Behavioral Science*, 29(4), 499-516. doi:10.1002/sres.2153
- Evans, R., & Karecha, J. (2014). Staying on top: Why is Munich so resilient and successful? *European Planning Studies*, 22(6), 1259-1279. doi:10.1080/09654313.2013.778958

- Fawcett, S. B., Sepers, C. E., Jones, J., Jones, L., & McKain, W. (2015). Participatory evaluation of a community mobilization effort to enroll Wyandotte County, Kansas, residents through the Affordable Care Act. *American Journal of Public Health, 3*(105), S433-S437. doi:10.2105/ajph.2014.302505
- Fontenot, S. F. (2015). Politics and a broken promise: Why people are losing their physicians in post ACA America. *Physician Leadership Journal, 2*(1), 22-26. Retrieved from <http://www.physicianleaders.org/news/journals/plj>
- Fronstin, P. (2012). Employment-based health benefits: Recent trends and future outlook. *Inquiry (00469580), 49*(2), 101-115. doi:10.5034/inquiryjrnl_49.02.07
- Gabel, J. R., Whitmore, H., Pickreign, J., Satorius, L. J., & Stromberg, S. (2013). Small employer perspectives on the Affordable Care Act's premiums, SHOP exchanges, and self-insurance. *Health Affairs, 2032-9*, 32. doi:10.1377/hlthaff.2013.0861
- Ghosh, C. (2013). Affordable Care Act: Strategies to tame the future. *Physician Executive, 39*(6), 68-70. Retrieved from <http://acpe.physicianleaders.org/publications/pej>
- Gitterman, D. P., & Scott, J. C. (2011). "Obama lies, grandma dies": The uncertain politics of Medicare and the Patient Protection and Affordable Care Act. *Journal of Health Politics, Policy & Law, 555-563*. doi:10.1215/03616878-1271252
- Glover, H., & Roop, M., & Stark-Jones. (2012). Join small business discussions. *Strategic Finance, 94*(2), 20-61. do:10.1037/e320602004-008
- Gonnering, R. S. (2011). The seductive allure of "Best Practices": Improved outcome is a delicate dance between structure and process. *Emergence: Complexity & Organization, 13*(4), 94-101. doi:10.2139/ssrn.1753308

- Greengard, S. (2013). A new model for healthcare. *Communications of the ACM*, 56(2), 17-19. Retrieved from <http://cacm.acm.org/>
- Gruber, J. (2011). The impact of the Affordable Care Act. *National Tax Journal*, 893-908. Retrieved from <http://ntanet.org/publications/national-tax-journal.html>
- Hall, M. A., & Lord, R. (2014). Obamacare: What the Affordable Care Act means for patients and physicians. *BMJ*, 349 (49), g5376-g5376. doi:10.1136/bmj.g5376
- Haltiwanger, J., Jarmin, R. S., & Miranda, J. (2013). Who creates jobs? Small versus large versus young. *Review of Economics & Statistics*, 95(2), 347-361. doi:10.1162/rest_a_00288
- Hancock, D. R., & Algozzine, B. (2011). *Doing case research: A practical guide for beginning researchers*, (2). New York, NY: Teachers College Press
- Hanson, J. L., Balmer, D. F., & Giardino, A. P. (2011). Qualitative research methods for medical educators. *Academic Pediatrics*, 11, 375-386. doi:10.1016/j.acap.2011.05.001
- Hardin, J. R., & Segal, M. (2013). Tax implications of healthcare reform. *CPA Journal*, 52-54. doi:10.1007/978-1-4302-6311-1_34
- Heidegger, M. (1962). *Being and time*. New York, NY: Harper and Row
- Heinze, I. (2013). Entrepreneur sense-making of business failure. *Small Enterprise Research*, 20(1), 21-39. doi:10.5172/ser.2013.20.1.21
- Hoffman, A., & Emanuel, E. J. (2013). Reengineering US health care. *JAMA*, 309(7), 661-662. doi:10.1001/jama.2012.214571
- Huneycutt Bardwell, S. (2015). Using LIDM to examine the potential effects of the affordable health care case for small business . *Journal of Legal, Ethical &*

- Regulatory Issues*, 18(1), 91-103. Retrieved from <http://ores.su/en/journals/journal-of-legal-ethical-and-regulatory-issues/>
- Jacob, S. A., & Furgerson, S. (2012). Writing interview protocols and conducting interviews: Tips for students new to the field of qualitative research. *Qualitative Report*, 17. Retrieved from http://www.eric.ed.gov/PDFS/EJ990_034.pdf
- Jones, D. S. (2013). PPACA requires quality: Reporting requirements and quality payment systems. *Journal of Health Care Compliance*, 15(3), 41-62. Retrieved from <http://www.healthcarecompliance.us/journal-of-health-care-compliance.html>
- Jost, T. S. (2012). Eight decades of discouragement: The history of health care cost containment in the USA. *Forum for Health Economics & Policy*, 15(3), 53-82. doi:10.1515/fhep-2012-0009
- Kautter, J., Pope, G. C., Ingber, M., Freeman, S., Patterson, L., Cohen, M., & Keenan, P. (2014). The HHS-HCC risk adjustment model for individual and small group markets under the Affordable Care Act. *Medicaid Research Review*, 4(3), 1-46. doi:10.5600/mmrr.004.03.a03
- Kennedy, D. M., Caselli, R. J., & Berry, L. L. (2011). A roadmap for improving healthcare service quality. *Journal of Healthcare Management*, 56(6), 385-400. Retrieved from https://ache.org/pubs/jhm/jhm_index.cfm
- Keso, H., Lehtimäki, H., & Pietiläinen, T. T. (2009). Engaging in reflexive acts—Sharing experiences on reflexivity in empirical qualitative research. *Journal for Critical Organization Inquiry*, 7(3/4), 51-70. Retrieved from <http://tamarajournal.org/>
- Kessler, W., McGinnis, L., Bennett, N., Kessler, W., McGinnis, L., & Bennett, N. (2012). Enterprise transformation and manufacturing in a global enterprise. *Information*

- Knowledge Systems Management*, 11(1), 5-22. Retrieved from <http://www.iospress.nl/journal/information-knowledge-systems-management/>
- Klitzman, R. (2013). How IRBs view and make decisions about coercion and undue influence. *Journal of Medical Ethics*, 39(4), 224-229. Retrieved from <http://jme.bmj.com>
- Koepp, G. A., Manohar, C. U., McCrady-Spitzer, S. K., & Levine, J. A. (2011). Scalable office-based health care. *Health Services Management Research*, 24(2), 69-74. doi:10.1258/hsmr.2010.010015
- Lahm Jr., R. J. (2014). Small business and Obamacare. *Entrepreneurial Executive*, 19, 131-147. Retrieved from <https://www.questia.com/library/p136785/entrepreneurial-executive>
- Lawrence, J., & Tar, U. (2013). The use of grounded theory technique as a practical tool for qualitative data collection and analysis. *Electronic Journal of Business Research Methods*, 11(1), 29-40. Retrieved from <http://www.worldcat.org/title/electronic-journal-of-business-research-methods-ejbrm/oclc/63269428>
- Maillet, L., Lamarche, P., Roy, B., & Lemire, M. (2015). At the heart of adapting healthcare organizations. *Emergence: Complexity & Organization*, 17(2), 1-11. doi:10.emerg/10.17357.03ec71f53f2d5b9105642fb36f20c406
- Mansur, G., & Thompson, M. (2015). The benefit aftereffects of ACA—Accelerating toward a new health economy. *Benefits Quarterly*, 31(1), 26-31. Retrieved from <http://www.iscebs.org/Resources/BQ/Pages/BenefitsQuarterly.aspx>

- Marchi, J. J., Erdmann, R. H., & Rodriguez, C. M. (2014). Understanding supply networks from complex adaptive systems. *BAR — Brazilian Administration Review*, *11*(4), 441-454. doi:10.1590/1807-7692bar2014130002
- Masino, A., & McCurry, E. (2011). Governmental healthcare oversight—The hidden costs of Form 1099. *Southern Business Review*, *36*(1), 37-40. Retrieved from <http://www.bbb.org/atlanta/business-reviews/telecommunications-equipment-and-suppliers/southern-business-communications-in-norcross-ga-27051781>
- Mason, M. (2010). Sample size and saturation in PhD studies using qualitative interviews. *Forum: Qualitative Social Research*, *11*(3), 1-19. Retrieved from <http://www.qualitative-research.net/fqs/fqs-eng.htm>
- Maxwell, J. A. (2013). *Qualitative research design*. Los Angeles, CA: Sage
- McDermid, F., Peters, K., Jackson, D., & Daly, J. (2014). Conducting qualitative research in the context of pre-existing peer and collegial relationships. *Nurse Researcher*, *21*(5), 28-33. doi:10.7748/nr.21.5.28.e1232
- Meek, J. W. (2014). Editorial: Complexity theory and administrative learning—Adaptive practices in complex governance systems. *Emergence: Complexity & Organization*, *16*(1), 1-6. Retrieved from <http://journal.emergentpublications.com/>
- Metcalf, L., & Benn, S. (2012a). Leadership for sustainability: An evolution of leadership ability. *Journal of Business Ethics*, *112*(3), 369-384. doi:10.1007/s10551-012-1278-6
- Metcalf, L., & Benn, S. (2012b). The corporation is ailing social technology: Creating a 'Fit for Purpose' design for sustainability. *Journal of Business Ethics*, *111*(2), 195-210. doi:10.1007/s10551-012-1201-1

- Mojtahed, R., Nunes, M. B., Martins, J. T., & Peng, A. (2014). Equipping the constructivist researcher: The combined use of semi-structured interviews and decision-making maps. *Electronic Journal of Business Research Methods*, 12(2), 87-95. Retrieved from <http://www.worldcat.org/title/electronic-journal-of-business-research-methods-ejbrm/oclc/63269428>
- Monahan, A. B., & Schwarcz, D. (2013). Limiting the ACA's threats to small business group health insurance markets. *Risk Management & Insurance Review*, 25-34. doi.org/10.1111/rmir.12001
- Moreo, K., Moreo, N., Urbano, F. L., Weeks, M., & Greene, L. (2014). Are we prepared for Affordable Care Act provisions of care coordination? Case managers' self-assessments and views on physicians' roles. *Professional Case Management*, 19(1), 18-26. doi:10.1097/ncm.0000000000000013
- Moustakas, C. (1994). *Phenomenological research methods*. Thousand Oaks, CA: Sage.
- Muñoz, F.-F., & Encinar, M.-I. (2014). Intentionality and the emergence of complexity: An analytical approach. *Journal of Evolutionary Economics*, 24(2), 317-334. doi:10.1007/s00191-014-0342-z
- Nan, N. (2011). Capturing bottom-up information technology use processes: a complex adaptive systems model. *MIS Quarterly*, 35(2), 505-540. Retrieved from <http://www.misq.org/>
- Neiburger, B. (2011). Health care reform's impact on small businesses and individuals. *NEALA Journal*, 7, 1. Retrieved from <https://www.naela.org/>

- Ogula, D., Rose, J., & Abii, F. E. (2012). A phenomenological study of corporate social responsibility in the Niger Delta, Nigeria. *Journal of Leadership Studies*, 6(2), 32-47. doi:10.1002/jls.21236
- Ossoff, R. H., & Thomason, C. D. (2013). Welcoming the age of PPACA. *Journal of Health Care Compliance*, 15(1), 45-58. Retrieved from <http://www.healthcarecompliance.us/journal-of-health-care-compliance.html>
- Peck, L. R., Kim, Y., & Lucio, J. (2012). An empirical examination of validity in evaluation. *American Journal of Evaluation*, 350-365. doi:10.1177/1098214012439929
- Pellissier, R. (2012). A proposed frame of reference for complexity management as opposed to the established linear management strategies. *International Journal of Organizational Innovation*, 5(2), 6-67. Retrieved from <http://www.ijoi-online.org/>
- Peredaryenko, M. S., & Krauss, S. (2013). Calibrating the human instrument. Understanding the interviewing experience of novice qualitative researchers. *Qualitative Report*, 18(43), 1-17. Retrieved from <http://www.nova.edu/ssss/QR/calls.html>
- Popp, A., & Holt, R. (2013). The presence of entrepreneurial opportunity. *Business History*, 55(1), 9-28. doi:10.1080/00076791.2012.687539
- Porter, T. B., & Zivanovic-Nenadovic, A. (2014). Identities and axes of tension in the renewable energy industry: A case study of emergence at the edge of chaos. *Emergence: Complexity & Organization*, 16(3), 31-64. Retrieved from <http://journal.emergentpublications.com/>

- Puyou, F.-R., & Faÿ, E. (2015). Cogs in the wheel or spanners in the works? A phenomenological approach to the difficulty and meaning of ethical work for financial controllers. *Journal of Business Ethics*, 128(4), 863-876.
doi:10.1007/s10551
- QSR International Pty Ltd. (2012). *Nvivo*. Retrieved from
<http://www.qsrinternational.com/support.aspx>
- Rajesh, K. (2013). Big data analytics: Applications and benefits. *IUP Journal of Information Technology*, 9(4), 41-51. Retrieved from
http://www.iupindia.in/Information_technology.asp
- Reese, S. M. (2013). Health care reform: The key to success is in the workforce! *Workforce Solutions Review*, 4(4), 25-27. Retrieved from
http://www.ihrimpublishations.com/WSR_about.php
- Rouse, W. B., Boff, K. R., Sanderson, P., & Snowden, D. (2011). Good fences make good neighbors. *Information Knowledge Systems Management*, 10(1-4), 135-150.
Retrieved from <http://content.iospress.com/journals/information-knowledge-systems-management/>
- Sandefur, C. (2015). ACA lawlessness plagues the states. *Regulation*, 38(1), 18-21.
Retrieved from <http://object.cato.org/sites/cato.org/files/serials/files/regulation/2015/3/regulation-v38n1-2.pdf>
- Savage-Austin, A. R., & Honeycutt, A. (2011). Servant leadership: A phenomenological study of practices, experiences, organizational effectiveness, and barriers. *Journal of Business & Economics Research*, 49-54. Retrieved from
<http://journals.cluteonline.com/index.php/JBER>

- Schafer, E., & Dawson, R. S. (2015). Assessing community health needs in a rural area: Determining best practices to meet new Affordable Care Act requirements. *Health, 7*(5), 542. doi:10.4236/health.2015.75064
- Schildkraut, J. L., Baker, C. A., Cho, K. N., & Reuss, K. L. (2015). The national compensation survey and the Affordable Care Act: Preserving quality health care data. *Monthly Labor Review, 1*-11. Retrieved from <http://www.bls.gov/pir/mlr.htm>
- Schreiber, S. P. (2015). Sec. 4980D Excise tax relief is available for certain small employers: IRS gives limited transition relief for employer payment plans and 2% S Corporation shareholder arrangements. *Journal of Accountancy, 219*(4), 94. Retrieved from <http://www.journalofaccountancy.com/>
- Senge, P. M. (1990). *The fifth discipline*. New York, NY: DoubleDay.
- Singh, S. N., Hillmer, S., & Wang, Z. (2011). Efficient methods for sampling responses from large-scale qualitative data. *Marketing Science, 532*-549. doi:10.1287/mksc.1100.0632
- Smyrl, M. E. (2014). Beyond interests and institutions: US health policy reform and the surprising silence of big business. *Journal of Health Politics, Policy & Law, 39*(1), 5-34. doi:10.1215/03616878-2395163
- Souter, P. D., & Gurevitz, J. (2012). Health and taxes: What Obamacare now means for employers. *Financial Executive, 28*(7), 54-57. Retrieved from [http://www.highbeam. Com/publications/financial-executive-p388](http://www.highbeam.Com/publications/financial-executive-p388)

- Spivak, M. (2014). The effects of the Affordable Care Act on large employers and the impact on the human resources function. *Cornell HR Review*, 2(1), 1-8. Retrieved from <http://www.cornellhrreview.org/>
- Srivastava, P., Yoo, J., Frankwick, G. L., & Voss, K. E. (2013). Evaluating the relationship of firm strategic orientations and new product development program performance. *Journal of Marketing Theory & Practice*, 21(4), 429-440. doi:10.2753/MTP1069-6679210406
- Stanghellini, G. (2011). Clinical phenomenology: A method for care? *Philosophy, Psychiatry & Psychology*, 18, 100-101. doi:10.1353/ppp.2011.0011
- Suri, H. (2011). Purposeful sampling in qualitative research synthesis. *Qualitative Research Journal*, 11(2), 63-75. doi:10.3316/QRJ1102063
- Tacchino, A. (2014). The new employee landscape post the Affordable Care Act: What advisors need to know. *Journal of Financial Service Professionals*, 68(2) 30-33. Retrieved from http://www.financialpro.org/pubs/journal_index.cfm
- Taylor, M., & Calhoun, R. (2015). Total transformation: How ACA is driving changes in the provider landscape. *Benefits Quarterly*, 31(1), 15-21. Retrieved from <http://www.iscebs.org/Resources/BQ/Pages/BenefitsQuarterly.aspx>
- Thamhain, H. J. (2014). Assessing the effectiveness of quantitative and qualitative methods for R&D project proposal evaluations. *Engineering Management Journal*, 26(3), 3-12. doi:10.1080/10429247.2014.11432015
- Tsasis, P., Evans, J. M., Rush, L., & Diamond, J. (2013). Learning to learn: Towards a relational and transformational model of learning for improved integrated care delivery. *Administrative Sciences*, 3(2), 9-31. doi:10.3390/admsci3020009

- Tuohy, D. C. (2013). An overview of interpretive phenomenology as a research methodology. *Nurse Researcher*, 20(6), 17-20. Retrieved from journals.lww.com/nursingresearchonline/pages/default.aspx
- U.S. Government. (2010). *Affordable Care Act*. Retrieved from Health and Human Services <http://www.hhs.gov/healthcare/rights/law/index.html>
- U.S. Department of Health and Human Services. (2010). *Affordable Care Act*. Retrieved from Health and Human Services <http://www.hhs.gov/healthcare/rights/law/index.html>
- U.S. Department of Labor. (2013). *Bureau of Labor Statistics*. Retrieved from Bureau of Labor Statistics <http://www.bls.gov/news.release/pdf/famee.pdf>
- Vagle, M. D. (2014). *Crafting phenomenological research*. Walnut Creek, CA: Left Coast Press.
- Venkatesh, V., Brown, S. A., & Bala, H. (2013). Bridging the qualitative-quantitative divide. *MIS Quarterly*, 37(1), 21-54. Retrieved from <http://www.misq.org/>
- Watts, T., & Gaertner, S. (2013). Health care reform and the hourly challenge. *Benefits Quarterly*, 29(2), 26-29. Retrieved from <http://www.iscebs.org/Resources/BQ/Pages/BenefitsQuarterly.aspx>
- White, D., Oelke, N. D., & Friesen, S. (2012). Management of a large qualitative data set: Establishing trustworthiness of the data. *International Journal of Qualitative Methods*, 11(3), 244-258. Retrieved from <http://www.iiqm.ualberta.ca/en/InternationalJournalofQualitat.aspx>
- White, J. (2013). Cost control after the ACA. *Public Administration Review*, 73(1), S24-S33. doi:10.1111/puar.12108

- Wilensky, G. R. (2011). Bending and stretching the health care cost curve. *Business Economics*, 46(3), 163-166. doi:10.1057/be.2011.12
- Yallapragada, R., & Bhuiyan, M. (2011). Small business entrepreneurships in the United States. *Journal of Applied Business Research*, 117-122. Retrieved from <http://www.aabri.com/NC2011Manuscripts/NC11089.pdf>
- Young, K., & Schwartz, M. (2014). Healthy, wealthy, and wise: How corporate power shaped the Affordable Care Act. *New Labor Forum (Sage Publications Inc.)*, 23(2), 30-40. doi:10.1177/1095796014527828
- Zivkovic, S. (2015). A complexity based diagnostic tool for tackling wicked problems. *Emergence: Complexity & Organization*, 17(4), 1-12.
doi:10.emerg/10.17357.6fe617a27bf4628733eb114de16b301b

Appendix A: Questionnaire

1. How has your business changed since implementing the ACA?
2. Has healthcare been a major concern for your business costs?
3. What changes have you made since the ACA implementation in your organization?
4. Have the decisions you made improved the productivity bottom line?
5. What feedback have employees given on decisions involving healthcare in the company?
6. What has been your experience complying with the ACA?
7. Has ACA compliance affected your employees hours?
8. What were your issues with healthcare before the ACA?
9. Has the ACA compliance affected your bottom line?
10. What type of changes can you see making if the ACA is repealed?

Appendix B: Consent Email

Dear Sir or Madam,

My name is Alton Simpson and I am a Ph.D student at Walden Univerisity contacting small business owners in the Philadelphia reagon in order to find out if you can participate in a research study about the effect of the implementation of the Affordable Care Act on your organization. The study will require one our of your time and to answer questions about your experience making decisions in your business environment. The information will be confidential and kept in a secure location for at least five years. Your participation in this study will give the opportunity to give feedback on your experiences and possibly answer questions that can make small businesses stronger and more efficient in the future. I can be contacted through this email and the information I am sending you for the study can be verified with the Walden University staff and faculty. Let me know when is convenient for you to participate and thank you for your time.

Sincerely,

Alton Simpson

Appendix C: Literature Review by Year of Publication

Details of Literature Reviewed by Year of Publication

	Older than five years	2011	2012	2013	2014	2015	Total
Peer-reviewed articles	1	21	21	38	29	20	130
Non-peer-reviewed articles	2	0	0	2		1	9
Books	4	1	2	1	1	0	9
Web pages	1	0	1	0	1	0	3
Totals	8	22	24	41	35	21	151

The literature review contained more than 130 peer-reviewed articles. Eight-five percent of the referenced peer reviewed literature sources were within the past 5 years, ranging from 2011 to 2016.