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Employee Engagement Strategies That Healthcare Managers Use to Increase Organizational Performance

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Walden University

College of Management and Technology

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Eric T. Makoni

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Walden University
2019

Abstract

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Organizational Performance

by

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MBA, University of New South Wales, 2015

MPH, Charles Darwin University, 2013

BSc Nurs, Murdoch University, 2011

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

Walden University

April 2019

Abstract

The annual cost of low employee engagement in Australian workplaces was \$18.7 billion in 2015. Healthcare managers who adopt employee engagement strategies have the potential to achieve robust clinical, operational, and financial results that benefit both the organization and the community as a whole. The purpose of this single case study was to explore effective employee engagement strategies that some healthcare managers used to increase organizational performance. Social exchange theory was the conceptual framework for the study. Data were collected through semistructured interviews with 8 healthcare managers in Queensland, Australia. Participants who implemented successful employee engagement strategies were selected using a snowball sampling technique. Data analysis consisted of generating themes through coding using a deductive approach and reporting emergent themes. Five key themes that emerged from the data analysis were psychological ownership, job resources, leadership, training and development, and rewards and recognition. The process of member checking ensured that findings accurately represented participants' views. Recommendations from the study highlight the need for healthcare managers to implement employee engagement strategies that motivate discretionary efforts, resulting in improved quality patient care and organizational performance. The implications for positive social change include providing healthcare managers with effective employee engagement strategies that could improve patient experiences, operational efficiencies, and quality healthcare provisions in the healthcare industry.

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Dedication

This doctoral study is dedicated to my late grandmother who taught me the importance of perseverance and that nothing was impossible as long as I had faith and humility. You are my constant source of inspiration to my life, even though you are not here to continuously give me hope and strength. Through the moments and memories you shared, I am always reminded to continue to strive for my best and to achieve my goals in life. You will always be a woman of courage, love, and strength and for that my strive for success will always be centered upon your legacy.

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Section 1: Foundation of the Study

Healthcare managers base their performance on the provision of patient experience, satisfaction, quality care, and better health outcomes for the community. Bailey, Madden, Alfes, and Fletcher (2017) posited that employee engagement is a key instrument to achieving optimal performance for the organization. According to Barrick, Thurgood, Smith, and Courtright (2015), the delivery of healthcare services shapes the level of employee engagement, which has prompted healthcare managers to prioritize the levels of employee engagement. Organizations that focus on improving patient satisfaction, experiences, and outcomes without an engaged workforce may negatively affect organizational performance. As a result, healthcare managers may require strategies to improve employee engagement to increase organizational performance.

Background of the Problem

Employee engagement is a key component to the success of an organization. Employee engagement is the connection between the emotional well-being of employees and their level of organizational commitment (Anitha, 2014). It is imperative for healthcare managers to recognize the value of employee engagement in creating high-performance workplaces that improve productivity and efficiency, as they could improve organizational performance. Similarly, Huang et al. (2016) highlighted the importance of employee engagement strategies in reducing employee turnover rates, increasing safety climates, and improving job satisfaction. Engaged employees are more willing and happier to work towards achieving organizational goals when they concurrently fulfill their personal needs.

In contrast, Allam (2017) posited that when employees are disengaged, there is a significant level of disconnect between the organization's objectives and the performance of employees in their level of involvement and satisfaction. Nevertheless, there has been a significant shift in the resourcing strategies of human capital as managers are now recognizing employees as a key resource that supports the organization's strategy to increase performance. Employee engagement involves organizational commitment, citizen behavior, and motivation to perform, all of which are integral aspects to organizational success (Albrecht, Bakker, Gruman, Macey, & Saks, 2015). Consequently, the failure or success of the organization is highly dependent upon employees in the organization. Therefore, healthcare managers should develop and adopt successful employee engagement strategies to increase organizational performance.

Problem Statement

Failure to implement employee engagement strategies can create a disengaged workplace with unmotivated staff (Reed, 2017). The annual cost of low employee engagement in Australian workplaces was \$18.7 billion in 2015, as estimated by Becher and Dollard (2016). The general business problem is that disengaged employees within healthcare have a negative impact on managers achieving organizational performance. The specific business problem is that some healthcare managers lack employee engagement strategies to increase organizational performance.

Purpose Statement

The purpose of this qualitative single case study was to explore employee engagement strategies that some healthcare managers use to increase organizational

performance. The target population consisted of eight healthcare managers in one healthcare organization located in Queensland, Australia who use successful engagement strategies to increase organizational performance. The findings also add an Australian perspective to the global understanding of the phenomenon. The insights gained from the research study may contribute to social change by providing strategies that improve patient experiences, operational efficiencies, and quality healthcare provisions in the healthcare industry.

Nature of the Study

I considered quantitative, qualitative, and mixed research methods to address the research question. Quantitative researchers examine the relationships between variables and their cause and effects through statistical and numerical analysis to confirm or reject a specific hypothesis (Brick, Velicer, Redding, Rossi, & Prochaska, 2016). The quantitative method was not appropriate for the study because my overall intent was to explore the phenomena as opposed to confirming a hypothesis about the phenomena. Mixed-methods research incorporates both qualitative and quantitative methodologies to provide higher reliability and validity of the research results (Lewis, 2015). I did not select a mixed methods approach due to the inclusion of quantitative inquiry in the approach, which was not the intent of the study. A researcher can delve into the analysis of the phenomenon to have a detailed understanding of the research problem by using a qualitative research case study (Ridder, 2017). As a result, a qualitative method was an appropriate approach to explore the specific business problem for this study.

I considered the narrative, phenomenology, and case study designs for this study. Researchers use the narrative design approach when seeking the written, spoken, and visual representations of individual accounts as told through their stories (Lewis, 2015). I did not include the narration of participants' experiences. Therefore, the narrative design was not suitable for the research study. Phenomenological researchers create the meaning of lived experiences and behaviors of a phenomenon. I did not select a phenomenological design because such an approach did not support the aims and intent of the research study as I did not include the personal experiences of employees. Case study researchers conduct empirical inquiries that investigate a contemporary phenomenon within the real-life context (Yin, 2018). A case study design was a suitable approach to provide an in-depth analysis and meaning of participant perspectives related to employee engagement within organizational constructs.

Research Question

The central research question for this study was as follows: What employee engagement strategies do some healthcare managers use to increase organizational performance?

Interview Questions

1. How does employee engagement affect the performance of your organization?
2. What specific strategies did you use to engage your employees?
3. What are the most effective employee engagement strategies to improve organizational performance?

4. How did you assess the effectiveness of your employee engagement strategies on organizational performance?
5. What were the key barriers to implementing engagement strategies for improving organizational performance?
6. How did you address the key barriers to implementing the strategies for improving employee engagement?
7. What additional information would you like to share about employee engagement strategies and their effect on your organizational performance?

Conceptual Framework

Thibaut and Kelley (1959) observed the social interactions within a group context and how people weighed costs and rewards when making decisions, particularly within the context of interpersonal relationships. The key takeaway was how the motivation of a rewarding outcome was a pivotal influencing factor on whether individuals would participate in interactions with others. Homans (1961) advanced Thibaut and Kelley's findings through his study of social exchanges. Homans coined the term social exchange theory (SET) and theorized that SET was how individuals interact to meet their individual needs while anticipating a more remunerative or less costly outcome as a result of the interaction. Blau (1964) later adopted an economic perspective and advanced the SET by positing that individuals engage in social exchanges only when there was a mutual benefit, the same driver with economic transactions. The application of SET within organizational constructs provided psycho-sociological insights that build on employee and organizational relationships. Employees who possess higher levels of

engagement exert discretionary efforts in their work, which could contribute to increased organizational performance (Slack, Corlett, & Morris, 2015). Based on the literature review, the insights highlighted from the evaluation of SET provided the appropriate lens to understand the overarching research question and achievement of optimal organizational performance through social exchanges within the organization.

Operational Definitions

Employee engagement: Employee engagement is the fluctuating level of organizational members dedication to their work roles, based on alternating experiences varying from full expression to withdrawal of self (Bailey et al., 2017).

Assumptions, Limitations, and Delimitations

Assumptions

Assumptions are unverified assertions deemed to be true or plausible without proof (Marshall & Rossman, 2016). The primary assumption of the study was the importance of employee engagement strategies in increasing organizational performance. I assumed that an increase in employee engagement in healthcare directly correlated to improved patient experiences and healthcare outcomes. A further assumption was that the participants selected for the study would positively support the assertion that employee engagement strategies improved organizational performance. I assumed that the participants had previous experience in implementing successful employee engagement strategies that increased organizational performance. The final assumption was that participants candidly provided honest and unbiased feedback throughout the research process.

Limitations

Sarma (2015) defined limitations as aspects of the study that are potentially out of the control of the researcher that could affect the study. Limitation disclosures in research are useful in eliminating the weaknesses in future research work. The primary limitation of the study was the small sample size of participants located in Queensland, Australia. The generalization of the research findings was limited by focusing on one organization within the healthcare industry. Only the selected participants shared their thoughts and perceptions related to the phenomenon under study. Therefore, the inability to include employees as participants limited the study as there was a lack of the employee's perspective of the successful engagement strategies, which could have contributed to a more comprehensive understanding of the phenomenon. I did not consider external factors and working conditions that may have influenced participants' responses, which further added to the limitation of the scope of the study.

Delimitations

Delimitations are the limits and boundaries that a researcher chooses to narrow the scope of the study (Ganapathy, 2016). The main delimitation of this study was the selection of healthcare managers responsible for implementing employee engagement strategies. The population for the study was limited to managers from one healthcare organization in Queensland, Australia. In this study, I focused on the strategies that healthcare managers used to engage employees. However, findings are not necessarily applicable to employees in other industries. I focused on healthcare managers' perceptions of successful strategies in engaging employees. Based on the selected

sample, the research was dependent on a reliable, credible, and accurate interpretation and presentation of data from the participants.

Significance of the Study

Employee engagement within healthcare could exceed organizational goals and change the social narrative of a demand-driven business model that incorporates cost-effective, patient-centric, and value-based care. Through the research findings, I highlighted key strategies that could enhance the performance of healthcare organizations through increased employee engagement. Employee engagement improvements within healthcare organizations could improve the provision of quality care, staff retention rates, patient experiences, and the health and wellbeing of the community (Shantz, Alfes, & Arevshatian, 2016).

Contribution to Business Practice

Globalization, technological advancements, and consumers' evolving needs have changed the way organizations operate and strategize in doing more with less. Organizational leaders are now focusing on investment strategies for growth as opposed to the reduction of costs due to financial and global constraints (Carayannis, Grigoroudis, Sindakis, & Walter, 2014). As a result, organizational managers could negotiate a significant amount of change centered around capitalizing on engaged human capital to leverage competitive advantages and achieve business performance (Bedarkar & Pandita, 2014). The research inquiry on employee engagement highlights how healthcare managers could leverage employee engagement strategies as an organizational asset to achieve improved organizational performance.

Implications for Social Change

Health and well-being are essential elements for longevity, mortality, and morbidity within society (Mihail & Kloutsiniotis, 2016). Focusing on employee engagement and organizational performance in healthcare creates a platform where health and wellbeing are central to the performance of healthcare organizations. Healthcare managers who achieve high levels of employee engagement could improve job satisfaction, which facilitates high-performance workplaces that are conducive to enhanced patient-centric care and positive health outcomes (Strömgren, Eriksson, Bergman, & Dellve, 2016). Therefore, employees and their managers could work together to consolidate and optimize healthcare resources. The combined efforts of managers and employees could allow for the achievement of robust clinical, operational, and financial results that benefit the community (Bedarkar & Pandita, 2014). The knowledge gained from this study could provide healthcare managers with strategies that enhance organizational performance while engaging employees who act as organizational and community stakeholders.

A Review of the Professional and Academic Literature

The purpose of this qualitative single case study was to explore employee engagement strategies that some healthcare managers use to increase organizational performance. Failure to implement employee engagement strategies could create a disengaged workplace with unmotivated staff, which could have a negative effect on organizational performance (Allam, 2017). The central research question for this research

study was as follows: What employee engagement strategies do some healthcare managers use to increase organizational performance?

I used the literature review to draw out themes and concepts related to the research topic from peer-reviewed literature. I used several online databases to search for journal articles to review, including but not limited to, ABI/INFORM Complete, Academic Search Complete, Business Source Complete, EBSCOhost, Emerald Management, ProQuest Central, Google Scholar, Science Direct, and Taylor and Francis Online. I used the databases to locate the peer-reviewed articles to conduct the literature review. The search keywords included *determinants of engagement, SET, Maslow's hierarchy of needs, qualitative research methods, training and career development, psychological contracts and ownership, job characteristics and work environment, leadership, quality healthcare, healthcare operational efficiencies, and patient experiences*. Research information from the literature review included articles from 63 peer-reviewed articles and seven seminal books and authors. The total number of references in the literature review is 75. References in this review that were published within the last 3 to 5 years of this study represented 90.7% of the literature review.

Social Exchange Theory

Individuals seek employment to fulfill psycho-sociological needs. Organizations are an example of social constructs where employees receive financial and psychological benefits in exchange for their skills and labor (Mostafa, Gould-Williams, & Bottomley, 2015). Consequently, fulfilled employees increase outputs that could benefit the organization they represent. The role of employee engagement becomes one of the key

factors that drives organizational performance as the reciprocity of exchange is mutually beneficial for both the organization and its employees (Alcover, Rico, Turnley, & Bolino, 2017). In this doctoral study, I aimed to identify strategies that healthcare managers can use to achieve employee engagement that increases organizational performance. For this study, I used SET as the most appropriate lens to explore employee engagement strategies that some healthcare managers use to increase organizational performance.

The notion of social exchange emanated from Thibaut and Kelley's (1959) study on human behavior. Thibaut and Kelley identified mutual interdependence as the key factor influencing social behavior and defined it as a set of outcomes based on a combination of individuals' efforts and mutual and complementary arrangements. Homans (1961) adopted the mutual interdependence concept and coined the term *social exchange* in the context of reinforcement principles, whereby the interactions between individuals occur when the activity is of mutual benefit and causes less harm or loss to the parties involved. Blau (1964) used Homans work and applied it to an economic and utilitarian perspective where the idea was on social exchanges that resulted in anticipatory mutual benefits, where prior knowledge of the benefit was not a determining factor in participating in the exchange. Emerson (1976) later developed SET into a framework by combining Homans's and Blau's work and posited that human relationships within organizational constructs flourish from reciprocal contingencies and rewarding processes. The processes involved the exchange of valued relationships and transactions between employees and their organizations where reward reinforcement determined the level of transactional outcomes. According to Cropanzano, Anthony,

Daniels, and Hall (2017), the foundations of SET highlight how social exchanges have either economic or socioemotional effects. Therefore, organizational leaders should consider financial and psychological rewards as part of their employee engagement strategies.

Employees have a vital role to play in determining their behavior within the organization. Slack et al. (2015) identified SET as the most appropriate conceptual theory to adapt and understand the social and economic exchanges that influence workplace behaviors. Slack et al. supported the need to move away from the singular notion of financial incentives in motivating and engaging employees to a more holistic view that considers the value of both intrinsic and extrinsic factors that influence work relationships. Wu and Lee (2017) highlighted the importance of associating SET with positive organizational behaviors aimed at fulfilling psychological contracts and effective resource allocation. Healthcare managers could build relationships informed by shared values, social exchanges, and socioeconomic obligations that coincide with employees' perception of their organizational membership. Newman, Miao, Hofman, and Zhu (2016) recognized that unrewarded or unsupported corporate behaviors primarily impacted the level of employee engagement and commitment levels. Newman et al. emphasized the importance of social contracts and exchanges in meeting unspecified socioeconomic obligations that drive and facilitate increased levels of employee commitment towards enhanced performance.

The challenge with SET is how it simplifies complex human relationships when there are multiple factors that may influence interactions. Cropanzano et al. (2017)

criticized SET by highlighting that SET was limited in its application as it only served to explain a social phenomenon posthumously as opposed to using the theory to predict behaviors. Cropanzano et al. critiqued the assumption that the presence of negative constructs was due to the lack of positive constructs, as this misaligned with the SET principles of social interactions. Mihail and Kloutsiniotis (2016) highlighted that business environments are not static as they consist of diverse employees and complex systems that create fluctuating and uncertain operational environments. Birtch, Chiang, and Van Esch (2016) posited that striking a balance between engagement and operational performance might be challenging in competitive markets given that organizational managers tend to succumb to profit margin pressures. In a volatile organizational climate, organizational managers are quick to sacrifice strategies that support SET for more financially oriented transactions and business decisions that reduce the outlay of costs to guarantee sustainability and maintain profitability (Saks & Gruman, 2014). In contrast, managers who apply SET promote a balance of high-performance, workplace cultures, and relationships that are agile and adaptive to change.

Relevance of SET in Employee Engagement

Managers who foster meaningful workplace relationships create positive work environments that produce successful organizational outcomes. Oparaocha (2016) supported the notion of managers implementing valued implicit and explicit socioeconomic contracts that align with employee objectives and values. Birtch et al. (2016) highlighted that the application of SET within organizational constructs emphasizes the importance of organizational relationships, values, and contractual

obligations to enhance organizational performance through the investment in human capital. Wu and Lee (2017) highlighted that the relationship between the employee and the organization is two-fold. Therefore, employees and organizational managers have a role to play in adapting organizational strategies as a precursor to personal and organizational success. Organizational managers who use employee intellectual capacity to harness shared knowledge positively support psychological resources that optimize employee resilience (Birtch et al., 2016). The achievement of psychological contract fulfillment supports the creation of high-performance work systems where employees can achieve significant positive outcomes. Consequently, managers could predict and implement job characteristics that support employee engagement through psychological fulfillment strategies.

Organizational managers could cocreate psychological contracts that influence employee behaviors, attitudes, and performance, which are contributory factors in influencing the level of employee engagement and commitment within the organization. Mihail and Kloutsiniotis (2016) acknowledged that organizational managers could realize implicit obligations and employee perceptions and how both parties influence the exchange relationship through knowledge sharing. Collini, Guidroz, and Perez (2015) posited that the provision of employee engagement strategies equips healthcare managers with the necessary skills and knowledge to not only focus on the financial inputs of engaged employees but to also harness their knowledge, which may translate into organizational performance. Therefore, the findings of the literature review support the notion of how the doctoral study could add to the literature on employee engagement, as

managers could learn how SET translates into the daily operations of business environments.

Alternative Theories

Maslow's hierarchy of needs. An alternative theory that weighs in on employee engagement is Maslow's hierarchy of needs theory. Maslow's hierarchy of needs theory consists of physiological needs, safety, belonging, esteem, and self-actualization. Maslow (1943) stated that the level of importance individuals associated with their needs determined their motivation to fulfill those needs. The most basic need Maslow identified that motivated behavior was physical survival. Maslow posited that once individuals satisfy physical survival, the fulfillment of other needs then takes precedence. Maslow initially theorized that individuals needed to satisfy their lower level needs before proceeding to fulfill higher level needs. However, Maslow (1954) later identified that his previous work incorrectly eluded to the fact that progression to meet higher needs would only occur once there is the achievement of the lower level needs. Maslow acknowledged that the needs were flexible, and individuals could fulfill different needs concurrently given needs differ from person to person. Also, people seeking fulfillment within different stages of the hierarchy have intrinsic motivators that dictate their human behavior, resulting in differences in the prioritization of needs.

Fulfilled employees positively contribute to the organization's goals. D'Souza and Gurin (2016) discussed the concept of self-actualization in the context of an individual fulfilling all their needs. Organizations have the opportunity to support employees to reach self-actualization through supportive psychological contracts. Stachová, Stacho,

and Bartáková (2015) highlighted that organizational managers need to provide employees with appropriate remunerations to fulfill their needs. Managers could recognize employees as valuable members of the organization by fostering healthy workplace cultures that are inclusive and supported by appropriate reward and recognition strategies. Managers who provide challenging jobs and development plans that support personal growth could help employees reach self-actualization.

The critical limitation of Maslow's theory was that Maslow used a biographical analysis, a method based entirely on individualistic views, to inform the characteristics of self-actualization. As a result, the biased findings limited the generalizability of the theory in cultural and gender diverse constructs, as the sample used was of self-actualized white males (Najjar & Fares, 2017). Another criticism of Maslow's theory was the assumption that individuals who could not fulfill the basic needs would have difficulty fulfilling higher needs and achieving self-actualization (Harrigan & Commons, 2015). In organizations, employees come from different socioeconomic backgrounds, and their motivation to perform at work differs. As a result, an employee's prioritization of needs would not follow the hierarchical structure of Maslow's theory. The limitations of Maslow's theory bring to question the validity and reliability of Maslow's findings and assertions. Therefore, it would be challenging to develop employee engagement strategies that are inclusive of each employee's needs based on Maslow's theory.

Employee Engagement

Employee engagement is a phenomenon that describes the relationship between an organization and its employees. Organizational managers are finding new ways of

leveraging competitive advantages through the engagement and investment in human capital due to the increasing competition in the global markets (Bailey et al., 2017). The reason why researchers explore employee engagement is to understand the positive or negative impacts of the phenomenon on business environments, strategic goals, and objectives (Alagaraja & Shuck, 2015). As a result, there is an increase in researchers' interests in exploring organizational strategies that pertain to employee relationships, behaviors, and performance. Bhuvanaiah and Raya (2014) highlighted the extent to which engaged employees enhanced job and task performance through organizational citizenship behaviors and discretionary efforts. Organizational managers who understand employee engagement create an opportunity for organizations to invest in the intellectual capital of their employees and can leverage the qualities of engaged employees to increase the organization's competitive advantages (Bedarkar & Pandita, 2014). In contrast, disengaged employees could increase organizational attrition and absenteeism, which negatively impact the performance and productivity of the organization.

Employee engagement, whether positive and negative, has financial implications to the organization. Anitha (2014) asserted that employee engagement is a key determinant of organizational success and sustainability, notably where labor costs account for the majority of any organization's operational costs. Bhuvanaiah and Raya (2014) asserted that organizational managers need to rethink their operational strategies, given the copious financial and economic pressures that compel organizations to achieve high yields while reducing costs. Therefore, organizational managers must invest in the relationship between employees and their work environment, as it not only reduces costs

but also improves the effectiveness of human capital usage to enhance organizational performance.

Employee engagement involves the collaboration of all parties within the workplace to ensure the success of the organization. Bailey et al. (2015) acknowledged that engagement is a two-way process between employees and their organizations. Therefore, organizational managers have a role to play in inspiring and motivating employees while taking into consideration the variances of employee personalities, abilities, and interests. The findings from Howell (2017) highlighted the need for organizational managers to be more supportive in their management approach by considering how employees' needs could align with the organizational goals. Howell emphasized the importance of organizational managers who foster inclusive team cultures and supply job and task resources as they enable employees to become autonomous throughout their professional membership.

Organizational managers have an influential role in creating an engaging work environment. Anitha (2014) highlighted that once organizational managers understand the key ingredients in creating a healthy organization and how work environments are influential in improving engagement, employees can feel safe, take supported risks, and be willing to innovate to create a high-performance workplace. While many factors contribute to employee engagement. Eldor and Vigoda-Gadot (2017) identified work centrality, feedback, recognition, and empowerment as key factors that influence employees to have a sense of belonging while feeling valued. Anitha identified that an employee's belief within the organization influenced their intentions to stay with the

organization. Eldor and Vigoda-Gadot highlighted the need for continuous evaluation of employee engagement within organizations as employee emotions and needs vary over time, making it a challenge to sustain a productive workforce of engaged employees without the risk of burnout.

An employee's frame of mind could shape their behaviors at work. Anitha (2014) posited that employees have to be willing, passionate, and energetic towards accomplishing organizational goals. As a result, organizational managers could use employee engagement as a strategy to achieve organizational performance. Bhuvanaiah and Raya (2014) emphasized that organizations who achieved reciprocal work relationships with their employees encouraged their employees to express themselves fully in their work. An employee's engagement level could be evidenced by their performance at work, their discretionary efforts and commitment to fulfilling organizational goals. While reciprocal work relationships are difficult to quantify or measure, organizational managers who understand the importance of employees in an organization prepare with the appropriate strategies that facilitate an engaging environment (Bhuvanaiah & Raya, 2014). Organizations could begin to see changes in employee engagement that support enhanced business performance when managers strive to value and prioritize employees' needs.

Definitions of Engagement

Organizations need to harness employee commitments and channel their efforts and behaviors towards congruent goals that benefit both the employees and the organization. Anitha (2014) defined employee engagement as the level of commitment

and involvement of employees towards their organization. An employee's ability to apply themselves physically, emotionally and cognitively will determine their engagement levels within the organization. Engaged employees' motivation directly correlates to their performance levels at work (Barrick et al., 2015). By investing in human capital as an organizational strategy, organizations could develop a competitive leverage in the market. Alagaraja and Shuck (2015) identified job meaningfulness, safety, and job availability as psychological engagement conditions for employees. Organizational managers who create an environment that facilitates all three conditions, ensure the selection and recruitment of employees that contribute to a high-performance and positively engaged workplace culture. Consequently, engaged employees are aware of their responsibilities in an organization and actively contribute to achieving organizational goals.

Engagement can be challenging when there are variances to how employees define and characterize engagement in the organization. Saks and Gruman (2014) described employee engagement as a positive, fulfilling, work-related state of mind, characterized by dedication towards the demands and needs of a job role. Engaged employees focus their energies physically, mentally, and emotionally towards fulfilling organizational goals. Although employees have unique perspectives of organizational goals, their combined efforts would demonstrate that they have commonalities in their dedication and levels of commitment (Singh & Gupta, 2015). Although there may not be a singular definition of engagement, there are distinguishable characteristics of engagement that healthcare managers can use to drive organizational performance.

Employees need to behave sensibly at work to gain appreciation and respect from their peers, which contributes towards a healthy workplace culture. Barrick et al. (2015) highlighted the importance of an employee's attitude in influencing the level of satisfaction, involvement, and commitment within the organization. Each measure involves cognitive and emotional behaviors that shape the employee's view of their work environment, which directly correlates to the employee's levels of engagement. Alagaraja and Shuck (2015) posited that fulfilled employees are more likely to become involved in problem-solving initiatives within their daily tasks aimed at achieving organizational goals and outcomes. Therefore, it is imperative for healthcare managers to promote job involvement where employees can discover aspects of their role that engages them to assist in furthering the organization's objective.

Healthcare managers who take time to include employee input when searching for best work designs develop a psychological connection and commitment with their employees whose valuable attributes further the organizational objectives. Singh and Gupta (2015) identified three key components that affect employee organizational commitment which are an employee affection to their job, fear of losing their job, and obligations to stay in their job. Harnessing the affective commitment of employees allows managers to ensure that they are leading a team of individuals who are passionate about their job. Passionate employees fully engage in their job roles and aim to achieve the best results without the fear of losing their job. Job satisfaction, job involvement, and organizational commitment are interconnected attributes that help foster positive engagement in the workplace (Strömngren et al., 2016). Employees that perform at their

best could directly influence organizational performance. An employee's willingness to stay within the organization grows when their efforts contribute to the organizational goals. Therefore, retaining highly skilled employees would be beneficial for the organization to sustain increased organizational outcomes.

Determinants of Engagement

Employee engagement has several prerequisites that need to be in place to foster environments where employees actively participate in their role and positively contribute to organizational success. Factors that influence the workplace culture include employee pay and benefits, growth opportunities within the organization, and quality of workplace relationships among employees. Khamisa, Oldenburg, Peltzer, and Ilic (2015) highlighted the effects of work-related stress on employee behavior and concluded that managers who had toxic cultures in the workplace perpetuated disconnection and disengagement of employees. Therefore, healthcare managers need to understand the interconnected constructs that drive engagement in their organization to improve engagement levels.

Remuneration, rewards, and recognition. The notion of financial remuneration is essential to motivate and engage employees in their roles. Reid (2015) asserted that people look for jobs and pursue their career of interest to facilitate financial independence and to function within their society. Yousaf, Latif, Aslam, and Saddiqui (2014) suggested that offering employees financial and nonfinancial incentives is one way of rewarding employees for their skills and knowledge. Attractive remuneration comprises of a combination of pay, bonuses, and appreciation. Ghosh, Rai, Chauhan, Baranwal, and Srivastava (2016) discussed how rewarding and recognizing employees makes employees

feel obliged to respond with higher levels of engagement. However, Yousaf et al. observed that the perception of benefits can be subjective to the needs of the employee and may differ to what organizations may offer as benefits. Therefore, it is the responsibility of the organization to ensure that there is an alignment of employee benefits with the needs of the employees. Regardless of the type of reward offered, an employee's perception would dictate their contentment at work. Consequently, organizational managers need to set out acceptable standards of remuneration and recognition that are meaningful and resonate with their employees to attain increased levels of engagement.

Organizations need to design and offer employee benefits that are flexible and adaptive to employees' needs. Wamuuru and Jamleck (2018) posited that it is essential that employees feel valued, appreciated, and well remunerated in exchange for their skills and efforts. Albrecht et al. (2015) discussed how remuneration could be an indicator of how the organization values its employees especially as employees feel valued, productivity increases. Therefore, employees may correlate their high performance to improved compensation because when the organization performs well, there is an opportunity for the additional earning to flow back to employees as bonuses. However, directly correlating high performance to bonuses may motivate fraudulent or unethical behaviors resulting in artificially increased performance outcomes. Massingham and Tam (2015) discussed how remuneration and bonus payments should be at a level that is equitable and benchmarked against industry peers to maintain competitive leverages within different industries and markets. Remuneration and rewards in regulated industries

such as financial industries, not for profit, and public services, may be capped to ensure that employees and organizations work in the best interest of the public.

Although remuneration is not the only motivator for engagement, it remains an influencer to engagement. Massingham and Tam (2015) posited that employees who perceive to get adequate pay are happier and more loyal to the organization compared to underpaid employees. Loyalty means that the organization reduces human resource expenditure as it diminishes the need to recruit new employees as a result of poor retention and high turnover. Shantz et al. (2016) highlighted that high employee retention and low-turnover rates are a great indicator of a high-performing team culture in an organization. Lower turnover rates may indicate an environment of trust and collaboration as there is a culture of teamwork among team members within the organization.

Organizational managers can adopt appreciation as a reward system to encourage positive behaviors and inspire discretionary effort. Yeoman (2014) posited that appreciation is a fundamental human need. Praise and recognition reflect how people are respected and valued by others. Therefore, appreciation could be a form of incentive towards achieving organizational goals. When employees get recognition for their work, it is a reflection of how the organization values its employees. Employees who receive recognition feel a sense of achievement for their hard work and efforts. Ling, Lin, and Wu (2016) posited that employee recognition is a social proof principle where employees who emulate acceptable behaviors receive some level of reward or recognition. Employee recognition by healthcare managers may set precedence or standards that could translate

to key performance indicators of the organization. Pulakos, Hanson, Arad, and Moye (2015) highlighted how recognizing desired behaviors increased the likelihood of repetition of the behavior by others as imitation of the behaviors would warrant the possibility of a reward for other individuals. As a result, organizations who have recognition initiatives validate SET as employees repeat the desired behavior in exchange for validation of work done, increasing performance in the organization.

Employees who feel valued have increased work satisfaction, increased performance levels and heightened motivation to excel in their work. Robertson and Kee (2017) highlighted that when employee satisfaction levels are high, more time is spent on the job. By managers engaging with their employees regularly, they could gain an understanding of the needs of their employees, thereby fashioning employee benefits that are relevant to the workforce. Timms et al. (2015) highlighted flexible work arrangements, wellbeing support, and tuition reimbursements as examples of benefits that could form part of an employee's benefit program. Consequently, organizations who have a unique benefit proposition tailored to its employees attract and retain skilled, committed, and loyal workforces that are willing to support organizational objectives and goals.

Training and career development. Organizations need to equip their employees with the right skills to effectively perform in their roles. Training and development in relation to employee engagement is a method in which organizations develop the knowledge and skills of its employees to help them advance within their role and performance (Dhar, 2015). Without adequate training and development, employees may

feel incompetent, thereby accelerating the levels of disengagement and disconnection towards their role. Ellinger and Ellinger (2014) posited that organizational managers who implement training and development strategies with their employees improve service quality and organizational performance. Healthcare managers who use of training and learning development programs aids in building the confidence of employees and motivates them to be competent in their jobs. Also, organizations that offer training and development opportunities allow employees to professionally grow and develop as a form of reward system. Pulakos et al. (2015) discussed how managers can help employees to job map or plan their careers through training and development strategies and help them realize their full potential. By doing so, healthcare managers could use training and development as a key value proposition strategy in attracting and retaining skilled employees. Therefore, it is vital for organizations to create opportunities for employees to develop themselves and commit to their roles.

Employees feel as if they are part of the organization's mission and strategy as mediums of success when organizations prioritize training and development. Deery and Jago (2015) posited that employees discovered engaging aspects of their roles through training and development, which made them feel competent and translated into high performance outcomes. Through training and development, employees feel challenged within their role, allowing them to continue to learn new skills and strategies that are relevant to the changing needs and demands of their roles. Riley, Michael, and Mahoney (2017) highlighted how robust training and development programs are a key market differentiator in attracting high-quality employees who could increase organizational

performance. Healthcare managers who adopt development and training programs ensure parity across the organization, as all employees get support to obtain the right skills and knowledge to execute their roles efficiently to fulfill the organization's mission and strategy (Deery & Jago, 2015). Consequently, employees then feel more satisfied with their roles and choose to work for organizations where training and development opportunities exist.

Competent and top-performing employees have the potential to change industry standards and help their organization hold a market-leading position within its industry. Froehlich, Segers, and Van den Bossche (2014) discussed how it is vital for organizations to foster an organizational learning culture to help design change management initiatives that are in line with the organization's mission. Through a learning culture, organizational managers can encourage engagement and foster innovation within the organization (Amabile & Pratt, 2016). Organizational managers who understand the skill level of their employees could appropriately allocate resources to maximize productivity and efficiency. Also, organizational managers could design the relevant support systems required by their employees to ensure continuous and consistent engagement and performance.

Psychological contracts and ownership. Employees and employers have specific needs and expectations that they require from each other as part of the organizational contractual agreement. De Clercq, Bouckenooghe, Raja, and Matsyborska (2014) highlighted the importance of employees having a sense of psychological ownership in their role as well as having personal goals that coincide with those of the

organization. Goal congruence exists when both parties combine their efforts to achieve a shared vision. Han, Chiang, McConville, and Chiang (2015) posited that a person's job fit has a direct positive correlation to psychological ownership and contextual performance. However, a person's organization fit could only be significantly related to psychological ownership if there is a deeper connection with everyday tasks. As a result, employees voluntarily feel more responsible for achieving organizational goals. Peng and Pierce (2015) posited that psychological contracts help explain the relationship between employees and the organization, and how expectations are set for the relationship. The more understanding of the expectations by each party, the more effective the contract is for both parties.

Meaningful connections at work have a positive influence on the engagement levels of employees. Birtch et al. (2016) highlighted how psychological contracts are distinct transactional and relational obligations that occur during social exchanges. Transactional obligations specifically pertain to the employees' remuneration and benefits, in exchange for their skills and services as part of doing their job. In contrast, relational obligations entail socioemotional aspects, such as the type of relationships and bonds that employees form within the organizations. Birtch et al. provided examples of relational contracts where employees were more supportive of change initiatives, helped their peers, and were willing to work overtime. Avgoustaki (2016) highlighted that employees and their employer were likely to immediately terminate a transactional arrangement that failed to meet their needs. Both parties needed to be willing to terminate the relationship if the needs of either party were not met to avoid issues of

disengagement. Therefore, when considering employee engagement, it is essential for both parties to equally value the contractual exchange for there to be meaningful engagement within organizational constructs.

Valued relationships are an aspect of engagement that explicitly highlights the interpersonal harmony of employee engagement. Anitha (2014) identified how supportive and trusting interpersonal relationships among teams help to promote employee engagement within the workplace. Managers who create open and supportive environments in the workplace help employees to feel safe, resulting in an increased level of engagement. In a supportive environment, employees can experiment without the fear of negative repercussions as they feel supported to try new things and even fail without fear of the consequences (Guchait, Paşamehmetoğlu, & Dawson, 2014). Communication is the key factor in cultivating valued relationships with employees. Karanges, Johnston, Beatson, and Lings (2015) evidenced how effective internal communication facilitated interactions between an organization and employees. Organizational managers who facilitate positive dialogues within the organization could create positive workplace relationships based on meaning and worth. Conversely, when employees feel their suggestions have no value to leadership, they disengage, resulting in lower performance levels.

Psychological ownership extends SET by understanding employees' motivation to perform within their role. Brown, Crossley, and Robinson (2014) emphasized the importance of employees achieving psychological ownership within their work for organizations to remain sustainable within global competitive markets. Psychological

contracts reflect the understanding of employee commitments towards the organization. Employees will act and perform their job based on their interpretations of their role and will attach meaning to their contribution based on that understanding (Bailey et al., 2017). Therefore, it is essential for organizational managers to note that psychological contracts evolve based on intrinsic and extrinsic factors that affect both the organization and its employees. Also, psychological contracts over time are difficult to predict or foresee, making it vital for organizations to constantly evaluate and review their strategies to enhance ongoing psychological contracts and employee engagement.

Low, Bordia, and Bordia (2016) posited that psychological contracts become more elaborate throughout the employment relationship as factors such as loyalty and stability only become evident over time within the organization. Without employees who are psychologically engaged in their contractual relationship with the organization, employees then become disengaged. Allam (2017) posited that employee disengagement results in poor retention, increased sick leave, and poor job performance, all of which directly impacts the organization's performance. Therefore, it is important for organizations to have balanced psychological contracts that entail shared risks between employees and their employers. Organizational managers also need to anticipate the renegotiation of psychological contracts as the influencing factors evolve.

Job characteristics and work environment. Managers who foster supportive working environments actively seek to understand how employees feel and provide feedback while encouraging them to voice their concerns. Horng, Tsai, Yang, and Liu (2016) highlighted that employees in supportive working environments develop new

skills and are proactive in solving work-related problems. Supported employees increase their focus at work and have interpersonal harmony as they have a deep-rooted connection to their work environment. Such inclusive and supportive environments entail tailored organizational systems and processes that enhance employee engagement. Wu, Straub, and Liang (2015) findings highlighted that amiable organizational policies and procedures are vital in engaging employees and achieving organizational goals. Mas-Machuca, Berbegal-Mirabent, and Alegre (2016) supported the notion of flexible work arrangements, as they have a notable positive impact on employee engagement within an organization. Organizations could have policies and procedures that govern fair recruitment and selection, promote work and life balances, and ensure that all employees have access to equitable opportunities to develop and professionally grow within the organization. Therefore, the existence and implementation of engagement policies and procedures are crucial as a foundation for establishing and maintaining positive work environments that are imperative when fostering a high performing workforce.

Organizational managers who prioritize their employees' wellbeing and proactively use policies and procedures that govern engagement, set precedence for an organizational climate of positive engagement. Zhao, Ghiselli, Law, and Ma (2016) defined workplace wellbeing as a holistic measure that considers the intrinsic factors that influence employee engagement, employee satisfaction, and motivation within the organization. Horng et al. (2016) reinforced the importance of workplace wellbeing by asserting that the most important driver of engagement was management's interests in employee wellbeing. Organizational managers need to use wellbeing as a strategy and

measure to gauge the influence that organizational climate has on its employees. Woon, Tan, and Nasurdin (2017) described the organizational climate as a determinant of employee's intention to stay within an organization dependent on the level of autonomy, rewards, and support provided as part of the employee organizational relationship. Employees gain increased levels of psychological ownership over their work when organizational managers foster and nurture positive organizational climates that assist in mediating the relationship between them and their employers. Therefore, the repeated interactions develop into psychological contracts where if violated, the strained relationship could lead to poor performance based on the breach of trust.

Leadership. Organizational managers that exemplify leadership play a significant role in shaping the success of a business. Jiang and Men (2017) highlighted that being a leader entails having a sense of self-awareness, relational transparency, and internalized moral standards. Organizational managers need to possess leadership qualities as they are responsible for communicating and driving the organization's objectives. Carter and Baghurst (2014) stated that organizational managers who exemplify leadership traits and characteristics appreciate and value employees contribute to the success of the organization. Through practicing organizational leadership, managers could communicate and drive organizational goals and objectives in a way that is best understood and appreciated by employees. Dong, Bartol, Zhang, and Li (2017) posited that managers with leadership skills play an important role in shaping the culture of the organization by understanding the employee's needs, thereby building the necessary relationships that foster high-performance work systems. Organizations could achieve operational

effectiveness, innovation, and high-quality results for customers by aligning the organizational structures, systems, and processes using team structures that support positive workplace cultures.

Leadership behaviors can have a significant influence on employee's perception of their work environment and their levels of engagement. Magsaysay and Hechanova (2017) highlighted how transformational leadership is one type of leadership that is authentic and supportive in helping employees increase their involvement, satisfaction, and engagement in the workplace. The type of leadership style has a significant amount of influence in the way that an organizational manager relates to their employees and inspires employees to perform within their job roles. Organizational managers who employ leadership traits could harness their intuitive knowledge and skills to strategize how to motivate employees through acknowledgment and praise. Latham (2014) identified three distinct challenges that all effective organizational managers who exemplify leadership have to overcome to achieve organizational success. The challenges were providing a shared vision, sharing the strategic direction and purpose for the business, and converting the visions into actionable performance outcomes that are relatable to the everyday practice of employees. Managers who master the art of leadership have balanced emotional and logical reasoning that makes them impartial in their decision-making, resulting in decisions that achieve positive outcomes that are beneficial to the organization (Magsaysay & Hechanova, 2017). Organizational managers could also eliminate blame and focus more on facilitating solutions to problems that their teams may face. Through effective leadership and supervisory support, managers could

identify the required organizational changes to warrant success. Organizational managers could also inspire initiatives of change and innovation that are in tandem with employees' goals through the vision of the organization.

Employees who are unwilling, ineffective or incompetent to complete their tasks could be a reflection of poor organizational leadership. Saks and Gruman (2014) highlighted that disengaged employees have the inability to professionally develop and grow within their job roles and fail to turn their potential into reality without the support and guidance of their managers. The role of organizational leadership is vital in developing and supporting employees' in their work while valuing their contributions to the organization. Hogan and Coote (2014) discussed how engaged employees create a culture of high performance where communication is effective and open, and where creativity and calculated risks are encouraged. While different types of leadership styles exist, each type is unique and distinct. The application of the leadership style must be in the right context to support employees while promoting organizational performance. Donate and de Pablo (2015) emphasized the importance of leadership as a prerequisite for effective management. Therefore, organizations need to invest as much in their managers as they do in employees to create a balanced workforce where both play a contributory part in achieving the goals and objectives of the organization.

Organizational Performance

Quality healthcare. Healthcare organizations are entities that focus on service provisions aimed at promoting human wellbeing through holistic and patient-centric care. Sav et al. (2015) highlighted the need for timely, affordable, and accessible healthcare

that is evidence-based and achieves positive health outcomes. Factors such as the availability of resources, level of knowledge and skills, and the accessibility of services affect the delivery of holistic quality healthcare. Appropriate levels of resourcing that are both affordable and accessible are necessary to meet the healthcare needs of patients and consumers. Goldstein et al. (2018) posited that when engaged healthcare employees feel valued, they can translate their efforts into quality patient care by upholding values such as beneficence, nonmaleficence, justice, and autonomy, which are at the core of quality healthcare. Employee engagement becomes an essential facet for healthcare managers to motivate employees to meet healthcare standards along with consumer expectations and needs. As a result, engaged employees are willing to follow policies and procedures, provide quality care and avoid potential errors that may impact the bottom line of healthcare organizations.

Healthcare managers could use key performance measures and indicators to identify priority areas that influence the organization's performance and outlook. Wang, Kung, and Byrd (2018) identified examples of performance measures and indicators in healthcare such as infection rates, injuries while in care, and accepted standards of treatment for specific clinical conditions. Wang, Kung, and Byrd emphasized how performance indicators help organizations monitor and report on quality care to create acceptable levels of care that coincide with benchmarked standards within the healthcare industry. The benchmarks are then necessary to standardize care and guide incentivized funding models that directly correlated to patient outcomes. Joudaki et al. (2015) highlighted that by standardizing quality care, organizations could identify the overuse or

misuse of resources which may potentially lead to the eradication of waste and ineffective treatment options within the healthcare organization. Therefore, it is imperative for employees to understand and uphold standards of care set out by their organization to avoid financial penalties that may inhibit the growth or performance of the organization.

Operational efficiencies. Employee behaviors within their workplace influence their commitment to work, which in turn affects employee productivity. Menguc, Auh, Yeniaras, and Katsikeas (2017) suggested that employee engagement levels directly correlate to increased levels of productivity and financial performance within an organization. Employees are a driving resource for productivity in an organization as the costs related to human resourcing forms a significant portion of organization operational costs. Vogel, Rodell, and Lynch (2016) found that employees leave organizations when they do not feel valued, are unfulfilled with their work or when their values misalign with those of the organization. Disengaged employees who stay within the organization decrease their work output which directly affects the productivity and performance of the organization they work for. However, when employees enjoy their workplace, they are more loyal, more innovative, and seek to improve the organization's performance as it also benefits and supports their motives. Vermeeren et al. (2014) found that organizations that were proactive in human resource management (HRM) experienced greater client satisfaction, less sickness absence, and an improved net margin. Organizations could continue the momentum of business operations when there is less disruption to the human

workforce. Therefore, it is imperative for healthcare managers to prioritize employee engagement to improve efficiencies within the organization.

Motivated and driven employees contribute to the financial success of the organization. Australian Bureau of Statistics (2016) found that engaged employees were more profitable, more customer-focused, operated safely, and were more likely to withstand temptations to leave. Australian Bureau of Statistics identified 3.9 times higher earnings per share (EPS) growth rate for organizations with high employee engagement scores compared to an organization with below average employee engagement scores within the same industry. Bin (2016) identified that the best-performing managers know that there is a linkage between employee engagement and the attainment of organizational goals. Therefore, it is vital for organizations to include robust employee engagement strategies as part of the overall strategic objectives of the organization.

Patient experience. Patient experiences encompass multiple interactions with healthcare professionals and are an integral part of the delivery of quality healthcare. Anhang Price et al. (2014) described patient experience as the patient's journey when considering the clinical and emotional interactions with the healthcare service. The need to understand patient experiences supports the objectives within healthcare to achieve positive health outcomes through a holistic and patient-centered care approach. Castro, Van Regenmortel, Vanhaecht, Sermeus, and Van Hecke (2016) highlighted compassionate, respectful and responsive care as key determinants of how patients assess the delivery of quality healthcare, based on their expectations. The more the organization's employees understand those individualistic needs and expectations of the

patient, the better employees can tailor their care based on those needs. Engaged employees become more willing to understand how their actions influence patient experiences, as they contribute towards organizational performance.

Patient satisfaction scores are a key performance indicator in evaluating patient experiences and how patients are likely to return to healthcare organizations when they have a healthcare need. Manary, Staelin, Kosel, Schulman, and Glickman (2015) posited that high patient satisfaction scores increase the occasions of service for healthcare organizations. The increase in numbers of occasions of services, coupled with quality patient satisfaction scores, supports hospital funding, and becomes central to the sustainability of healthcare organizations. Therefore, driving the need to evaluate patient experiences continuously to ensure that care delivered remains patient-centric is beneficial to the healthcare organization.

Quality service provision stems from the delivery of care from engaged employees that contribute to facilitating positive patient health outcomes. Porter, Larsson, and Lee (2016) identified a link between employee engagement and patient satisfaction and posited that satisfied employees provide quality care to patients. Bellows, Kovacs Burns, Jackson, Surgeoner, and Gallivan (2015) observed that employees provided genuine consultation and guidance to patients and established meaningful relationships with their patients. As a result, the number of satisfied patients increased which improved the organization's patient satisfaction scores. Improving patient experience has an inherent value to patients and families and is an important outcome in its own right, as it could results in positive health outcomes.

Organizational managers could influence patient experiences by valuing employee engagement and equipping employees with the right skills and knowledge to improve organizational culture. Bellows et al. (2015) highlighted how engaged physicians, nurses, and other healthcare professionals who are proud of their organization, took time to understand patient needs and provide quality care and services. Committed and competent employees could help the organization improve patient satisfaction scores through the provision of quality service. With the introduction of standardized services in the healthcare industry, the key differentiator among service providers is the quality of patient's experience in the delivery of care. Constand, MacDermid, Dal Bello-Haas, and Law (2014) posited that there is a direct correlation between employee satisfaction and patient satisfaction, as they contribute to the financial performance and viability of the healthcare organization. Therefore, organizations need to invest in human capital to improve the quality of patient experiences and care through their services.

Transition

The objective of Section 1 was to introduce the research problem as well as the conceptual framework of the study. I validated the use of SET as a framework for the study to investigate the successful strategies that healthcare managers use to improve organizational performance through the literature review. In the literature review, I defined employee engagement in the context of an organization, drew out common themes related to employee engagement and reviewed the potential implications of employee engagement on healthcare performance.

In Section 2, I evaluated the research methodology for the case study including reviewing the ethical consideration, data analysis techniques as well as evaluating the reliability and validity of the findings. The insights gained from the research study may contribute to social change by providing strategies that improve employee engagement, patient experiences, and positive health outcomes. In Section 3, I presented the findings of the study and discussed how they could apply to healthcare practices as well as the implications that the finding could have in informing business practice and social change.

Section 2: The Project

Purpose Statement

The purpose of this qualitative single case study was to explore employee engagement strategies that some healthcare managers use to increase organizational performance. The target population consisted of eight healthcare managers in one healthcare institution located in Queensland, Australia. Healthcare managers formed a sample of managers who use successful engagement strategies to increase organizational performance. The findings add an Australian perspective to the global understanding of the phenomenon. The insights gained from the research study contribute to social change by providing strategies that improve patient experiences, operational efficiencies, and quality healthcare provisions in the healthcare industry.

Role of the Researcher

According to Moon (2015), a qualitative researcher plays an instrumental and mediating role in data collection, analysis, and interpretations. Researchers evaluate their personal biases, experiences, and expectations to assess their ability to conduct a qualitative research study effectively through an objective lens (Fusch & Ness, 2015). I have experienced engagement and disengagement in my career in the healthcare industry that had a direct and indirect impact on my level of performance. Therefore, my experience influenced my interest in understanding employee engagement strategies that some healthcare managers use to increase organizational performance. I did not have any personal relationships or professional relationship with the study participants, which allowed me to maintain a level of objectivity.

Results of unethical research could damage the reputation of participants and the organizations they represent. Doody and Noonan (2016) highlighted that as part of the research process, it is imperative to be aware of the implications of unethical research, which can lead to participant anxiety and exploitation. I adhered to the Institute Review Board (IRB) ethical standards and legal requirements, which guided me in applying the relevant considerations of the Belmont Report (1979) in conducting experimental research on human participants while mitigating unethical risks. I requested and received ethical approval from the IRB to proceed with my research study. I used a consent form to ensure that participants were informed and had a good overview of the research topic and were assured that the data collected remained confidential and would only be used for the purpose of the research.

Researchers must adhere to an acceptable code of conduct by mitigating conflicts of interest when conducting a research study (Sanjari, Bahramnezhad, Fomani, Shoghi, & Cheraghi, 2014). It was important that I was aware of how my biases may have influenced the research, making it imperative that I met research and ethical standards. Potential confirmatory bias or unfounded research findings could result in the questioning of the validity and reliability of the study (Levitt, Motulsky, Wertz, Morrow, & Ponterotto, 2017). It is important for the researcher to ensure rigor and trustworthiness of data as part of the research process to limit the level of potential biases in the research study (Roulston & Shelton, 2015). I maintained a reflective journal to reflect and note the thoughts and feelings I experienced during the research study to minimize the influence of my personal biases when analyzing the data collected. I reevaluated the data collected

by conducting member checking to ensure that participants verified the interview summary and that the interpretations reflected a true and fair view of the participants' perspectives.

Qualitative research is intended for an in-depth understanding of a phenomenon through an exploratory and probing nature of the participant's beliefs and experiences (Lewis, 2015). The use of an interview protocol (see Appendix) supported an exploratory approach to the research study by allowing sufficient time for participants to respond to the semistructured interview questions. I asked each participant the same questions to ensure uniformity in responses while limiting variations. The participants reviewed the interview summary as part of the member checking process, to ensure that my interpretations accurately represented their views.

Participants

Fusch and Ness (2015) posited that at least six interviews could satisfy data saturation. The emphasis of data saturation is more on the richness and depth of data collected to support the research study as opposed to the sample size. I selected eight healthcare managers from one healthcare organization located in Queensland, Australia as participants for the study. Etikan (2016) discussed how snowball sampling is ideal when collecting data from well-informed participants who can provide information-rich data about a phenomenon. The participants were a sample of healthcare managers who have the responsibility of managing employee engagement strategies within the organization to ensure that I maintained alignment with the purpose of the research. I

used a snowball sampling technique to select the eight healthcare managers who provided in-depth information and insights that fulfilled the research objective.

I engaged with the participants, detailing the purpose, scope, and level of engagement required for the study. Concurrently, I obtained approval from the Walden University IRB to engage with participants for the research study. As Hamilton and Stichler (2015) asserted, seeking IRB approval confirms that researchers would take into consideration all potential ethical risks associated with using human participants as subjects in a research study. Once I had approval from the IRB, I contacted healthcare managers from a healthcare organization located in Queensland, Australia. I engaged with the prospective participants and provided them with a consent form with information about the study, requesting whether they would wish to participate in the study voluntarily.

I established trust by providing each participant with detailed information before the interviews took place about the research through the consent form, allowing the participants to clarify any questions before consenting to be part of the research. Råheim et al. (2016) emphasized the importance of purposefully developing a trusting relationship with participants to gain sufficient information to help fulfill the research objectives. I also provided the participants with sufficient time to review and sign the consent form to reaffirm the assurance of their confidentiality and rights throughout the study. Mandal and Parija (2014) highlighted the importance of making participants comfortable in their surroundings to help build participants' confidence in answering interview questions that pertain to the study. I established a collaborative approach with

the participants to ensure that the interview environment was safe and free from distractions.

Research Method and Design

Research Method

Research is as a systematic study of exploring new and meaningful information on a topic to inform social change, improve current understanding, or establish new frontiers not previously (Choy, 2014). The purpose and intent of this study was to explore employee engagement strategies that some healthcare managers use to increase organizational performance. According to Lewis (2015), researchers use the qualitative research method to gain insights into how people associate meaning, feelings, and thoughts related to a given phenomenon as it is exploratory in nature. McCusker and Gunaydin (2015) posited that inquisitive inquiry, active listening, and interviewing could assist qualitative researchers in creating an environment that fosters meaningful dialogues between participants and researchers. Researchers could gain a detailed understanding of a phenomenon by using a qualitative research case study, which may not be found when using quantitative or mixed methodologies research (Ridder, 2017). As a result, I used a qualitative research approach to interview and understand healthcare managers' perspectives and insights into successful employee engagement strategies that improve performance in an organization.

I considered quantitative, qualitative, and mixed research methods to explore the research question. Mixed methods research constitutes both qualitative and quantitative methodologies for more valid and reliable research results (Lewis, 2015). The

combination of both quantitative and qualitative methods allows researchers to observe and statistically analyze a phenomenon. Mayoh and Onwuegbuzie (2015) highlighted how mixed methodologies require researchers to have increased resources and proficiency in analysis given the dual approach in investigating the phenomena under study. I did not select a mixed methods approach as a qualitative study was sufficient to explore healthcare managers' insights into successful employee engagement strategies.

Quantitative researchers examine the causal relationships between variables by using statistical and numerical analysis to confirm or reject a specified hypothesis (Brick et al., 2016). Researchers use quantitative estimates to generalize their findings and to provide comparable statistical data to support future research (Barnham, 2015). However, the overall intent of the study was to explore humanistic values of the phenomena as opposed to affirming a hypothesis about the phenomena using statistical data, nullifying the use of a quantitative research method. I used interviews as an in-depth exploratory approach to managers' experiences of successful employee engagement strategies. I inquired about the underlying practices of successful employee engagement strategies that increase organizational performance. Therefore, a qualitative method was the most appropriate approach to explore the specific business problem for this study.

Research Design

A research design is a detailed plan that researchers adopt to integrate the fit between the research questions, methods, and components of the study to ensure fulfillment of the research objective (Yin, 2018). Research designs vary depending on the strategies of data collection. Lewis (2015) described a case study design as a useful

research tool to investigate trends and theoretical models in a real-world situation. A researcher can narrow down a sizeable research discipline into a single topic for an in-depth analysis of an observed phenomenon (Antwi & Hamza, 2015). As a result, I used a case study design for a detailed analysis of the successful employee engagement strategies that healthcare managers use and determined the factors that drove the increase in organizational performance. For a rigorous understanding of the phenomenon using a case study design, Yazan (2015) recommended six steps to approach the case study design. The six steps were (a) defining the research questions, (b) selecting the case and determining the techniques for data gathering and analysis, (c) preparation for collecting the data, (d) collecting data in the field of research, (e) evaluation and analysis of the data, and (f) preparing the report to present the research findings.

I selected a case study design after reviewing three design approaches for this study, namely the narrative, phenomenological, and case study design. Researchers use the narrative design approach for written, spoken, and visual representations of individual accounts as told through their stories (Lewis, 2015). However, using narrated stories to describe successful employee engagement strategies would be inappropriate as responses could deviate from focusing on the phenomena. Narratives are reliant on an individual's experience, which could vary from person to person. Phenomenological researchers use the study of an individual's subjective experience to explore a phenomenon (Willis, Sullivan-Bolyai, Knafl, & Cohen, 2016). However, due to the subjective nature of the data collected, a phenomenological design would not accurately depict successful employee engagement strategies as success measurements would be subjective to the

individual's interpretation of success. Case study researchers investigate a phenomenon using empirical inquiries within real-life contexts (Yin, 2018). A case study design was the most suitable design to provide a detailed analysis of the healthcare managers' perspectives into employee engagement strategies that improve organizational performance.

As part of the data collection process, Fusch and Ness (2015) discussed the importance of researchers reaching data saturation to enhance research quality and validity. Therefore, through snowball sampling, I selected eight healthcare managers who could provide quality and rich information to achieve data saturation. Aldiabat and Navenec (2018) highlighted that data saturation is when the researcher begins to observe a convergence of data and thematic trends. An indication of data saturation was when I could not generate new themes or codes with the information collected, during the interview process. Another indicator of data saturation is when scholars can replicate the study with the data collected (Nelson, 2017). Through the achievement of data saturation, I ensured that the data collected was of quality and sufficiently supported the purpose of the study.

Population and Sampling

Researchers select participants using snowball sampling based on a pre-selected criterion that coincides with the purpose and intent of the research study (Etikan, 2016). Researchers use snowball sampling to reach the sample size quickly by participants recruiting other participants from the identified population under study (Gentles, Charles, Ploeg, & McKibbin, 2015). I used a snowball sampling strategy to identify the most

appropriate healthcare managers who could provide insights into successful employee engagement strategies based on their experiences. Palinkas et al. (2015) posited that researchers who select a homogeneous sample, make justifiable generalizations to support the research question under study based on theoretical and analytical evidence. The selected participants formed part of a homogeneous sample, which allowed me to examine the specific characteristics that related to employee engagement within the healthcare environment.

Researchers use the purpose of the study to determine the relevant population and sample size required to answer the research question (Galvin, 2015). The targeted population under study included healthcare managers from a health organization in Queensland Australia. Robinson (2014) highlighted that the sample size for case study designs depends on the coherence, achievability, and appropriateness of the research aims. The sample for the research consisted of eight healthcare managers. The goal of qualitative research was to provide an in-depth understanding of a given phenomenon (Barnham, 2015). Therefore, I targeted eight participants who were responsible for managing and engaging staff to gain insights into the successful employee engagement strategies that improve organizational performance. I outlined the selection criteria on the consent form for clarity and transparency with the participants.

Morse, Lowery and Steury (2014) highlighted how data saturation is an important aspect of research. The researcher assures a high level of quality and validity of the research process when they achieve data saturation. Fusch and Ness (2015) highlighted that a researcher achieves data saturation when a researchers' study contains depth and is

full of rich and meaningful data that contributes to the purpose and intent of the research study. Likewise, Anney (2014) stated that a sample size of one is deemed a suitable sample size so long as the sample size can generate in-depth information to support the intent and purpose of the study. Fusch and Ness posited that as little as six interviews could achieve data saturation reinstating the importance of richness and thickness rather than basing the quality of the study on the size of the sample. Therefore, I selected eight participants who were knowledgeable and had experience in engaging employees within a healthcare organization to ensure that I reached data saturation during the interview process. Cleary, Horsfall, and Hayter (2014) posited that qualitative researchers aim to collect rich and meaningful data where all themes are generated and exhausted, allowing researchers to achieve data saturation to sufficiently fulfill the research objective. By selecting a case study design and methodology, I adopted an interviewing process and protocol where all participants were asked the same questions to promote the achievement of data saturation.

According to McIntosh and Morse (2015), participants provide in-depth responses during semistructured interviews, which improves the reliability and validity of the data collected. I selected participants who were healthcare managers that implemented successful employee engagement strategies. Check, Wolf, Dame, and Beskow (2014) highlighted the importance of obtaining consent and reassuring participants of the protection of their privacy during and post the research study. I sent a consent form via email to the participants, and arranged a suitable date, time and location for the interview with the participants that consented to participate in the study. McGonagle, Brown, and

Schoeni (2015) supported the use of audio recording devices as a data collection method as participants are more likely to provide more detailed and lengthy responses when they know they are being recorded as part of the interview. Once I received the participants' consent, I assigned each participant with an alpha-numeric code to protect their privacy. I also informed the participants that the face-to-face interviews would last at least 45 minutes, and that I would use audio recordings to ensure I capture their responses accurately.

Ethical Research

Adherence to ethical standards in research is vital to ensure that there is no misrepresentation or falsification of research data (Dongre & Sankaran, 2016). I exhibited the values of trust, accountability and mutual respect towards participants when collecting and analyzing data by upholding the terms of engagement outlined in the consent form. Haahr, Norlyk, and Hall (2014) posited that ethical standards in research are necessary to keep researchers accountable to the public and build public support to promote research integrity. I provided full disclosure of my biases and documented how I minimized and mitigated the risks associated with the identified biases as part of adopting an ethical discipline during the research study. I quoted the IRB approval number on the consent form. I sought approval from IRB to respectfully engage with the participants by encouraging voluntary participation. There were no incentives offered to the participants for participating in the study to ensure impartiality of responses. The lack of incentives could have deterred participants from participating in the research. However, if a researcher incentivizes participation, it may impair participants' ability to exercise proper

judgment or disclose information that may exclude them as participants in the research study (Resnik, 2015). I advised participants that they could provide verbal and written notice of their intention to withdraw from the study without penalty should they no longer wish to participate.

Bromley, Mikesell, Jones, and Khodyakov (2015) posited that having safeguards around participants' confidentiality and privacy was vital in aiding the researcher to establish a trustworthy relationship. I provided each participant with a consent form outlining the engagement protocols, the purpose of the research, and their rights during and after the research study. Participants also had an opportunity to review the interview summary to ensure the data collected and interpreted reflect a true and fair view of their narration. Sanjari et al. (2014) highlighted the importance of protecting the rights of human participants as part of the ethical considerations in qualitative research. I assigned each participant with an alphanumeric code to protect their privacy and only I had access to the protected data. I stored the data securely to protect the confidentiality of participants and will destroy records after five years from the conclusion of the study. I kept all records in two formats, electronic records kept on a password-encrypted hard drive, and hard copy records secured in a passcode secured locked safe, to protect the integrity of the data collected. I will permanently delete all electronic records, shred all hard copies, and dispose of the data collected in a confidential waste bin after the five-year period. The Walden IRB approval number for this research study is 01-11-19-0666521.

Data Collection Instruments

Fusch and Ness (2015) posited that qualitative research involves researcher interactions with human participants where the researcher becomes the data collection instrument. I used semistructured face-to-face interviews as the data collection method for the case study. I was the primary data collection instrument as I interacted with the participants directly to collect data. Through face-to-face interviews, I built rapport with the participants and gained their cooperation to yield a high response rate. Castillo-Montoya (2016) suggested aligning the interview questions with the research objectives and designing an inquiry-based conversation guide to aide with collecting quality data during interviews. I validated the use of semistructured interviews through peer-reviewed articles by investigating the best methods of collecting data for a qualitative research case study. Next, I used the literature review to determine the structure of the interview questions. Sutton and Austin (2015) highlighted how through face-to-face interviews, researchers build rapport with the participants to gain their cooperation, which yields the highest response rate as opposed to other research instruments. By conducting face to face interviews, researchers could seek clarity and prompt participants to get more information about a particular topic or subject of discussion.

Sarma (2015) acknowledged the challenges that novice researchers face when collecting data. As a result, Sarma highlighted the importance for researchers to use interview protocols as a guide to collecting quality data. Castillo-Montoya (2016) asserted how researchers who use interview protocols build a framework to explore the phenomena under study while providing guided conversations aimed at achieving a

consistent and in-depth understanding of the participants' views and experiences. Furthermore, when a researcher practices rigor in constructing the interview protocol, they enhance the trustworthiness and objectivity of the data collected. I formulated interview questions to address the research objective and to ensure that I collected rich and meaningful data from the participants during the interviews. I used the interview protocol (see Appendix) as a guide during the interview process to encourage participants to give an account of their views and experiences of successful employee engagement strategies that improved organizational performance.

Johnston (2014) discussed how researchers who use secondary sources provide a wealth of information that assists researchers in gaining an in-depth analysis of a phenomenon. I used publicly available organizational documents that related to employee satisfaction and engagement scores to support the research findings. De Massis and Kotlar (2014) posited that through the collection of secondary sources the researcher not only obtains rich and quality data but also validates the data collected from other sources. I reviewed the organizational documents to identify and understand the engagement trends and scores. I then sought commentary from participants on their interactions with the organizational programs and strategies in support of their engagement efforts. I included the participants' views in the analysis to improve methodological triangulation during the analysis of data collected.

Anney (2014) highlighted the importance of achieving reliability and validity in research to improve the credibility of the research findings. As I used both primary and secondary sources of data to inform the study, it was essential that I had a robust process

of proofing the reliability and validity of the data collection and analysis process. According to Birt, Scott, Cavers, Campbell, and Walter (2016), member checking is a process of validation that researchers use to check for the accuracy and resonance of participant experiences and views. Harvey (2015) suggested that researchers adopt member checking as part of the research process to improve credibility. I applied member checking to the data collection and analysis process to ensure that participants validated the accuracy of interpretations of their narrations. Corroborating primary data with secondary data increased the reliability and validity of the research study as I triangulated the data collected during the analysis process to inform credible findings.

Data Collection Technique

Researchers use semistructured interviews to explore in-depth themes and trends of a phenomenon by asking participants the same order of questions (McIntosh & Morse, 2015). Through semistructured interviews, researchers ask in-depth questions where participants have the opportunity to openly discuss their views on the given phenomenon supported by open-ended questioning (Jamshed, 2014). I used an interview protocol (See Appendix) with a schematic structure of open-ended semistructured questions to maximize the time allocated for the interview. I conducted face-to-face interviews using semistructured open-ended questions to explore the successful employee engagement strategies that improve organizational performance. Jamshed (2014) highlighted the importance of developing interview questions based on the literacy level of the target population. As a result, I developed uniformed interview questions using common terms to avoid misunderstanding and ambiguity in the research questions.

Kallio, Pietilä, Johnson, and Kangasniemi (2016) posited that the main limitation with semistructured interviews was the lack of well-researched frameworks that researchers can use to adopt semistructured interviews in research studies. Researchers use their knowledge and expertise to determine the appropriateness of semistructured interviews in their studies. Audio recordings are one way of accurately capturing data during an interview. Researchers who use audio recordings can capture accurate and detailed information about the participants' responses while focusing on other nonverbal cues identified during the interview (Jamshed, 2014). I used audio recordings as part of the interview process to capture participant responses, and documented notes in a reflective journal to record nonverbal cues observed.

Advantages

Palinkas et al. (2015) discussed how researchers use semistructured interviews in qualitative research because the interview questions are prepared ahead of time, allowing for the pre-selection of questions that best explore a phenomenon under study. O'Keeffe, Buytaert, Mijic, Brozović, and Sinha (2016) further supported the use of semistructured interviews by positing how researchers collect reliable and comparable qualitative data, which may confirm what is already known or may provide an opportunity to learn more about the phenomenon. Sutton and Austin (2015) asserted that participants could easily discuss sensitive issues when conducting face-to-face interviews, because the flow of sharing their views is more natural, yielding rich and meaningful data for the research. Kallio et al. (2016) further highlighted how researchers foster two-way communication with the participant during semistructured interviews, which encourages participants to

freely express their views in their terms. As a result, I used semistructured interviews to address the research objective of the research study. I used the interview protocol (see Appendix) as a probing tool to understand participant perspectives and experiences.

Disadvantages

Ashton (2014) argued that the challenge with interviews as a data collection technique is the level of skill required for the researcher to facilitate probing questions without being directive or judgmental. Sanjari et al. (2014) posited that researchers need to ensure the confidentiality of the participants is maintained, to comply with ethical research standards that govern the use of human subjects as participants. Also, a researcher could carefully plan the interview questions to ensure that the questions are not prescriptive or leading. Morse (2015) concurred with the notion of pre-planning by positing that the researcher may need to consider further knowledge of the local culture to have the comprehension of local expressions used in the interview responses as that may have a different meaning to external observers. Therefore, I designed an interview protocol (see Appendix) to pre-plan the interview process and ensure that I collected quality data to investigate the phenomenon.

Jamshed (2014) asserted how interview protocols could help researchers have a systematic method of exploring a phenomenon. Therefore, I used the interview protocol outlined in the *Appendix* during the interviews. I built rapport with participants through informal discussions before the scheduled interview and ensured that the participants selected a suitable environment that was free from distractions, to create a safe interviewing environment. I used an audio recording device to record the interviews and

took notes in a reflective journal to document nonverbal cues and reflections of emerging themes and trends during the interview. I took 50 - 60 minutes breaks between interviews to avoid researcher fatigue during interviews and spaced out the interview days to accommodate cancellations or rescheduled appointments.

Birt et al. (2016) highlighted the importance of member checking as a quality control measure where participants can verify the researcher's interpretations for an accurate representation of their responses. I conducted member checking with the participants by providing them a summary of the interview for review so as to ensure accurate interpretations of their views and improve the validity of data collected.

Lancaster (2017) posited the importance of researchers maintaining participant confidentiality while linking identifying information to participant responses. I assigned an alphanumeric code to each participant as identification to maintain the participant's privacy.

In qualitative research, as the researcher is the data instrument, there is a higher prevalence of researcher bias (Harvey, 2015). The challenge is that qualitative researchers could impose their personal beliefs, consciously or unconsciously to their research work, which then discredits the objectivity of their research work. Birt et al. (2016) highlighted member checking as a useful technique to explore the credibility of the results and ensure that the participants' views reflect in the findings. I asked the participants to review the interview summary to confirm that the interpretations represented their views. Madill and Sullivan (2017) discussed how the member checking process is a consultative process whereby the researcher can clarify interpretations and

gain further insights and knowledge of the participant's perspective. The participants provided feedback on whether the research accurately reflected their responses and views, which validated the data collected.

Data Organization Technique

Sutton and Austin (2015) highlighted the importance of an efficient data management process to map out a clear and transparent process of organizing codes and themes to reflect the participants' perspectives. Bromley et al. (2015) highlighted the importance of researchers protecting participant privacy as part of upholding research ethics. Therefore, I de-identified each participant's interview and audio notes with alphanumeric codes to segregate each participant's respective information to preserve their confidentiality. Petrova, Dewing, and Camilleri, (2016) highlighted that the more identifiers linked to a participant's response, the more likely their identity might be compromised. I limited the demographic identifiers to alphanumeric codes to minimize the risk of compromising participants' privacy.

For the doctoral study, I used data organization techniques such as audio recording of interviews, journal entries during interviews, and data checking and collation using Atlas.ti as a qualitative data analysis software (QDAS). Woods, Paulus, Atkins, and Macklin (2016) suggested using QDAS to organize and categorize data to assist with the data collected and analysis process. I used Atlas.ti to code data, label themes, and query any ideas and concepts that emerged during the data analysis process. Paulus, Woods, Atkins, and Macklin (2015) recommended that researchers consider providing detailed descriptions during the coding process to generate meaningful reports

during data analysis. I used a deductive approach to group the data into predetermined categories based on the literature review of the SET framework. Once the data was grouped, I defined the categories and reviewed the interviews to determine whether the initial grouping was valid. I labeled the emerging themes into a tabular format to help coherently organize the findings using Atlas.ti. Paulus and Bennett (2017) stated that researchers could use NVivo, Atlas.ti or MAXQDA software to produce trustworthy results that help answer research questions. However, I decided to use Atlas.ti as it is compatible with MacOS and I found it more user-friendly and streamlined compared to other QDAS.

Woods et al. (2016) suggested that researchers use technology aides as data management and analysis tools to help answer overarching research questions. I also used technology applications such as Microsoft Word, Microsoft Excel, and digital recording devices, in addition to taking notes and documenting them in a reflective journal, to capture participant information shared during the interview process. I used the ATLAS.ti software and macros in Microsoft as data management systems to formulate coding techniques and generate themes. I stored all research information on an external hard drive that is password protected, to safeguard data collected. Additionally, I will only have access to the hard drive that I will place in a safety box secured in my home office. I will destroy all the material after five years from the completion of the doctoral study.

Data Analysis

Qualitative data analysis involves the reliance of nonnumerical data and application of critical thinking, which are key to accurately describing and analyzing the

data observed for meaningful research outcomes (Sutton & Austin, 2015).

Methodological triangulation is a method of analyzing data from more than one source or data collection method to understand the phenomenon under study (Carter, Bryant-Lukosius, DiCenso, Blythe, & Neville, 2014). Methodological triangulation includes data collected from documents, interviews, and observations to ascertain whether the same findings are achievable when using different sources so that the researcher can test the level of research validity (Lodhi, 2016). According to Anney (2014), the purpose of methodological triangulation in qualitative research is to increase the level of research quality based on the validity of the results. I achieved methodological triangulation through reviewing the interviews, journal notes and publicly available information on the organization as part of the research analysis process. I also had a clear thought process on how to analyze the data collected and document the end-to-end analysis process guided by mind-mapping and reflective journals.

While the use of methodological triangulation is beneficial to the research process, researchers assign a significant amount of time to analyze the different methods to validate the credibility of the research findings (Carter et al., 2014). I applied member checking to the interview summary to maintain the credibility of participants' responses. I assessed the successful employee engagement strategies that healthcare managers use to increase organizational performance by coding common themes and practices to ascertain trend analysis. I used QDAS to assist with the coding process and collation of data gathered from the interviews through audio recordings and reflective journal notes. ATLAS.ti is one of the most prevalent QDAS used by researchers as a qualitative data

analysis tool (Paulus et al., 2015). My preferred choice of QDAS was ATLAS.ti due to its compatibility with Macintosh operating system as well as the cloud access option, which I used to synchronize my electronic devices and accounts to upload data from any location.

Qualitative research involves exploring a phenomenon by describing observations and comparing features of data collected to identify and test the themes observed to deduce relationships that may help understand the phenomenon (Yin, 2018). Qualitative data analysis is the most crucial part of qualitative research as it involves the organization and assessment of data collected to draw conclusions based on the themes highlighted during the research process (Mayer, 2015). As a result, I paid attention to the language participants choose in their responses to express themselves as it reflected their attitudes and behaviors which may have been instrumental in informing their responses. The data analysis process began while conducting interviews. I used a reflective journal to note down nonverbal cues and repetitive words in participant's responses to set the foundation for further probing participants by using the terms and language used during the interview. After the interview process, I transcribed the data and provided the participants with an interview summary for member checking so that there is transparency and credibility in the data collection and review process.

Ingham-Broomfield (2015) discussed how researchers use the deductive approach when the researcher has an idea of how participants will respond to the research question. A deductive approach involves the researcher using a theory or hypothesis to inform the research study by collecting data to test whether the data supports or refutes the theory,

then making a conclusion based on the implications of the theory on the data (Antwi & Hamza, 2015). I used SET as the conceptual framework for the research study, as it supported the exploration of the social exchanges that influence employee engagement and inform successful engagement strategies that improve organizational performance. After collating the data, I adopted a deductive approach to the data analysis process. I transcribed the audio recordings verbatim and stored the data using the QDAS ATLAS.ti so that there was one central and secure data storage location. After transcribing the data, I organized the data by grouping the responses using the research questions as a guide. Sutton and Austin (2015) defined coding in qualitative research as identifying topics, issues, similarities, and differences in the participants' responses based on the researcher's interpretation. Once grouped, I used a deductive approach to categorize the data and identified the recurring themes from the interviews. I created a database to compile common phrases and began labeling the data in preparation for coding. Through the use of ATLAS.ti, I reassembled the data by clustering and categorizing the labels into sequences and groups for further analysis. I drafted a preliminary analysis summary in preparation for member checking with the participants to ensure that the interpretations remained consistent with their perspectives to validate data.

Data validation is a key component of quality research work to ensure that there are no flaws in the data collected. Morse (2015) emphasized how researchers need to exercise rigor throughout the research process so that individuals can have confidence and trust the conclusions of the research study. Smith and McGannon (2018) distinguished how rigorous qualitative research work is of high quality. However, the

definition of rigor varies among scholars as researchers could include elements such as robustness, precision, and the cohesion of concepts and methodologies throughout the research process. The conceptual framework for this case study was SET, which suggested that individuals engage in social contracts if there is a mutual benefit to the individual (Blau, 1964). I improved the validity and reliability of the data analysis by using a deductive approach. By adopting SET, I evaluated the drivers that influenced successful employee engagement strategies, as well as the relationships between the employees and their employers.

The final part of the data analysis process was to interpret the codes and themes into meaningful findings. Vaismoradi, Jones, Turunen, and Snelgrove (2016) highlighted how a researcher needs to correlate all the analyzed data of the overall research objective by using a conceptual framework as a guide. Green (2014) suggested that a conceptual framework helps provide an infrastructure for the research study as the researcher can group ideas and concepts to help explore the research problem. For this research, I used SET together with relevant literature published within five years of developing the doctoral study to ensure the relevance of information and literature in informing the research findings. I created a final report with the interpretations of the data to support the central research question and used the organization's engagement scores as evidence-based data on the successful employee engagement strategies that healthcare managers use to increase organizational performance. I applied member checking to the final report to ensure that I accurately interpreted participants views to improve the credibility of the findings. I critically assessed the pros and cons of the research process and evaluated the

implications of the research study, as well as how the findings could support future research studies.

Reliability and Validity

Saunders, Lewis, and Thornhill (2015) posited that the purpose of research is to generate new knowledge either through a quantitative or qualitative approach. For the purpose of this research case study, I used a qualitative research approach. In qualitative research, researchers aim to design and incorporate methodological strategies to discover in-depth, meaningful insights into a phenomenon informed by participants' perspectives (McCusker & Gunaydin, 2015). The qualitative research method requires a level of accuracy and rigor to collect meaningful and relevant information that is valid and reliable in answering the research questions while addressing the purpose and intent of the study (Smith & McGannon, 2018). The use of tools and instruments that measure the validity and reliability of research is vital to achieve good quality research that is trustworthy and credible.

Reliability

Leung (2015) posited that the essence of dependability for qualitative research resides with the consistency of data and trustworthy results that are reproducible with similar findings. Yin (2018) highlighted the importance of documenting events during the research process so that future researchers can replicate the study within different contexts and sample populations. I demonstrated dependability by developing an interview protocol (see Appendix) that acted as a guide during the interview process. Carter et al. (2014) asserted that the use of methodological triangulation in research

allows researchers to achieve greater depth and reliability in data collected. I included a process of methodological triangulation to review the various data collected through note taking, audio recordings, and documentation, to draw out common patterns and themes to establish research reliability. Fusch and Ness (2015) highlighted how data saturation improves the dependability of research findings. Therefore, I proved data saturation by demonstrating that I could not generate any new themes using the data collected and could replicate the study in different contexts using the same data.

Validity

Qualitative researchers use validity to evaluate the appropriateness of the tools, processes, and data when conducting research studies (Noble & Smith, 2015). However, Anney (2014) argued that the terminology of validity might not be appropriate for qualitative studies. Instead, addressing matters of credibility, dependability and confirmability are more attuned and relevant to assess the truthfulness of qualitative data.

Credibility. Researchers use member checking as part of data interpretation process to confirm the credibility of a research study (Birt et al., 2016). I adopted member checking by inviting participants to review the interview summary, the preliminary analysis as well as the final findings, to increase the credibility of the data analysis process. By adopting member checking, I allowed participants to confirm whether the final themes and concepts reflected their views and perceptions about the phenomenon under study. I demonstrated credibility by maintaining a succinct account of records throughout the research process to denote a clear decision trail that supported the data analysis. I also ensured that participants reviewed and critically analyzed the

interpretations to ensure that the research reflected their views. By demonstrating credibility, I ensured that there was consistency and transparency in the interpretations of data with the overall goal being to provide authentic research findings. Thomas (2017) posited that researchers can mitigate personal biases by having ongoing critical reflections on the methods adopted to ensure that there is sufficient depth and relevance of the data collected based on research objectives. Leung (2015) posited that a researcher who reevaluates the data would ensure the collection of rich data, which in turn would support credible research findings. I continually evaluated the relevant assumptions, biases, and documented critical reflections of the research process.

Transferability. Fusch and Ness (2015) defined transferability in qualitative research as evidence researchers apply to their findings based on different contexts, situations, periods, and populations. The adoption of thick descriptions as a technique to validate transferability provides researchers with a robust and detailed account of participant experiences during data collection (Levitt et al., 2017). As a result, I documented and detailed the context surrounding the interview process such as time of day, interview setting, and mood observations of the participants in a reflective journal to improve the generalizability of research findings. Anney (2014) highlighted how researchers use transferability to determine the generalization of the research findings. I provided detailed descriptions of the research process along with detailed descriptions of the assumptions that informed the research study, to satisfy the transferability of the research findings. By doing so, external researchers could assess the research process and make their judgment on the usability and generalization of the research findings.

Confirmability. Confirmability is the level of confidence that the participants' narratives and words shape the research study findings as opposed to potential researcher biases (Cope, 2014). Audit trails are techniques used to verify confirmability in qualitative research (Sarma, 2015). I validated confirmability by meticulously checking and rechecking the data analysis procedures throughout the study. I also maintained a succinct audit trail on the processes adopted for the research study. Cuthbert and Moules (2014) posited that confirmability is when a researcher can provide detailed notes of the research process so that peers can evaluate the researcher's bias and qualify the objectivity of the research findings. I also confirmed the confirmability of the research findings by verifying with the participants that the interpretations of the study were an accurate representation of their responses.

Dependability. Kornbluh (2015) posited that dependability is when observed responses from participants remain consistent over time. I maintained a clear audit trail of the research process to validate the research outcomes so that future researchers can compare the findings with their research to prove the consistency of the research outcomes. Korstjens and Moser (2017) emphasized that self-awareness in research is imperative for a researcher to understand their role within research constructs as part of minimizing bias. Therefore, it is important for a researcher to maintain reflexive notes during the interview process so that the notes supplement the data collected. In my reflective journal, I documented my observations of the participants' physical responses to the interview questions. I documented my decision-making process at every interval throughout the research study to review my personal biases, as well as to maintain an

audit trail of the research process. Connelly (2016) posited that dependability also permeates from adopting rigor in the coding process of the data as incorrect coding may produce unreliable themes that may skew the findings of the research. I used Atlas.ti as a QDAS to ensure that the coding process was traceable to the source of the data, and through its algorithms highlighted themes that may not have been apparent through self-observation. I also proved dependability of the research findings through the use of Atlas.ti as there was a clear coding process log that helped me identify the audit trail of the data to link back the findings to the data collected.

Data saturation. Fusch and Ness (2015) posited that data saturation is a frequently used measure of qualitative rigor in snowball sampling in health science research. Validation of data saturation in qualitative research occurs after the completion of the qualitative interviews and analysis of the data (Saunders et al., 2015). The researcher could check that they cannot generate new information using the data collected. Researchers who reevaluate the data will ensure the collection of rich data that could support credible research findings (Leung, 2015). I demonstrated data saturation within the research study when I had recurring themes and could not generate any new themes with the data collected. Also, by using the snowball sampling method, I ensured that I selected participants who provided rich data to contribute to data saturation. Saunders et al. (2017) highlighted that there needs to be more consistency in the use of saturation between the theoretical position and analytic framework adopted so that data saturation meets the aims and objectives of the research. By using the appropriate methodology and research design, I was able to achieve both concept saturation and data

saturation within the research study.

Transition and Summary

The objective of Section 2 was to justify the research method and design for the qualitative single case study. I justified the sample size, data collection and data analysis techniques that I used to explore employee engagement strategies that some healthcare managers use to improve organizational performance in a healthcare organization located in Queensland, Australia. I analyzed the participant perspectives through semistructured interviews of eight healthcare managers to identify the successful strategies adopted to improve employee engagement within organizational constructs. In Section 3, I included the findings of the study and the potential implications for social change. I also provided recommendations for action and further research into employee engagement in healthcare, as well as a conclusion to the study.

Section 3: Application to Professional Practice and Implications for Change

Introduction

In this section, I describe the themes that emerged from personal interviews with healthcare managers that successfully used employee engagement strategies to increase organizational performance. I provide an overview of the study and detail the findings of the study. I also discuss how the findings could apply to professional practice, their implications for social change, and provide recommendations that healthcare managers could adopt into their workplace. Lastly, I conclude Section 3 with recommendations for further study and provide a final summary of the study.

Presentation of the Findings

The primary research question addressed in this study was as follows: What employee engagement strategies do some healthcare managers use to increase organizational performance? I developed the interview questions to gain an understanding of the successful employee engagement strategies that healthcare managers use to increase organizational performance. From the central research question of inquiry, the interview questions were as follows:

1. How does employee engagement affect the performance of your organization?
2. What specific strategies did you use to engage your employees?
3. What are the most effective employee engagement strategies to improve organizational performance?

4. How did you assess the effectiveness of your employee engagement strategies on organizational performance?
5. What were the key barriers to implementing engagement strategies for improving organizational performance?
6. How did you address the key barriers to implementing the strategies for improving employee engagement?
7. What additional information would you like to share about employee engagement strategies and their effect on your organizational performance?

Once I received IRB approval, I contacted healthcare managers from one healthcare organization located in Queensland, Australia. I sent an invitation email to the healthcare managers to voluntarily participate in the study. I highlighted the scope and purpose of the study and provided the participants with a consent form. The consent form included the central research question, sample research questions, and the procedures of the study. The research participants agreed to participate in the research study by replying to the invitation email with the words “I consent.” The sample size of the study included eight healthcare managers who work within a healthcare organization in Queensland, Australia. I identified potential participants via a LinkedIn search using keywords such as “healthcare manager” with a location filter of Queensland, Australia. I used snowball sampling to target and invite potential participants for interviews. I accessed and used the organizations publicly available information to identify and determine an organization within Queensland, Australia that historically had achieved high engagement scores.

For the interviews, I used semistructured face-to-face interviews as the data collection method for the case study. I formulated interview questions to address the research objective and to ensure that I collected rich and meaningful data from the participants during the interviews. I used the interview protocol (see Appendix) as a guide during the interview process to encourage uniformity in the line of questioning during the interviews. Next, I used audio recordings as part of the interview process to capture the interview sessions. I also documented notes in a reflective journal during the interview process to identify and capture nonverbal cues. I used both primary and secondary sources of data to inform the study. It was essential to have a robust process of proofing the reliability and validity of the data collection and analysis process. At the completion of data analysis, the participants validated the conclusions and determined whether the research accurately represented and interpreted their views.

I de-identified each participant's interview and audio notes with alphanumeric codes to segregate each participant's respective information to protect participants confidentiality. I limited the demographic identifiers to alphanumeric codes to minimize the risk of compromising participants' privacy. After the data collection process, I used ATLAS.ti for qualitative data analysis and macros in Microsoft as data management systems to formulate codes and themes from the participants' responses. I stored all the collected research information on an external hard drive that is password protected to safeguard the data collected. I achieved methodological triangulation through reviewing the interviews, journal notes, and publicly available information on the organization as part of the research analysis process.

After analyzing the data collected from the interviews, I identified five distinct themes: (a) psychological ownership, (b) job resources, (c) leadership, (d) training and development, and (e) rewards and recognition.

Theme 1: Psychological Ownership

Psychological ownership was the first theme to emerge from the data collected. According to Bhuvanaiah and Raya (2014), intrinsic motivators form a level of psychological ownership where employees feel a sense of purpose with their jobs and in the organization. Psychological ownership helps in developing positive behaviors and attitudes, which are essential in creating an engaged workforce (Kim, & Beehr, 2017). Four out of eight participants stated that psychological ownership was a key employee engagement strategy that increases organizational performance. The participants acknowledged the importance of empowering employees within their roles for them to have a sense of ownership and belonging with their career and development. In Table 1, I display the frequency in which participants' responses mentioned psychological ownership throughout the data analysis of the study.

Table 1
Frequency of Theme 1: Psychological Ownership

Participants	Theme	Times mentioned
P1, P2, P3, P4	Psychological ownership	17

Participant 2 (P2) described how empowering employees through rotating team-leading activities encouraged the team to have proactive involvement in achieving positive outcomes for the organization. For example, the team leaders took the initiative

to engage other team members to prepare the organization for accreditation. As a result, P2 only needed to oversee the team's activities and be available should the team require support. P2 experienced the positive results of empowerment as engagement levels increased, together with the comradery in the team. Participant 4 (P4) highlighted that employees who experience increased feelings of psychological ownership were proactively involved in motivating and influencing other employees to achieve increased performance that supported organizational goals. P4 went on to express that such employees assumed leadership roles and responsibilities and felt like they could contribute significantly to the team and influence the outcomes of the organization. The healthcare managers interviewed highlighted that employees who had a heightened sense of psychological ownership exemplified increased levels of autonomy in initiating activities aimed at advancing and supporting organizational goals. Han and Garg (2018) provided evidence that empowered employees who can exercise control over important aspects of their work arrangements manifested positive work-related attitudes (job satisfaction and organization-based self-esteem) and other behaviors that improved their sense of ownership.

Participant 3 (P3) posited that having disengaged employees who disrupt the workplace and others negatively impacted employee who have psychological ownership. Participant 1 (P1) used the phrase "feeling hopeless" when describing disengaged employees in the team who were unmotivated to perform in their role. Due to their demotivation, employees who were motivated and had heightened levels of ownership P1 said that, "Engaged employees often had to pick up the slack of the underperforming

employees, resulting in burnout and further disengagement”. As a result, the unmotivated employees affected the team morale as well as the productivity levels.

According to Kang and Busser (2018), employees who feel like owners of the organization believe that they have the right to influence the direction of the organization and have a shared responsibility more than those who do not feel ownership. It is imperative for healthcare managers to encourage employees through empowerment to have goal congruence, which improves organizational performance. Han and Garg (2018) posited that the promotion of autonomy frees employees to experience organizational attachment and intimacy. Han et al. (2015) further stated that when the employees feel closely linked to the organization, as in the case of psychological ownership, there is a desire to maintain, enhance, and protect the reputation of the organization.

Theme 2: Job Resources

Job resources was the second theme to emerge from the data collected. Brenninkmeijer and Hekkert-Koning (2015) defined job resources as physical, social, or organizational aspects of the job that function in achieving work goals while stimulating personal development and growth. The consensus among participants was that job resources was a crucial employee engagement strategy that increases organizational performance. In Table 2, I display the frequency in which participants’ responses mentioned job resources throughout the data analysis of the study.

Table 2
Frequency of Theme 2: Job Resources

Participants	Theme	Times mentioned
P1, P2, P3, P5, P6, P7, P8	Job resources	20

Healthcare managers could provide sufficient resourcing for employees to function in their job roles. Participant 8 (P8) built trust and made employees feel more engaged by providing employees with a safe and supportive space for them to express their feelings at work. P8 asserted that employees became more motivated and were willing to approach management when they encountered workplace issues. Participant 6 (P6) also experienced a similar outcome and highlighted that employees felt comfortable with sharing their grievances and provided solutions to overcome their challenges. Van de Voorde, Veld, and Van Veldhoven (2016) highlighted how work environments that offer psychological support foster workers' willingness to dedicate their efforts and abilities to work tasks. Participant 5 (P5) highlighted how providing employees with an opportunity to share a problem not only empowered the employees but also fostered innovation within the workspace as employees could problem solve and be creative and innovative as a team.

Regarding understanding the relevant support required for employees, P3 said, "Some people want the pat on the back some people want to feel good for themselves, and other people want to be thanked all the time." Managers who provide feedback, job control, and support could improve work engagement (Slemp, Kern, & Vella-Brodrick, 2015). Therefore, healthcare managers may try to understand the needs of their employees to provide the appropriate job resourcing that could potentially increase productivity, thereby improving organizational performance.

However, not all participants have the opportunity to create a supportive and nurturing structure and working environment. Under resourcing was a common issue

among the participants with P1 attributing it to the lack of management support which inhibited engagement with the team. P7 attributed sick leave to fatigue due to work overload. P2 concurred that healthcare managers often rely on employees to do extra shifts due to under-resourcing. As a result, the cost of increased sick leave and workload issues that the organization incurs due to employee burnout negatively affects the financial performance of the organization. Therefore, healthcare managers could focus on facilitating job resources as a strategy that plays an extrinsic motivational role in initiating the organization's willingness to spend compensatory resources on employees. Job resources then become instrumental in achieving work goals and satisfying basic human needs of autonomy, relatedness, and competence.

Guest (2017) stated that managers who provide feedback might promote learning and increases job competence. P2 described how healthcare managers have planning days to stay informed with the organization's strategy, and to gain skills and knowledge on how to equip the team with the relevant skills to fulfill the strategy. Consequently, the team feels motivated to perform in their role as they have adequate resources. Healthcare managers who foster an affective-motivational state could influence positive organizational outcomes such as organizational commitment and performance. All participants highlighted the importance of team meetings to keep the team informed about the organization's activities. P7 highlighted the importance of transparency for employees to build trust within the organization. Healthcare managers need their employees to perform at their peak to produce positive results, thereby warranting the need to provision for job resources so that employees can reach their full potential.

Theme 3: Leadership

Leadership was the third theme to emerge from the data collected. Healthcare organizations that are looking to improve their performance need to have a culture of continuous improvement and development as trends, technologies and stakeholder preferences continuously evolve over time (Elsbach & Stigliani, 2018). Leadership is a vital catalyst that could make an organization successful. According to Karunathilake (2016), leadership is the art or process of influencing people to perform assigned tasks willingly, efficiently, and competently. The consensus among the research participants of the study was that leadership was a key employee engagement strategy that increased organizational performance. In Table 3, I display the frequency in which participants' responses mentioned leadership throughout the data analysis of the study.

Table 3
Frequency of Theme 3: Leadership

Participants	Theme	Times mentioned
P1, P2, P3, P5, P6, P7, P8	Leadership	63

P5 stated that healthcare managers need to exert discretionary efforts to initiate employee engagement. P1 stated that getting ideas from the team about what they would prefer to do, then aligning those ideas with the organizational needs, helps to keep employees motivated. P3 described the importance of equity in the management decisions as they apply to everybody so that there is fairness and clarity among employees on management expectations. P3 said, "I am very upfront about my expectations so that employees are aware and know, what is acceptable". P6 highlighted

how listening to what improvements employees would like to make improved engagement and provided transparency. P2 ensured that management responses to issues raised were transparent, and any consultation with senior leadership was done together with one of the team members.

Healthcare managers with leadership skills improve performance efficiencies within an organization, which positively influences the achievement of organizational goals. Sahu, Pathardikar, and Kumar (2018) emphasized how managers who exercise leadership skills in their role could foster a culture of cooperation whereby employees have a positive attitude towards fulfilling organizational goals. Organizations that have a strategic direction assist in establishing a systematic intervention approach that healthcare managers could use to improve the organization's outcomes. All participants highlighted the use of meetings to brief the team on activities of the department. P7 said that, "We have regular team meetings to engage employees, so that everyone is clear of their roles and responsibilities". P8 encourages employees to get involved in all the activities in the organization so that there is transparency in the opportunities given to all employees. P1 overcame engagement barriers by introducing regular team meetings and found a shift in employees morale when they were more informed about the organization's activities.

Salas, Shuffler, Thayer, Bedwell, and Lazzara (2015) highlighted the importance of leadership in harnessing employee efforts through teamwork to fulfill organizational goals. Mittal and Dhar (2015) also posited that managers need to showcase leadership behaviors that build an environment in which every employee develops and excels. P2 stated that there was not enough flexibility in the organization primarily when it pertained

to listening to employee feedback. Therefore, a lot of the engagement initiatives had to be manager-led to keep employees motivated and engaged. Through leadership, healthcare managers have the potential to influence and drive group efforts towards accomplishing organizational goals. It becomes imperative for healthcare managers to possess leadership skills to execute engagement strategies that improve organizational performance.

Theme 4: Training and Development

Training and development was the fourth theme to emerge from the data collected. Bell, Tannenbaum, Ford, Noe, and Kraiger (2017) described professional training as programs and strategies that help employees learn specific knowledge or skills that improve performance in their current roles. Development is more expansive and focuses on the employee's professional growth and future performance. In Table 4, I display the frequency in which participants' responses mentioned training and development throughout the data analysis of the study.

Table 4
Frequency of Theme 4: Training and Development

Participants	Theme	Times mentioned
P1, P2, P3, P4, P5, P6, P7	Training and development	25

Hanaysha and Tahir (2016) posited that training and development programs help the organization to retain the right people, which directly affects the bottom line. The consensus among participants was that training and development was a key employee engagement strategy that increased organizational performance. P3 supports people to go to professional development and training days. P2 tries to rotate roles as part of

developing employee skills. P5 proactively takes employees “off the floor” to complete a whole day of training. While it is disruptive to the normal operation of the organization, P5 acknowledges that it is a necessary step required to equip employees with the relevant skills. Hiring top talent takes time and money, and how healthcare managers engage and develop that talent from the time they join the organization impacts retention and organizational growth. Mason (2018) posited that high-impact training and development programs are a result of careful planning and alignment processes. P4 stated that, “it is important to listen to what employees’ goals are to try and do things that allow them to achieve the goals.” P6 encourages the team to engage with multidisciplinary teams so that employees have a well-rounded experience in working within the organization. At induction, P2 emphasizes the importance of employees becoming an expert in the specialized area of the organization, so that they fully understand and appreciate the level of care required to excel in their job.

Hanaysha and Tahir (2016) posited that measurable learning objectives are the foundation for evaluating an initiative’s impact. P7 introduced a champions program whereby there are champions in the organization for different standards and expertise. P7 said, “For example, if an employee were interested in drawing blood, they would champion that skill on the ward and upskill others on the best practices”. P7 found that it gave the employees a sense of ownership in their job role as they have responsibility for a specific need on the ward. P2 has now molded the team to the point where the team is taking the initiative in managing tasks for the ward without manager intervention. P2 said, “The staff have just been incredulous in picking up shifts and trying to maintain the

consistency of the staffing on the ward.” P1 found that prioritizing employee development resulted in higher retention rates as employees felt supported. P1 said, “If they want time out to do secondments, I never say no because I always think that it is good that they need to go.” Employee training and development programs are becoming key differentiators of successful organizations as the battle for top talent becomes more competitive in the industry. Healthcare managers need to prioritize training and development opportunities to equip employees with the skills and expertise to excel in their job role.

Theme 5: Rewards and Recognition

Rewards and recognition was the fifth theme to emerge from the data collected. Employee recognition is the timely, informal or formal acknowledgment of a person’s or team’s behavior, effort or business result that are beyond reasonable expectations, which supports the organization’s goals and values (Chiniara & Bentein, 2016). Appreciation is a fundamental human need. In Table 5, I display the frequency in which participants’ responses mentioned rewards and recognition throughout the data analysis of the study.

Table 5
Frequency of Theme 5: Rewards and Recognition

Participants	Theme	Times mentioned
P1, P2, P3, P4, P5, P6, P7, P8	Rewards and recognition	42

Lu, Lu, Gursoy, and Neale (2016) posited that employees respond to appreciation expressed through recognition of their excellent work because it confirms that others value their work. The consensus among participants was that rewards and recognition

was a key employee engagement strategy that increased organizational performance. P1 stated that if people get adequately paid, then they are happy. P1 further highlighted that employees want respect and to be valued by others for their contribution. P8 stated that each colleague recognized their colleagues for their excellent performance, which improved staff morale. P4 concurred by stating that healthcare managers provided regular praise and recognition to team members for their efforts. Valued employees have higher satisfaction and productivity levels as they feel motivated to maintain or improve their work (Potoski & Callery, 2018). P3 highlighted how some employees wanted “The pat on the back, some employees wanted to feel good for themselves, and other employees wanted to receive gratitude all the time.” Praise and recognition are essential to an outstanding workplace. P2 stated that “Once a month, we have our organizational meetings and have an employee of the month recognition program regularly”. The team also did values of the month and celebrate employee birthdays as part of that ward meeting. P7 even went as far as having a “saying of the month,” to keep employees motivated and focused on a common theme and goal.

Ghosh et al. (2016) posited that employees feel the need for recognition as an individual or member of a group and want to feel a sense of achievement for work well done or even for a valiant effort. Bear, Slaughter, Mantz, and Farley-Ripple (2017) described intrinsic rewards as the feel-good emotions people get from excelling in their role, enjoying the task, excitement about the opportunities available to them, and pride in doing a good job. Healthcare managers could create an environment that encourages these feelings. P5 stated that. “The outcome of positive work engagement resulted in the

team working together. People were noticing it when they came into the organization”. P5 said, “People need to feel that they are doing a good job and that they are thanked for that good job, and I do not think we do it enough”. P6 highlighted the importance of addressing disengaged employees strategically to avoid tarnishing the team morale. P6 said, “If managers are not seen to address any poor performance that is happening, there then is the impression to other staff that others get away with poor performance.” P1 stated that “If people are unhappy and they do not want to be at work, or they are not given encouragement, listened to or noticed, they are not going to perform.” Patterson and Zibarras (2017) encouraged healthcare managers to treat problems as opportunities for innovation, and to encourage people to try new approaches that may improve productivity.

Malik, Butt, and Choi (2015) highlighted the importance of rewarding the whole team to foster cooperation among employees. P2 encourages organizations having social events with team bonding exercises as a reward mechanism for the team. P2 frequently goes camping with the team to “get out into a different environment where employees can bond outside of the work environment and have casual discussions that build morale.” P7 advocates for regular social engagements which historically motivated their employees. P5 stated that, “We have afternoon teas when people are leaving and send flowers for people who are sick to show appreciation and remind staff that they are valued.” When managers give employees positive, specific, and realistic feedback about their potential, their efforts, and their accomplishments, their self-esteem goes up (Khoreva, Vaiman, & Van Zalk, 2017). P8 found that investing in the team’s wellbeing

by rewarding them for their efforts resulted in the team flourishing as employees were happy when they came to work.

Conversely, P3 found the reactivity of the organization as a barrier to engagement and wished that senior management could organize and support reward and recognition programs. The bureaucracy was a common barrier among the participants that stifled reward and recognition activities. P6 stated that, “There was a lot of micromanagement, particularly around budgets, which limited the resources available for social engagements.” P8 developed a strategy to overcome the challenges of bureaucracy by having regular surveys in addition to organization-wide surveys to gauge what employees needed and harnessed reward and recognition ideas. That way, P8 had documented evidence to execute ideas suggested by staff as well as to provide the information to senior leadership to inform changes in strategic decisions on employee engagement initiatives for the organization. Chassang and Zehnder (2016) posited that one way of giving a recognition program credibility was to involve employees in creating and administering them. If employees designed the recognition program they would have clarity on what they have to do to earn rewards that are relevant to them. P4 outlined the importance of a bottom-up strategy to provide more autonomy to healthcare managers and employees to implement the required changes to keep employees motivated.

Applications to Professional Practice

I identified five recurring themes during the data analysis process which were (a) psychological ownership, (b) job resources, (c) leadership, (d) training and development, and (e) rewards and recognition. The findings of this study support the SET framework. I

demonstrated the transactional relationships between employees and healthcare managers. Engaged employees show discretionary effort towards their roles that increase organizational performance. The employees discretionary efforts are a result of positive social exchanges with the organization, whereby their needs are fulfilled. Healthcare managers who improve organizational performance within healthcare, also improve patient experiences, satisfaction, and positively influence health outcomes.

Psychological Ownership

Employees who have a relationship beyond the transactional relationship with their organization could potentially achieve higher results. Dawkins, Tian, Newman, and Martin (2017) highlighted that psychological ownership is when employees have a sense of psychological possession to an organizational entity. Employees who exhibit psychological ownership within their jobs are more satisfied with their jobs and have higher productivity levels, which has a direct correlation to the performance and outcomes of the organization. The deepened sense of emotional connection to the job results in employees having discretionary efforts in their role, which not only contributes towards the organization's success but also influences a personal sense of achievement. Healthcare managers may not require enormous changes within the organization to achieve psychological ownership. Healthcare managers could also promote feelings of ownership by giving employees ownership of ideas, encouraging teamwork, and communicating organizational objectives so that employees have accountability of their contribution to the organization's outcomes.

Job Resources

For employees to effectively perform within their role, they need to have the relevant skills and resources required to meet the desired outcomes. Tims, Derks, and Bakker (2016) highlighted the importance of organizations maintaining job control, involving employees in decision making, and ensuring job and skill fit to achieve a positive influence on work engagement. The importance of job resources cannot be understated as employees use the relevant resources within the organization for their personal development to fulfill the organization's goals and ultimately meet their personal needs. Organizations have to be willing to invest in the necessary resources that employees require to meet the demands of their roles. Such insights could only be achieved when management take the time to listen to employees, act on feedback, and understand employees' needs. By valuing the contribution of employees in advancing the outcomes of the organization, organizations could create competitive advantages whereby the organization can foster an engaged, innovative, and creative workforce that provides exceptional patient care which improves patient outcomes, thereby advancing organizational performance.

Leadership

Healthcare managers need to exhibit leadership skills that help to manage human resources which are pertinent for organizations to achieve their goals and outcomes. Bin (2016) posited that effective organizational leaders increase employee retention, motivation, and the overall satisfaction. By becoming good role models, healthcare managers could inspire employees by demonstrating and advocating for work ethics and

performance standards, that could set a precedent for the rest of the team. Through leadership, healthcare managers could outline the minimum performance standards for recruitment and training prerequisites, to ensure uniformity of performance. By being transparent about the organizational goals and objectives, it gives employees a more precise direction about the expectations of the organizations and how best employees could contribute towards that goal. Montani, Battistelli, and Odoardi (2017) reiterated the importance of employees understanding their responsibilities as they feel a certain level of accountability and ownership towards delivering results that improve the organization's performance. When employees excel in their role, or meet organizational targets, it fosters a climate of satisfaction within the workplace, which is a contributory factor to their level of engagement. Thus, leadership is critical to the effective management of organizational resources to improve performance.

Healthcare managers need leadership skills to perform in their role effectively. Good leadership in an organization is reflective through the organization's culture and performance. Khoreva et al. (2017) posited that good leadership fosters an organic positive organizational culture as opposed to one developed out of coercion. Communication needs to be effective and open. It is important for employees to understand the organization's objectives so that they can positively contribute to the organization's goals by improving their performance. Therefore, healthcare managers could transform the potential in the workforce into a powerful tool to drive performance.

Training and Development

Employees choose specific careers out of personal interests in the chosen industry as well as the need to satisfy personal needs. Once employed, education becomes a continual process whereby employees pursue more knowledge to advance their skills. Camps, Oltra, Aldás-Manzano, Buenaventura-Vera, and Torres-Carballo (2016) highlighted that employees who pursue professional training and development had a greater understanding of their responsibilities within their role, which built employee confidence. Confident employees are a vital asset to the organization as there is a mutual benefit in achieving organizational success. The investment in organizational training results in professional development, which reflects employee value and creates a supportive workplace. The consequence is an offset on time required to find and train new employees as employee retention rates would be high. Using the findings from the study, healthcare managers could develop training methods that could transform the mindsets and attitudes of employees and encourage behaviors that align with the expected culture of the organization. The healthcare industry is continuously under threat today from newcomers to the marketplace who have innovative business models and practices. Arena, Cross, Sims, and Uhl-Bien (2017) highlighted how organizations could create a workplace culture of innovation by using the skills and motivation of its employees to problem-solve and create innovative solutions for organizational success.

Rewards and Recognition

Employees have an expectation to receive some financial reward for their skills and knowledge as part of the organizational and employee social exchange and

relationship. Ghosh et al. (2016) posited that rewards and recognition are a way of increasing employee engagement as people feel valued and feel obligated to respond with increased levels of performance when remunerated accordingly. Engaged employees work more efficiently and are more productive in performing job roles in a way that best supports organizational performance. When managers praise and reward employees, employees are more willing to replicate their actions to receive ongoing praises and rewards. Through effective reward and recognition programs, healthcare managers could create an environment full of positivity where employees want to work and feel happy. A positive workplace helps an organization continually attract and retain skilled talent that could leverage the organization's competitive advantage (Ibidunn, Osibanjo, Adeniji, Salau, & Falola, 2016). Healthcare managers need to tailor reward and recognition schemes that reflect the culture and brand of the organization while also reflecting and acknowledging employee skills, experience, and knowledge for the job.

Implications for Social Change

Healthcare managers who focus on implementing employee engagement strategies could positively contribute to social change through the development and investment in employees. Consequently, engaged and motivated employees are passionate in their work resulting in the provision of quality care, which contributes to positive health outcomes for the community. The health and well-being of a community are essential pillars that contribute to the longevity, mortality, and morbidity rates of a society (Mihail & Kloutsiniotis, 2016). Healthcare managers who focus on employee engagement potentially create a culture where patient-centric healthcare and the

community's wellbeing are central to the performance of healthcare organizations. The combined efforts of healthcare managers and employees could assist in achieving robust clinical, operational, and financial results that benefit the community (Bedarkar & Pandita, 2014). The knowledge gained from this study could provide healthcare managers with strategies that enhance organizational performance while motivating employees to perform at their fullest potential. Employees and their managers could work together to consolidate their skills and optimize healthcare resources to improve patient experiences, satisfaction, and health outcomes. Consequently, healthcare managers who promote efficient patient-centered healthcare could have a positive social impact on the community's health and wellbeing.

Recommendations for Action

The purpose of this qualitative case study was to explore employee engagement strategies that healthcare managers use to improve organizational performance. I identified five recurring themes during the data analysis process which were (a) psychological ownership, (b) job resources, (c) leadership, (d) training and development, and (e) reward and recognition. The results of this study may prove useful and valuable to healthcare managers working in both the public and private healthcare sectors. The implementation strategies for employee engagement highlighted in this research may be useful to healthcare managers to improve organizational performance. Although the context may differ in each organization, it is vital for healthcare managers to review and evaluate how the research findings could meet and complement existing organizational strategies that improve organizational performance. I recommend three key actions that

healthcare managers could adopt to enhance the effectiveness of employee engagement strategies that improve organizational performance, namely employee engagement initiatives, human resource strategies, and patient experience measures.

Engaging Employees

My first recommendation is for healthcare managers to recognize the value of human capital as an essential organizational strategy that drives organizational performance. Albrecht et al. (2015) posited that employees are one of the most critical assets of any organizations as their significant intrinsic value has both economic and competitive advantages for any organization. Employee engagement is one such strategy that ensures investment in human capital, and that investment translates into improved delivery of care, patient satisfaction, and health outcomes within healthcare organizations. Healthcare managers need to be proactive in developing engagement initiatives that are relevant and tailored to their team. Understanding the team culture would have a significant influence when designing the appropriate initiatives that could keep the team motivated. All participants in the research study outlined how critical it was for them to understand the team dynamics to create initiatives and programs that were relevant to their team to keep them engaged. Also, all participants took the initiative to establish engagement initiatives outside of standard organizational provisions.

Bureaucracy is a common barrier to engagement experienced by healthcare managers, especially in large organizations. Decision makers are far removed from the daily operations, which results in recommendations of ineffective change management programs at a strategic level. Engagement initiatives are better led from a bottom-up

approach as opposed to a top-down approach to be effective and to have an immediate impact. Healthcare managers who implement successful initiatives could inform change in the organization through evidence-based practices that could become the best practice for the organization. Consequently, having an engaged workforce who feel cared for and are motivated in their job improve their job performance and ultimately organizational performance.

Human Resource Management Strategies

Secondly, healthcare managers need to adopt significant human resource management strategies aimed at recruiting and retaining skilled professionals in the organization. Healthcare managers could hire employees who have goal congruence and match the job fit so that they can grow and nurture a workforce that understands and drives organizational goals. Healthcare managers need to be aware of job resource requirements in their workplace to ensure that they recruit employees with the appropriate skills. The onboarding program needs to be robust enough to equip employees with the right skills to perform their role. It is vital for healthcare managers to comprehend employees' goals to match them to the right job as well as providing relevant training and development programs. Healthcare managers who provide further training and development support also ensure that existing employees remain equipped with relevant skills and are up to date with the best practices in the industries. Healthcare managers who foster job skilling empower employees in their role and provide them a sense of psychological ownership. Job matching will also foster goal congruence between the employee's goals and the organization's goals which increases productivity levels.

Bin (2016) outlined how person-organization fit increases work engagement and is directly proportional to staff turnover. Higher staff turnover decreases productivity in the workplace due to increased onboarding events and a continuous shift in team dynamics. High staff turnover is also costly for the organization as the productivity return on staff is lower for new recruits compared to an experienced workforce. As a result, there is a disruption to the workplace rhythm which may potentially lead to disengaged employees. Participants in the study all agreed that staff turnover is an inherent issue in the healthcare industry. However, to mitigate high staff turnover rates, the participants identified the importance of job-matching to either increase employee motivation or manage out team members who were disengaged, as they did not enjoy their role. Therefore, healthcare managers need to continuously review their human resource strategies to ensure that the current human resource practices are relevant to the employees and the organization's needs.

Patient Experience Measures

Finally, health managers need to understand the impact employees have on patient outcomes within the healthcare industry. Employees have a direct correlation to the delivery of patient care, patients experience, satisfaction, and outcomes, all of which have financial implications to the organization's performance. Russo (2016) posited that healthcare organizations have a corporate social responsibility in managing the health and wellbeing of the community. Healthcare organizations need to continue to thrive in achieving positive health outcomes while reducing the mortality and morbidity of the community. Therefore, patient experience and satisfaction scores need to be key

performance measures that determine organizational success. Manary et al. (2015) posited that engaged employees are committed and are willing to provide exceptional care that is in the best interests of the patient and the organization. Satisfied employees are more likely to showcase discretionary efforts in their roles, thus increasing the likelihood of success for the organization. Satisfied patients have better health outcomes and are more willing to use the same healthcare organization in the future, or advocate for the organization in the community, which in turn improves the number of patients who use and receive the services rendered.

Healthcare managers must design long-term plans that advance the triple bottom line to a quadruple approach whereby the organization considers qualitative measures that drive successful organizations, while considering the corporate social responsibilities of the organization in the community. Participants identified that success goes beyond the financial performance of the organizations. Having an engaged workforce that is happy to come to work contributes towards the qualitative measures of an organization, as healthcare managers can foster a positive culture within the workplace that becomes the part of the brand of the organization. Engaged employees can think beyond the clinical needs of patients and could adopt a patient-centric approach that considers their holistic needs that are patient-centric. By doing so, employees can provide exceptional care that improves patient experiences while enhancing their levels of satisfaction due to all their needs being met based on the provision of quality holistic care. By implementing each recommendation, a healthcare organization could develop and support a system and

industry focused on continuous quality improvement, driven by a structure that is patient-centric, where employees are a key aspect of the patient's journey.

Recommendations for Further Research

The focus of this qualitative single case study was to identify employee engagement strategies that healthcare manager can use to increase organizational performance. The study limitations included a small sample size of eight healthcare managers located in Queensland, Australia, and the use of a single case study to address the purpose and intent of the study. Therefore, the findings only related to the specific population and location under study. The small sample size proved as a limitation of the study, as the generalizability of the results were limited to the views and perceptions of the participants selected to address the purpose of the study.

A recommendation for future research studies includes conducting similar research using multiple case studies to provide a broader perspective, which includes an in-depth analysis of different contexts and locations. Future researchers could use a broader set of data and adopt a quantitative research study to test the five themes identified in this study. I also recommend that future researchers explore employee engagement strategies from the perspective of employees in addition to managers to evaluate the impact employee engagement strategies have on increasing organizational performance, to provide a more comprehensive understanding of the phenomenon.

Lastly, while a qualitative research method was appropriate in addressing the purpose and intent of this study, the use of a mixed methodology could provide higher reliability and validity of the research results (Lewis, 2015). Therefore, I recommend that

future researchers consider conducting a mixed methodology study to uncover comprehensive statistical explanations, supported by qualitative observations, of employee engagement strategies that healthcare managers use to increase organizational performance. Researchers and scholars who consider examining the relationships between variables that influence engagement could investigate their cause and effects to achieve a statistical and numerical analysis that could confirm or reject the specific hypothesis that pertains to the overarching and central research question.

Reflections

Through the DBA doctoral journey, I enhanced my knowledge in the field of business research. I learned of the significant influence research has on informing business practice and social change. I also learned to develop and practice patience, resilience, and perseverance in navigating through the various challenges and successes along the doctoral journey. My personal experiences of engagement and disengagement within healthcare and the effect of engagement on patient care influenced my interest in exploring employee engagement strategies that healthcare managers use to increase organizational performance. I found the opportunity to address the specific business question that related to my interests to be an opportune moment to learn more about solving real-life business problems.

I was pleasantly surprised by the enthusiastic interest the participants had in being part of the study as well as sharing their views and experiences. The research participants shared the same eagerness to contribute to social change by providing their strategies that improve employee engagement, patient experiences, and positive health outcomes in their

healthcare organizations. The interviewed healthcare managers provided their perspectives and experiences as both influencers and recipients of employee engagement in the organization. It was interesting to discover how similar their experiences were to my experiences as a healthcare manager. My self-awareness as a novice researcher was overwhelming throughout the research process. I learned to be self-conscious about my personal biases and to be mindful of identifying unforeseen ethical issues. I also gained research skills and knowledge that I could apply to my professional and academic career.

Conclusion

The purpose of the study was to explore employee engagement strategies that some healthcare managers use to increase organizational performance. Participant responses from semistructured interviews were from healthcare managers who had experience in implementing successful employee engagement strategies in their workplaces. An analysis of the responses, guided by SET as a conceptual framework, generated five distinct themes which were (a) psychological ownership, (b) job resources, (c) leadership, (d) training and development, and (e) rewards and recognition.

The key findings of this study highlighted the importance of mutually beneficial relationships among healthcare managers and employees. Healthcare managers have an opportunity to establish engagement strategies that enhance the relationship and influence employees to provide discretionary efforts in their role. When employees feel involved, heard, and motivated in their job role they increase their productivity and provide quality patient care that could improve organizational performance while achieving positive health outcomes for the community. Therefore, healthcare managers could apply the

identified strategies to capitalize on engaged human capital to improve operational efficiencies, human resource strategies, and patient experiences in the healthcare industry.

References

- Alagaraja, M., & Shuck, B. (2015). Exploring organizational alignment-employee engagement linkages and impact on individual performance: A conceptual model. *Human Resource Development Review, 14*, 17-37.
doi:10.1177/1534484314549455
- Albrecht, S. L., Bakker, A. B., Gruman, J. A., Macey, W. H., & Saks, A. M. (2015). Employee engagement, human resource management practices and competitive advantage: An integrated approach. *Journal of Organizational Effectiveness: People and Performance, 2*, 7-35. doi:10.1108/JOEPP-08-2014-0042
- Alcover, C. M., Rico, R., Turnley, W. H., & Bolino, M. C. (2017). Understanding the changing nature of psychological contracts in 21st century organizations: A multiple-foci exchange relationships approach and proposed framework. *Organizational Psychology Review, 7*, 4-35. doi:10.1177/2041386616628333
- Aldiabat, K. M., & Navenec, L. (2018). Data saturation: The mysterious step in grounded theory method. *The Qualitative Report, 23*, 245-261. Retrieved from <https://nsuworks.nova.edu/tqr>
- Allam, Z. (2017). Employee disengagement: A fatal consequence to organization and its ameliorative measures. *International Review of Management and Marketing, 7*(2), 49-52. Retrieved from www.econjournals.com
- Amabile, T. M., & Pratt, M. G. (2016). The dynamic componential model of creativity and innovation in organizations: Making progress, making meaning. *Research in Organizational Behavior, 36*, 157-183. doi:10.1016/j.riob.2016.10.001

- Anhang Price, R., Elliott, M. N., Zaslavsky, A. M., Hays, R. D., Lehrman, W. G., Rybowski, L. . . . Cleary, P. D. (2014). Examining the role of patient experience surveys in measuring health care quality. *Medical Care Research and Review*, 71, 522-554. doi:10.1177/1077558714541480
- Anitha, J. (2014). Determinants of employee engagement and their impact on employee performance. *International Journal of Productivity and Performance Management*, 63, 308-323. doi:10.1108/IJPPM-01-2013-0008
- Anney, V. (2014). Ensuring the quality of the findings of qualitative research: Looking at trustworthiness criteria. *Journal of Emerging Trends in Educational Research and Policy Studies*, 5, 272-281. Retrieved from <http://jeteraps.scholarlinkresearch.com>
- Antwi, S. K., & Hamza, K. (2015). Qualitative and quantitative research paradigms in business research: A philosophical reflection. *European Journal of Business and Management*, 7, 217-225. Retrieved from <http://www.iiste.org/Journals/index.php/EJBM>
- Arena, M., Cross, R., Sims, J., & Uhl-Bien, M. (2017). How to catalyze innovation in your organization. *MIT Sloan Management Review*, 58, 38-48. Retrieved from <https://sloanreview.mit.edu/>
- Ashton, S. (2014). Researcher or nurse? Difficulties of undertaking semi-structured interviews on sensitive topics. *Nurse Researcher*, 22(1), 27-31. doi:10.7748/nr.22.1.27.e1255
- Australian Bureau of Statistics. (2016). *Estimates of Industry Multifactor Productivity 2015-16*. (Catalogue No.5260.0.55.002). Retrieved from <http://www.abs.gov.au/>

- Avgoustaki, A. (2016). Work uncertainty and extensive work effort: The mediating role of human resource practices. *ILR Review*, *69*, 656-682.
doi:10.1177/0019793915614584
- Bailey, C., Madden, A., Alfes, K., & Fletcher, L. (2017). The meaning, antecedents and outcomes of employee engagement: A narrative synthesis. *International Journal of Management Reviews*, *19*, 31-53. doi:10.1111/ijmr.12077
- Bailey, C., Madden, A., Alfes, K., Fletcher, L., Robinson, D., Holmes, J.... Currie, G. (2015). Evaluating the evidence on employee engagement and its potential benefits to NHS staff: A narrative synthesis of the literature. *Health Services and Delivery Research*, *3*, 14-24. doi:10.3310/hsdr03260
- Barnham, C. (2015). Quantitative and qualitative research: Perceptual foundations. *International Journal of Market Research*, *57*, 837-854. doi:10.2501/IJMR-2015-070
- Barrick, M. R., Thurgood, G. R., Smith, T. A., & Courtright, S. H. (2015). Collective organizational engagement: Linking motivational antecedents, strategic implementation, and firm performance. *Academy of Management Journal*, *58*, 111-135. doi:10.5465/amj.2013.0227
- Bear, G. G., Slaughter, J. C., Mantz, L. S., & Farley-Ripple, E. (2017). Rewards, praise, and punitive consequences: Relations with intrinsic and extrinsic motivation. *Teaching and Teacher Education*, *65*(1), 10-20. doi:10.1016/j.tate.2017.03.001
- Becher, H., & Dollard, M. (2016). *Psychosocial safety climate and better productivity in Australian workplaces: Costs, productivity, presenteeism, absenteeism*. Retrieved

from <https://www.safeworkaustralia.gov.au/>

- Bedarkar, M., & Pandita, D. (2014). A study on the drivers of employee engagement impacting employee performance. *Procedia-Social and Behavioral Sciences*, 133, 106-115. doi:10.1016/j.sbspro.2014.04.174
- Bell, B. S., Tannenbaum, S. I., Ford, J. K., Noe, R. A., & Kraiger, K. (2017). 100 years of training and development research: What we know and where we should go. *Journal of Applied Psychology*, 102, 305-323. doi:10.1037/apl0000142
- Bellows, M., Kovacs Burns, K., Jackson, K., Surgeoner, B., & Gallivan, J. (2015). Meaningful and effective patient engagement: What matters most to stakeholders. *Patient Experience Journal*, 2(1), 18-28. Retrieved from <https://pxjournal.org/journal/>
- Bhuvanaiah, T., & Raya, R. P. (2014). Employee engagement: Key to organizational success. *SCMS Journal of Indian Management*, 11, 61-71. Retrieved from <https://www.scms.edu.in/journal>
- Bin, A. S. (2016). The relationship between job satisfaction, job performance and employee engagement: An explorative study. *Issues in Business Management and Economics*, 4, 1-8. doi:10.15739/IBME.16.001
- Birt, L., Scott, S., Cavers, D., Campbell, C., & Walter, F. (2016). Member checking: A tool to enhance trustworthiness or merely a nod to validation?. *Qualitative Health Research*, 26, 1802-1811. doi:10.1177/1049732316654870
- Birch, T. A., Chiang, F. F., & Van Esch, E. (2016). A social exchange theory framework for understanding the job characteristics–job outcomes relationship: The

mediating role of psychological contract fulfillment. *International Journal of Human Resource Management*, 27, 1217-1236.

doi:10.1080/09585192.2015.1069752

Blau, P. M. (1964). *Exchange and power in social life*. New Brunswick, NJ: John Wiley.

Brenninkmeijer, V., & Hekkert-Koning, M. (2015). To craft or not to craft: The relationships between regulatory focus, job crafting and work outcomes. *Career Development International*, 20, 147-162. doi:10.1108/CDI-12-2014-0162

Brick, L. A. D., Velicer, W. F., Redding, C. A., Rossi, J. S., & Prochaska, J. O. (2016). Extending theory-based quantitative predictions to new health behaviors. *International Journal of Behavioral Medicine*, 23, 123-134. doi:10.1007/s12529-015-9506-y

Bromley, E., Mikesell, L., Jones, F., & Khodyakov, D. (2015). From subject to participant: Ethics and the evolving role of community in health research. *American Journal of Public Health*, 105(5), 900-908. doi:10.2105/ajph.2014.302403

Brown, G., Crossley, C., & Robinson, S. L. (2014). Psychological ownership, territorial behavior, and being perceived as a team contributor: The critical role of trust in the work environment. *Personnel Psychology*, 67, 463-485. doi:10.1111/peps.12048

Camps, J., Oltra, V., Aldás-Manzano, J., Buenaventura-Vera, G., & Torres-Carballo, F. (2016). Individual performance in turbulent environments: The role of organizational learning capability and employee flexibility. *Human Resource*

Management, 55, 363-383. doi:10.1002/hrm.21741

Carayannis, E. G., Grigoroudis, E., Sindakis, S., & Walter, C. (2014). Business model innovation as antecedent of sustainable enterprise excellence and resilience.

Journal of the Knowledge Economy, 5, 440-463. doi:10.1007/s13132-014-0206-7

Carter, D., & Baghurst, T. (2014). The influence of servant leadership on restaurant employee engagement. *Journal of Business Ethics*, 124, 453-464.

doi:10.1007/s10551-013-1882-0

Carter, N., Bryant-Lukosius, D., DiCenso, A., Blythe, J., & Neville, A. J. (2014). The use of triangulation in qualitative research. *Oncology Nursing Forum*, 41, 545-547.

doi:10.1188/14.ONF.545-547

Castillo-Montoya, M. (2016). Preparing for interview research: The interview protocol refinement framework. *The Qualitative Report*, 21, 811-831. Retrieved from <http://nsuworks.nova.edu/tqr>

Castro, E. M., Van Regenmortel, T., Vanhaecht, K., Sermeus, W., & Van Hecke, A. (2016). Patient empowerment, patient participation and patient-centeredness in hospital care: a concept analysis based on a literature review. *Patient Education and Counseling*, 99, 1923-1939. doi:10.1016/j.pec.2016.07.026

Chassang, S., & Zehnder, C. (2016). Rewards and punishments: Informal contracting through social preferences. *Theoretical Economics*, 11, 1145-1179.

doi:10.3982/TE2063

Check, D. K., Wolf, L. E., Dame, L. A., & Beskow, L. M. (2014). Certificates of confidentiality and informed consent: Perspectives of IRB chairs and institutional

legal counsel. *IRB: Ethics and Human Research*, 36(1), 1-8. Retrieved from <https://www.jstor.org/stable/24574916>

Chiniara, M., & Bentein, K. (2016). Linking servant leadership to individual performance: Differentiating the mediating role of autonomy, competence and relatedness need satisfaction. *Leadership Quarterly*, 27, 124-141.

doi:10.1016/j.leaqua.2015.08.004

Choy, L. T. (2014). The strengths and weaknesses of research methodology: Comparison and complimentary between qualitative and quantitative approaches. *IOSR Journal of Humanities and Social Science*, 19, 99-104. Retrieved from

<http://www.iosrjournals.org/>

Cleary, M., Horsfall, J., & Hayter, M. (2014). Data collection and sampling in qualitative research: Does size matter? *Journal of Advanced Nursing*, 70, 473-475.

doi:10.1111/jan.12163

Collini, S. A., Guidroz, A. M., & Perez, L. M. (2015). Turnover in health care: the mediating effects of employee engagement. *Journal of Nursing Management*, 23,

169-178. doi:10.1111/jonm.12109

Connelly, L. M. (2016). Trustworthiness in qualitative research. *Medsurg Nursing*, 25, 435-436. Retrieved from <http://www.medsurnursing.net>

Constand, M. K., MacDermid, J. C., Dal Bello-Haas, V., & Law, M. (2014). Scoping review of patient-centered care approaches in healthcare. *BMC Health Services Research*, 14, 271-279. doi:10.1186/1472-6963-14-271

Cope, D. G. (2014). Methods and meanings: credibility and trustworthiness of qualitative

- research. *Oncology Nursing Forum*, *41*, 89-91. doi: 10.1188/14.onf.89-91
- Cropanzano, R., Anthony, E. L., Daniels, S. R., & Hall, A. V. (2017). Social exchange theory: A critical review with theoretical remedies. *Academy of Management Annals*, *11*, 479–516. doi:10.5465/annals.2015.0099
- Cuthbert, C. A., & Moules, N. (2014). The application of qualitative research findings to oncology nursing practice. *Oncology Nursing Forum*, *41*, 683-685. doi:10.1188/14.ONF.683-685
- D'Souza, J., & Gurin, M. (2016). The universal significance of Maslow's concept of self-actualization. *Humanistic Psychologist*, *44*, 210-214. doi: 10.1037/hum0000027
- Dawkins, S., Tian, A. W., Newman, A., & Martin, A. (2017). Psychological ownership: A review and research agenda. *Journal of Organizational Behavior*, *38*, 163-183. doi:10.1002/job.2057
- De Clercq, D., Bouckennooghe, D., Raja, U., & Matsyborska, G. (2014). Unpacking the goal congruence–organizational deviance relationship: The roles of work engagement and emotional intelligence. *Journal of Business Ethics*, *124*, 695-711. doi:10.1007/s10551-013-1902-0
- De Massis, A., & Kotlar, J. (2014). The case study method in family business research: Guidelines for qualitative scholarship. *Journal of Family Business Strategy*, *5*, 15-29. doi:10.1016/j.jfbs.2014.01.007
- Deery, M., & Jago, L. (2015). Revisiting talent management, work-life balance and retention strategies. *International Journal of Contemporary Hospitality Management*, *27*, 453-472. doi:10.1108/IJCHM-12-2013-0538

- Dhar, R. L. (2015). Service quality and the training of employees: The mediating role of organizational commitment. *Tourism Management, 46*, 419-430.
doi:10.1016/j.tourman.2014.08.001
- Donate, M. J., & de Pablo, J. D. S. (2015). The role of knowledge-oriented leadership in knowledge management practices and innovation. *Journal of Business Research, 68*, 360-370. doi:10.1016/j.jbusres.2014.06.022
- Dong, Y., Bartol, K. M., Zhang, Z. X., & Li, C. (2017). Enhancing employee creativity via individual skill development and team knowledge sharing: Influences of dual-focused transformational leadership. *Journal of Organizational Behavior, 38*, 439-458. doi:10.1002/job.2134
- Dongre, A. R., & Sankaran, R. (2016). Ethical issues in qualitative research: Challenges and options. *International Journal of Medical Science and Public Health, 5*, 1187-1194. doi:10.5455/ijmsph.2016.19102015179
- Doody, O., & Noonan, M. (2016). Nursing research ethics, guidance and application in practice. *British Journal of Nursing, 25*, 803-807.
doi:10.12968/bjon.2016.25.14.803
- Eldor, L., & Vigoda-Gadot, E. (2017). The nature of employee engagement: Rethinking the employee–organization relationship. *International Journal of Human Resource Management, 28*, 526-552. doi:10.1080/09585192.2016.1180312
- Ellinger, A. E., & Ellinger, A. D. (2014). Leveraging human resource development expertise to improve supply chain managers' skills and competencies. *European*

Journal of Training and Development, 38, 118-135. doi:10.1108/EJTD-09-2013-0093

Elsbach, K. D., & Stigliani, I. (2018). Design thinking and organizational culture: A review and framework for future research. *Journal of Management*, 44, 2274-2306. doi:10.1177/0149206317744252

Emerson, R. M. (1976). Social exchange theory. *Annual review of sociology*, 2, 335-362. doi:10.1146/annurev.so.02.080176.002003

Etikan, I. (2016). Comparison of convenience sampling and purposive sampling. *American Journal of Theoretical and Applied Statistics*, 5, 1-4. doi:10.11648/j.ajtas.20160501.11

Froehlich, D., Segers, M., & Van den Bossche, P. (2014). Informal workplace learning in Austrian banks: The influence of learning approach, leadership style, and organizational learning culture on managers' learning outcomes. *Human Resource Development Quarterly*, 25, 29-57. doi:10.1002/hrdq.21173

Fusch, P. I., & Ness, L. R. (2015). Are we there yet? Data saturation in qualitative research. *Qualitative Report*, 20, 1408-1416. Retrieved from <https://nsuworks.nova.edu/>

Galvin, R. (2015). How many interviews are enough? Do qualitative interviews in building energy consumption research produce reliable knowledge?. *Journal of Building Engineering*, 1, 2-12. doi:10.1016/j.jobe.2014.12.001

Ganapathy, M. (2016). Qualitative data analysis: Making it easy for nurse researcher. *International Journal of Nursing Education*, 8, 106-110. doi:10.5958/0974-

9357.2016.00057.X

- Gentles, S. J., Charles, C., Ploeg, J., & McKibbin, K. (2015). Sampling in qualitative research: Insights from an overview of the methods literature. *Qualitative Report*, 20, 1772-1789. Retrieved from <https://nsuworks.nova.edu/>
- Ghosh, P., Rai, A., Chauhan, R., Baranwal, G., & Srivastava, D. (2016). Rewards and recognition to engage private bank employees: Exploring the “obligation dimension”. *Management Research Review*, 39, 1738-1751. doi:10.1108/MRR-09-2015-0219
- Goldstein, C. E., Weijer, C., Brehaut, J. C., Campbell, M., Fergusson, D. A., Grimshaw, J. M., Hemming, K., Horn, A. R., & Taljaard, M. (2018). Accommodating quality and service improvement research within existing ethical principles. *Trials*, 19, 334-339. doi:10.1186/s13063-018-2724-2
- Green, H. (2014). Use of theoretical and conceptual frameworks in qualitative research. *Nurse Researcher*, 21(6), 34-38. doi:10.7748/nr.21.6.34.e1252
- Guchait, P., Paşamehmetoğlu, A., & Dawson, M. (2014). Perceived supervisor and co-worker support for error management: Impact on perceived psychological safety and service recovery performance. *International Journal of Hospitality Management*, 41, 28-37. doi:10.1016/j.ijhm.2014.04.009
- Guest, D. E. (2017). Human resource management and employee well-being: Towards a new analytic framework. *Human Resource Management Journal*, 27, 22-38. doi:10.1111/1748-8583.12139
- Haahr, A., Norlyk, A., & Hall, E. O. (2014). Ethical challenges embedded in qualitative

research interviews with close relatives. *Nursing Ethics*, 21, 6-15.

doi:10.1177/0969733013486370

Hamilton, D. K., & Stichler, J. F. (2015). Institutional review boards and peer-reviewed publication. *HERD: Health Environments Research & Design Journal*, 8, 81-84.

doi:10.1177/1937586714567647

Han, K. S., & Garg, P. (2018). Workplace democracy and psychological capital: A paradigm shift in workplace. *Management Research Review*, 41, 1088-1116.

doi:10.1108/MRR-11-2016-0267

Han, T. S., Chiang, H. H., McConville, D., & Chiang, C. L. (2015). A longitudinal investigation of person–organization fit, person–job fit, and contextual performance: The mediating role of psychological ownership. *Human Performance*, 28, 425-439. doi:10.1080/08959285.2015.1021048

Hanaysha, J., & Tahir, P. R. (2016). Examining the effects of employee empowerment, teamwork, and employee training on job satisfaction. *Procedia-Social and Behavioral Sciences*, 219, 272-282. doi:10.1016/j.sbspro.2016.05.016

Harrigan, W. J., & Commons, M. L. (2015). Replacing Maslow's needs hierarchy with an account based on stage and value. *Behavioral Development Bulletin*, 20, 24-31.

doi:10.1037/h0101036

Harvey, L. (2015). Beyond member-checking: A dialogic approach to the research interview. *International Journal of Research & Method in Education*, 38, 23-38.

doi:10.1080/1743727X.2014.914487

Hogan, S. J., & Coote, L. V. (2014). Organizational culture, innovation, and

- performance: A test of Schein's model. *Journal of Business Research*, 67, 1609-1621. doi:10.1016/j.jbusres.2013.09.007
- Homans, C. G. (1961). *Social Behavior; Its Elementary Forms*. New York City, New York: Harcourt, Brace & World.
- Horng, J. S., Tsai, C. Y., Yang, T. C., & Liu, C. H. (2016). Exploring the relationship between proactive personality, work environment and employee creativity among tourism and hospitality employees. *International Journal of Hospitality Management*, 54, 25-34. doi:10.1016/j.ijhm.2016.01.004
- Howell, A. (2017). Engagement starts at the top: the role of a leader's personality on employee engagement. *Strategic HR Review*, 16, 144-146. doi:10.1108/SHR-03-2017-0017
- Huang, Y. H., Lee, J., McFadden, A. C., Murphy, L. A., Robertson, M. M., Cheung, J. H., & Zohar, D. (2016). Beyond safety outcomes: An investigation of the impact of safety climate on job satisfaction, employee engagement and turnover using social exchange theory as the theoretical framework. *Applied Ergonomics*, 55, 248-257. doi:10.1016/j.apergo.2015.10.007
- Ibidunn, S., Osibanjo, A. O., Adeniji, A. A., Salau, O. P., & Falola, H. O. (2016). Talent retention and organizational performance: A competitive positioning in Nigerian banking sector. *Periodica Polytechnica Social and Management Sciences*, 24, 1-13. doi:10.3311/PPso.7958
- Ingham-Broomfield, R. (2015). A nurses' guide to qualitative research. *Australian Journal of Advanced Nursing*, 32(3), 34-40. Retrieved from

<http://www.ajan.com.au/>

- Jamshed, S. (2014). Qualitative research method-interviewing and observation. *Journal of Basic and Clinical Pharmacy*, 5, 87-88. doi:10.4103/0976-0105.141942
- Jiang, H., & Men, R. L. (2017). Creating an engaged workforce: The impact of authentic leadership, transparent organizational communication, and work-life enrichment. *Communication Research*, 44, 225-243. doi:10.1177/0093650215613137
- Johnston, M. P. (2014). Secondary data analysis: A method of which the time has come. *Qualitative and Quantitative Methods in Libraries*, 3, 619-626. Retrieved from <http://www.qqml.net/>
- Joudaki, H., Rashidian, A., Minaei-Bidgoli, B., Mahmoodi, M., Geraili, B., Nasiri, M., & Arab, M. (2015). Using data mining to detect health care fraud and abuse: a review of literature. *Global Journal of Health Science*, 7(1), 194-202. doi:10.5539/gjhs.v7n1p194
- Kallio, H., Pietilä, A.-M., Johnson, M., & Kangasniemi, M. (2016). Systematic methodological review: Developing a framework for a qualitative semi-structured interview guide. *Journal of Advanced Nursing*, 72, 2954-2965. doi:10.1111/jan.13031
- Kang, H. J. (Annette), & Busser, J. A. (2018). Impact of service climate and psychological capital on employee engagement: The role of organizational hierarchy. *International Journal of Hospitality Management*, 75, 1-9. doi:10.1016/j.ijhm.2018.03.003
- Karanges, E., Johnston, K., Beatson, A., & Lings, I. (2015). The influence of internal

- communication on employee engagement: A pilot study. *Public Relations Review*, 41, 129–131. doi:10.1016/j.pubrev.2014.12.003
- Karunathilake, L. P. V. (2016). The impact of leaders' characteristics and their behavior to the employee performance in the hotel industry in Sri Lanka. *Wayamba Journal of Management*, 4, 9-19. doi:10.4038/wjm.v4i2.7457
- Khamisa, N., Oldenburg, B., Peltzer, K., & Ilic, D. (2015). Work related stress, burnout, job satisfaction and general health of nurses. *International Journal of Environmental Research and Public Health*, 12, 652-666. doi:10.3390/ijerph120100652
- Khoreva, V., Vaiman, V., & Van Zalk, M. (2017). Talent management practice effectiveness: investigating employee perspective. *Employee Relations*, 39, 19-33. doi:10.1108/ER-01-2016-0005
- Kim, M., & Beehr, T. A. (2017). Self-efficacy and psychological ownership mediate the effects of empowering leadership on both good and bad employee behaviors. *Journal of Leadership & Organizational Studies*, 24, 466-478. doi:10.1177/1548051817702078
- Kornbluh, M. (2015). Combatting challenges to establishing trustworthiness in qualitative research. *Qualitative Research in Psychology*, 12, 397–414. doi:10.1080/14780887.2015.1021941
- Korstjens, I., & Moser, A. (2017). Series: Practical guidance to qualitative research. Part 4: Trustworthiness and publishing. *European Journal of General Practice*, 24, 120–124. doi:10.1080/13814788.2017.1375092

- Lancaster, K. (2017). Confidentiality, anonymity and power relations in elite interviewing: conducting qualitative policy research in a politicised domain. *International Journal of Social Research Methodology*, 20, 93-103.
doi:10.1080/13645579.2015.1123555
- Latham, J. R. (2014). Leadership for quality and innovation: Challenges, theories, and a framework for future research. *Quality Management Journal*, 21(1), 11-15.
doi:10.1080/10686967.2014.11918372
- Leung, L. (2015). Validity, reliability, and generalizability in qualitative research. *Journal of Family Medicine and Primary Care*, 4, 324-327. doi:10.4103/2249-4863.161306
- Levitt, H. M., Motulsky, S. L., Wertz, F. J., Morrow, S. L., & Ponterotto, J. G. (2017). Recommendations for designing and reviewing qualitative research in psychology: Promoting methodological integrity. *Qualitative Psychology*, 4, 2-22.
doi:10.1037/qup0000082
- Lewis, S. (2015). Qualitative inquiry and research design: Choosing among five approaches. *Health Promotion Practice*, 16, 473-475.
doi:10.1177/1524839915580941
- Ling, Q., Lin, M., & Wu, X. (2016). The trickle-down effect of servant leadership on frontline employee service behaviors and performance: A multilevel study of Chinese hotels. *Tourism Management*, 52, 341-368.
doi:10.1016/j.tourman.2015.07.008
- Lodhi, M. F. K. (2016). Quality issues in higher education: The role of methodological

triangulation in enhancing the quality of a doctoral thesis. *Journal of Research in Social Sciences*, 4(1), 62-74. Retrieved from <https://www.numl.edu.pk/jrssh-home.html>

- Low, C. H., Bordia, P., & Bordia, S. (2016). What do employees want and why? An exploration of employees' preferred psychological contract elements across career stages. *Human Relations*, 69, 1457-1481. doi:10.1177/0018726715616468
- Lu, L., Lu, A. C. C., Gursoy, D., & Neale, N. R. (2016). Work engagement, job satisfaction, and turnover intentions: A comparison between supervisors and line-level employees. *International Journal of Contemporary Hospitality Management*, 28, 737-761. doi:10.1108/IJCHM-07-2014-0360
- Madill, A., & Sullivan, P. (2017). Mirrors, portraits, and member checking: Managing difficult moments of knowledge exchange in the social sciences. *Qualitative Psychology*, 5, 1-37. doi:10.1037/qup0000089
- Magsaysay, J. F., & Hechanova, M. M. (2017). Building an implicit change leadership theory. *Leadership & Organization Development Journal*, 38, 834-848. doi:10.1108/LODJ-05-2016-0114
- Malik, M. A. R., Butt, A. N., & Choi, J. N. (2015). Rewards and employee creative performance: Moderating effects of creative self-efficacy, reward importance, and locus of control. *Journal of Organizational Behavior*, 36, 59-74. doi:10.1002/job.1943
- Manary, M., Staelin, R., Kosel, K., Schulman, K. A., & Glickman, S. W. (2015). Organizational characteristics and patient experiences with hospital care: A

- survey study of hospital chief patient experience officers. *American Journal of Medical Quality*, 30, 432-440. doi:10.1177/1062860614539994
- Mandal, J., & Parija, S. C. (2014). Informed consent and research. *Tropical Parasitology*, 4, 78-79. doi:10.4103/2229-5070.138533
- Marshall, C., & Rossman, G. B. (2016). *Designing qualitative research* (6th ed.). Thousand Oaks, CA: Sage.
- Mas-Machuca, M., Berbegal-Mirabent, J., & Alegre, I. (2016). Work-life balance and its relationship with organizational pride and job satisfaction. *Journal of Managerial Psychology*, 31, 586-602. doi:10.1108/JMP-09-2014-0272
- Maslow, A. H. (1943). A theory of human motivation. *Psychological Review*, 50, 370-396. doi:10.1037/h0054346
- Maslow, A. H. (1954). The Instinctoid Nature of Basic Needs 1. *Journal of Personality*, 22, 326-347. doi:10.1111/j.1467-6494.1954.tb01136.x
- Mason, P. (2018). Clackamas county public health: Employee engagement in quality improvement and performance management activities. *Journal of Public Health Management and Practice*, 24, S22-S24. doi:10.1097/PHH.0000000000000705
- Massingham, P. R., & Tam, L. (2015). The relationship between human capital, value creation and employee reward. *Journal of Intellectual Capital*, 16, 390-418. doi:10.1108/JIC-06-2014-0075
- Mayer, I. (2015). Qualitative research with a focus on qualitative data analysis. *International Journal of Sales, Retailing and Marketing*, 4(9), 53-67. Retrieved from <http://www.ijstrm.com/IJSRM/Home.html>

- Mayoh, J., & Onwuegbuzie, A. J. (2015). Toward a conceptualization of mixed methods phenomenological research. *Journal of Mixed Methods Research, 9*, 91-107. doi:10.1177/1558689813505358
- McCusker, K., & Gunaydin, S. (2015). Research using qualitative, quantitative or mixed methods and choice based on the research. *Perfusion, 30*, 537-542. doi:10.1177/0267659114559116
- McGonagle, K. A., Brown, C., & Schoeni, R. F. (2015). The effects of respondents' consent to be recorded on interview length and data quality in a national panel study. *Field Methods, 27*, 373–390. doi:10.1177/1525822x15569017
- McIntosh, M. J., & Morse, J. M. (2015). Situating and constructing diversity in semi-structured Interviews. *Global Qualitative Nursing Research, 2*, 1-12. doi:10.1177/2333393615597674
- Menguc, B., Auh, S., Yeniaras, V., & Katsikeas, C. S. (2017). The role of climate: Implications for service employee engagement and customer service performance. *Journal of the Academy of Marketing Science, 45*, 428-451. doi:10.1007/s11747-017-0526-9
- Mihail, D. M., & Kloutsiniotis, P. V. (2016). The effects of high-performance work systems on hospital employees' work-related well-being: Evidence from Greece. *European Management Journal, 34*, 424-438. doi:10.1016/j.emj.2016.01.005
- Mittal, S., & Dhar, R. L. (2015). Transformational leadership and employee creativity: mediating role of creative self-efficacy and moderating role of knowledge sharing. *Management Decision, 53*, 894-910. doi:10.1108/MD-07-2014-0464

- Montani, F., Battistelli, A., & Odoardi, C. (2017). Proactive goal generation and innovative work behavior: The moderating role of affective commitment, production ownership and leader support for innovation. *The Journal of Creative Behavior*, 51, 107-127. doi:10.1002/jocb.89
- Moon, C. (2015). The (un) changing role of the researcher. *International Journal of Market Research*, 57, 15-16. doi:10.2501/IJMR-2015-002
- Morse, J. M. (2015). Critical analysis of strategies for determining rigor in qualitative inquiry. *Qualitative Health Research*, 25, 1212-1222. doi:10.1177/1049732315588501
- Morse, W. C., Lowery, D. R., & Steury, T. (2014). Exploring saturation of themes and spatial locations in qualitative public participation geographic information systems research. *Society & Natural Resources*, 27, 557-571. doi:10.1080/08941920.2014.888791
- Mostafa, A. M. S., Gould-Williams, J. S., & Bottomley, P. (2015). High-performance human resource practices and employee outcomes: The mediating role of public service motivation. *Public Administration Review*, 75, 747-757. doi:10.1111/puar.12354
- Najjar, D., & Fares, P. (2017). Managerial Motivational Practices and Motivational Differences between Blue-and White-Collar Employees: Application of Maslow's Theory. *International Journal of Innovation, Management and Technology*, 8, 81-84. doi:10.18178/ijimt.2017.8.2.707
- Nelson, J. (2017). Using conceptual depth criteria: addressing the challenge of reaching

saturation in qualitative research. *Qualitative Research*, 17, 554-570.

doi:10.1177/1468794116679873

Newman, A., Miao, Q., Hofman, P. S., & Zhu, C. J. (2016). The impact of socially responsible human resource management on employees' organizational citizenship behaviour: The mediating role of organizational identification.

International Journal of Human Resource Management, 27, 440-455.

doi:10.1080/09585192.2015.1042895

Noble, H., & Smith, J. (2015). Issues of validity and reliability in qualitative research.

Evidence-Based Nursing, 18, 34-35. doi:10.1136/eb-2015-102054

O'Keeffe, J., Buytaert, W., Mijic, A., Brozović, N., & Sinha, R. (2016). The use of semi-structured interviews for the characterization of farmer irrigation practices.

Hydrology and Earth System Sciences, 20, 1911–1924. doi:10.5194/hess-20-

1911-2016

Oparaocha, G. O. (2016). Towards building internal social network architecture that

drives innovation: A social exchange theory perspective. *Journal of Knowledge*

Management, 20, 534-556. doi:10.1108/JKM-06-2015-0212

Palinkas, L. A., Horwitz, S. M., Green, C. A., Wisdom, J. P., Duan, N., & Hoagwood, K.

(2015). Purposeful sampling for qualitative data collection and analysis in mixed

method implementation research. *Administration and Policy in Mental Health and*

Mental Health Services Research, 42, 533-544. doi:10.1007/s10488-013-0528-y

Patterson, F., & Zibarras, L. D. (2017). Selecting for creativity and innovation potential:

implications for practice in healthcare education. *Advances in Health Sciences*

Education, 22, 417-428. doi:10.1007/s10459-016-9731-4

- Paulus, T. M., & Bennett, A. M. (2017). 'I have a love-hate relationship with ATLAS.ti'TM: integrating qualitative data analysis software into a graduate research methods course. *International Journal of Research & Method in Education*, 40, 19-35. doi:10.1080/1743727X.2015.1056137
- Paulus, T., Woods, M., Atkins, D. P., & Macklin, R. (2015). The discourse of QDAS: reporting practices of ATLAS.ti and NVivo users with implications for best practices. *International Journal of Social Research Methodology*, 20, 35-47. doi:10.1080/13645579.2015.1102454
- Peng, H., & Pierce, J. (2015). Job-and organization-based psychological ownership: Relationship and outcomes. *Journal of Managerial Psychology*, 30, 151-168. doi:10.1108/JMP-07-2012-0201
- Petrova, E., Dewing, J., & Camilleri, M. (2016). Confidentiality in participatory research: Challenges from one study. *Nursing Ethics*, 23, 442-454. doi:10.1177/0969733014564909
- Porter, M. E., Larsson, S., & Lee, T. H. (2016). Standardizing patient outcomes measurement. *New England Journal of Medicine*, 374, 504-506. doi:10.1056/NEJMp1511701
- Potoski, M., & Callery, P. J. (2018). Peer communication improves environmental employee engagement programs: Evidence from a quasi-experimental field study. *Journal of Cleaner Production*, 172, 1486-1500. doi:10.1016/j.jclepro.2017.10.252

- Pulakos, E. D., Hanson, R. M., Arad, S., & Moye, N. (2015). Performance management can be fixed: An on-the-job experiential learning approach for complex behavior change. *Industrial and Organizational Psychology, 8*, 51-76.
doi:10.1017/iop.2014.2
- Råheim, M., Magnussen, L. H., Sekse, R. J. T., Lunde, Å., Jacobsen, T., & Blystad, A. (2016). Researcher–researched relationship in qualitative research: Shifts in positions and researcher vulnerability. *International Journal of Qualitative Studies on Health and Well-being, 11*(1). doi:10.3402/qhw.v11.30996
- Reed, S. B. (2017). Five key attributes of leadership: engaging and motivating employees are critical obligations of healthcare leaders. *Healthcare Financial Management, 71*, 48-52. Retrieved from <https://www.hfma.org/hfm/>
- Reid, E. (2015). Embracing, passing, revealing, and the ideal worker image: How people navigate expected and experienced professional identities. *Organization Science, 26*, 997-1017. doi:10.1287/orsc.2015.0975
- Resnik, D. B. (2015). Bioethical issues in providing financial incentives to research participants. *Medicolegal and Bioethics, 5*, 35-41. doi:10.2147/MB.S70416
- Ridder, H. (2017). The theory contribution of case study research designs. *Business Research, 10*, 281-305. doi:10.1007/s40685-017-0045-z
- Riley, S. M., Michael, S. C., & Mahoney, J. T. (2017). Human capital matters: Market valuation of firm investments in training and the role of complementary assets. *Strategic Management Journal, 38*, 1895-1914. doi:10.1002/smj.2631
- Robertson, B. W., & Kee, K. F. (2017). Social media at work: The roles of job

- satisfaction, employment status, and Facebook use with co-workers. *Computers in Human Behavior*, 70, 191-196. doi:10.1016/j.chb.2016.12.080
- Robinson, O. (2014). Sampling in interview-based qualitative research: A theoretical and practical guide. *Research in Psychology*, 11, 25-41.
doi:10.1080/14780887.2013.801543
- Roulston, K., & Shelton, S. A. (2015). Reconceptualizing bias in teaching qualitative research methods. *Qualitative Inquiry*, 21, 332-342.
doi:10.1177/1077800414563803
- Russo, F. (2016). What is the CSR's focus in healthcare?. *Journal of Business Ethics*, 134, 323-334. doi:10.1007/s10551-014-2430-2
- Sahu, S., Pathardikar, A., & Kumar, A. (2018). Transformational leadership and turnover. *Leadership & Organization Development Journal*, 39, 82-99. doi:10.1108/lodj-12-2014-0243
- Saks, A. M., & Gruman, J. A. (2014). What do we really know about employee engagement?. *Human Resource Development Quarterly*, 25, 155-182. doi:10.1002/hrdq.21187
- Salas, E., Shuffler, M. L., Thayer, A. L., Bedwell, W. L., & Lazzara, E. H. (2015). Understanding and improving teamwork in organizations: A scientifically based practical guide. *Human Resource Management*, 54, 599-622.
doi:10.1002/hrm.21628
- Sanjari, M., Bahramnezhad, F., Fomani, F. K., Shoghi, M., & Cheraghi, M. A. (2014). Ethical challenges of researchers in qualitative studies: The necessity to develop a

specific guideline. *Journal of Medical Ethics and History of Medicine*, 7, 14.

Retrieved from <http://jmehm.tums.ac.ir/index.php/jmehm>

Sarma, S. K. (2015). Qualitative research: Examining the misconceptions. *South Asian Journal of Management*, 22, 176-191. Retrieved from <http://sajm-amdisa.org/>

Saunders, B., Sim, J., Kingstone, T., Baker, S., Waterfield, J., Bartlam, B.... Jinks, C.

(2018). Saturation in qualitative research: Exploring its conceptualization and operationalization. *Quality & Quantity*, 52, 1893-1907. doi:10.1007/s11135-017-0574-8

Saunders, M. N. K., Lewis, P., & Thornhill, A. (2015). *Research methods for business students* (7th ed.). Essex, England: Pearson Education Unlimited

Sav, A., McMillan, S. S., Kelly, F., King, M. A., Whitty, J. A., Kendall, E., & Wheeler,

A. J. (2015). The ideal healthcare: Priorities of people with chronic conditions and their carers. *BMC Health Services Research*, 15, 551-560. doi:10.1186/s12913-015-1215-3

Shantz, A., Alfes, K., & Arevshatian, L. (2016). HRM in health care: The role of work engagement. *Personnel Review*, 45, 274-295. doi:10.1108/PR-09-2014-0203

Singh, A., & Gupta, B. (2015). Job involvement, organizational commitment, professional commitment, and team commitment. *Benchmarking: International Journal*, 22, 1192–1211. doi:10.1108/bij-01-2014-0007

Slack, R. E., Corlett, S., & Morris, R. (2015). Exploring employee engagement with (corporate) social responsibility: A social exchange perspective on organisational

- participation. *Journal of Business Ethics*, 127, 537-548. doi:10.1007/s10551-014-2057-3
- Slemp, G. R., Kern, M. L., & Vella-Brodrick, D. A. (2015). Workplace well-being: The role of job crafting and autonomy support. *Psychology of Well-being*, 5(1), 1-17. doi:10.1186/s13612-015-0034-y
- Smith, B., & McGannon, K. R. (2018). Developing rigor in qualitative research: Problems and opportunities within sport and exercise psychology. *International Review of Sport and Exercise psychology*, 11, 101-121. doi:10.1080/1750984X.2017.1317357
- Stachová, K., Stacho, Z., & Bartáková, G. P. (2015). Influencing organisational culture by means of employee remuneration. *Business: Theory and Practice/Verslas: Teorija ir Praktika*, 16, 264-270. Retrieved from <https://btp.press.vgtu.lt/>
- Strömngren, M., Eriksson, A., Bergman, D., & Dellve, L. (2016). Social capital among health care professionals: A prospective study of its importance for job satisfaction, work engagement and engagement in clinical improvements. *International Journal of Nursing Studies*, 53, 116-125. doi:10.1016/j.ijnurstu.2015.07.012
- Sutton, J., & Austin, Z. (2015). Qualitative research: Data collection, analysis, and management. *Canadian Journal of Hospital Pharmacy*, 68, 226-231. doi:10.4212/cjhp.v68i3.1456
- Thibaut, J. W., & Kelley, H. H. (1959). *The social psychology of groups*. Oxford, England: John Wiley.

- Thomas, D. R. (2017). Feedback from research participants: Are member checks useful in qualitative research? *Qualitative Research in Psychology, 14*, 23–41.
doi:10.1080/14780887.2016.1219435
- Timms, C., Brough, P., O'Driscoll, M., Kalliath, T., Siu, O. L., Sit, C., & Lo, D. (2015). Flexible work arrangements, work engagement, turnover intentions and psychological health. *Asia Pacific Journal of Human Resources, 53*, 83-103.
doi:10.1111/1744-7941.12030
- Tims, M., Derks, D., & Bakker, A. B. (2016). Job crafting and its relationships with person–job fit and meaningfulness: A three-wave study. *Journal of Vocational Behavior, 92*, 44-53. doi:10.1016/j.jvb.2015.11.007
- Vaismoradi, M., Jones, J., Turunen, H., & Snelgrove, S. (2016). Theme development in qualitative content analysis and thematic analysis. *Journal of Nursing Education and Practice, 6*(5). doi:10.5430/jnep.v6n5p100
- Van De Voorde, K., Veld, M., & Van Veldhoven, M. (2016). Connecting empowerment-focused HRM and labour productivity to work engagement: the mediating role of job demands and resources. *Human Resource Management Journal, 26*, 192-210.
doi:10.1111/1748-8583.12099
- Vermeeren, B., Steijn, B., Tummers, L., Lankhaar, M., Poerstamper, R.-J., & van Beek, S. (2014). HRM and its effect on employee, organizational and financial outcomes in health care organizations. *Human Resources for Health, 12*.
doi:10.1186/1478-4491-12-35
- Vogel, R. M., Rodell, J. B., & Lynch, J. W. (2016). Engaged and productive misfits: How

job crafting and leisure activity mitigate the negative effects of value incongruence. *Academy of Management Journal*, 59, 1561-1584.
doi:10.5465/amj.2014.0850

Wamuuru, C. G., & Jamleck, D. M. (2018). Human Resource Management Practices, Employee Behavioral Outcomes and Organizational Performance in Public Service: A Critical Literature Review. *Management and Economic Journal*, 2, 249-267. Retrieved from <http://www.mejournal.in/index.php/mej>

Wang, Y., Kung, L., & Byrd, T. A. (2018). Big data analytics: Understanding its capabilities and potential benefits for healthcare organizations. *Technological Forecasting and Social Change*, 126, 3-13. doi:10.1016/j.techfore.2015.12.019

Willis, D. G., Sullivan-Bolyai, S., Knafl, K., & Cohen, M. Z. (2016). Distinguishing features and similarities between descriptive phenomenological and qualitative description research. *Western Journal of Nursing Research*, 38, 1185-1204.
doi:10.1177/0193945916645499

Woods, M., Paulus, T., Atkins, D. P., & Macklin, R. (2016). Advancing qualitative research using qualitative data analysis software (QDAS)? Reviewing potential versus practice in published studies using ATLAS. ti and NVivo, 1994–2013. *Social Science Computer Review*, 34, 597-617. doi:10.1177/0894439315596311

Woon, W., Tan, C. L., & Nasurdin, A. M. (2017). Linking organizational climate, psychological ownership, and intention to Stay: A proposed model. *Global Business & Management Research*, 9, 127-141. Retrieved from <http://www.gbmr.ioksp.com/>

- Wu, S. P. J., Straub, D. W., & Liang, T. P. (2015). How information technology governance mechanisms and strategic alignment influence organizational performance: Insights from a matched survey of business and IT managers. *Mis Quarterly*, *39*, 497-518. Retrieved from <https://www.misq.org/>
- Wu, W. L., & Lee, Y. C. (2017). Empowering group leaders encourages knowledge sharing: integrating the social exchange theory and positive organizational behavior perspective. *Journal of Knowledge Management*, *21*, 474-491. doi:10.1108/JKM-08-2016-0318
- Yazan, B. (2015). Three approaches to case study methods in education: Yin, Merriam, and Stake. *Qualitative Report*, *20*, 134-152. Retrieved from <http://nsuworks.nova.edu/>
- Yeoman, R. (2014). Conceptualising meaningful work as a fundamental human need. *Journal of Business Ethics*, *125*, 235-251. doi:10.1007/s10551-013-1894-9
- Yin, R. K. (2018). *Case study research and applications: Design and methods* (6th ed.). San Francisco, CA: Sage.
- Yousaf, S., Latif, M., Aslam, S., & Saddiqui, A. (2014). Impact of financial and non-financial rewards on employee motivation. *Middle-East Journal of Scientific Research*, *21*, 1776-1786. doi:10.1287/orsc.2015.0975
- Zhao, X. R., Ghiselli, R., Law, R., & Ma, J. (2016). Motivating frontline employees: Role of job characteristics in work and life satisfaction. *Journal of Hospitality and Tourism Management*, *27*, 27-38. doi:10.1016/j.jhtm.2016.01.010

Appendix: Interview Protocol

Interview Protocol

Pre-interview	
Selecting Participants	<p>Initiate contact via email.</p> <p>Email Information on the research and quote IRB approval number</p>
Explaining the Study and Consent	<p>Explain the purpose of the study and voluntary nature of the study.</p> <p>Outline consensual agreement of participation and explain that the interview will be confidential, with all data collected to be destroyed after five years from the conclusion of the study.</p>
Consent Form	<p>Send consent forms to participants who have selected to participate in the study</p> <p>Assign participants a unique identifier e.g. P1, P2</p> <p>Participants will agree to participate in the study by replying "I consent" via email.</p>
Setting Interview Time and Place	<p>Location: Distraction-free environment as selected by Participant.</p> <p>Interview Time: 45 minutes.</p> <p>There will be a gap of 30 - 60 minutes between each interview or will conduct on different days to protect the privacy of the participants.</p>
Interview	

Building rapport	<p>Reiterate the purpose of the study</p> <p>Inform the participant to stop the interview at any time during the interview if any discussion becomes offensive, threatening, sensitive, or degrading.</p>	
Recording the Interview	<p>Record each interview on an audio recording device</p> <p>Note the date and start time at the beginning of the recording</p>	
Introduction	<p>State purpose of interview and thank participant for participating in the interview</p> <p>Announce participant's unique identifier and transition to interview questions.</p>	
Interview Questions	Notes	Nonverbal cues
How does employee engagement affect the performance of your organization?		
What specific strategies did you use to engage your employees?		
What are the most effective employee engagement strategies to improve organizational performance?		
How did you assess the effectiveness of your employee engagement strategies on organizational performance?		
What were the key barriers to implementing the engagement strategies for improving organizational performance?		

How did you address the key barriers to implementing the strategies for improving employee engagement?		
What additional information would you like to share about employee engagement strategies and their effect on your organizational performance?		
Interview Wrap-Up		
Thank participant	<p>Thank participant for time.</p> <p>Outline next steps and explain the member checking process.</p>	
Post Interview: Member Checking		
Member check email	<p>Send an email to the participant of the interview summary.</p> <p>A 30-minute member checking process to request verification of the accuracy of data collected and interpretation.</p>	
Thank participant	Thank participant for their feedback.	