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Strategies Hospital Administrators Utilize to Optimize Patient Services

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2019

Abstract

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Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Abstract

Hospital administrators face challenges that arise from environmental factors or psychosocial factors, and lack resources to deliver valuable medical services to stakeholders, including patients and employees. A multicase study served to explore experiences and gain a broader perspective of hospital administrators' use of strategies to optimize patient services. Ten hospital administrators from acute care hospitals in Nevada and California were purposefully selected from the population of hospital managers with a minimum of 2 years of documented experience in successfully implementing management strategies to improve patient services. The conceptual framework was Drucker's management theory. Data were collected from semistructured interviews with 10 administrators, from the participants' archival documents, and from hospital archives. Interview transcripts and data from multiple hospital locations were coded and analyzed using methodological triangulation. Five themes identified from data analysis were triple-aim strategy, evidence-based practice, lean methodology, public health strategy, and innovation strategy. Implementing the appropriate strategy in each hospital setting might facilitate identification of elements that are lacking, mitigating, or slowing down the hospital improvement process. The findings of this study might contribute to positive social change by creating platforms for sharing information among patients and providers, payors, pharmacies, and policymakers.

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Dedication

I dedicate this doctoral study most especially to Almighty God Elohim for the blessings of knowledge, wisdom, understanding, and the passion for working diligently throughout my doctoral journey. I also dedicate this study to my family and friends for all their patience with me, their words of encouragement, and for walking with me through challenging times.

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Firstly, I would like to take this liberty to express my sincere gratitude to my chair and mentor Dr. Richard Johnson for the unwavering support of my doctoral study, for his patience, words of encouragement, and contributing immense knowledge. I could not have imagined having a better mentor and advisor for my doctoral research.

Besides my advisor, I would like to thank the rest of my dissertation committee: Dr. James Glenn, Dr. Yvette Ghormley, and Dr. Doron Zilbershtein, for their insightful comments and words of encouragement that inspired me to broaden my research from various perspectives.

My sincere thanks also go to all the external collaborators without their efforts and precious support; it would not be possible to conduct this research.

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Section 1: Foundation of the Study

Introduction

Hospital administrators face challenges that arise from environmental factors, psychosocial factors, and lack resources to deliver valuable medical services to the stakeholders, including but not limited to the patients and the employees (Ashkanasy, Becker, & Waldman, 2014). Environmental factors include processes of interaction with both the internal and external stakeholders such as providers (doctors, hospitals, and clinics), patients, pharmacy, payers (insurance companies) and policymakers (Tzortzaki & Mihiotis, 2014). Some factors that affect the psychosocial status and the circumstances of an individual worker include perceived values or moral issues that guide the work environment (Renkema, Broekhuis, & Ahaus, 2014). Hospital administrators face management challenges in addressing problems with the effective and efficient identification, acquisition, development, preservation, and sharing of information in hospital settings to be able to deliver optimal patient services (Ali, Tretiakov, Whiddett, & Hunter, 2017). The lack of a plan to resolve these challenges affects the hospital management system, which makes the issue both budget and time-sensitive matter. Altogether, the factors that an individual worker faces causes instability in the workplace and poses patient service issues in the hospital system (Renkema et al., 2014). Ali et al. (2017) suggested the use of information technology to improve the quality of knowledge identification, acquisition, development, preservation, and information sharing at the workplace. These challenges relate to this study because understanding the

environmental and psychosocial factors is essential to further research on these issues and to create a strategic platform for hospital administrators use to optimize patient service interaction.

Background of the Problem

Hospital administrators convey meaningful information to patients, family members, and other stakeholders to ensure success in providing optimal patient services (Mas-Machuca, 2014). Continuity of care is an essential part of the hospital services; for this reason, information must be available, interpreted, and channeled to local circumstances (Tzortzaki & Mihiotis, 2014). Tzortzaki and Mihiotis (2014) posited that professional workers maximize their intangible assets, work smarter by learning from their experiences, use networks, and apply information and skills to advance the innovation process. New ideas from innovation in the health care system have contributed to advancements in the use of robotics to facilitate surgery, and the use of enhanced communication mediums to promote customer and patient interactions. Though some of the advances made in the use of robotics and information-sharing platforms have been promising, some factors are still affecting the quality of patient services (Ali et al., 2017). These factors include but are not limited to the environmental and organizational setting, provider versus patient psychosocial elements, and the circumstances of an individual worker or patient which may either promote or mitigate the quality of patient services (Tzortzaki & Mihiotis, 2014). A better understanding of these elements is essential to develop better strategies to improve patient service

interaction. This study aims to explore strategies hospital administrators utilize to optimize patient services.

Problem Statement

Hospital administrators struggle with lack of resources to deliver valuable medical services to stakeholders (Ashkanasy et al., 2014). Martin, Hartman, Benson, and Catlin (2016), indicated the lack of resources led to an increase in the U.S. national health budget for 2014 to $3 trillion of which $971.8 billion was spent to maximize hospital resources including $280 billion spent on administrative cost. Hospital administrators might improve patient services by channeling resources to provide efficient patient service interaction tools and collaborative platforms (Ali et al., 2017). Patient service interaction could be facilitated either by a face to face dialogue or technology-enhanced medium to ensure consistency in providing a competitive patient service. The general business problem is that some hospital administrators are unable to utilize business strategies to optimize patient services. The specific business problem is that some hospital administrators need strategies to optimize patient services.

Purpose Statement

The purpose of this qualitative multicase study was to explore the strategies hospital administrators need to optimize patient services. The targeted population for this study was hospital managers in Nevada and California. Hospital administrators manage day-to-day operations in the hospital setting (Parand, Dopson, Renz, & Vincent, 2014). To ensure reaching data saturation, I selected 10 hospital administrators with at least two

years of experience in being accountable for managing daily operations in a hospital. The rationale for interviewing participants depended on their ability to utilize strategies to improve patient services and their ability to identify and troubleshoot problems related to optimizing patient services. The scope of the study was limited to Northern Nevada and Northern California. Hospital managers who read the findings of the current research might use the study outcome to establish a framework to enhance information sharing within the hospital and between the five pillars of the healthcare systems including patients, providers, pharmacies, payers, and policymakers. Thus, the study outcome has the potential to contribute to a positive social change by providing a direction for the improvement of patient service interaction with care providers.

Nature of the Study

The qualitative method is primarily exploratory, and researchers use the qualitative method to gain understanding and insights into a problem (Yin, 2014). The qualitative method allowed the researcher to use open-ended questions to gain insight on what is happening or what has happened and researchers use the qualitative method to reach valid generalization rather than a mathematical generalization (Cooper & Schindler, 2014). This study aimed to explore the perceptions of hospital administrators regarding the use of strategy to optimize patient service.

The quantitative research approach enables the researcher to use a research question to develop a hypothesis (Robinson, 2014). A quantitative researcher uses closed-ended questions and top-down deductive logical analysis to determine

relationships among two or more variables, use statistical analysis to test the hypothesis, and reach a conclusion to accept or reject the null hypothesis in the study (Robinson, 2014). The quantitative method was not suitable for this study because the goal is to understand the perceptions of multiple hospital administrators regarding the use of strategy to optimize patient service.

The mixed method research enables the researcher to combine the qualitative method and the quantitative method (Cooper & Schindler, 2014). Researchers use the mixed method approach to understanding better and build on the outcomes from both qualitative and quantitative approaches. The use of a mixed method enables the researcher to supplement one study method (quantitative) with the other (qualitative) and involves the use of hypothesis and mathematical deductions as well as concept and theme analysis (Yin, 2014). The current research focused on exploring multiple perceptions of hospital administrators regarding the use of strategies to optimize patient service. The current study does not require any mathematical generalization, though the qualitative aspect of the method meets the requirement, the mixed method is not a good fit for this study because of the supplemental mathematical generalization aspect of the method.

The qualitative method consists of the research question and interview questions and researchers can conduct a qualitative study by using any of the following designs: (a) case study, (b) grounded theory, (c) phenomenological, (d) narrative, and (e) ethnographic (Cronin, 2014). While other qualitative designs such as grounded theory, phenomenological, narrative and ethnographic are relevant, they would not have been

suitable for the study because the central idea of participant's perception, knowledge, beliefs, and attitude towards the use of strategies to optimize patient services makes more sense with a case study design. Researchers use grounded theory to develop new theories based on empirical data collected in the field (Cooper & Schindler, 2014). Grounded theory was not relevant for this study because the aim of the research is not to develop new theories through empirical data instead explore perceptions of the participants about the phenomenon. Additionally, researchers use phenomenological design to describe participants' lived experience. The phenomenological approach is not relevant for this study because the study aims to explore the participant's perception, experiences, and the use of strategy about the phenomenon. Narrative design typically focuses on the lives of the participant and is not relevant to this study because the aim of the study is not to focus on the lives of the participants, but to explore individual perceptions of the phenomenon. The ethnographic design focuses on studying cultural groups in a natural setting over an extensive period. The ethnographic design is not relevant to this study because the aim of this study is not to study cultural groups but to explore participant's perception of the study phenomenon (Cooper & Schindler, 2014).

The case study research design enables the researcher to use explorative methods to ask *what*, *how*, and *why* questions (Yazan, 2015). A single case study is limited to one case and one location, while multiple cases involved two or more cases in multiple locations (Yin, 2014). For this study, the researcher will use the multicase design to understand the dynamics of a multiple setting and use facts to support the fundamental

aspects of the phenomenon. The purpose of using a multicase study design is to explore in-depth participants perspective of utilizing strategies to optimize patient services. The multicase study is suitable for this study because of the opportunity to use semistructured and open-ended questions to explore in depth perceptions, knowledge, beliefs, and experiences of the participants.

Research Question

What strategies do hospital administrators use to optimize patient services?

Interview Questions

1. What management strategies do you use to optimize patient services?
2. What management strategy worked best to improve patient services?
3. How do you combine management and use of technology to improve patient services?
4. How do you combine personal values and professional standards in formulating strategies to optimize patient services?
5. What short-term and medium-term strategies worked best in utilizing resources to optimize patient services?
6. What additional points would you like to add regarding your management strategies to optimize patient services?

Conceptual Framework

Drucker's (1993) management theory emphasizes collaboration of knowledge to facilitate information sharing and supporting change through innovation (Tzortzaki &

Mihiotis, 2014). Drucker (1993) developed the management theory in 1993. Drucker described professional society as a new evolving environment that supports change through the influence of innovation. Drucker's view of the professional worker is appropriate to describe the individual function within the professional arena because it highlights the core functions essential to achieve change. The fundamental principle of Drucker's management theory is the collaboration of ideas to initiate a process, which is critical to facilitate information sharing and boost patient service interaction in the hospital environment (Tzortzaki & Mihiotis, 2014). Tzortzaki and Mihiotis (2014) identified collaboration as a fundamental tool in information sharing, and this can occur within and across organizations. Building upon Drucker's view of supporting change as a source of innovation, Turriago-Hoyos, Thoene, and Arjoon (2016) highlighted that hospital administrators are the organization's key players whose role is to utilize information sharing to optimize the patient's experience. The management theory would serve as a guide in the literature review and data analysis process.

Operational Definitions

Design thinking: Design thinking is a proven and repeatable problem-solving phenomenon that business leaders use to find desirable solutions for customers (Liedtka, 2015).

Design discourse: Design discourse is a method that defines the way business leaders think as they work (Johansson-Skoldberg, Woodilla, & Cetinkaya, 2013).

Hospital administrator: Hospital administrator is responsible for the day-to-day operation of a hospital, clinic, or public health agency. The hospital administrator plans and oversees the health services that the hospital provides (Parand, Dopson, Renz, & Vincent, 2014).

Knowledge society: Knowledge society is a new evolving environment that supports change through the influence of innovation (Ali et al., 2017).

Knowledge system: Knowledge system is the application of knowledge value from different sources and using the information as a valuable resource to develop a useful strategy to improve organizational performance (Cohen & Olsen, 2015).

Management discourse: Management discourse is the approach business leaders use to create value and facilitate innovation (Cicmil, Lindgren, & Packendorff, 2016).

Patient service: According to the Institute of Medicine, patient service is patient-centered care that focuses on providing respectful care that is responsive to individual patient needs, preferences, values and must ensure that patient value guide all clinical decision (Institute of Medicine, 2015).

Resource orchestration: Resource orchestration is used by business leaders and entrepreneurs to structure and rearrange resources to explore business opportunities (Chadwick, Super, & Kwon, 2015).

Assumptions, Limitations, and Delimitations

Assumptions

Assumptions are unproven facts that are admissible as accurate, and they could pose a potential risk due to individual perception and the increased possibility of bias (Robinson, 2014). Assumptions should be recognized and addressed as such. One assumption is that the possibility of personal bias will exist. The next assumption is that participants understand the questions and provide an in-depth response. Another assumption is the participant's perception of the questions with individual experience during the one-on-one interview process. Also, there is the assumption that participants have enough knowledge in utilizing efficient strategies to improve patient services to present meaningful answers. Last, I assume that I will find the knowledge that is relevant to my study and that I can triangulate the interview transcript with notes from the interview and archival documentation from participants.

Limitations

Limitations are the influences that the researcher cannot control, including potential weaknesses and problems encountered throughout the research process (Noble & Smith, 2015). Biases and perceptual distortions are inherent limitations that are preventable (Robinson, 2014). The researcher may have personal bias and restriction on accessing informative data. There may also be a limitation of access to relevant documents such as business plan, company policy, and annual report. The population for this study are hospital administrators only and is a limitation of this study considering the

possibility of a one-sided view and bias by hospital practitioners (Mosadeghrad, 2014). Another limitation is the ability of the novice researcher to conduct the interview successfully, and the capacity to interpret and analyze data. The time constraint to carry out the interview is a potential limitation of this study.

Delimitations

Delimitations are elements the researcher selected to set boundaries for the study (Fan, 2013). The first delimitation is limiting the interview responses to ten participants in two acute care hospitals setting in Nevada and California. The geographic location of the interview is delimitation for this study. The economics of participants' hospital – material prosperity, the size and financial success of the organizations, are neither a prequalifier nor a disqualifier for this study. Also, the participants for this study are hospital practitioners with more than two years of history and experience of the research phenomenon.

Significance of the Study

Contribution to Effective Practice of Business

Martin et al. (2016) estimated that the U.S. national health budget for 2014 was $3 trillion, of which $971.8 billion was spent on resources to improve healthcare. Langabeer and Yao (2012) highlighted that the hospital management challenge was due to the lack of information and the use of an effective management strategy to optimize patient services. The combination of resources is essential to develop management strategies to improve patient service interaction and satisfaction.

The collaboration of resources is critical to promote patient services and satisfaction (Pugh & Subramony, 2016). Hospital administrators might utilize the decisive steps to identify some of the elements that are lacking, mitigating, or slowing down the patient service improvement process. Ali et al. (2017) suggested the use of knowledge identification and acquisition, knowledge development and distribution, and knowledge preservation and application to improve information sharing and provide optimal patient services.

Implication for Social Change

Hospital administrators might utilize information to support the innovative process and as the cornerstone of providing optimal patient services (Turriago-Hoyos et al., 2016). Tzortzaki and Mihiotis (2014) noted that the hospital's productivity depends on the hospital workers ability to collaborate knowledge to ensure consistent information sharing to provide optimal patient services. King and Baatartogtokh (2015) added that innovation management was the backbone of social change. Innovation management facilitates the sharing of information, drive innovation, and encourage organizational learning and the readiness to foster a positive social change. Drucker's theory suggests that organizations should embrace collaboration and proper information sharing to remain competitive in their market (Tzortzaki & Mihiotis, 2014). Hospital administrators might explore strategies to optimize patient services as well as use information to build platforms that could facilitate patient service interaction and satisfaction. Enhancing management strategies is a social change that might not only improve the patient's well-

being and save cost for hospitals, but also, might help hospital administrators to develop a framework to improve the lives of their stakeholders, shareholders, and other entities that have a relationship with them, directly or indirectly. Implementing the right strategy in each hospital might provide greater assurance to identify elements that are lacking, mitigating, or slowing down the patient improvement process. Findings from the current multicase study may shed light on hospital practitioner's utilization of information from various resources to provide optimal patient services.

A Review of the Professional and Academic Literature

Introduction

Literature review enables the researcher to establish a framework that emphasizes the core ideas of the research, thus allowing the author to use the skeleton as a benchmark to compare other works (Yazan, 2015). The literature review addresses critical areas of concern with an in-depth conceptual analysis showing a connection with other studies and highlights the evolution of new knowledge from the current research (Yazan, 2015). The review process presents a historical overview and gaps from existing, and previous literature shows concepts and perceptions of various authors, and a possible conceptual framework for future research (Dasgupta, 2015). The literature review process emphasizes Drucker's view of collaborating knowledge to facilitate information sharing and support change through innovation to maximize patient service interaction and boost patient satisfaction. The combination of resources, a collaboration of information from within and outside the system, and use of interactive tools are essential to facilitate

learning and to boost the potential to provide optimal patient service (Wang, Noe, & Wang, 2014).

There are two steps in the research process. In the first step, I explored scholarly journals, articles, and seminal academic books. In the second phase, I explained the investigative process, which explored the practitioner's use of resources to optimize patient services. The search process incorporated the use of phrases and keywords to obtain academic resources. Some examples of phrases and keywords used include the following: *patient service interaction, patient satisfaction, management theory; knowledge management; healthcare innovation management; resource allocation and management, and resource dependence theory. Additional phrases include ethical leadership; ethical principles used in business; business ethics; leadership styles, and decision-making process.* The search process involves the use of Walden University library search engines, journal articles, scholarly books, and research documents. Other search engines include EBSCOHost, ProQuest, SAGE, Journals, and an online library of journals and books.

The total number of references used was 119, of which 94% are peer-reviewed, and 6% represent other sources, including books and dissertation. The author ensured that 85% of the references were journaled articles reviewed within 5 years of the anticipated graduation year (2013 to 2019). Table 1 of the reviewed categories shows scholarly journals and articles, doctoral dissertations, and scholarly books, indicating the depth and breadth of the inquiry. The literature review provided information from four

sources of knowledge systems: (a) patient service interaction and satisfaction, (b) innovation management, (c) resource management, and (d) ethical leadership. In Table 1, I presented the categories of scholarly articles and seminal literature reviewed.

Table 1

Summary of Reviewed Literature by Category

Categories	Scholarly Journals	Doctoral Dissertations	Books
Innovation management	19	0	2
Resource dependence	10	0	1
Ethical leadership	36	1	2
Knowledge management	4	0	0
Other	44	0	0
	113	1	5
Total	119		

Application to the Applied Business Problem

Drucker's view of the management theory forms the core of this study and emphasizes collaboration of knowledge to facilitate information sharing and support change through innovation. The new direction of organizational leadership stresses the leader's propensity to combine information to anticipate the outcome of an event (Du, Leten, & Vanhaverbeke, 2014). For this reason, collaborating information is pertinent to improve patient service interaction (Pugh & Subramony, 2016). The hospital's productivity depends on the ability of the employees to combine information sources to create service tools to enhance patient service interaction and satisfaction experience

(Tzortzaki & Mihiotis, 2014). For this, hospital practitioners might consider the collaboration of resources and use of interactive platforms to establish a direction to promote patient service interaction. The central themes in this discussion are patient service interaction platforms, innovation management, resource management, and ethical leadership concepts. The themes from figure 1 are some of the key sources that might drive the improvement of providing optimal patient services.

Historical Review of Improving Hospital Management

Old business records from fifth-century Egypt incorporated individual accountability and responsibility as part of managerial duty; thus, encouraging self-control and transparency at workplaces (Ciulla, 2011). The use of transparency in leadership style eliminates confusion, distrust, suspicion, and prejudice, leading to active collaboration and improvement in organizational management (Ciulla, 2011). Turriago-Hoyos et al. (2016) supported Ciulla's argument by stating some of the intellectual virtues and moral character of the professional worker. According to Turriago-Hoyos et al. (2016), some of the professional worker's intellectual virtues include prudence, integrity, truthfulness, effectiveness, and excellence: while the moral character of the professional worker comprises practical wisdom, courage, responsibility, and cooperation. The moral question becomes whether self-accountability and transparency exist in current hospital systems. Are practitioners using effective strategies and the right information tools to improve their communities? According to Renkema et al. (2014),

practitioners face challenges that relate to the mix of personal and professional knowledge critical in making business decisions.

In this qualitative multicase study, the author will explore four themes from literature including patient service interaction platforms, innovation management, resource management, and use of ethical leadership as strategic concepts to provide optimal patient services. According to Mitchell, Parker, Giles, and Boyle (2014), information sharing is imperative to drive the hospital innovation process forward. Therefore, practitioners might accelerate the patient service interaction experience by collaborating information on multidisciplinary backgrounds in the decision-making process. Kerberl and Kakarala (2014) suggested that the objectives of most leaders are to add value to the various levels of the management improvement process. Pugh and Subramony (2016) indicated that adding value to the organization's service design and delivery is essential to promote patient services and satisfaction.

Hospital managers might consider using different information sources to establish a platform that may encourage not only effective patient service interaction but also promotes the optimal provision of patient satisfaction. Hospital practitioners might explore the different lenses in the decision-making process by using the different information sources available to them as well as those presented in Figure 1 to plan and implement practical strategies to improve patient services. Ali et al. (2017) posited that leadership did not only affect knowledge content quality, but also leadership promoted information sharing tools for retrieval of information. For this, effective leadership is a

critical element in providing a positive and lasting effect on patient service experience, which makes leadership a vital ingredient in advancing the success of collaborating information and using innovation to improve the patient service interaction and satisfaction. Figure 1 includes patient service interaction platforms, innovation management, resource management, and ethical leadership.

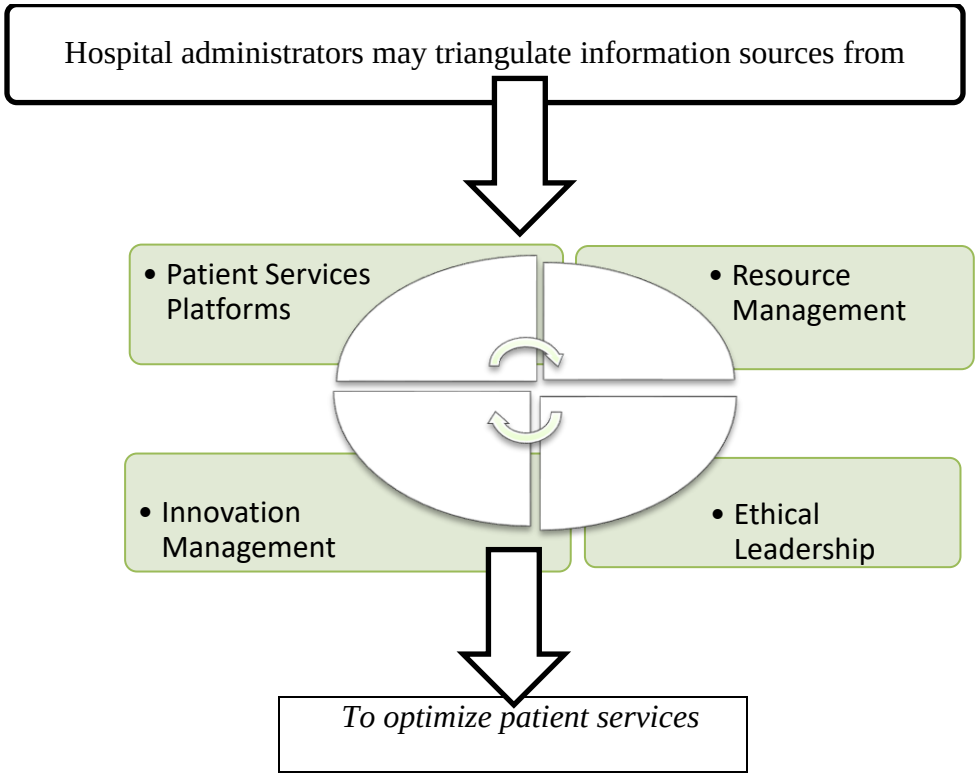

Figure 1. The framework of four strategic sources of patient service optimization.

Hospital practitioners thrive on utilization and application of clinical skills and medical expertise, business expertise, and social abilities to facilitate patient service interaction to boost patient satisfaction rate (Torpie, 2014). Conversely, the firm's productivity depends on the capacity of the managers to leverage information sharing to catalyze patient service interaction (Tzortzaki & Mihiotis, 2014). Therefore, embracing

the sources of the conceptual lenses from which the executive decision-making process might arise is essential to ensure proper alignment of new knowledge with the logic of the theoretical lens (Cohen & Olsen, 2015). The evolution of new knowledge and the use of efficient information sharing tools to drive innovation might enable practitioners to triangulate information sources to provide optimal patient services (Du et al., 2014). The following segment is a discussion of some of the matters that challenge hospital management as it pertains to the use of strategy to improve patient services.

Issues That Challenges Hospital Management

There are substantial theoretical materials that address issues of patient service and satisfaction, innovation management, technological innovation, and resource management in the hospital system. Supporting academic reviews also exist on matters concerning medical information alignment and ethical leadership principles. Current literature shows little empirical materials exist about the association of ideas from figure one in reducing hospital incidents. Some of the problems that challenge hospital management in providing optimal patient service include occupational stress, resources, technological innovation, and global competition.

Occupational pressure might increase the chances of errors, incidents, and a chaotic environment (Liedtka, 2015). According to Liedtka (2015), professional stress might originate from the incomplete application of knowledge and skills (psychosocial factors) in the areas of information alignment, innovation management, budgeting, or ethical leadership dilemmas. Building upon the challenges of occupational pressure,

Joyner, Frantz, and Maguire (2013) added that promoting an active hospital community might be difficult because most hospital practitioners work under pressure. Stress may also arise due to limited resources (environmental factors) that are essential to enhance patient services (Langabeer & Yao, 2012). The rationale behind the limited resource approach emphasizes the organization's limited ability to have all the resources they need to remain competitive and must obtain resources from vendors to meet customers demand. The disruption of the supply chain may lead to different information processing needs and limited responses that may contribute to the organization's management crisis (Zimmermann, Ferreira, & Moreira, 2016). A critical component of managing resources entails the acquisition and utilization of knowledge to facilitate services (Turriago-Hoyos et al., 2016). Another issue that challenges hospital management is technological innovation. King and Baatartogtokh (2015) argued that technological innovation disrupts the already existing market, leading to the formation of new opportunities to provide products and services for the underserved. The cost of technological innovation is high and needs adequate financial support to ensure the proper maintenance of tools and services. According to Iveroth et al. (2013), the integration of technological innovation into the hospital management system showed significant improvement in patient service interaction and industry performance. The rise in work-related incidents by the hospital industry warrants the need to investigate what strategies administrators utilize to lead the sector (Mello, Studdert, & Kachalia, 2014). The analysis of the present multicase study

might provide insight into how practitioners may utilize a service interaction strategy to improve patient services.

Hospital systems face challenges from fundamental changes in regulations, technological innovation, and global competition. Onag, Tepeci, and Basalp (2014) agreed that the struggling global economy seeks technological innovations, strategies, and use of organizational learning to improve corporate management. According to Onag et al. (2014), most hospitals depend on the collaboration of knowledge from the external environment, to obtain a competitive advantage. The U.S hospital system requires a free flow of information and continuous innovation to compete in a dynamic medical service environment (West, Salter, Vanhaverbeke, & Chesbrough, 2014). This dynamic environment requires hospitals to build, integrate, and remodel internal and external resources to maintain a competitive edge in a growing market (Bendoly, 2014). According to Chadwick et al. (2015), innovative marketing and management strategies could help the distribution of services, which makes innovation and information sharing essential to improve the patient service experience. Bendoly (2014) noted that the future direction of change indicates that hospital system sustainability could no longer depend on capital, equipment, materials, and labor, but rather, on professional workers. The hospital system might embrace and deploy new information from concepts in figure 1 to improve hospital management and provide optimal patient service (Kim, Wehbi, DelliFraine, & Brannon, 2014).

For this reason, absorptive capacity (ACAP) becomes an essential concept needed by practitioners to implement multilevel strategic initiatives (Wang & Byrd, 2017). Bendoly (2014) highlighted the complexity of the hospital system to provide advantage through collaborative efforts from professionals, and the use of a hybrid strategy to impart a positive influence on hospital management. The goal is for hospital practitioners to combine information from figure 1 and other sources to create a platform to improve patient services. The following is a discussion of patient service interaction platforms as it pertains to the strategic approach to provide optimal patient services.

Patient Service Interaction Platforms

The continuous growth and expansion of the healthcare system, especially the hospital, has made the use of patient service interaction platforms a fundamental strategy that most hospital practitioners must consider in providing optimal patient services. Pugh and Subramony (2016) described service as the application of specific competence such as skills and knowledge, through actions, processes, and performances for the benefit of another entity including but not limited to the patients, their family members, and the employees. Hospital practitioners fulfill the critical elements of services including, but not limited to, skills, knowledge, actions, processes, and performance. These essential features manifest through the practitioners and caregivers ability to combine clinical skills and medical expertise to provide optimal care for the patient. Hospital practitioners also go through processes to perform clinical procedures to ensure patient's safety and satisfaction. Therefore, patient service interaction and comfort are a top priority in the

hospital system, and any hospital seeking to improve services and increase patient retention and revenues must have a strategic platform to boost organizational approach to providing optimal patient services. For this reason, hospital employees have a profound role to play in creating a competitive patient service design and delivery, and hence, must actively engage in the service creation process from inception to completion (Pugh & Subramony, 2016).

Pugh and Subramony (2016) noted challenges associated with customer service roles such as organizational expectations and patient satisfaction. The problems here may arise due to shortcomings in meeting the organization's short-term and long-term goals or the inability to meet the patient demand. Although recent technological improvements have improved customer service and customer interaction, satisfying patients, and their family members, is still a challenge that most organizations have yet to address. Further observation by Mosadeghrad (2014) showed that patient satisfaction with their practitioners has a direct relationship with compliance and adherence by the patient as well as collaboration and cooperation among healthcare providers. Patient satisfaction is an essential indicator for assessing the quality of care that the patient received from the practitioner (Cohen, Myckatyn, & Brandt, 2017). As a result, patients provide a favorable evaluation when they are satisfied with the caregiver's service.

Conversely, the patient offers a negative assessment when they are dissatisfied with the caregiver's work. The outcome of patient service interaction and satisfaction may affect customer loyalty, patient retention, the clinical outcome of the patient, the

practitioners rating and reimbursement, and hospital success (Torpie, 2014). Torpie (2014) asserted that hospitals are in the business of providing quality healthcare and customer service. Thus, they require clinical expertise, business expertise, and interpersonal dynamics.

For this reason, the hospital management team must approach the system as a multidisciplinary system that makes up a complete system, not as independent parts. However, every part of the hospital is an essential part of the whole system to provide optimal patient service and overall clinical outcome, financial stability, and patient satisfaction. The following segment is a discussion of innovation management as it pertains to the use of strategy to improve patient services.

Innovation Management

Drucker's management theory emphasizes supporting change through innovation. Hospital practitioners share knowledge to enhance their customer's experience by capturing value from innovation (Desyllas, Miozzo, Miles, & Lee, 2016). King and Baatartogtokh (2015) argued that technological innovation disrupts the status quo leading to the formation of new opportunities to provide products and services for the underserved. According to Iveroth, Fryk, and Rapp (2013), the integration of technological innovation into hospital management systems showed significant improvement in patient service interaction and industry performance. Hospital managers might tap into such theory to create a cheaper alternative market for patients (King & Baatartogtokh, 2015). For this reason, a thorough understanding of innovation

management concepts is essential to collaborate knowledge to develop a framework to improve patient service interaction platforms.

The process of innovation management emphasizes the development of creative ideas and their implementation to obtain the desired goal. Weisberg, Speck, and Fleisher (2014) noted that the incorporation of innovation as a fundamental tool to facilitate information sharing is paramount to provide optimal patient service interaction. The core strategy includes the collaboration of knowledge to facilitate communication and plan implementation of innovation strategy to encourage patient service interaction and satisfaction. The core innovation idea consists mainly of the idea generation phase, and innovation strategy implementation as the later part of the process (Anderson, Potocnik, & Zhou, 2014). Additional factors can affect the change management process, for example, hosting mentoring and coaching sections are information sources that might help the employees improve their management skills. The essential component required to improve hospital management is organizational learning, which allows the employees to acquire new knowledge both as an individual and as a group (Bendoly, 2014).

Further insights may present as microelements, which are essential to improving hospital management and this includes radical innovation, design thinking, ethical considerations, knowledge management and use of mixed leadership style to enhance hospital management (Noruzy, Dalfard, Azhdari, Nazari-Shirkouhi, & Rezazadeh, 2012). Innovation can evolve in different forms and at various levels, including business model innovation or radical change (Hu, 2014). According to Hu's (2014) view, business model

innovation is the evolution of a new knowledge paradigm from an existing business model. The utilization of business models is an organizational innovation that is gaining attention because of the usefulness of association with adding value to the organization (Hu & Chen, 2016).

For this reason, Hu (2014) suggested that business models are excellent platforms that can help hospital practitioners to develop a corporate strategy to boost patient services. Radical innovation takes a transformative approach and involves the evolution of a new idea or item. According to King and Baatartogtokh (2015), disruptive technology is a form of radical innovation that can facilitate knowledge application, drive innovation, and encourage organizational learning and readiness to embrace change.

Technological innovation is an evolving source of knowledge. Knowledge is a source of innovation, and innovation is the cornerstone to change which managers could use to catalyze information sharing and provide optimal patient service interaction (Turriago-Hoyos et al., 2016). Christensen (2011) indicated that the evolution of technological innovation changed the modus operandi of business management, including the way practitioners operate and run a business. The sustainability of most hospital systems now depends on the manipulation of radical change with incremental innovation to maintain a competitive edge (Wisdom, Chor, Hoagwood, & Horwitz, 2014). King and Baatartogtokh (2015) added that the use of technological innovation could be costly, a price that only hospitals willingly to be fruitful and sustainable are ready to pay. Technological innovation allows practitioners to share visions, explore the market

potentials of that idea, and use a viable business strategy to execute the vision (Christensen, 2011). Wisdom et al. (2014), highlighted that most practitioners might adopt the innovation process to meet the market challenge for services and maintain a sufficient margin for the hospital. Hospital practitioners could deploy the change process to motivate employees to embrace change, making change theory an essential ingredient to hospital success (Wisdom et al., 2014). Christensen (2011) discovered that any hospital system lagging in the technological innovation process would fall out of place as another group takes the forefront of the consumer market. For this reason, the companies that are superior in knowledge capital and efficient in information sharing are competitive than their competitors in managing their resources to create unique patient service tools (Tzortzaki & Mihiotis, 2014).

A classic example of a hospital system that uses innovation strategy to foster growth and increase market share is the Mayo Clinic Health System. The Mayo Clinic health system is a collection of hospitals, clinics, and healthcare facilities (Mayo Clinic Health System, 2018). The organization operates with multidisciplinary resources that present a comprehensive spectrum of health care options for communities, ranging from outpatient services to highly sophisticated care. The company's business strategy emphasizes synergistic means of communication that gives employees the full range of opportunity to share the patient's information within and outside the organization, using secured servers. The organizational strategy encourages personal growth and emphasizes group accomplishment. The company integrates innovation, technology, regulation, and

collaborative policy to create competitive advantage. The team supports explorative and innovative approached to health care strategies, including renewable energy, innovative technology, and reaching out to underserved communities within the United States and overseas, to position the company for success in the future, using effective sustainability strategy (Mayo Clinic Health System, 2018).

The Mayo Clinic health system is a model health system with set standards. The organization's services have shown significant improvement in the use of technological innovation as a factor to drive organizational management (Gurtner, 2014). The healthcare industry is a complex and continually evolving system, and organizational learning plays a crucial role in industry success. Practitioners might use the sector's role models, such as the Mayo Clinic, to develop a framework that focuses on improving patient services. The Mayo Clinic platform can serve practitioners better on the deployment of innovation, technology, and use of knowledge management to improve patient service interaction. According to Dasgupta (2015), technological innovation is one of the key trends facing the healthcare industry global workforce. Creativity and innovation are leveraging tools to improve the hospital management system (Dasgupta, 2015). The application of technological innovation as incremental and radical innovation to promote growth in the hospital industry has both risk and opening characteristics (Christensen, 2011). A primary example of applying progressive and radical innovation is the hospital system that uses information technology as an essential element to facilitate communication; and use of a reliable database to protect patient's information

(Gurtner, 2014). The development of biotechnological software facilitates medical diagnosis and treatment of patients. For example, the use of robotics in surgery enhances the performance of operations, and with minimal invasion in patients, lead to a minimum hospital stay and subsequent decrease in hospital cost (Gurtner, 2014). Christensen (2011) highlighted that the threat associated with technological innovation includes high acquisition cost and tool maintenance, as well as the challenge of upgrading and replacement of the equipment.

Hospital administrators need to understand the importance of knowledge to align the appropriate technology and innovation strategy in the hospital system and with the company's business plan (Gurtner, 2014). Practitioners might incorporate the use of innovative technology such as the patient service interaction interphase into the hospital operation systems to foster change that could meet consumer demands, help hospitals stay competitive, and create channels to increase profit margin (Christensen, 2011). Practitioners might deploy a mix of management styles to leverage the motivation of stakeholders with the hospital improvement process (Mitchell et al., 2014). Mitchell et al. (2014) identified that the characteristics of authoritarian leaders such as dictatorship and less autonomy within the group slowed down the decision-making process. The new management approach can combine the use of evolving technological change decision and collaborative leadership style, such as transformational and transactional approaches to encourage innovation and growth in the hospital system (Mitchell et al., 2014). The hospital management system is a multidisciplinary system that consists of various health

care professionals working together to accomplish a common goal within a complex system (Mitchell et al., 2014). The use of innovative technology as an aid in problem resolution and decision-making process could be challenging. However, with a collaborative team, the organization's vision becomes the prime focus of both stakeholders and shareholders (Mitchell et al., 2014). A dysfunctional team can increase the risk of hospital management, which could lead to much higher costs for both hospitals and healthcare providers. The implication for optimizing patient service encourages the use of emerging technological innovation strategy such as the patient service platform to reduce dysfunctional inter-professional team dynamics –authoritarian (Hartdog & Belschak, 2012). The concept includes a transformational leadership style, reinforcement of shared values, including patient-centeredness, and use of shared group identity, and efficient communication to establish relationships (Mitchell et al., 2014). Change is a crucial part of the business process, and for a change to take place, practitioners must strategize and innovate to achieve success and maintain a competitive edge (Gurtner, 2014).

There are many evolving theories and debates on the use of Innovation Management as a source of knowledge. The argument about whether disruptive technology can have a positive or negative impact on hospital management is ongoing because of the constant evolution of new knowledge and technology. The radical innovation ideology originates from the idea that radical innovation disrupts the status quo, on the other hand, creates new opportunities to meet the underserved market demand

for services (Christensen, 2011). Christensen (2011) added that disruptive innovation provides an option for health care consumers who are spending more on services that seek to resort to cheaper alternatives. According to Ali et al. (2017), there is a well-established success in the use of health information systems to improve patient services. Hospital managers may explore the process of disruptive innovation, mainly, those that are relative to health information systems to provide an alternative market to enhance hospital management. The idea usually gives rise to social change that often comes about as a ramification of establishing a business opportunity (Christensen, 2011). On the same note, Essen and Lindblad (2013) added that understanding the significance of disruptive technology in the hospital industry could provide fundamental knowledge for practitioners to create a platform to develop and expand new markets to cover underserved communities. The evolution of new markets in the hospital system can add functionality that could eventually offset current business connections and facilitate organizational learning and growth (Ahlin, Drnovsek, & Hisrich, 2014).

The hospital system is an excellent example of where technological innovation has shown significant improvement in the healthcare industry, as demonstrated by the Mayo Clinic Health System (Dasgupta, 2015). Knowledge acquisition, utility, creativity, and innovation are leveraging tools that practitioners might utilize to develop management strategies to improve patient services (Dasgupta, 2015). New and growing technology has both risk and benefits. A typical scenario is the use of information technology as an essential ingredient to bridge the gap between hospital employees and

their patients (Dasgupta, 2015). According to Dasgupta (2015), the deployment of information technology can enhance communication and reduce hospital incidents and the use of an efficient database to protect the patient's information.

Innovation in diagnostics. Diagnostic centers incorporate new and evolving technology, such as biotechnological software to improve the efficiency of medical diagnosis and therapy. Developing surgical tools increases precision during surgery with minimal invasion and decreased hospital stay. Practitioners who use technological innovation also face threats such as the high cost of equipment and maintenance (Christensen, 2011). As a result, the industry may face challenges in turnaround time to upgrade medical equipment due to financial limitations. Practitioners must be aware of the constraints and understand the potential benefits that may arise from the incorporation and use of technological innovation to improve patient services (Gurtner, 2014). Christensen (2011) and Szekely and Strebel (2013) agreed that the method of approach should incorporate incremental change with radical innovation, and game-changing innovation to encourage improvement in hospital management.

Hospital practitioners are both great designers and managers considering their role in developing business platforms, management strategies, and creating plans for employees to follow to run a successful business (Liedtka, 2015). Practitioners should think as designers and managers, to lead successfully (Liedtka, 2015). Design thinking involves the retrieval of already existing information, and it has three dimensions that include practices, thinking styles, and mentality (Johansson-Skoldberg et al., 2013).

According to Liedtka (2015), design thinking is a proven and repeatable problem-solving phenomenon that any business, or profession can use to find desirable solutions for clients. The two themes of design thinking include design discourse and management discourse. Design discourse –is a method that expresses the way designers think as they work while management discourse –is an approach to innovation and creating value (Johansson-Skoldberg et al., 2013).

Johansson-Skoldberg et al. (2013) suggested five elements of a design thinker to include: (a) empathy, (b) integrative thinking, (c) optimism, (d) experimentalism, and (e) collaboration oration. Empathy – is a situation where the design thinker can imagine the world from multiple perspectives (people first approach –also known as the human-centered design - HCD). Integrative thinking relies on the analytical process and shows the ability to see the salient. Optimism is a situation where one potential solution is better than the current alternative. Experimentalism is about posing questions and exploring constraints in creative ways that lead to a new direction. Collaboration – enhances willing collaborators (Johansson-Skoldberg et al., 2013). Design thinking is a style that imbues the full spectrum of innovation activities with the human-centered design ethos. Practitioners should embrace change as a primary source of differentiation and competitive advantage. Design thinking improves organizational performance when incorporated in all phases of the management process. For this reason, design thinking is an essential element to bridge the gap between management strategies and improving patient services. The components of the five models of design thinking are a vital source

of information practitioners might use in creating management strategies to improve patient services.

According to Ferrell, Fraedrich, and Ferrell (2015), transformational leadership is critical to facilitate hospital management and employee-driven innovation through individual efforts, interests, and initiatives. Building upon Drucker's view of the professional worker as the cornerstone of innovation, practitioners may deploy collaborative efforts to drive cohesiveness within the work environment. Collaboration fosters teamwork, and practitioners could take advantage of the research process to develop effective collaboration strategy to improve patient service interaction. Following is a discussion of resource management as it pertains to utilizing management strategies to improve patient services.

Resource Management

A critical component of managing resources entails the acquisition and utilization of knowledge to facilitate services (Turriago-Hoyos et al., 2016). For this reason, knowledge must be available, interpreted, and channeled based on local circumstances. Drucker's management theory emphasizes intellectual virtue – geared towards the use of knowledge to create innovation and competitive edge; moral character – that focuses on acquiring moral competencies. Pfeffer and Salancik (1978) theory supported the resource management approach and emphasized the firm's dependence on resources, which originates from the organization's internal or external environment. The rationale for this approach addresses how organizations do not have all the resources that they need to

remain competitive and must obtain resources from external entities to improve their management system. The disruption of the supply chain may lead to different information processing needs and different responses that may contribute to the management crisis (Zimmermann, Ferreira, & Moreira, 2016). Information processing and the resource dependence perspective might be useful to understand both domestic and foreign components of hospital responses to the environmental crisis (Zimmermann et al., 2016). Practitioners might utilize both internal and external resources to develop management strategies to improve patient services.

The use of resources alone does not guarantee the creation of a competitive edge. For this reason, Chadwick et al. (2015) emphasized the accumulation, bundling, and leveraging of resources in the form of information from ideation to realization. The use of resource orchestration – an idea that involves a management initiative to structure, bundle, and takes advantage of company resources, sheds light on the understanding of resource-based theory. Chadwick et al. presented three areas from resource orchestration that could make a significant impact on resource management. These include resource orchestration across the company (breadth), resource orchestration at various stages of business maturity (life cycle), and resource orchestration across levels of the enterprise (depth). Practitioners might take advantage of these three critical levels of knowledge application as strategic points for the distribution of patient services.

The hospital environment encourages cohesiveness and teamwork from professionals from all works of life (Grace, Rich, Chin, & Rodriguez, 2014). Groups

share resources and work together to meet patient service demands. The utilization of necessary resources to meet patient demand is essential to maintain information and resource flow within the organization. Organization leaders respond to both the dynamics of exchange relationships and their structures (Rogan & Greve, 2014). Rogan and Greve (2014) described this as a static perspective of which resource management was viewed structurally as actions and outcomes, rather than as responses to counteract the opponent's action during a transactional relationship. Partners can respond by pulling out from the relationship, and most answers vary depending on available alternatives, relationship history, and the value of the relationship. Resource allocation and management are an integral part of the hospital operation system. Rogan and Greve (2014) suggested that resources not be always available at the hospital's disposal; instead, a group seeks out resources essential to meet customer's demand.

Practitioners might use resource management as a source of knowledge to impact corporate culture and improve patient services (Rogan & Greve, 2014). The hospital management team needs to understand the consequences of people services, products, processes, and systems. According to Ahlin et al. (2014), following the implications of people services, processes, and networks might encourage stakeholders and shareholders to corroborate resources from external and private settings to promote patient service interaction. Proper management and distribution of resources entail the fair value of the management strategy to encourage innovation and motivate employees to become responsible citizens in the organizational culture. Fineberg (2012) highlighted the three

components of a thriving hospital system to include; healthy people comprises of the people that attain the highest level of health possible. Excellent care - consists of an efficient, safe, timely, patient-centered, equitable, and practical approach to care. Also, fairness – means treatment delivered without damage to families and individuals. Regardless of age, group identity, or a place with a proper way to professionals, institutions, and business supporting and delivering care (Fineberg, 2012). The circumstances that threaten hospital managers such as limited resources or underutilization of resources or misapplication of resources indicates a standard issue of relatively local position leading to general hospital management challenges. The hospital management team should identify a primary goal to determine hospital threats and challenges while focusing on accelerating the pace of change to improve patient services.

Hospital managers might act to reinforce activities simultaneously, to reconfigure the complex hospital industry into a streamlined system that delivers customer perceived value. Hospital managers may avoid wasteful spending by focusing only on the technology that might fit their budget range as well as be able to execute the desired operation to meet customer's demand. Gurtner (2014) stated that a wasteful resource allocation could occur when the hospital leaders' sort after the wrong tool, which may negatively affect the industry's financial management. A limitation indicates a lack of explanations for diverging sustainability management practices in the industry supply chain (Schnittfeld & Busch, 2015). Schnittfeld and Busch's empirical findings showed three original constructs of resource management theory. These include interdependence

control, external control, and organizational effectiveness. The hospital environment might improve through the practical application of resources within the regulatory framework (Singh, Power, & Chuong, 2011). Practitioners might use information from resource management as a strategic tool to enhance the patient service experience. Hospital leaders need to manage their environment, using the resource management standard as a tool to regulate their organizational environment (Singh et al., 2011). Singh et al. further identified a model with three critical constructs, including the internal process, relationships with the suppliers, and relationship with the consumers. The three constructs were active together, but weak when apart. Practitioners may combine resource management concepts with other sources of knowledge to develop management strategies to improve patient services. Following is a discussion of the ethical leadership as pertains to the use of management strategies to improve patient services.

Ethical Leadership

The purpose of this qualitative multicase study is to explore management strategies hospital administrators utilize to optimize patient services. Drucker's management theory originated from the Aristotelian view, which includes intellectual virtues and moral character (Turriago-Hoyos et al., 2016). Intellectual virtue – geared towards the use of knowledge to create innovation and competitive edge; moral character – focuses on acquiring moral competencies. Drucker's contribution to the management theory demands managers to make value judgments about the morality of their actions. Researchers agreed that individual's moral behavior comprises of two fundamental

elements, including character and conduct (Weber, 2015). Character and conduct are two critical ingredients that hospital managers must consider in the decision-making process to increase services stability and customer satisfaction in delivering patient services. The individual's moral conduct may reflect either through the manager's behavior (teleological approach) or on the rules that govern the manager's perspective (deontological approach). While moral character focuses on social virtues, including honesty, fairness, courage, and transparency (Weber, 2015). A supportive evolving pattern of the individual moral behavior in ethical decision-making emphasizes dependent variables such as awareness, judgment, and intent, which supports the intellectual virtues and moral character of the professional worker (Singh, Park, & Lehnert, 2015).

The fundamentals of ethical leadership, such as moral conduct and character originate from the teleological principle and the deontological theory (Weber, 2015). Additional approaches include the Aristotelian ethical theory of conduct and Kohlberg moral theory (Ferrell et al., 2015). According to Ferrell et al. (2015), John Stuart Mill introduced the teleological theory, also known as a Utilitarian principle in 1863. The approach focuses on the moral worth of the behavior as determined by the outcome of the action (Ferrell et al., 2015). The theory posits that acceptable or right actions support the highest good for the highest number (Ferrell et al., 2015). The deontological theory emphasizes the intention relating to behaviors that result in an outcome, and Kantianism (1724-1804) is a primary example of the deontological theory (Ferrell et al., 2015). The

principle assesses morality by evaluating personal intention to act and the nature of action taken by the person rather than the result of the act (Ferrell et al., 2015). Aristotle identified virtue ethics as far back as the third and fourth centuries B.C. and categorized virtue as a mean between two extremes. Virtue possession is not about taking the right action or doing the right thing, but the notion encompasses having a character that facilitates the spontaneous release of ethical behavior. Aristotle posits that the concept of virtue should incorporate the morality of personal character, classified as positive traits of character as virtues and the very opposite as vices. According to Ferrell et al. (2015), Kohlberg first introduced cognitive moral development in 1969, using Piaget's seminal work from 1965 as a framework to develop a theory. The cognitive moral development addresses the cognitive basis of a moral judgment about moral action (Ferrell et al., 2015).

Hospital practitioners may consider utilizing moral principles as a source of knowledge to create a schema to develop management strategies to improve patient services. The teleological theory can help practitioners if their actions favor the majority. The deontological approach might help practitioners evaluate their intentions and motives before taking any action. The Aristotelian virtue principle might encourage practitioners to assess whether they possess good character and positive traits essential for leadership. Lastly, Kohlberg's moral theory entails the morality of an individual's action in a decision-making process and might encourage managers to evaluate the morality of their actions using the cognitive basis of moral judgment. Practitioners may consider

integrating cognitive basis of moral judgment as a guide to creating a belief system that might promote ethical conduct, boost the integrity of the worker, and create a socially responsible organizational culture (Weber, 2015).

The utilization of ethical leadership is essential to channeling resources to develop effective management strategies to improve patient services. According to Chughtai, Byrne, and Flood (2015), practitioners seeking to implement innovation strategy in the hospital industry need to consider the connection between mid-management control and discretion, a narrow focus on performance, and staff commitment to using the resource to empower managers to execute multiple changes. Ethical leadership and followership are both fundamental elements and the essential ingredient in facilitating social change within the hospital system (Oc & Bashshur, 2013). Oc and Bashshur (2013) posit that followership changes leader attitude through social influence. Tee, Paulsen, and Ashkanasy (2013) emphasize how the fellowship concept actively affects leadership results. Tee et al., (2013) addressed four elements in their study, including intergroup emotion theory, social identity perspectives on leadership, collective action, and reciprocal effect within the follower-leader relationship. The proposition states how followers indulge in information sources that facilitate both cognitive and affective-based processes that can affect the leadership result, and these include procedural fair, self-sacrificial, and expressing emotions congruent with the group.

Abrahamson and Goodman-Delahunty (2014) added that goal sharing makes group communication the lifeline of any organization, yet the exchange of information

poses a severe challenge to hospital management. A rewarding work environment requires effective communication and collaboration to facilitate services and improve performance (Popescu, Sucui, & Raoult, 2014). The application of leadership styles might help leaders to align goals and motivate members to accept responsibilities to achieve the group's vision (Langabeer & Yao, 2012). Practitioners may consider using leadership strategy to develop management platforms to facilitate collaboration and efficient communication within the hospital system to improve patient services (Smith et al., 2012). Smith et al. (2012) used the cybernetic model of leadership and management that addresses three essential elements to reinforce their theory. These include accountability arrangement, priority setting, and performance monitoring, to show how approaches to leadership and management vary substantially with the criteria for setting priorities. According to White, Currie, and Lockett (2014), information exchange within the power of leadership is critical to promoting effective communication and sharing of ideas to enhance hospital growth. White et al. (2014) used inter-professional health care delivery model to address two significant gaps in the literature. These include; (a) the effect of a power relationship, derived from professional authority, upon a range of plural leadership; and (b) the impact of formal leadership, acquired from administrative responsibility, in directing the spread of plural leadership for adaptive strategic effect.

The process of managing a team presents an individual, a leader, the opportunity to lead team members to achieve group objectives and realize the company's shared vision. Leadership traits such as intelligence and trustworthiness are essential elements

used as selection criteria to identify the right leader for the proper position (Nichols & Cottrell, 2014). According to Nichols and Cottrell (2014), the critical elements in management focuses on producing quality and reliability. These include design, organizing, and staffing, budgeting as well as controlling and problem-solving. The concept of leadership emphasizes change and improvement. Power can influence resource management in such areas as establishing direction, aligning people, as well as motivating and inspiring other members to fulfill their role and achieve the company's vision. The improvement process coexists with innovation. On the issue of the improvement process, Dasgupta (2015) added that the hospital development process might evolve either through innovative ways of integrating existing or modern technology into the system, which may occur anywhere along the value chain. High-value organizations are distinct in a systematic approach to engage in the four habits of high-value healthcare companies, including specification and planning; infrastructure design; measurement and oversight, and self-study. Lachman (2013) noted individual differences such as structure, resources, knowledge, and their resemblance to the approach to management –and the habits incorporated into a comprehensive system for clinical management that focuses on clinical processes and results than on resources. Any practitioner seeking change in hospital improvement can consider these elements as they pursue their mission of developing managing strategies to improve patient services. Following is a discussion of the gaps in the literature as it pertains to utilizing strategies to improve patient services.

Historical Analysis and Gaps in Research About Hospital Management

This qualitative multicase study aims to explore management strategies hospital practitioners utilize to improve patient services. Emerging studies have shown limited information about the difference between the theoretical basis of management ethics and moral concerns about social entrepreneurship (Chell, Spence, Perrini, & Harris, 2016). The original concept of management ethics offered limited access to an integrated framework that clarifies and synthesizes essential knowledge sources that showed how managers reach ethical/unethical decisions (Ferrell et al., 2015). Kohlberg's theory reflected gaps in cognitive moral development, which revealed that managerial work in the business environment does not support moral reasoning at individual's highest level of cognitive moral development (Ferrell et al., 2015). Ferrell et al. noted that published articles have rich literature on the morality of traits of character and morality of actions and lack because of that, on the morality of motives. The normative moral theory could have a positive impact on management because it is another principle that shapes how individuals act personally and professionally. Ferrell et al. findings of the normative moral theory, using cases and complex scenarios, showed a typology or four systematic classifications of the complexity of normative theory and the impact of the theory on business ethics. On the issue of approaching general management from a personalistic perspective, a gap in the literature shows the lack of a conceptual relationship between humanism and personalism (Mele, 2016). Mele (2016) indicated that the gap exists because of the difference of ideology behind humanism and personalism. The concept of

humanism emphasizes everyday needs and seeks single-handedly rational ways of resolving the human problem, while personalism solely seeks approaches for addressing personal issues (Mele, 2016). The point is about the misapplication of principles from either humanism or personalism in management. Therefore, a proper understanding of the differences might help practitioners to separate the two issues apart and align the appropriate context accordingly in management. Another gap is the lack of clarity regarding the theory application to cases and the indifference that exists between moral reasoning and principles (Ferrell et al., 2015). The lack of transparency in general application to the case is an essential consideration for further research because a proper understanding of the moral principles could guide the moral compass of practitioners. According to Ferrell et al. (2015), the outcome of moral reasoning and principle showed current limitations impede approach to organizational learning, teaching, and ethical decision-making in business. Hospital leaders have the capability and resources to combine knowledge from teleological and deontological theories to formulate hybrid ethical theories (Bhasa, 2017). The hybrid moral approach is a combination of two or more methods to achieve a common goal. Understanding the fundamental principles of ethical theories can provide significant knowledge value usable by practitioners to develop an ethical framework for making ethical decisions to improve patient services.

Researchers have shown the differences between innovation and management. For example, Samad examined the relationship between innovation, transformational leadership, and organizational performance (Samad, 2012). Samad found an inefficient

use of organizational capability (leadership and innovation) in the company's effort of gaining competitive advantage. While Donate, and Sanchez de Pablo (2015) highlighted the importance of knowledge management (KM) strategies for the firm's innovation and corporate performance. Further studies are necessary to establish the link between organizational learning and performance improvement or learn about the difference between how or under which condition KM initiative lead to a better result. Researchers agreed that change is an essential ingredient that organizations need to succeed. Change not only influences organizational performance but also could improve through market orientation (Cheng & Huizingh, 2014). Cheng and Huizingh (2014) assertion showed limited information on how each component of market orientation contributes to new service performance. Cheng and Huizingh (2014) findings indicated how customer orientation could stimulate incremental service innovation while inter-functional coordination spurs radical service innovation, leading to new management improvement. Ostrovsky and Barnet (2014) documented that change is paramount to the success of most organizations, including the hospital industry. However, some factors might impede the delivery of innovation into the hospital system. These include the paucity of adequate training in the design and implementation of new delivery models as well as weakly established pathways for knowledge advancement other than research (Ostrovsky & Barnet, 2014).

Hospital practitioners struggle with making strategic decisions to manage the chaotic state of the hospital environment (Shea et al., 2014). For example, *Electronic*

health records (EHR) can have a meaningful use (MU), but the lack of monitoring strategy to track compliance with existing protocol (Shea et al., 2014). Some barriers to the monitoring strategy include electronic health record functionality, increased workload, changes to workflows, and resistance to change (Shea et al., 2014). The emergence of innovation in healthcare literature had a disproportionate focus on belief in ordered, planned, and sponsored implementation process and given externally created changes (Essen & Lindblad, 2013). Drucker's view of the professional employee as the cornerstone for change aligned with Essen and Lindblad (2013) findings, which indicated that the change process is ongoing, mostly driven by the evolution of new knowledge, creation of innovative products and services, and utilization of information system to communicate knowledge. There is a lack of literature on innovation and customer participation as a vehicle for realizing the firm's service quality performance (Ngo & O'Cass, 2013). Ngo and O'Cass (2013) highlighted advancement on the innovation research by unwinding the link among innovation capacity, customer participation, service quality, and business performance. Ngo and O'Cass (2013) finding showed little guidance on how a firm's innovation and customer engagement work together to enhance service quality and performance. West and Bogers (2013) assertion took the change process further by highlighting three essential elements, including the content of open innovation, the context dependency, and the process involved in open innovation. West and Bogers (2013) found that context-dependence of open innovation was the least understood due to the limited literature, as well as limited information on the external and

internal environmental traits affecting management. In the next part, follows a discussion of the relevance of the research as it pertains to utilizing strategies to improve patient services.

Relevancy of the Literature to Improve Patient Services

The purpose of this qualitative multicase study is to explore management strategies hospital administrators utilize to improve patient services. According to Wang and Byrd (2017), the hospital innovation initiative challenges practitioners who are seeking alternative measures to improve patient services. According to Christensen (2011), the innovation movement drives leaders to spend thousands of dollars on training their employee due to the constant evolution of new technology. For this reason, Cohen and Olsen (2015) asserted that the central focus of utilizing information to improve management is to bridge the gap between technological innovations and patient service optimization. Following is a discussion about using a strategic approach, and the importance of organizational learning and the use of information in developing strategies for improving patient services.

Using Strategic Approach to Improve Patient Services

Some intrinsic characteristics facilitate cohesion within the corporate culture. These include truthfulness, fairness, being authentic in the decision-making process, as well as fulfilling moral obligations, and showing respect to one another for their accomplishments (Weber, 2015). However, such features as altruistic behaviors, an award for outstanding performances, and perceived injustice could influence job

performances (Nixon, Harrington, & Parker, 2012). The responsibility of the hospital management team is to focus on creating compelling strategies to motivate employees in realizing the company's vision (Rycroft-Malone, 2014). The management team should concentrate on advancing the hospital's goal by improving the quality of care by providing competitive services to meet patients demand. The hospital management team might develop a reasonable action plan through active budget management and budget staff recruitment and training (Lee, Weiner, Harrison, & Belden, 2013). Lee et al. (2013) added that leaders could develop appropriate crisis management strategies and problem resolution concepts to support corporate growth. Cheng and Huizingh (2014) agreed and added that practitioners could improve patient services by utilizing useful information sharing tools, resource management, and ethical leadership as part of their innovation strategy. The application of such views can broaden the administrator's perception of the use of information to create an influential corporate culture. The application of knowledge as a strategy can foster a better method to manage hospital challenges, encourage positive social change, and promote the use of a practical plan to improve patient services.

The central focus of corporate strategy emphasizes the exploitation of knowledge through the generation, combination, and recombination of information (Bendoly, 2014). Building upon the exploitation of knowledge, Ahlin et al. (2014) added that improving organizational learning could positively affect innovation and may help to improve hospital management. In this study, I will explore a hospital practitioner's experiences

and perceptions of using management strategies to improve patient services. Findings from this multicase study might provide additional value to hospital leaders, practitioners, and academicians. The outcome of the current qualitative multicase study might have a significant impact on hospital leadership and management. For instance, the triangulation of information sources from figure 1 into the decision-making process might assist practitioners in developing management strategies to improve patient services (Blome, Schoenherr, & Eckstein, 2014). Notably, those practitioners who wish to establish an effective plan to improve patient services and boost patient satisfaction. Camison and Villar-Lopez (2014) noted that practitioners seeking to improve corporate performance could take into consideration factors that can positively affect the management system. Findings from the current qualitative multicase study can shed light and expand the practitioner's views regarding the application of information from different sources to improve patient services. The outcome of the study might improve a practitioner's chances of developing and utilizing efficient management strategies to improve patient services and satisfaction.

Benefits of Using a Strategic Approach to Improve Patient Services

The conceptual framework from figure 1 might aid practitioners through the decision-making process, serve as a resourceful tool to scholars, and a scholastic contribution to the body of knowledge (Essen & Lindblad, 2013). Researchers might use the analysis from the multicase study to develop a platform for teaching current and future hospital practitioners through knowledge acquisition, knowledge storage, and

knowledge distribution to facilitate hospital improvement (Birken, Lee, Weiner, Chin, & Schaefer, 2015). The framework highlighted essential features essential to promote organizational learning and a subsequent contribution to a positive social change (Lee et al., 2013). Additionally, practitioners might utilize the transformational leadership style to encourage innovation and growth and as a potent facilitator of positive social change (Mitchell et al., 2014). The outcome of the current qualitative multicase study might have a significant impact on hospital leadership and management. For instance, Blome et al. (2014) explored how the integration of evolving knowledge from innovation management, resource management, ethical leadership, and sufficient information sharing could assist practitioners in developing effective strategies to improve patient services. Findings from the current qualitative multicase study can shed light and expand hospital practitioner's views regarding the application of management skills and triangulation of information sources to improve patient services.

Organizational Learning and Information Sharing

Hospital expenses on employee training highlight the importance of organizational learning and the role of utilizing information to improve patient services. According to Grandy and Holton (2013), the learning continuum makes organizational learning and information sharing the backbone to improve patient services. Hu (2014) noted that organizational learning is a continuous process, and efficient information sharing enables practitioners to allocate resources and direct information to enhance cohesiveness in the hospital environment. Cropanzano, Massaro, and Becker (2017) saw

leadership education as a tool to improve hospital management, and this can enable organizational scholars to advance organizational theories and practice, as well as identify evolving ethical dilemmas. Practitioners might deploy knowledge distribution through effective communication and information triangulation to improve the hospital culture. According to Ashkanasy et al. (2014), the application of leadership roles can play a critical role in developing a roadmap that could guide organizational scholars to avoid past mistakes. Such contribution can serve to advance information sharing through multidisciplinary research in the hospital systems and the subsequent effect on improving patient services. The integration of innovation management into conflict resolution and the decision-making process by practitioners might create a warm environment to leverage information with a strategy to meet the patient's need (Wisdom et al., 2014). Building upon the use of innovative technology to facilitate organizational learning, Gurtner (2014) asserted that practitioners face challenges with the decision regarding the adoption of evolving knowledge and new technologies. Gurtner (2014) highlighted the importance of the organizational leaders to embrace a technology that lies within the budget range as well as can execute the desired operation to meet patient's demand. Wasteful resource allocation occurs when practitioners obtain the wrong technology for hospital improvement, and this can affect patient care and the industry growth process. Gurtner (2014) findings indicated that the use of innovative technology showed improvement in organizational management, followed by the organization's resources. The practical implication involving the exploration of the criteria for adopting

technological innovation in decision-making might help practitioners to consider every relevant aspect, which may lead to efficient and rational decisions. The result might increase their chances of improving both hospital standard and the management process. In the next step, follows a discussion of the summation of improving patient services as it relates to utilizing strategies to improve patient services and satisfaction.

Summation of Improving Patient Services

Building upon Drucker's view of the professional worker as the primary source of organizational change and improvement, Tzortzaki, and Mihiotis (2014) indicated that knowledge had become both the new capital and the cornerstone of innovation. Given a corporate perspective, the need for change could emerge while pursuing organizational goals, usually orchestrated to meet client demand (Bendoly, 2014). Change may arise internally by leaders to motivate employees to be part of the mission through staff networking, or externally by the integration of resources to turn the company's vision into goals and finally to the realization (Bendoly, 2014). Hospital practitioners should embrace information sharing tools as a source of innovation to improve patient services (Bendoly, 2014).

During the implementation phase of the hospital's objective, the entire system might undergo a metamorphosis that could lead to the ultimate achievement of the hospital's vision. Christensen (2011) highlighted that the change process could be either slow or fast and requires urgent intervention depending on the intensity of change, including the level of the impact desired by the hospital management team. A good

example of gradual change could be a small or large expansion project (Christensen, 2011). In this case, the company's development plan can become a reality within a space of one to three years. An example of a quick change can result due to a litigation process, where a patient sued a hospital for medical malpractice. In this case, practitioners usually evaluate the risk management strategy and sometimes schedule mandatory meetings to revisit the company's policy and work ethics regulations to ensure that necessary changes are in place. Change can have favorable or adverse effects on the hospital system depending on the origin as shown by the two examples given above (Christensen, 2011). The hospital's slow expansion process can improve the firm's credibility, and this may not only facilitate growth but also can increase the organization's chance of staying competitive in the market (Christensen, 2011). On the contrary, the lawsuit brought to the hospital for malpractice could negatively influence the organization's rating and as a result, might affect a patient's view of the hospital and the rate of patient turnover.

The change process is constant and inevitable, and the changing scenario can apply at the level of individual and organizational strata (Christensen, 2011). According to Bendoly (2014), practitioners need to understand the factors that contribute to change. The triggers of change indicate when it is necessary to adopt a new concept to encourage the hospital management team to maximize their potential and when to initiate change to reach the hospital's vision (Christensen, 2011). An additional element is when to avoid change to protect the hospital system from collapsing. The drivers of organizational change are unclear, and sometimes the origin can be a slow onset or spontaneous and

may vary with the individual hospital system (Bendoly, 2014). Some of the reasons for the change might originate from technical reasons, political issues, or even cultural forces that emanate from the group (Christensen, 2011).

Other grounds for change at the group level may include but are not limited to the evolution of new knowledge such as scientific or technological innovation. King and Baatartogtokh (2015) described technological innovation as a form of radical change. According to Christensen (2011), the process of technological innovation offers different product and services to attract new customers or less demanding consumers within the community. Christensen (2011) used the technology mudslide hypothesis to describe the impact technological innovation could have on organizational management. The concept emphasizes continuous monitoring and application of the company's strategic plan to maintain a competitive advantage. King and Baatartogtokh (2015) asserted that disruptive technology fulfills the need for less demanding customers and provides an option for consumers who are spending more on products that seek to resort to cheaper alternatives. The impact of technological innovation could be slow before actualization but usually give rise to social change that often comes about as a ramification of establishing a business opportunity (Christensen, 2011). The disruptive technology could be a creative way of developing and expanding new markets. Besides, not all target population embraces the idea of a new market since most niches find it challenging to leave their comfort zone (Christensen, 2011). Zhang and Yang (2016) added that the subsequent impact from the domain effect could also improve the company's efficiency

in delivering services to clients and enhance shareholder's revenue. Realizing a vision usually begins with strategic concepts, action steps, and sometimes the journey can take longer to achieve. According to Donahue et al. (2013), organizational leaders might deploy strategic steps in the transformation and development process to improve management practices that could facilitate the change process.

For this reason, practitioners should employ strategic planning to develop a suitable framework to improve patient services. Stakeholders, including customers, should be the primary focus of the transformation process, and hence, must be a priority in the hospital's mission. Ghadi, Fernando, and Caputi (2013) asserted that the transformational approach facilitates effective networking and employee engagement, to move a vision from the point of goal setting to reach a new height.

The organizational change comes with several challenges; in such a scenario, hospital practitioners will have to motivate and convince employees to embrace the concept and become advocates for a change (Liedtka, 2015). Ghadi et al. (2013) noted that deploying an efficient approach might become realistic using transformational and transactional approach by practitioners to engage stakeholders. Psychosocial effects are among the primary factors that weigh down individual contributors, considering the transitioning from their already established comfort zone to a level that may not be convincing enough for them to indulge. The concept of change entails the manifestation of a standard of discomfort during the initial step of the process. Thus, the initial phase of the change process requires employee commitment through staff networking and use

of motivation to engage a lasting positive effect. Bendoly (2014) perceived employee commitment to networking as useful skills during the early phase, and throughout the transformation process. Practitioners might deploy such a strategy to encourage employee engagement in the change process. Also, practitioners might evaluate the impact of change on the hospital management for them to be able to understand whether the effect was a success or failure. Continuous evaluation of the process will give practitioners the idea of their progress on the journey to improving patient services.

Drucker's Management Theory

Drucker developed the management theory in 1993. The fundamental principle of Drucker's management theory is the collaboration of ideas to initiate a process, which is essential to facilitate information sharing through innovation and boost patient service interaction in the hospital environment (Tzortzaki & Mihiotis, 2014). Drucker's framework for the management theory emphasizes character, collaboration, and organizational objective. Tzortzaki and Mihiotis (2014) identified collaboration as a fundamental tool in information sharing, and this can occur within and across organizations. Du et al. (2014) argued that the new direction of organizational leadership stresses the leader's propensity to combine information to anticipate the outcome of an event. For this reason, collaborating information with a focus on the corporate goal is pertinent to improve patient service interaction (Pugh & Subramony, 2016). The hospital's productivity depends on the ability of the employees to combine information

sources to create service tools to enhance patient service interaction and satisfaction experience (Tzortzaki & Mihiotis, 2014).

Innovation Management theory

King and Baatartogtokh (2015) argued that technological innovation disrupts the status quo leading to the formation of new opportunities to provide products and services for the underserved. According to Iveroth et al. (2013), the integration of technological innovation into the hospital management system showed significant improvement in patient service interaction and industry performance. Drucker's management theory emphasizes supporting change through innovation. For this, innovation theory plays a critical role in the collaboration of information through the integration of service platforms to optimize patient services (Pugh & Subramony, 2016). Hospital practitioners collaborate knowledge to enhance their customer's experience by capturing value from innovation (Desyllas et al., 2016). The hospital management system might tap into such theory to create a cheaper alternative market for patients (King & Baatartogtokh, 2015). A thorough understanding of innovation management concepts is essential to facilitate information sharing and collaborate knowledge to improve patient service interaction platforms.

Resource Management theory

Turriago-Hoyos et al. (2016) emphasized that managing resources entail acquisition and utilization of knowledge to facilitate services. For this reason, knowledge must be available, interpreted, and channeled to local circumstances. Drucker's

management theory emphasizes intellectual virtue – geared towards the use of knowledge to create innovation and competitive edge; moral character – that focuses on acquiring moral competencies. Pfeffer and Salancik (1978) theory supported the resource management approach and emphasized the firm's dependence on resources, which originates from the organization's internal or external environment. The rationale for this approach addresses how organizations do not have all the resources that they need to remain competitive and must obtain resources from external entities to improve their management system. The disruption of the supply chain may lead to different information processing needs and different responses that may contribute to the management crisis (Zimmermann et al., 2016). Zimmermann et al. (2016) indicated that information processing and the resource dependence perspective might be useful to understand both domestic and foreign components of hospital responses to the environmental crisis.

Ethical Leadership theory

The fundamentals of ethical leadership originate from the teleological principles and the deontological theories. Additional approaches include the Aristotelian ethical theory of conduct and Kohlberg moral theory (Ferrell et al., 2015). According to Ferrell et al. (2015), John Stuart Mill introduced the teleological theory, also known as a Utilitarian principle in 1863. The approach focuses on the moral worth of the behavior as determined by the outcome of the action (Ferrell et al., 2015). The theory posits that actions are right if it supports the highest good for the highest number (Ferrell et al.,

2015). The deontological theory emphasizes the intention relating to behaviors that result in an outcome, and Kantianism (1724-1804) is a primary example of the deontological theory (Ferrell et al., 2015). The principle assesses morality by evaluating personal intention to act and the nature of action taken by the person rather than the result of the act (Ferrell et al., 2015). According to Weber (2015), moral theory comprises two fundamental elements, including character and conduct. Character and conduct are two critical ingredients that practitioners might consider in the decision-making process to encourage stability in creating patient services. Drucker's management theory originated from the Aristotelian view, which includes intellectual virtues and moral character (Turriago-Hoyos et al., 2016). Intellectual virtue – geared towards the use of knowledge to create innovation and competitive edge; moral character – focuses on acquiring moral competencies. Drucker's inspiration demands to make value judgments about the morality of human actions. Hospital practitioners might utilize ethical leadership principles to make informed decisions that solely focuses on facilitating information sharing and optimizing patient services. For this research, the aim of exploring management strategies was to ensure continuous improvement by enforcing competitive leadership skills to enhance patient service experience, maximize profit and foster a competitive edge for business sustainability (He & Goh, 2015).

Transition and Summary

In this qualitative study, I aim to explore strategies hospital administrators utilize to optimize patient services. In section one, I presented documentation of background

information, problem and purpose statements, the nature of the study, and the research and interview questions. Section 1 highlighted the conceptual framework, the significance of the study, implication for social change, definitions, assumptions, delimitations, and limitations of the study. Section 2 contains the core research project and addresses the research method and design for the current study. Section 2 restates the purpose, identifies the role of the researcher, study participants, and highlights proper procedures. Also, section two includes research and design, population and sampling methods, data collection instruments and organization, the analysis method, and reliability and validity.

Section 2: The Project

Introduction

In Section 1, I have provided background regarding the need for combining resources to develop management strategies to improve patient services in northern Nevada and California. Section 2 provided supporting information about the project, including a purpose statement, the role of the researcher, participant selection, and the research method, design, and sampling. Section 2 concluded with information on ethical considerations in research, data collection technique, instruments, organization and analysis, and reliability and validity.

Purpose Statement

The purpose of this qualitative multicase study was to explore the strategies hospital administrators need to optimize patient services. The targeted population for this study was hospital managers in Nevada and California. Hospital administrators manage day-to-day operations in the hospital setting (Parand et al., 2014). To ensure reaching data saturation, I selected 10 hospital administrators with at least two years of experience in being accountable for managing daily operations in a hospital. The rationale for interviewing participants depended on their ability to utilize strategies to improve patient services and their ability to identify and troubleshoot problems related to optimizing patient services. I used NVIVO® 12 to analyze the interview results and data. The scope of the study was limited to Northern Nevada and Northern California. Hospital managers who read the findings of the current research might use the study outcome to establish a

framework to enhance information sharing within the hospital and between the five pillars of the healthcare systems including patients, providers, pharmacies, payers, and policymakers. Thus, the study outcome has the potential to contribute to a positive social change by providing a direction for the improvement of patient service interaction with care providers.

Role of the Researcher

The investigator's responsibility was to select participants, design the instrument, collect data, organize and analyze the data. As the researcher, I chose participants, designed the instrument for data collection, collected data, organized and analyzed the data, and presented the findings (Robinson, 2014). My background in healthcare gave me the privilege to have first-hand experience with patients and their family members. From reviewing the literature, I realized that time constraints, goal prioritization, and effective communication were a significant challenge in providing optimal patient services. As a result, I decided to research and explore management strategies that hospital administrators utilize to optimize patient service.

I purposefully selected participants through email and telephonic method. The researcher was a healthcare professional and researcher of more than 15 years and was aware of personal and professional biases regarding the study. To complete the study successfully, the researcher was mindful of personal bias as a healthcare professional and ensured not to have any form of relationship with the organization either as an employee or to be friends with participants. The Belmont Report in research ethics supported the

use of informed consent, assessment of the benefits and risk associated with the investigation process and selection of participants, and this provided the ethical framework for this study (Musoba, Jacob, & Robinson, 2014). See a copy of the informed consent in Appendix C and listed in the table of contents for detailed confirmation. As part of the research protocol, the author withheld any opinion and maintained the ethical research standards throughout the interview process to avoid possible violation of participants' right to privacy and protect the researcher from a potential misunderstanding during the study (Yazan, 2015). The rationale for using an interview protocol was to mitigate bias and ensured consistency throughout the interview process, including interview conduct, interview transcription and interpretation, and aid reliability and validity. Included in Appendix E is a list of interview protocol and listed in the table of content.

A successful researcher assesses and identifies the potential challenges of a bias occurring before conducting the study (Yazan, 2015). One way to minimize bias by the researcher was by understanding the investigator's role in carrying out interviews and using the information from the conversation as the only source of reference (Robinson, 2014). Bias can occur in any study and at any step of the research process and may misrepresent the evaluation and analysis of information. Multicase research is prone to bias because the researcher must accept the possibility of bias to avoid the issue (Robinson, 2014). The researcher used member checking strategy to ensure the proper documentation and representation of the participants view during the interview (Harvey,

2015). The member checking steps include (a) the researcher reviewed and interpreted the interview transcripts, (b) participants received interview transcripts of their answers, (c) the researcher asked the participant if the synthesis represents the answer or if there was any additional information, and (d) the researcher continued the member checking process until there was no new data to collect. I completed follow-up member checking within 24-72 hours after completing the interviews to assure that participants go through the data to mitigate bias and ensure credibility. The researcher was willing to accept the contrary findings from the study and report data from the interview without alteration to ensure thus, transparency (Robinson, 2014). The interview process included the use of open-ended questions, documentation of concepts, ideas, and archival materials, and recording of conversations with an audio tool to maintain information triangulation during the data collection process. Yazan (2015) indicated that the interview process allowed participants to present a more flexible response rather than giving rigid answers. The interview process aided in the exploration of knowledge, perception, and insight from each hospital to collect qualitative data regarding the application of management strategies to optimize patient services. Ten hospital administrators participated in the face-to-face semi-structured interview to share their experiences and perceptions. Researchers use triangulation to combine information from multiple data sources (Yin, 2014). I triangulated sources by reviewing documents and archival records provided by the participants, use audio recorder and field notes from the interview, and conduct a follow-up member check to ensure consistency of language with the participants.

Included in Appendix D is a copy of the interview questions and listed in the table of content.

Participants

Participants for this study were hospital administrators. The research objective was to collect data from 10 hospital administrators from two hospitals in Nevada and California. Molenberghs et al. (2014) indicated that small sample size is acceptable in a case study. The researcher used purposeful sampling to select 10 hospital administrators who oversee daily operations in optimizing patient services in the state of Nevada and California.

I consulted the following participants: Chief Executive Officer, Chief Financial Officer, Chief Operations Officer, Chief Nursing Officer, Chief Information Officer, Chief Administrative Officer, and Directors responsible for managing day-to-day operations. The above leaders were eligible for the study since they were all hospital administrators with at least two years of experience in being accountable for managing daily operations in a healthcare setting (Mathews et al., 2016). The participants demonstrated strong leadership skills and provided documented experience of developing and applying strategies that yielded an optimized patient experience. Additionally, the participants provided documented evidence that indicated strategic steps produced a substantial optimized patient service. Participants shared archival documentation such as internal company policies, annual reports, business plan, and internal reports. The current researcher used purposeful sampling to gain access to hospitals recognized for

quality care services in California and Nevada and chose qualified candidates for the study. Internet search engines, telephonic inquiries, and emails were essential to secure access and confirm potential participant's role within the organization and their willingness to participate in the study (Yin, 2014). I called and emailed selected hospital leaders of the various organizations to introduce myself, scheduled an appointment, and discussed the goal and intent of the case study. Selected individuals received an invitation to participate, a summary of the purpose of the study, and a letter of consent explaining the participant's rights in the study (Yazan, 2015). There was no incentive for this study since it was unethical to give incentives. However, I might offer the participant a copy of the final study manuscript after completing the research. I provided detailed explanations about interviewees freedom to participate and the implications of this study in the informed consent form. Informed consent included in Appendix C and listed in the table of content. Participants in this study partook in an interview process seeking to explore strategies hospital administrators use to optimize patient services.

A successful researcher establishes a good working relationship with participants (Musoba et al., 2014). As part of the strategy to ensure a good working relationship with the participants, I ensured each participant received the informed consent before participating in the case study. Each participant was allowed to review the informed consent and ask relevant questions about the study before signing the research documents to establish trust. Therefore, I explained the purpose, ethical concerns, and benefits of the case study. The informed consent reflected the three fundamental principles of ethical

research. Including (a) respect for the persons in the study, (b) beneficence, to maximize potentials and minimize harm, and (c) to maintain distributive justice (fair allocation of burden and benefit) at all times throughout the study (Musoba et al., 2014). Participants who agreed to complete the interview signed and kept a copy of the consent form to indicate voluntary participation in the study.

Research Method and Design

Research Method

Qualitative research methods enable the researcher to see, observe, and gather information from participants in a natural environment (Yin, 2014). The qualitative approach allows the researcher to synthesize human experiences, which leads to inductive analysis. Yin (2014) indicated that participants should have experience or are currently experiencing the study phenomenon at their point of interaction with the researcher. The qualitative researcher uses different forms of data collection, such as documents, interviews, observations, and audio materials to ensure information triangulation (Dasgupta, 2015). In qualitative research, researchers acknowledge the role they play in the investigation outcome, and such credibility is lacking with researchers using quantitative methods (Yazan, 2015). Thus, the use of a qualitative case study is more appropriate than a quantitative approach to explore the strategies hospital administrators utilize to optimize patient service.

The quantitative researcher uses closed-ended questions instead of using open-ended questions to understand the lived experiences of participants. A quantitative

researcher uses top-down deductive logical analysis to reach a conclusion that enables any researcher to accept or reject the null hypothesis in the study (Robinson, 2014). Alternatively, qualitative researchers promote the utilization of bottom-up inductive logical analysis to synthesize the individual experience. The interview questions are the primary tool for collecting information from participants in a qualitative study. Thus, interview questions add significant value and provide direction for understanding the participant's experience in qualitative research. Robinson (2014) noted that the comprehensive fundamental process involved in the qualitative process makes a better approach than the quantitative method to learn the strategies that practitioners utilize to improve patient services.

The mixed method researcher combines the utilization of numeric data from the quantitative approach to the meaning and understanding from the participant's experience in a qualitative study (Cooper & Schindler, 2014). The mixed method approach is suitable for researching complex problems, and the entire process demands the use of quantitative strategies and supported by a qualitative strategy to examine the phenomenon (Cooper & Schindler, 2014). Researchers use the mixed method approach to understanding better and build on the outcomes from both qualitative and quantitative approaches. The downside to using a mixed method approach includes the general need for excessive data collection, the text, and statistical data analysis process, which requires in-depth examination using quantitative and qualitative methods (Robinson, 2014). The researcher must be familiar with both qualitative and quantitative methods. Considering

the mix of qualitative and quantitative approaches, which integrates the qualitative meaning and understanding of participants' experiences with the quantitative numeric data, the mixed method is not appropriate for this study.

The difference between qualitative research and quantitative research is that the researcher acknowledges the role of the researcher in the research outcome in qualitative research whereas the quantitative researcher uses hypothesis and overall data to reach mathematical generalization (Yin, 2014). For this study, the researcher does not need to draw a hypothesis or reach mathematical generalization. Instead, the researcher's focus is to explore concepts and themes, which makes the qualitative method the best fit for the study.

Research Design

The qualitative multicase study design approach is the right fit for this study because it encourages the in-depth exploration of real-life experience on the phenomena (Harland, 2014). The use of a single case study provides information from one source, while the multicase studies present data from two or more facilities with a similar background (Molenberghs et al., 2014). Yin (2014) indicated that the use of multiple cases broadens the scope of knowledge and enhances the chance of making comparisons in a multiple setting. The utilization of a multicase study in exploring information sources to develop management strategies broadens the scope of data each hospital brings to the collection, and this enhances the value of the data collection process. The insight from real-life events through various hospitals will be more robust and can provide a

greater depth of knowledge that contributes to the credibility of the responses to the phenomena. Qualitative researchers who adopt multicase study design use semi-structured interviews and open-ended questions, to gain insight into the participant's experiences and perceptions of the event (Harland, 2014). The multicase research model was appropriate for this study because the multicase approach enabled the researcher to understand the dynamics of a multiple setting by using open-ended questions and semi-structured to explore in-depth the strategies hospital managers use to improve patient services. The focus of this qualitative multicase study was to explore knowledge and experiences and gain participants' insight into the research phenomenon.

While other qualitative models such as grounded theory, a phenomenological, narrative, and ethnographic are relevant, the central idea of participant's perception, knowledge, beliefs, and attitude towards the use of strategies to improve patient services makes more sense with a case study design. A case study was more suitable to explore and explain the relevant themes of the researched phenomenon (Yin, 2014). The utilization of multicase study design to identify themes from management resources hospital practitioners utilize to develop strategies will broaden the scope of the information essential for other practitioners to create platforms to optimize patient services. The model promotes the use of open-ended questions, which gives participants the privilege to share their perception and experiences, during an uninterrupted one-on-one semi-structured interview on the phenomenon (Yazan, 2015). Unlike other research

designs, the use of the multicase study model promoted in-depth understanding and commonality in the practitioner's experiences with the phenomenon.

Grounded theory is used to develop new theories using empirical data from the field (Cooper & Schindler, 2014). The grounded theory promotes the simultaneous conduction of data collection and analysis. The absence of generating a theory on the use of strategy to optimize patient services did not support the current study. As a result, grounded theory was not the right fit for the study because the focus of the current research emphasizes seeking participant's experiences and perceptions of a phenomenon.

Researchers use phenomenological design to describe participants lived experience (Robinson, 2014). The phenomenological model can be useful to gain insight into the participants lived experience of the use of strategies to improve organizational management. The phenomenological approach was not relevant for this study because the study aimed to explore the participant's perception, experiences, and the use of strategy about the phenomenon. Narrative design typically focused on the lives of the participant and was not relevant to this study because the aim was not to focus on the lives of the participants, but to explore individual perceptions of the phenomenon.

According to Cooper and Schindler (2014), the ethnographic design enables the researcher to study cultural groups in a natural setting over a prolonged period. The researcher collects data through observation, interviews and documents, and archival records that provide an understanding of the community to the researcher. Hospital administrators are a defined group, the exploration of management strategies to optimize

patient services spans beyond hospital administrators, hence making ethnographic design illegible for the study.

Data saturation point occurs when no new information, no new coding, and no new themes evolve from the data collected (Elo et al., 2014). I reached data saturation after interviewing 7 participants, but I continued the interview to ensure no new information evolved. I used the member checking follow-up process to ensure reaching data saturation during the data collection process. The themes that emerge from the current study could serve as a framework for hospital leaders' utilization to optimize patient services.

Population and Sampling

The researcher used purposeful sampling to select 10 hospital administrators who oversee daily operations in optimizing patient services in the state of Nevada and California. Researchers use purposeful sampling to select participants who understand the central phenomenon for the study (Yazan, 2015). Yin 2014 indicated that the nature of the study helps the researcher to determine the sample size. According to Molenberghs et al. (2014), the small sample size is acceptable in a case study. The sample of participants for this study consisted of 10 hospital administrators drawn from two hospitals in California and Nevada. A small sample such as 10 participants from two hospitals is acceptable in the case studies since the exploration of multiple cases allows for the replication of results (Yazan, 2015). Fusch and Ness (2015) indicated that in qualitative research, rich data is more critical than thick data, and to reach data saturation,

there should be no new information, no new coding, and no new themes from the collected data. According to Yin (2014), at least six cases are essential to reach data saturation. Data saturation occurs when no new information, no new coding, and no new themes evolve from the data collected (Elo et al., 2014). Researchers posited that member checking and follow-up interviews could help a researcher reach maximum data saturation through obtaining in-depth information and enhance the academic rigor (Onwuegbuzie & Byers, 2104). I ensured reaching data saturation by interviewing 10 participants from two locations and used member checking as a corroborative approach to validate information until no new theme or information evolved.

The selection criteria for participants included hospital executives, administrators, doctors, and nurses with more than two years of hospital leadership experience and a proven documented track record of optimizing patient services. The rationale for selecting participants from this group of professionals was because participants are trained healthcare professionals with the common goal of providing optimal health services to the patients and their family members. I contacted and interviewed the senior executives as well as mid-level managers with more than two years of healthcare leadership experience. The rationale for interviewing participants depended on (a) their level of optimizing patient services using practical management strategies, and (b) their ability to innovate and achieve positive outcomes in leading the healthcare sector. The criteria for eligibility to participate in the study included; participants must be currently

working in a healthcare setting, with at least two years of leadership experience and are willing to participate in a 45 minutes face-to-face interview.

Eligible participants participated voluntarily, shared curriculum vitae, documented achievements, documented strategy for improvement, internal report, and company policy. Eligible participants received and signed the informed consent before the interview. The nature of the study determined the sample size for the case study. Sample sizes may be biased and not always consistent; however, it is acceptable in a case study (Molenberghs et al., 2014). The case study design was feasible for the study because optimizing patient services depends on the strategy each facility deploys and exploring multiple cases will enable the literal replications of the results.

Ethical Research

Ethical considerations in this research was a high priority, and the use of informed consent was the first approach to building a rapport and establishing trust with participants throughout the study process. The informed consent informed participants about the research as well as highlighted confidentiality issues (Yazan, 2015). The informed consent included all the elements mentioned below, and participants reviewed and signed the consent form before engaging in the research process. Informed consent form included in Appendix C and listed in the table of contents. The informed consent highlighted the following: (a) purpose of the study, (b) research procedure, (c) risk and benefits associated with the research. (d) Research participation in volunteer rights, (e) members agree to participate in the study, (f) participant's right to quit the study, and (g)

steps to maintain the participant's confidentiality. Hoyland, Hollund, and Olsen (2015) identified that recruiting participants for a research project was a moral problem that the investigator must address to achieve success with the research. Beskow, Check, and Ammarell (2014) argued that the research participants must understand their right to privacy before they engage in the study. Beskow et al. (2014) further indicated that participation is voluntary, and participants in the research have the right to terminate their involvement with the research at any time. Participation was voluntary, and participants had the freedom to withdraw from the study at any time without penalty through email or phone call. Participants did not receive any form of compensation for their participation. There were no extra credits, gifts, or free services granted to participants. However, participants may receive a final report from the study, which might be a resourceful tool to establish a framework for the organization's management team.

To protect participant's identity and the institution where data collection took place, the current researcher assigned codes and protected information using password-protected safe and computer to ensure anonymity for 5 years from the interview date, following the destruction of the material after five years to maintain safety and confidentiality of participants. Musoba et al. (2014) highlighted the importance of ethical considerations to ensure the minimal risk category use during the data collection process. Also, Cseko and Tremaine (2013) suggested that the IRB provides guidance and oversee the research process. For this reason, the current research passed the Walden University *Institutional Review Board* (IRB) requirement and adhered to the United States federal

regulations for conducting research (Musoba et al., 2014). The approval number for this study was 01-11-19-0445735, and it expires on January 10th, 2020. After receiving IRB's approval, I sent out invitation letters to selected participants to participate in the study. The invitation letter provided information about the study objectives and intent, and the informed consent letter form for the participant to review and sign — a copy of the informed consent form included in Appendix C and listed in the table of contents.

Additionally, the right to privacy, including the anonymity of the participant, their place of work, and the location of the job was confidential. To ensure participants privacy, I kept the participant's identity and their workplace anonymous. I locked away audio recordings, notes, and data from the interview in a safe for 5 years following the destruction of items after five years from the interview date. The detail of the privacy policy is in the informed consent for the participant's perusal.

Data Collection Instruments

Researchers use the interview as the principal data collection for retrieving participant perception and experience in a case study (Yin, 2014). For this study, the researcher was the primary data collection instrument, and the data collection process included a face-to-face semistructured interview (Rossetto, 2014). During the data collection process, I conducted interviews at the participant's work environment, and the time allotted for each interview did not exceed 45 minutes. During the interview, the researcher delivered an interview question to participants, and each participant took the time to read and answer interview questions. I used the interview protocol as a tool to set

the direction for the study. A copy of the interview protocol included in appendix D and listed in the table of contents. Yazan (2015) noted that researchers use a sequence of data collection instruments, including the research question, interview questions, and interview protocol, to establish the direction for the study. The use of open-ended questions in the semistructured interview was essential to understand the management strategies hospital practitioners utilize to improve patient services in Northern Nevada and California. Following Robinson's (2014) view on carrying out a semi-structured interview, I used open-ended questions to enable participants to communicate freely their experiences and perceptions of utilizing strategies to optimize patient services. The interview process allowed the researcher to practice active listening, observe, and withhold personal non-purposeful comments throughout the data collection process (Robinson, 2014).

The use of a disclaimer was necessary to ensure privacy and trust (Molenberghs et al., 2014). The disclaimer informed participants that participation was voluntary, and only the researcher and the research chair will have access to the interview data. The researcher ensured triangulation by combining data drawn from different times, in different locations, or from different participants (Yin, 2014). Thus, it was imperative to establish trust by including a disclaimer that indicates participation in the research was voluntary and that only the researcher and the research committee had access to the information collected throughout the interview process. Researcher's primary objective was to ensure the participant's privacy and aid reliability and validity of the study

(Yazan, 2015). Participants had the option to select their interview locations to ensure their participation during the interview and minimize inconvenience. Participants received and signed the informed consent and gave the approval to record the interview before the interview date. The researcher went over the signed documents before starting the interview.

Yazan (2015) noted that the reliability and validity of a qualitative case study depend on the consistency of the data collection technique. Following Yazan views on establishing reliability, I used the same interview questions and semistructured interview setting to ensure thus a consistent process with the interviews in all locations. The use of the same instrument, the same interviewer, and the same interview questions ensures consistency (Yin, 2014). A copy of the interview protocol included in appendix D and listed in the table of contents.

Methodological triangulation establishes a high degree of reliability and indicates the ability to replicate the results from the study (Yazan, 2015). Yin (2014) argued that in qualitative research, rich data is more critical than thick data. Rich data entails the gathering of quality information, while thick data focuses on gathering voluminous information. However, to reach data saturation, there should be no new information, no new coding, no new themes from the collected data, and the result must be replicable (Elo et al., 2014). To establish reliability, exploring the experiences and perceptions of the hospital administrators in this study brought in the rich data to establish the reliability and understand how to use information sources to optimize patient services.

Triangulation of data combines information from different times, sources, locations, and participants to enhance the validation experience (Cronin, 2014). The use of multi data from multiple locations and different participants establishes the concept of methodological triangulation (Yazan, 2015). Following Yazan view of using methodological triangulation to build credibility, I used methodological triangulation to combine information from the interview transcripts, archival materials, and interview notes. Some of the archival documents included company internal policies and procedure, internal reports, annual reports, strategic plan, and business plan from each participants' organization website to ensure the credibility of information from the different interview locations.

The use of a strategic approach to ensure reliability and validity include (a) accounting for individual bias; (b) recognizing biases in sampling and data collection process; (c) showing audit trail documentation such as interview notes, interview transcripts as well as consistent and transparent data interpretation; (d) using rich data from participants' account to support findings; (e) data analysis and interpretation must indicate clarity of thought process; (f) using member checking, and (g) data triangulation (Noble & Smith, 2015). The researcher ensured transparency throughout the data collection and analysis process. The researcher avoided bias during data collection and interpretation, used audit trail documentation to keep track of changes, used rich data from participants, triangulated data and conducted member checking follow-up interviews to ensure consistency with the participant's opinion (Noble & Smith, 2015).

Data Collection Technique

The data collection technique was a face-to-face semistructured interview with the participants. During data collection, the triangulation of data was crucial to combine information from different times, sources, locations, and participants to enhance the validation experience (Cronin, 2014). Researchers combine multiple data sources to establish methodological triangulation (Yazan, 2015). Multiple data sources for methodological triangulation include interview notes and follow-up member checking interviews, field notes, company document analysis, and archival analysis. Robinson (2014) noted interviews as a means of collecting rich data in qualitative research. The researcher utilized semistructured interviews to explore and analyze hospital administrators' use of management strategies to optimize patient services. Participants received interview questions before the interview to help them align their thought process with their experiences. Participants who were interested in continuing the study signed informed consent before the interview. A copy of the interview protocol included in appendix D and listed in the table of contents.

Onwuegbuzie and Byers (2014) indicated using the following steps to deliver the interview:

1. introduce the researcher's topic to the participant
2. explain the contents of the informed consent (Appendix C) and give the participant the time to process the information, ask questions, and sign form

3. explain tools for the interview including recording devices and writing materials before starting the interview
4. review questions, pursue clarification and transcribe participants' responses
5. member follow-up to reinforce opinion and clarify answers, and
6. smile, and thank the participants for their involvement in the study.

The integration of semistructured interviews and open-ended questions enabled the participants to explain their experiences and opinions about the topic under investigation freely (Yazan, 2015). According to Cronin (2014), interviews are useful in dealing with overarching issues of a subject and for providing insight into the participants' perception and experiences to gain rich data on the research phenomenon. Robinson (2014) argued that the ability to provide indirect information that filters through the perception of the participant make up for each uniqueness in articulating views and perceiving things around them. Contrarily, response bias may arise from the researcher's presence leading to a possible modification of perception and idea (Onwuegbuzie & Byers, 2014).

Cronin (2014) suggested that the researcher can reduce bias during data collection with member checking. Building upon member checking, Robinson (2014) indicated that member checking is essential to reduce the researcher's oversight and biases to ensure credibility and validity of the transcript. I used member checking of data interpretation to validate the information from the semistructured interview. The member checking steps included (a) the researcher reviewed and interpreted the interview transcripts, (b)

participants received interview transcripts of their answers, (c) the researcher asked the participant if the synthesis represented the answer or if there was any additional information, and (d) the researcher continued the member checking process until there was no new data to collect. I conducted member checking within 24-72 hours after completing the interviews. The process of member checking assures the participants to review data to ensure credibility and minimize misconception (Yazan, 2015). After receiving participants confirmation, the researcher proceeded with the assessment and triangulation process. The researcher triangulated data from different times, sources, locations, and participants to enhance the validation experience.

Data Organization Technique

Researchers use data organization to ensure efficient retrieval of information and to maintain validity and individual privacy (Frederick, 2015). Yin (2014) argued that qualitative researchers could enhance the dependability of a case study by creating and utilizing databases. Following Yin's (2014) view of creating and using databases, the current researcher created and used databases for the current case study on a password-protected personal computer. The data log included (a) information from the interview, (b) the participant's identification code, (c) the interview file name/data identification on the personal computer, (d) the date of the interview/data collection date, (e) location of the data collection, and (f) designated file name for field notes. I used field notes to gather beneficial information during the interview and used notes as reference material during the data analysis process. According to Yin (2014), note-taking helps the

researcher to gather pertinent information during the interview, and throughout the literature review process. The current researcher used interview transcripts to conduct a follow-up member checking with participants within 24-72 hours after data collection.

Zamawe (2015) highlighted the importance of ensuring consistency during the data organization process. I stored primary documents of study materials including audio recordings from the interview, transcripts, field notes, coded data logs, and analyzed data files, in a password-protected personal computer and backed up in a cloud storage tool and an external flash drive. Secondary materials such as the policy and procedure documents, internal reports, interview field notes, codes, and themes were backed up on the personal computer and an external drive. I stored both primary and secondary data for five years, following the destruction of data after five years.

Data Analysis

The data analysis process helps to understand, characterize, and interpret the data (Zamawe, 2015). According to Robinson (2014), the researcher must use a strategic approach to preventing bias or corruption during the data analysis process. Cronin (2014) noted that the researcher's perception and personal approach to data analysis predispose information from the interview to corruption and bias. Therefore, the researcher will withhold all personal and professional opinions throughout the data analysis stage and the entire study. The data analysis process followed the steps that Zamawe (2015) recommended (a) transcribe interviews, (b) read transcribed notes to get an overview of the data, (c) review transcripts, policies, and internal reports, (d) conduct member

checking, (e) code information by arranging it into manageable themes, and (f) analyze and interpret the meaning of the case study.

The use of data from multiple locations and different participants establishes the concept of methodological triangulation (Yazan, 2015). Multiple data sources for methodological triangulation include interview notes and follow-up member checking interviews, field notes, company document analysis, and archival analysis. Following Yazan's (2015) view of using methodological triangulation to build credibility, I analyzed and synthesized information and compared data provided by each participant. The researcher ensured methodological triangulation by combining multiple sources of information to enhance the credibility of the data analysis process.

The data analysis process starts with the transcription and analysis of the interview data and the archival materials such as the policy and procedure, internal reports, and the conduct of follow-up member checking. Fusch and Ness (2015) indicated that follow-up member checking is useful in the qualitative study as a quality control process tool to ensure the credibility and validity of the study. Researchers use follow-up member checking interviews as an approach to rectify errors, achieve accuracy and completeness of data, and maximize data saturation (Molenberghs et al., 2014).

The researcher used Microsoft office tool to transcribe the interviews and transferred transcribed information into NVIVO® 12 data analysis software. In qualitative studies, the researcher remains in control of the data analysis. According to Zamawe (2015), researchers use the NVIVO® software to facilitate the data analysis

process by transferring transcribed information into NVIVO® 12 data analysis tool. The NVIVO® 12 software facilitates recording, storing, indexing, and sorting data from the interviews. Building upon Zamawe's (2015) view of facilitating the data analysis process with software, the NVIVO® 12 software was the primary data analysis software of choice to catalyze the data analysis process. According to Frederick (2015), the NVIVO® 12 software provides ease of use, data organization, and security, merge function, ease of data manipulation and search capability, and recommendations made by other researchers. The researcher might use the NVIVO® 12 software to check for word frequencies, perform query text, or support data formats such as audio files, word documents, pdf documents, and spreadsheets. The use of NVIVO® 12 software ensured theme identification from the data collection and provided insight into the experiences and opinions of the management strategies administrators utilize to optimize patient services.

Researchers use the description of original data to develop manageable themes; thus, link data to the idea (Yazan, 2015). For this reason, the researcher conducted a total of six cycles of coding using transcripts to spot theme patterns or manual coding, before loading the transcript on the NVIVO® 12 software for electronic coding. Thematic coding helps to identify typical reactions, words, and make sense of the participants' experiences and perceptions. The themes identified during the data analysis process helped the researcher to establish a link between the conceptual framework and the literature reviewed. Evolving themes from the study could serve as a platform to create

organizational frameworks. I selected and grouped themes through the conceptual frameworks of this research. The researcher explored the literature to identify studies that align with the evolving themes of strategies that hospital administrators use to optimize patient services.

Gurtner (2014) indicated that the integration of a management strategy into the hospital systems showed significant improvement in industry performance. Management strategies could be broken down into themes, and the themes could serve as the building block of creating practical strategies. Therefore, researchers might use evolving themes as a platform for creating practical approaches to optimize patient services. I used data from the interview, notes, and archival materials from participants to determine codes, sub-themes, and themes during the data analysis process. The researcher will present findings from this study to the Walden University research committee and use themes from data analysis to establish a link between hospital administrators' experiences and the perception of Drucker's management theory.

Reliability and Validity

Reliability

In a qualitative study, reliability is not measurable. Instead, reliability could be established using member checking and triangulation (Noble & Smith, 2015). To ensure the reliability of a case study researchers must be able to replicate the research as well as confirm the steps in collecting data and provide a proper analysis of the final report (Cooper & Schindler, 2014). The researcher used a case study database to aid reliability.

The case study database included: (a) notes from the conduct of interview and review of the literature, (b) interview transcripts and audio files, (c) tables of thematic elements and codes, and (d) summary of study findings. Cooper and Schindler (2014) addressed four primary aspects of the qualitative validation process to include dependability, credibility, transferability, and confirmability.

Dependability. The dependability of the study is achievable through validity, reliability, and generalizability. According to Noble and Smith (2015), qualitative researchers use such words as truthfulness (validity), consistency and neutrality or confirmability (reliability), and applicability (generalizability) to ensure the dependability of the study. The reliability of the study is valid by the ability of other researchers to replicate the research and arrive at similar results (Cronin, 2014). The trustworthiness of the study is feasible through the confirmability by using a clear and transparent method including audit trail documents such as the research log, reflective journal, interview questions, list of codes, sub-themes and themes, and methodological triangulation of the data analysis (Noble & Smith, 2015).

The consistency of using the same research questions with all participants applied to achieve applicability (Cooper & Schindler, 2014). Following Robinson (2014) note on establishing reliability, the researcher used the same open-ended questions for the interviews to ensure consistency during the interview process. The researcher used data triangulation, assuring the use of strategy to avoid bias, and conduct follow-up member checking of the interview transcript to establish truthfulness and confirmability (Cronin,

2014). Member checking follow-up interview can help a researcher reach maximum data saturation through obtaining in-depth information and enhance the academic rigor (Onwuegbuzie & Byers, 2104). I used NVIVO® 12 software for all data analysis to ensure consistency with data interpretation. The current researcher provided rich information on the data collection technique and processes to ensure the replicability of the study.

Validity

The researcher took the following steps to ensure proper validation of study (a) used multiple data sources (credibility), (b) member checking, research bias identification, and follow-up explanation (credibility), and (c) researcher used rich data from interviewees, rich description of study sample population and context (transferability). Cronin (2014) asserted that the understanding of the data ensures the validity and reliability of the qualitative study. To ensure proper validation, I engaged in both the interview process and a follow-up until data saturation occurred, and no new information and no new themes evolved from the data collected.

Credibility. To ensure credibility, Robinson (2014) indicated that qualitative validity emphasizes checking for accuracy and the credibility of findings using established standards and procedures while qualitative reliability shows consistency across the scope of studies done by different researchers. According to Robinson (2014), member checking was essential to reduce the researcher's oversight and biases to ensure the proper credit of the transcript. Triangulation of data and participant transcript review

provides the credibility of the case study (Yin, 2014). I ensured further credibility by adopting Noble and Smith (2015) recommendation of using strategies to ensure validity and reliability to acknowledge the potential of personal bias, interpret data clearly, and employ audit trail documentation such as interview transcripts, research log, and reflective journals. The researcher ensured that data analysis and interpretation demonstrated clarity of thought process to ensure credibility and transferability of the study by other researchers.

Transferability. To ensure transferability, I used methodological triangulation to provide rich data collection and use member checking follow-ups to confirm participants' stories and ensured the credibility of sources to improve the transferability. According to Robinson (2014), member checking was essential to reduce the researcher's oversight and biases to ensure the proper credit of the transcript. Yin (2014) argued that qualitative researchers could enhance the transferability of a case study by creating and utilizing databases. Following Yin's (2014) view of creating and utilizing databases, the current researcher created and used databases to ensure the transferability of the case study. I used audit trail documentation such as interview questions, interview transcripts, research log, and reflective journals to ensure transferability of data and replicability of study.

Confirmability. According to Cronin (2014), member checking allows participants to review the transcript, update information, and provide a further recommendation to the researcher to improve the transcript. To ensure confirmability, I adopted Cronin's (2014) view of eliminating the researcher bias during data collection

with member checking. I shared transcripts with participants to confirm originality. Participants checked for the consistency with their interview responses and confirmed the completeness of data from interview and validation of the transcript.

Data saturation. Cronin (2014) asserted that the understanding of the data ensures the validity and reliability of the qualitative study. To ensure data saturation, Cronin (2014) emphasized the importance of rich data in qualitative research. For data saturation to occur, there should be no new data, no new themes, and the study should be replicable. I used semi-structured interviews and open-ended questions to ensure in depth data collection and reach data saturation for the multiple participants in multiple locations. I explored the experiences and perceptions that each practitioner brought in the rich data to understand strategies to optimize patient services (Parand et al., 2014). Member checking enhances academic rigor and helps the researcher to reach data saturation by obtaining rich data (Yin, 2014). The elements of the validation process demonstrated the use of transparent data analysis and interpretation processes, carries participants' overall essence of the experience and perception, and the researcher ability to remain unbiased throughout the research process (Robinson, 2014).

A small sample such as 6 to 10 participants is acceptable in the case studies since the exploration of multiple cases allows for the replication of results (Yazan, 2015). To ensure proper inclusion of these elements in the validation process, I engaged in both the interview process and a follow-up until data saturation occurred and no new information,

no new coding, and no new themes evolved from the data collected. For this reason, I continued data collection until data saturation occurred.

Qualitative researchers use research design and methodological strategies to ensure reliability and validity of the research (Noble & Smith, 2015). For this, researchers can adopt strategies to ensure reliability and validity of the study. These include, (a) accounting for individual bias, (b) recognizing biases in sampling and data collection process, (c) showing audit trail documentation such as interview notes, interview transcripts as well as consistent and transparent data interpretation. (d) Using rich data from participants' account to support findings, (e) data analysis and interpretation must indicate the clarity of thought process, (f) using member checking, and (g) data triangulation. Conversely, I adopted Noble and Smith (2015) views of accounting for individual bias, recognizing bias, using audit trail, member checking participants transcripts, triangulating data, and ensuring transparency throughout the research process to ensure proper validation and reliability of the current study.

Transition and Summary

The purpose of this qualitative multicase study was to explore management strategies hospital administrators utilize to optimize patient services. Nowadays, hospital leaders of large and small hospitals spend thousands of dollars to enhance their functionality through management coaching, which makes hospital management, one of the hottest topics in the healthcare system. Section 2 included the research methodology and addressed the research method and design for the current study. Additionally,

Section 2 provided the rationales for employing a qualitative research method and the use of a multicase study model for the study. Also, discussed in section two are the role of the researcher, sample population, and data collection and analysis. The methodological triangulation of information was the primary source of data collection and analysis and presented a systematic process that allowed listing and grouping of data that evolved during the interview (Robinson, 2014). The NVIVO® 12 software was resourceful to aid data analysis, reduce data, and deduce patterns and themes in the study. Section 3 addressed the application to professional practice and implication for social change. Section 3 started with an introduction, followed by the presentation of the research findings, application to professional practice, and the implication for social change. Also, dealt with in section 3 are recommendations for action and further research on administrators use of management strategies to improve medical services, as well as reflections and conclusion of the study, which highlighted on the take-home message for the reader.

Section 3: Application to Professional Practice and Implications for Change

Introduction

The purpose of this qualitative multicase study was to explore strategies that hospital administrators used to optimize patient services. I used the multicase design to address the research phenomenon with 10 participants from two hospitals and gathered information using a semistructured interview. The research process focused on 10 hospital administrators from two hospitals in Nevada and California. I explored the experiences and perceptions of the participant's contribution to the rich data to understand strategies to optimize patient services (Parand et al., 2014). I transcribed the interviews and transferred information into NVIVO® 12 data analysis software to confirm themes and gain insight into the experiences and opinions of using strategy to optimize patient services. I conducted a total of six cycles of coding using transcripts to identify theme patterns before loading the transcript on the NVIVO® 12 software. I used the themes identified during the data analysis process to establish a link between the conceptual framework and the participant's responses. The findings of the study were significant because hospital managers might use themes that evolved from the study as a framework to create organizational strategies to improve patient services.

Presentation of the Findings

The introduction of the findings inscribed the overarching research question: What strategies do hospital administrators use to optimize patient services? The framework for this study focused on the management theory developed by Drucker in

1993. Drucker described professional society as an evolving environment that supports change through the influence of innovation and emphasizes collaboration as a way to facilitate information sharing and support change (Tzortzaki & Mihiotis, 2014). The fundamental principle of the management theory was the collaboration of ideas to initiate a process, which is essential to facilitate information sharing and boost patient service interaction in the hospital environment (Tzortzaki & Mihiotis, 2014). The five pillars of the healthcare system patient and providers, payors, pharmacies, and the policymakers need efficient collaboration to share information effortlessly and securely. Tzortzaki and Mihiotis (2014) identified collaboration as a fundamental tool in information sharing, and this can occur internally or externally. Turriago-Hoyos et al. (2016) supported Drucker's view of change as a source of innovation by highlighting that hospital administrators are the organization's role models whose function is to facilitate information sharing to optimize the patient's experience. The management theory served as a guide in the literature review and the data analysis process by helping the researcher link the conceptual framework with the themes from participants responses. Five themes emerged from data analysis of the participants' responses, and they are: (a) triple aim, (b) evidence-based practice, (c) lean methodology (d) public health strategies, and (d) innovation strategy. I designated each participant with a number from 1 to 10 during the data analysis process. Table 2 illustrates the themes of the participant response from the interview.

Table 2

Categories of Themes from Data Analysis Per Participant

Themes	Participants	Frequency
Triple Aim Strategy	1, 2, 3, 4, 6, 8, 9	7
Evidence-based Practice	1, 2, 3, 4, 5, 6, 7, 8, 9, 10	10
Lean Methodology	3, 4, 5, 6, 7, 8, 9	7
Public Health Strategy	1, 2, 5, 7, 8, 10	6
Innovation Strategy	1, 2, 3, 4, 5, 6, 7, 8, 9, 10	10

Theme 1: Triple Aim (TA) Strategy

The Institute for Healthcare Improvement (IHI) in 2008 suggested that the triple aim strategy was fundamental to the optimization of the health care system in the US. In 2008, researchers from the Institute for Healthcare Improvement described the Triple Aim as providing better health, better care for individuals, and at a lower cost (Whittington, Nolan, Lewis, & Torres, 2015). The US national strategy for addressing health care challenges related to the implementation of the Patient Protection and Affordable Care Act (ACA) adopted the triple aim in 2010. The application of the TA strategy has increased across the health care systems and hospitals in the US because of the significant improvements seen in the access to care, quality of care, and cost of care (Whittington et al., 2015). However, Farmanova et al. (2017) noted limited evidence as to how organizations created the capacity and infrastructure needed to design, implement,

evaluate, and sustain the triple aim system. Farmanova et al. addressed some of the challenges regarding the implementation of the triple aim and suggested collaboration between interdisciplinary teams and partnering beyond the health care sector to ensure successful implementation of the triple aim system. Participant 1 reflected that the TA strategy was an approach to meet the population health need by improving the population health, improving the best optimal outcomes for care, at the best price and cost per care. Participant 1 indicated that technological innovations that are evidence-based and real-time supported the efficiency of the TA system drove quality results and helped in the gain of access to the efficacy of care at the right cost. Participant 2 highlighted the importance of providing a patient-focused service by hiring the right workforce and having the right tools necessary to improve the patient's access to care, quality of care, at the right cost. Participants 3, 4, 6, 8, and 9 emphasized the importance of improving the population's health by using all their resources to provide a better quality of service to the patient. The hospital leaders in the organization used the TA system as a benchmark to ensure that every patient gets the access that they needed to receive the right care with a better outcome and cost. The hospital leaders plan of action to improve patient services aligned with the theoretical framework and supported Drucker's management theory whose fundamental principle was the collaboration of ideas to initiate a process, which was essential to facilitate interdepartmental information sharing and boost patient service interaction in the hospital environment (Tzortzaki & Mihiotis, 2014). The hospital leaders supported the implementation of the triple aim system as part of their daily

working strategy by facilitating interdepartmental communication and collaboration to ensure patients have access to the care they need, with a better outcome, at cost-efficient rates. According to Whittington et al., (2015), the triple aim system was fundamental to simultaneously meet all three dimensions of the patient and population health needs at once.

Theme 2: Evidence-based Practice

The evidence-based practice in the health care setting aim was to improve patient outcomes by providing current and best practices. According to Wilson et al. (2015), frontline managers and clinicians played a critical role in implementing evidence-based practices (EBP) that contribute to high-quality care outcomes. All participants responded to the use of EBP to improve the patient outcome and ensure best practices. Participants 1, 2, 3, 4, and 5 highlighted the use of evidence-based practice strategies to support population health and were critical for clinicians to align resources to manage the patient and population health. The frontline managers applied the evidence-based practice strategy on a day-to-day basis to ensure best practices and better outcomes for the patient. Participants 6, 7, 8, 9, and 10 stated the use of the Magnet program to facilitate EPB. The frontline managers from the organization used the Magnet program as an interdepartmental collaborative strategy where clinicians facilitate communication, enhance information sharing, and used data to evaluate how their performance affected the patient outcome. Underhill, Roper, Siefert, Boucher, and Berry (2015) noted that a

lack of preparation in the EBP process and use of EBP daily posed severe challenges to care quality.

Furthermore, Wilson et al. (2015) indicated that clinicians employed by facilities designated by the American Nurses Credentialing Center (ANCC) as Magnet® reported significantly low barriers to EBP than those clinicians employed by non-designated organizations. The Magnet® provided research, education, and certification standards that equipped clinicians with the knowledge and skills needed to provide best practices and better patient outcomes with EBP. The hospital leaders used the Magnet® as a plan of action to ensure best practices as supported by Wilson et al. (2015) report of the clinicians employed by Magnet® facilities. The hospital leaders plan of action to ensure better quality service and better patient outcome aligned with the theoretical framework by facilitating the collaboration of ideas to initiate a process, which was essential to facilitate interdepartmental communication and information sharing to boost EBP in the hospital environment.

Theme 3: Lean Methodology

The lean methodology emphasized the consideration of the patient needs, workforce involvement to execute the plan and maintain continuous improvement. The lean method in healthcare is the integration of lean concepts in healthcare to maximize value for patients by minimizing waste, procedure, and task through an ongoing system of improvement (D'Andreamatteo, Ianni, Lega, & Sargiacomo, 2015). Participants 3, 4, 5, 6, 7, and 9 emphasized that Lean methodology was a strategy their company used to

ensure quality care and provide optimal patient experience. The hospital leaders used Lean to emphasize a patient-focused approach to providing better care and eliminating waste. Schonberger (2018) indicated that the healthcare sector should pursue lean using a different approach than follow the wayward lean practices of manufacturing companies, an industry that hardly sees customers or encounter patient services. Schonberger (2018) suggested the nature of healthcare calls for elevated lean efforts toward customer-focused lean effectiveness, which entails a flexible, quick response to providing care and eliminating waste to improve patient experience and ensure the efficiency of the system. Participants 3, 4, 5, 6, 7, and 9 agreed that the aim of using a lean strategy was to improve the patient experience and frontline leaders applied the lean methodology daily to reach the organization's goals and benchmark.

Additionally, participants 4, 5, 6, and 8 used the lean strategy to troubleshoot problems, identify loopholes, and use feedbacks to streamline necessary steps to improve the condition. Participants 5, 6, and 8 used the feedback and input system to create workflows to address patient care communication issues and patient care coordination challenges. Participants 4 and 5 used DMAIC concept, a Six Sigma methodology to access the processes through analysis and waste removal. DMAIC stands for: define, measure, analyze, improve, and control (He & Goh, 2015). The hospital leaders used lean to conduct an interdepartmental assessment to perform analysis, which calls for integrity in communication and collaboration with the team. The hospital leaders plan of action enforces maximizing the patient experience and minimizing waste in an on-going

process which aligned with D'Andreamatteo et al. (2015) view of maximizing value for patients. The maximization of the value for patients and minimization of waste using the lean strategy aligned with the theoretical framework by facilitating the collaboration of ideas to initiate a process, which was essential to promote interdepartmental communication and information sharing to enhance the patient experience.

Theme 4: Public Health Strategy

Public health strategies are strategies used to inform or educate the entire population on how to improve health standards or targeted strategy for individuals with disabilities. For the individual or society to utilize the approach that the community or individual need to be informed about health literacy. According to Batterham, Hawkins, Collins, Buchbinder, and Osborne (2016), health literacy are those factors that influence the individual ability to acquire, process and understand and use about health and health services to improve the personal health. Batterham et al. (2016) stipulated that the integration of health literacy into hospital strategies can contribute to improvements in best practices, by complementing many fields from patient care to community-level development, and from improving compliance to empowering clinicians, patients, and the community. Participants 1, 2, 5, 7, 8, and 10 emphasized understanding the population health was essential to use the best strategy that meets the population care needs. According to participants 1, 2, and 5, the continuum of care for patients entails managing the population and understanding the population health was essential to expand the community beyond the hospital walls. Participants 1, 2, 5, 7, 8, and 10 stipulated that

assessing the population was a vital strategy to have useful metrics demographics of the community. The hospital leaders highlighted the importance of combining the patient-focused and evidence-based population health strategies to improve care access, quality, and affordability. Lhachimi, Bala, and Vanagas (2016) suggested that an evidence-based approach to public health could have direct and indirect benefits, including access to higher-quality information on best practice, increase chance of successful prevention programs and policies, increase workforce productivity, and more efficient use of private and public resources. The hospital leaders plan of action to improve the patient, and population experience supported by Batterham et al. (2016) view of health literacy and Lhachimi et al. (2016) view of using the evidence-based approach to public health. The use of these resources aligned with the theoretical framework by facilitating the collaboration of ideas to initiate a process, which was essential to promote interdepartmental communication and information sharing to enhance the patient experience.

Theme 5: Innovation Strategy

Innovation generally means a change in a process or creating better ways to improve the process. The use of innovation strategy in healthcare emphasizes patient-focused and evidence-based driven care channeled towards improving the patient experience. All participants reflected on using at least one innovation method such as communication platforms or technological innovation to improve access to care, improve quality of care, at an affordable cost. Prange and Schlegelmilch (2018) identified

innovation as a universal feature of corporate life and pointed out one innovation dilemma that most managers face was how to distinguish innovation types in a meaningful way. Prange and Schlegelmilch suggested the three dimensions for which innovation could be channeled to ensure improvement in the process to include change impact, strategic impact, and market impact. The change impact is innovations that focused on changing the internal structure of the organization, such as internal procedures, use of resources, and capabilities. The strategic implications are innovations used to provide information about the organization's internal adaptation processes without revealing the underlying values of strategic decision making. The market impact is innovation used to create a sustainable market or a disruptive market. All the participants acknowledged technological innovation as a fundamental step in formulating strategies, and the use of change, such as evidence-based practice as a standard to maximize the patient experience. The hospital leaders used different innovation strategies depending on the organization they work for, some use lean six sigma, evidence-based public health strategy, while others use triple aim strategies. Though different organizations adopt different innovation strategies, the hospital leaders' central goal was maximizing the patient experience. Hong and Lee (2018) suggested that the use of innovation such as information technology systems supported with knowledge and skills contributed to significant improvement in patient satisfaction and customer loyalty. All participants agreed that the integration of technological innovation in the healthcare industry improved the operational strategies in the hospitals. Participants 1, 2, 3, 4, and

5 reflected that technological innovation that is evidence-based and real-time support the efficiency of the triple aim, which included driving quality results, improved access to care at the right cost. For an outpatient, the use of technological innovation such as "tell a doc" medium facilitates communication between the provider and the patient at a real-time whenever or wherever depending on the patient at a low cost. For an inpatient, the use of minimally invasive robotics for surgeries, genetic testing are examples of technological innovations that drive outcomes and improve the quality of patient services. All participants agreed that technological innovations such as the Electronic Medical Record (EMR) system facilitated both information storing and sharing of data, and the impact has led to improved interdepartmental communication and collaboration. The hospital leaders used innovation to improve the patient experience as well as applied technological innovation to improve communication and collaboration which aligned with the theoretical framework by facilitating the collaboration of ideas to initiate a process, which was essential to promote interdepartmental communication and information sharing to enhance the patient experience.

Applications to Professional Practice

The use of efficient strategies is essential to enhance communication and improve the patient care experience. Martin et al. (2016) estimated that the U.S. national health budget for 2014 was $3 trillion, of which $971.8 billion was spent on resources to improve healthcare. Langabeer and Yao (2012) highlighted that the hospital management challenge was due to the lack of information and the use of practical management

strategy to optimize patient services. The most significant contribution of the study was the exploration of strategies that hospital administrators use to improve patient services. The combination of resources was critical to developing management strategies and plans to improve best practices to ensure optimal patient experience. The collaboration of resources is critical to promote patient services and satisfaction (Pugh & Subramony, 2016). The use of effective communication and interdepartmental collaboration was critical to ensure the free flow of information and safety to improve the patient experience and ensure best practices. Ali et al. (2017) suggested the use of knowledge identification and acquisition, knowledge development and distribution, and knowledge preservation and application to improve information sharing and provide access and quality patient services. Hospital administrators might utilize the study outcome as decisive steps to identify some of the elements that are lacking, mitigating, or slowing down the patient service improvement process.

Implications for Social Change

Hospital administrators might utilize information to support the innovative process and as the cornerstone of providing optimal patient services (Turriago-Hoyos et al., 2016). Tzortzaki and Mihiotis (2014) noted that the hospital's productivity depends on the hospital workers ability to collaborate knowledge to ensure consistent information sharing to provide optimal patient services. King and Baatartogtokh (2015) added that innovation management was the backbone of social change. Innovation management facilitates the sharing of information, drive innovation, and encourage organizational

learning and the readiness to foster a positive social change. Drucker's theory suggested that organizations should embrace collaboration and proper information sharing to remain competitive in their market (Tzortzaki & Mihiotis, 2014). Hospital administrators might use evolving themes to explore strategies to optimize patient services as well as use information to build platforms that could facilitate patient service interaction and satisfaction. Enhancing management strategies is a social change that might not only improve the patient's well-being and save cost for hospitals, but also, might help hospital administrators to develop a framework to enhance the well-being of their stakeholders, shareholders, and other entities that have a relationship with them, directly or indirectly. Implementing the right strategy in each hospital might provide greater assurance to identify elements that are lacking, mitigating, or slowing down the patient improvement process. Findings from the current multicase study might shed light on hospital practitioner's use of multiple strategies to facilitate information sharing and improve access and quality of care.

Recommendations for Action

Hospital administrators aim to ensure that patients receive the best care with the best possible outcome. To fulfill this mission, the hospital administrators deploy the best possible strategies to align with their organizations' mission and vision. Evolving technological innovation poses serious challenges to ensure proper access to care, better care outcome for the best cost per service (Ali et al. 2017). The outcome of this study yielded five dimensions of recommendations from the study. The recommendations

include the Triple Aim strategy, Evidence-Based Practice, Lean methodology, Public Health Strategy, and Innovation strategy.

The triple aim strategy was fundamental to the improvement of the health care system in the US. The study findings indicated that hospital leaders deployed the triple aim strategy to improve access to care, with the best outcome at the right cost. The framework of the research focused on using strategies to optimizing patient services. The findings of the study support the need to increase access to care and improve quality of care, at an affordable cost. Recommendations for efficient interdepartmental communication and collaboration to ensure best practices to improve patient experience transpired. I recommend that hospital managers should have a broad knowledge of the triple aim strategy and how to leverage other strategies such as technological innovation, effective communication, and collaboration to continue to improve the patient experience.

The evidence-based practice was among the predominant themes from the study. Though Underhill et al. (2015) noted a lack of preparation in the EBP process and use of EBP daily, additional findings by Wilson et al. (2015) indicated that clinicians and frontline managers played a beneficial role in implementing evidence-based practices that contributed to the high-quality patient experience. I recommend that hospital administrators should work closely with clinicians and frontline managers to ensure the right resources are deployed to provide evidence-based practices for better patient

outcome. The frontline managers and clinicians should receive continuous education and training to stay up to date with current practices.

The lean methodology in healthcare integrates lean concepts into health care practices to maximize value for patients by minimizing waste, procedure, and task through an ongoing system of improvement (D'Andreamatteo, Ianni, Lega, & Sargiacomo, 2015). I recommend that hospital administrators should adopt lean practices to improve patient experience and eliminate wasteful strategies that are mitigating or slowing down the improvement process. The use of effective communication and collaboration with other department heads and team leaders is necessary to maintain continuous system improvement.

Public health strategies are strategies used to inform or educate the entire population on how to improve general health standards or targeted strategies for individuals with disabilities. Batterham et al. (2016) indicated that health education was essential to facilitate the individual ability to acquire, process, and understand and use health and health services to improve personal health. A critical aspect is to bridge the communication gap between providers and patients post-discharge. I recommend that the hospital leaders and community leaders should work in tandem to create platforms to promote public education and direct the population on how and where to access information for the individual user. Hospital leaders should ensure proper communication and collaboration with community leaders on the use of information to create educational materials for the community.

The innovation strategy received a predominant theme from the research. The use of innovation strategy in healthcare emphasizes patient-focused and evidence-based driven care channeled towards improving the patient experience. The findings from the research showed the use of innovation to maximize the patient experience. I recommend that the hospital administrators should explore the various innovation facets to determine the rightful change that fits the organizations' plan, vision, and budget to avoid wasteful spending and ensure commitment to continuous improvement process to facilitate best practices.

Hospital administrators are change agents for healthcare organizations. Hospital leaders need to lead the organization in the direction of the continuous improvement process through innovation. The hospital leaders should be able to align business strategies and public health strategies to reach the organization vision and maximize the patient experience. I welcome the opportunity to share my research with hospital leaders in health care conferences or workshops. I plan to publish my findings in scholarly journals.

Recommendations for Further Research

The purpose of the current qualitative multicase study was to explore strategies hospital administrators use to optimize patient services. The current study makes a mark on the contribution in research on the importance of ensuring best practices using strategies to improve access and quality of care to patients. The current study was limited to 10 hospital administrators from two states, Nevada and California, with more than two

years of experience in managing day-to-day operations in the hospital. A recommendation for further studies may take into consideration hospitals from other states and hospitals from five or more locations, and with a larger population to gain a broader perspective of the participants. The population for this study are hospital administrators only and is a limitation of this study considering the possibility of a one-sided view and bias by hospital administrators.

Further studies may consider incorporating non-hospital administrators, including clinicians, frontline managers, and patients to receive a broader view of the research phenomenon. Biases and perceptual distortions are inherent limitations that are preventable (Robinson, 2014). According to research, researchers may have personal bias and restriction to accessing informative data such as business plan, company policy, and annual report. Further studies should avoid personal or professional preference and must communicate with participants to obtain the necessary information to ensure consistency and methodological triangulation of data. Due to time constraints and limited funding during data collection, future researchers need to secure proper funding and designate sufficient time to complete the project.

Reflections

My background in healthcare gave me the privilege to have first-hand experience with patients and their family members. As a healthcare professional and researcher of more than 15 years, I was aware of personal and professional biases regarding the study. To complete the study successfully, I was mindful of personal bias as a healthcare

professional and ensured not to have any form of relationship with the organization either as an employee or to be friends with participants. From reviewing the literature, I realized that time constraints, goal prioritization, and effective communication were a significant challenge in providing optimal patient services. As a result, I decided to research and explore management strategies that hospital administrators utilize to optimize patient service.

I purposefully selected participants through email and telephonic method. Participants for the research received invitation letters, consent forms, and interview questions for thought gathering. After interviews, I mitigated researcher bias by using member checking, which allowed the participant to correct errors and challenge transcript summary. I used methodological triangulation of data from interviews, field notes, and data collected from participants documents archives and organization website.

Reflecting on my doctoral journey, I encountered challenges gaining access to participants initially. I had preconceived notions about organizations delay or lack of interest in helping the researcher recruit participants, participants would voluntary participate in person or over the phone, the participant would answer interview questions sincerely, and researcher would reach data saturation by having access to as many participants as possible.

The challenges that I encountered allowed me to be proactive, for example, instead of limiting my participant recruit to two sites I stretched out to seven sites to ensure that I ended up using at least two sites. Some of the participants appreciated the

invitation but declined to partake in the research because of one executive commitment or the other. I ended up recruiting and interviewing ten participants from two sites, and that was sufficient to reach data saturation. The interviews were beneficial in developing the themes and recommendations for hospital leaders to move forward with the use of strategies to facilitate patient care optimization. Overall, I gained a genuine appreciation for the doctoral journey, respect for all doctoral recipients, and admiration for the world of academia.

Conclusion

The purpose of this qualitative multicase study was to explore strategies that hospital administrators used to optimize patient services. The patient expects best-case scenarios, the best possible outcome, at a cost-effective rate. The hospital administrators and the hospital providers and clinicians aim to provide access to care for the patient, provide quality care, at a reasonable cost for service. Some factors are still affecting the quality of patient services such as the environmental and organizational setting, provider versus patient psychosocial elements, and the circumstances of an individual worker or patient which may either promote or mitigate the quality of patient services (Ali et al., 2017). The findings of this research indicated that the hospital administrators face management challenges in addressing problems with the effective and efficient identification, acquisition, development, preservation, and sharing of information in hospital settings to be able to deliver optimal patient services. Ali et al. (2017) suggested the use of information technology to improve the quality of knowledge identification,

acquisition, development, preservation, and information sharing at the workplace. The findings of this study demonstrated steady growth in the health care industry, which drives innovation and competition. Therefore, patient service optimization is a continuous process, and always what it could be, for this reason, the optimizing patient service is a continuous process that requires constant improvement strategies to improve the patient experience. Recommendations for the hospital leaders plan of action to ensure better quality service, and better patient outcome should align patient-focused care with evidence-based business practices and strategies to facilitate the collaboration of ideas to initiate a process, which was essential to enhance interdepartmental communication and information sharing to promote best practice.

Implementing the right strategy in each hospital setting might provide greater assurance to identify elements that are lacking, mitigating, or slowing down the hospital improvement process. The research findings emphasized that the use of effective communication and interdepartmental collaboration was essential to apply strategies vital to ensure best practices by providing access to care, improve the quality of care, at a cost-effective rate. Hospital managers who read the findings of the current research might use the study outcome to establish a framework to enhance information sharing within the hospital and between the five pillars of the healthcare systems including patients, providers, pharmacies, payers, and policymakers. Thus, the study outcome has the potential to contribute to a positive social change by providing a direction for the improvement of patient service interaction with care providers.

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Appendix D: Interview Protocol

A. Introduce Case Study: Interviewer explains the purpose of the study and reassures participant's privacy and confidentiality. Smile! Thank the participant for his/her contribution to the study at the end of the interview.

a. Research question:
What strategies do hospital administrators use to optimize patient services?

b. Interview questions (qualitative only)
What management strategies have you used to optimize patient services?

What management strategy did you find worked best to improve patient services?

How do you combine personal values and professional standards in formulating strategies to optimize patient services?

What are your short-term and medium-term challenges in optimizing patient services?

How did you measure the effectiveness of your strategies?

What additional points would you like to add to implementing your management strategies to optimize patient services?

c. Conceptual Framework: Peter Drucker's (1993) management theory

B. Interview Protocol Purpose and Intent for Use

a. The researcher will use the protocol to guide and inform all study procedures including data collection, data analysis/interpretation, as well as findings and conclusions

b. The protocol will also demonstrate the researcher's commitment to ensuring dependability and transferability of the case study method and outcomes.

C. Preparations Before Interview – participant signs the informed consent and waiver to record the interview with an audio recording tool

a. The researcher will collect and review archival documents from the company's internet home page and human resource teams such as internal company policies, annual reports, business plan, strategic plan, and internal reports to assess organizational views regarding the use of strategy to optimize patient services.

b. The researcher will prepare informed consent for each interviewee

c. The researcher must review and finalize interview questions

D. Data Collection Procedure

a. The researcher will use purposeful sampling to recruit interviewees from hospitals in Nevada and California

b. Identify study sites and contact interviewees at each site after sending out invitation letters and receiving approval to conduct interviews

c. The researcher will collect data from reviewing documents and conducting a semi-structured interview with hospital administrators with documented experience in successfully implementing management strategies to optimize patient services.

E. Data Collection Tools/Materials

a. The researcher will use digital audio recording

b. Researcher field notes

c. The researcher will use a case study database

F. Member Checking protocol

a. The researcher will review and interpret the interview transcripts

b. Participants will receive interview transcripts of their answers

c. The researcher will ask the participant if the synthesis represents the answer or if there is any additional information

d. The researcher will continue the member checking process until there is no new data to collect

G. Data Analysis Techniques and Tools

a. Coding (Manual coding: Thematic; and Electronic coding: NVivo® 11 tools)

b. Analysis tools (Microsoft word/excel and NVivo® 11 software)

H. Methods for Credibility and Transferability

a. Use of multiple data sources (credibility)

b. Member checking, research bias identification, and follow-up explanation (credibility)

c. Researcher use of rich data from interviewees, detailed description of the study sample population and context, and use of field review committee/panel (transferability)

I. **Case Study Report Outline (Section III) –** researcher shares findings with participants

a. Study overview

b. Presentation of results

c. Application to professional practice

d. Implications for social change

e. Recommendations for action

f. Recommendations for further study

g. Reflections

h. Summary and conclusion of the study

Appendix E: Consent to Use Audio Recording

Following your agreement to participate in an original research study called: A Multicase Study Exploring Strategies Hospital Administrators Utilize to Optimize Patient Services conducted by Vincent Njoku. I, at this moment, request your permission to allow the recording of your interview with an audio tool as part of the study. You do not have to agree to partake in the audio recording to participate in the study. However, the use of a sound recording will help to facilitate data analysis by the researcher. The files will be encrypted to maintain the anonymity of the participants. Lastly, the record will be stored in a safe without any direct link to the participant's identity. The researcher will destroy the audio material upon successful completion of the study protocols and publication of study outcome.

The researcher will not use the audio material for any other reason than that stated in the consent form without your written permission. By signing below, you acknowledge that you understand the nature of the research, all potential risks to you as a participant, and the steps to safeguard your identity. Your signature also indicates that you are above 18 years of age, and your participation in this study is voluntary.

Signature of the interviewee----------Date----------

Signature of the researcher----------Date----------

Appendix F: Demographic Worksheet

Age bracket: below 21-45--------, 46 and above ---------

Gender: Male---------- Female ----------

Highest Degree Obtained----------

Leadership Position----------

Years of Experience----------