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Change Management Implementation Strategies for Small Businesses

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This is to certify that the doctoral study by

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Abstract

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by

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MA, University of South Carolina, 2010

BS, College of Charleston, 2006

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Abstract

Most organizational change initiatives fail because managers lack effective change management strategies. The purpose of this single case study was to explore change management strategies that outpatient care facility managers used to positively affect process improvements. The population consisted of 6 managers who completed change initiatives at a military, outpatient medical facility in Texas and 6 of their team members. Data were collected using semistructured interviews and organization documents, then analyzed based on the conceptual framework of Lewin's change theory. Rowley's 4-step process for analysis—organizing; getting acquainted with; classifying; coding and interpreting; and presenting and writing up the data—was used to identify 4 major themes through data saturation. From the data analysis, the following strategy themes emerged: building effective teams, establishing the foundation for the change, communicating throughout the change process, and solidifying the change. Managers in the healthcare industry can use the findings of this study as a guide to improve the outcomes of their process improvement initiatives by implementing the strategies provided by the manager participants. Thus, the findings of this study may be used to affect positive social change to improve patients' quality of healthcare and community healthcare outreach programs through increased efficiencies and reduced expenditures.

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Dedication

I dedicate this doctoral study the same as I do every other accomplishment in my life. First, I give honor to God, for without Him, I would not have made it this far. Secondly, to my parents, Mr. Proctor and Dr. Lillie Rivers, your love and support through the years have meant more to me than you will ever know. To my brothers, Ronald and Rodney, thank you for protecting me through the years.

To my beautiful grandmothers, Mary Rivers and Lillie Jackson, thank you for being the epitome of strength—defying the odds to raise your children and being ever-present in the lives of your grandchildren and great-grandchildren. Every moment that we spent together was precious to me. Not a day goes by that I do not think of you. Although you are not here physically, I know that you are watching over me. My only wish is that you are proud of the woman that I have become partly because of you.

I also dedicate this study to my amazing, handsome, future husband, Dwaine. You are my joy, calm place, heart, and everything. I love you more today than I did yesterday, but not as much as I will love you tomorrow, my king.

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Section 1: Foundation of the Study

Change is constant (Stenling, Ivarsson, & Lindwall, 2017), and the consistency of change occurs as goals become outdated within organizations (Pulakos, Hanson, Arad, & Moye, 2015). Organizations may change as a result of limited resources, competition, or environmental factors (Aslam, Ilyas, Imran, & Rahman, 2016). Effective change management skills are important to the success of any innovative service or product, as managers must understand that the failure or success of initiative implementations are affected by the organizational change (Hornstein, 2015). Effectively managing change requires many skills, such as understanding how to lead a team, identifying cultural constraints, and empowering others to achieve the desired results (Rosemann & vom Brocke, 2015). In this single case study, change management and many of its principles were explored in detail to aid managers in successfully implementing change initiatives. Section 1 provides the foundation for the study in which the background, business problem, and review of the literature provide a preview into the study.

Background of the Problem

In an unstable environment, leaders are required to create innovative processes or products to ensure their survival, regardless of industry competition. Change must occur to transform a product or service (Lewin, 1947). Because of the high percentage of change initiative failures (Hornstein, 2015), managers must recognize change management practices and the application within their organization. Change management involves many complex processes and psychological aspects. Managers, who understand the details of the change and possess the knowledge to lead a team, are the primary

influencers of performance with a higher probability of successful change projects (Marzagāo & Carvalho, 2016).

Numerous change management models are available, which include Lewin's (1947) change theory, the Toyota production system methodology, and the Kaizen philosophy (Chiarini, Baccarani, & Mascherpa, 2018). The foundational concepts of these models identify constraints preventing change (such as internal and external pressures), planning the change, implementing it, and creating sustainment of the new process or product. I sought to further the study of change management by providing a culmination of proven strategies used by military, outpatient care managers to create successful change initiatives within their organization.

Problem Statement

The inability to apply effective change management principles negatively affects businesses (Bui & de Villiers, 2017). Approximately 70% of change initiatives within organizations fail (Gigliotti, Vardaman, Marshall, & Gonzalez, 2019). The general business problem is that some businesses lack the ability to apply effective change management principles to increase the success rate of process improvements. The specific business problem is that some military, outpatient care facility managers lack change management strategies to bring about process improvements.

Purpose Statement

The purpose of this qualitative single case study was to explore change management strategies that military, outpatient care facility managers have used to positively affect process improvements. The target study population consisted of six

managers and six of their subordinates within the military, outpatient care organization in Texas who successfully brought about process improvements. The goal of the study was to identify and explore effective change management strategies from managers who had successfully applied process improvement change initiatives within their organization. I also sought to influence positive social change. By increasing the success rate of process improvement initiatives, managers can reduce expenditures and increase profits, which can improve the quality of care for patients and lead to a healthier population that can improve society. Healthcare professionals can also have more time and resources to fulfill their obligations to provide quality healthcare to the communities they serve.

Nature of the Study

This study was qualitative. Researchers have used the qualitative methodology to gather information from participants on their experiences and attitudes as it relates to a phenomenon (McCusker & Gunaydin, 2015). In this study, I explored effective change management strategies from managers who had successfully enacted process improvement change initiatives. This study included one change initiative within the selected organization.

Quantitative studies, derived from the physical sciences, have enabled researchers to prove or disprove hypotheses, determine cause and effect relationships, and condense numerical findings (Barnham, 2015). Researchers have used qualitative studies to create contextualized understanding from the subjective perspectives of persons who have experienced the phenomenon (Crowe, Inder, & Porter, 2015). In some cases, qualitative or quantitative studies alone cannot provide sufficient results for the desired research

objective, so researchers use a mixed methodology, which is preferred for implementation research (Palinkas et al., 2015). However, in this study, the objective was not to quantify participants' responses regarding specific change management implementation variables. As a result, the quantitative or mixed method studies were not suitable for this study.

For this study, I selected a case study instead of a phenomenology or ethnography design. A researcher can use a case study to delve deeper into a phenomenon, connect the phenomenon to personal accounts, and explore events and social processes (McCusker & Gunaydin, 2015). Gathering information on a phenomenon directly from those who experienced the events personally can yield significant results (Mpuang, Mukhopadhyay, & Malatsi, 2015). Conversely, researchers use descriptive phenomenology to describe a phenomenon's characteristics and interpretive phenomenology to understand participants' experiences (Matua & van der Wal, 2015). Researchers use ethnographies to gain insights into the informal culture affecting behaviors because of the extended time spent interwoven in the environment (Rashid, Caine, & Goez, 2015). Although organizational culture was an element of change initiatives, organizational culture was not my primary focus. As a result, the phenomenological and ethnographic designs were not the best choices for this study.

Research Question

What change management strategies do military, outpatient care facility managers use to positively affect process improvements?

Interview Questions

The interview questions for individual managers were:

1. What change management strategies did you use to ensure the success of the

    project?

2. In your opinion, which strategies worked best?

3. What effect did your change management strategies have on the success of the

    project?

4. What did you learn from the process improvement project regarding how you

    affect change within your organization?

5. What additional information would you like to include regarding the process

    improvement project?

The interview questions for the team members were:

1. What change management strategies did your manager or managers use to

    ensure the success of the project?

2. In your opinion, which strategies worked best?

3. What effect did your manager's change management strategies have on the

    success of the project?

4. What did you learn from the process improvement project regarding how the

    manager affects change within an organization?

5. What additional information would you like to include regarding the process

    improvement project?

Conceptual Framework

Lewin (1945) studied the relationships and interactions among groups and members within society, such as upper management, the supervisor, and the engineers in factory settings. Lewin introduced the concept of *unfreezing, moving*, and *refreezing* in the change management model. The unfreezing phase involves removing group norms and psychological restraints to change, moving includes learning new behaviors, and refreezing is solidifying change through cognitive and behavior realignments ensuring sustainability (Cummings, Bridgman, & Brown, 2016). By studying groups, Lewin outlined the cognitive processes and group dynamics affecting change.

Lewin's (1947) change model served as the conceptual framework for this study to analyze managers' effects on process improvement projects. As noted in Lewin's observations, intragroup norms and external forces influence groups. These influences affect a group's ability to change their behaviors and outcomes.

Operational Definitions

Change management: Change management is the practice of identifying, diagnosing, planning, implementing, and sustaining changes in response to internal or external needs (Hornstein, 2015).

Change management initiative: Change management initiatives are projects used to improve work processes or quality of products and services (Lam, O'Donnell, & Robertson, 2015).

Group norms: Group norms are informal standards of behavior appropriateness by which members within a group assess others (Aldewereld, Dignum, & Vasconcelos, 2016).

Process improvement: A process improvement, also known as continuous quality improvement, is a cyclical statistical method used by members of an organization to identify, analyze, change, and test alterations to current practices (McFadden, Stock, & Gowen, 2015).

Assumptions, Limitations, and Delimitations

Assumptions

Assumptions are unsubstantiated facts considered to be true and are uncontrollable components that can influence the research study or render the study irrelevant (Gaynor, 2017; Marshall & Rossman, 2016). In this study, there were four assumptions. The assumptions included my belief that a qualitative study was the best methodology for collecting valuable information and exploring the phenomenon of change management. Another assumption was that all participants experienced the change management phenomenon as either a manager or a team member. Because the validity of the data was key to my study, I also assumed that participants provided an unbiased, honest account of the events surrounding their successful change initiative. The final assumption was that the information gathered was a true representation of change management in other businesses.

Limitations

Research limitations are conditions that act as parameters for the study, which the researcher cannot control (Marshall & Rossman, 2016). Limitations can affect the reliability and validity of the results, such as how the findings can be transferred and applied to broader disciplines (Walker, Tullar, Diamond, Kohl, & Amick, 2017). The relatively small sample size was a limiting factor in this study. Because this was a single case study, only one team from an outpatient care organization was selected to participate.

Additionally, the location was a limitation. The target population for this study included members who participated in the same process improvement project. As a result, all participants were from the same area, which was also a limitation. Another limitation was the possibility of limited transferability of study findings to other industries. The convenience of the data collection was a limiting factor because the findings of the medical project may yield less transferability to other industries. The final limitation was a short time available to conduct data collection.

Delimitations

Delimitations are the boundaries set by the researcher to mold the data collection and subject of a case study while focusing on the scope of the research (Marshall & Rossman, 2016). In this single case study, one military, outpatient care facility in Texas was the scope. All participants must have worked on the same process improvement project to be a viable candidate for this study. By limiting the study to one project within an organization, I sought to examine various perspectives of the shared phenomenon.

Significance of the Study

Contribution to Business Practice

Many companies undergo innovative change management processes each year. However, approximately 70% of change initiatives within organizations fail (Gigliotti et al., 2019). By reviewing the strategies outlined in this single case study, managers may gain an in-depth understanding of the change management concept. Change can be complex because it encompasses various aspects, such as the internal and external environment, leadership influence, and group interactions (Lewin, 1947). To best address change management, managers must understand the full complement of components affecting change within their organizations before starting the initial project. The results of this study may provide managers with concepts to better prepare for, streamline, and achieve a higher probability of success with change management initiatives within their organizations.

Implications for Social Change

Organizational leaders are instrumental in achieving useful societal objectives. Managers who fulfill social obligations earn the right to continue their organizations and use resources. Managers accept the responsibility to create products and services beneficial to society. Scholars have shown that organizational leaders who act in a socially responsible manner achieve higher levels of financial performance and profitability (Ducassy & Montandrau, 2015). As a result, leaders should invest in the social capital of the surrounding community.

With the introduction of the Affordable Care Act and pressure from medical purchasers, healthcare managers have been required to improve the health of the population, perform effective staff training, and provide quality services while lowering the cost of care (Russo, 2016). Based on the findings of this study, managers can use effective change management strategies to minimize wasteful processes, reducing expenditures for the healthcare organization. By reducing expenditures, managers can repurpose the finances to improve the quality of care provided to the communities they serve. Managers can also create increased patient throughput and capacity as a result of streamlining their processes and becoming more efficient. Healthier communities can thrive and improve society from within to become self-sustaining.

A Review of the Professional and Academic Literature

Approximately 70% of change initiatives within organizations fail (Gigliotti et al., 2019). The purpose of this study was to explore the change management strategies that the military, outpatient care facility managers used to positively affect process improvements. To aid in the exploration of this phenomenon, I broke down and analyzed the various phases of Lewin's (1947) change model: unfreezing, moving, and refreezing. The relationship between groups was a major focus of Lewin's research. These relationships included interactions between the frontline manager and the subordinates as well as the relationship among team members. Both of these relationships have had a profound effect on the success of change management initiatives. By understanding the effects of relationships, healthcare managers may tailor their change management strategies in response to these dynamics. In this single case study, I explored these

relationships in-depth and the reoccurring themes associated with managements'
influence on the process improvement project's outcome and the team's performance.

Various sources and keywords were used to gather previous literature for this
study. These sources were peer-reviewed journal sources and seminal books as well as
health science, business, psychology, and management databases in the Walden
University's online library. To review peer-reviewed articles, I used several databases,
including ProQuest Health and Medical Complete, PubMed, ScienceDirect, PsycINFO,
Business Source Complete, and ABI/INFORM Complete. There are 120 sources in the
literature review. The references exceed the 85% requirement for peer-reviewed
references published within 5 years of my study's completion date, with 90% peer-
reviewed and 90% published between 2015 and 2019. The primary search keywords used
in the databases were *change management, organizational change, process improvement
initiatives, Lewin's change model, change management models*, and *leadership styles.*

The literature review section of this research study includes four main subject
categories that include: Lewin's (1947) change model, the healthcare industry, process
improvement methodologies, and organizational change. Lewin's Change Model section
includes subsections on creating permanent change and competing theories. The
Healthcare Industry section includes a subsection on industry influencers. The Process
Improvement Methodologies section includes the subsections Six Sigma, Lean, and Total
Quality Management (TQM). Finally, the Organizational Change section includes
subsections on resistance to change, conflict, leadership and subordinate buy-in,
communication, empowerment, and diversity.

Lewin's Change Model

The conceptual framework for this study was Lewin's (1947) change model. The model was used as a guide to direct the data analysis and coding, which contributed to the research findings outlined in Section 3. Although the change model was important to this study, the theories that contributed to Lewin's model were equally important to examine. By understanding how theories, such as gestalt psychology influenced Lewin's model, researchers can better appreciate the holistic perspectives of change. In this examination of Lewin's works, I reviewed social science and dynamic group influences. I also examined the change model in detail, which included critiques from other scholars and the inclusion of competing change management studies.

At the turn of the 20th century, Lewin (1947) became fascinated by how leaders influenced individuals within a group, focusing on the social environment and its effects on people. Lewin concluded that many leaders failed to influence groups because of biased views of group interactions based on military strategy, law, or economics, whereas social scientists are better equipped to assess these interactions because of unbiased views. By not allowing presumptions to affect their views, social science researchers are more receptive and sensitive to the leaders' and the followers' emotions and motivations (Lewin, 1947).

These ideas were shaped by Lewin's (1947) interest in the study of gestalt psychology and conventional topology (Cummings et al., 2016). The principles of gestalt psychology encompass the ideas that the whole proceeds the parts, the parts are in a dynamic equilibrium, and each part in isolation is incomplete without understanding its

significance to the whole (Guberman, 2017). Conventional topology involves the examination of interrelated parts of a field and the changes that occur when forces change (Burnes & Bargal, 2017).

Lewin (1947) was also a proponent of field theory. Lewin suggested that an analysis of the relevant forces is important for understanding and planning changes. Cognitive structures, such as the perceptions of others and laws, and personal perceptions, such as individual needs and emotions, dictate personal change (Lewin, 1947). Thus, human behavior is either directed by others or the emotional expression of the individual. Lewin also contended that changes in the social atmosphere, such as changes to accepted norms or thresholds for success, could alter emotions. Lewin observed that people's levels of aspiration determined their individual goals. Aspirations were affected by social facts, such as the presence or absence of others (Lewin, 1947). These conclusions indicated that individuals' social environments could alter their cognitive and personal perceptions and emotions, thereby changing the individual.

As a result of field theory, Lewin (1947) contended that altering the forces and quasi-stationary equilibriums of fields create change. Lewin viewed change as a constant within groups or organizations (Tappen, Wolf, Rabemi, Rojido, & Ouslander, 2017). Lewin described fields as group life and social interactions and forces as contributing factors affecting fields, such as discrimination and encouragement. When assessing forces, a quasi-stationary equilibrium occurs when positive and negative forces are equal (Lewin, 1947). Any shift in forces in a positive or negative direction could result in a disruption of consistency and result in social change (Lewin, 1947).

To illustrate the importance of understanding the forces influencing subordinates and the concept of a quasi-stationary equilibrium, Lewin (1947) observed production in a factory. Workers' production was low as a result of difficult or fast-paced work, but the factory managers wanted to increase the productivity of their workers. The factory managers believed that increased wages predominantly motivated workers (Lewin, 1947). However, Lewin acknowledged that an upper ceiling for human activity was possible, resulting in reduced productivity and strained as the worker approached this limit. To test their assumptions, factory managers increased wages for Northern and Southern states' female workers, findings that increasing wages did not increase production in the Southern states (Lewin, 1947). Lewin suggested that other contributing factors, or forces, affect workers' views leading to the resulting productivity levels. For instance, in the Southern states, the women saw no benefit in increasing their efforts because their pay was already above previous living standards. Based on Lewin's study, there was no universal force that could improve the outcomes of all group types. Thus, each group is inherently unique, and managers must be able to identify and analyze the field in which their employees are participating to better plan for change.

Further, Lewin (1947) concluded that fear of shifted expectations and group norms could potentially affect individual productivity. Factory workers would maintain a comfortable pace to minimize the potential of being overworked due to fear that increasing productivity temporarily would encourage pressure to maintain a higher speed permanently (Lewin, 1947). Additionally, group norms affected individuals who worked on assembly lines together (Lewin, 1947). For example, Worker A would not want to

increase his/her productivity much higher, if at all, above that of others on the team.

Worker A would also not want to produce less than that of the teammates to prevent

disappointing others (Lewin, 1947). Lewin contended that a group member's desire to not

venture from the group's average was a strong force. The group's influence, not the

managers', most significantly affected the individuals' behaviors.

In an additional experiment, Lewin (1947) illustrated the influence of group

decisions on individual behaviors. Lewin wanted to test Midwestern mothers' conviction

for increasing their children's milk consumption. The two sets of participants were

individual mothers and mothers within a group. Each mother individually received a

lecture on the importance of higher milk consumption on the child's improved health

(Lewin, 1947). Both groups of mothers received the same lecture. At 2 weeks in the

experiment, approximately 15% of the individual mothers reported an increased milk

consumption, whereas a 42% increase occurred by mothers who made a group decision to

increase their children's milk consumption (Lewin, 1947). At 4 weeks, the reported

increase in milk consumption was approximately 15% and 50% for the individual

mothers and mothers within the group, respectively (Lewin, 1947). Therefore, members

are more likely to make changes when they are a part of a group versus making an

individual decision.

Lewin's (1947) research was relevant to this study because Lewin illustrated how

group interactions affect change. For managers to affect change, they must consider the

forces affecting the field, such as subgroups, the group's standards, and value systems.

For example, to change the velocity of a river, its width must be widened, and the rocks

must be removed (Lewin, 1947). Based on Lewin's research, individuals are significantly affected by group norms. As a result, managers should seek to alter the group's standards to change individual behaviors of group members. Once managers have assessed all forces affecting their subordinates, they can begin the process of creating permanent change.

Creating permanent change. Lewin's (1947) change model has three stages: unfreezing, moving, and refreezing. Within every population, group, or community, many behaviors and beliefs are founded on social norms or habits (Lewin, 1947). Individuals typically do not diverge from established group standards. Although a certain level of divergence is acceptable within many cultures, divergence can lead to being teased, treated poorly, or even being removed from the group, so people consciously adopt norms close to that of the group (Lewin, 1947). For example, school-aged children seek the acceptance of their peers, which can result in the adoption of positive or negative behaviors (Lewin, 1947). Lewin urged leaders to avoid viewing the desired state as a goal for obtainment but as a change from the current state to the future one. To begin this transition, leaders must address social norms. In the following subsection, I outline the three stages of Lewin's change model.

The first stage of Lewin's (1947) model is unfreezing, which addresses social norms. When attempting to alter a group's psychological views or physiological responses, managers must break these customs and habits to be successful (Lewin, 1947). As a result of change contradicting a group member's preconceived notions and beliefs, individuals are naturally resistant (Skogland & Hansen, 2017). A group member's

resistance can potentially minimize the effect of other opposing forces within the field (Lewin, 1947). To counteract this resistance, a manager must unfreeze the established habit or custom. Additionally, Lewin concluded that changing groups was easier than changing individuals.

The second stage of Lewin's (1947) change model is moving, which is when the group members transcend from their present state to the desired one. Members are more apt to change their current processes when someone breaks the group's norms, habits, and customs (Lewin, 1947). The planned change also occurs in the second stage of the change model (Wojciechowski, Murphy, Pearsall, & French, 2016). Subsequently, the majority of process improvement projects are planned and executed during this step of the model. The team in this study worked to outline their desired new state, strategized the root cause of issues, and implemented their desired changes.

The final stage of Lewin's (1947) model is freezing, which is the solidification of new processes. Lewin noted that the importance of understanding change within groups could be temporary. Managers should not focus primarily on the goal of the changed processes but on making the change permanent. Lewin found that an individual's commitment to the group superseded the individual's personal choice to stick to a decision. Thus, managers should focus on altering the norms of the group to reinforce the permanency of the change. During the freezing stage of process improvements, the team analyzes the outcomes, adjusts countermeasures, retrains staff as needed, and solidifies the change (Hussain et al., 2018). The goal of this stage is to make the change the new

norm or habit to prevent future undesired change in the participating military, outpatient healthcare organization.

Criticisms of the model. Lewin's (1947) change model is beneficial; however, the model has also received criticism (Cummings et al., 2016; Ergas, 2017; Hussain et al., 2018). For example, Ergas (2017) noted that Lewin's work was not adaptable to the dramatic innovations industries require, and it is a superficial representation of change management. In contrast, Cummings et al. (2016) defended Lewin's work by noting the change theory was only one of four pillars of the entire work, which also included group dynamics, action research, and field theory. Combining the four pillars creates a change management approach that is more flexible and less linear (Rosenbaum, More, & Steane, 2017). Additionally, the change management model encompasses group dynamics, planned change, psychological theories for change, and the use of participation to address conflict (Hornstein, 2015). Thus, the effectiveness of Lewin's work should be assessed based on the entire work, not only the change model.

Other scholars critiqued the dynamics of Lewin's (1947) model. Wojciechowski et al. (2016) suggested that Lewin's model did not accommodate the high tempo, dynamic healthcare environment. Other critics stated that the model was best suited for incremental change management projects (Hossan, 2015; Taher, Krotov, & Silva, 2015). However, although the unfreezing process is not fast, it is a necessary one (Lewin, 1947), and many changes fail because of omitting the unfreezing stage to implement change quicker (Allen, 2016). Further, some critics may have viewed Lewin's model as small-scale because they misunderstood the terms *unfreezing* and *refreezing* (Burnes, 2004).

Another criticism is that Lewin's (1947) work is mechanistic and unidirectional, from the top-down (Hossan, 2015). In contrast, Lewin posited that all parties must participate in the change process for the process to be successful. Lewin asserted the importance of all team members collaborating to achieve their goals, with subordinates at the center of changes in organizations (Galli, 2019). Lewin emphasized the importance of change agents to identify the issues and implement changes, which are not necessarily top-down efforts (Al-Haddad & Kotnour, 2015). Additionally, change is a shared responsibility in which an emphasis on the group's behaviors affects individual behaviors (Endrejat, Baumgarten, & Kauffeld, 2017). In many ways, the success of the change initiative is dependent on those who must implement the change (Endrejat et al., 2017). This dependence has been evident in the healthcare industry in which managers have increased their focus on the innovative contributions of frontline employees who identified and adapted to customers' changing needs and demands (Stock, de Jong, & Zacharias, 2017). Thus, Lewin's model is useful for a bottom-up structure as well.

Although Lewin's (1947) work received criticism, I chose Lewin's change model as the conceptual framework for this study. Some critics viewed the model as simplistic and inflexible, whereas other critics viewed the model as complex. By comparing and contrasting the conclusions drawn by others, managers can make the conscious decision to apply Lewin's model to their process improvement projects. Lewin's change model was chosen for this study because of the logical sequence of events that lead to change as well as Lewin's focus on how the group's norms directly affect individuals' performance.

Competing theories. Since Lewin's (1947) change model, numerous other researchers have developed their change management and learning theories. Researchers using Lewin's principles have included works in conflict resolution and organizational development (Huarng & Mas-Tur, 2016). These theories include but are not limited to Kolb's (1981) experimental learning theory, Waterman, Peters, and Phillips' (1980) McKinsey 7-S model, and Kotter's (1996) eight-step change model. The previously noted models were considered but ultimately not selected as the conceptual framework for this study. In the examination, I have compared and contrasted the other models to Lewin's change model.

Kolb (1981) conducted a study on learning as defined as gaining knowledge through experiences that inevitably lead to change. Kolb thus created the experiential learning model in which the four stages of learning include learning preferences from two dichotomous dimensions. The perception dimension is based on concrete experiences or the formation of abstract concepts (Kolb, 1981; Landa-Gonzalez, Velis, & Greg, 2015). The processing dimension is based on addressing experiences through active experimentation or reflective observation. The model's concept surrounds the process by which an individual has an experience, reflects upon the specifics of the experience, draws generalizable conclusions, and makes a plan to change aspects of the experience in the future (Cameron & Green, 2015). A learning style was identified based on an individual's preference for learning between the two dimensions. Convergers had abstract concepts and active experimentation dominant learning abilities, which made them best suited for conventional problem solving with a single correct answer (Kolb, 1981). The

divergers were considered brainstormers because their dominant learning abilities were concrete experiences and reflective observation. Assimilators, with abstract concepts and reflective observation dominant learning abilities, performed inductive reasoning well (Kolb, 1981). Finally, the accommodators had strong concrete experiences and active experimentation abilities, which were beneficial in risk-taking endeavors (Kolb, 1981). An advantage of Kolb's experimental learning theory was the incorporation of theoretical perspectives, such as phenomenology, cognitive reflection, and adaptive planning (Afsouran et al., 2018). By understanding the cognitive processes involved in learning, educators can tailor their programs to accommodate the student better.

Several similarities and differences occur between Kolb's (1981) learning theory and Lewin's (1947) change model. Kolb's thesis acknowledged that Lewin's 1940s and 1950s studies on cognitive and social learning were the basis for the learning theory model. The works are similar in that both recognized the importance of change and the mechanisms leading to change (Cameron & Green, 2015). Both scholars acknowledged the importance of cognitive processes and perceptions. Lewin focused more on breaking norms and learning new habits, whereas Kolb's learning theory focused more on learning through experiences (Cameron & Green, 2015). Kolb's theory and Lewin's model are beneficial to the fields of sociology and psychology. The learning theory was not selected as the conceptual framework for this study because Kolb emphasized the learning preferences of individuals. Kolb did not examine the application of the theory as a mechanism for managers to influence the behaviors of an entire team.

Waterman et al. (1980) created the McKinsey 7-S model and suggested effective change management involved the relationship among the 7-S components as:

(a) strategy, or planned actions of the organization; (b) structure, or the division and coordination of tasks; (c) systems, or daily operating procedures; (d) style, or how managers approach goal achievement; (e) skills, or the organization's best attributes; (f) staff, or personnel categories within the organization; and (g) superordinate goals or shared values. (Waterman et al., 1980, pp. 19-24)

The model is beneficial to students as well as managers. Students can use the 7-S model to understand organizational structure, motivational dynamics, and metrics (Schwering, 2015). Managers can use the model to align and realign strategy, structure, intentions, and change initiative governance to ensure successful change initiatives (Thomas, George, & Rose, 2016). Thus, the change framework encompasses the idea of multiple factors influencing a leader's ability and mode of change (Waterman et al., 1980). The seven factors of change are interconnected, and managers could fail if they focused on strategy but ignored the other six S's. The shape of the model is indicative that no one factor drives change (Waterman et al., 1980). Additionally, McKinsey's 7-S model can be used to identify gaps that may prevent the successful implementation of change (Rosenbaum et al., 2017). The use of the model emphasizes the importance of maintaining a balanced approach to organizational change.

Several similarities and differences are evident between Lewin's (1947) change model and the McKinsey's 7-S model (Waterman et al., 1980). One similarity is the reoccurring theme of interconnectivity between various components of change

management and its usefulness as a change guide (Lewin, 1947; Waterman et al., 1980).

Both models emphasize transforming the organization from their current position to a

new state through time-consuming processes but do not outline how to handle the human

aspect of resistance to change (Galli, 2019). The major differences between the two

theories regarding connectivity are that Lewin emphasized the social relationships among

members and the forces affecting change, whereas Waterman et al. focused more on the

entire process and the connections among its seven components (Clark & Harrison,

2018). Managers should analyze the strengths and weaknesses of both models as well as

the organizational structure to determine the best model to use. McKinsey's 7-S model is

a beneficial model for change management. The model was not selected as the conceptual

framework for this study because it does not emphasize the significance of social

relationships (Waterman et al., 1980).

The final model reviewed was Kotter's (1996) model. According to Kotter,

organizations fail for many reasons, including a lack of middle management leadership,

teamwork, and trust. To counteract these obstacles, Kotter created the eight-step change

model, which focuses on changing processes and improving quality. The eight steps are:

> (a) establish a sense of urgency, (b) create the guiding coalition, (c) develop a
> vision, (d) communicate the change vision, (e) empower broad-based actions, (f)
> generate short term wins, (g) consolidate gains and produce more change, and (h)
> anchor new approaches within the culture. (Kotter, 1996, p. 23)

Change theories, such as Kotter's (1996) eight-step change model, aid managers

in the implementation of emergent, rather than planned, organizational change

requirements (Pollack & Pollack, 2015). The advantages of Kotter's eight-step model include its procedural recommendations and its focus on cognitive, behavioral, and affective responses to change (Calegari, Sibley, & Turner, 2015). Kotter's model emphasizes the influence of leadership on the success of change management projects with a top-down approach (Pollack & Pollack, 2015). Thus, Kotter's recommendation to managers embarking on change initiatives was to minimize change management and to improve change leadership (Hughes, 2016). In essence, leaders should be the catalysts for the change in their organizations versus focusing merely on the change itself.

Of the models reviewed in this study, Kotter's (1996) eight-step model is most analogous to Lewin's (1947) change model. Kotter's Steps 1-4 are meant to defrost organizational norms, as is the case with Lewin's unfreezing stage (Galli, 2019). Both Lewin and Kotter asserted the importance of removing norms and status-quo thinking to re-engineer processes. Kotter's Steps 5-7 provide direction for transitioning from an old state to a new one, which is parallel to Lewin's objective during the moving stage (Galli, 2019). Finally, Kotter's Step 8, like Lewin's refreezing, is meant to solidify and incorporate the change into the new culture of the organization (Galli, 2019). Thus, both Lewin and Kotter adopted similar models of breaking norms, changing processes, and solidifying them.

The major difference between the Lewin (1947) and Kotter's (1996) models was the adaptability for planning and the involvement of leadership. Because of the time needed for implementation, Lewin's model is more applicable for planned changes (Taher et al., 2015). Kotter's model is more appropriate for emergent changes (Pollack &

Pollack, 2015). Finally, the significant influence of leadership on an initiative in Kotter's model contrasts with Lewin's model. Lewin's model focuses on group norms and other forces influencing change, whereas Kotter's model emphasizes the influence of leaders from a top-down direction (Hughes, 2016). Although both models are similar, distinct differences are evident, which may prove advantageous for managers when adopting a change model in an organization. Ultimately, Kotter's model was not selected as the conceptual framework for this study because Kotter's model emulates Lewin's change model. To maintain the integrity of the original work upon which Kotter's model is based, Lewin's seminal work was selected as the conceptual framework for this study.

The Healthcare Industry

This study focused on change management strategies within the healthcare industry. The United States faces many challenges regarding healthcare. In 2017, healthcare costs rose to over $3 trillion, approximately 18% of the gross domestic product, compared to the 5-9% in European nations (Centers for Medicare and Medicaid Services, 2018). Although the U.S. healthcare system ranks as the sixth-largest world economy, its quality ranks low among other developed countries (Jones, Tefferi, Steensma, & Kantarjian, 2015). This ranking is the result of lower life expectancies, the reduced survival rate of patients with many diseases, and poor efficiencies (Jones et al., 2015). Healthcare professionals are responsible for improving the quality and access to patient care (Salmond & Echevarria, 2017). To do so, healthcare managers can implement process improvement initiatives as a mechanism to meet these objectives.

However, the uniqueness of the healthcare industry has the potential to create obstacles for healthcare managers attempting to implement process improvements. Internal and external pressures, such as governing boards and government mandates, have compounded industry complexities (Candas et al., 2016). Successful quality improvement projects are the result of leadership, teamwork, and organizational culture (Candas et al., 2016). Subsequently, healthcare organizations' improvement and change efforts often fail because of poor planning, lack of buy-in and ownership, unrealistic timelines, unsubstantiated reasons for the change, lack of accountability, little feedback, and failure to adequately measure progress (Longenecker & Longenecker, 2014). Healthcare managers must understand the idiosyncrasies of the industry and use the best strategies to overcome these challenges. In the following subsection, I review industry influencers.

Industry influencers. One influencer of the healthcare industry is the government. As the largest purchaser of healthcare in the U.S. (Perla et al., 2018), the government has applied pressure to the healthcare industry through the adoption of laws (Blumenthal, Abrams, & Nuzum, 2015). One of the most recent laws was the Affordable Care Act, signed in 2010, which expanded health insurance to over 30 million Americans and reformed the healthcare delivery system (Blumenthal et al., 2015; Ogundipe et al., 2015). Since the Affordable Care Act enactment, the number of uninsured Americans decreased from 48.6 million in 2010 to 28.6 million in 2015 (Ward, Clarke, Nugent, & Schiller, 2016). Citizens reported significant improvements in access to care, affordability, and personal health status (Sommers, Gunja, Finegold, & Musco, 2015).

Ogundipe et al. (2015) argued that the goal of the law remains unfulfilled because states have the option to expand Medicaid because the program was not mandated. As a result, the number of uninsured low-income adults and those who report limited access to medications was higher in non-expansion states than in expansion states (Sommers et al., 2015). Additionally, the Affordable Care Act has helped to increase access to medical care, but inequalities still exist based on an individual's ability to pay for care (Gaffney & McCormick, 2017). Based on the data, the government has made efforts to improve the health of its citizens through legal methods, but there is more work to do.

The second influencers of the healthcare industry are insurance companies. Insurers' bargaining power has caused the variation of healthcare prices across the country (Roberts, Chernew, & McWilliams, 2017). Consumers are expected to pay more for healthcare through higher insurance premiums or higher cost-sharing (Robinson, 2015). Often premiums are higher for the large employer segment and the individual exchange market when there are fewer insurers (Dafny, Gruber, & Ody, 2015). However, premiums are lower in concentrated insurance markets where insurers bargain with hospitals versus employers (Trish & Herring, 2015). Roberts et al. (2017) further supported the findings regarding lower premiums. Furthermore, Roberts et al. noted that consumers might not receive these savings as hospitals tend to raise their prices in higher hospital concentrated areas. Although increasing competition in the insurance market can potentially lower healthcare prices, the accompanying factors, such as hospital prices, should be considered to reduce the variation effectively.

Thus, hospitals are another major player influencing the healthcare industry. Hospitals can positively or negatively affect the price of healthcare (Roberts et al., 2017). Increasingly, hospitals are seeking to merge to lower costs and increase the quality of care (Schmitt, 2017). The Federal Trade Commission raised concerns that hospital mergers can violate antitrust statutes when reducing competition, thereby controlling prices in the market. Similarly, Gowrisankaran, Nevo, and Town (2015) refuted the claim that hospital mergers lower costs and increase quality by finding that hospital mergers raised the price of care instead of lowering it. As a result, assessing the advantages and disadvantages of mergers and acquisitions can limit the effects of hospitals in the healthcare industry.

In summary, the idiosyncrasies of the healthcare industry directly influence the planning and implementation of process improvement projects. The healthcare industry is changing. As a result, industry influencers, such as the government, insurance companies, and hospitals, are also changing. By understanding the eccentricities of the industry and the operational approaches of its influencers, managers are better equipped to lead successful process improvement projects. In the next subsection, the types of process improvement methodologies are reviewed.

Process Improvement Methodologies

Managers can implement change through the use of process improvement methodologies, which are examined in this subsection. The exploration of process improvement methodologies is relevant to the study because managers must understand the types of methodologies to select the best one for their respective improvement

project. In many ways, process improvements aid professionals in accomplishing the goal

of successful change management (Chiarini et al., 2018). Thus, managers can select from

several different process improvement methodologies for their specific projects. The

three major process improvement methodologies are Six Sigma, Lean, and TQM

(Sreedharan, Sunder, & Raju, 2017). Knowledge of the selected methodology can be

applied to the manager's specific business problem.

Managers must know how to apply the methodology during the three phases of

the project, which include mapping work processes, determining activities for

bottlenecks, and implementing the plan (Andersson, 2015). To select the correct

methodology, managers should understand the purpose, benefits, and drawbacks of each.

In general, the strengths of process improvement methodologies are that they are

objective and flexible to guide decision-making for identifying potential improvements,

to provide a framework for analyzing the implemented improvements, and to promote a

continuous cycle of improvement assessments (Mason, Nicolay, & Darzi, 2015). In this

explanation, I review Six Sigma, Lean, and TQM methodologies.

Six Sigma. Six Sigma was developed in 1986 by Motorola, Inc., to counteract

their exorbitant financial losses because of non-quality (Noori & Latifi, 2017).

Commonly used by manufacturing and service companies, Six Sigma is considered one

of the superlative methods for improving business processes (Noori & Latifi, 2017). The

purpose of Six Sigma is to create a uniform, precise process with little variation through

statistical methods (Tagge, Thirumoorthi, Lenart, Garberoglio, & Mitchell, 2017). These

statistical methods are used to identify errors and to reduce their occurrence to the Six

Sigma level, which is 3.4 defects per million opportunities (Mason et al., 2015).

Managers can use Six Sigma in the manufacturing industry and also apply the principles

to other industries.

The Six Sigma principles are used to reduce process variations. The stages of Six

Sigma include define, measure, analyze, improve, and control (Antony & Rodgers,

2016). The stages are defined as:

> (a) Define, to establish the objectives for the process improvement; (b) measure,
>
> to outline the current processes and establish process maps; (c)analyze, to
>
> determine root causes of process variations; (d) improve, to implement the
>
> proposed changes; and (e) control, to sustain and monitor changes. (Arafeh et al.,
>
> 2018, p. 3)

Managers can use these principles to reduce the defect rate of projects.

Several benefits and challenges are associated with the use of Six Sigma to

improve organizational processes. Sunder and Antony (2015) suggested that Six Sigma

has several benefits, which include creating structured governance, establishing an

organizational quality culture, building an ideation mindset, and promoting process

thinking. However, several challenges of Six Sigma have been noted, such as the high

cost of training for employees, the slow implementation times, and the extended timelines

for showing results (Albliwi, Antony, & Lim, 2015). When using Six Sigma, managers

should assess the benefits and drawbacks of the methodology to determine its feasibility

for the desired outcomes.

Lean. Taiichi Ohno developed the Lean methodology (Tagge et al., 2017). Lean production, based on the Toyota Production System, is a business innovation that managers can use to increase productivity and empower lower-level employees to contribute to the process (Alpenberg & Scarbrough, 2016). Managers have used Lean in various types of organizations, such as healthcare, to improve value, eliminate waste, and promote continuous process improvement (D'Andreamatteo, Ianni, Lega, & Sargiacomo, 2015; Douglas, Antony, & Douglas, 2015). Although the Lean principles have been applied to both manufacturing and service industries, an important note is that Lean practices have to be tailored specifically for service industry implementation (Gupta, Sharma, & Sunder, 2015). Managers play a significant role in positively affecting the outcomes of quality management efforts as well as employee commitment to change processes (Lam et al., 2015). In healthcare organizations, the adoption of standard work, which is a set of agreed-upon best practices and reliable methods and procedures for completing tasks, allows managers to realize the benefits of Lean (Boettcher, Hunter, & McGonagle, 2019).

Previous research shows both support and challenge for the use of Lean to improve organizational processes (Albliwi et al., 2015; Aragon & Ros-McDonnell, 2015). For example, in one study, leadership in the participating organization sought to establish a Lean management model to improve productivity, promote the adoption of a Lean system into the organizational culture, and create decision-making autonomy at the subordinate and frontline supervisor level (Aragon & Ros-McDonnell, 2015). By implementing Lean processes, the organization's leaders increased its productivity by

25% and improved efficiencies and profitability within the market (Aragon & Ros-McDonnell, 2015). Similarly, Abuhejleh, Dulaimi, and Ellahham (2016) showed evidence that Lean practices could be used to reduce patient wait times, increase quality, and patient satisfaction while promoting a culture of frontline caregiver empowerment. In contrast, Gupta et al. (2015) suggested that Lean cannot occur without a commitment to continuous process improvements.

Additionally, Albliwi et al. (2015) argued that the drawback of Lean was the need for organizational culture change. Subsequently, the success of Lean implementation directly correlates with stakeholders' attitudes towards change (Albliwi et al., 2015). This argument suggested that the success of process improvements was a product of both process and human influences. Gupta et al. (2015) noted that Lean principles should be implemented throughout the organization versus in individual departments to yield the best results. Despite its drawbacks, Lean has provided many benefits to managers for process improvements.

Total Quality Management. TQM is a holistic approach that involves top management, employees, suppliers, and consumers in the continuous process of improving the quality of services and products to meet the needs of consumers (Jaca & Psomas, 2015). Leaders have recognized TQM as a competitive advantage for their success since the 1980s (Psomas & Jaca, 2016). The components of TQM include leadership and management commitment, communication, teamwork, training, corporate quality culture, quality data measurement, customer satisfaction focus, process improvement, employee empowerment, and supplier involvement (Al-Dhaafri, Al-Swidi,

& Yusoff, 2016; Psomas & Jaca, 2016). To successfully implement TQM, all stakeholders must participate in organization-wide initiatives to improve the quality of services and products to meet the customers' demand.

Although leaders have achieved success with TQM, poor implementation of the principles can be detrimental to the organization. Approximately 75% of TQM projects fail with neglect of organizational culture, contributing to the majority of failures (Valmohammadi & Roshanzamir, 2015). However, managers can foster a culture shift in which employees are empowered to make decisions to improve the success rate (Baird & Harrison, 2017). By making decisions at lower levels of the organization, employees can provide quicker responses as problems arise. Sinha, Garg, Dhingra, and Dhall (2016) further concluded that a culture built on openness, autonomy, and collaboration could assist managers in effectively implementing TQM throughout their organizations. However, to prevent TQM project failures, managers must understand the effect of organizational culture on their success.

As in the manufacturing industry, process improvement methodologies can prove beneficial for the delivery of care. In the healthcare industry, many inefficiencies exist. These inefficiencies are the result of process redundancies and administrative or logistical components of the healthcare delivery system (Agarwal et al., 2015). Notably, Six Sigma controls for variance; Lean reduces waste in processes; and TQM improves the quality of services (Albliwi et al., 2015; Al-Dhaafri et al., 2016). Healthcare managers have had success with these methodologies individually. As a result of the synergistic effects, Lean and Six Sigma are used together in the healthcare industry to improve cost-effectiveness,

quality, and efficiencies (Tagge et al., 2017). In a process improvement project initiated

by Agarwal et al. (2015), several of the catheterization laboratory's metrics showed

improvements, including the physician downtime, turn-time, on-time patient arrival, on-

time start, and sheath-pulls. The employees sustained these improvements for 4 years,

even with increased administrative tasks and no increase in personnel.

Similarly, successful results in improving turnover and turnaround time in a

children's hospital were indicated by using Lean Six Sigma (Tagge et al., 2017). Deblois

and Lepanto (2015) argued that the methodologies work best when used for processes

involving only a linear sequence of events, such as in emergency departments and

intensive care units. Thus, although Lean Six Sigma has limitations, evidence exists of

their use in increasing efficiencies and reducing errors.

Lewin's (1947) change model is similar to process improvement projects. Lewin

sought to influence change by understanding the forces affecting the social fields within

society. By understanding these forces, managers can manipulate them by reducing the

opposing forces or increasing the favorable forces to achieve the desired effect. Lewin

also noted other internal forces that can potentially minimize the effect of the

predominant forces. Individuals within any group, community, or team possess sets of

beliefs, customs, and standards influenced by those around them. These beliefs and

customs have a profound effect on the perspectives and viewpoints of individual group

members (Lewin, 1947). Change may also become difficult to achieve unless managers

address standards. In the three-step change model, Lewin emphasized the importance of

unfreezing, moving, and freezing in which the group breaks personal habits changes

physical and mental responses, and solidifies new processes. As with Lewin's findings, process improvement projects require a culture that promotes change and leaders who have a positive perspective regarding the change.

In summary, process improvements are essential to business practices. As a result, process improvement methodologies are used to define the objectives, execute the new process, evaluate effectiveness, and constantly repeat (Lewis, 2016). Managers use various methodologies, such as Lean philosophy and total quality control, to make improvements to products and services using innovative changes (Chiarini et al., 2018). Managers can gain a competitive advantage within the healthcare sector by using the efficiency, quality, and customer responsiveness components of these methodologies (Collins, Muthusamy, & Carr, 2015). Healthcare managers can benefit from implementing these processes within their change management programs. Process improvements in the healthcare sector can promote innovative practices, such as the development of emerging practices for treating cancer and other diseases.

Organizational Change

To effectively affect change within the organization, managers must understand the various components of organizational change. An exploration of organizational change is relevant to this study because it brings awareness to managers regarding the complexities of change. Organizational change can be difficult for managers, employees, and the company. Change may become necessary because of competition or environmental factors affecting a company's survival (Aslam et al., 2016). From a

company perspective, organizational change has led to increased absenteeism, intentions to quit, and healthcare expenses, while reducing productivity (Holten & Brenner, 2015).

The perception of stress has also caused managers and employees to possess negative attitudes towards change (Giauque, 2015). Conversely, a manager's flexibility in responding to change quickly is significant to the success of the organization (Naranjo-Gil, 2015). Many factors affect organizational change, such as resistance to change, conflict, and diversity, which are discussed in this subsection. By knowing the best strategies, managers can overcome challenges to achieve a successful organizational change.

Resistance to change. Resistance to change can significantly affect employees who are critical components of process improvement initiatives. Team member resistance is the primary reason for change management failures (Burnes, 2015). Jones and Van de Ven (2016) found that resistance can lead to increased negative effects on employee commitment and perceptions of organizational effectiveness. A perceived lack of organizational support can lead to employees' emotional exhaustion over time (Turgut, Michel, Rothenhöfer, & Sonntag, 2016). Interestingly, close social interactions among groups can lead to increased resistance to change, resulting from members sharing their negative experiences with others.

However, managers can counteract the effects of resistance to change. A capable manager can motivate others and reduce resistance to implement change (Andersson, 2015). To assist employees, managers can acknowledge the existence of resistance and support employees through the process (Jones & Van de Ven, 2016). Managers also must

realize strategies, structure, work design, human resource practices, and management

systems may need to be altered to manage resistance (Cooper, Nieberding, & Wanek,

2013). One suggested practice to reduce resistance is to use a trainer or coach to aid

employees (Turgut et al., 2016). Coaches can increase organizational support by

improving available resources and assisting employees with adapting to new

responsibilities (Turgut et al., 2016). Thus, resistance to change can be detrimental to

employees, as well as the organization. Managers have many strategies available to

reduce or mitigate the effects of resistance.

Conflict. Conflict may arise as teams work together, which requires the manager

to possess conflict management skills. Managers are responsible for reinforcing conflict

management practices to subordinates (Schlaerth, Ensari, & Christian, 2013). Managers

who possess higher levels of emotional intelligence are more successful at improving

leader-subordinate relationships, increasing work success, and resolving conflicts

(Schlaerth et al., 2013). When conflict arises, followers look to the manager to either

resolve or guide how to adjust to the disagreement, crisis, or interpersonal conflict (Yang,

2014). Although it may occur, there are methods for addressing conflict.

Previous research has noted several ways to mitigate or reduce team conflict.

Managers can facilitate the reduction of conflict by being supportive, decreasing tensions,

and providing encouragement for employees to consider each other's perspectives (Yang,

2014). Yu and Zellmer-Bruhn (2018) suggested that team mindfulness, the concept of

shared perspectives, and focus on the present, can reduce conflict and protect against

negative interpersonal processes. Yet, Good et al. (2016) and Hülsheger (2015) argued

that there was no scientific evidence to support the benefits of mindfulness at the team level. Without testing its effects, the use of mindfulness techniques on teams could prove ineffective (Sutcliffe, Vogus, & Dane, 2016).

Others have determined additional ways to address conflict. Avoidance has been a successful strategy for resolving conflict and beneficial for both the team members and the project (Tabassi, Abdullah, & Bryde, 2019). Conversely, Moreland and Apker (2016) noted that avoidance caused the severity of disputes to increase significantly, thereby creating job stressors. Since many strategies exist, managers must decide the best strategies for their teams.

Although conflict has a negative connotation, it can also be positive. Task conflict occurs when two or more people disagree about the best method for completing a duty (O'Neill, McLarnon, Hoffart, Woodley, & Allen, 2015). This type of conflict is a positive indicator of group performance (Chun & Choi, 2014). The positive effects occur as a result of debates within groups that provide new insights, produce innovative ideas, and prevent premature decisions (O'Neill et al., 2015). Although O'Neill et al. (2015) and Chun and Choi (2014) found task conflict had a positive effect on team performance, Jiang, Flores, Leelawong, and Manz (2016) concluded that research was inconclusive on the effects of team conflict—negative or positive. Additionally, added task conflict is beneficial as long as the team remains focused on the task and avoids negative emotions (Weingart, Behfar, Bendersky, Todorova, & Jehn, 2015). The manager's ability to quickly identify and resolve internal and external team conflicts is important to the success of any process improvement initiative.

Leadership and subordinate buy-in. Buy-in is an integral component of organizational change. Healthcare improvements and change efforts often fail because of a lack of buy-in (Longenecker & Longenecker, 2014). Buy-in from both leaders and subordinates is important when implementing change (Betancourt, Tan-McGrory, Kenst, Phan, & Lopez, 2017). According to Glazer et al. (2016), a manager's success or failure in obtaining leadership's buy-in can influence organizational change initiatives either positively or negatively.

Because of the various complexities of change, managers must ensure they receive buy-in and dedication to the process from employees on the frontline of the implementation (Hechanova, Caringal-Go, & Magsaysay, 2018). Employee buy-in was correlated to the likelihood of a successful change and its sustainability over time (French-Bravo & Crow, 2015).

Researchers have explored strategies to assist managers in obtaining buy-in from leaders. For example, Betancourt et al. (2017) noted that to gain leadership's buy-in, managers must have executive supporters and present persuasive arguments to justify the need for change. In support of Betancourt et al.'s use of executive supporters, Skillman et al. (2017) added that champions could influence the organization's culture by guiding employees, connecting with their peers, and promoting the change. Camarillo (2019) found that targeted marketing enticed the support of leaders as well as employees. The theme for gaining leadership's buy-in was to provide substantial justification to obtain an executive champion to support the change project.

The strategies for gaining buy-in from employees was different from that of managers. As noted by Bahr et al. (2017), implementation of changes is complicated; therefore, managers are required to coordinate changes with the team. Employees who participated in the frontline of planning and implementation were more likely to buy-in to the change (Cao, Bunger, Hoffman, & Robertson, 2016). The participatory approach led to the employees' improved ownership of the change. Similarly, Morrow and Mowatt (2015) concluded that bottom-up staff engagement in strategy planning creates increased buy-in, enthusiasm, and a sense of responsibility. Other scholars have explored the benefits of buy-in.

Managers encouraged buy-in by creating shared governance and decision-making, foster an environment of mutual trust, and allowing time for project success (French-Bravo & Crow, 2015). Correspondingly, employees found learning better communication skills aided them to listen to others' perspectives without responding defensively, which led to improved trust and buy-in (Davis & Fifolt, 2018). Inevitably, managers can gain employee buy-in by creating a culture of trust and including employees during the initiation, planning, and implementation phases of change.

Communication. With the growing challenges healthcare managers face, having effective communication among team members has become increasingly important. Communication and teamwork are the primary determinants of an initiative's success (Pollack & Matous, 2019). As a result, the lack of effective communication among healthcare professionals can result in patient safety concerns, diminished quality, and minimal patient involvement in care (Bahr et al., 2017). The breakdown in

communication between managers and subordinates can be detrimental to the team and harmful to patients' health (Naranjo-Gil, 2015). The breakdown in cross-hierarchical communication can also be detrimental to a leader's ability to complete planned changes and quality improvements (Bae, Nikolaev, Seo, & Castner, 2015). By knowing the negative effects of ineffective communication, managers should strive to foster a culture of effective communication to improve patients' quality of care.

Other researchers have explored communication between managers and subordinates. Subordinates are often more worried about their future after an organizational change than the change itself (Tanner & Otto, 2016). To reduce angst and to improve job satisfaction, managers can improve the quality of superior-subordinate communication, which can provide more clarity regarding the organizational change (Tanner & Otto, 2016). Similarly, Bakar and McCann (2016) found that quality leader-subordinate communication improved job satisfaction and organizational commitment. Bakar and McCann concluded that the leaders' servant leadership style (which included demonstrated compassion, wisdom, and participative management) positively contributed to the quality of the leader-subordinate communication. However, Ekstrand, Lundqvist, Davison, D'Hooghe, and Pensgaard (2019) concluded that the presence of communication does not necessarily yield positive results as a lack of quality communication led to increased patient injuries as a result. Thus, communication was a vital component of manager-team relationships. Effective communication can foster an environment of trust and information sharing, which can lead to improved job satisfaction, organizational commitment, and a sense of project ownership.

Empowerment. Empowerment has two perspectives: from the organization and the individual. From the organizational perspective, empowerment encompasses the leaders empowering behaviors, which include allowing employees to make decisions, emphasizing the significance of employees' work, highlighting the employees' strengths, and removing bureaucratic constraints (Lorinkova & Perry, 2017). At the individual level, the four dimensions of psychological empowerment consist of:

> (a) meaning, the congruence between the needs of an individual's work role and their beliefs, values, and behaviors; (b) competence, self-efficacy to an individual's work, or belief in their capability to perform work activities; (c) self-determinant, the sense of choice in initiating and regulating an individual's actions; and (d) impact, the degree to which an individual's action can influence strategic, administrative, or operating work outcomes.
>
> (Spreitzer, 1995, pp. 1443-1444)

Some organizational changes fail because employees lack readiness for change (Pelletiere, 2006). Lizar, Mangundjaya, and Rachmawan (2015) found that psychological empowerment significantly improves an employee's readiness for change; therefore, improving the success rate of process improvement initiatives. The psychological empowerment dimensions of meaning and competence were higher in organizations with members who adopted a process improvement culture versus organizations with members who did not (Andrade, Mendes, & Lourenço, 2017). Also, Andrade et al. (2017) did not find any substantial evidence to conclude that self-determination and impact dimensions affected employee perceptions in either type of organization.

Empowering employees is necessary for the success of organizational change. Employees desire control over their duties and the ability to influence the planning and implementation of changes directly as empowered employees provide the foundation for initiatives, refine techniques, support change, ensure the long-term sustainment of change, and proactively identify and correct new issues as they arise (Morin et al., 2016). Conversely, some employees and managers may view empowerment negatively (Greasley et al., 2005). Employees sometimes resist empowerment because they fear the increased responsibility. Managers may also deem decentralized power as a threat even while empowering their employees to allow for autonomous decision-making and control over change. The effectiveness of empowerment was dependent upon the perspectives and perceptions of both the manager and employee (Greasley et al., 2005).

Diversity. The reviews on the effects of diversity on team performance and the outcome of projects are mixed. Kaufman and Wagner (2017) noted diverse teams lead to more holistic approaches to problem-solving. Hossain, Hasan, and Murtuza (2017) contributed multi-disciplinary teams to foster more innovative ideas than homogenous teams. Another study found that team diversity caused the preponderance of conflicts and resulted in decreased job performance (Wickramasinghe & Nandula, 2015). Guillaume, Dawson, Otaye-Ebede, Woods, and West (2017) concluded that intergroup relations influenced the success or failure of the team's performance. Thus, diversity has contributed to both positive and negative effects on team performance. Managers can mitigate its negative effects by promoting trust and mutual understanding among team members.

Diversity is a multifaceted characteristic. Previous studies on team diversity encompassed: (a) social-category diversity, associated with demographics, such as gender and ethnicity; (b) informational diversity, described as knowledge-based; and (c) personality diversity, based on varying personality traits (Zhou, Vredenburgh, & Rogoff, 2015). From an informational diversity perspective, Zhou et al. (2015) determined the relevancy of expertise and shared leadership within the team improved performance, whereas educational level and educational diversity had no significant effect. However, Valls, Gonzalez-Roma, and Tomas (2016) concluded that educational level diversity influenced the team's performance both positively and negatively. Cheung, Gong, Wang, Zhou, and Shi (2016) found functional, or expertise, diversity negatively affected innovative outcomes in which affect-based trust was low. Although the effects of team diversity vary, managers can tailor their approaches to ensure that diversity is a positive contributor to the team and the success of process improvements.

In summary, managers encounter challenges with any organizational change, such as process improvement projects. As Lewin (1947) noted, many forces are influencing the team's effectiveness. These forces can be external (e.g., government regulations) or internal (e.g., governing board mandates). Organizational change is affected by factors, such as employee resistance to change, conflict, buy-in, communication, employee empowerment, and diversity. By understanding the factors that can influence the success or failure of organizational change, managers can alter their strategies to achieve their desired goals.

Transition

Healthcare leaders, among others, are required to change because of competition and other environmental pressures (Aslam et al., 2016). Section 1 included an in-depth examination of the business problem—the high percentage of failed change initiatives (Hornstein, 2015). The purpose of this qualitative single case study was to explore change management strategies that the military, outpatient care facility managers used to positively affect process improvements. For the study, the desired population consisted of six managers and six of their subordinates who participated in successful process improvement at a military, outpatient care organization in Texas. I sought to create positive social change by providing managers with strategies to reduce expenditures and to streamline processes. By accomplishing these goals, healthcare managers can improve the quality of patient care and enhance community outreach programs.

For this study, I made several assumptions, limitations, and delimitations. The assumptions included: (a) a qualitative study was the best methodology for collecting information, (b) all participants experienced the change management phenomenon, (c) participants provided honest accounts of the events surrounding the process improvement, and (d) the information gathered was a true representation of change management in other businesses. Limitations in this study included: (a) a small sample size, (b) the location, (c) the limited transferability of study findings to other industries, and (d) the short time available to conduct data collection. The delimitations consisted of only participants who worked on the same process improvement and the exploration of one project completed by the team to gather data that pertained to the research question.

The conceptual framework of this study was Lewin's (1947) change model of unfreezing group norms, moving to create the change, and refreezing to solidify the change as the new group norm. Section 1 included an in-depth academic review of additional change management theories, which were compared and contracted to Lewin's model. The review consisted of an exploration of the idiosyncrasies of the healthcare industry, three process improvement methodologies, and various aspects of organizational change.

In Section 2, I explore my role as the primary data collection instrument and responsibilities associated with ensuring the ethical handling of all human participants following the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research (1979). I identify the desired population of healthcare managers and the methods for targeting them for participation in the study. Finally, I outline the detailed process of collecting, organizing, and analyzing the data from participants and the review of organization documentation while ensuring the reliability and validity of the study.

Section 3 includes the findings as well as analysis of how these findings either support or extend the works of previous scholars. I explore the various ways that the findings can be used by managers to improve their professional practices and to create social change in the community. Section 3 includes recommendations for action and further research. Finally, I reflect on the entire research process and conclude this study.

Section 2: The Project

Changing environments within industries require leaders to change the way they conduct business to achieve sustainability (Pulakos et al., 2015). Managers need to understand successful change management strategies to influence process improvements within their organizations to sustain the business. In Section 2, I reiterate the purpose of the study, justify the research method and design, and outline my ethical handling of the human subjects in this study. I also provide a detailed account of my data collection, organization, and analysis techniques to ensure the reliability and validity of the study.

Purpose Statement

The purpose of this qualitative single case study was to explore change management strategies that the military, outpatient care facility managers have used to positively affect process improvements. The target study population consisted of six managers and six of their subordinates within the military, outpatient care organization in Texas who successfully brought about process improvements. The goal of the study was to identify and explore effective change management strategies from managers who had successfully applied process improvement change initiatives within their organization. I also sought to influence positive social change. By increasing the success rate of process improvement initiatives, managers can reduce expenditures and increase profits, which can improve the quality of care for patients and lead to a healthier population that can improve society. Healthcare professionals can also have more time and resources to fulfill their obligations to provide quality healthcare to the communities they serve.

Role of the Researcher

In my role as the researcher in this single case study, I served as the primary data collection instrument. In qualitative studies, researchers serve as the analysis instrument (Twining, Heller, Nussbaum, & Tsai, 2017). As a part of collecting and analyzing data, I had many responsibilities. These responsibilities included selecting the best research methodology and design to achieve the desired objective, recruiting participants, setting the parameters for the study, and collecting and identifying themes within the data. In this single case study, I collected data by conducting semistructured interviews and reviewing organization documents to explore the strategies used for a successful process improvement initiative.

In my previous capacity as a quality manager in a medical setting with the mandate to guide teams through process improvement projects, I gained insight into change management processes. These initiative teams consisted of the executive level leaders with the power to remove obstacles and direct change, a team of employees who performed the tasks, a facilitator who guided the change management process, and customers affected by the changes. Typically, the events took place over 3 days, during which the team outlined processes, identified inefficiencies, acknowledged obstacles to change, created new processes, and produced a plan for execution and sustainability.

The purpose of this study was to explore change management strategies that the military, outpatient care facility managers used to positively affect process improvements. My experiences provided knowledge before conducting this study. However, I had no relationship with the organization or any of the participants before

commencing the study activities. Additionally, in qualitative studies, researchers must use reflexivity to manage their effect on the research (Baillie, 2015) and acknowledge their bias on the subject to themselves and the readers to mitigate its effects (Relles, 2016). Although the probability of bias regarding participants in this study was low, my prior knowledge had the potential to create some personal biases. The probability of personal biases on the interview questions was mitigated in this single case study because my committee reviewed the interview questions for objectivity.

The role of the researcher also included maintaining ethical practices throughout the study. The National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research (1979) created the Belmont Report, which includes principles and guidelines for ethically conducting studies with human subjects. The basic ethical principles include respect for persons, beneficence, and justice. The application of these principles involved informed consent, risk and benefit assessment, and the selection of subjects. To ensure respect for participants, all members participated voluntarily. If at any time participants chose not to participate, they were free to withdraw from the study by indicating their intent either verbally or through written communication.

Participants' normal behavior was not restricted during the study, allowing them to maintain autonomy. I extended beneficence to participants by not causing them harm or using the information gathered to create benefits for others. As this qualitative study included face-to-face interviews, there was little to no physical stress for participants. Possible stress during the study involved anxiety regarding the interview process. To minimize the risk of negative repercussions from the organization, legal disclosures,

damage to the participants' professional standing, and other established relationships by the participants, I took the proper precautions to prevent the release of any participants' identifiable information. The interviews and documentation were saved under pseudonyms. Finally, to ensure justice, participants for this study were selected based solely on their positions within the organization and on potential contributions to the advancement of change management studies. For the protection of participants, I strictly adhered to these ethical guidelines.

For this qualitative study, an interview protocol (see Appendix) guided the data collection process. An interview protocol is important for gathering beneficial data and conducting an interview (Patton, 2015). The interview protocol should include questions based on what the researcher desires to understand (Castillo-Montoya, 2016). As part of the protocol, during the interview, I read a script to all participants at the beginning and end of the session. Reading the script ensures all participants receive the same information, and it facilitates a conversational-type interview by the researcher (Castillo-Montoya, 2016). All questions were open-ended to allow participants to provide additional information. Researchers also use interview protocols to easily transition between subjects (Brinkmann & Kvale, 2015). As a result of using the interview protocol (see Appendix), the semistructured interviews allowed for a more in-depth discussion about the change phenomenon.

Participants

The purpose of the study was to explore change management strategies that outpatient care facility managers used to enact process improvements; therefore, the

criteria for the study population consisted of managers within the selected military, outpatient care organization who had successfully affected process improvements and members who worked on the project. Managers with extensive experience in change management and process improvements participated in the study. I also wanted to explore the phenomenon of change management from the subordinates' perspective, which was equally important. To obtain the subordinates' perspectives, I conducted individual interviews on the contributions of the managers and their effects on the process improvement. Interviewing both managers and team members provided a holistic view of the entire process improvement and the factors surrounding its success, as a subordinate's perceptions of the leader affect social interactions, trustworthiness, and work performance (Gill & Caza, 2018). Additionally, leaders viewed positively by subordinates have higher performing teams (Singer, Hayes, Gray, & Kiang, 2015).

I used purposive, convenience sampling to select participants for this study. In qualitative studies, researchers use purposeful sampling to identify participants with a wealth of knowledge related to a phenomenon (Malterud, Siersma, & Guassora, 2016; Palinkas et al., 2015). Researchers use convenience sampling because of the participants' availability and accessibility, such as researching hidden populations (Heckathorn & Cameron, 2017; Setia, 2016). Further, nonrandom recruitment is usually the preferred sampling method for stakeholders (Valerio et al., 2016). The healthcare organization selected was on a military installation, which required additional approval. As a result of military restrictions, the medical facility selected could not authorize the study. The organization's program administrator approved soliciting participants via other venues

outside of the workplace, so I solicited participation via the organization's medical Facebook page. Social media sites, such as Facebook, increase access to understudied populations and improve the success rate of participant recruitment (Burton-Chase, Parker, Hennig, Sisson, & Bruzzone, 2017).

Participant candidates were selected based on their expressed desire to participate. Upon reading the posted consent form, potential participants could repost the solicitation for other team members to participate. Potential participants were not allowed to coerce others to participate. Purposive sampling ensured that all participants were members who wanted to participate and partook in the same process improvement initiative.

To ensure ethical practices were followed, after reading the consent form, potential participants were asked to send me an e-mail indicating their consent. Potential participants disclosed information about the event in which they participated to ensure at least six managers and six team members from the same project was selected. Once I identified a full team, participants were contacted via phone or e-mail to schedule the interview time that best suited their schedules. Throughout the process, I reminded participants of their ability to withdraw from the study at any time. Researchers should reinforce to participants that their participation is voluntary, allowing them to refuse participation at any time during the study (Dekking, van der Graaf, Schouten-van Meeteren, Kares, & van Delden, 2016). In this study, one participant withdrew after submitting the consent form. As a result, this person's information was not included in the study.

Establishing a working relationship with participants was also important to the success of the study. Participants are more apt to share information openly with someone trusted. In qualitative studies, researchers can foster trust through face-to-face interviews in a safe environment (Brinkmann & Kvale, 2015). The relationship with participants should encompass integrity, mutual respect, and honesty (Olson, 2016). Researchers can build rapport by exhibiting connecting behaviors, such as engaging in friendly conversation (Bell, Fahmy, & Gordon, 2016). To achieve trust, I built rapport with participants by exchanging and sharing basic information, such as educational background, hobbies, and interests beginning with the initial phone conversation throughout the remainder of the project. Participants were also encouraged to ask questions before, during, and after the study to maintain transparency. These techniques aided in the establishment of shared emotions and experiences, which positively affected the participant–researcher relationship.

Research Method and Design

Three research methods are available for researchers: qualitative, quantitative, and mixed method (McCusker & Gunaydin, 2015). In this subsection, I explore these methodologies along with their feasibility for study and practical applications within the healthcare industry. I also analyze the case study, phenomenological, and ethnographic research designs with justifications for or against the use of each in achieving the study's goal.

Research Method

For this study, I selected a qualitative research method to explore change management strategies from change management team managers who had successfully brought about process improvement change initiatives. This study included one change initiative within the selected organization. Qualitative studies reduce experiences into narratives, which researchers use to draw conclusions (Bengtsson, 2016). Researchers use the qualitative methodology to gather information from participants on their experiences and attitudes related to a phenomenon (McCusker & Gunaydin, 2015). The data collected can then be analyzed to provide an objective description of the phenomena in question (Kim, Sefcik, & Bradway, 2016). For this study, the qualitative method allowed for a deeper exploration of the lived experience of change within the participants' organization.

In contrast, researchers use quantitative studies to reduce experiences into figures and numbers (Bengtsson, 2016). Quantitative studies are used to test hypotheses, determine cause and effect relationships, and condense numerical findings (Barnham, 2015). Researchers also use quantitative studies to study the relationship between two variables (Landrum & Garza, 2015). As a result, a quantitative study would be ideal for determining the effect of medication on participants in a trial study.

A mixed method study combines components of both qualitative and quantitative studies. Mixed method studies are better equipped to address complex research questions (McCusker & Gunaydin, 2015). Mixed method researchers combine the benefits of qualitative and quantitative studies. Similarly, mixed method studies limit the restrictions

of either a qualitative or quantitative only study and overcome their weaknesses (Yap & Chua, 2017). The major advantage of the mixed methodology is that it increases the researcher's understanding through triangulation (Turner, Cardinal, & Burton, 2017). Mixed method research can expand the quantitative example by including qualitative information on the patients' experiences while participating in the trial study.

Qualitative, quantitative, and mixed methodologies have distinct yet significant roles within the field of research. For this study, the goal was to explore change management strategies as participants experienced it. As a result, quantitative and mixed method studies were not the best fit to accomplish this goal because there was no need to quantify participants' responses regarding specific change management strategies.

Research Design

In this study, I selected a case study instead of the phenomenology or ethnographic design. The design should be aligned to best answer the research questions (Fusch & Ness, 2015; Marshall & Rossman, 2016). Researchers use case studies to delve deeper into a phenomenon and to connect the phenomenon to personal accounts (McCusker & Gunaydin, 2015). Within the healthcare field, case studies can be used to explore an individual's experiences with events or processes, such as change management or health promotions (Lewis, 2015). Case studies can substantiate psychological theories or create innovative clinical practices (Bao, Pöppel, & Zaytseva, 2017). A case study was the best choice of the three qualitative research designs to explore change management strategies.

Phenomenology was another qualitative design I considered. Researchers use descriptive phenomenology to describe a phenomenon's characteristics and interpretive phenomenology to understand participant experiences (Matua & van der Wal, 2015). Phenomenologists desire to sense the reality of a phenomenon as well as the participant's perceptions (Matua, 2015). Phenomenological studies are useful for participants to share their first-hand accounts of living with a disease or receiving medical treatment (Lewis, 2015). A researcher can use this information to aid in creating interventions to manage or control diseases. Although a phenomenological design would have allowed me to explore the change management phenomenon, this design was not tailored to explore business strategies specifically.

I also considered ethnography, which is used to gain insights into the informal culture affecting behaviors because of the extended time spent interwoven in the environment (Rashid et al., 2015). Ethnographies allow researchers to explore the beliefs of individuals within the culture to interpret their meaning (Fusch, Fusch, & Ness, 2017). Researchers often use ethnographies to study health promotion initiatives within various cultural environments by gaining in-depth perspectives on how patients experience healthcare (Lewis, 2015). Researchers use ethnographic studies to explore a phenomenon personally (Fusch et al., 2017). The ethnographic design would have allowed me to experience the effectiveness of prescribed change management strategies as a participant; however, I sought to explore the strategies of other managers.

In case studies, the researcher is required to achieve data saturation. Researchers achieve data saturation when interviews do not yield any new information from

participants (Baillie, 2015; Nelson, 2017). Failure to achieve data saturation can

significantly affect the quality and validity of the study (Fusch & Ness, 2015). In this

single case study, I achieved data saturation when participants provided no new themes

regarding the research question.

Population and Sampling

For this study, the focus was on a military healthcare organization with successful

change management programs in Texas. The specified criteria for manager participants at

the military, outpatient care organization included: (a) located in Texas, (b) completed at

least one successful process improvement initiative for exploration, (c) over the age of

18, (d) worked on the same initiative, and (e) worked on a military installation. As a

result of military restrictions, the administrator provided permission via e-mail to solicit

participants through social media. Selecting the appropriate sample size was important to

the success of this study. When determining the appropriate sample size for qualitative

studies, achieving data saturation is an important consideration (Palinkas et al., 2015).

The selected type of qualitative study must be sufficient to ensure the rigor of data

collection, which determines the number of participants (Baillie, 2015).

The small sample size of a single case study design also meets the research

standards but is less generalizable than a large sample size (Baillie, 2015). Researchers

can accomplish data saturation with 6 to 12 in-depth interviews (Boddy, 2016). The

population selected for this qualitative study included a convenience purposive sample

size of six outpatient care team managers and six team members for individual

interviews. Twelve participants generated a sample size that was small enough for an in-

depth exploration of the phenomenon and data saturation but not too large to detract from the research question.

The sampling methods used in this single case study were purposive and convenience sampling. Participants were selected to participate in the study based on their experiences as either a manager or a team member who worked on the same project within the organization. Potential participants could provide the information to other members of their team without coercing them to join the study. In qualitative studies, researchers use purposive sampling as a non-random way of including participants who have great insight into a phenomenon (Gentles, Charles, Ploeg, & McKibbon, 2015). The participants' insight was derived from their knowledge of the subject matter, roles, or lived experiences (Malterud et al., 2016; Palinkas et al., 2015). Researchers use convenience sampling to select participants because of their accessibility (Setia, 2016). Participants were selected because of their proximity to each other and their willingness to participate in this single case study.

The additional sampling technique is theoretical sampling. Researchers use theoretical sampling in grounded theory research designs (Wiesche, Jurisch, Yetton, & Krcmar, 2017). Theoretical sampling is used to collect data in which emerging themes can lead to further data collection to formulate a theory (McCrae & Purssell, 2016). In selective sampling processes, the researcher decides how to conduct sampling, allowing for maximized demographic variations before beginning the study (Roy, Zvonkovic, Goldberg, Sharp, & LaRossa, 2015). Theoretical samplings have limited sample population variation because of the selection of participants during the study (Roy et al.,

2015). Because this was a single case study, the theoretical sampling technique was not a suitable choice.

Snowball sampling is another sampling technique. The snowball sampling technique involves participants nominating other participants, such as acquaintances, for the study (Emerson, 2015). As a result, most, if not all, participants share a similar geographical area and socioeconomic status (Emerson, 2015). Snowball sampling has primarily been used to identify nodes within a social network (Stivala, Koskinen, Rolls, Wang, & Robins, 2016). Waters (2016) contended that snowball sampling was also effective in *hidden* populations, such as illegal drug users. Instead of seeking participants who do not want to be identified based on shame or embarrassment, the participants are asked to identify other participants. Because of the sensitivity of the hidden groups, researchers can only access potential participants through another trusted member in the established network (Dusek, Yurova, & Ruppel, 2015). In this single case study, the sample size was relatively small, and all potential participants were easily identifiable. The use of the snowball sampling technique would not have yielded the desired population for this study.

The interview environment was critical to the data collection for this study. I conducted interviews separately with the managers and team members. To build trust, participants must perceive being in a safe environment (Brinkmann & Kvale, 2015). The interview space should be a private, secure room with soft lighting, round tables, little or no background noise, comfortable seats, and minimal distractions (Braun & Clarke, 2013). Participants are more likely to share information when the interviewer interviews

in a comfortable environment (Turner, 2010). As a result, I conducted interviews in a location convenient for the participants. Because of the organizational restrictions, the interviews had to be conducted outside of the work center. Participants were asked not to share information discussed during the interview outside of the room to make participants more at ease about openly sharing their perspectives. By conducting interviews in a comfortable location, it facilitated trust and candid discussions with the participants.

Member checking ensured data saturation in this study. According to Baillie (2015), researchers achieve data saturation when interviews do not yield new information. Failure to achieve data saturation can significantly affect the quality and validity of the study (Fusch & Ness, 2015). In this study, I aimed to collect data that encompassed a wide variety of strategies for successful change management and process improvement initiatives. Because this study was a single case, the number of participants was limited. Member checking was conducted to ensure all new themes were identified and reviewed with the participants to achieve data saturation.

Ethical Research

In this study, conducting ethical research was a priority. The proper application of ethical research in studies is critical to the involvement of human subjects, especially members of vulnerable groups (Makhoul, Chehab, Shaito, & Sibai, 2018). Once Walden University granted Institutional Review Board (IRB) approval, I conducted the data collection. Walden University's approval number for this study was 07-10-18-0541252, with an expiration date of July 9, 2019. As outlined in the Belmont Report, basic ethics of research include the principles of respect of persons, beneficence, and justice, whereas

the application of these principles involves informed consent, risk, and benefit

assessment and the selection of subjects (National Commission for the Protection of

Human Subjects of Biomedical and Behavioral Research, 1979). During the participant

selection and data collection phases of this study, I used the principles outlined to protect

participants.

In this study, I upheld respect for persons, beneficence, and justice for all

participants. All participants were required to volunteer their services without coercion

from any other party to maintain respect. If, at any time, members chose not to

participate, they were free to withdraw from the study. Participants retained their

autonomy for decision-making and unrestricted conduct during the study. Beneficence

ensured that the participants were not harmed when conducting this study with human

subjects.

The information gathered was not used to create benefits for others. Researchers

must assess all risks—physical, social, and psychological—to prevent harm and to

improve the benefits to participants (Koonrungsesomboon, Laothavorn, & Karbwang,

2016). As this qualitative study included face-to-face interviews, I significantly reduced

the risk of harm to the participants because no physical stress and little, or no, emotional

stress occurred. All participants were selected solely based on their positions within the

military, outpatient care organization, and for their potential contributions to the

advancement of change management studies to satisfy justice requirements. During the

study, I enforced the protection of participants.

Each potential participant was required to read the consent form uploaded to the military, outpatient care organization's Facebook page to maintain informed consent. Then, the participant sent an e-mail with their electronic signature and the verbiage "I consent" to indicate agreement to participate in the study. Consent forms should be easy to understand and free of undue influence (Sil & Das, 2017). Informed consent ensures that the participants maintain their autonomy while fostering trust (Wolf, Clayton, & Lawrenz, 2018). The consent form provided background information on the purpose of the study, the reason for selecting the military, outpatient care organization, and full disclosure that the interviews would be audio recorded.

The form outlined that participation was voluntary, and participants could withdraw at any time during (and after) within time restraints for any reason without any penalties. For participants who wished to withdraw from the study, they could submit the request via face-to-face communication, phone, or e-mail correspondence. Upon receipt of the request, verbally or written, I removed any information provided by the participant from the study.

For this study, I did not offer any compensation to participants. Incentives are mechanisms researchers use to influence potential study participants (Neighbors, Rodriguez, Garey, & Tomkins, 2018). For example, researchers may offer financial incentives to participants for losing weight. The participation rates of studies were higher when an offering of financial incentives occurred (Chen, Lei, Li, Huang, & Mu, 2015). However, by offering incentives, participants may feel obligated to overstate the process to produce the desired results; therefore, yielding unreliable results (Sandefur &

Glassman, 2015). Thus, incentives were not offered, and participation was voluntary to mitigate the possibility of unreliable data.

To ensure the participants' privacy, I did not disclose the specific project and selected participants to anyone in the military, outpatient care organization, or any other participant. When receiving participants' acknowledgment of informed consent, they were required to provide electronic consent to prevent any undue influence by me via face-to-face communication. According to Ploug and Holm (2015), nudging participants violates informed consent. Potential participants were not allowed to coerce other team members or subordinates to participate. The team included more than 12 members (the number of participants in this single case study). As a result, there was additional privacy for members who did and did not participate because they were indistinguishable.

All electronic information was uploaded to a disc to protect the confidentiality of the military, outpatient care organization, and the participants. To secure the information, I placed the storage device and paper documentation in a locked safe. The data will be destroyed after 5 years of the study's conclusion. In the documentation, I refer to the participants in sequential order beginning with M1 and T1 for the managers and team members, respectively. Texas was identified as the location versus specifying the city or region to protect the medical facility's identity. Finally, as noted in the Population and Sampling component, the interviews were conducted in a quiet, secure area, free of distractions to allow participants to speak openly in a safe environment.

Data Collection Instruments

In this qualitative single case study, I was the primary data collection instrument. As the primary data collection instrument, researchers are responsible for collecting and analyzing data via documentation reviews, observations, and interviews (Mertens, 2015; Twining et al., 2017). The human instrument is best suited for collecting and analyzing data because of an individual's immediate responsive and adaptive abilities (Merriam & Tisdell, 2016). The additional data collection instruments were semistructured interviews and a review of organization documentation.

Semistructured interviews were one of the data sources used to collect data for this study. When using semistructured interviews, researchers use previously established questions but allow the opportunity for additional information to be incorporated into the discussion (O'Keeffe, Buytaert, Mijic, Brozovic, & Sinha, 2016). The use of semistructured interviews facilitates two-way communication and a deeper exploration of topics between the interviewer and interviewee (Kallio, Pietilä, Johnson, & Kangasniemi, 2016). Although not occurring often, some participants shared experiences similar but unrelated to the investigated project. This additional information provided a more in-depth discussion about the change management phenomenon in this single case study.

For this study, I did not conduct a pilot study. Researchers conduct pilot studies to practice before the actual study, gain further logistical information, or aid in refining research questions (Yin, 2016). Pilot studies give the researchers experience with the interview questions before collecting data (Doody & Doody, 2015). When effectively planned, scholars can implement pilot studies to illustrate methodological issues, research

feasibility, or potential outcomes (Julious, 2016). Although pilot studies can be beneficial, a pilot study was unnecessary for this study because it was not an effective use of participants' time.

The interview protocol outlined the data collection process (see Appendix). Protocols enable the researcher to stay focused and aid in reliability (Yin, 2018). Additionally, an interview protocol is important for gathering beneficial data and conducting an interview (Patton, 2015). The protocol includes, at a minimum, an overview of the study, data collection procedures, interview questions, and a guide for the study report (Yin, 2018). The interview included open-ended questions to mitigate using suggestive prompts. By using open-ended questions, researchers can facilitate a deeper conversation with participants versus using written questionnaires (Bengtsson, 2016). The interview protocol facilitated seamless transitions between subjects and candid discussions regarding the phenomenon.

For the document review, participants provided documentation from the military, outpatient care organization's project with patient protected information redacted. Researchers should use various sources, such as document reviews, observations, and interviews, to collect data (Schulenkorf, Sherry, & Rowe, 2016; Yin, 2018). Different sources of data lead to varied perspectives on the same phenomenon (Fusch & Ness, 2015). In this organization, the charter and the A3, so named because of the size of the paper, were the primary sources of documentation for illustrating the intent, purpose, planning process, and outcome of the project post-implementation. The charter was created to identify the team leader for the project, typically a middle manager and the

champion, a member of upper management with authority to remove organizational obstacles and to provide approval of the team's proposed change.

The charter included a brief description of the issues and a background on the deficiencies within the section, such as financial and resource utilization inefficiencies. The A3 was a document that served as a storyboard of the entire process from the current state (with the broken processes) through the brainstorming of root causes for the deficiencies, proposed corrections to the process, outcomes of the chosen changes, and the final plan for sustainability of the successful project. This information allowed me to gain a better understanding of the strategies applied during the change management initiative.

To enhance the reliability and validity of the data collection instruments, I conducted follow-up member checking interviews after the semistructured interviews and the review of organization documentation. Member checking allows the participant to validate the researcher's interpretation and expound upon the information provided, leading to greater credibility (Harvey, 2015). Thus, member checking has the added benefit of ensuring data saturation. Failure to achieve data saturation can significantly affect the quality and validity of the study (Fusch & Ness, 2015). Before the member checking interview, I provided a summary of the themes identified during the interview. Participants reviewed the information to determine whether the conclusions gathered were correct. If inaccurate, the information was updated immediately. Participants could also provide additional information not previously discussed during member checking.

Data Collection Techniques

The research question for this study was: What change management strategies do military, outpatient care facility managers use to positively affect process improvements? To collect data, I used interviews and organization documentation to obtain this information from participants. The criteria for the study population consisted of six managers within the selected military, outpatient care organization who had successfully affected process improvements, and six members who worked on the project. In this study, I sought to gather information from managers with extensive experience in change management and process improvements. The participating facility's research program administrator was contacted via e-mail regarding participation in the study. The request was denied because of military organizational restrictions. However, the administrator approved the solicitation of participants via e-mail through alternate venues. As a result, I conducted participant recruitment through the organization's Facebook page.

The term *interviews* represent face-to-face semistructured interviews. The interview protocol in the Appendix consists of (a) introducing myself to the participants, (b) reading the opening script, (c) reviewing the consent form (previously signed electronically via e-mail), (d) addressing participant concerns or questions, (e) turning on the recording device, (f) noting the date and time of the interview, (g) asking predetermined and follow-up questions, (h) reading the closing script with discussion of the member checking and contact information, and (i) closing the interview session by thanking participants. When reading the script, it ensures that all participants receive the same information and facilitates a conversational-type interview (Castillo-Montoya,

2016). By using open-ended questions, researchers can facilitate a deeper conversation with participants versus using written questionnaires (Bengtsson, 2016). In this single case study, the open-ended questions generated rich, quality discussions, which contributed to the goal of the study—to obtain change management strategies.

For this study, I used a digital recorder with MP3 capabilities for ease of transfer to a disc for secure storage. Yin (2018) suggested using an audio recorder to avoid writing direct quotes from participants. The recording device should have a distinct on and off button and enough space, or bandwidth, to record as long as needed by the researcher to prevent detracting from the interview process (Smiley, 2015). I used a digital recorder because of its ease of use, portability, and low cost. Typically, researchers use recording devices to ensure data are accurately transcribed (Bradshaw, Atkinson, & Doody, 2017). When transcribing data, it may be necessary to repeat the recording numerous times to ensure accuracy (Nair et al., 2017). During the transcription process, I played the recording several times to ensure that I was correctly capturing the participants' words. After transcribing each question, the entire recording was replayed and compared to the transcription as a final check for accuracy. To mitigate any loss of data because of a malfunction of the device, I used an LG K20 V cell phone as a backup device. The primary device did not incur any errors; therefore, immediately after transcribing the interview, the recordings on the cell phone were deleted to maintain the security of the data.

Researchers experience advantages and disadvantages when using interviews. One advantage of interviews includes fostering rapport between the researcher and

participants (Rowley, 2012; Shapka, Domene, Khan, & Yang, 2016). By participating in qualitative interviews, participants have noted the added benefit of self-reflection, increased knowledge about a specific topic, and the ability to advocate for a cause (Wolgemuth et al., 2015). The disadvantages of interviews include producing possible bias, evoking strong emotions, and consuming time to conduct interviews (Doody & Noonan, 2013). By using both interviews from managers and team members, the study results were more reliable and included more information relevant to the study question that may not have emerged with only interviews of either group—managers or team members.

For the document review, participants provided organization documents outlining the entire process improvement initiative. I thoroughly read the documentation and outlined various themes. After finalizing the coding for the semistructured interviews, I reread the documentation to ensure that I properly coded all applicable themes. The documents provided insight into the project and allowed for an in-depth review of the change management process from the initiation through the sustainment phase. Therefore, I was able to grasp a holistic understanding of the change management phenomenon while identifying how the managers affected the change. Document reviews are a primary data source for case studies, but various data collection methods are used as an advantage for achieving triangulation (Harrison, Birks, Franklin, & Mills, 2017; Yin, 2018).

For this study, I reviewed the participating organization's charter, which outlined the purpose and proposed outcome of the study, and the A3, which outlined the entire

project from the planning phase to the sustainment phase. One advantage of a document

review is that documents provide a wealth of empirical data, spanning long periods for

the researcher to analyze (Bowen, 2009). However, corporate documents are not

primarily created for research; thus, the details may be insufficient for research (Brooks

& Normore, 2015). However, the writers of the documents used for this study provided

in-depth details regarding the project. Because of the detailed outline of the process, I

extracted several codes and themes, which were used during the data analysis phase of

this study. Documents are more readily available now via electronic sources than other

data collection methods (Hite, Solis, Wargo, & Larsen, 2018). The participants provided

the documentation quickly via e-mail because the information was easily accessible on

the organization's online portal.

Document reviews are similar to other data collection methods (Bowen, 2009).

The various forms of qualitative data collection methods require an in-depth examination

of data, whereby researchers gain an understanding of a phenomenon. For this reason,

analysis of documentation may include bias from either the writer of the documentation

or the researcher, which may yield inaccurate analysis of the data.

For the reliability and validity of the data collection instruments, I conducted

member checking interviews by requesting shorter follow-up interviews at a specific date

and time. During the member checking interviews, none of the participants expressed a

desire to edit previous themes discussed in the initial interview or to add additional

information. Member checking was an essential quality control tool that allowed the

participant to validate the researcher's interpretation and expound upon the information

provided, leading to greater credibility (Harvey, 2015). During the semistructured

interview, I strictly followed the interview protocol (see Appendix). When disagreements

occur, the researcher has an opportunity to discuss the participant's concern and make

any corrections to the study's findings (Yin, 2018). Managers and team members

received a copy of the interview questions and a summary of the themes via e-mail.

Participants had the opportunity to correct or add to the data I presented within 4 days.

During this study, the participants did not disagree with any of the themes extracted from

the original interviews.

Data Organization Techniques

To manage the data collected during the semistructured interviews, I used an

EVISTR digital voice recorder and an LG K20 V cell phone for audio recording as well

as pen and paper to make coding notes. During the data analysis process, I used the notes

to direct my attention to specific sections of the transcript and to determine the collective

themes. Before the participants arrived, I tested the operability of the devices. I did not

use the device until the participants consented to maintain the participants' autonomy.

After the interview, I replayed the recordings and transcribed the information verbatim.

Finally, the recording was replayed to verify the accuracy of the initial transcription.

To protect the confidentiality of the military, outpatient care organization, and the

participants, I kept all electronic information on a disc versus storing the data on a server.

Although a cell phone was used as a secondary recording instrument, the audio was

deleted once the data were confirmed on the primary recording device. The audio files

from the semistructured interviews were labeled M1 through M6 and T1 through T6 to

mitigate compromising the information. The organization documents were labeled D1 and D2. Storing data on a server presents challenges for data security (Wilkerson, Iantaffi, Grey, Bockting, & Simon Rosser, 2014). Researchers should destroy qualitative data collected from participants to prevent the use of the information in a future study (Ziebland et al., 2014). Documentation was stored in a locked safe in my home office and will be shredded after 5 years as required by Walden University (2019).

Data Analysis

For this study, I used a qualitative methodological triangulation. Methodological triangulation is the collection of data using two or more of the same type of methodology to increase validity (Thompson, 2016). Collecting data via multiple data sources can minimize or mitigate the researcher's subjectivity (Grant & Verona, 2015). In this single case study, the data collection included face-to-face semistructured interviews with managers and team members as well as a review of organization documentation. The semistructured interviews were conducted one-on-one with the managers, who successfully used change management to affect a process improvement initiative within their military, outpatient care organization, and with their team members.

The goal of the study was to gather strategies from managers who have successfully and positively affected change management projects. The information gathered from the managers was the central focus of the study. The information gathered from the team members and the documentation review corroborated the managers' view on how managers affect change management projects within their organization. The organization documentation review included a review of pertinent process improvement

initiative information provided by the managers, which was used to gain more insight into the research question. The purpose of conducting data collection through this mechanism was to acquire a holistic view of the change management phenomenon from the perspectives of both the managers and the team members. By using methodological triangulation, the themes from the individual interviews with the managers, the individual interviews with the team members, and the documentation were reviewed to identify consistencies or inconsistencies throughout this single case. In qualitative studies, researchers can increase the validity of the study, confirm findings, and enhance comprehension of the phenomenon using methodological triangulation (Heale & Forbes, 2013). Methodological triangulation helps prevent method boundness in which researchers limit the study results by using only one data collection method (Walsh, 2013). By gathering information using three distinct data sets: manager semistructured interviews, team member semistructured interviews, and organization documentation, the data collected can be used to improve the validity of findings.

After completing all the interviews, I transcribed the information into Microsoft Word. For each question, I wrote a synopsis of the participants' contributions. During the member checking interview, each participant reviewed the synopsis for accuracy. Each participant was allowed to add any new information deemed important to the study and to correct any thematic conclusions drawn from the initial interview. Member checking allows the participant to validate the researcher's interpretation and expound upon the information provided, leading to greater credibility (Harvey, 2015). Failure to achieve data saturation can significantly affect the quality and validity of the study (Fusch &

Ness, 2015). Participants did not provide any new information during the member checking process; therefore, the member checking process was not repeated.

Organization documentation was used as a triangulation method. The participants provided documentation, which included the charter (labeled D1) and the A3 (labeled D2). During the review of the documentation, I assigned various codes and identified themes. After the semistructured interviews were coded, the analysis of the documentation was repeated to ensure that all applicable themes were identified. This technique ensured the identification of the best practices for change management initiatives.

Upon reaching data saturation and after transcription of the interviews, I analyzed the data by using Rowley's (2012) data analysis method within the computer-assisted qualitative data analysis software (CAQDAS), ATLAS.ti 8 for Windows. CAQDAS programs are widely used for qualitative research in diverse areas, such as health and business (Woods, Macklin, & Lewis, 2016). However, many critics oppose the use of CAQDAS for data analysis. The criticism arose because of a lack of knowledge on how to use the programs, rather than a lack of usefulness of the programs (Silver & Rivers, 2016). When selecting a qualitative data analysis tool, I evaluated the NVivo 11 and ATLAS.ti 8. The NVivo 11 software offered data storage up to 10 GBs, a multilevel recovery feature, and thematic coding (http://www.qsrinternational.com/). ATLAS.ti 8 had several advantageous capabilities, such as ease of use and multifunctional word clouds (http:/www.atlasti.com). In ATLAS.ti 8, the researcher can upload Microsoft Word documents, social media blogs, audio, and videos for coding and analysis (Paulus

& Lester, 2016). The ATLAS.ti 8 software was chosen for this study because of its ability to work with multiple documents and memorandums simultaneously.

By understanding the capabilities of ATLAS.ti 8, the use of the software supported the data analysis process. With the assistance of ATLAS.ti 8, the raw data could be codified, organized, and manipulated to quantify the themes identified via the data collected. For this study, I applied the four-step data analysis methodology prescribed by Rowley (2012), which included: (a) organizing, (b) getting acquainted with, (c) classifying, coding and interpreting, and (d) presenting and writing up the data.

To organize the data set, I uploaded all interview transcripts and the project documents into ATLAS.ti 8. Then, entries were re-arranged and grouped under the headings of interviews with managers, interviews with team members, and organization documentation. Next, I sought to become intimately acquainted with the data by thoroughly reviewing the collected information. Each interview recording and the written transcript was repeatedly reviewed to gain a deeper understanding of each participant's experiences during the change management phenomenon. While conducting the process of repeatedly reviewing the recordings and the transcripts, I noted inferences from each participant's contributions.

The best way to categorize the themes of the research question was to illustrate the actions and behaviors of the managers. The process of classifying, coding, and interpreting the data is used by researchers to identify themes and subsequent codes (Rowley, 2012). Researchers use thematic analysis to organize and interpret participants' experiences to identify the meaning of the data (Crowe et al., 2015). Thus, the

generalizations from the review phase of the analysis were used to identify themes and subthemes from the data. The categorization of the themes was closely related to Lewin's (1947) change model. Although the themes in this study were not identical to Lewin's, I organized the themes based on the planning, implementation, and sustainment phases of change. These phases aligned with the unfreezing, moving, and refreezing phases of Lewin's model, respectively. Identifying the relevant themes helped in ascertaining key strategies that successful outpatient facility managers used to affect process improvements successfully within their military, outpatient care organization.

After creating the themes and codes, I assigned codes to the transcripts and documents within ATLAS.ti 8. As a mechanism to mitigate personal bias, I created new emerging codes from the review of the transcripts and documents. Then, a list of all codes was created where irrelevant codes were removed, and similar codes were consolidated. For quantifying the reoccurring themes among the managers, the associated themes were only counted once for each subtheme (code) presented by the respective manager or team member. For example, the subtheme of accountability would only be counted once for participant M1, regardless of how many times the term occurred during the interview. The CADQAS software illustrated the occurrence of the various codes and, subsequently, the themes by the individual participant and by the document to interpret the data. Using the exported Microsoft Excel file, I drew conclusions based on the analysis of the quantifiable findings.

Once I analyzed and interpreted the data into applicable strategies, the key themes were compared to Lewin's (1947) theory and other change management researchers to

identify similarities and differences in findings. I used new academic literature to examine the findings in Section 3. Section 3 also includes insight into how the findings of this study may further the field of knowledge related to change management.

<div align="center">**Reliability and Validity**</div>

Reliability and validity are vital components to show the academic worthiness of a study. In qualitative research studies, reliability and validity are important to the trustworthiness of a researcher's work by mitigating participant bias (Leung, 2015). Numerous mechanisms are available to aid the researcher in ensuring the data and findings are reliable and valid. Member checking can be used to ensure reliability by satisfying dependability requirements (Smith & McGannon, 2018). During the member checking interview, participants were asked to provide their approval of the themes that I extracted from the initial interviews. All participants agreed with the interview synopsis and did not provide additional input.

The validity of research is solidified by ensuring credibility, transferability, confirmability, and data saturation (Smith & McGannon, 2018). Additionally, Morse (2015) argued for replacing the trustworthiness criteria with reliability, validity, and generalizability for qualitative studies. Noble and Smith (2015) noted that this trio of criteria was specific for quantitative studies. For this study, I analyzed the credibility, transferability, confirmability, and data saturation.

Reliability

Reliability in qualitative studies is exhibited when the study can be replicated with consistency in the process (Yin, 2018). I obtained the reliability and dependability of this

study through the use of an interview protocol and member checking. The interview protocol, a guide for conducting interviews, can be used in qualitative studies to improve the reliability and validity of the collected data (Dikko, 2016). By adhering to a script, the reliability and dependability of the data collection increase because all participants receive the same information (Castillo-Montoya, 2016). For this study, the flow of the interview protocol included interview guidelines, interview questions, and wrap-up guidelines (see Appendix). Future researchers can follow the prescriptive protocol to replicate the study and to ensure that the interviews are conducted in the same manner.

Member checking reduced bias while enhancing the reliability and dependability in this single case study. In qualitative studies, member checking can prevent the personal bias of the researcher by confirming the accuracy of the conclusions drawn with the participant (Birt, Scott, Cavers, Campbell, & Walter, 2016). Member checking allows the participant to validate the researcher's interpretation and to provide additional information, which leads to greater credibility (Harvey, 2015). For member checking, a summary of the themes from the interviews was e-mailed to the participants for review before the follow-up interview. During the member checking interviews, the participants were allowed to correct or add additional information to improve the dependability of the study. The participants agreed with the interview synopsis and did not provide additional information. Although primarily used to confirm the accuracy of the information, member checking can also be used to ensure that the participants see a part of themselves in the findings (Baillie, 2015). Therefore, member checking ensured that participants knew that they were a vital part of the process.

Validity

Validity is critical to the credibility, transferability, and confirmability of a study (Smith & McGannon, 2018). Credibility is a measure of the confidence a scholar can place in the accuracy of the researcher's interpretation of the collected data (Morse, 2015). Credibility is focused on the conclusions drawn from the collected data rather than the procedures for data collection (Birt et al., 2016). In this single case study, member checking and methodological triangulation were used to establish credibility.

In this single case study, the methodological triangulation methods included face-to-face semistructured interviews with managers and team members as well as a review of organization documentation. A qualitative researcher can use techniques, such as triangulation and data collection from two or more methods, to improve the validity of their study (Baillie, 2015; Thompson, 2016). Researchers should use various sources of data consistent with the research method (Yin, 2018). By obtaining three different data sets, the data gathered from each set could be assessed against the others. This assessment can illustrate consistencies or inconsistencies in the data; therefore, removing the effect of my personal bias on the study's findings.

Transferability is the ability to apply a researcher's study findings to other contexts or groups (Noble & Smith, 2015). From this perspective, qualitative and quantitative studies differ significantly. Unlike in quantitative studies, qualitative researchers are not required to show the generalizability or transferability to another context as the duty to show transferability is the responsibility of the individual seeking to transfer the findings (Marshall & Rossman, 2016). Researchers should focus more on

the uniqueness of their case and seek to understand its complexity (Bryman & Bell, 2015). The detail of the data collection and analysis in this single case study provides insight into the transferability of findings to another study.

As with reliability and credibility, I achieved confirmability through the use of member checking, methodological triangulation, and documentation of decisions. Confirmability is the degree to which a researcher can corroborate another researcher's findings, based only on the data (Korstjens & Moser, 2018). The study process must be one that another researcher can replicate to yield findings from the participants' perspectives, not the researcher's bias (Hays, Wood, Dahl, & Kirk-Jenkins, 2016; Moon, Brewer, Januchowski-Hartly, Adams, & Blackman, 2016). ATLAS.ti was used to store detailed notes on the decision-making process during the data analysis. This information can be vital to the confirmability of the study to show that I mitigated personal bias.

Data saturation is critical to qualitative studies. The validity of a study can be negatively affected if data saturation is not achieved (Fusch & Ness, 2015). Data saturation is achieved when additional interviews do not yield any new information from participants (Baillie, 2015; Nelson, 2017). During the member checking interviews, I granted participants the opportunity to remove inaccurate information and to add new ideas. This process can improve the validity of the study's findings while creating new themes. As new themes arose, they are explored with the participants until the information became repetitive. In this single case study, I achieved data saturation when participants generated no new themes regarding the research question.

Transition and Summary

Section 2 included the roles of the researcher. As the primary data collection instrument, I was responsible for selecting the best research methodology and design to achieve the desired objective, which was to explore strategies for positively affecting change management. The qualitative case study method and design were selected because of the suitability to explore strategies for change management. For recruitment, potential participants: (a) were required to be over the age of 18, (b) have participated in a successful change management project, and (c) were a member of a military, outpatient care organization in Texas. For this study, the perspectives of the managers and their subordinates were equally important. Purposive convenience sampling was used to obtain viable participants via the medical organization's Facebook page.

Upon receiving the university's IRB approval, all necessary measures were taken to ensure the ethical handling of the 12 participants. During the study, participants were respected, received beneficence, and treated justly through the use of informed consent and by maintaining autonomy. None of the participants was permitted to discuss the study with other participants to ensure privacy. I implemented additional confidentiality measures as all participants were assigned a number, such as M1 or T1, for managers and team members, respectively. I also stored all documentation on a disc in a locked safe, where it will remain for 5 years until destroyed.

The data collection was via semistructured interviews of managers and team members along with a documentation review. This methodological triangulation ensured that there was no bias in the study's findings. During the interviews, an interview

protocol was used to ensure all participants received the same information (see Appendix). The participants' interviews were transcribed verbatim and analyzed to extract reoccurring themes. The participants received a summary of the themes via e-mail for their review, and I scheduled the follow-up interviews. During the member checking interviews, participants had the opportunity to remove incorrect information or to add new ideas. For the documentation submitted, participants were asked to confirm the conclusions.

Later, I uploaded the collected data to the computer-assisted qualitative data analysis software, ATLAS.ti for further synthesis. For this study, I applied the four-step data analysis methodology prescribed by Rowley (2012, which included: (a) organizing; (b) getting acquainted with; (c) classifying, coding and interpreting; and (d) presenting and writing up the data. I ensured the reliability of the findings by conducting member checking through data saturation. I achieved validity by ensuring credibility, transferability, confirmability, and data saturation through the use of methodological triangulation, the use of detailed decision notes in ATLAS.ti, and exhaustion of the emergence of new themes to achieve data saturation by member checking.

Section 3 includes the findings as well as comparisons and contrasts to findings with Lewin's (1947) theory and other researchers. I examine applications to professional practice, implications for social change, recommendations for action, and recommendations for further research. Finally, I reflect on the entire research process and conclude this study.

Section 3: Application to Professional Practice and Implications for Change

Introduction

The objective of this qualitative single case study was to explore change management strategies that the military, outpatient care facility managers used to positively affect process improvements within their organizations. This final section includes a presentation and application of the findings to professional practice and social change. Six managers who had completed a process improvement initiative within their organization participated in face-to-face, semistructured interviews to disclose their strategies for success. I also interviewed six of their team members regarding what they thought the managers did to best positively affect the initiative. Finally, I reviewed organization documentation outlining the steps in the project.

Based on the interviews and the organization documentation, I concluded that best strategies consisted of four themes and seven subthemes. The first theme was building effective teams, which encompassed selecting the correct participants for the team and receiving their buy-in before embarking upon the planning process. The second theme was establishing the foundation for the change, which included empowerment of team members and the managers' ability to provide background information on the reasons for change before the initiation of the project. The third theme was communicating throughout the change process when managers demonstrated their value for feedback, and all team members were held accountable for the success of the project. The final theme was solidifying the change by securing the sustainability of the process improvement.

Presentation of the Findings

The primary research question for this study was: "What change management strategies do military, outpatient care facility managers use to positively affect process improvements?" For this study, I interviewed six managers, who were labeled M1 through M6, and six team members, who were labeled T1 through T6. The managers provided candid information on their experiences as leaders of the process improvement for their team. The data from the document review and the face-to-face, semistructured interviews with their team members, were used to gain a holistic understanding of the process improvement project. Although there were some differences among responses, several themes were identifiable. Four themes were identified from the data correlating with distinct change management strategies: (a) building effective teams, (b) establishing the foundation for the change, (c) communicating throughout the change process, and (d) solidifying the change. Throughout the following subsections, I analyzed the themes in detail and compare the findings to Lewin's (1947) change theory as well as related studies.

Theme 1: Building Effective Teams

An emergent change management strategy was the importance of building effective teams. The managers worked to create a well-rounded team of individuals who were committed to achieving the same goal of change. From the theme of building effective teams, other subthemes included obtaining the most appropriate expertise or achieving buy-in from team members and senior leaders.

All six managers emphasized the importance of creating the best team for the desired project. Sixty-seven percent ($n = 4$) of the participants indicated that selecting the correct members for the team was an important aspect of their team's eventual success. All six managers indicated that achieving buy-in from all participants before beginning a process improvement project was vital to the success of the endeavor.

Most appropriate expertise. Based on the data, managers and team members valued having a diverse team for the change management project. Participants consistently mentioned diversity when discussing the strategy of selecting members with the most appropriate expertise. The expertise included competencies and formal education.

Four of the six manager participants emphasized the importance of selecting team members with varying competencies derived from functional expertise, skill, and experience. M1 admitted to not being a subject matter expert on each step of the process changes. The manager acknowledged that the team's expertise, in the respective areas, was important to the success of the project. M1 stated:

I wasn't the SME (subject matter expert) for every single process that took place within my section, but I had SMEs. So, it was critical for me to get their input to be able to make the changes that needed to be made.

In support of M1's observations regarding functional expertise, D1, the project charter, identified the team leader and project sponsor, whereas D2, the project timeline documentation, listed all participants. The documentation showed that participants in the change project in this single case study represented various functional areas in the

organization. These data show the managers' efforts to include team members from different functional areas.

Supporting the managers' decision to create a diverse team, T5 summarized their perspective on diversity as follows:

I think it was really good and refreshing to see those different types of personalities come together. Sometimes we saw things completely different. You'd have one person look at part of the project, and another person looks at the same thing and have two completely different ideas, opinions, and even answers for that piece of the project. It opened my eyes to the importance of diversity, not just racial and gender, but also personality type and skill type working on a project.

In this statement, T5 attested to the various perspectives of team members during the brainstorming and planning phases of the project. These perspectives, influenced by skill type, contributed to the team's understanding of all project components and led to the creation of well-rounded solutions.

These findings had similarities and differences from previous research. For example, Lu, Chen, Huang, and Chien (2015) showed that functional diversity had an insignificant effect on organizational performance. Conversely, Liu and Cross (2016) concluded that functional diversity, such as expertise, has a positive effect on team performance. In this study, managers and team members both acknowledged the importance of having members with diverse expertise. The managers strategically used

the team's functional diversity as a beneficial attribute to positively influence the outcome of the project.

The study findings also supported Wickramasinghe and Nandula (2015), who concluded that team diversity could cause conflicts as a result of misunderstandings. The managers noted that differences in experience did lead to minor misunderstandings and group conflict. To overcome intragroup conflict, the managers devoted time to ensure everyone understood the process. By doing so, the managers were able to bridge the gap between more experienced and less experienced members. M3 asserted the value of interpersonal relationships and their effect on the progression of the project and its role in minimizing conflict.

Consequently, the interactions among the members, not the level of personal or group diversity, determines the success or failure of a group (Tasheva & Hillman, 2018). As each member viewed various aspects of the project differently, the manager expressed confidence in the team's ability to engage in the change process once the team had analyzed their actions and individual leadership styles based on how each member processed information. Although the diversity of experience caused minor conflicts, the managers were able to overcome them by bridging the experience gap through education and an emphasis on interpersonal relationships. This strategy ultimately contributed to a successful project outcome.

In this study, the managers also viewed formal educational diversity as a positive attribute, which supports and extends previous research. For example, M5 contributed, "Just make sure that you get a good group of folks from diverse backgrounds and diverse

education, instead of just focusing on the people who everyone normally brings into a group." In this statement, M5 emphasized the significance of selecting team members with varying educational backgrounds. To illustrate this point, the training of the project facilitators was noted in the organization documentation, which included experienced Black Belt and inexperienced Green Belt trained staff members. Mello and Rentsch (2015) also suggested that internal diversity, like education, produced positive effects for team innovation. In this study, educational diversity shaped the team's differing views, which yielded solutions that encompassed all of these perspectives. However, Valls et al. (2016) concluded that the educational level of team members had a negative and positive influence on team performance. Thus, the current study extends the previous literature because participants did not support the conclusion of the negative effects of education differences. Participants viewed formal educational diversity as a significant contributor to the project's success.

Buy-in. Achieving buy-in from leaders and followers in this military, outpatient care organization was another strategy for positively affecting the outcome of the project. Often managers seek to cultivate a culture for buy-in and change (Reidy et al., 2017). Healthcare organization improvements and change efforts often fail because of a lack of buy-in for change processes (Longenecker & Longenecker, 2014). All six manager participants were advocates for achieving buy-in from all participants after the team selection. Buy-in for this project came from both senior leaders and the team members. M3 suggested that all stakeholders should be involved in the buy-in process as stakeholders differ in their needs, input, perspectives, and desired outcomes.

Buy-in from senior leaders was required because they controlled every aspect of the organization, directly and indirectly. Researchers have also suggested that leadership's buy-in is a significant component of organizational changes (Glazer et al., 2016). The senior leaders' support for the proposed changes was critical to the advancement of the change initiative. M1 and M4 advocated for discussing the goal for the project with senior leaders before consulting the team. This strategy better enabled the managers to organize their operational plan for the project. As a requirement of the project, the executive committee approved the charter. The charter outlined the purpose, proposed methodology for the planning process, and the timeline for completion. The managers identified the scope and the specific business problem in the charter and the project timeline documentation (D2). By discussing the pertinent aspects of the project with senior leaders, the managers ensured the vision of all parties aligned correctly.

These findings support previous research suggesting that middle managers positively influence the team's strategic commitment only when the manager strategically aligned with the senior leaders (Ateş, Tarakci, Porck, Knippenberg, & Groenen, 2018). In cases when the manager and senior leaders are not strategically aligned, it can negatively affect the team's commitment to a project and the ability to collectively make decisions (Ateş et al., 2018). In this study, the managers found that by gaining senior leaders' support, the team had more flexibility to make decisions autonomously. The strategy for gaining senior leaders' buy-in did not negatively affect the team's commitment but bolstered their ability to make collective decisions.

Once the managers received buy-in from senior leaders, they sought the team

members' buy-in. Buy-in from the team members was necessary because they conducted

the daily operations. M1 reiterated that their span of expertise did not extend over all

aspects of the project. However, buy-in from team members from various functional

areas was significant to the managers' strategy for positively affecting change. M5

contributed, "I think the main thing was getting the right people involved . . . making

them owners of the process, making sure they bought into it just like I did and ensuring

they were committed." M6 added:

> The change management strategy that I solely believe in and use to make a
>
> change is buy-in. My reason for buy-in is we all know change is often met with a
>
> high degree of resistance. But knowing that, if you have the buy-in coupled with
>
> the fact that you're providing good communication to your staff, the odds of
>
> success can be improved if the people who are going to be affected by the change
>
> (meaning the workers) are intimately involved, and it's not solely upper-
>
> management or leadership driving the initiative. So, buy-in for me is one of the
>
> key components, and that is what I look for when I am in the process of looking to
>
> make a change within the organization.

In process improvement projects, the importance of member buy-in should not be

minimized or overshadowed by solely achieving senior leader buy-in.

In support of the managers' efforts to achieve buy-in from the team, T2 stated that

managers must seek buy-in from their team because the knowledgeable, experienced

members are typically the persons driving the change. When comparing a previous

process improvement project to the one in this study, T2 stressed that buy-in was most

successful when achieved at the beginning of the project; buy-in becomes more difficult to achieve as the process improvement project commences. These data were consistent with the existing literature. For example, Oake, Davies, Houle, and Beiko (2017) noted that once informal leaders or change advocates are identified, managers should get them involved in the process to mitigate their resistance. Based on the findings, the managers and team member participants emphasized the importance of a manager seeking out informal leaders in the group. Manager participants stated that managers who cannot get these informal leaders to understand the importance of the change might face failure as a result of an informal leader's influence on other team members. By engaging the informal leaders for buy-in, managers found it easier to implement changes within the organization. There is no perfect formula for achieving buy-in, but it is a necessary strategy for the success of any process improvement.

The findings of this single case study also extended Cadieux et al.'s (2017) conclusion that failure to gain follower buy-in can cause low member engagement during implementation. This study provided an in-depth assessment of the importance of receiving buy-in from team members. The manager participants valued the team's buy-in for the project. As a result of expressing their value for the team's support, the team members were more engaged in the planning as well as the implementation phase of the project.

Finally, the strategy for building effective teams aligns with Lewin's (1947) theory. In Lewin's change theory, group norms influence individuals within the groups. Thus, each member of the group is important because each contributes to the group's

norms and standards. For managers to affect change, they must consider the forces

affecting the field, such as subgroups, the group's standards, and value systems. All

factors must be understood and reorganized to positively affect the flow of social events

(Lewin, 1947). As a result, managers can successfully manipulate the forces influencing

groups as long as they understand the forces.

Lewin's (1947) views on group dynamics also supported this single case study

because of the strategies the managers used to affect the team's forces. The managers

affected the forces, which led to the success of the project by selecting members with the

most appropriate expertise and by achieving buy-in from senior leaders and team

members. Diverse team members provided a holistic approach to problem-solving and

planning processes for the organization's improvement project. Managers used buy-in to

lead the forces within the team to ensure everyone's dedication to the project's success. In

this study, the strategy for building an effective team was beneficial.

Theme 2: Establishing the Foundation for the Change

The strategy for positively affecting process improvement projects was

establishing the foundation of the change before initiation. All the manager participants

viewed establishing a foundation as a pivotal part of the process improvement project.

Eighty-three percent ($n = 5$) of manager participants said that their positive influence on

the success of the project was the direct result of empowering the team. Sixty-seven

percent ($n = 4$) of managers engaged the team by explaining the need for the change.

Empowerment. In establishing the foundation for the change, managers

empowered their team to direct the project. Team empowerment is a representation of

members' perceptions of the meaningfulness of work, effective task performance, task-related decision autonomy, and effect on outcomes (Jiang et al., 2016). M2 and M6 identified empowerment as their best strategy for the success of the process improvement project. Five of the six manager participants expressed that empowerment was an important strategy for positively influencing the project.

The managers in this study used team empowerment as a mechanism to encourage team commitment. M6 promoted the use of team empowerment to engage each team member to facilitate an open dialogue and to foster team commitment. In agreement with M6, M2 stated:

Once the team members were empowered and felt that their voices were heard, they opened up and were able just to put all of the feelings aside. And, they became more energetic in making sure that the project was theirs. Giving them full authority and ownership of their team, they made sure that everything worked.

Similarly, M5 contributed that giving the team ownership of the outcomes made the team members appear more dedicated than previously, which improved the success of the project.

M5 found it critical to establish a policy for the team, which negated the significance of a co-worker's rank or status within the organization, to facilitate equal team member empowerment. By removing the inequalities, members of the team were more comfortable sharing their ideas. M5 emphasized the establishment of this type of policy at the beginning of the project to prevent any future issues and to ensure members

with great ideas are not afraid to share them because of repercussions. In groups of diverse stakeholders, managers must establish effective communication routines to mitigate creating a dysfunctional culture (Butt, Naaranoja, & Savolainen, 2016). By establishing the rules of engagement, managers fostered empowerment based on equality and openness.

The study's findings conflicted with those of Jiang et al. (2016), who argued that high levels of team empowerment were detrimental to team productivity because of increased intra-group conflicts. The data supported Jiang et al.'s subsequent claim that empowered teams could still achieve positive performance if power distribution were relatively equal among members and a highly functioning collectivism culture existed within the team. The participants in this single case study did not experience any conflict related to empowerment. To mitigate the possibility of conflict, managers established member equality guidelines before beginning the project. As a result of team empowerment, employees were more productive and resolved issues objectively.

Managers empowered the team to make collective decisions. M3 influenced the team by facilitating a culture shift in which the team—not the managers—was responsible for making the decisions during the planning process. The manager emphasized applying a holistic team approach to the project versus a hierarchical one. In the organization documentation, it was noted that the group made all decisions via an equal voting system. These decisions included identifying the significant root causes for the process inefficiencies as well as proposing the best countermeasures for resolving each issue. In support of the managers' ability to empower the team, T3 contributed,

"They did not tell us how we needed to look at it. They gave us the latitude to put some required action into correcting the problem." By being empowered, T3 was encouraged to become more involved in the process because the participants knew the importance of their direct influence on the project outcome. In this project, empowering the employees increased their ability to make decisions autonomously and led to a successful project.

The data collected in this study aligned with Weixiao and Wang's (2017) conclusion that shared group decision-making with stable team membership fostered positive effects on creativity. The findings suggest that group decision-making increased the team's commitment to the project and the willingness to provide their input regarding the processes. Through the exchange of knowledge, the team members improved their creativity and ability to find value in others' input.

Elwyn, Frosch, and Kobrin (2016) argued that shared decision-making in the healthcare industry could negatively affect resource utilization and modifications to staffing. Conversely, this study's data suggested that resource (personnel and supply) utilization was more efficiently used as a result of the successful project. M2 attested to the reduced staffing hours. The D2 showed a drastic reduction in supply use and applicable costs. In this study, shared decision-making yielded many positive benefits.

The data findings regarding team empowerment aligned with Lewin's (1947) observations regarding group decision-making. In the milk consumption experiment conducted by Lewin, the group of mothers who decided together to increase their children's milk consumption was dramatically higher than for the group of mothers who individually committed to increasing milk consumption. This single case study's findings

supported Lewin's observations because they illustrated the importance of empowering teams to autonomously direct change. Within groups, there are formally and informally agreed upon norms with the result that members are less likely to exceed these boundaries, either negatively or positively (Lewin, 1947). Managers are more successful in affecting the success of projects by engaging the members and motivating them to become self-reliant. As a result of group norms, the team's project outcomes can be better than when directed by managers.

Providing the reason for the change. Four of the six managers credited their success in this project to providing the reason for the change to the team. The managers shared the reason for the change to minimize resistance to change and reduce anxiety. To provide the reason for the change, M1 led the team in examining the current state of the process. M3 contributed that reviewing the current process provided a baseline for the change. When providing background information to the team, M1 noted requirements as directed by regulations, directives, and the organization's executive staff.

The managers examined the effects of the current process on staff hours and efficiency. To illustrate the reason for the change, M4 annotated the effect of the inefficiencies on the department in the organization documentation, which included the reduced capability to provide quality care to patients. The documentation identified gaps in the department's current performance and broke down the problem based on the patients' input. In support of the other managers, M6 found it beneficial to provide the "five whys" to the team on what was occurring in the internal and external environment of the organization to necessitate the need for change. By providing background on the

need for change, the managers made an effort to ensure team members understood the organization's position. This transparency aided the managers in minimizing resistance to change and anxiety from the team.

The team members shared the managers' views on providing the need for the change. According to Laureani and Antony (2017), managers should use effective communication systems to share the vision and the message of the improvement project. Participant T3 stated that providing background information to subordinates can help provide the subordinate with purpose, insight into how they fit into the organization, and their importance to the mission. T2 noted the importance of new managers providing their vision to subordinates because it allowed subordinates to understand the "bigger picture." T5 contributed that setting the expectations at the beginning of the project provided direction for the team. Paradoxically, T2 reflected upon the negative effect caused by previous managers who sought to implement changes. In T2's opinion, failing to provide information on the necessity for the change appeared to make members feel like they were doing things incorrectly. T2's suggested verbiage for managers who desire change was, "I like what you're doing, but because of the current situation, we need to go in this direction." This statement acknowledges the member's efforts and the need to make changes. Similarly, French-Bravo and Crow (2015) stated that leaders should avoid labeling past performance as insufficient but rather as sufficient for the previous conditions or environment. The team members appreciated the managers' attention to providing the background on the need for change.

The findings of this study did not align with the conceptual framework of Lewin's (1947) change model; however, it did align with other previous studies. The findings supported Rogiest, Segers, and Witteloostuijn (2019), who suggested that there might be several contributors to failed process improvements, but ignorance of the employees' attitudes toward change was one of the most crucial. The manager and team member participants expounded upon the necessity of managers to acknowledge employees' possible anxiety, which could lead to resistance to change. Based on the data, managers must acknowledge and find ways to counteract anxiety before it leads to increased resistance to change and distrust of leadership.

This single case study supported Georgalis, Samaratunge, Kimberley, and Lu's (2015) findings while also extending Ellwart, Happ, Gurtner, and Rack's (2015) findings. Georgalis et al. found that managers could minimize employee resistance to change by providing timely, accurate information about the need for change. The study's findings aligned with this claim because managers effectively provided timely, accurate information to minimize resistance to change. Team members attested to understanding the purpose of the change and their roles in the process.

In contrast, Ellwart et al. (2015) found that providing too much information can negatively affect a team by increasing anxiety and diminishing decision-making ability. As a result, this study extends the previous literature on information sharing because managers mitigated possible negative effects of information sharing by not overwhelming the team members with excess information, not about the project. The study's findings

supported that team members desired to be well-informed about the issues surrounding operations that specifically affected them.

Theme 3: Communicating throughout the Change Process

The next emergent change management strategy was communication throughout the process to senior leaders and the team members. All manager participants agreed that communication was an important contributor to their success. Communication was a reoccurring theme throughout all of the manager interviews, and in four of the team members' interviews. The subthemes for communication were feedback ($n = 6$, 100%) and accountability ($n = 5$, 83%).

Feedback. For all of the managers, soliciting and receiving feedback from the team was a critical strategy for the project's success. Four of the six manager participants expressed the necessity to obtain feedback from the members within the organization who were frontline workers engaged in the daily operations. M6 found it critical to solicit advice on the current issues and how best to move forward because the process changes would predominantly affect the team. M6 concluded that good communication with the team could improve the success of any project, especially when the team—not upper management—is intimately involved in the planning and implementation processes. Subsequently, M1 stated that there needed to be a cohesive collaboration between the managers and the team so the team—not the managers—were driving the change. M6 stated, "Communication from both directions is critical. Leaders who cannot listen effectively to their staff have truly lost trust and ability to not only implement change but when change is made, sustain it throughout." In support of M6, M2 stated:

If you involve folks that are at the forefront of your daily operation, they are more

forthcoming and will give you all the help and input that you need; take all of

their ideas, look at everything, and involve them in decision-making.

The managers spoke about how invaluable the team members' suggestions and

contributions were during the process.

Team members also viewed feedback as a strength in this study. T4

acknowledged the importance of the managers allowing each member to provide

feedback—positive and negative. T1 contributed part of the team's success related to the

manager's ability to create an environment in which all participants felt valued. In this

particular study, the managers and team members viewed feedback as an essential

attribute, which inevitably allowed the managers to positively influence the process

improvement. In agreement with the managers, T5 contributed that the success of the

project primarily related to the open communication between the managers and the team

members. In reflecting on the project, T1 said that allowing the team members to speak

freely kept the lines of communication open and contributed to the lack of conflict. T6

found two-way communication was effectively used to decentralize less significant tasks,

and it allowed the group to focus on more critical tasks while accomplishing objectives

more quickly. For the team members, the managers' ability to receive feedback was a

positive strategy for affecting change in the organization.

The findings of this study did not align with the conceptual framework of Lewin's

(1947) change model. Conversely, other research aligns with the managers' assertions

that effective communication can positively affect change (Butt et al., 2016; Pollack &

Matous, 2019; Rogiest et al., 2019). Butt et al. (2016) found that effective communication fostered trust. Trust and psychological safety led to improved collaboration, team performance, and frequency and depth of shared information (Pollack & Matous, 2019). Rogiest et al. (2019) concluded that quality communication could increase the chances of successful process improvement. Thus, as a result of the managers' effective communication skills, the team seemed to feel more comfortable. Team members shared their ideas related to the project. The team became more involved in daily operations. Subsequently, by the team providing their experiences and knowledge, it provided a holistic view of the entire process to everyone involved in the project. Inevitably, the managers' strategy for obtaining feedback through effective communication contributed to a positive outcome.

Accountability. Eighty-three percent of manager participants considered maintaining accountability an important strategy for keeping the team focused on the goals of the project to positively affect change. Accountability is the culmination of accurately assessing each team member's abilities and input, yet ensuring that each member is responsible for the outcome (Sousa & van Dierendonck, 2016). Stable teams are better equipped to foster accountability and communication (Stein, Colyer, & Manning, 2016). Managers must effectively use personnel resources and the team's desire to achieve task accomplishment to influence team performance (Ceri-Booms, Curseu, & Oerlemans, 2017). The occurrence of the subtheme of accountability reflected the team's commitment to achieving the goals set during the project's planning phase.

The primary mechanism for the team's accountability was the timeline

documentation (D2). Based on the D2, the managers and the team tracked all changes and reassessed them weekly. The team assigned each countermeasure to a primary point of contact who was responsible for the completion of the task by the estimated completion date. By creating the timeline for the implementation of the project, each member would ensure that others remained on schedule to complete various steps prescribed by the team. Throughout the implementation phase, the team frequently reassessed its action plan based on the timeline documentation.

Similarly, Stein et al. (2016) concluded that social pressure could significantly increase individual performance and participation. As a result of this social pressure, members provided candid updates on the current status of the project and gave suggestions for strategic realignment. M6 attested to the proactive efforts of the team to identify and correct frontline issues to reach their goals. Employees are more apt to proactively refine initiatives, identify issues, and create solutions when they are empowered to make decisions and directly influence change implementation (Ceri-Booms et al., 2017).

The findings of this single case study did not align with the conceptual framework of Lewin's (1947) change model; however, the findings aligned with the Lippitt, Watson, and Westley's (1958) seven-step change theory outlining the need for communication, feedback, and collective accountability. In step six, maintaining the change, the strategies of communication, feedback, and group coordination were critical elements of the change process when participants talk about the changes they are experiencing and provide feedback on the change and the need for any adjustments to the plan (Lippitt et al., 1958).

The group then coordinates to ensure that they are meeting their targets, and everyone agrees before proceeding. As with Lippitt et al., the managers in this single case study knew the importance of communication, feedback, and accountability to secure the long-term adoption of the changes.

Communication is the cornerstone of an individual's interaction with others. Various forms of communication exist, such as verbal, non-verbal, and written. In this single case study, both the managers and team members found communication to be a critical aspect of their success. Teams should not view communication as an item on a checklist because communication is a continuous process. All participants must actively participate in communication, effectively and consistently, for success.

Theme 4: Solidifying the Change

The final strategy explored in this single case study was solidifying the change. Four of the six manager participants found that ensuring the sustainability of the process was a vital strategy for positively affecting the project and ensuring the longevity of the process. The successful integration of sustainment into an organization's practices is the direct result of leaders' perspectives toward the strategy (Narayanan & Adams, 2017). Managers must communicate the objectives of change and acknowledge the psychological and cultural barriers to change to successfully implement corporate sustainability (Appelbaum, Calcagno, Magarelli, & Saliba, 2016). To effectively incorporate sustainability into the daily operations, leaders must ignore their perceived notions about the strategy and implement transformational change to secure its organization-wide use.

Both the manager and the team influence sustainability. M6 observed that changes have a greater probability of sustainment when the team possesses ownership of the process. According to M3, to increase the probability of sustainment, teams should assess the third and fourth-order effects before implementing an action plan for change. In cases when the immediate change negatively affects operations in another section, the change may be inadequate and short-lived. For the longevity of the change, the team must adopt a strategic view of the organization, determine the long-term goals, and identify any internal conflicts. M1 suggested that the change should be consistently communicated to new employees to ensure the continued success of the organization. Ultimately, the longevity of the change was the responsibility of the managers and team members.

The findings indicated that change does not survive over time within an organization unless managers create avenues to support the change, such as policy changes, written guidance, and employee training. M4 assisted the team with sustaining the process through written guidance, which could be reviewed by anyone in the military, healthcare organization. The guidance outlined the steps in the process and identified the changes made by the team. The D2 showed how the team standardized the processes throughout the organization. The team placed the updated procedures on the organization's online drive, trained personnel in other departments who affected the process and incorporated periodic reports on the program status. Similarly, T4 noted that the team used training as a method for successfully implementing the changes throughout the section and organization, as needed.

Unlike in this single case study, Silvius, Kampinga, Paniagua, and Mooi (2017) found that managers rated sustainability as one of the least important factors of a project, whereas cost, quality, and time were the most important. Silvius et al.'s findings suggested that sustainability was unimportant. In this case study, managers were adamant about the positive effects of implementing sustainability measures for continued use throughout the organization. Thus, this study extends previous literature because it gives an alternate perspective regarding the significance of sustainability to the longevity of process improvement projects.

The strategy of solidifying the change through sustainment of the improvement aligned with Lewin's (1947) change model where the final step was freezing, the solidification of the change. Lewin noted that the importance of understanding change within groups could be temporary. As a result, Lewin wrote about the significance of solidifying a process to ensure that the process continues long after the project ends. Implementation of sustainment measures was the final strategy for the managers to positively affect the process improvement project.

The managers in this single case study thoroughly asserted the value of implementing mechanisms to ensure the sustainability of the new processes, which resulted from the team's hard work. The managers acknowledged the wasted effort in completing a process improvement but then not sustaining the changes. Therefore, once process improvements are successful, managers must document the change, communicate the change throughout the organization, and publish it for future use.

Applications to Professional Practice

The change management strategies that outpatient care facility managers use to affect process improvements have direct positive applications to professional practice. There are four types of change: (a) radical intervention; (b) crisis-based top-down direction; (c) serendipitous, adjustment to changes; and (d) planned, guidance-based (Ceulemans, Lozano, & del Mar Alonso-Almeida, 2015). Change management is a complicated process, and no clear guidance for success works for every organization. The strategies outlined in this single case study provide several best practices that have proven beneficial within the outpatient care sector. These principles can be applied to practices in other businesses as well. By understanding the findings of this study, managers, who may be less experienced in change management, can grasp the complexity of managing others and creating change. Managers can obtain information on how to positively influence staff members or teams by motivating them to become a part of the change process.

One strategy for positively affecting process improvement projects is to build an effective team with well-rounded individuals who are committed to the same goal of change. When beginning any process improvement, managers must understand the importance of selecting team members who are the best fit for the specific project. To yield the best results, the team members should represent diverse backgrounds, such as varied formal education and experience levels.

The findings in this study both support and extend previous literature. Valls et al. (2016) concluded that educational diversity had a negative and positive influence on team

performance. In contrast, Mello and Rentsch (2015) concluded that internal diversity, such as education, produced positive effects. In this single case study, educational diversity was a positive trait, which improved the team's performance. Similarly, the current findings expounded upon the findings of Pollack and Matous (2019), who found that trust and psychological safety led to improved information sharing and performance. The manager participants in the process improvement sought to establish trust and mutual respect from the beginning of the project. This effort fostered a more cohesive team that appeared to be more comfortable sharing ideas with other members. As noted by Tasheva and Hillman (2018), the success of teams is highly dependent upon how well the members interact with each other. Therefore, managers should exclude potential participants from the team who are resistant to change or possess negative beliefs.

Once potential members are selected, the manager must obtain buy-in from both senior leaders and the team. Senior leaders must buy-in to the project because they are ultimately responsible for all operations under their purview. Similarly, Glazer et al. (2016) noted that leadership's buy-in was a vital component for program changes as the manager participants attested to the benefits of senior leadership's support. Also, Cadieux et al. (2017) found that teams expressed higher levels of engagement because the managers effectively gained their buy-in. The managers in this study noted the need to ensure that the goals and vision of the senior leaders aligned with the managers' goals for the team before beginning the project. Once senior leadership approved the proposal, the managers sought the team's buy-in. The managers suggested that the team is the most critical component of the project because they directly influence the frontline operations.

If the team is not committed to the change, the project will not be successful. Thus, to gain buy-in, managers must communicate openly with senior leaders and the staff to foster the generation of innovative ideas.

The establishment of the foundation for the change is another strategy. This strategy entails providing the reason for the change and empowering the team to make decisions. In this single case study, the managers and the team alike found that providing the background information on the need for change was a critical strategy for ensuring everyone understood the purpose and objectives of the change. Even though providing the background information may seem trivial to new managers, this step in the process fostered better accountability and cohesiveness throughout the project. The managers expressed the necessity to empower their teams to make decisions and to own the process. The findings of this study are similar to the findings of Kukenberger, Mathieu, and Ruddy (2015), who also found that the managers' ability to effectively empower the team created a positive influence on the team's commitment to the process improvement. The team members expressed their gratitude towards management for allowing them to become owners of the processes without dictating the parameters of the change process.

The managers suggested that group decision-making is an important aspect of team empowerment. In the organization documentation, the project facilitator wrote that the team, collectively, made decisions during the planning and implementation stages of the project. This technique ensured that everyone could equally voice their opinions. The managers emphasized that each team member's vote counted equally without regard to rank or position within the military, outpatient care organization. Although the findings

of this study supported Jiang et al. (2016), who argued team empowerment led to higher levels of conflict, it also extended the literature by providing ways to mitigate or relieve the intragroup conflict. M3 alleviated conflict by stopping the planning process and dedicating time to ensure that everyone understood the thought processes and verbal communication of other members before continuing. As noted by Lewin (1947), group members create their acceptable norms.

Social pressure can significantly increase individual performance and participation (Stein et al., 2016). When discussing the project with the team members, individuals expressed an unstated commitment to the other members of the team. The team members felt individually responsible for their part of the inevitable outcomes of the project. As a result, the team worked diligently to ensure that they achieved the set goals. The study findings suggest that autonomous teams may produce better outcomes than teams whose behaviors are dictated by managers.

An additional strategy for positively affecting process improvement projects is communicating throughout the change. Throughout the process, the managers consistently communicated with their team members and senior leaders. In this single case study, the managers and team members stated that their ability to keep the lines of communication open improved information sharing and decreased conflict. These findings expand upon those of Rogiest et al. (2019), where quality communication increased the success rate of process improvements and the employee's commitment to change. The organization timeline documentation served as a standalone representation

of the continuous communication between the team and senior leaders. As noted by
several managers, good communication was vital to the success of the project.

Managers relied heavily on their team members to provide feedback for the best
ways to address various issues. Subordinates gain knowledge over time from their
experiences, and managers can learn the value of their subordinates' input. For
employees to feel comfortable sharing information, managers must foster trust through
effective communication (Butt et al., 2016). In this study, knowledge sharing and
feedback served as best practices for communicating throughout the change, which led to
a successful project.

The final strategy is solidifying the change by creating a mechanism to sustain the
process improvement for long-term use throughout the organization. Leaders'
perspectives towards sustainment strategies directly affect the successful integration of
sustainment practices in an organization (Narayanan & Adams, 2017). In this single case
study, the managers found sustainment to be a best practice strategy for ensuring the
continued use of the new processes. The findings coincided with Appelbaum et al.'s
(2016) suggestion that managers must acknowledge the psychological and cultural
barriers to change to implement corporate sustainability. The strategy of solidifying the
change through sustainment of the improvement aligns with the tenants of Lewin's
(1947) change theory. In the change model, the final step is freezing, the solidification of
change (Lewin, 1947). Lewin noted that the importance of understanding change within
groups could be temporary. As a result, Lewin wrote about the significance of solidifying
a process to ensure that the process continues long after the completion of the project

(Lewin, 1947). The managers in this single case study thoroughly understood that the changes would not be followed or continued without the support of leadership and without solidifying the processes for future use.

In the documentation, the written sustainment and implementation plans ensured accountability. For this project, the team created new policies and procedures, trained other employees on the changes, and published the updated procedures on the organization's online portal. Managers can solidify change by training personnel on the new process, maintaining a record of the improvement project by outlining the process changes or implementing new policies. For changes to last, the culture within the organization must change. Leadership must continue to be supportive of the change by applying its use and encouraging employees to think differently.

Overall, 80% of all process improvements fail (Hornstein, 2015). To improve a manager's success rate, a manager can use the strategies outlined in this case study as a guide for implementing change in the organizations. Successful process improvements can lead to increased profitability, decreased expenditures, reduced staff hours, and improved job satisfaction. The findings in this single case study were similar to the tenants of Lewin's (1947) change theory. The major message from this study is to focus more on the team and its dynamics and less on the process itself.

Implications for Social Change

Organizational leaders have a social responsibility to the communities they serve. These social responsibilities—legal, economic, discretionary, and ethical—can be accomplished through initiatives, such as philanthropy and cause-related marketing

campaigns (Athanasopoulou & Selsky, 2015). Ultimately, managers can use the strategies outlined in this single case study to implement improvements, which will streamline processes and lower costs. As a result, healthcare leaders can use the savings to provide better quality care in the facility and to grow outreach programs in underserved areas. For external customers, improving patients' experiences can include reducing wait times, decreasing the cost of care, and increasing appointment capacity. Organization members who act in a socially responsible manner achieve higher levels of financial performance and profitability (Ducassy & Montandrau, 2015). Consequently, the money retained from reducing expenditures can be used to increase or improve outreach programs to assist underserved members of the community.

Healthcare leaders are uniquely positioned to understand the needs of the community and to build trust (Hunt, Allgood, Kanoon, & Benjamins, 2017). Community engagement, through outreach programs, is critical for improving the health of underserved populations and underrepresented groups (Johnson, Joosten, Wilkins, & Shibao, 2015). These programs can address critical health concerns like chronic illnesses, obesity, heart attack prevention, and early cancer detection. Healthcare managers, who can successfully affect process improvements, can create opportunities for community growth and stability by decreasing morbidity rates. However, healthcare managers cannot easily resolve the issues of access to medical care, diminished healthcare coverage, and other environmental factors, but healthcare and other industry leaders also have a responsibility to do their part for the community.

Recommendations for Action

The results of this study indicated there are numerous strategies that managers can use to affect the success of process improvement projects. The main strategies provided by the managers are to build effective teams, establish the foundation for the change, communicate throughout the change, and solidify the change. The strategies expressed by the participants can be beneficial to any manager or team leader who is inexperienced with change management or even for experienced managers who want suggestions on how to best improve their processes.

The recommendation to a manager seeking to affect positive change within their organization is to assess the changing culture. Are employees encouraged to think critically and innovatively? Do employees think that they can communicate openly without fear of reprisal? Are most decisions in the organization made top-down or bottom-up? Although culture has a significant influence on the success of an organization, few leaders adequately understand culture's effects and can effectively build it (Warrick, 2017). Culture can affect employees' productivity, performance, recruitment, and retention efforts (Warrick, 2017). Organizational culture has six guiding principles: (a) make incremental changes, (b) align the vision and action, (c) encourage shared leadership, (d) foster staff engagement, (e) form collaborations, and (f) continuously assess and learn from change (Willis et al., 2016). Similarly, the managers in this single case study guided how to build and sustain a changing culture through the use of a common language, teamwork, and empowerment.

Sustainment is a strategy to continue to change efforts. If employees are afraid of retribution for candidly stating their opinion or decisions are made at the top and directed throughout the organization, this type of change culture is weak or nonexistent. Senior leaders significantly affect the success of change initiatives (Ateş et al., 2018). Thus, in organizational culture, a preliminary step would be to engage senior leadership. By gaining leadership's buy-in for a change, leaders can initiate the change from the top for better implementation.

The final recommendation for managers is to develop and nurture the relationship between management and employees. The employees are the most important component of any process. Popli and Rizvi (2015) noted that managers should focus more on employee engagement and less on customers, as this approach would have an indirect positive effect on customer service. Further, transformational leaders significantly increase employee engagement and work performance (Popli & Rizvi, 2015). Employees are the subject matter experts and, in many cases, the people who most interact with external customers. As a result, employees possess a unique knowledge regarding the customers' opinions of services and operational idiosyncrasies. The manager participants provided candid feedback regarding the significant influence of team members' feedback. The team knew their input was valued. Subsequently, the team provided a wealth of knowledge to the managers, which inevitably made the project more successful. Thus, managers should respect the opinions of their employees and build mutual trust. The findings of this study expound upon those of Xu, Loi, and Ngo (2016), who concluded

that mutual trust improved employees' work performance, job satisfaction, and feedback contributions.

A positive correlation between the employee's trust in management and the quality, production, and efficiency of the employee's performance has been indicated (Brown, Gray, McHardy, & Taylor, 2015). In this single case study, managers and team members attested to their desire to work harder as a result of the trust relationship. Through building trust, managers can empower their employees to take ownership of process improvements and to create change from the bottom-up in the organization.

The results of this study can positively influence business practices. I have a responsibility to share this information as widely as possible. As a result, I will share this study with my participants and with other scholars and researchers via publication in the ProQuest/UMI dissertation database and similar business journals. Finally, I plan to present this information at leadership conferences and offer training to local organizations.

Recommendations for Further Research

The objective of this qualitative single case study was to explore change management strategies that the military, outpatient care facility managers used to positively affect process improvements within their organization. Before conducting the study, the four limitations identified were: (a) the small sample size, (b) convenience sampling based on location, (c) transferability to other industries, and (d) the short period to conduct the study. To improve the reliability and validity, I recommend a future study conducted as a qualitative, multiple case study with a larger sample size, including

participants from various locations throughout the country and organizations from various industries. Time should not be a restraint for future studies. The results from the future study can either confirm or refute the transferability of the strategies used in a military, outpatient medical setting to other industries throughout the United States.

When analyzing the raw data from the managers and team members, I found that various strategies were ranked differently by the subgroups. For example, the managers contributed most of their success to communication and feedback, whereas the team members contributed most of the managers' success to their leadership styles and ability to set expectations. These differing perspectives should be explored through a mixed case study to identify the most effective strategies from each subgroup and to explore the reasons for the differences. A mixed method study would provide the field of change management with a wealth of knowledge, which leaders can use to enhance their approaches to change.

<div align="center">**Reflections**</div>

In reflection, I consider myself a life-long learner who is always seeking new ways to broaden my understanding of countless topics. In many ways, Walden University has helped me become a better scholar, researcher, and mentor. As a doctoral student, I have explored topics of change management from a literary review and research perspective. Change management has many eccentricities. Increasingly, managers must be able to motivate their subordinates to produce positive changes. Lewin's (1947) change model was enlightening, especially the psychological aspects of change management—breaking group norms, group belonging, and mental reprogramming. In

the beginning, there were preconceived notions about the probable answers to the research question. However, bias was mitigated by thoroughly understanding the research process. My participants—managers and team members—provided candid information regarding their experiences in a project, which differed from the preconceived ideas.

For me, the important conclusion from this study is *perspective*. Interestingly, everyone participated in the same project but had slightly different views on the change phenomenon. When interacting with others, individuals must understand and appreciate the differences in perspectives. An individual's perspectives are shaped by one's childhood, ethnicity, personality, and education. Once people can grasp this concept, improvement of compassion and empathy for others can occur. The journey to complete this study has not been an easy one. I am grateful that I stepped out on faith, persevered, and achieved my goal.

Conclusion

The specific business problem of this study was that some military, outpatient care facility managers lack change management strategies to bring about process improvements. In the healthcare field, as well as other business fields, continuous process improvements are needed to lower expenditures for the organization, decrease costs for the customer, and improve efficiencies. In the United States, the cost of healthcare is rising consistently as a result of innovations, aging demographics, cost of pharmaceuticals, and medical errors (Dalton & Byrne, 2016). Although medical leaders cannot directly affect the introduction of new costly devices and medications, leaders can directly decrease the prevalence of medical errors and the internal cost of providing care.

Not only can medical leaders positively affect these measures, but they also have a social responsibility to improve their operations and practices. The best way to improve inefficiencies in organizations is to effectively implement process improvements. Employees significantly influence the success of process improvement projects. Managers should foster a culture of open communication and change in which "out of the box" thinkers are nurtured and rewarded. The participants of this study provided several best practices, which can act as a guide for change management within any organization. Although change is a complicated process with many idiosyncrasies, patients deserve nothing less than the best.

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Appendix: Interview Protocol

I. Introduce myself to the participant.

II. Read the script.

"I would like to take the opportunity to thank you in advance for participating in this important research study on change management. I desire that you will openly and honestly share your experiences with me. At this time, I will review the consent form that each of you received via e-mail."

III. Review the consent form.

IV. Provide a copy of the consent form.

V. Obtain verbal approval to use recording devices.

VI. Turn on devices.

VII. Begin with interview question 1 through the end.

VIII. Wrap up interview thanking participant.

"Again, I would like to thank you for your participation. If you have any questions, you are more than welcome to ask at this time. If you would like to contact me later, I can be contacted using the information on your consent form. Once I have reviewed the transcripts, I will set another short meeting to review the conclusions drawn from the data. During this time, you have the option to provide additional information that you may think of after today's meeting."

Follow-up Member Checking Interview

IX. Introduce the follow-up interview with the script.

"This short follow-up interview is meant to allow you to correct and approve conclusions drawn from your previous interview. During this time, you can add any new information that you deem helpful to the study."

X. Review the questions and the succinct conclusions drawn.

XI. Close interview with a final thank you to the participant.