10-2020

Happiness at Work: A Phenomenological Investigation of Clinic Managers

Jorge Melendez

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Jorge Melendez

George Fox University

Author Note

Submitted to Dr. Justine Haigh in partial completion of the Doctor of Business Administration Dissertation Proposal.

GEORGE FOX UNIVERSITY
COLLEGE OF BUSINESS

Dissertation Completion Approval
Doctor of Business Administration

Student Name: Jorge Melendez Student ID#: 1883368

Cohort #: 11 Concentration: MGMT

Project Title:

Happiness While at Work: A Phenomenological Investigation of Clinic Managers

has been approved for the Doctor of Business Administration Program
at George Fox University as a dissertation for the DBA degree.

Approval Signatures:

Chair Date 10-14-20

Dr. Justine Haigh, PhD.
Chair (print)

Member Date 10/15/20

Dr. Paul Shelton, PhD.
Member (print)

Member Date 10/16/20

Dr. Brad Jensen, PhD.
Member (print)

Dr. Justine Haigh, PhD - Director, DBA Program Date 10-14-20

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Abstract

This study seeks to understand, through a qualitative phenomenological design, the meaning of happiness at work for clinic managers who work for a mission-driven healthcare organization. There exists many organizational dynamics that can influence happiness at work; nevertheless, for the scope of this investigation, this paper converged on three theoretical premises: (1) Positive Psychology: Happiness at work which is divided into eudemonic and hedonic happiness, (2) Intrinsic Motivation Theory: Self-determination, and (3) Extrinsic Motivation Theory: Self-determination. The evidence discovered in this study demonstrates the importance of understanding the context for what happiness at work means for management-level caregivers/employees. The clinic managers that participated in this study overwhelmingly displayed a strong sense of intrinsic motivation/eudemonic happiness, in part, because they take happiness to work and they display a strong desire to help develop and grow their respective staff. Yet the study also realized that extrinsic factors influenced their happiness at work. For example, a key extrinsic factor on the clinic manager's happiness was his/her direct supervisor, a prime illustration, if the clinic manager's direct supervisor fails to recognize the clinic manager's skills/abilities and if the direct supervisor of the clinic manager was a micromanager. Notwithstanding, when clinic managers utilize their full skills and when they were able to support, encourage, and develop their direct reports, it seems that clinic managers maintained a sense of happiness at work despite any external negative experiences. Several contributions have been realized based on the findings of this study. Most interestingly, the phenomenon of happiness at work has been found to be dynamic and multidimensional.

Keywords: Happiness at work, management, employee engagement, positive psychology, intrinsic motivation, extrinsic motivation, self-determination theory, mission-driven organization.

Chapter One - Introduction

Statement of research problem

Employee happiness at work has attracted research attention for many years (Fisher, 2010), yet there exist gaps in the research, certain gaps which this paper will highlight in order to bring additional attention and appreciation for the phenomenon. Happiness has been described as a positive sentiment, a complex emotion that has attracted substantial attention from literature, philosophy, and psychology (Izard, 1977). The happiness at work construct has demonstrated to be a reliable phenomenon that can help improve work production (Lyubomirsky & Lepper, 1999; Walsh, Boehm, & Lyubomirsky, 2018) and better-lived experiences (Achor, 2010), thereby, proving itself an important construct for scholars and business practitioners to consider. Having employees experience happiness at work has, thus far, demonstrated a critical perspective to better understand and study.

The research surrounding happiness at work within the healthcare clinic environment is currently experiencing gaps. This paper seeks to investigate happiness at work by examining how clinic managers that work in a mission-driven healthcare organization build direct meaning from their experiences and interpret those experiences through self-determination theory. It is also important to note that while the research attention on happiness at work is growing and adding to the body of knowledge, further exploration needs to expand to diverse healthcare settings, e.g. ambulatory and more specifically in a clinic environment.

From a historical perspective, most of the research surrounding happiness at work has focused on quantitative designs (Fisher, 2003, 2010; Walsh, Boehm, & Lyubomirsky,

2018, et al.). The research attention from a qualitative approach has been limited and therefore the contextual perspective has not been fully explored and/or appreciated. With the focus of research on happiness at work relying heavily on quantitative designs, investigation of the "stories" behind the numbers has been lacking. This dissertation seeks to help address this gap in the research by providing a qualitative examination through a phenomenological design.

It is the purpose of this paper to bring forward a qualitative exploration of happiness at work and thereby helping to search for the meaning of the phenomenon (Jones & Kottler, 2006). This dissertation seeks to understand happiness at work with more specificity to investigate the meaning within a clinical care setting by examining the phenomenon through self-determination theory. This is particularly important because little research in terms of happiness at work has been conducted in a clinic environment and more explicitly in terms of focusing on clinic managers and what might motivate them towards happiness at work.

dResearch attention on happiness with qualitative tools has been limited, however, further research is warranted (Fave, et al., 2011), thereby supporting this research paper. "Most instruments investigating happiness and well-being are built as scales: they do not allow for participants' comments and descriptions. This can be considered a limitation" (Fave, et al., 2011, p. 188). As described by Fave et al. (2011), their work on exploring happiness found that many gaps in the research exist, especially from a qualitative perspective. Due to existing gaps in the available research concerning happiness at work, further exploration should be conducted. Research needs to focus on

the healthcare industry, especially given the projected growth in healthcare jobs and the importance of those healthcare jobs on the overall U.S. economy.

The continued growth in healthcare jobs has been proposed by many economists and scholars. For example, from 2012 to 2022 the healthcare industry is projected to add over 4 million new jobs; this trend is expected to continue along this trajectory beyond 2022 (Torpey, 2014). More importantly, the growth of healthcare jobs will specifically include ambulatory care settings (Torpey, 2014). Within ambulatory care, "clinics e.g., primary care or specialty care", are an integral part of the ambulatory spectrum. Due to the important role that the healthcare industry plays on the overall U.S. economy, more specifically in terms of ambulatory care (Torpey, 2014; Blazheski & Karp, 2018), it is vital to research the task that managers have within the industry.

Clinic managers that work in mission-driven organizations face increasingly challenging undercurrents that can easily impact how they do their work (George, 1999). Working for a mission-driven organization has become increasingly popular among the labor force (O'Connell & Gibbons, 2016), and therefore, focusing on clinic managers that work in mission-driven organizations is of interest for the contextual purposes of this study. It is also important to acknowledge that there is little research that has been done in this respect.

In an effort to add to the body of knowledge, the focus of this paper is specifically on ambulatory care/clinic managers. Even though the focus of this dissertation is on clinic managers, it is important to keep in mind how patient care is impacted by the relationship between clinic managers and others such as physicians. Within healthcare settings, the physician's relationship with management is of particular interest due to the

dynamics that play out in the work environment (Knorring, Alexanderson, & Eliasson, 2016). Furthermore, it has been noted that the relationship between the physician and patient can be impacted by many factors, which can include how a physician is treated at work by management, e.g. positive feedback (Weiner, Swain, Wolf, & Gottlieb, 2001). It can be inferred that a physician's levels of happiness while at work can influence how he/she understands "the roots of sickness and the healing process" (Finkler, 2019). It is important to understand the impact that healthcare has on the overall U.S. economy, and as a side note, on the health of the U.S. population, and it is for these reasons that happiness at work for clinic managers should be undertaken. Additionally, it is important to understand the happiness at work construct through a qualitative approach to obtain a richer understanding of the lived experiences of clinic managers.

Fave, et al. (2011) found that qualitative analysis was important for investigating happiness. Through their research, they found:

> (1) how people define happiness, and (2) what things people consider most meaningful. The goals of qualitative analyses were, (3) to compare the perceived levels of happiness and meaningfulness across life domains, and (4) to explore the relationships among levels of happiness, meaningfulness and life satisfaction.

As demonstrated in the Fave, et al. (2011) research, the qualitative analysis provides important data to the body of knowledge. It is important to note that even though qualitative design is important, there exists a lack of qualitative phenomenological studies on happiness at work; it is, therefore, the purpose and scope of this paper to investigate happiness at work through qualitative phenomenological methodology.

Research questions

Question 1. What value do clinic managers place on their happiness at work when considering hedonic happiness and Self-determination theory?

Question 2. What value do clinic managers place on their happiness at work when considering eudemonic happiness and Self-determination theory?

Definitions of terms

In order to explore the phenomenon of happiness at work, the following terms will be utilized and therefore a clear definition of terms is provided.

Caregiver:

Is a widely used term in healthcare to identify employees, generally.

Clinic:

It is identified as a medical practice that is part of a systematic medical group that falls within an ambulatory scope. For the purposes of this paper, the clinic is more specifically in reference to a medical group's primary care and specialty care environment where patients receive medical care from physicians/providers dedicated to the diagnosis and care of outpatients.

Clinic Manager:

Is one that is responsible for the day to day business operations of a medical practice.

Medical Group:

The individuals that work for the medical group will maintain confidentiality in terms of name and location. Therefore, the name of the medical group will also maintain confidential, therefore, the Medical Group will be identified as Medical

Group X (MGX). Any clinic that falls under the umbrella of MGX will maintain its confidential identity, to include name and location(s).

Mission-driven organization:

A mission-driven organization is one that holistically holds to an identity by which the organization is recognized, it embraces a certain philosophy of why the organization exists. It goes beyond a statement of mission; its organizational purpose and individual employees tend to subscribe to being influenced by the mission and thereby acting within the collective purpose (Wang, 2011).

Happiness:

There is no single definition that researchers and philosophers can agree on when it comes to happiness. However, happiness is typically viewed through two major philosophical lenses: (1) hedonic: which considers happiness as instant gratification of feelings and favorable outcomes vs unfavorable outcomes and (2) eudemonic: which considers happiness through long term actions such as in doing what is virtuous, meaningful, and supports personal growth and development (Ryan & Daci, 2001).

For this study, a eudemonic approach of happiness will be the major focus of particular interest “authentic happiness comes from identifying and cultivating your most fundamental [moral] strengths and using them every day in work” (Seligman, 2002a: xiii) & (Seligman M. E., 2004). However, it is also important to acknowledge that hedonic dynamics occur within an employee’s workday, therefore, a hedonic purview will not be neglected for consideration in circumstances where applicable. Happiness is a complex “multidimensional

phenomenon that includes aspects of both the hedonic and eudemonic concepts" (Ryan & Daci, 2001, p. 148).

It is also important to note that for this study a general sense of happiness has been utilized. It is understood that there can be different levels of happiness (Diener, Seligman, Choi, & Oishi, 2018), however, for the purpose of this study happiness is utilized at a macro sense of hedonic and eudemonic.

Happiness at work definition:

"The definition of happiness at work is not only having feelings of pleasure, positive affective experience, good feelings, and enjoyment but also that one's work-life must be meaningful" (Saenghiran, 2013, p. 22).

For contextual purposes, utilization of the research derived from Dr. Cynthia Fisher, table (See Table 1 below) happiness will be contextually presented at a personal level. It is also important to note that the transient level and the unit level have influencing properties, however, those constructs are outside of the scope of this paper.

Table 1. Happiness-related constructs in the workplace

Transient Level	Person Level	Unit Level
State job satisfaction	Job satisfaction	Morale/collective job satisfaction
Momentary affect	Dispositional affect	Group affective tone
Flow state	Affective organizational commitment	Group mood
Momentary mood at work	Job involvement	Unit-level engagement
State engagement	Typical mood at work	Group task satisfaction
Task enjoyment	Engagement	
Emotion at work	Thriving	
State intrinsic motivation	Vigor	
	Flourishing	
	Affective well-being at work	

Self-determination theory (SDT):

SDT is an all-encompassing theory that has been fundamental in the development of many theories. SDT examines human motivation to help explore and identify people's desire to be self-determined (Deci & Ryan, 2012). SDT can be divided into two major sections (1) Intrinsic Self-determination, & (2) Extrinsic Self-determination.

Participant's names:

All names have been changed for the privacy and protection of the participants' identities. Names have been altered and randomly assigned, names have no association of sex (male & female) since the names were randomly given to the participants.

Provider (healthcare clinic envrionment):

For the purposes of this paper, a provider can include a doctor of medicine, Nurse Practitioner, or Physician Assistant.

Delimitations

Phenomenological study interviews were restricted to one medical group company (name of such medical group kept private for the purposes of this study). Within the MGX, only clinic managers will be interviewed. Ten clinic managers have been identified to be participants in this study. Such managers are responsible for managing similar clinic environments and will have worked for MGX, having managed a clinic for no less than two years, thereby seeking to understand the meaning of the experience of clinic managers (Merriam, 2002, p. 94)

Assumptions and limitations

A phenomenological study requires that data collection be gathered between five to twenty-five participants (Creswell, et al. 2007). Therefore, the number of participants in this study meets the requirements. Qualitative research such as in a phenomenological study is a reliable framework for research purposes (Jones & Kottler, 2006). Due to the requirements of participants, 10 separate and independent clinic managers that work in a mission-driven healthcare organization have been identified to be interviewed separately.

Need for significance of the study

Currently "happiness in the workplace is an understudied area and offers an incomplete understanding of the phenomenon" (McGonagle, 2015, p. xiii). Furthermore, happiness is a phenomenon that is not easily understood, and due to the misunderstanding, frequent debate occurs, although there is a long history of attempting to understand its essence (White, 2006). Notwithstanding the debates surrounding happiness, the significance of the research, thus far, on happiness at work, has proven to be a worthwhile endeavor.

Positive psychology has helped bring forward the phenomenon of happiness at work. The bringing forward of the concept of happiness at work has given many disciplines the opportunity for further researching the essence of happiness. Happiness at work research outcomes have had tremendous potential for many business researchers and business practitioners. As a prime example, Achor (2010) described that when an individual is happy, he/she tends to be more positive, smarter, and far more motivated in the work they do. Understanding the potential for how to harness and utilize happiness at work has many possibilities and promises and therefore requires ongoing research consideration.

There is growing attention on happiness at work (Pryce-Jones & Lindsay, 2014) and yet little is known about happiness at work in a clinic setting. Having a limited scope of research on the ambulatory setting is concerning, given the importance that the healthcare industry has on the U.S. economy. The healthcare industry is an important part of the U.S. economy (Hill & Powell, 2009). Healthcare has become the largest industry in the U.S. representing 17.9% of the Gross Domestic Product in 2016 and is expected to grow at an average rate of 5.5% over the next decade, reaching a spending amount of $5.7 trillion by 2026 (Centers for Medicare & Medicaid Services, 2018). Due to the role that the U.S. healthcare industry plays on the U.S. economy, this study seeks to understand the context of the lived experiences and meaning of happiness at work in an ambulatory setting, and more specifically among clinic managers.

The available qualitative research on happiness has found critical information that has been important for the exploration of the phenomenon. Through qualitative evaluation, researchers have been able "to detect a previously overlooked dimension, namely harmony/balance" when researching happiness (Fave, et al., 2011, p. 204). Such dimensions could not have been identified through a quantitative design because only through qualitative in-depth questioning could such investigation occur. Yet, it is also important to note, for happiness purposes, that "further studies are needed to better disentangle… to investigate… its different components and facets" (Fave, et al., 2011, p. 204).

The use of phenomenological design allows for open-ended questions to be employed to arrive at information about the individual's lived experiences, views, and beliefs (Thurgate, 2018). This is most important for a qualitative inquiry because it

allows participants to explain their distinct experiences; in contrast to using someone else's definitions and categories, i.e. researchers', such as is the case with quantitative designs (Fave, et al., 2011). It is therefore imperative that this qualitative phenomenological study is brought forward, so as to add to the body of knowledge by providing contextual background to the experiences that lead to clinic managers' explanations of their distinct happiness at work.

Researching happiness within a healthcare setting is of need, in part, due to the impact that ambulatory care has on the healthcare industry and the importance that the healthcare industry has on the U.S. economy. Furthermore, happiness has become a subject of investigatory interest in economics (Layard, 2006) and thereby demonstrating the importance of further study. Due to the importance that the healthcare industry plays on the overall U.S. economy (Torpey, 2014), it is critical to study healthcare managers.

In healthcare, quality impacts every aspect of the business to include administrative functions. Focusing on managers in healthcare is important because of their role and influence. Based on the economic importance of happiness and the important role that healthcare managers have on the healthcare industry, this study seeks to investigate clinic managers' happiness at work, and through that investigation, help address a portion of the gaps that exist in the current research.

Due to the many markets and political dynamics that impact the U.S. healthcare sector, such as the Affordable Care Act (ACA), closer research on healthcare is warranted. For example, understanding how clinic managers, that work in a mission-driven healthcare organization, experience happiness at work and how those experiences might influence their outcomes as clinic managers. Furthermore, how might intrinsic

and/or extrinsic factors influence their role as managers, specifically in terms of their perceived happiness at work? Because clinic managers tend to oversee multiple employees, it can be inferred that their level of happiness at work can impact their role as a clinic manager and thereby impacting the production and success for their clinic department and thereby on their organization and from there on the industry. For example, through Self-determination theory, that could affect their area of responsibility which could, in turn, have an impact on the healthcare industry, and thereby, an impact on the wider U.S. economy.

Further complicating the healthcare industry's economic difficulties are political pressures and laws e.g. ACA and the changes and pressures is causing the U.S. healthcare industry to face what some have argued to be a crisis (Himmelstein, Woolhandler, Almberg, & Fauke, 2018). The crisis includes and demonstrates that patients "have a sharply restricted choice of physicians and hospitals, and the corporate takeover of medical care in the United States is proceeding rapidly" (Himmelstein, et al., 2018, p. 28). As demonstrated by Himmelstein et al. (2018) there is a rapid change in how and who is managing healthcare systems and facilities. Due to the increasing growth and takeover of healthcare systems to include ambulatory care settings, clinic managers are center stage of the rapid change and "takeover".

In addition to ACA, there are other large-scale government laws and political dynamics that are having and will have significant impacts on the U.S. healthcare industry. For example, the Medicare Access and CHIP Reauthorization Act (MACRA) will cause government payments to be reduced by $250 billion between the years 2015-2030 (Hussey, Liu, & White, 2017). During this same period, it is projected that 4 million

new jobs will be added to the U.S. healthcare industry by 2022. Out of the 4 million jobs, it is projected that 522,000 of those new jobs will be added to ambulatory care (Torpey, 2014).

Due to the magnitude of challenges facing the healthcare industry, it will be of significant importance to provide healthcare industry leaders with the most recent evidence-based data regarding clinic managers so that those industry leaders can develop effective and efficient management tools and organizational strategies. Understanding the role that happiness at work plays is important for developing tools and strategies that each organization finds helpful for the specific purposes of their business. The purpose of this paper is not to deliver a "one size fits all" approach to tools and/or strategies, rather, it is the purpose of this paper to highlight the relevance which happiness at work plays in an overall organizational strategy which could include: Strategic Human Resources Management, Employee Engagement, etc. The research attention on happiness at work has helped some businesses understand how the phenomenon can help businesses improve production (Pryce-Jones & Lindsay, 2014; Walsh, Boehm, & Lyubomirsky, 2018). Based on the research it would seem necessary to supply the healthcare industry with additional qualitative data to help provide fundamental research that can help improve organizational production.

Focusing on managers' happiness at work is important for research purposes, in part,

> to achieve so much coveted performance, it is necessary, on the one hand, employees' to be happy and managers to be able to maintain the state of contentment, satisfaction, happiness at work, through special skills. In the end, it

> is about the happiness at work of both parties involved (both managers and subordinates), which means honesty assumed by both sides, each party desiring the respect of the other. (Angela-Eliza & Valentina, 2017, p. 421)

The influence that clinic managers have on their staff, physicians, and patients would seem to necessitate further research.

Even though there is limited research on U.S. clinic managers, there exists research on hospital managers in Europe. A face-to-face interview study of hospital managers in nine European countries found that managers need information for decision making to invest in new treatments (Kidholm, et al., 2015), thereby, making their day-to-day job duties more difficult and it can be inferred to be impacting their production. In a work environment, the employee-manager relationship influences employees' attitudes and behaviors (Bartel, Freeman, Ichniowski, & Kleiner, 2004). Employees' attitudes and experiences at work are critical and managers are, in part, responsible for ensuring that employees experience a positive work environment because "work can make you sick – and work can make you happy. Which one happens depends on who you are, what you do and how you are treated at work" (Robertson & Cooper, 2011, p. 3).

Even though happiness has been researched through various modalities, it is important to highlight that there exist many gaps in the current research. For example, how happiness might influence economics, financial instability, and disease [healthcare] (Frey & Stutzer, 2005). The need to understand happiness for economic reasons is of particular concern when it comes to healthcare research (Peyton, 1996).

Researcher's perspective

Based on the fundamental reasoning on how to conduct surveys as described by Denzin (1970), the researcher placed a high emphasis on the interaction between the observer and observed. The researcher introduced himself to each participant as a student from George Fox University who was interested in researching happiness at work, specifically among clinic managers who work for a mission-driven healthcare organization. Emphasis on the researcher's interest in hearing and obtaining each participant's experience was made abundantly clear.

To obtain the necessary information for this study, careful and deliberate focus included: the observer (i.e. interviewer), the observed (i.e. participant), the situation, and on time and its passage (Denzin, 1970, pp. 24-25). *The observer* focused on maintaining a comfortable and friendly approach to allow for a casual interview setting, e.g. first names were used, head nodding as to acknowledging an attentiveness, and saying 'thank you'. *The observed* was made to feel welcomed and invited into the interview by allowing for a safe and respectful interview to occur. *The situation* was done in a way to allow for the observed to feel completely safe, the observed was asked for the preference of location e.g. his/her office or the office of the observer. Time and its passage were important for the interviews and therefore the observed was informed of the sequence of events that were to take place during and after the interview, the observed was asked if he/she had any questions about the cadence.

The need for this study is due to the interest in the role that happiness plays on people while at work. Many studies have demonstrated that happy individuals also tend to be more successful "across multiple life domains" to include work performance

(Lyubomirsky, King, & Diener, 2005). Shawn Achor in his book *The Happiness Advantage: The Seven Principles of Positive Psychology that Fuel Success and Performance at Work* outlines how he has worked with business leaders from forty countries on how his work on happiness can help predict business success. Achor describes how his understanding of happiness at work helped those businesses and professionals maximize their energy, productivity, and performance. Since happiness at work is a construct that has been deemed through multiple studies to have a real-world application, it is important to explore how this construct would be applied to a healthcare setting like a clinic.

Happiness at work among healthcare managers has been conducted, the research is limited, however, it has demonstrated that certain factors can impact healthcare managers' levels of happiness at work (Kash, Spaulding, Johnson, & Gamm, 2014). It is important to understand that management within healthcare is multifaceted and complex, in part, because of the reporting structures (Knorring, Alexanderson, & Eliasson, 2016). Given the importance and role that the healthcare industry plays within the U.S. economy, it is important to investigate the role that managers have on the overall business success of healthcare environments.

The healthcare industry is growing and plays a significant part in the overall U.S. economy (Hill & Powell, 2009). Healthcare has now become the largest industry in the U.S., for example, in 2016 the healthcare industry represented 17.9% of the GDP (Gross Domestic Product). The healthcare industry is projected to grow at an average rate of 5.5% over the next decade, with an associated spending amount anticipated to be at $5.7

trillion by 2026 (Centers for Medicare & Medicaid Services, 2018). By the year 2022, millions of new jobs will be added to the U.S. healthcare industry (Torpey, 2014).

Based on the impact that healthcare managers have within their respective environments and the importance that the healthcare industry plays in the U.S. economy, research can provide reliable theory and evidence-based practices. Providing evidence-based data for clinic managers could allow them to better understand how to improve employee engagement and production. The importance of providing clinic managers with reliable management theory and data cannot be overstated.

As a current senior manager responsible for business operations of multiple healthcare clinics, it has been of particular interest to discover a deeper understanding of the role that happiness at work plays. Happiness at work has been a notable phenomenon through the experiences that my colleagues and I have observed, and due to those observations, research inquiry has become of personal and professional interest. Understanding the lived experiences of clinic managers would help healthcare business practitioners, like myself, understand how we might manage managers and thereby improve business outcomes.

Chapter Two – Literature Review

Introduction

There would seem to be a plethora of phenomena and constructs that could help explore happiness at work. For this paper, the scope of research will converge on three major theories: (1) positive psychology: happiness at work, (2) motivational theory: intrinsic Self-determination theory, and (3) motivational theory: extrinsic Self-determination theory. By focusing on these three theoretical areas, the purpose of this paper is to search for the meaning of happiness at work for the identified clinic managers and thereby adding to the body of knowledge in qualitative and meaningful ways.

To holistically understand the role of happiness at work, researchers have gone beyond a single research design to investigate the phenomenon. However, the research on happiness at work has mainly focused on quantitative analysis. Understanding the numbers, as is the case in quantitative design, is important; nevertheless, by only having a quantitative purview of the phenomenon, much is left to be desired (Fave, et al., 2011).

In a general sense, researchers are finding a wealth of knowledge and insight in understanding the phenomena by utilizing qualitative research methods. For example, qualitative design has been applied in investigating and interpreting work-related attitudes, behaviors, and their relationship to employee performance. Similar to happiness at work, employee engagement has drawn much research attention, and through qualitative phenomenological research, investigators are better understating employees' experiences. For instance, a qualitative study on employee engagement and performance found that:

> Performance appraisal is a very important tool in any workplace. It helps in evaluating the behaviour of the employees in the workplace. It includes both the qualitative aspects of job performance. It evaluates a person systematically including his on the job performance and his potential for development. (Anand, 2011, p. 86)

Through such research, inductive logic was able to gather information directly from employees, and through their perspectives, the research was able to identify theories.

The understanding of happiness continues to deepen. Lu & Shih (1997) found nine major categories to happiness: (1) gratification of need for respect, (2) harmony of interpersonal relationships, (3) satisfaction of material needs, (4) achievement at work, (5) being at ease with life, (6) taking pleasure at others' expense, (7) sense of self-control and self-actualization, (8) pleasure and positive effect, and (9) health. As demonstrated by the nine major categories to happiness, at least five of the nine can be considered when examining happiness at work.

Of particular interest to this investigation are clinic managers that work in a mission-driven organization. Mission-driven organizations have received substantial research attention (Baltzley, 2016). Therefore, this paper's focus is on clinic managers that work in a mission-driven organization with the theoretical underpinning of positive psychology: happiness at work & motivational theory: both extrinsic and intrinsic: self-determination theory.

Positive psychology: Happiness at work

Research from many different disciplines has become increasingly interested in investigating the role that happiness plays at an individual level. Researchers from the

discipline of positive psychology have mainly focused on studying happiness from two distinct concepts: (1) hedonic: subjective well-being, & (2) eudemonia: psychological well-being (Fave, et al., 2011, p. 186). Hedonic maintains that happiness derives from positive emotions and life satisfaction (Diener, Subjective well-being: The science of happiness and a proposal for a national index, 2000). Eudemonia primarily focuses on the subjective and psychological dimensions, rather than in its objective dimensions (Ryff & Sarason, 1989). It is also important to note that both hedonic and eudemonic perspectives overlap and complement each other (Ryan & Deci, 2001, p. 161). For example, a clinic manager can experience eudemonic happiness because they helped his/her employee enroll in college, while simultaneously experiencing hedonic happiness because the same clinic manager was awarded employee of the month.

Positive psychology is a relatively recent theory as described by Seligman (2011) yet he also acknowledges that the roots of the concept can be traced, to a certain degree, to ancient philosophers like Aristotle. More recently, positive psychology is providing benefits to many disciplines which include business scholars and practitioners. For example, when people are happy they tend to be more positive, and "positive brains have a biological advantage over brains that are neutral or negative… capitalize on positivity and improve our productivity and performance" (Achor, 2010, p. 18).

Happiness at work, as a phenomenon, has had growing attention and understanding. For example, Dr. Cynthia D. Fisher is a well-known researcher on happiness at work. Fisher's early research stated that happiness at work had little empirical evidence of a strong relationship between happiness at work and production (Fisher, 2003). However, by 2010 Fisher states that there is a strong relationship between

happiness at work and employee engagement. Engagement as described by Fisher, et al. in her article demonstrated as an employee's dedication and high level of energy, which has an impact on employee productivity. Since Fisher's 2003 article, much more research has been conducted on happiness at work and production (Pryce-Jones & Lindsay, 2014). The attention that happiness at work has collected has also helped researchers find a relationship between happiness and workplace success (Boeham & Lyubomirsky, 2008), through such research it can be argued that success and production overlap.

The research that was conducted by Boeham & Lyubommirsky (2008) provided strong evidence that happiness at work influenced an employee's daily job duties i.e. production. A decade after the research of 2008, Boeham & Lyubommirsky published a reevaluation of their work, accompanied by Lisa Walsh. The reevaluation found a continued impact on work-related production due to the levels of employee happiness at work. The evidence that happiness at work influences an employee's willingness and ability to produce at higher levels continues to grow and the research is coming from various disciplines (Pryce-Jones & Lindsay, 2014; Rodriguez-Munoz & Sanz-Vergel, 2013; Boeham & Lyubommirsky, 2008). However, little research has provided explicit meaning to the individual experiences as described by the employees themselves.

Happiness has been recognized as an important phenomenon for many researchers and intellectuals (Isfahani & Nobakht, 2013). Some of the research demonstrates how happy people tend to experience higher levels of physical and mental health while also experiencing higher levels of social and career success (Isfahani & Nobakht, 2013, p. 258), provides researchers with tremendous research possibilities. Through a qualitative

study analysis, Isfahani & Nobakht (2013) found three most influential factors that affected happiness included: (1) job satisfaction, (2) health, (3) marital status.

The study of happiness and its history of research has not necessarily been a linear process. Through innumerable attempts to understand happiness from theologians, economists, to physiologists, there is a long history of seeking to define and explore the phenomenon. With the current understanding of happiness at work, researchers are investigating how happiness at work might be influenced. One such study has found that happiness at work is not a destination, it can be influenced by many factors to include, for example, managerial practices (Grant, Christianson, & Price, 2007). Understating how and what motivates employees, including clinic managers, is critical to understanding happiness at work. Because happiness is not static (Xanthopoulou, Bakker, & Llies, 2012), it requires the theoretical exploration of another phenomenon e.g. motivation theory.

Motivation Theory

Happiness at work is not a simple one-dimensional phenomenon. Happiness research requires consideration for multidimensional influences (Russell & Caroll, 1999), which can often be moved by external stimuli (Fisher, 2010) and by internal motivation (Ryan, et al., 2001). Therein lies the influence of motivational theory upon happiness at work, because it seeks to discover what drives an employee to work towards a goal or outcome. “Companies that recognize the relationship between employee engagement and business success will seek ways to foster and facilitate workers’ emotional well-being” so that motivation for the firm’s business outcomes will be achieved (Hynes, 2012).

Motivational theory is a wide and complex construct; and yet, it has drawn substantial attention due to its benefits for a wide range of jobs (Hackman & Oldham, 1976).

Keeping employees motivated has far greater implications than what a layperson might consider. For example, research has been done on the motivation of healthcare workers (Dolea & Adams, 2005). Understanding what motivates healthcare workers is of immense importance because healthcare workers are a critical component when considering the well-being of society. As a prime illustration, nowhere else is this more evident than in poor low-income countries that are dealing with life-threatening infectious diseases such as in the treatment and care of HIV patients. A qualitative study conducted by Campbell et al. (2011) found, through interviews, that motivating healthcare workers was important for the overall treatment and care of their HIV patients. The study found that the pressures and demands surrounding the healthcare workers' jobs had a substantial impact if the workers would remain on the job or not (Campbell, Scott, Madenhire, Nyamukapa, & Gregson, 2011). Such information is critical for managerial purposes in understating what motivates healthcare employees.

It is also important to acknowledge that managers also experience various intrinsic and extrinsic motivating factors. Intrinsic motivation suggests that psychological growth is a major element because of internal dynamics e.g. integrity, well-being, vitality, and self-congruence (Ryan, et al., 2001). Core intrinsic influencers can include autonomy, work satisfaction, character, and social effects. Core extrinsic influencers can include salary, supervision/feelings of being valued by the organization, feelings of being valued by customers, peer relationships, and work flexibility (Warburton, Moore, Clune, & Hodgkin, 2014). Extrinsic motivation can include salary, professional development,

job duties but it can also include how they perceive treatment from their management (Campbell, McAllister, & Eley, 2012). It is therefore imperative to research happiness at work through both intrinsic and extrinsic motivation. The focus of this paper is to investigate happiness at work through the theoretical lenses of self-determination theory which can encompass both intrinsic and extrinsic motivational theories, acknowledging that there exists debate surrounding, in a macro sense, intrinsic and extrinsic motivation in relation to self-determination theory.

Intrinsic Motivation: Self-determination theory

Self-determination theory (SDT) has evolved and grown to become a major theory for exploring human motivation (Deci & Ryan, 2012). SDT's foundational development deriving from the work of Edward Deci and Richard Ryan (Gagne, 2014). SDT has been recognized as being an overarching theory that has influenced many other theories that have to do with self-motivation and self-determination. SDT is a meta-theory that examines human motivation (Deci & Ryan, 2012). Within the SDT construct, researchers have come to better understand why individuals are inherently growth-oriented and desire to be self-determined. Furthermore, self-determination theory is dependent on three psychological needs: (1) competence, (2) relatedness, and (3) autonomy (Ryan & Deci, 2000).

Competence refers to the ability to master challenging external processes, e.g. specific tasks, activities, and under challenging situations. Relatedness refers to the need for interacting and feeling connected to other people, through establishing mutually beneficial relationships, which provide a sense of social belongingness. Autonomy refers to the psychological need for personal control of deciding and committing to action

(Tassell & Flett, 2011). Autonomy is a major element that "entails internalizing and integrating external regulations over behavior and learning to effectively manage drives and emotions. Additionally, it means maintaining intrinsic motivation and interest, which are vital to assimilating new ideas and experiences" (Deci & Ryan, 2012).

The behaviors that are highlighted within SDT are (1) motivation (lack of motivation), (2) external motivation (performing an action to obtain an external outcome), (3) interjected motivation (performing an action to obtain an internal outcome, such as self-esteem), (4) identified motivation (performing an action for its perceived value and importance), (5) intrinsic motivation (performing an action for the pure enjoyment of doing so) (Tassell & Flett, 2011, p. 961). Not all the behaviors that are put forward by SDT are in play at once. For example, a qualitative study on humanitarian health workers found that health workers tend to display interjected and identified motivations and not necessarily the others (Tassell & Flett, 2011).

SDT has received considerable attention from management practitioners and scholars. No place was this more evident than in the 1970s when the early research on reward effects on intrinsic motivation was brought forward. With the interest that SDT obtained from management and scholars, further research continued from the 1980s to recently (Gagne, 2014). Management scholars and practitioners alike have found the SDT is important to understand when investigating employee motivation (Deci & Ryan, 2000).

Initially, SDT focused on intrinsic motivation (Deci, 1971). Throughout the work in investigating SDT, researchers found that "feelings of autonomy (locus of causality) influence intrinsic motivation, research has found that intrinsic motivation flourishes only

when people feel like they are mastering their environment, which yields feelings of competence" (Gagne, 2014, p. 2).

As the examination into motivational theory continued into the 1990s, researchers discovered that when individuals participate in intrinsically motivated behaviors they are "ego-involved." As per Ryan et al. (1991) to be ego-involved is to, in part, experience an intrinsic motivation that is dependent on what makes people feel a sense of worth, which is relevant to why they do things, e.g. work duties. Through time and further research, SDT is fundamentally significant in the furtherance of research on intrinsic and extrinsic motivations, ego-based motivation, complementing cognitive evaluation theory, organismic integration theory, causality orientation theory, basic psychological needs theory, goal contents theory, and relationship motivation theory (Gagne, 2014, p. 3). Understanding what motivates individuals and more specifically employees have been credited to a deeper understanding of self-determination theory.

The available research demonstrates that certain employees are attracted to certain jobs based on what motivates those particular employees and, as the adage says, "flock together; we are birds of a feather" (Plato & Jowett, 1941, p. 3). By understanding SDT within a work environment, research can expand on the current understanding of happiness. For example, happiness research draws from two major philosophical areas: hedonic happiness and eudemonic happiness. Eudemonia, which has been theorized to be based on self-determination theory, holds four motivational concepts: (1) pursuing intrinsic goals and values for their own sake, including personal growth, relationships, community, and health, rather than extrinsic goals and values, such as wealth, fame, image, and power; (2) behaving in autonomous, volitional, or consensual ways, rather

than heteronomous or controlled ways; (3) being mindful and acting with a sense of awareness; and (4) behaving in ways that satisfy basic psychological needs for competence, relatedness, and autonomy (Ryan, et al., 2008).

Intrinsic motivation, specifically in terms of SDT, is connected to eudemonic forms of happiness (Ryan, et al., 2008). Extrinsic motivation, to some degree, can be argued to have a connection with hedonic forms of happiness, even though not exclusively, there are research caveats in that there is plenty of debate surrounding the relationship between extrinsic motivation and hedonic (Standford University, 2019). SDT has been used in other qualitative research papers in exploring happiness at work (McGonagle, 2015) and therefore the premise of this paper. Understanding these relationships helps to guide qualitative research in areas that provide substantial importance to the overall purpose of this paper. For example, focusing on clinic managers, since it has been found that managers are motivated by intrinsic rewards such as achievement and advancement (Khojasteh, 1993).

Csikszentmihalyi (1994) posited, through decades of work, that experience with the right balance of high challenge and high skill creates an optimal state of what he refers to as “flow”. Csikszentmihalyi found that when an individual experiences flow, he/she also has a higher likability to experience happiness in those situations (Csikszentmihalyi, 2014, pp. 81-82). In the experience of flow, SDT would seem a higher probability. The most recent SDT research demonstrates a continued evolution of understanding. Deci & Ryan (2012) have found that three major psychological needs motivate individuals they include (1) competence – seek to control the outcome and experience expertise, (2) relatedness – universal desire to interact, be connected to, and

experience caring for others, and (3) autonomy – universal desire to be in control of self. Further development and understanding of SDT will continue to provide a deep understanding of what motivates employees.

Extrinsic Motivation

Ryan and Deci posited that SDT is not exclusively within intrinsic motivation, is it important to recognize extrinsic motivation when considering SDT. Ryan and Deci demonstrated that SDT can be found in extrinsic motivation (Sansone & Harackiewicz, 2000). Extrinsic motivation is often about contingent rewards. Based on the essential elementary foundation of motivations regarding extrinsic value, extrinsic motivation is often seen as superficial. Especially when contrasted with intrinsic motivation, nevertheless, research would demonstrate a much grayer area that requires further investigation.

It is difficult to argue that extrinsic motivation does not have its place among employees, including healthcare workers (Koppen, et al., 2018). Extrinsic incentives, such as salary and professional development have their respective roles. Research on allied healthcare professionals has found that extrinsic incentives have proven to prevent job dissatisfaction and have increased worker retention rates (Campbell, McAllister, & Eley, 2012). Not understanding the role of extrinsic motivation can create job dissatisfaction via extrinsic disincentives. Herzberg et al. (1959) found that a bad work environment, i.e. “the extrinsics of the job,” equated to dissatisfied workers (Herzberg, Mausner, & Bloch Snyderman, 1959, p. xiii).

Extrinsic motivation theory has provided important evidence that to some employees there exists an overlap between intrinsic and extrinsic motivators even if not

for all employees. For example, the influential role that management has on the extrinsic motivations and feelings of healthcare employees cannot be understated, one study found that:

> Extrinsic factors refer to factors that organisations have direct control over, and thus can be manipulated by management to enhance employee retention… The importance of feeling valued by the organisation (or lack thereof) was mentioned by all participants. In particular, there was a shared sense of disconnect between clinicians engaged in day-to-day care of health consumers, and upper levels of local management (Warburton, Moore, Clune, & Hodgkin, 2014, p. 7).

Understanding the importance and the role of extrinsic motivation is vital when considering happiness at work. Of immense importance for management is to understand when, how, to what degree, and duration of extrinsic rewards (Benabou & Tirole, 2003).

Understanding an employee's extrinsic motivation can help provide insight into happiness at work. After all, the essence of happiness is an attitude and as Herzberg et al. (1959) theorized,

> A demonstration of the relationship between measures of attitudes and resulting behavior is of the first importance. Industry wants to know whether the worker's attitude toward his job makes any difference in the way he works or in his willingness to stick with it. The behavioral scientist wants to know whether the measures of job attitudes have any predictive power. (Herzberg et al., 1959, p. 7)

It is within this context that extrinsic motivation theory plays a role in studying happiness at work, and more specifically for this research, on clinic managers that work for a mission-driven healthcare organization.

Extrinsic motivation has to do with individuals taking certain actions to attain pleasurable and favorable results while also avoiding unfavorable and unpleasant experiences, i.e. “carrot or stick,” as is the case in the hedonic philosophy of happiness. It is within this context that some have argued that extrinsic motivation is superficial (Sisley & Smolian, 2012, p. 49). The controversy surrounding extrinsic motivation has provided debate, and yet through those controversies, substantial data has been brought forward that demonstrates a much more complicated phenomenon that is beyond superficial. For example, do some employees take certain actions only for higher employee ratings? It is also important to note that once a reward is extended to an employee(s) the reward will be expected thereafter (Benabou & Tirole, 2003, p. 503). It can be inferred that in reward-oriented societies, extrinsic rewards provide certain people with the opportunities to achieve certain levels of success (Sansone & Harackiewicz, 2000, p. 42).

Happiness, like motivation, is complicated, and there is no easy endpoint when researching how people make meaning to their lived experiences. Regardless of the complexities surrounding happiness and motivation, it is important to research them because they are two important phenomena that occur in every work environment and therefore have an important economic impact. Exploring the phenomena of happiness and motivation requires a deeper examination of the psychological needs of employees, as described by Deci, Ryan, Gagne, Csikszentmihalyi, et al.

Chapter Three – Methodology

Research design and rationale

The research design that has been designated for this study is a qualitative phenomenological study. A qualitative phenomenological study has been determined for us to better understand how clinic managers explain their shared experiences concerning their levels of happiness at work and how that happiness influences their daily job duties. There have been many researchers that have demonstrated that qualitative studies provide important contributions to business environment research because "qualitative research methods can answer numerous questions about the who, what, when, where, why, and how" (Tucker, Powell, & Meyer, 1995, p. 395). Therefore, to better understand the lived experiences of clinic managers while at work, concerning happiness, this study has been brought forward.

This investigation is with the purpose of "describing the 'essence' of a phenomenon from the perspectives of those who have experienced it" (Merriam, 2002, p. 94), specifically for this study clinic managers. In general, research can typically be processed with one of three approaches of inquiry: (1) qualitative, (2) quantitative, (3) mixed methods (Creswell, 2013). Due to the aforementioned literature review, the scope of the research topic, and through the planning of this study, a qualitative phenomenological study was determined to be the best tool to give us the qualitative context for understanding how clinic managers experience their happiness at work.

Phenomenological analysis lends itself to the examination of how people make sense of their life experiences. Through life experiences, people "begin to reflect on the significance of what is happening, and IPA research aims to engage with these

reflections" (Smith, Flowers, & Larkin, 2009, p. 3). It is with this research purpose that clinic managers have been designated for a particular research focus. The power of the phenomenological analysis, as described by Smith et al. (2009) is that it allows for inspection of description and reflection on events, concerning a given phenomenon.

A phenomenological analysis will allow for bracketing, which means that the information is allowed to be explained through its intrinsic meaning per individual. In addition to bracketing, data must also be processed through phenomenological reduction, horizontalization, and imaginative variation (Merriam, 2002, p. 94). The phenomenological reduction is the focus of maintaining the essence of the experience, and from which point meaning is brought forward. Horizontalization is a process of analyzing all the data and considering it as having equal value. Imaginative variation requires that examination of data be conducted through utilizing various frames of reference. Through the process of bracketing, phenomenological reduction, horizontalization, and imaginative variation "the final step in a phenomenological study is to construct a synthesis of textual and structural descriptions (the what and how) of the phenomenon" (Merriam, 2002, p. 94).

Qualitative research in healthcare has been recognized as a viable research method.

> Qualitative research methodologies can generate rich information about health care including… culturally determined values and health beliefs, consumer satisfaction, health-seeking behaviors, and health disparities. Furthermore, qualitative methods can reveal critical insights to inform development, translation,

> and dissemination of interventions to address health system shortcomings. (Bradley, Curry, & Devers, 2007, p. 1768)

"The dissemination of interventions to address health systems shortcomings" are initiatives that fall within the scope and responsibility of administrative/managerial personnel. Therefore, the main focus of this dissertation is on clinic managers that work for a mission-driven healthcare organization and how they perceive their levels of happiness at work.

Ambulatory care research is limited, and further research in this area is needed, thus this paper. Even though ambulatory care setting research is limited, there is plenty of qualitative healthcare research that demonstrates both the need for further qualitative research and the validity of qualitative design use. Examples of qualitative design in healthcare: the qualitative research conducted by Campbell et al. (2011) in which they researched RN's work with HIV patients; Weiner et al. (2001) found through a "qualitative content analysis" that physicians provided important research data regarding their happiness, this was conducted, in part, through open-ended questions; Manusov et al. (1995) discovered through their qualitative research that first-year physician residents require certain strategies to help promote, in part, their happiness while in their residency program; using qualitative design Chan, et al. (2011) found that happiness is a phenomenon that is experienced by people at work and in other aspects of their daily lives. Highlighting these few research papers is important to note because they demonstrate that researching happiness at work is not reserved for quantitative strategies; furthermore, researching happiness using a qualitative design is an acceptable practice (Bartram, 2012, pp. 646-647).

Through the gathering of information, analyzing of data will assist in forming themes and categorizing patterns, and thereby posing theories. Theories investigated through qualitative methods, such as in the phenomenological study, currently present that substantial gaps exist in researching happiness at work in the healthcare environment. It is therefore imperative, for future research to proceed in this area. Based on the outcomes of this investigation, it is the purpose of this paper to bring attention to the need for further research on happiness at work in clinic environments.

Participants and site

MGX employees whose full-time function is a "clinic manager." Ten separate clinic managers have been identified as willing participants for this study. MGX is recognized as a mission-driven organization, all clinic managers interviewed for this study also recognize the organization as a mission-driven organization.

Interviews will be confidential and conducted with volunteer participants. Within the paper, each participant's name will be withheld and replaced with a name randomly provided by the interviewer. The location and time of interviews were predetermined before the interviews took place, this included follow up meetings with the participants. Follow up meetings, with each interviewee, was determined important for clarification and verification of data.

Measures

Data collection conducted via in-person interviews. When employing a phenomenological study, the use of a recording device is a useful tool that helps to capture all data accurately (Yin, 2012, p. 11), it is a common practice for effectively capturing data and for a reevaluation of written data. In addition to a recording device,

note-taking helped to capture the answers during the interview sessions. Utilizing various sources of data collection, e.g. recording device and written note-taking, helped to ensure accuracy and the integrity of the study. Interviewees were informed before the interviews that a recording device and note-taking would be used.

In addition to data collection strategies, follow up interviews with each interviewee were prescheduled to validate the information. To triangulate data collected, each participant was prescheduled a follow-up interview so that notes taken from their specific interview could be reviewed. During this follow-up, interview participants were able to have a written copy of the questions and their answers. Participants had the full ability to edit all of the notes associated with their specific interview. Recording each session of the follow-up interview was also conducted to have a recorded record of the interactions. Triangulation of the data was of immense importance for the integrity (Creswell, 2013, p. 201) of the study to be unquestioned. Follow-up interviews are a recommended practice for studies that depend on data gathering through interviews (Marshall & Rossman, 2016).

Procedure

The data for happiness at work-study is based on confidential face-to-face interviews with MGX clinic managers.

The phenomenological study will rely on a series of open-ended questions, provided below. Before the questions, each participant was given the following scripting which included an introduction and getting to know your warm-up questions.

INTRODUCTION. Thank you for agreeing to be interviewed for my research study. My name is Jorge Melendez, and I am conducting research in the exploration that

happiness at work might play with clinic managers that work in a mission-driven healthcare organization. My research is seeking your thoughts and experiences as you see them. For this study, the identity of each participant, the identity of the organization, and the identity of your specific department/clinic will maintain confidentially. The integrity of this study, hinges, in part, to maintaining your confidentiality. It is of immense importance that participants feel safe and encouraged to express the meaning of their lived experiences, and therefore, your identity and the identity of your organization will be kept private.

The questions that you will be asked are open-ended with no right or wrong answers. Your opinions, your ideas, and your specific experiences, and the meaning that you give to those experiences are why I am interested in talking with you today. Thank you. Are you ready? If yes, okay; let's talk.

First, tell me about your background:

- *Where did you grow up? Who is in your family? How have they impacted your worldview? Work, ethics?*
- *Now briefly describe your work trajectory to MGX?*
- *How long have you worked as a clinic manager at MGX?*
- *Please describe your current role and responsibilities.*

Let's discuss workplace relationships at the broader organizational level.

- *Does MGX recognize employees? If so, how so?*
- *How do you know you are doing a good job?*
- *What part of the job do you like or that gives you the most satisfaction?*
- *Do you get the sense that your work is important or appreciated at MGX?*

- *How are you compensated for good work? How does this impact your view of your work?*
- *What if something goes wrong at work? What allowances are there when mistakes are made?*
- *Can you describe a situation where everything went well? What happened, did it involve others in the workplace?*
- *Are employees in your position supported to pursue growth opportunities or professional development opportunities?*
- *What could the organization do better to make the workplace more supportive or pleasant for someone in your position?*
- *Can you tell me about a time or a story when you felt really proud that you work for MGX? What happened?*

Let's discuss more personal direct relationships now, those that impact your work daily.

- *Who is in your group?*
- *Who do you report to? What is your relationship like with your supervisor?*
- *Who reports to you directly? What are your relationships like with your employees?*
- *How would your reports describe you?*
- *How would your supervisor describe you?*
- *How do the workplace relationships work together? Is there a sense of camaraderie or are people more siloed? Do your direct employees get the sense of connectedness or feeling a part of a team, or is it more fractured?*

- *Do the relationships/roles, within your team(s), support each other, feel mutually beneficial? How does it work?*
- *How does your relationship with others impact or contribute to your happiness at work?*
- *Are there any working relationships that directly impact your work, to promote or hinder your success? Please explain.*
- *Is there anything you wish you could change to improve the workplace conditions?*
- *Is there anything that could create a more pleasant work experience for employees?*

Let's discuss your personal experiences and goals.

- *Do you set personal goals for yourself?*
- *If yes, do you feel you have met past goals?*
- *Do you feel you will be able to stretch and grow in your role?*
- *Is there support for promotion?*
- *How do you deal with stressful situations at work? Can you provide an example?*
- *How do you maintain happiness at work? If you do not, please explain.*
- *How does your rate of pay impact your happiness at work, if at all?*
- *Have you ever had to go against your principles are work? Are there any deal breakers that challenge your self-congruence or character?*
- *Do you enjoy your job as a clinic manager, and if so what aspects of your job do you enjoy most?*

- *Are their certain parts of your day when you get the sense you are really contributing?*
- *Are their certain parts of the day when you would say you experience happiness? Perhaps describe specific type of situation where this might happen.*
- *Are their certain parts of your job and/or day that are most draining?*

Let's discuss the particular skills that you bring to the organization/role.

- *What skills do you bring to the job?*
- *Are you able to use your skills to their full-potential?*
- *How can you tell that you are skilled in that area?*
- *Can you describe a particular situation where everything just clicked, where you were able to push your skills yet still feel in control of the situation?*
- *Can you tell me about a time or a story when you felt really proud (of a job, initiative, or project)?*
- *Do you feel you are confined by your role or do you have a lot of freedom to make decisions without confinement?*
- *Are you able to work creatively in your role?*
- *Do you feel you are born for the role you are playing?*
- *Are you considering re-skilling into another area? Or work to improve a current skill?*
- *Is there anything else that you believe is important to share, for the purposes of this research, in order to better understand your happiness at work?*

Data analysis

This dissertation focuses on exploring through a qualitative phenomenological design the phenomenon known as happiness at work. Through the evaluation of the data gathered, identification of emerging themes and categories will be able to assist in the further development of theory. Interviews have been conducted in person and prearranged in locations of safety and privacy to fully attain the needed information.

Interviews were conducted in predetermined locations to include time and dates. Interview questions are tailored to the research question to assist in the search for the meaning behind the perceptions from the interviewees, i.e. clinic managers, in terms of their experiences surrounding their happiness at work. Through the gathering of information themes and theory will be identified (Creswell, 2013, p. 66). Due to the phenomenological study paradigm that was employed for this paper, exploration of meaning will be an important element in the design process (Merriam, 2002).

Chapter Four – Results of Findings

Research results are based on the interviews that were conducted with 10 clinic managers. Names of study participants were changed to protect confidentiality (Murtagh, Lopez, & Lyons, 2011). Interviews conducted with the clinic managers were specific to their experiences as clinic managers and how they make meaning of those experiences in terms of their happiness at work. The experiences as described by the participants have been explored via three theoretical premises: (1) Positive Psychology: Happiness at work, (2) Intrinsic Motivation: Self-determination Theory, and (3) Extrinsic Motivation: Self-determination Theory.

Self-determination theory comprised of the following behaviors: (1) motivation (lack of motivation), (2) external motivation (performing an action to obtain an external outcome), (3) interjected motivation (performing an action to obtain an internal outcome, such as self-esteem), (4) identified motivation (performing an action for its perceived value and importance), (5) intrinsic motivation (performing an action for the pure enjoyment of doing so) (Tassell & Flett, 2011). Intrinsic Self-determination theory has been found to be connected to eudemonic forms of happiness (Ryan, et al., 2008). Extrinsic Self-determination theory has been found to have a relationship with hedonic forms of happiness (Standford University, 2019). This study examines happiness with clinic managers with the lens of intrinsic/eudemonic and extrinsic/hedonic motivation.

The 10 identified clinic managers all work for the same healthcare organization and each individual manages their respective clinic independently from each other.

For the purposes of this research, ten volunteer clinic managers were identified as study participants. The names of the participants and the name of their organization have

been changed to maintain confidentiality. Any and all identifying characteristics have also been changed so that full confidentiality would be achieved. For the purpose of this study, the sex (male/female) of the participants has not been identified. The following names were used for study identification purposes only and had no bearing on the sex or identity of the individuals, the names are Abraham, Bathsheba, David, Isaac, Jacob, Moses, Rachel, Rebekah, Sarah, and Zipporah. The name of the organization was also not used for this study, however it is identified for purposes of this study as MGX.

Participants' Career Trajectory

The participants of this study come from diverse backgrounds; no two participants had the same career trajectory that led them to their current clinic manager role. Each participant had their reasons for choosing healthcare and more specifically the clinic manager position. In addition, each participant brought different levels of management experience as outlined in Table 2.

Table 2: Management experience

Name	Abraham	Bathsheba	David	Isaac	Jacob	Moses	Rachel	Rebekah	Sarah	Zipporah
Years of Clinic Management	15	2	9	8	10	2	16	19	5	12
Number of Clinics Managed	2	1	2	1	3	1	3	3	1	2

The participants of this study had diverse backgrounds and experiences but were joined in their passion for work and desire to help others. As diverse as the participants' backgrounds and experiences are, the participants also described a similarity in their sense of work ethic and a strong sense or desire to help others.

It makes sense that their strong work ethic and their desire to help others would seem fitting for healthcare workers and more specifically for the clinic manager role. They each described how their work ethic is what helps them maintain a positive "can do" attitude; this is especially important when days of difficulty arise. Study participant Moses stated that he came from a lower-middle-class family and growing up his family was "one paycheck away from being hungry". He described that his childhood experiences built within him a drive and a strong work ethic that propels him forward and gives him a purpose at work. He went on to describe how his childhood experiences have helped him become an effective clinic manager, he said "having lived paycheck to paycheck, I know how to be thankful for what I now have. I also know what it is to work hard and I know what hard work is. And that is why I work hard and why I am happy."

Study participant Isaac described how in his childhood he was raised by a "grandmother who was poor and unaffectionate". Isaac stated that his childhood experiences built within him a need to work and work hard, and now credits those experiences to his work ethic and dedication to success. This particular participant described how "the desire to succeed pushed me to work in various industries. Trying to figure it all out." Isaac went on to describe how, at the age of 14, he started working and worked various and different kinds of jobs. Ultimately, he put himself through college and obtained a nursing degree. After working as a nurse for many years, he decided to get a master's degree in business so that he could obtain a manager role. He described how his "internal desire for success" is a major reason for the success he is experiencing now and this all goes back to his "childhood". He went on to say that his happiness is "internal and not something external" e.g. pay.

Nine participants worked in other industries before arriving at healthcare. Study participant Rebekah stated that her first job was in healthcare, and has only worked in healthcare, in part because of her family background. Rebekah mentioned that she has held many different roles in healthcare. This particular participant has stayed in healthcare for two main reasons: her training/education and because she "loves to help patients in crisis" and "now as a manager I can help influence patient care in a broader sense."

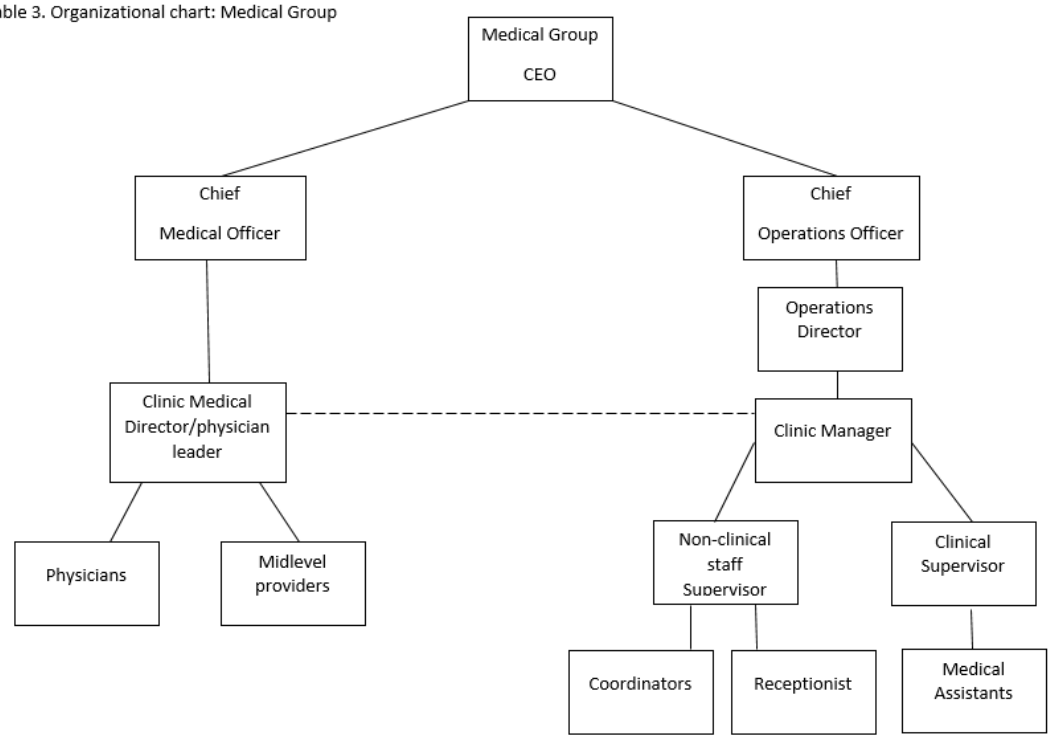
All participants of this study shared experiencing a deep purpose and reason for working in healthcare and more specifically in a clinic manager role. All participants had different trajectories to becoming a clinic manager and all participants stated that their previous personal and professional experiences have equipped them for their role as clinic manager. Each study participant described how healthcare work is important to them personally and how it fits with their personality. Patient care was a reason why they choose to work as a clinic manager. Another reason for working as a clinic manager is the opportunity to help develop and grow their respective caregivers.

As a side note, it is important to highlight that when the interviews turned to pay for the participants, pay was not a reason for choosing healthcare. Furthermore, one out of the ten participants said that pay made them happy. Nine participants stated that pay did not give them happiness at work. The nine participants acknowledged that pay was important so that they could support their respective families and live a comfortable life, however, each of the nine made it clear that pay did not have an influence over their happiness at work.

Workplace Relationships

Throughout the interview process, it was noted that the participants mentioned experiencing meaningful workplace relationships and described how those relationships impacted their happiness at work. To outline the various relationships as described in the study, a simplified organizational chart has been supplied (See Table 2 below). The organizational chart in Table 2 provides a basic understanding of the organization without revealing the organization's identity. As noted in Table 2, the medical group is a hierarchical system with many layers of reporting relationships. It is important to acknowledge that organizational hierarchy is multilayered and is prevalent to change. Table 3 shows the broader organizational relationships.

Table 3. Organizational chart: Medical Group



The following section outlines the various workplace relationships. Workplace relationships for this study include the broader organization, i.e. executives, and personal

working relationships, i.e. direct reports, physicians/providers at the clinic level, and the clinic managers' direct supervisors. It is important to understand that there exist many other types of workplace relationships, however, to protect the identity of the organization, details about other departments and other workplace relationships were not outlined.

The relationships that most mattered to this group of clinic managers were those relationships where they [clinic managers] were able to help caregivers develop and grow in terms of their careers or in some personal way. Each participant described that there exist many different types of relationships at work, however, the most significant to them were those relationships that included their direct caregivers, their direct supervisor, and each medical director (physician leader).

Broader Organization

While direct relationships are clearly important (direct caregivers, supervisors, and physician partner/leader), the participants focused less on broader organizational relationships. Nevertheless, it is important to highlight the broader organizational relationships due to the influence that those "relationships" have in the workplace. Broader organizational relationships could include executives, leadership roles, other departments, and other caregivers outside of the clinic manager's particular clinic.

The focus of this study was to study clinic managers and specifically clinic managers that work in a mission-driven organization as described by Baltzley (2016). However, when asking the study participants about their experiences and thoughts on working in a mission-driven organization, the participants did not provide much information. They acknowledged that they are currently working for an organization that

has a strong connection to its mission. Yet, none of the participants associated their happiness at work because of working in a mission-driven organization. No other information was provided by the participants in terms of working for a mission-driven organization and their happiness at work.

Participants pointed out that experiences of difficulty arose for the clinic managers when executives made decisions that put at odds the clinic managers' relationships with their direct reports, the physicians, and other providers. Study participant Sarah stated

> When leadership makes decisions that make my staff change how they do their work, make more work, or implement some policy that makes providers unhappy then that is frustrating for me. It gets really frustrating when providers don't understand that the changes, made by the executives, have nothing to do with me or my team, its leadership not me, don't blame me, but they [providers] do blame me.

Study participant Jacob stated, "as an organization, we care about employee engagement, physician engagement, patient satisfaction, but what about how I feel as clinic manager, does anyone care about our engagement?" This participant stated that having the focus on engagement on everyone else, and not to include clinic managers was taxing and has caused a sense of not being appreciated. Moses stated that he has noticed "how the organization treats the medical directors and clinic managers differently and we clinic managers don't get the same standard of treatment". All participants did state the need for fair treatment of all caregivers was important to their happiness, demonstrating how the organization can also impact extrinsic/hedonic happiness.

Personal Working Relationships

Each clinic manager described several personal relationships, which included their direct supervisor, clinic management team, nurses, medical assistants, receptionist, coordinators, physician clinic leadership partner, and other physicians and providers. The clinic managers described that these personal relationships gave them satisfaction at work. This was especially important when considering their relationships with their direct reports and their direct supervisors.

Direct Reports

As mentioned earlier, the clinic managers described the happiness they experience when they impact the lives of their direct reports. The caregivers of the clinic manager i.e. direct reports seemed to have a stimulating factor on the clinic managers' happiness at work. For example, the clinic managers experienced happiness when they were able to help their respective caregivers develop and grow. Study participant Abraham described how helping caregivers allows him to fulfill his "purpose in life" and that gives him happiness, he said "I like to give people opportunities. I like to encourage people that have been discriminated against because of their weight, size, or race." Abraham went on to say, "it's my purpose to help those [caregivers] that others do not want to help".

Moses described how he helped seven different caregivers get enrolled in college programs. Excited by the success of his efforts, Moses set up a place in the clinic for caregivers to be able to do their homework. Moses went on to say "I know how important education is, why would I not help others, especially my own staff? What makes me happy is when I am able to help my staff, many of them are in need of help and so I am

happy and excited to help." Moses described how his purpose in life is stirred when he is helping others.

Physicians/Providers

Concerning the relationships with physicians and providers, at the clinic level. Clinic managers differentiated their working relationships between the experiences they had with the clinic medical director (a physician leader that has been identified by the organization to help manage/oversee the group of physicians and providers at the clinic level) and the other physicians/providers. Study participants defined the term "partnership" with the medical director as the willingness of the medical director to actively participate in decision making especially in difficult situations and being supportive of the clinic manager in front of other physicians/providers.

In terms of the medical director relationship with the clinic manager, medical directors seemed to carry much more influence over the clinic manager's happiness than did the other physicians and providers. When things at work seemed to go smoothly and clinic managers experienced a good working relationship/partnership with the clinic medical director, the clinic manager seemed to experience higher levels of happiness at work. However, when medical directors did not partner well with clinic managers, a deeper sense of detraction in terms of happiness at work occurred. As Moses stated, "I try really hard to work with my medical director but [he] is not a good partner and [he] has the ability to make my job a real drag".

There seemed to be a sense that if the clinic manager felt that the medical director was not partnering with him/her, then the other clinic physicians and providers had no example to follow. When physicians/providers displayed unsupportive behaviors towards

the clinic manager's ideas, concerns, and decisions was called out by the clinic managers as being a point of frustration. Experiencing a medical director that was not able/willing to partner well with the clinic manager was particularly difficult for clinic managers when given organizational directives by their superiors. This was especially concerning for clinic managers when they had to deliver difficult deliverables, for example, increasing physician/provider production goals, conversations about budgetary constraints that could include not hiring support level staff, etc.

Direct Supervisor

The relationship of the clinic manager with his/her direct supervisor carried a major influence of the clinic managers' happiness at work. All participants described instances, past and/or present, where a direct supervisor made them feel heard and empowered. On the other hand, they also described experiences, previously and/or currently, where their direct supervisor had devastating influences on their happiness at work.

A third of the participants described how their current relationship with their direct supervisor has caused them to start looking for other jobs. Rebekah said that because of her relationship with her direct supervisor, she has started to consider if she wants to continue as a clinic manager. She went on to say

> I don't take my work home, but in the past several months, something has changed, and I now feel some depression and anxiety because of the lack of support from my supervisor. I'm now actively looking for a different job and probably will not be here in another three months. The relationship with one's supervisor is important for one's happiness.

Rebekah also stated that “it is important to not lose sight that a good and healthy relationship with one’s supervisor is important for the success of the clinic.” As she discussed this point, she also stated that “when a clinic manager has a good working relationship with her supervisor, they can brainstorm and overcome barriers for the benefit of the staff and clinic in general.” However, it has been Rebekah’s experience that she feels “alone trying to figure it all out because there is no open and trusting communication where I can get guidance [from direct supervisor] because I am afraid to share where I need help”. In these types of situations, clinic managers experience a negative impact on their happiness. In addition, the clinic manager's happiness is impacted because of the limitations they feel they have in helping his/her caregivers since they feel they are constrained by their direct supervisor in helping others.

Other participants described feeling undervalued and thereby impacting their happiness in negative ways because they are not feeling empowered to act or they do not feel the freedom to create. For example, participant Rachel said “nothing takes away from my happiness and joy more than when I’m asked for my opinion, and then it’s ignored by my supervisor. Why ask if you already know the answer you want to hear.” She went on to say that she sees favoritism with her supervisor concerning other clinic managers, and witnessing this has taken much of her happiness at work away because she feels “that I do not have a place” and because she is not recognized for the skills and education she brings to work. David stated that “I wish my manager [direct supervisor] treated me like I treat my employees. I treat my staff with respect and trust. I appreciate the skills and abilities they bring to work and because of that I seek out and cherish their ideas, I wish I could experience that. If I did, I would be happy at work”.

Moreover, micromanagement experiences were referred to as a major concern for all of the participants. Experiencing micromanagement reduces the clinic manager's happiness at work because they do not feel trusted or empowered to make decisions. Rachel said that she is not currently experiencing micromanagement, but because she has experienced it in the past and remembers how it made her feel she is sure that she would look for another job “quickly” if she were to start experiencing micromanagement behaviors from her direct supervisor. Bathsheba stated that she is currently experiencing micromanagement behaviors from her supervisor and because of it she is “emotionally drained” and “the feelings are unsustainable”. Experiencing micromanagement behaviors impact the clinic manager’s happiness in substantial ways. For example, when experiencing micromanagement, clinic managers felt that their education, skill, and abilities were not acknowledged, and they felt mistrust and disrespected. Therefore, micromanagement behaviors from their direct supervisor negatively impacted the clinic manager's overall happiness.

Participants Personal Skills

All the participants stressed that they take their happiness at work as something they bring to work and not something that is given to them at work, it’s who they are. Zipporah stated, “there are always challenges at work… but my happiness, in life, and at work, is mine to keep and work does not give it to me”. There seemed to be a consistent theme among all the participants and as Isaac put it “I would be happy at work even if I did not work here”. Each participant shared how their happiness at work was influenced by their needing to feel a sense of being needed and that their skills were being utilized and recognized by others especially by the clinic manager’s direct supervisor.

However, these feelings of belonging and appreciation were multifaceted. For the most part, each participant associated his/her skills, education, and experiences as an extension of themselves. Therefore, when others acknowledge the skills, education, and experiences that each clinic manager brings to work, that improved their happiness at work.

Clinic managers are responsible for all business operations for their respective clinics. Clinic managers' responsibilities include, but are not limited to, coordinating and organizational workflows, managing budgets, ensuring that office and medical supplies are in stock, coordinating services, organization of staff scheduling, addressing property management issues, coordinating the onboarding of staff and providers, crisis management, coordinating emergency preparedness, facilitating staff training and much more. Zipporah stated, "every day is different. This is what is exciting about my role, every day there is something different". Moses said, "I learn something new every day and that is important for me to stay engaged and not get bored".

Each participant clearly understood the skills and abilities that they bring to their clinic and recognized that their clinic manager role is complicated. Having their skills recognized by others and especially their direct supervisor was important to them, it provided them with the stimulation they desired. However, several participants mentioned that they were not sure if others in the clinic or their direct supervisor appreciated the skills that they [clinic manager] brought to work, which was a clear frustration for the clinic managers. The clinic managers of this study shared that managing a medical clinic is complicated and difficult. Bathsheba said

> what saddens me is that he/she [clinic manager's direct supervisor] does not acknowledge me for all that I have done to help this clinic be successful. He/she [clinic manager's direct supervisor] has even made little backhanded comments about my education, down playing my achievements, he/she [clinic manager's direct supervisor] seems to always want to diminish any and all of my accomplishments. What makes it worse is that he/she [clinic manager's direct supervisor] is always praising others [clinic managers] and yet those clinic managers don't do half of what I do. Don't get me wrong, they [other clinic managers] are good and have done some amazing things, but so have I, where's my praise?

Bathsheba and the other clinic managers, in one form or another, experienced being made to feel unhappy at work because of his/her current or previous direct supervisor. David said

> my direct supervisor has a lot of power over me… to include how I feel at work and if he/she [direct supervisor] does not want to acknowledge all that I bring to the organization and my clinic, well, that makes me very unhappy. The reality is we all want to be recognized for all we do and for the skills and talents we bring with us, no one wants to be ignored, I don't care who you are.

The recognition of the clinic managers' skills and abilities was a major extrinsic/hedonic influencer on their overall happiness at work. As described by the clinic managers, they know the skills they bring with them to work, and being able to utilize those skills at work gives them purpose and therefore allows them to be happy at work. Yet, if their direct supervisor, for whatever reason, does not acknowledge who they are as

professionals, then their happiness is negatively impacted. Again, demonstrating that understanding happiness at work for clinic managers is multidimensional and complicated.

Chapter Five – Discussion

This research paper was conducted with the intent of exploring the following two research questions:

Question 1. What value do clinic managers place on their happiness at work when considering eudemonic happiness and Intrinsic Self-determination theory?

Question 2. What value do clinic managers place on their happiness at work when considering hedonic happiness and Extrinsic Self-determination theory?

As previously stated, the theoretical underpinning for this study includes (1) Positive Psychology: Happiness at Work (Ryan & Daci, 2001), (2) Intrinsic Motivation Theory: Self-determination (Deci, 1971), and (3) Extrinsic Motivation Theory: Self-determination (Sansone & Harackiewicz, 2000).

Significant Study Findings

The clinic managers interviewed for this paper have demonstrated that their job roles are complex. Besides, clinic managers themselves are also complicated and dynamic as individuals. Therefore, their happiness at work, among clinic managers, is also complicated and can fluctuate depending on context and circumstances. Due to the complexity of all that surrounds clinic managers, their happiness at work is situational and multifaceted. The findings of this paper point to how a clinic manager's happiness can have intrinsic/eudemonic and extrinsic/hedonic influencers.

Intrinsic Motivation / Eudemonic Happiness of Clinic Managers

A key finding as expressed by the majority of the participants is that clinic managers believe they take their happiness to work, thereby supporting the research that says "intrinsic motivation… comes from within the individual" (Campbell, McAllister, &

Eley, 2012). The literature review conducted by Campbell et al. (2012) & Lyubomirsky et al. (2005) found that some people take happiness to their workplaces and their happiness does not derive fully from their workplace, this sentiment was also experienced by the clinic managers in this study. Most thought-provoking was that for this group of clinic managers, their type of work and pay were not necessarily the "sources" of their happiness.

Based on the findings of this paper, contributions to the hiring debate surrounding fit vs function can be benefited. As demonstrated by the clinic managers that were interviewed for this paper, if a caregiver brings happiness to work and work is not necessarily the essential "source" of happiness then hiring for fit would seem to be beneficial for hiring strategies. Bottger and Barsoux (2012) describe the importance of hiring for fit, with the results garnished in this study, further attention could enhance the interest of exploring hiring strategies, which could include an evaluation for happiness. For example, Botter and Barsoux (2012) suggest that leaders evaluate potential candidates by "gauging for authenticity". Gauging for authenticity can be done by utilizing three common tactics, (1) "Anti-sell" asking candidates about their most significant mistakes. (2) "External perspective" 360 degree feedback and probing about what previous supervisors would say about the candidate. (3) "Switch the setting… a tour of the facility or some other change of setting allows the leader to evaluate the candidate's actions as well as words; how they interact with others," and during the interview process.

Happiness at work has been deemed beneficial for improving employee outcomes; therefore, understanding the role that happiness plays in a caregiver is

important within healthcare organizations. Lyubomirsky et al. (2005) found that "numerous studies show that happy individuals are successful across multiple life domains, including… work performance". They went on to discover in empirical tests, specifically in cross-sectional evidence, that "happy workers enjoy multiple advantages over their less happy peers… handle managerial jobs better. They are also less likely to show counterproductive workplace behavior and job burnout". Due to the findings produced by this paper, workers take their happiness to work, therefore, it could be beneficial to organizations to better understand how to hire the right employee, e.g. hire for fit. This paper helps support the current evidence that hiring for fit can be beneficial for organizations, to include management-level employees in healthcare organizations.

Helping Others

A source of the clinic managers' work purpose, i.e. intrinsic motivation, was associated with the contributions they provide to their direct reports' development, supporting past research into intrinsic motivation e.g. Fave, et al., (2011). Helping others and direct relationships matter most to the clinic managers of this study, as also outlined in the research from Deci & Ryan (2012) in terms of "relatedness" which they describe as a "universal desire to interact, be connected to, and experience caring for others." It seems that major intrinsic reasons for developing others validates the clinic manager's sense of nurturing others (Ryan et al., 1991) while simultaneously experiencing a sense of well-being and self-congruence because under such "circumstances people would feel intensely alive and authentic, existing as who they really are" (Ryan, et al., 2001). Indeed, it was stated by the study participants that working in healthcare was a personal mission,

it was important to them personally and fits with what they described as their personalities.

Utilizing Skills to Help Others

Having the opportunity for the clinic managers to freely share their skills was a major feature in their intrinsic/eudemonic happiness at work, supporting Warburton, et al. (2014) research when healthcare workers experience feelings of being valued their happiness increases. Each participant seemed to display a sense of intrinsic desire for helping their respective caregivers. As the participants described how they enjoy helping their caregivers, they tended to describe having the opportunity to share their skills with others which added to their happiness. It was found that when clinic managers are using their full set of skills, education, and experiences, they tend to retain their intrinsic motivation at work because they have met their eudemonic sense of well-being. As also supported and stated by Csikszentmihalyi (2014) in his research when he said, "Aristotle believed that happiness was the result of the 'virtuous activity of the soul'. We agree with this etiology to the extent that the proximal cause of happiness must also be a psychological state."

When speaking about their staff, each clinic manager described how helping their staff "develop and grow" made each participant feel happiness at work because they [clinic manager] were experiencing a sense of being useful, thereby supporting previous research on intrinsic motivation (Ryan et al., 1991) in terms of putting their skillset to full use. As an example, Abraham shared how he has helped his staff develop, and when he sees those skills being put to work, he said: "seeing how my staff are helping the clinic be successful, it gives me a tremendous amount of pride and that makes me happy because I

am fulfilling an internal purpose of helping others." When the clinic managers felt engaged and useful, their levels of happiness were high. As also demonstrated in the research conducted by Ryan & Deci (2000) when they found that

> human beings can be proactive and engaged or passive and alienated, largely as a function of the social conditions in which they develop the function. Accordingly, research guided by self-determination theory has focused on the social-contextual conditions that facilitate versus forestall the natural process of self-motivation and healthy psychological development. Specifically, factors [three innate psychological needs--competence, autonomy, and relatedness] have been examined that enhance versus undermine intrinsic motivation.

Regardless of whether the clinic managers actually brought their happiness to work as an innate quality, or this happiness was derived from a sense of usefulness from being engaged with their respective caregivers, the clinic managers' respective teams were clearly impacted in positive ways and benefited. A phenomenon found by the research conducted by Lyubomirsky et al. (2005) when they found why some innately happy people tended to be successful at work "the characteristics related to positive affect include confidence, optimism, and self-efficacy; likability and positive construal's of others; sociability, activity, and energy; prosocial behavior; immunity and physical well-being; effective coping with challenge and stress; and originality and flexibility."

The participants each spoke about the importance of maintaining their happiness to the benefit of their clinics. When the clinic managers are experiencing happiness, from an extrinsic or hedonic perspective, clinic managers are much more confident concerning innovation and being creative regarding clinic improvements. Supporting the empirical

evidence highlighted by Lyubomirsky et al. (2005) which found that “happier employees were rated by their administrative officers as superior up to 3.5 years later in the four dimensions of support, work facilitation, goal emphasis, and team-building”.

The findings of this paper can provide rationale and support for organizations that are considering how to obtain, sustain, improve, or change corporate culture amongst its management team. A contribution of this work could support organizational talent acquisition strategies (Bowen, Ledford, & Nathan, 1991). Being able to identify, hire, and retain talent that brings happiness to work with them can help organizations in many competitive ways. Strategic talent acquisition and/or retention can benefit Human Resource departments with a framework with which they could develop hiring practices. This is especially important for those firms that put a focus on their customer service strategies and how hiring impacts those strategies (Bowen, Ledford, & Nathan, 1991).

Extrinsic Motivation / Hedonic Happiness of Clinic Managers

Understanding what motivates clinic managers was a focus on investigating happiness at work. Even though there has been research conducted on the motivations of healthcare workers (Dolea & Adams, 2005 & Campbell et al., 2011), clinic managers have not received much research attention. Therefore, the theories of intrinsic and extrinsic self-determination were used to study if happiness at work was stimulated among clinic managers. There is precedent for studying the relationship between happiness at work and external forces (Fisher, 2010), consequently, further exploration into extrinsic motivation among clinic managers was warranted. By obtaining the data from this study clinic managers can be further investigated and can now be compared, in part, to what might motivate other leadership type roles within healthcare.

Feeling Appreciated

Additional extrinsic motivators were found to include workplace relationships, three particular elements were identified. First, and the most notable, was the relationship that the clinic manager had with his/her caregivers. This relationship was altogether different than the other two, in part because of the role the clinic manager played within those relationships, which was one of mentor or teacher. Acting as a mentor or teacher allowed the clinic managers to experience a sense of helping others and being appreciated for doing so as outlined in self-congruence theory (Ryan, et al., 2001).

Second, the relationship with his/her direct supervisor. In this relationship, the role of the clinic manager was one of subordinate and if their direct supervisor embraced and acknowledged the skills and opinions of the clinic manager, then happiness on behalf of the clinic manager was achieved. For example, clinic managers shared about the importance of their direct supervisor to recognize their full set of skills, and when this was practiced, it allowed for the clinic managers to experience happiness at work. However, if the direct supervisor did not display appreciation for the clinic manager and/or exhibited, what the clinic managers referred to as, "micromanager" behaviors, and then the clinic manager's happiness was severely depleted. Negative behaviors towards subordinates were described by Herzberg, et al. (1959) as producing a bad work environment explicitly described as "the extrinsic of the job," can include micromanagement types of behaviors. However, clinic managers were most happy at work when they could experience empowerment, respect, and trust with their direct supervisor, as also described in previous research (Lu & Shih, 1997). It was also noted at broader organizational relationships such as executives, leadership roles, other

departments, and other caregivers outside of the clinic manager's particular clinic could impact the clinic manager's sense of happiness. Participants pointed out the difficulties that arose when executives made decisions that put at odds the clinic manager's relationships with their direct reports, the physicians, and other providers.

Third, the relationship with the medical director partner [physician], if in this relationship, respect and partnership are experienced then happiness at work was achieved for the clinic manager. Grant, et al. (2007) found that managerial practices can have a direct influence on an employee's workplace happiness. In this particular relationship, since the clinic manager and the medical director have, in certain respects, a shared interest of certain managerial accountability, if the medical director does not "partner" well with the clinic manager, the clinic manager's happiness is negatively impacted. For example, if the medical director does not work with the clinic manager to address and overcome clinic barriers, e.g. personnel issues with clinic providers, and the clinic providers experience a different set of standards compared to other clinical staff, then the happiness of the clinic manager is negatively impacted. However, if the medical director holds to account his/her providers to the same standards that the clinic manager holds his/her employees, then the happiness of the clinic manager is at higher levels because there is mutual respect and acknowledgment for each other's respective responsibilities. Working together with the medical director as a "team" was identified as important for the clinic managers.

Even though the main findings of this study emphasize intrinsic motivation, some discoveries also highlighted extrinsic motivation. For example, the majority of participants did not see pay as influencing their happiness at work. Several of the clinic

managers said they would like to be paid higher for the work they do, and others said they are paid fairly. However, one participant said that “my pay rate does bring me happiness” all the others did not feel that the rate of their pay brings them happiness. Thereby supporting the findings that “intrinsic rewards (or intrinsically motivating experiences) are a more powerful motivator of behavior than extrinsic rewards” (Csikszentmihalyi, 2014).

Contribution of this work can be for healthcare administrators that are considering the role and influence that clinic managers have on organizational outcomes. As has been determined by this study, from an extrinsic motivational perspective, clinic managers’ happiness at work is influenced by his/her direct supervisor. Understanding the happiness of clinic managers can help healthcare leaders explore frontline caregiver’s engagement. Understanding how frontline caregivers are being treated by their clinic manager can help leaders better understand how production might be impacted. It has been deemed that happy caregivers influence and impact service quality (Peyton, 1996), and therefore understanding how extrinsic motivators, such as a clinic manager/ direct supervisor, influences caregiver's happiness at work is important to understand.

Happiness as Dynamic and Multidimensional

A key finding from this study is that happiness at work is dynamic and multidimensional. For example, if a clinic manager were to experience a circumstance that detracted from his/her extrinsic/hedonic happiness at work, e.g. a negative interaction with the clinic medical director. However, if they also experienced intrinsic/eudemonic happiness on the same day because, for example, the clinic manager helped a middle-aged caregiver enroll in college, then the clinic manager was able to distinguish between

the different sources of happiness and unhappiness. The findings of this research point out that clinic managers can carry both intrinsic and extrinsic motivations. There is a caveat, and that is in terms of the relationship with the clinic manager's direct supervisor. This relationship seems to have the ability to impact both hedonic & eudemonic happiness, in part because of the power that the direct supervisor holds over the clinic manager, supporting the theory as outlined by Campbell et al. (2012) that extrinsic motivation can be stimulated by an employee's direct supervisor behaviors and actions. Therefore, based on this paper's investigation, it seems that a clinic manager's relationship with his/her supervisor directly impacts his/her overall hedonic happiness at work.

Clinic managers seemed to demonstrate that their relationship with their supervisor is very important and therefore influential to a clinic manager's happiness at work. A negative relationship between the clinic manager and his/her supervisor seems to deplete their positive feelings such as in their other relationships e.g. with their staff, clinic medical director, and the broader organizational relationships. Supporting previous research, e.g. Herzberg et al., (1959) describe "the way in which a supervisor gets along with his people is the single most important determinant of morale". The overbearing influence that a direct supervisor has on the clinic manager was most evident. For example, Rebekah shared that she was considering leaving her clinic manager position because of how her supervisor treats her. Rebekah went on to say, "I love my team, I care for them, but who is caring for me? I'm not being cared for; this is not sustainable long term." She went on to explain how she is experiencing feelings of anxiety and pressure outside of work all caused by her supervisor, she then said: "I'm now, not sure if I will

continue to be a clinic manager because of how I am being treated." Yet, Rebekah also spoke about how much she cares for her team and how much her team gives her happiness.

"Local management" has a major influence over an employee's work experiences as previous research has found (Warburton, Moore, Clune, & Hodgkin, 2014). A clinic manager's extrinsic/hedonic happiness can be quickly depleted because of the actions of his/her direct supervisor. Happiness at work is found to be multidimensional and therefore it is important to also understand that clinic managers are complex in order to understand what motivates them, one must be able to comb through the complexity.

Having discovered the role and influence that a direct supervisor has on a clinic manager's happiness can be a major contribution to management theory. Understanding how managers are influenced in terms of their hedonic happiness at work would seem to be of major interest for talent retention strategies. Not understanding the role that a clinic manager's happiness at work plays could have negative downstream impacts on other caregivers and untimely on customers; therefore, understanding this dynamic can be important for firms desiring to explore all possibilities of employee acquisition and retention.

Overall it is clear that clinic managers are innately complicated and understanding what motivates them must be understood as multi-layered. Clinic managers reported to bring their happiness to work, however, if the clinic manager experienced a negative relationship with his/her direct supervisor as shared by participant Rebekah, their happiness can be negatively impacted. Gagne (2014) found that "Within SDT, we emphasize the importance of promoting full internalization of extrinsic motivation as

well as maintaining or enhancing intrinsic motivation to facilitate optimal motivation". Amid this group of clinic managers, in terms of their happiness at work, there seem to be some overlapping and competing priorities of interest at any single moment which depends on what is happening in any given situation. This group of clinic managers seems to place a higher value on their relationships with their direct reports/caregivers, thereby, demonstrating a stronger sense of intrinsic/eudemonic happiness, and these relationships win out and overshadow the negative feelings often experienced under negative supervision. Ensuring that managers can utilize their full skill sets and providing a platform for them to pour into their direct reports is indeed meaningful and life-giving; if these relationships can be upheld, promoted, and cherished it seems that managers are still able to maintain a sense of happiness at work despite any external negative experiences.

Study Limitations & Future Research

This study on happiness at work is limited in several respects. First, the study was conducted focusing on a single healthcare organization. In addition to one organization, another limitation was the number of participants (n = 10). The 10 participants were clinic managers that had worked in their current role for at least two years. It will be important for further research to expand the (n) size and to include other healthcare roles.

As the next step in this research, it would be important to expand the research regarding clinic managers by utilizing qualitative designs, in part, because further research on happiness employing qualitative strategies is needed (Fave, et al., 2011). Furthermore, it is also important to recognize that research on happiness at work in healthcare is altogether lacking and therefore all research design methods should be

considered. The healthcare industry is large and complex, therefore, research on happiness at work within the healthcare industry should not be limited to any particular design. However, focusing on clinic managers is of immense importance as demonstrated by the research conducted by Knorring et al. (2016)

> Despite the increase in managerial influence in healthcare… this study indicates that healthcare managers are not very strong representatives of the ideology of managerialism in relation to the medical profession… Our findings show that a profession-based discourse dominates in how managers construct the manager role in relation to the medical profession…. The dominating profession-based discourse served to reproduce the power and status of physicians within the organization, thereby rendering the manager role weaker than the medical profession for both physician and non-physician managers.

Based on the comment as provided in this study by the participant Moses when he stated that "different standards exist for medical directors and clinic managers" there is indication due to such comments that further investigation should follow the medical director and clinic manager relationship.

As important as happiness at work research can be in the healthcare industry, it is important to not limit the research to a single sector or industry. Potentially all industries and sectors can benefit from an increased understanding of happiness at work. Using different theories can help to further explore happiness at work with much more depth and width. Utilizing different theories could bring about richer findings and thereby bring about future research attention. By expanding the research, the information provided can

help improve the levels of evidence-based outcomes for scholars and business practitioners.

Advancing the scholarly understanding of happiness at work carries many academic benefits and possibilities. With scholarship comes the potential of growing and attracting additional academic attention. Academic attention can then lead to business practitioners growing their interest in exploring the phenomenon. Having business practitioners place attention on happiness at work will give researchers additional fuel for research ideas and possibilities. There is no limit to what can be achieved if the phenomenon were to be better understood and offered as a research option.

Outside of academia, business practitioners stand to potentially benefit from additional exploration of the role that happiness at work plays in the corporate world. Companies are increasingly interested in considering how to improve employee retention and employee engagement (Anand, 2011), happiness at work can provide companies with another tool for a possible competitive advantage. The possibilities and opportunities for how happiness at work might help scholars and business practitioners are limitless.

Healthcare Research Warranted

Based on the findings from this study, alignment with other qualitative and quantitative analysis can be furthered, specifically when researching healthcare managers and other caregivers. Now that clinic managers have been initially investigated using a phenomenological design, it is important to employ other research possibilities e.g. grounded theory to help develop a theory by driving inductively from the caregiver's real-world situations (Merriam, 2002). It might also be beneficial to explore quantitative analysis such as the possibilities of employing a correlation method to be able to

determine possible strengths and directional relationships between variables. Such studies may assist researchers to explore the happiness at work phenomenon in healthcare further and with more interest.

Extending Current Research to Other Disciplines

By using the findings from this research, future research attention can be garnished for the healthcare industry. Being that the healthcare industry is multifaceted and complex (Knorring, Alexanderson, & Eliasson, 2016), extending research on healthcare caregivers is imperative. Utilizing this research paper to compare and contrast other research can help extend the current research to other theoretical areas and/or disciplines to include management theory, leadership theory, and organizational theory, for example.

Management theory could benefit from a deeper understanding of the role that happiness at work plays in the workforce. For instance, Lu & Shih (1997) discovered nine major categories of happiness. Within the nine major categories, they found: gratification of need for respect; harmony of interpersonal relationships; achievement at work, among others. Based on the current research on happiness at work and taking into consideration how much time the average worker spends at work, it can be inferred that happiness has played a bigger role in workforce outcomes and yet much of the phenomenon has not been fully investigated. Management theory could benefit by understanding where and how to implement happiness at work strategies for improved management practices, which in turn could improve employee acquisition, retention, and motivation.

Leadership theory is another area where happiness at work might have an influential role. Dr. James Clawson (2012) in his leadership textbook describes and outlines many human behaviors that influence the leader and the follower relationship. Leadership is not limited to the workplace; however, leadership does take on many forms within the work environment and therefore it is important to be able to extend leadership theory in the exploration of the role that happiness might have on leadership theory and practice.

Due to the prominence that happiness at work seemingly plays, it would be important to extend the research to organizational theory. It would seem that a good starting point would be to extend the research in terms of mission-driven organizations since leadership is important in such types of organizations (Baltzley, 2016). Happiness at work would appear to be a useful tool for mission-driven organizations in the formulation of talent acquisition and retention strategies. This is especially important when considering hiring for fit. As demonstrated through the findings of this paper, the clinic managers studied declared that they brought their happiness to work, and therefore seeking out strategies to help identify and acquire such talent would seem to be important for mission-driven organizations. The types of contributions that have been garnished by this paper can have substantial benefits for a variety of disciplines and purposes.

Conclusion

Happiness has been a phenomenon that has long been debated and goes back in history to Greek philosophers like Aristotle and the Stoics. Happiness at work is a more recent discovery coming via positive psychology (Achor, 2010). Even though happiness at work might be an alien concept to some, it has proven to be a worthy construct to

examine. Previous research on happiness has proven that happiness can have multidimensional influences (Russell & Caroll, 1999), and therefore understanding that a clinic manager can experience both hedonic and eudemonic happiness while at work was a substantial finding in this study.

This study set out to better understand the role that happiness at work plays among clinic managers. The qualitative exploration facilitated the examination of 10 clinic managers' lived experiences and set out to study the meaning that each respective clinic manager gave to his/her experiences. The research was conducted via interviews utilizing a series of open-ended questions. The data gathered from this research was filtered through three main theories (1) Positive Psychology: Happiness at Work (Ryan & Daci, 2001), (2) Intrinsic Motivation Theory: Self-determination (Deci, 1971), and (3) Extrinsic Motivation Theory: Self-determination (Sansone & Harackiewicz, 2000); through these theories observations and conclusions have been achieved.

The findings of this paper have provided multiple contributions to various disciplines and phenomena. The contributions include, and are not limited to, hiring for fit, the motivation of clinic managers, the need for administrators to better understand the needs of clinic managers, extending research in healthcare and other disciplines. A most interesting finding was revealed in that a clinic manager’s happiness is not one dimensional or fixed, it is dynamic and multifaceted. The clinic managers interviewed for this study declared that they brought their happiness to work and yet they each shared lived experiences at work where their happiness was influenced and impacted by both intrinsic and extrinsic elements. It has also been determined that even though intrinsic motivation/eudemonic happiness is a powerful motivation, extrinsic factors e.g. clinic

manager's direct supervisor can have substantial influences on a clinic manager's overall happiness. For example, if a clinic manager has a strong sense of intrinsic motivation/eudemonic happiness, and yet, if his/her direct supervisor does not recognize the clinic manager's skills and contributions while also micromanaging the clinic manager, then that extrinsic influence [direct supervisor] can hinder the clinic manager's overall happiness. Yet, as the need to help others is key, this should be carefully tended to and nurtured to allow for space to develop and grow.

The observations that have been gathered in this study will be instrumental in furthering additional studies regarding happiness at work. It is important to note that little research has been accomplished in terms of healthcare workers/caregivers and their happiness at work, therefore additional research is merited. The purpose of this paper was to examine the clinic manager and their happiness at work and the purpose has been initially fulfilled and now the challenge is to continue further examination and exploration.

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Tables

Table 1

Table 1. Happiness-related constructs in the workplace

Transient Level	Person Level	Unit Level
State job satisfaction	Job satisfaction	Morale/collective job satisfaction
Momentary affect	Dispositional affect	Group affective tone
Flow state	Affective organizational commitment	Group mood
Momentary mood at work	Job involvement	Unit-level engagement
State engagement	Typical mood at work	Group task satisfaction
Task enjoyment	Engagement	
Emotion at work	Thriving	
State intrinsic motivation	Vigor	
	Flourishing	
	Affective well-being at work	

Note: As per Dr. Cynthia Fisher (Fisher, 2010)

Table 2

Table 2: Management experience

Name	Abraham	Bathsheba	David	Isaac	Jacob	Moses	Rachel	Rebekah	Sarah	Zipporah
Years of Clinic Management	15	2	9	8	10	2	16	19	5	12
Number of Clinics Managed	2	1	2	1	3	1	3	3	1	2

Table 3

Table 3. Organizational chart: Medical Group