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Effects of Transformational Leadership on Direct Home Healthcare Employee Turnover

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This is to certify that the doctoral study by

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and that any and all revisions required by
the review committee have been made.

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Walden University
2020

Abstract

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MBA, Saint Leo University, 2007

BA, Saint Leo University, 2003

Doctoral Study Submitted in Partial Fulfillment

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Abstract

Ineffective leadership and excessive direct home healthcare workers' intent to resign may decrease home healthcare worker satisfaction, increase workplace accidents, and hinder the quality of patient home healthcare. Home healthcare leaders have a problem of retaining direct home healthcare workers and can benefit from comprehending the factors that enhance leadership and mitigate the turnover of home healthcare workers. Grounded in transformational leadership theory, the purpose of this quantitative correlational study was to examine the relationship between the perception of transformational leadership behaviors and direct care intent to resign. The population consisted of direct home healthcare workers who reported to frontline managers in West Virginia. Ninety-seven direct home healthcare workers completed the Multifactor Leadership Questionnaire 5-X Short Form and the Michigan Organizational Assessment Questionnaire. Data were analyzed using multiple linear regression. The results of the model as a whole to predict intent to quit were not significant, $F(5, 91) = 1.675$, $p = .149$, $R^2 = .084$. A key recommendation is that transformational leaders leverage their charisma to enhance positive communication with employees to reduce the intent to resign. Implications for social change include the potential for direct home healthcare leaders to spend more time promoting healthier patients, contributing to employee and patient wellness, and improving operational effectiveness, which might mitigate the cost of patient home care.

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Dedication

To my late daughter, Rachel Yvonne Johnson, my mother, Doris Lively Stafford, and aunt Margaret Eder, who passed away and did not read the results of my analysis. I knew that you were watching over me in heaven.

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Section 1: Foundation of the Study

Background of the Problem

The United States home healthcare industry exceeded 12,000 home healthcare businesses in 2016 (Centers for Medicare and Medicaid Services [CMS], 2018; Harris-Kojetin et al., 2016). Twenty percent of home healthcare business units in the United States consisted of nonprofit organizations (Centers for Disease Control and Prevention, 2014). In 2016, employees in the home healthcare workforce exceeded 2.8 million laborers (U.S. Department of Labor, Bureau of Labor Statistics, 2018). The increase in the volume of home healthcare business units and home healthcare employees indicated a consistent and upward trend in demand for home healthcare services. In 2015, analysts at the U.S. Department of Labor, Bureau of Labor Statistics (2018) estimated the population growth of more than 6 million older adults and 17 million after 2049. In 2016, more than 3.5 million U.S. persons received home healthcare services (CMS, 2018). Analysts estimated more than a 38% increase in the future demand for home healthcare workers in the U.S. workforce through 2025, which was the most significant growth projection of all occupations in the United States (U.S. Department of Labor, Bureau of Labor Statistics, 2018).

As patient demand for home healthcare services continues to expand in the United States, business leaders have expressed concerns about minimal pay, few incentives, and excessive turnover for home healthcare workers (Stear, 2017). Butler (2017) reported that home healthcare workers have an increase in occupational accidents and anxiety from overburdening jobs, lack of job clarity, and insufficient leadership. Business managers

who gained a comprehensive understanding of leadership might improve healthcare employee retention and enhance the job commitment of workers (Yoon, Probst, & DiStefano, 2015). This study was an examination of the relationship between the views of direct home healthcare workers on the transformational leadership subcategories of their frontline managers and the intent to resign of the direct home healthcare workers at a for-profit home healthcare business in West Virginia.

Problem Statement

Inadequate job instruction, poor mentorship, and lack of efficient leadership reduces home healthcare employees' work contentment, increases turnover, and reduces the quality of patient care (Stear, 2017). Costs for managers to replace a home healthcare worker might exceed $4,400 (Institute of Medicine and National Research Council, 2015). The general business problem is that ineffective leadership and excessive direct home healthcare turnover may decrease home healthcare worker satisfaction, increase workplace accidents, and hinder the quality of patient home healthcare. The specific business problem was that some business managers might not know whether a linear combination of the views of direct home healthcare workers on the transformational leadership subcategories of their frontline managers significantly predicted the intent to resign of direct home healthcare workers.

Purpose Statement

The purpose of this quantitative correlational study was to examine whether a linear combination of the views of the direct home healthcare workers on their frontline manager's five transformational leadership subcategories idealized attributes, idealized

behaviors, inspirational motivation, intellectual stimulation, and individualized consideration significantly predicted the intent to resign of the direct home healthcare workers. The independent variables consisted of five transformational leadership subcategories. The dependent variable was the intent to resign. The target population in this study were workers who supplied direct home healthcare to patients at for-profit businesses in West Virginia.

The findings from this study might result in a positive social change by providing home healthcare business managers and leaders with data for initiating strategies to promote leadership efficacy and mitigate the turnover of home healthcare workers. Consequently, society and the community may benefit from leadership efficacy and retention of direct home healthcare workers because home healthcare workers might experience fewer injuries and workplace errors. Leaders might spend more time promoting healthier patients, contributing to employee and patient wellness, and improving operational effectiveness rather than spending more time training employees, which might reduce the cost of the services for home healthcare patients.

Nature of the Study

The three research methods include quantitative, qualitative, and mixed methods (Almalki, 2016; Hair, Wolfinbarger, Money, Samouel, & Page, 2015; Khaldi, 2017). Researchers who implemented quantitative research methods used credible and accurate tools to gather, examine, measure, and analyze statistical data (Almalki, 2016; Khaldi, 2017; López, Valenzuela, Nussbaum, & Tsai, 2015). In performing quantitative research, researchers collect statistical evidence using survey instruments rather than anecdotal

evidence that is collected in qualitative research (Almalki, 2016; Khaldi, 2017; Larson-Hall & Plonsky, 2015). I chose a quantitative method for this study to examine the variables. Quantitative analysis requires statistical evidence to answer the research question, whereas researchers who engage in qualitative research and mixed methods research answer the research question using anecdotal evidence either entirely or in part. Recording the ideas of the participants, doing interviews, and combining research results might create unnecessary time constraints compared to quantitative research (Almalki, 2016). Researchers who use mixed methods research combine qualitative methods and quantitative methods to conduct rigorous research to answer complex research questions (Almalki, 2016). In this study, using quantitative research methods produced the statistical evidence needed to analyze data and answer the research question.

The three quantitative designs include correlation, experimental, and quasi-experimental (Khaldi, 2017). Researchers use results of correlation design statistical analysis to examine data and determine if a linear association exists among variables to support or refute the hypothesis (Khaldi, 2017; Leedy & Ormrod, 2015). The correlation design was used in this study because the objective of this study was to determine if a linear combination of the five transformational leadership subcategories of frontline managers predicted the intent to resign of direct home healthcare workers. An experimental design was not the best research design for this study because the experimental designs were optimal research designs for when a researcher separates variables in an organized setting to examine causal relationships between the variables

(Almalki, 2016; Khaldi, 2017; Kovach, 2018). Manipulating or controlling the variables in field research is difficult (Khaldi, 2017).

The quasi-experimental design was not the best research design for this study. The quasi-experimental design is best for researchers to support or refute the hypothesis without random assignment or control of the variables (Khaldi, 2017). In this study, assigning participants to control groups did not produce the outcome needed and evidence to examine a relationship between the variables. The statistical results from a correlation design show whether associations exist between the variables more effectively than separating, testing, or controlling variables. Consequently, I did not choose the experimental or quasi-experimental design in this study. An examination of the relationship among variables using a correlational design resulted in data needed to answer the research question in this study.

Research Question

RQ: Does a linear combination of five transformational leadership subcategories significantly predict the intent to leave of direct home healthcare workers?

$H_0 1$: A linear combination of the views of the direct home healthcare workers on the transformational leadership subcategory idealized attributes of their frontline managers will not significantly predict the intent to resign of direct home healthcare workers.

$H_A 1$: A linear combination of the views of the direct home healthcare workers on the transformational leadership subcategory idealized attributes of their

frontline managers will significantly predict the intent to resign of direct home healthcare workers.

$H_0 2$: A linear combination of the views of the direct home healthcare workers on the transformational leadership subcategory idealized behaviors of their frontline managers will not significantly predict the intent to resign of direct home healthcare workers.

$H_A 2$: A linear combination of the views of the direct home healthcare workers on the transformational leadership subcategory idealized behaviors of their frontline managers will significantly predict the intent to resign of direct home healthcare workers.

$H_0 3$: A linear combination of the views of the direct home healthcare workers on the transformational leadership subcategory inspirational motivation of their frontline managers will not significantly predict the intent to resign of direct home healthcare workers.

$H_A 3$: A linear combination of the views of the direct home healthcare workers on the transformational leadership subcategory inspirational motivation of their frontline managers will significantly predict the intent to resign of direct home healthcare workers.

$H_0 4$: A linear combination of the views of the direct home healthcare workers on the transformational leadership subcategory intellectual stimulation of their frontline managers will not significantly predict the intent to resign of direct home healthcare workers.

H_A4: A linear combination of the views of the direct home healthcare workers on the transformational leadership subcategory intellectual stimulation of their frontline managers will significantly predict the intent to resign of direct home healthcare workers.

H_05: A linear combination of the views of the direct home healthcare workers on the transformational leadership subcategory individualized consideration of their frontline managers will not significantly predict the intent to resign of direct home healthcare workers.

H_A5: A linear combination of the views of the direct home healthcare workers on the transformational leadership subcategory of individualized consideration of their frontline managers will significantly predict the intent to resign of direct home healthcare workers.

Theoretical Framework

The transformational leadership theory was the theoretical framework in this study. In 1978, Burns (1978) developed the transformational leadership theory. Burns got the idea for transformational leadership theory out of a study aimed to evaluate the leadership characteristics of politicians; later, Bass (1985) advanced the theory and further found the primary constructs of transformational leadership theory. The five transformational leadership subcategories are idealized influence, idealized attributes, intellectual stimulation, individualized consideration, and inspirational motivation (Bass, 1985).

In the analysis of this study, the transformational leadership theory was used to conclude that idealized attributes predicted the intent to resign of direct home healthcare workers. In an analysis of the relationships, the transformational leadership theory was the logical method to build and develop as the theoretical framework. McCall (2016) recommended examining transformational leadership behaviors in further research about direct healthcare workers. Whitby (2018) stated that frontline leaders have a primary impact on the conduct of their direct workers. Understanding the transformational leadership theory might help business managers understand the leadership of home healthcare workers and their intent to quit.

Sok, Sok, Snell, and Qui (2018) posited that understanding the traits of frontline managers who practiced transformational leadership in service firms was critical to the happiness, success, and longevity of workers. The transformational leadership theory applied to this study because the aim of the study was to determine if a relationship existed among the transformational leadership behaviors and turnover. The findings of the study provided insight into how home healthcare leaders might use the transformational leadership theory to provide transformational leadership training to frontline managers and retain home healthcare workers. I applied the transformational leadership theory to this study, as my focus was on finding whether there was a significant relationship among idealized influence, idealized attributes, intellectual stimulation, individualized consideration, inspirational motivation, and intent to quit.

Operational Definitions

Home healthcare: Home healthcare refers to the variety of wellness and care services delivered to patients in their homes (Demirbilek, Branke, & Strauss, 2018; Newquist, DeLiema, & Wilber, 2015).

Home healthcare worker: A home healthcare worker is a worker who provides health and care help to patients in their home (Zoeckler, 2017).

Inferential statistics: Inferential statistics refer to the features of a specimen that a researcher might use to forecast outcomes to a specific group (Hair et al., 2015).

Intent to leave: Intent to leave refers to the behavior of an employee who expressed an idea to terminate their continuous employment and instead pursued other employment endeavors (Imran, 2017).

Management control systems: Management control systems are the methods managers use to collect and organize knowledge to help them design, govern, and disseminate knowledge to help the company (Nguyen, Mia, Winata, & Chong, 2016).

Quality of care: Quality of care is the standard of value of services a patient receives in a healthcare setting (Lavoie-Tremblay, Fernet, Lavigne, & Austin, 2015).

Transformational leaders: Transformational leaders refer to those leaders who strive to inspire others and transform new events (Sonnino, 2016).

Assumptions, Limitations, and Delimitations

Assumptions

Polit and Beck (2017) defined assumptions as possible truths under appropriate conditions. In this study, a primary assumption was that my potential research

participants (direct home healthcare workers) might understand the survey questions and complete the online survey with accurate and honest responses. Also, I assumed that an online survey designed for participants in one geographical area would be appropriate for my study. Another assumption was that the Multifactor Leadership Questionnaire (MLQ) 5X Short form and the Michigan Organization Assessment Questionnaire (MOAQ) were sufficient tools to examine the relationship among idealized influence, idealized attributes, intellectual stimulation, individualized consideration, inspirational motivation, and turnover. I assumed that the transformational leadership theory was an appropriate theoretical framework for studying transformational leadership and intent to quit of direct home healthcare workers at a for-profit business in West Virginia. The final assumption was that the minimum of 98 direct home healthcare workers would complete the online Internet survey via SurveyMonkey. In this study, 97 direct home healthcare workers completed usable surveys.

Limitations

Limitations, as defined by Leedy and Ormrod (2015), assess the boundaries in a study. A primary limitation of the research was that targeting a home healthcare business in West Virginia limited the collection of data. Another limitation of the study was the brief time given for the study participants to complete the online survey. The participants had two weeks to complete the online survey. The survey was open for an additional two weeks to provide additional time for the required number of participants to complete the online survey. An online Internet survey tool limited the participant responses because some participants might not have Internet connectivity, and participants might experience

concerns about the privacy of an Internet survey (Tella, 2015). A final limitation of my study was that the transformational leadership behaviors produced the survey data needed to answer the research question. The other leadership behaviors from the survey tool, transactional, and laissez-faire leadership behaviors, did not produce the outcome required to answer the research question.

Delimitations

Ody-Brasier and Vermeulen (2014) defined delimitations as features that restrict or confine borders in a study. Delimitations might result from choices a researcher did not include in a study. I delimited the research study to the effects of transformational leadership on home healthcare worker turnover to engage future home healthcare business leaders. Another delimitation of my study was that the research participants worked at a for-profit home healthcare business in West Virginia.

The objective of my study was to test for a correlation among the transformational leadership behaviors and the intent to quit of home healthcare workers. Multiple geographic regions, other business sectors than home healthcare businesses, and other leadership styles were beyond the scope of my study. To be eligible to participate in this study, participant qualifications included (a) being 18 years old, (b) reporting to frontline managers, and (c) working at a home healthcare business in West Virginia.

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Significance of the Study

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Determining whether a relationship exists between the transformational leadership subcategories and the intent to resign might aid home healthcare business managers to determine if frontline leaders' transformational leadership behaviors contributed to

organizational performance, leadership efficacy, and employee wellness. Home healthcare business managers might decide whether to attract, hire, train, and retain leaders who modeled transformational leadership characteristics. The results of this study showed whether a linear relationship existed between the transformational leadership subcategories and intent to resign.

Contribution to Business Practice

Home healthcare business managers might use this study's results to improve business practice. Managers might find value in the research because, according to a review of the literature, no known published studies examined whether an association existed between the transformational leadership subcategories of frontline managers and worker turnover in the home healthcare industry. As a result, business leaders might understand whether the transformational leadership subcategories predicted turnover. By analyzing the findings of this study, business managers might understand which areas of transformational leadership might correlate with employee turnover, leading them to administer training programs to enhance business operations.

Jang et al. (2015) reported home healthcare business managers who designed, implemented, and enforced programs to develop home healthcare management training might improve work outcomes, such as mitigating employee accidents and enhancing employee esteem. Jang et al. asserted that business managers might improve operations by using assets to develop leaders and prepare frontline management training programs aimed to improve the work environment of the subordinates, reduce stress, promote employee wellness, and improve retention. The results of this analysis extend the

knowledge about transformational leadership subcategories to other scholars, researchers, and businesses. Home healthcare leaders might decide whether to develop the frontline manager role if provided statistical evidence of the associations between the five transformational leadership subcategories and the intent to resign. Spetz, Trupin, Bates, and Coffman (2015) asserted that leaders must develop and implement policies to educate and train home healthcare workers. Home health leaders must develop practical guidelines and procedures to mitigate the negative perception of home healthcare workers' small monetary and nonmonetary compensation packages, lack of formal schooling, and instruction that helps workers complete their job duties and enhances the quality of life for patients and home healthcare workers (Spetz, Stone, Chapman, & Bryant, 2019). Home healthcare trainers might conduct workshops to promote leadership efficacy and mitigate operational costs to the business and patients.

Implications for Social Change

Results of this analysis might help business managers understand how to implement positive social change in the community. Typically, leaders strive to transform home healthcare operational sustainability and achieve the operational goals. Leaders ensure their workers continue to serve the needs of home healthcare patients. Consequently, individuals in the community might gain a healthier and happier lifestyle.

Leadership efficacy might enhance positive social change in the community by creating a safer environment for patients, mitigating the monetary costs, and improving the local environment (Feldman, Ryvicker, Evans, & Barrón, 2017). Leadership efficacy

might improve employee working conditions, which might result in fewer employee accidents, enhancing both patient and employee health (Jang et al., 2015).

A Review of the Professional and Academic Literature

The objective of this quantitative correlational study was to examine the relationship between transformational leadership and turnover. In this study, the research question considered was: Did a linear combination of the five transformational leadership significantly predict intent to quit of direct home healthcare workers? The intent to resign of direct home healthcare workers was the dependent variable. I used the five subcategories of the transformational leadership theory as the independent variables in this study to determine if there was a linear relationship was between them and the independent variable of intent to resign.

Direct home healthcare workers expressed their views of frontline manager's five transformational leadership subcategories. The findings of this study revealed no relationship between idealized behaviors, inspirational motivation, intellectual stimulation, individualized consideration, and intent to resign. The literature in this review includes current and historical references about the transformational leadership theory and research about the intent to resign of home healthcare workers. After the literature review, I present a synopsis of measurement tools used to determine if a linear combination existed between the variables.

Literature Review Process and Scope

The strategy for finding relevant research began with finding peer-reviewed articles and scholarly journal references from Walden University's library, dissertations,

government databases, and seminal work. Other searches consisted of literature from the ABI/Inform Global database, Business Source Complete, CrossRef.org, Emerald Management Journals, ERIC, Google Scholar, ProQuest, Sage Journals, and Science Direct. The keyword search strategy began with *transformational leadership, home healthcare*, *home healthcare employee*, *leadership style*, *measurements*, *transformational leadership style*, *intent to resign,* and *transformational leadership behaviors*. Peer-reviewed research articles in journals, books, dissertations, and information from government databases form the literature in this review. This doctoral study literature consists of 159 references, of which 113 references appear in the literature review. Those 159 references included 132 journals, two dissertations, eight government reports, and 15 books. The literature in this review consists of 68.1% of those references, and 92 (86.1%) of those references had publication dates within 5 years of the chief academic officer approval.

Application to the Applied Business Problem

I used a quantitative correlational study to examine the relationship between the transformational leadership subcategories and intent to resign of direct home healthcare workers. The direct home healthcare workers answered the Internet survey questions about their views of the independent variables idealized attributes, idealized behaviors, inspirational motivation, intellectual stimulation, and individualized consideration to determine if the independent variables were predictive of the intent to resign of direct home healthcare workers.

I compiled a review of the theoretical framework in this study using professional and academic literature. The literature in this review consisted of a critical examination of earlier research about the transformational leadership theory, as well as supporting and contrasting theories. The literature organization consisted of peer-reviewed and scholarly resources about the transformational leadership theory and the five transformational leadership subcategories, the independent variables in this study. Next was an assessment of the literature about the dependent variable, the intent to resign of the direct home healthcare workers, an overview of home healthcare worker retention, and a critical review of literature about transformational leadership and turnover in the healthcare industry. Finally, the measurement of the variables and research compared the point of view of other researchers about the theoretical framework, the transformational leadership theory, as well as the relationship of the data from my study to other research and findings.

Transformational Leadership Theory

I selected the transformational leadership theory as the theoretical framework in this study. The transformational leadership theory was a suitable theory to examine the intent to resign of direct home healthcare workers. Burns (1978) initially developed the transformational leadership theory and Bass (1985) further developed Burns's theory to illustrate the significance leaders had on workers. Bass renovated Burn's transformational leadership model. The original model did not reveal characteristics about how leaders inspired workers to achieve workplace goals (Bass & Avolio, 2004).

Other researchers recommended using the transformational leadership theory in business studies (J. Sun, Chen, & Zhang, 2017). Business leaders might consider transformational leadership practices to enhance academic outcomes and develop training programs that use transformational leadership behaviors (Jovanovic & Ciric, 2016). The transformational leadership theory was an adequate theory to examine the relationship between transformational leadership and intent to resign. Using the transformational leadership theory as the theoretical framework in this study, I determined if transformational leadership significantly predicted the turnover of direct home healthcare workers.

Transformational leaders who contributed to the positive and negative aspects of leadership developed workplace strategies (Sohail & Malik, 2016). Leaders who worked in a collaborative, yet constricted, work environment succeeded in using the theory of transformational leadership (R. Mittal, 2015). Transformational leaders enhance workplace ethics, relationships with followers, and organizational outcomes by developing strategies to train and develop the workforce. Transformational leaders promote positive workplace changes, including improving internal ethics, nurturing competent workers, developing functioning boundaries, and improving planning processes (Jovanovic & Ciric, 2016).

Contrary to the positive views of the transformational leadership theory, transformational leaders might also experience adverse events in the workplace (Andersen, 2015). Leaders who lacked a strong ethical background might have problems with the transformational leadership theory (Bass, 1985). Transformational leaders

experience complications that might hinder their ability to explain why prejudice or bias occurred between them, and their followers (Andersen, 2015). Transformational leaders who worked at organizations with multilevel managers experienced problems when synthesizing operations management and strategic management (Andersen, 2015). The transformational leadership theory disregards the idea of leadership altogether (Andersen, 2015).

Bush (2017) posited that the transformational leadership theory was inconsistent but robust, and the leadership style always changed in sophisticated environments. Transformational leaders lacked the leadership style that could help them understand and resolve conflicts between leaders and followers (Kerdngern & Thanitbenjasith, 2017). Bush and Kerdngern and Thanitbenjasith (2017), opponents of the transformational leadership theory, emphasized that the transformational leadership theory might not measure leadership efficacy. Kerdngern and Thanitbenjasith stated that leaders who created an internal environment that promoted the satisfaction and success of workers did not implement transformational leadership practices.

Servant Leadership Theory

The servant leadership theory was a contrasting theory of the transformational leadership theory. Greenleaf authored the servant leadership theory in 1977. Gillam (2015) noted that servant leaders emphasize programs to train followers to achieve operational goals, while transformational leaders focus on developing their followers to achieve organizational goals. Transformational leaders prevailed on obligations and commitments but could not convert to servant leadership practices and achieve positive

outcomes (Muthia & Krishnan, 2015). Servant leaders achieved their goals by nurturing their followers, while transformational leaders achieved their goals by training their followers (Muthia & Krishnan, 2015).

Hoch, Bommer, Dulebohn, and Wu (2016) posited that servant leaders could contribute to workplace goals and prioritize the needs of their followers by training and education, while transformational leaders could achieve ongoing workplace goals by stimulating their followers; servant leaders were less likely to complete their work goals (Hoch et al., 2016). The servant leaders were analysts of the actions of followers and the output of followers and focused on collaborative observations (Hoch et al., 2016). Andersen (2018) stated that the mission of a servant leader was to concentrate on the health of supports, and the mission of a transformational leader was to focus on how to achieve the organizational mission.

Transactional Leadership Theory

Bass authored the transactional leadership theory in 1981 (Bass, Avolio, Jung, & Berson, 2003). Transactional leadership, which promotes obedience by using rewards and punishments, was distinctive from transformational leadership (Bass et al., 2003). Transactional leaders, as described by Caillier (2017), experienced an increase in worker turnover compared to the transformational leaders, who encountered a decrease in worker turnover. Conversely, Mhatre and Riggio (2014) posited that future researchers who compared theories might help others understand the transformational leadership theory. Regarding transformational leaders and charismatic leaders, R. Mittal (2015) referred to leaders as the *new leadership genre* and characterized the leadership process as a process

to understand the control that a manager could use to develop routines that exceed workplace goals.

Sohail and Malik (2016) conducted a study of 240 participants between five print media outlets in Pakistan to assess transformational leadership, transactional leadership, and job satisfaction using employee empowerment as an intermediating variable. Transformational leaders can motivate workers and reorganize the workplace to produce best organization results (Sohail & Malik, 2016). In a quantitative analysis, Popli and Rizvi (2016) sought to determine if a link existed between worker engagement and the leadership style of 340 direct supervisors in India. Popli and Rizvi reported a positive association between engagement, transformational leadership, and transactional leadership, but an undesirable relationship between engagement and passive-avoidance leadership. The transformational leaders promoted eagerness, motivated workers, and encouraged the workers to become confident employees (Popli & Rizvi, 2016).

In a study of 124 military law enforcement leaders in the Middle East, Swid (2014) conducted a quantitative analysis to determine if a relationship existed between transformational leadership, organizational commitment, and job satisfaction. Swid reported that the participants described themselves as implementing transformational leadership behaviors more than transactional leadership behaviors and reported average scores between 2.73 and 2.94, which revealed that the participants used transformational leadership behaviors at work.

Swid (2014) found that transformational leadership behaviors could better strengthen operational performance than transactional leadership. However,

transformational leadership showed a less favorable relationship than transactional

leadership with worker job satisfaction. The skills and abilities of the transformational

leaders supported an increase in worker performance, enthusiasm, and job satisfaction

(Swid, 2014). Transformational leaders were more likely to enhance operational

performance than other leadership behaviors, but less likely to strengthen worker job

satisfaction.

Transformational Leadership

Transformational leaders show specific behaviors in the workplace.

Transformational leaders showed behaviors that promoted positive quality outcomes,

enhanced the ability of workers, and resulted in positive relations between their workers

(Sohail & Malik, 2016). Transformational leaders lacked behaviors that included

dictating orders to workers, organizing, and relaxed, because those behaviors did not

show positive results (Sohail & Malik, 2016). Transformational leaders use specific

actions to motivate workers. Jin, Seo, and Shapiro (2015) noted that a transformational

leader either resulted freely out of nature or evolved from workforce training.

Transformational leaders, who created and led plans, made strategic changes to workers

that resulted in positive outcomes (AlKindy, Shah, & Jusoh, 2016). Transformational

leaders who showed positive behaviors to the inquiries of workers might improve

employee relations.

Similarly, Nguyen et al. (2016) noted that transformational leaders were role

models, promoted the internal workplace operations, and accomplished duties that

improved their ability to achieve goals. Transformational leaders set positive examples so

that workers might achieve organizational goals. Transformational leaders supported the training and development of the workers and improved internal workplace operations. Nguyen et al. noted that transformational leaders focused on changing the job tasks of workers.

Transformational leaders developed strategic plans that enhanced the internal environment of an organization characteristic of frequent interactions (Swid, 2014). Transformational leaders pursue plans to achieve individual and operational objectives (Navia, Plazas, & Diaz, 2019). Nguyen et al. (2016) found a positive relationship between leader enactments, results of operations, and performance metrics. However, Nguyen et al. reported a negative association in the relationship between transformational leadership behaviors and incentives. Literature about performance metrics and motivating workers helped managers understand how transformational leadership practices changed the behavior of workers.

Transformational leaders encouraged workers to complete tasks during stressful times (Bass et al., 2003). The growth of a transformational leader was contingent upon collaborations with their workers (Bass et al., 2003). Transformational leaders provided workers with adequate tools, which enabled the workers to achieve workplace goals (Indrayanto, Burgess, & Dayoram, 2014). Rughani (2015) stated that managers should stop talking about improved leadership skills and implement action plans that might enhance the abilities of leaders.

Hunitie (2016) suggested that transformational leadership behaviors helped to reduce conflict among workers. Hunitie conducted a study of 75 leaders at public

ministries in Jordan and reported on how transformational leadership practices resolved

workplace disputes between the leaders and workers. Hunitie sought to determine if a

link existed between transformational leadership behaviors and leadership disputes.

Hunitie showed positive relationships between transformational leadership behaviors and

leadership disputes. Transformational leaders noted positive results because they

promoted the happiness of their workers, but only when workers felt motivated by

training (Keevy & Perumal, 2014). By visualizing and teaching those standards to

workers, the transformational leader might develop long-term relationships with their

workers (Keevy & Perumal, 2014); managers who implemented transformational

leadership practices might reduce disputes between leaders and workers.

Peltokorpi and Hasu (2015) investigated the effects of how transformational

leadership related to learning and organizational results in a study of 124 research teams.

Peltokorpi and Hasu reported that transformational leadership practices yielded a

positive, yet controlled effect on group knowledge and workforce results. The

transformational leaders in that study played a significant role in the positive outcomes of

teamwork, knowledge, and organizational success.

S. Mittal (2016) used the transformational leadership theory to examine if

transformational leaders influenced the worker's plans to quit. In a quantitative study of

420 workers at small and medium information technology organizations in India, S.

Mittal sought to determine if transformational leadership was connected to trust, results

of worker outcomes, and whether the workers intended to achieve their goals. S. Mittal

also studied whether transformational leaders might mitigate turnover, enabling workers

to achieve their goals. The findings of that study revealed a positive association between transformational leadership and trust (S. Mittal, 2016). The outcome of that study showed that transformational leaders might influence their workers psychologically, but only when the workers believed they could change (S. Mittal, 2016). Leaders who developed a trusted relationship between their workers supported the worker's development of confidence and workplace performance.

Indrayanto et al. (2014) conducted a study on 132 law enforcement leaders in Indonesia and determined if a link was between trust and commitment, as well as an association between performance and transformational leaders. The findings of that study revealed that transformational leaders did not have a positive relationship between loyalty and trust but reported an association between transformational leadership and trust (Indrayanto et al., 2014). Transformational leaders who trusted their workers might contribute to the worker's esteemed and poised behaviors, as well as enhanced organizational performance, which might produce optimum results (Indrayanto et al., 2014).

Indrayanto et al. (2014) and S. Mittal (2016) noted that transformational leaders needed to prove a trusted and committed relationship between workers, which might mitigate employee turnover and empower employees. Similarly, Engelbrecht and Samuel (2019) conducted a path analysis of almost 30 participants and determined if transformational leadership through observed organizational support and transformational leadership through organizational justice impacted the participant's intent to quit. The

trust variable was not established to determine if transformational leadership through organizational trust impacted turnover behaviors (Engelbrecht & Samuel, 2019).

Transformational leaders considered the roles of culture, ethics, and education when they trained and developed their workers. Transformational leaders achieved success when they considered the culture of institutions, varied teaching methods of the educators, and enhanced training to improve the outcomes of students (Jovanovic & Ciric, 2016). The learners achieved success after they completed the academic program requirements (Jovanovic & Ciric, 2016). The positive results of ethical leadership occurred when the leaders incorporated transformational leadership practices in the workplace (Jovanovic & Ciric, 2016). Leaders might decrease workplace accidents and turnover with improved training programs and an internal culture crafted to engage employees and leaders (Butler, 2017).

Effelsberg, Solga, and Gurt (2014) conducted a study of 321 online student workers at multiple business sectors in Germany. The goal was to determine if a link existed between transformational leadership behaviors, organizational identification, and the mediated variables of honesty and humility (Effelsberg et al., 2014). Effelsberg et al. showed transformational leadership and organizational citizenship behaviors when they moderated the research in phases. Employees who promoted the workplace engaged in philanthropic conduct and proper etiquette, as well as developed collaborative relationships with the transformational leader (Effelsberg et al., 2014).

Transformational leaders motivated workers to achieve workplace goals. Gillam (2015) described the transformational leader as a leader who focused on strategic

initiatives and developed strategies that achieved workplace goals. Transformational

leaders achieved success when they trained and developed their workers. Balwant (2016)

reported a link between the transformational leadership abilities of teachers and learners.

A review of the literature on transformational leadership provided valuable insight into

the future of leadership training and the development of workplace safety.

   Transformational leadership and workplace safety. Leaders ensured the safety

of workers. Transformational leaders enhanced workplace training and mitigated

workplace accidents (Mullen, Kelloway, & Teed, 2017). Vaismoradi, Griffiths, Turunen,

and Jordan (2016) conducted a study to determine if transformational leadership practices

related to medication errors administered by nurses. Vaismoradi et al. concluded that

transformational leadership resulted in a compassionate philosophy of nurses and moral

conduct of the nurse scholars. The findings of that study revealed the need for future

research to discover how transformational leadership and education mitigated mistakes

(Vaismoradi et al., 2016). Transformational leaders promoted goodwill about how

workers reduced workplace accidents and errors, as well as improved health and wellness

of both patients and workers.

   Leaders learned about the infractions that changed the quality of patient care. In a

quantitative study of 541 Canadian nurses, Lavoie-Tremblay et al. (2015) sought to

determine whether transformational leadership predicted poor leader performances,

quality of care, and the intent to quit of the workers. Lavoie-Tremblay et al. reported that

transformational leadership had a positive effect of forecasted quality of care and the

intent to quit of the workers, and improper leader behavior predicted intent to quit. The

results of that study indicated a satisfactory outcome; limitations of that study included the way the workers viewed their supervisors, which might indicate bias (Lavoie-Tremblay et al., 2015). A large participant pool of 541 young nurses and their perceptions, rather than the opinions of other staff members, were additional limitations of that study (Lavoie-Tremblay et al., 2015).

The professional demeanor of the transformational leader might affect the internal environment of the organization. Navia et al. (2019) conducted a quantitative analysis of about 315 women coffee workers in Columbia. The results of that analysis revealed a positive relationship between transformational leadership and social responsibility. Regarding social responsibility, Navia et al. (2019) reported a significant relationship between work problems and the community, outlining the significance of the work environment and compensation, and the relationship among operations and society.

. Transformational leadership was successful in businesses characteristic of frequent internal changes (Nguyen et al., 2016). Transformational leaders who acted in a proactive demeanor might change the dynamics of a workplace during turbulent environments aimed to enhance the business output.

Caillier (2014) conducted a study in the United States using civilian workers and determined whether transformational leadership and goal clarity affected self-efficacy, extra-role conduct, and intent to quit. Caillier reported that goal clarity arbitrated the association between transformational leadership and self-efficacy, and a positive effect of self-efficacy on extra-role behaviors and intent to quit. Caillier reported a small link between the transformational leadership behaviors and the turnover intentions of workers.

Amankwaa and Anku-Tsede (2015) tested the influence of 305 Ghanaian banking workers who engaged in transformational leadership practices and intended to resign. The independent variables included transformational leadership behaviors, and the dependent variable was the chance the worker engaged in substitute employment. Amankwaa and Anku-Tsede reported a negative link between transformational leadership and intent to quit. Amankwaa and Anku-Tsede claimed that the other available employment options did not enhance transformational leadership practices of the employee commitment to remain working. Workers were unlikely to leave the workplace to pursue another job.

Kerdngern and Thanitbenjasith (2017) led a mixed-method analysis to survey 450 engineers in Thailand. Kerdngern and Thanitbenjasith interviewed 10 civil engineers and examined the influence of contemporary leadership on the level of work satisfaction, level of work commitment, and the intent of civil engineers to resign. There was a positive link between leadership, job satisfaction, and the level of commitment, but a negative association between leadership and turnover (Kerdngern & Thanitbenjasith, 2017).

In a quantitative dissertation, McCall (2016) surveyed 101 direct healthcare workers at nonprofit social service organizations in Michigan. McCall aimed to determine if a link was between perceptions of executive transformational leadership characterized by race, gender, retention, job satisfaction, and the intent of workers to resign. In McCall's study, direct healthcare workers completed a survey. McCall examined the relationships between the variables and found a positive correlation between job satisfaction of the workers and transformational leadership characteristics.

McCall recommended that individuals or groups develop transformational leadership strategies at nonprofit social service organizations who provided direct healthcare. McCall believed that more transformational leadership research was essential, because the findings of whether a correlation was among the variables might add value to the long-term care of patients who needed home healthcare services. Transformational leaders had a substantial effect on job satisfaction (McCall, 2016).

Unlike McCall (2016) who included direct care workers at nonprofit service agencies, I included an examination of direct home healthcare workers at a for-profit home healthcare business in West Virginia. Other researchers did not focus on research that examined those relationships; this research contributed to the study and understanding of home healthcare leadership and direct home healthcare workers. Determining if a linear combination of the views of direct home healthcare workers on the five transformational leadership subcategories idealized attributes, idealized behaviors, inspirational motivation, intellectual stimulation, and individualized consideration of their frontline managers significantly predicted the intent to resign of direct home healthcare workers was the aim of this study.

The findings from Sahu, Pathardikar, and Kumar's (2018) study might help managers understand the relationship between transformational leadership and worker departure. Sahu et al. (2018) conducted a study of more than 400 information technology firms in India to determine if a link was between transformational leadership and turnover intention, which was mediated by engagement, branding, and psychological attachment. Sahu et al. reported a significant relationship between transformational

leadership and turnover. To mitigate worker departures, Sahu et al. recommended developing leadership education that produced resilient mental processes between leaders and followers. Sahu et al. posited the need for future research that explained the link between transformational leadership and turnover.

Five subcategories of the transformational leadership theory. The five subcategories of the transformational leadership theory served as the independent variables in this study. Bass et al. (2003) reported that the transformational leadership theory subcategories included idealized attributes, idealized behaviors, inspirational motivation, intellectual stimulation, and individualized consideration. Transformational leaders strove to promote and enable the mental and emotional stability of followers under transformational leadership (Sohail & Malik, 2016). Conversely, Alatawi (2017) discussed the effects of transformational leadership subcategories and the leadership efficacy of transformational leaders and noted that none of the subcategories of the transformational leadership promoted leadership efficacy.

Idealized attributes. Idealized attributes were the first subcategory of the transformational leadership theory and consisted of subordinates who connected with their transformational leaders by honoring, confiding in, and approving of their leaders who (Alwahaibi, 2019). Transformational leaders trusted their workers to achieve work tasks. Under the transformational leadership subcategory of idealized attributes, others appreciated and valued the transformational leaders, and the transformational leaders showed confidence in their workers when they varied the degree of project risk among the workers (Bass et al., 2003). Idealized attributes, or charisma, entailed connecting

relationships with workers and engraining a sense of purpose to the followers (Ölcer, 2015). Transformational leaders entail abundant authority, reassurance, and provide good examples to their followers (Navia et al., 2019). Workers had a positive opinion of the transformational leader (Indrayanto et al., 2014). Transformational leaders might use the idealized attributes subcategory of transformational leadership to enhance positive communication because transformational leaders had faith that their workers might achieve their goals. Ölcer (2015) provided valuable insight into the idealized attributes subcategory of the transformational leadership theory. Followers received a sense of direction through effective communication and guidance from the transformational leader (Ölcer, 2015). Transformational leaders who practiced idealized attributes behaviors showed ambitious standards of moral conduct in their behavior and became role models for their subordinates. A manager might expect distinctive workers who worked hard to achieve organizational goals under the directive of transformational leaders who showed idealized attributes.

Idealized behaviors. Idealized behaviors were the second subcategory of the transformational leadership theory. Similarly, transformational leaders who practiced idealized behaviors found that their workers took pride in work tasks (Indrayanto et al., 2014). Transformational leaders had strong mentorship abilities, adequate communication skills with their workers, and maintained an optimistic attitude, and exhibited superior, yet professional behaviors (Jovanovic & Ciric, 2016; Pilbeam, Doherty, Davidson, & Denyer, 2016). Transformational leaders protected workers after they created a safe and dynamic work environment. Leaders who implemented idealized behaviors took part in

workplace activities and enhanced training to mitigate workplace accidents (Mullen et al., 2017). Transformational leaders who showed the idealized behaviors developed strategies that reinforced positive views among their workers.

Inspirational motivation. Inspirational motivation was the third subcategory of the transformational leadership theory. Inspirational motivation, as described by Alwahaibi (2019), consisted of transformational leaders who urged collaboration, confidence, and eagerness. The actions of transformational leaders inspired individuals, encouraged realistic work expectations, and created an environment conducive to learning (Bass et al., 2003). Transformational leaders who practiced inspiration motivation behaviors helped workers develop the confidence they needed to complete work tasks. A transformational leader who practiced the inspirational motivation behaviors inspired workers that surpassed workplace goals, enhanced communication, and achieved regular job duties that accomplished the workplace mission (Indrayanto et al., 2014; Pilbeam et al., 2016). Transformational leaders who practiced inspirational motivation behaviors motivated workers. Consequently, transformational leaders ensured that workers had a positive attitude and achieved long-range goals.

Intellectual stimulation. Intellectual stimulation was the fourth subcategory of the transformational leadership theory. Transformational leaders who practiced intellectual stimulation activities inspired imagination and invention by altering complications, making inquiries, and implementing original methods (Alwahaibi, 2019); empowered workers to examine difficulties with fresh, calm, and artistic demeanors (Indrayanto et

al., 2014). Transformational leaders who practiced intellectual stimulation behaviors influenced workers who met and exceeded organizational workplace strategies.

Transformational leaders who possessed intellectual simulation behaviors entailed unique personality traits that motivated workers and produced exceptional outcomes (Bass et al., 2003; Mydin, Abdullah, & Pitchay, 2018); exceeded expectations (Li, Furst-Holloway, Gales, Masterson, & Blume, 2016; Pilbeam et al., 2016); enabled workers who discovered new processes to achieve operational goals (Nguyen et al., 2016); overcame challenges, identified opportunities, solicited thoughts from workers, and inspired workers to acquire innovative traits (Pilbeam et al., 2016; motivated subordinates to be courageous and unprecedented at job tasks (Sahu et al., 2018); treated each worker in a respectful way (Swid, 2014). Transformational leaders who practiced intellectual stimulation behaviors encouraged workers to achieve workplace strategies.

Individualized consideration. Individualized consideration was the fifth subcategory of the transformational leadership theory. Mydin et al. (2018) referred to individualized consideration as the aptitude of a leader to satisfy the requirements of each worker. Transformational leaders who practiced individualized consideration behaviors counseled workers, supported workers, and design strategies that promoted workers who developed new and innovative skills (Indrayanto et al., 2014).

Worker Intent to Resign

The intent to resign of direct home healthcare workers was the dependent variable in this study. Turnover was a global phenomenon affecting many organizations in various business sectors (S. Mittal, 2016). Excessive worker exodus in the home healthcare sector

was a worldwide phenomenon that resulted in higher administrative costs and declined workplace profits (Alhamwan, Mat, & Muala, 2015). Business managers strove to develop home healthcare workers who might succeed in unpredictable situations (Prabhu, 2016). McCall (2016) noted that keeping the workers who supplied direct healthcare to patients was an ongoing challenge. T. J. Lee (2017) used intent to quit as a dependent variable in a study of 96 auditors and assessed the relationship between job satisfaction and intent to quit. T. J. Lee used the Minnesota Satisfaction Questionnaire (MSQ) and MOAQ to determine whether a significant relationship existed between internal auditor job satisfaction and intent to quit.

A critical review of home healthcare worker retention. The Patient Protection and Affordable Care Act (PPACA, 2010) mandates included restrictions on the medical costs of patients in hospital stay to receive medical care and health services. United States government spending on healthcare provisions of Medicaid and Medicare recipients affected patient healthcare by regulating inpatient hospital stays (CMS, 2018). Neuman (2015) noted that the general fitness of home healthcare patients who qualified for reimbursements might affect how leaders implemented strategies. Landers et al. (2016) stated that the leaders and policymakers must unite to change the payment policies to meet the demand of home healthcare patient services. Olson et al. (2018) stated that home healthcare enhanced the healthcare system by providing key capital reserves in the funding of care services because home healthcare enables patients to receive care in the home rather than changeover to an expensive hospital environment. Employees who perform their job duties in a home face health risks from the effects of individuals who

smokeing (Rydz, Arrandale, & Peters, 2019); and, electronic cigarettes (Laird, Myers, Reid, & McAteer, 2019).

Similarly, leaders must reorganize the refund methods, the responsibilities of each job, and create a plan of support to enhance communication among staff, bosses, and colleagues (Franzosa, Tsui, & Baron, 2018). Decision-makers might identify and aid the psychological stresses of healthcare labor to support the workers (Franzosa et al., 2018). Demirbilek et al. (2018) stated that managers continued to make efficient home healthcare services a priority because individuals lived longer, entailed critical illnesses, and the increased demand for quality healthcare provisions.

Changes in home healthcare legislation resulted in a need for more leaders who guided positive social change in outpatient healthcare, patient management, and more education of outpatient healthcare workers. The leaders at the CMS (2018) needed home healthcare businesses to file quality reports with government agencies to ensure adequate reporting standards. Managers at home healthcare businesses must adhere to superior standards of operations to ensure the viability, continuity, and quality of patient services. The home healthcare work environment affected the retention of workers (Zoeckler, 2017). Workers who supplied healthcare services to patients in their homes helped patients, but worked in risky domains for substandard pay (Zoeckler, 2017).

Home healthcare business managers strove to discover strategies that enhanced operational support of home healthcare workers, which might increase worker retention. In a mixed-method study, Dempsey, Normand, and Timonen (2016) explored the quality of home healthcare patient services, examined the factors that motivated home healthcare

workers in Ireland, and obtained recommendations from participants that enhanced

patient services. In the qualitative part of the study, Dempsey et al. piloted a trial study

and reported how 23 older home healthcare recipients viewed the quality of their home

healthcare services. Dempsey et al. showed that patients approved home healthcare

services and the workers provided excellent service. However, the participants noted a

lack of coordination in verbal and written correspondence with leaders, and patients felt

insecure because of feelings of loneliness and boredom (Dempsey et al., 2016). The home

healthcare recipients and employees reported superior service quality, but recommended

improvements in operational support through better coordination between supervisors,

workers, and patients (Dempsey et al., 2016).

In the quantitative part of that study, Dempsey et al. (2016) developed the tools

for quantitative analysis using results from the qualitative part of that study. Dempsey et

al. mailed the survey to 202 employees and received 147 usable questionnaires back. The

goal of that study was to examine factors such as time off or monetary draws that might

motivate the workers (Dempsey et al., 2016). The outcome of Dempsey et al.'s study

showed better communication between home healthcare recipients and home healthcare

workers, but those workers lacked adequate scheduling to supply quality home healthcare

to patients. Consequently, patients might receive quality care when workers received

proper schedules and employees might promote a healthier work environment, which

might mitigate workplace injuries and improve retention of direct home healthcare

workers. The limitations of that study revealed restrictions of the research, which

included the exclusion of patients with Alzheimer's illnesses, patients who lacked critical

care needs, participants demanding gender equality, and potential bias and prejudice in the participant responses due to lack of managerial experience of the researcher (Dempsey et al., 2016).

Direct home healthcare worker turnover. To understand why a direct home healthcare worker left the job, researchers might review the literature about the turnover of direct home healthcare workers. Business managers found that poor operations management from the turnover expenditures and lack of direct healthcare workers to meet patient demand influenced the wellness of patients at nonprofit service agencies in Maryland (McCall, 2016). Alhamwan et al. (2015) used the intent of Jordanian nurses to leave as a dependent variable for leadership in a quantitative correlational study that examined the relationship between opportunities of promotion, leadership, pay rate approval, and intent to resign to discover a relationship of operational factors and the intent of workers to leave. From the study participants of 600 Jordanian nurses, 463 participants completed usable questionnaires. Alhamwan et al. used previously validated tools by other researchers to measure characteristics of employee promotion, leadership, and the intent to resign of the nurses, and discovered a definite link between leadership assessment and the intent to resign of the nurses. The intent to resign of the lower-paid nurses was more significant than higher-paid nurses who did not plan to leave, and the nurses did not view promotion opportunities as a basis to quit.

Bratt and Gautun (2018) conducted a voluntary Internet survey of over 4,000 Norwegian nurses. The nurses in that study did not provide direct care services to patients under the age of 66; and, less than 17% of those workers who participated in the research

were supervisors. The nurses who participated in that study reported that the main reason they wanted to quit their job or leave the senior care services industry was poor job environment.

Effects of compensation on worker turnover. Leaders at home healthcare businesses might study the growing concern of voluntary turnover of home healthcare workers (Butler, 2016). The home healthcare workers who quit their job experienced extreme labor demands, low monetary compensation and incentives, and few chances to move into a leadership role (Butler, 2016). Butler (2016) also noted that most home healthcare workers were older females, while the workers who quit their jobs included younger workers who pursued employment alternatives, those unwilling to work with no benefits, and those who worked for low wages. Home healthcare leaders might evaluate the effect of not offering employee benefits and develop strategies to improve the interests of workers. Home healthcare leaders who implemented effective plans that enhanced the welfare of the workers might retain home healthcare workers.

Liu and Liao (2019) reported that examining dangers at the workplace is key to developing ongoing strategies to mitigate accidents. The continued interest in home healthcare leader efficacy of home healthcare business managers resulted from ineffective operations of home healthcare providers. Home healthcare business managers expressed concerns about home healthcare workers' minimal pay, few incentives, and excessive turnover (Stear, 2017).

In a 2019 study of Swedish home healthcare workers, Sandberg, Borell, Edvardsson, Rosenberg, and Boström (2018) found that the direct healthcare workers

who treated Alzheimer's patients experienced more work-related physical stress than the direct healthcare workers who treated patients with other health problems. Comprehending work-related physical stress is important because the ill health of home healthcare workers adversely affects the home healthcare patient standards of treatment.

Home healthcare safety problems hindered the health and wellness of home healthcare workers and patients. Polivka et al. (2015) conducted a mixed-method analysis of 68 home healthcare workers and evaluated if dangerous conditions reported at patient houses decreased the safety of home healthcare workers. Home healthcare workers suggested that physical injuries were the main safety threat in the homes of patients (Polivka et al., 2015). Similarly, home healthcare patients and their relatives complained that safety violations and lack of trusted relationships were ongoing concerns (Tong, Sims-Gould, & Martin-Matthews, 2016). Home healthcare workers need more workforce training that helps ensure a safe working environment in patient homes (Polivka et al., 2015).

Other problems included unreported workers, undocumented workers, and workers who did not pay taxes (Newquist et al., 2015). Enhancements in technology designed to report health information from patients who received healthcare in their home improved worker wellness, enriched the quality of patient care, and mitigated ineffective work practices (Weick-Brady & Amaral, 2018). Also, Lavender et al. (2019) reported using artificial intelligence to prevent accidents and enhance the safety of the home healthcare workplace. Angus and Semple (2018) reported that more research might examine the effects of smoking on the health of home healthcare patients and workers.

An ethical, legal, and moral relationship between the home healthcare leaders and workers might mitigate safety violations. Ravenswood, Douglas, and Haar (2017) stated that workers who provided constant care to patients for an extended time experienced excessive mental and bodily abuse from patients, had fewer job satisfaction, and were more likely to quit. Home healthcare workers who provided a shorter time providing for patients had fewer work injuries (Hamadi, Probst, Khan, Bellinger, & Porter, 2017). Direct home healthcare workers who attended training were less likely to quit (Feldman et al., 2017).

Home healthcare workers who gave care to the same patients and received health insurance were less likely to leave than workers who reported an accident while supplying service to many patients (Stone et al., 2016). New home healthcare workers complained of problems in the new employment process (Spetz et al., 2019). Mature workers who reported a handicap and lived in rural areas received better pay, experienced more feelings of independence and professional achievement than longstanding workers who thought less of monetary gains and regular work schedules (Butler, Brennan-Ing, Wardamasky, & Ashley, 2014). Also, leaders focused on mitigating the turnover of younger employees because the older workers were less likely to quit (Butler et al., 2014).

Safety problems might result in workplace conflict, increased stress, decreased performance, and increased worker turnover (A. Lee & Jang, 2017). A. Lee and Jang (2017) reported that personal and professional problems increased psychological illnesses among healthcare workers. A. Lee and Jang recommended strategies that mitigated stress

and created a sense of community that improved the wellness of a worker. Leaders strove to improve the patient experiences by mitigating turnover and positive behaviors that encouraged enhancements to the welfare of home healthcare workers.

Muramatsu, Sokas, Chakraborty, Zanoni, and Lipscomb (2018) and Dordoni et al. (2019) reported internal and external hazards at work, individual problems, and social disadvantages that impact the health of the direct home healthcare workers and patients. Boerner, Gleason, and Jopp (2017) and Tsui, Franzosa, Cribbs, and Baron (2019) reported that direct home healthcare workers had psychological problems related to end-of-life patient care that impacts the quality of patient care. Nisbet and Morgan (2017) stated that problems occur because of the rapid changes in internal procedures from changes in in-home healthcare state and federal laws. Osterman (2019) reported that poor pay and a lack of promotion opportunities for direct home healthcare workers. Spetz et al. (2015) stated that leaders might implement education to enhance the wellness of direct home healthcare workers.

Jang et al. (2015) reported information about turnover on worker wellness at home healthcare businesses. Jang et al. noted that newer workers employed by companies, other than nonprofits, experienced less job satisfaction and were more likely to quit. Increased training might improve the worker's production and promote self-esteem (Jang et al., 2015). Workers who were not satisfied showed decreased production since the role of job satisfaction and training might change the performance and retention of new workers.

In a qualitative study by Ndejjo et al. (2015) of 200 healthcare workers in Uganda, the workers reported occupational hazards that included physical injuries and abuse. Ndejjo et al. stated that half of the participants had reported a dangerous accident while at work. The participants in that study documented problems from substandard regulations and procedures for placing and disposing of toxic materials, lack of efficient disposal basins, and inadequate tools (Ndejjo et al., 2015). The participants in the Ndejjo et al. study reported complications that might contribute to workplace injuries from working long hours, lack of safety gear, and commuting to multiple locations. Ndejjo et al. recommended implementing future research to examine the strategies that might mitigate injuries. The limitations of that study included an extensive public healthcare facility, which might prevent generalizing the study to other facilities (Ndejjo et al., 2015). Researchers suggested that obtaining new tools, buying accessories for patient care, and developing training to enhance worker production might reduce accidents (Hittle, Agbonifo, Suarez, Davis, & Ballard, 2016; Suarez, Agbonifo, Hittle, Davis, & Freeman, 2017).

Verulava, Adeishvili, and Maglakelidze (2016) interviewed older citizens who received home healthcare services in Georgia. Verulava et al. reported that most recipients could not rely on state or federal funding to reduce the service cost charged by healthcare providers. Instead, recipients relied on family members or other resources to supply or supplement their healthcare. The policymakers knew about the lack of state and federal support to the older citizens of Georgia who received home healthcare services (Verulava et al., 2016). By gaining an understanding of home healthcare patient

experiences about cost and quality, leaders might mitigate turnover and improve the quality of services. Individuals and groups need to develop strategies that convert the outcome of patient services from a facility-focused plan to a social enterprise plan, mitigate the financial constraints to patients, and enhance cross-collaboration among doctors, hospitals, home healthcare staff, and others involved in patient care (Shahsavari, Nasrabadi, Almasian, Heydari, & Hazini, 2018).

Home healthcare leaders might develop strategies to enhance the quality of care and mitigate the turnover of workers (Landes & Weng, 2019). Hiring managers at for-profit businesses focus on planning and maintaining personnel (R. Sun & Wang, 2017). R. Sun and Wang (2017) reported that the excessive problems and expenses of turnover included loss of profits, negative impact on operations, and adverse mental processes. Home healthcare leaders might improve the quality of services to patients by improving processes and procedures to mitigate the cost of home healthcare services to patients. Home healthcare leader's pledge to changing workplace policies can reduce the leader's ability to mitigate the cost of services.

Measurement of Independent Variables

For this study, the MLQ 5X short form measured the independent variables, because the MLQ was the most popular tool to assess transformational leadership subcategories (Caillier, 2014). The transformational leadership theory was the most often used theory by researchers because the five subcategories of the transformational leadership theory provided a comprehensive way to analyze leadership efficacy (Bass, 1985). Of the references in the literature review about transformational leadership, eight

researchers used the MLQ 5X short form to examine leadership. The participants in studies who completed the MLQ 5X short form included online student workers from various industries in Germany, nonprofit direct healthcare workers in Maryland, coffee workers in Columbia, frontline service workers in India, industrial workers in Turkey, print media workers in Pakistan, and law enforcement employees in Texas (Effelsberg et al., 2014; McCall, 2016; Navia et al., 2019; Popli & Rizvi, 2016; Sahin, Gürbüz, & Sesen, 2017; Sohail & Malik, 2016; Swid, 2014).

Researchers such as Caillier (2014) used other tools to measure the transformational leadership subcategories of home healthcare workers: the global transformational leadership (GTL) scale. Although the GTL scale measured the five subcategories of transformational leadership, the GTL was not selected to assess leadership in this study, because the GTL weighed the five transformational leadership subcategories in an international context (Caillier, 2014; Carless, Wearing, & Mann, 2000). The findings of that research revealed whether transformational leadership subcategories of frontline managers, as viewed by the direct home healthcare workers, predicted the intent to resign of direct home healthcare workers at home healthcare businesses in the United States.

Researchers use the leadership practices inventory (LPI) to examine transformational leadership attributes at the workplace (Posner & Kouzes, 1988). Posner and Kouzes in 1988 developed the LPI to assess leader behavior. The LPI was an effective way to measure the self-analysis of leadership subcategories of the managers in other studies. Because the findings of this study examined the five transformational

leadership subcategories of the frontline managers as viewed by direct home healthcare workers, the LPI was not an efficient tool. In this study, the MLQ 5X short form was an efficient tool to measure the five transformational leadership subcategories of the frontline managers as viewed by direct home healthcare workers. Both the GTL and the LPI scales did not meet the requirements of a suitable measurement tool in this study. I used the MLQ 5X short form tool in this study to measure the five transformational leadership subcategories of the frontline managers, as viewed by direct home healthcare workers.

Measurement of Dependent Variables

I used the MOAQ in this study to measure the direct home healthcare worker's intent to resign. Bowling and Hammond (2008) found that the MOAQ was credible for studying the intentions to leave of workers. Researchers accepted the MOAQ as a practical tool for its widespread use in multidisciplinary businesses and various industries. Out of the studies in the literature review used to examine intent to leave, four researchers used the MOAQ as a valid and reliable way to measure intent to quit of the workers. The participants in studies who used the MOAQ included internal auditors in Florida; registered nurses in the Midwest; direct healthcare workers in Maryland; airline industry in Jordan; call center workers in Italy (Armmer & Ball, 2015; T. J. Lee, 2017; McCall, 2016; Suifan, Diab, & Abdallah, 2017; Zito et al., 2018). Researchers also used the MOAQ because of its reputation for validity and widespread use among researchers to measure turnover, so it served as a way to measure the turnover of direct home healthcare workers.

Armmer and Ball (2015) used MOAQ to evaluate the relationship between workplace violence and nurse turnover. The participants in that study included 104 registered nurses in the Midwest who returned usable surveys by mail to use in that descriptive correlation analysis. The correlation analysis showed that less than 52% of nurses intended to resign. Armmer and Ball used the Briles's Sabotage Savvy Questionnaire (BSSQ) to examine horizontal workplace violence and the MOAQ to evaluate the turnover of the nurses. Armmer and Ball discovered a significant association between workplace violence and intent to leave, but an undesirable connection among older workers and tenured nurses. Consequently, older nurses with tenure were most likely to remain working regardless of incidents of workplace altercations; however, limitations of the study included an insignificant sample size, the minority of male nurses, and lack of ethnic diversity (Armmer & Ball, 2015).

T. J. Lee (2017) used the MOAQ to determine whether a linear relationship was between intrinsic job satisfaction, extrinsic job satisfaction, and the intent to quit of auditors. T. J. Lee used multiple linear regression to measure the connection with the MSQ and the MOAQ instruments via an online survey. The results of T. J. Lee's study revealed a positive relationship between intrinsic job satisfaction, extrinsic job satisfaction, and turnover intentions of the auditors; however, extrinsic job satisfaction was the best predictor of turnover.

Bothma and Roodt's (2013) turnover scale was another tool that researchers might use to assess turnover. Bothma and Roodt's turnover scale consisted of six questions, while Bowling and Hammond's (2008) turnover scale consisted of three items.

Consequently, I used the three-question turnover scale to examine turnover in this research.

Methodologies

Researchers might answer a research question using quantitative, qualitative, or mixed-method research methods (Almalki, 2016; Hair et al., 2015; Khaldi, 2017). I used a quantitative correlational research method and design to measure the independent and dependent variables in this study. I used the quantitative research method to determine if a linear combination of the views of direct home healthcare workers on the five transformational leadership subcategories of their frontline managers significantly predicted the intent to resign of direct home healthcare workers. In this study, neither qualitative nor mixed-method research strategies sufficed as a method to answer the business problem.

Hayward, Bungay, Wolff, and MacDonald (2016) conducted a qualitative study on the intent to quit of nurses, noting why nurses sought to change employers. Researchers who conducted qualitative research studies strove to answer questions that addressed how and why inquiries about a phenomenon to answer the research question (Almalki, 2016). Unlike this study, the purpose of the Hayward et al. analysis was to understand why the nurses chose to resign. In this study, I determined if transformational leadership predicted turnover.

Researchers combined both qualitative and quantitative research techniques to conduct a mixed-method research analysis (Almalki, 2016; Hair et al., 2015). Boamah and Laschinger (2015) conducted a mixed-method study on nursing education and the

intent of nurses to leave, which was suitable because nurses provided direct healthcare to patients in a hospital setting. Similarly, the mixed-method analysis of Hudgins (2015) on the resilience of nurse leaders, employment contentment, and intent to leave was adequate because the nurse leaders provided support to direct healthcare workers in a hospital. In this study, direct home healthcare workers reported to frontline managers and worked at the homes of patients. This quantitative study might add value to the existing literature about leadership and turnover, because an understanding of whether transformational leadership predicted turnover of direct home healthcare workers was undocumented in the current literature about leadership, turnover, and for-profit home healthcare businesses. I chose the quantitative analysis as the method of research to determine if transformational leadership predicted turnover at a for-profit home healthcare business in West Virginia.

Transition and Summary

Section 1 included a summary of the significant points and current literature to show evidence of the research problem and purpose of the study, accenting the home healthcare industry and turnover of direct home healthcare workers, the nature of the study, and the research question and hypotheses. I also included information about the transformational leadership theory, operational definitions, assumptions, limitations, and delimitations, the significance of the study, and how the research might contribute to both positive social change and business practices. A critical review of the literature emphasized the transformational leadership theory, the independent and dependent

variables, and an overview of the existing tools to measure the independent and dependent variables.

Section 2 consisted of a critical review of the literature about the subcomponents in this study. Specifically, this review of the subcomponents included the restatement of the purpose restatement, the role of the researcher, participants, instrumentation, ethical research, research method and design, and study validity. The subsections were provided to support whether a linear relationship existed between the five subcategories of transformational leadership and the intent to resign of direct home healthcare workers.

Section 3 consists of the results of this data analysis and information into the future of transformational leadership at home healthcare for-profit businesses and the intentions of direct home healthcare workers to resign. The doctoral study in this section consists of the restatement of the purpose, an arrangement of the study outcome, a discussion about how this research relates to professional practice, suggestions for social and business change endeavors, application to apply results, future research, thoughts about this study, and ending statements. The study of direct home healthcare workers, their view of frontline manager transformational leadership style, and the intent to leave might add value to the body of existing research and turnover in the home healthcare industry.

Section 2: The Project

Section 2 presents the organization of this study, including my role as the researcher, participants and sample population, research method and research design, and the instruments used to collect data. Following this is an overview of the data collection methods, how I analyzed the data, and study validity and reliability.

Purpose Statement

The purpose of this quantitative correlational study was to examine whether a linear combination of the views of direct home healthcare workers on the five transformational leadership subcategories significantly predicted the intent to resign of the direct home healthcare workers. The independent variables consisted of five transformational leadership subcategories: idealized attributes, idealized behaviors, inspirational motivation, intellectual stimulation, and individualized consideration. The dependent variable was the intent to resign of the direct home healthcare worker. The target population in this study was direct home healthcare workers in West Virginia.

The potential for positive social change included understanding if the five transformational leadership subcategories significantly predicted direct home healthcare employee turnover so that the home healthcare business managers might enhance leadership efficacy. Feldman et al. (2017) reported that leadership efficacy promoted a better quality of patient care and a safer work environment. The positive social change implications of the findings of this study, include the potential to enhance leadership efficacy and mitigate home healthcare worker turnover, which might promote healthier patients and home healthcare worker wellness.

Role of the Researcher

The primary functions of a researcher include testing the norm by creating, developing, and conducting original research and making conclusions that significantly enhance knowledge and improve society in a trusted and legitimate way (van den Besselaar & Sandström, 2019). A researcher might conduct a research study using qualitative, quantitative, or mixed methods research (Almalki, 2016). In a quantitative study, a researcher develops hypotheses, tests hypotheses, and makes forecasts (Khaldi, 2017). In this study, an online survey hosted by SurveyMonkey was the collection method used to gather survey responses from the direct home healthcare participants. The survey strategy in this study mitigated bias and consisted of using preexisting surveys that researchers had proven valid and reliable.

I did not have a personal or professional relationship with the research participants. My business experience exceeded 15 years of executive finance and analysis, 4 years of executive education administration, and 10 years of teaching undergraduate business management courses. My research interests included examining multidisciplinary leadership endeavors. My compliance was consistent with ethical standards as outlined in *The Belmont Report*, which renders standards of the research protocol and emphasizes the need to mitigate researcher bias, safeguard data, and protect the privacy of participants (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1979). A researcher with human participants in a study practices reverence, fairness, and benevolence (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1979). Consistent

with Walden University's Institutional Review Board (IRB) policies and procedures, my goal as a researcher was to protect, safeguard, store, and lock data on a password-protected disk in a safe location for 5 years.

Participants

In this study, the participants consisted of a sample of direct home healthcare workers in West Virginia. Voluntary participants eligible to participate were direct home healthcare workers who were age 18 and older, worked at for-profit home healthcare businesses in West Virginia, provided direct home healthcare services to patients, and reported to frontline managers. Jang et al. (2015), McCall (2016), Stone et al. (2016), and Yoon et al. (2015) studied similar participants who supplied direct healthcare to patients. Instead of supplying direct healthcare at an office or a hospital, direct home healthcare workers offered healthcare services at the home of a patient.

The strategy to gain access to direct home healthcare workers was through administrators at a for-profit home healthcare business in West Virginia. Other researchers gained access to participants through administrators at professional establishments (DePoy & Gitlin, 2016; Hair et al., 2015; T. J. Lee, 2017). Before conducting the study and recruiting potential participants, I obtained approval from Walden University's IRB to conduct the study (approval number 12-14-18-0156348). The administrators at a home healthcare business sent an e-mail granting permission to conduct the survey at a for-profit business in West Virginia. Those administrators provided permission and placed the invitation to complete a voluntary research study on page one of their corporate newsletter.

Outlining the instructions on how to complete the survey, the administrators at a for-profit home healthcare business in West Virginia included an introductory letter and link to the SurveyMonkey survey in their online corporate newsletter. I established a relationship with the direct home healthcare workers through that introductory letter because West Virginia consists of rural geographic areas. The letter of informed consent was on page 1 of the SurveyMonkey Internet survey. Participants could contact me before, during, or after the study with questions or to request additional information about this study. Hair et al. (2015) noted that Internet usage has replaced traditional methods of professional meetings, including research meeting methods. Internet usage enhances the value of statistical information, as well as the tools to retrieve online information (Wieters, 2016). Likewise, researchers who use electronic surveys via the Internet enhance communication methods (Rice, Winter, Doherty, & Milner, 2017; Wieters, 2016).

Khaldi (2017) and Wallace and Sheldon (2015) asserted that a researcher was required to treat participants with trust and respect. Wallace and Sheldon noted that the fundamental elements of proper research include study value and trustworthiness, honesty, goodness, and reverence. I established a trusting relationship with participants by treating participants with trust and respect through all correspondence. The participants in this study provided outpatient home healthcare at the homes of patients. Researchers might set up relationships through an electronic method, such as electronic communication by e-mail (Byrne et al., 2016). Researchers use electronic communication methods such as e-mails and surveys as best communication strategies in research (Hair

et al., 2015). Researchers who use electronic surveys on the Internet develop excellent communication and efficient data-gathering methods (Wieters, 2016). Researchers who establish relationships with individuals and groups often use electronic communication (Byrne et al., 2016).

<p align="center">**Research Method and Design**</p>

Research Method

Researchers might select quantitative, qualitative, or mixed methods research methods to answer the research question in a study (Khaldi, 2017). The quantitative method was the method I chose for using reliable tools to determine if a linear combination of the views of the direct home healthcare workers on the five transformational leadership subcategories of their frontline managers predicted the intent to resign of the direct home healthcare workers. McCall (2016) used valid and reliable tools to develop and implement a survey and used statistical analysis in a quantitative study to determine if a connection existed between executive leadership transformational leadership subcategories and the intent to quit of home healthcare workers. I used reliable and valid tools to develop and implement the survey, used statistical analysis to compute data, and provided a way for the participants to answer the survey questions. I determined if a linear combination of the views of the home healthcare workers on the five transformational leadership subcategories of their frontline managers significantly predicted the intent to resign of direct home healthcare workers. In this study, a quantitative method and correlational design using valid and reliable tools provided a viable method to conduct a regression analysis that determined whether to support or not

support the hypotheses and answered the research question. I did not engage in a pilot study because the existing instruments used by other researchers supplied proof of the reliability and validity of the tools.

Researchers who use quantitative methods develop surveys with reliable and valid instruments to measure constructs, and they use regression analysis to support or not support the hypotheses (Larson-Hall & Plonsky, 2015). Unlike the quantitative method, researchers who used qualitative methods discover the experiences about a phenomenon by observing or noting those experiences or feelings of the participants about the phenomenon in a natural setting (Khaldi, 2017), which was not the intent of this study. In this study, asking restricting questions or combining qualitative and quantitative methods would not have provided the data to answer the research question. The research question was asked to determine if a linear combination of the views of the direct home healthcare workers on the five transformational leadership subcategories of their frontline managers (e.g., idealized attributes, idealized behaviors, inspirational motivation, intellectual stimulation, and individualized consideration) significantly predicted the intent to resign of the direct home healthcare workers. A mixed methods study is a suitable research method if a researcher seeks to both explore and measure observations and examine the statistics about a phenomenon (Khaldi, 2017). Mixed methods research studies often involve timely research, however (Almalki, 2016).

Research Design

Three quantitative research designs include correlational, experimental, or quasi-experimental (Khaldi, 2017). The correlational research design served as a way to

measure the data and answer the research question in this study. Correlational design is the best research design when a researcher seeks to determine whether a link between the variables exists (Khaldi, 2017). The correlational design is a quantitative research design used to examine linear relationships between the independent and dependent variables (Khaldi, 2017; Leedy & Ormrod, 2015). The correlational design was suitable for this study to examine the data and determine if the views of the direct home healthcare workers on the five transformational leadership subcategories of their frontline managers significantly predicted the intent to resign of the direct home healthcare workers.

Experimental and quasi-experimental designs were not the best designs for this study. Experimental and quasi-experimental designs are proper when the researcher intends to examine the degree of causality (Khaldi, 2017); causal relationships were not originated by correlational methods alone (Hair et al., 2015). Researchers using experimental designs control independent variables, which is seldom part of field research because manipulating or controlling variables in field research is difficult (Khaldi, 2017). Effective choice of research designs address the research question (Hair et al., 2015; Khaldi, 2017). The research question in this study did not involve determining a degree of causality. Consequently, I did not use experimental or quasi-experimental designs to obtain data and answer the research question.

Population and Sampling

The population in this study consisted of 97 direct home healthcare workers who supplied home healthcare to patients. Hair et al. (2015) recommended that researchers recruited volunteers to take part in a research study who knew about the research

problem. Direct home healthcare workers reported to frontline managers and evaluated the transformational leadership subcategories of their frontline managers and their intent to resign. The findings of this study produced the statistical data to determine if a linear combination of the views of the direct home healthcare workers on the five transformational leadership subcategories of their frontline managers significantly predicted the intent to resign of the direct home healthcare workers. A sample of workers who provided direct home healthcare to patients at a for-profit home healthcare business was a logical population to obtain a sample for this study. Researchers recruited a sample out of a population to complete a survey (Hair et al., 2015). Consequently, I did not recruit the entire population of home healthcare workers to partake in the survey.

The method to recruit a voluntary sample of participants consisted of a nonprobability sampling technique. Researchers who used nonprobability sampling techniques had easy access to prospective research volunteers (Rovai, Baker, & Ponton, 2014). Consistent with the research question, the sample of volunteers who participated in the survey for this study included direct home healthcare workers who reported to frontline managers and provided direct home healthcare to patients.

Other researchers used a nonprobability convenience sampling technique to recruit participants using the MOAQ to examine the intent to quit of direct care workers (McCall, 2016; Sohail & Malik, 2016). For example, McCall (2016) used convenience sampling in a quantitative study and assessed if the perceptions of the chief executive officers by the direct healthcare workers predicted job satisfaction and their intent to quit at nonprofit social service agencies in Maryland. Similarly, Sohail and Malik (2016) used

nonprobability convenience sampling in a quantitative study to obtain participants and determined if a link existed between transformational leadership and job satisfaction. A nonprobability convenience sampling technique provided participant sampling solutions for this study because home healthcare workers provided home healthcare at the homes of patients.

Researchers worldwide use G*Power statistical software as a reliable method to compute sample sizes, which was a power calculator to estimate a priori and determined the adequate sample size for analyses to reach sufficient benchmarks for Type I and II error (Faul, Erdfelder, Buchner, & Lang, 2009). The goal of using power analysis was to determine the number of participant observations needed for a study (Lindstromberg, 2016). I used G*Power statistical software to compute the sample size sufficient for this study.

The final parameter needed to determine a sufficient sample size was the expected size of an effect, which measures results as f^2, for regressions. Faul et al. (2009) specified that the expected size of an effect, an f^2 value of .15, indicated a medium effect, which was the default in the software. I used that value based on the lack of evidence for an effect size larger or smaller than this. I used G*Power software and computed a proper sample size of a minimum of 98 participants to achieve .80 statistical power and identified the significance at an alpha of .05. I might increase statistical power results of the results of this study by including more than 98 study participants; however, the inclusion of a larger sample might contribute to a higher likelihood of a Type I error, as sample size and the probability values might show a relation.

Ethical Research

I complied with Walden University's IRB and federal regulations by providing participants with informed consent. Researchers ensured the ethical, fair, and safe treatment of human research subjects when conducting research. Researchers who provided informed consent to potential research participants mitigated the risk of harm to participants and enhanced the safety of research participants when business research was conducted (Wallace & Sheldon, 2015). Participants in this study received notification of informed consent to ensure the ethical treatment of participants before completing the survey. Potential research contributors had the right to withdraw from the survey (Margo, Prybutok, & Ryan, 2015). Researchers provided the potential research participants with notification about the voluntary nature of the study (Hammer, 2016). Researchers provided participants with notification of (a) voluntary and confidential nature of the study, (b) researcher contact information, (c) research intent, (d) actual study results, and (e) value and risk of the study (Bhattacherjee, 2012). Participants provided informed consent and agreement documents before participating in this study. I earned certification from the National Institutes of Health to ensure quality and efficient training to conduct research (see Appendix A).

Participants might withdraw at any time by exiting out of the survey. Clancy, Balteskard, Perander, and Maher (2015) supplied participants both written and oral instruction about the nature of the study, consent forms, and clarified that the participants might withdraw from the study at any time without recourse. The participants in a

research study did not reveal their confidential identity information or other classifying characteristics such as e-mail addresses (Wallace & Sheldon, 2015).

Researchers might choose to offer incentives for potential participants to join a research study that included financial gains, automated communication methods and enhanced modes of services for survey delivery, and shorter surveys (van Gelder et al., 2018); however, researchers who conducted quantitative analyses benefited most from implementing those strategies (van Gelder et al., 2018). Although offering incentives might increase the participant responses, I did not offer monetary or nonmonetary incentives to improve the participant responses because of study budget constraints. I ensured that participants understood that participation in the study excluded monetary or nonmonetary benefits as indicated in the letter of informed consent. Walden University's IRB assigned a research number for this study, which was 12-14-18-0156348.

Researchers download Internet survey results to software on disks and ensured safe and confidential treatment of responses (Rice et al., 2017). As recommended by Rice et al. (2017), I downloaded the results of the responses from the participants of this study from the SurveyMonkey database to a disk to safeguard participant responses. Researchers used procedures to transfer survey data from the Internet to software or disks, which ensured the safe transfer and storage of data (Coulehan & Wells, n.d.) As recommended by Coulehan and Wells (n.d.), I will use CyberScrub software to eliminate and dispose of digital files and disks, safeguard electronic data in a convenient location, and dispose of electronic records and disks after 5 years of the date of the study publication.

The safety of participants in this study was adequate by providing the participants with informed consent on Page 1 of the SurveyMonkey Internet survey. As noted on the Informed Consent, participants might have contacted me to answer questions before, during, or after the study and might obtain a copy of the completed study by e-mail or by contacting Walden University's Participant Advocate as noted on the letter of informed consent .

Instrumentation

The two instruments for this study included the MLQ 5X short form and the MOAQ. I used the MLQ 5X short form to collect and compile the data for the independent variables. I collected data from the MOAQ three survey questions to gather data for the dependent variable. The independent variables were the five transformational leadership subcategories. The dependent variable was the intent to resign. The next subsection includes information about the rationale for using each instrument, including documentation of the validity and scoring of each instrument; each tool consisted of an ordinal structure.

Transformational Leadership

Bass and Avolio (2004) authored the MLQ 5X short form in 2004 and Mind Garden, Inc., the publisher of the MLQ 5X, circulated the instrument and training booklet for a fee upon request from the MindGarden.com website. I used the MLQ 5X short form to collect and organize data for the independent variables, the five transformational leadership subcategories. Previous researchers selected the MLQ 5X short form to gather and compile the data to study leadership subcategories, including employees from various

businesses; nonprofit healthcare workers; coffee workers; front-line workers; print media outlets; law enforcement; (Effelsberg et al., 2014; McCall, 2016; Navia et al., 2019; Popli & Rizvi, 2016; Sahin et al., 2017; Sohail & Malik, 2016; Swid, 2014) in the analysis of transformational leadership.

Bass and Avolio (2004) examined the reliability and validity of the MLQ 5X short form. The MLQ 5X consisted of 45 closed-end questions, two evaluation forms, the leader evaluation, and the short evaluation. Instead of gathering participant responses to general research questions, researchers used the MLQ 5X rater form to collect information from the leader for training purposes (Bass & Avolio, 2004). Out of the 45 closed-end questions, I used 20 questions to form the transformational leadership scales in this study, as recommended by Bass and Avolio.

Researchers used the MLQ 5X short form to examine the opinions about leadership conduct to create more significant direction such as transformational leadership (Bass & Avolio, 2004). The MLQ 5X short form was an effective way to gather data about the views of the direct home healthcare workers on the five transformational leadership subcategories of their frontline managers. Consequently, the MLQ 5X short form, rather than the long form, was the best tool for this study. The MLQ 5X short form measured the five transformational leadership subcategories of a leader as viewed by a subordinate (Bass & Avolio, 2004).

The MLQ 5X short form (see Appendix B) consisted of a 5-point Likert-type scale, which was an ordinal scale ranging from 1=*not at all* to 5=*frequently, if not always* (Bass & Avolio, 2004). I used the MLQ 5X short form to measure the independent

variables. Next, I downloaded the newest free version of Statistical Package for the Social Sciences (SPSS) software, Version 25, which was supplied by Walden University, and recommended by Brace, Kemp, and Snelgar (2016) and Ozgur, Kleckner, and Li (2015). SPSS software aided in the organization of data, labeling of variable types and values, and ease of analysis (Brace et al., 2016; Ozgur et al., 2015). SPSS software provided researchers with the ability to create syntax files and recreated any aspect of data treatment and analysis (Brace et al., 2016; Ozgur et al., 2015).

I used SPSS, Version 25, to calculate the scores from the MLQ 5X short form questions on the survey. The MLQ scoring key (not available for publishing; Appendix B) was then used to compute the transformational leadership scales. I used SPSS, version 25 to compute each item, which included adding and dividing the total sum by the total number of participant responses in a study, as recommended by Bass and Avolio (2018). Next, I analyzed the transformational leadership scores by comparing the average results with the percentile averages of each scale from the MLQ Manual. A copy of the MLQ 5X short form permission is available (see Appendix B), and raw data are available upon request.

Individuals and groups used the MLQ 5X short form to examine transformational leadership characteristics (Avolio, Bass, & Jung, 2010). I ensured the validity and reliability by using the instruments confirmed valid and reliable by other researchers. Researchers might evaluate the validity of an instrument by considering the regularity of scores over time (Lindstromberg, 2016). Researchers in the United States verified the validity and reliability of the MLQ 5X short form from nine samples and found

acceptance in Cronbach's alpha of .74 to .94 (Bass & Avolio, 2004). The MLQ 5X short form was a reliable, valid, and suitable tool used by many researchers both in the United States and abroad (Dimitrov & Darova, 2016). External validity of the MLQ 5X short form sustained the validity through the association of transformational scores of the leaders with the outcome factor of performance (Avolio et al., 2010).

In the United States, construct validity was confirmed from other studies for the MLQ and Mind Garden endorsed the model (Bass & Avolio, 2018). Hemsworth, Muterera, and Baregheh (2013) conducted a study to test the psychometric properties of 372 chief executives in the United States to test the MLQ 5X short form. Hemsworth et al. conducted interitem correlations, a test of reliability, and analysis to test convergent validity, discriminant validity, and concurrent validity. The results were acceptable in the population of that study. The results of that study revealed, $p<.05$, the results of the intercorrelation of subscales (Hemsworth et al., 2013). The MLQ 5X short form took about 15 minutes to complete (Bass & Avolio, 2018).

Intent to Resign

I used the MOAQ (see Appendix C) to measure the intent of home healthcare workers to leave their job. The MOAQ was an efficient tool for this study based on the positive history of validity and reliability of researchers who had used the MOAQ to collect employee workplace commitment data in population samples such as auditing; registered nurses in the Midwest; direct healthcare workers in Maryland; airline industry in Jordan; call center workers in Italy (Armmer & Ball, 2015; T. J. Lee, 2017; McCall, 2016; Suifan et al., 2017; Zito et al., 2018).

The MOAQ provided a standard method to assess the level of commitment an employee had to a business. In 1983, Cammann, Fischman, Jenkins, and Klesh (1983) published the MOAQ. The MOAQ had a positive history of validity in academic communities (Cammann et al., 1983). The MOAQ consisted of three questions aimed to assess the competency of workers who sought other employment and how committed the employee was to remain employed at a business (Cammann et al., 1983). The turnover part of the MOAQ consisted of a 7-point Likert-type scale (see Appendix C) ranging from *I absolutely agree* to *I absolutely disagree* (Cammann et al., 1983). I used SPSS, Version 25, to total and average the raw scores from the three questions to obtain a composite score to measure the turnover intentions of participants (see Appendix C).

Regarding internal consistency reliability, Cammann et al. (1983) reported the internal consistency reliability of .83, which was an acceptable measure for the intent to turnover scales. Permission to use the MOAQ survey from the University of Michigan Population Studies library was not needed; but I included a copy of MOAQ permission e-mail and the sample questions (see Appendix C). Raw data are available upon request. The MOAQ took about 5 minutes to complete (Cammann et al., 1983).

Data Collection Technique

In this study, the strategy to gain access to direct home healthcare workers was through administrators at one for-profit home healthcare business in West Virginia. The administrators at one for-profit home healthcare business distributed the introductory letter and survey link with access to informed consent in the company newsletter. Data were collected using the online Internet survey, SurveyMonkey. I collected data from the

research participants that met the criteria after I received IRB approval, and by

transferring the letter of informed consent on page one of the online Internet survey, and

questions from two surveys onto SurveyMonkey, an online survey tool. Online surveys

via the Internet were a reliable data collection tool (Hair et al., 2015). The online survey

was the best way to conduct this study because home healthcare workers supplied

healthcare to patients at their homes. Survey questions from two existing survey

instruments were typed into the SurveyMonkey database to develop participant survey

questions. The introductory letter contained direct home healthcare participant

requirements. One-hundred and seven direct home healthcare workers took the online

survey. Out of the 107 attempted surveys, 97 surveys contained completed responses to

form the data analysis sample in this study.

Researchers conducting a quantitative study often offered participants the

opportunity to complete Internet surveys (Hair et al., 2015). Researchers used electronic

surveys via the Internet and developed excellent communication methods (Rice et al.,

2017). The participant population in this study received and completed the online link to

the Internet survey. I used Internet surveys to collect data from more study participants

because home care workers provided home care services in the home of a patient.

Researchers who used web surveys chose the collection technique for the

simplicity of use, and the ease of the transformation to other software packages to

evaluate the survey results (Rice et al., 2017). Wieters (2016) compared Internet

questionnaires to pen and paper questionnaires and noted that a disadvantage of pen and

paper questionnaires was the archaic mode of delivery. The research subjects experienced

slower turnaround time, and the possibility of losing the pen and paper questionnaires, among other mail distributions during poor weather (Wieters, 2016). In this study, the research participants completed the online SurveyMonkey survey, which provided a convenient way for potential participants to partake in this study. The advantages of Internet surveys included enhancing the value of statistics and the tools to collect and analyze data (Wieters, 2016). Some of the disadvantages of Internet surveys were that some research subjects lacked the financial and intellectual means to complete an Internet questionnaire on a computer (Wieters, 2016). The final draft of the online survey included instructions on how to withdraw from the study without recourse.

Data Analysis

The research question to answer in this study was:

RQ: Does a linear combination of five transformational leadership subcategories significantly predict the intent to leave of direct home healthcare workers?

The transformational leadership theory approach applied to this study because the aim of this study was to determine if a relationship was between transformational leadership and intent to quit. Transformational leadership theory offers the key for evolving original behaviors to achieve goals in a dynamic work environment (Gashema, 2019). The findings of this study might provide a general, real-world, or comprehensive way to understand how home healthcare leaders might enhance leadership efficacy and mitigate turnover at home healthcare businesses. The following shows the null and alternative hypotheses for this study, which was derived out of the research question:

$H_0 1$: A linear combination of the views of the direct home healthcare workers on the transformational leadership subcategory idealized attributes of their frontline managers will not significantly predict the intent to resign of direct home healthcare workers.

$H_A 1$: A linear combination of the views of the direct home healthcare workers on the transformational leadership subcategory idealized attributes of their frontline managers will significantly predict the intent to resign of direct home healthcare workers.

$H_0 2$: A linear combination of the views of the direct home healthcare workers on the transformational leadership subcategory idealized behaviors of their frontline managers will not significantly predict the intent to resign of direct home healthcare workers.

$H_A 2$: A linear combination of the views of the direct home healthcare workers on the transformational leadership subcategory idealized behaviors of their frontline managers will significantly predict the intent to resign of direct home healthcare workers.

$H_0 3$: A linear combination of the views of the direct home healthcare workers on the transformational leadership subcategory inspirational motivation of their frontline managers will not significantly predict the intent to resign of direct home healthcare workers.

$H_A 3$: A linear combination of the views of the direct home healthcare workers on the transformational leadership subcategory inspirational motivation of

their frontline managers will significantly predict the intent to resign of direct home healthcare workers.

$H_0$4: A linear combination of the views of the direct home healthcare workers on the transformational leadership subcategory intellectual stimulation of their frontline managers will not significantly predict the intent to resign of direct home healthcare workers.

H_A4: A linear combination of the views of the direct home healthcare workers on the transformational leadership subcategory intellectual stimulation of their frontline managers will significantly predict the intent to resign of direct home healthcare workers.

$H_0$5: A linear combination of the views of the direct home healthcare workers on the transformational leadership subcategory individualized consideration of their frontline managers will not significantly predict the intent to resign of direct home healthcare workers.

H_A5: A linear combination of the views of the direct home healthcare workers on the transformational leadership subcategory of individualized consideration of their frontline managers will significantly predict the intent to resign of direct home healthcare workers.

Statistical Analysis

I used multiple linear regression analysis as the statistical test in this study. Researchers used multiple linear regression analysis to determine if a relationship existed between constructs when the dependent variable in a research study was continuous

(Green & Salkind, 2014; Hair et al., 2015; Rovai et al., 2014). Researchers chose

statistical tests to provide a way to analyze the data and answer their research questions

(Green & Salkind, 2014; Hair et al., 2015; Rovai et al., 2014). I used multiple linear

regression to examine a continuous regression of the dependent variable onto a series of

predictor variables about the linear combination (Green & Salkind, 2014; Hair et al.,

2015; Rovai et al., 2014). Multiple linear regression was an adequate method of analysis

to examine the transformational leadership subcategories scales to determine if a linear

relationship predicted intent to resign. By using multiple linear regression analysis as a

statistical testing method, I determined whether to support or not support the null

hypothesis (Green & Salkind, 2014; Hair et al., 2015; Rovai et al., 2014).

Other statistical tests and analyses used to examine data, such as a standard *t* test,

paired *t* test, Pearson or Spearman correlation, one-way analysis of variance (ANOVA),

and two-way ANOVA, were not appropriate for this study. Researchers used the standard

t test to evaluate the average of two sets of data by using nominal level variables (Bradley

& Brand, 2016). Researchers who used paired *t* tests sought to match sets of data reliant

on the previous set of data (Bradley & Brand, 2016). The paired *t* test was not used for

this study because matching two sets of data were not needed to answer the research

question. Pearson or Spearman correlations were suitable for examining independent

sample *t* test or variance analysis (Green & Salkind, 2014; Hair et al., 2015).

Consequently, the relationships among the data were not examined using Pearson

or Spearman correlations because using those methods did not answer the research

question. Researchers used ANOVA to test numerical relationships between groups of

predictor variables and a statistical representation of the controlled variable (van Ginkel & Kroonenberg, 2015). ANOVA was not appropriate for this study, because examining the relationship between the groupings of the independent and dependent variables did not result in a scientific representation of data.

The analysis in this study was multiple linear regression analyses as a statistical testing method to determine if that method was the proper research method to support or not to support the null hypotheses. The research goal in this study was to determine if leadership predicted turnover. Consequently, I observed the values that were measured by the variables from using multiple linear regression analysis to examine the results of those measured variables and answer the research question.

Addressing missing data. Missing data might result from a participant who did not complete the survey questions because of technical problems or other problems that prevented a participant from answering all of the survey questions (Hair et al., 2015; van Ginkel, Linting, Rippe, & van der Voort, 2019). The statistical sample did not include incomplete participant responses. The findings of this study included answers from the participants who completed all survey questions.

Researchers used SPSS to screen and clean data. Data cleaning and screening procedure processes were implemented manually before examining the data to ensure the quality of data in a study (Kupzyk & Cohen, 2015). Researchers screened the data in a research study to ensure the accuracy of the data (Molavi Vardajani, Haghdoost, Shahravan, & Rad, 2016). Consequently, researchers who used data screening procedures enhanced the consistency of statistical data (Molavi Vardajani et al., 2016). As

recommended by Abubakar, Saidin, and Ahmi (2017), I used SPSS, version 25, to screen

and clean the data before the statistical analysis processing of the data. I assessed the data

to see if any suspicious observations or inconsistent coding errors might have resulted

from downloading the data, ensuring the accuracy of the data analysis process.

A researcher who used multiple linear regression might observe threats from

outliers (Green & Salkind, 2014; Hair et al., 2015; Pollet & van der Meij, 2017). A

researcher might see outliers between the top and bottom tenants of a statistical diagram

(Green & Salkind, 2014; Rovai et al., 2014). Outliers occurred in a study when a

researcher notices a value more than 3.29 standard deviations from the mean and should

remove them to correct for extreme influences on regression outcomes (Stevens, 2016).

Researchers might assess outliers by calculating standardized values for each

observation, and those values represent the number of standard deviations, and each

observation falls from the mean of the variable (Brace et al., 2016; Green & Salkind,

2014; Rovai et al., 2014). As recommended by Stevens (2016) and van Ginkel et al.

(2019), I excluded the participant responses with outliers on any of the variables from the

dataset in a list-wise fashion. Excluding the variable rejected the participant responses

from the regression, distinguishing unused participant responses as not an actual part of

the analyzed sample. The unused data did not impact the results of my analysis.

Statistical analysis assumptions and explanations. Researchers observed

several assumptions necessary to conduct a valid regression analysis, including the

assumption of the normality of residuals, homoscedasticity of observation values, and an

absence of multicollinearity (Ernst & Albers, 2017; Green & Salkind, 2014; Rovai et al.,

2014; Stevens, 2016). Normality of residuals was the assumption that the error between actual dependent variable values and values predicted from the regression equation had a normal distribution (Ernst & Albers, 2017). Analysts might assess the assumption by using a normal P-P plot, wherein the data points on such a plot must follow a hypothetical perfect normal line (Ernst & Albers, 2017; Green & Salkind, 2014; Rovai et al., 2014). In this study, I examined the normality of residuals by reviewing the data points on the P-P plot and verified whether the points followed a hypothetical formal line, as recommended by Ernst and Albers (2017) and Green and Salkind (2014). A nonparametric approach through ordinal logistic regression was considered if the data did not adhere to a normal line by transforming the dependent variable into ordered categories.

In a research analysis, deviations from normality in regression analysis were typically not problematic if the number of participants was sufficiently large (i.e., higher than 30; Stevens, 2016). I considered a nonparametric approach through ordinal logistic regression by transferring the dependent variables into ordered categories. In this study, I assessed the normality of residuals by reviewing the data points on the P-P plot and verified that the points followed a hypothetical formal line, as recommended by Ernst and Albers (2017). A nonparametric approach through ordinal logistic regression was considered if the data did not adhere to a normal line by transforming the dependent variable into ordered categories. However, as noted by Stevens (2016), deviations from normality in regression analysis were not problematic if the number of participants was

sufficiently large. In this study, 97 direct home healthcare workers completed acceptable surveys. The number of participants in this study was significant.

The assumption of homoscedasticity was that the data on the regression line between the predictor variables and the outcome variable kept a uniform distribution about the line, and did not funnel into a cluster at either end of the regression (Ernst & Albers, 2017; Stevens, 2016). This assumption was assessed using standardized residual scatterplots and checked for unusual patterns; if the results of the data revealed random distribution about the plot, the assumption was met (Ernst & Albers, 2017; Stevens, 2016). The standardized residual plot was assessed test for homoscedasticity by observing the plot to find a random distribution with no patterning, as recommended by Ernst and Albers (2017).

The absence of multicollinearity assumed that the predictor variables were not highly correlated interference with the regression and to determine the significance of each variable (Ernst & Albers, 2017; Stevens, 2016). Though correlations might be assessed using a correlation matrix, variance inflation factors (VIFs) indicated whether any correlations inflated the attributed variance for each predictor and determined if correlations created problems in my model. If any VIFs breached 10, multicollinearity inflated variance in the model, and variables with the values were either removed or collapsed into a single scale. The predictor variables did not show high VIFs.

Study Validity

Threats to validity included external validity, internal validity, and statistical conclusion validity. Research procedures might mitigate risks such as data analysis errors

and lower statistical conclusion validity. Bradley and Brand (2016) described research validity as internal, external, and conclusion validity.

External validity related to the sampling strategy. External validity was the extent that the study results were generalized to larger populations and applied to different settings (Rice et al., 2017; Rovai et al., 2014). A nonprobability sampling strategy was used, which prohibited generalizing the results of a study to larger populations and being applied to other settings (Rovai et al., 2014).

Bhattacherjee (2012) noted that internal validity was a connection between the legitimacy of causal relationships and constructs in experiments. Internal validity was characteristic of experimental research and included the validity of causal relationships and rational development between constructs (Khaldi, 2017). The research design and method in this study consisted of correlational, nonexperimental research. Therefore, I did not need to consider internal validity in this study. Statistical conclusion validity (SCV) refers to the degree at which conclusions about the relationship between variables based on data were correct or reasonable (Bradley & Brand, 2016). Researchers use SCV to prove the existence and strength of co-variation between cause and effect variables. Incorrect reporting of data results produces Type I and Type II errors (Bradley & Brand, 2016). Type I errors occur when a researcher did not support the null hypothesis when the null hypothesis was false (Bradley & Brand, 2016; Hair et al., 2015). Researchers use effective measuring processes to ensure accurate study assessments (Hair et al., 2015). Bhattacherjee (2012) regarded validity as to how well a tool might conform to the consistency and precision of measurement to quantify research variables. By using

instruments proven reliable and valid by other researchers, such as the MLQ 5X short form and MOAQ, accurate decisions were enforced, and procedures for mitigating Type II errors were used. The research strategy included assuming a normal distribution of data using SPSS software, which might mitigate errors of normal data distribution. Consequently, I ran bootstrapping to mitigate the violations of assumptions.

Survey data from home healthcare workers in West Virginia who supplied direct healthcare services to patients in their homes and reported to frontline managers at home healthcare for-profit businesses were collected. Home healthcare workers supplied outpatient healthcare at the homes of patients. Other researchers might or might not generalize the results of a study to different populations, because the participants were characteristic of a group of people in a geographic region within a specific time. Therefore, restraints of smaller sample sizes and using unique samples might prevent the generalization of the results to more significant sample sizes.

Transition and Summary

Voluntary turnover continued to disrupt organizations and intrigue researchers. Understanding whether leadership behaviors predicted turnover might help managers understand why employees left, develop strategies to mitigate turnover, and supply training to help managers develop an efficient organization. Some home healthcare leaders did not understand whether transformational leadership predicted turnover at home healthcare businesses. Determining whether the views of direct home healthcare workers on their frontline manager's five transformational leadership subcategories significantly predicted intent to quit was the purpose of this study. The independent

variables consisted of idealized attributes, idealized behaviors, inspirational motivation, intellectual stimulation, and individualized consideration. The dependent variable was intent to quit. In this study, my role as a researcher was to ensure the ethical, legal, and moral treatment of the participants. The transformational leadership theory was the theoretical framework that guided this study. The population sample needed to conduct this study consisted of a minimum of 98 direct home healthcare workers to complete the survey questions on SurveyMonkey.

To run a statistical analysis on the data, I downloaded SPSS software version 25 and used multiple linear regression analysis to determine if transformational leadership significantly predicted intent to quit. The implications for positive social change in this study included the potential to enhance home healthcare and the wellness of individuals in the community. The potential for positive impact on business practices included enhanced leadership and mitigated turnover of home healthcare workers.

In Section 3, I presented the results of statistical analysis and inferential results, a discussion on how the findings related to the transformational leadership theory, the relation to professional business practices, and positive social change implications. Next, I presented the outcome of this study. Finally, I presented a discussion about the recommendations for future actions and future research, a discussion about my thoughts and experiences during the DBA doctoral process, and final remarks.

Section 3: Application to Professional Practice and Implications for Change

Introduction

The purpose of this quantitative correlational study was to examine if there is a relationship among idealized attributes, idealized behaviors, inspirational motivation, intellectual stimulation, individualized consideration, and intent to quit. The independent variables were the subcategories of transformational leadership. The dependent variable was intent to resign. The null hypotheses were accepted for idealized attributes, idealized behaviors, inspirational motivation, intellectual stimulation, and individualized consideration.

Presentation of the Findings

Multiple linear regression was the statistical test in this study to determine whether the subcategories of transformational leadership, idealized attributes, idealized behaviors, inspirational motivation, intellectual stimulation, and individualized consideration significantly predicted intent to resign. Of the 107 respondents, 97 completed surveys were used in the final data analysis. The post hoc G*Power analysis results are presented in Figure 1. A Cronbach alpha coefficient calculation of .79 indicated acceptable reliability for this model.
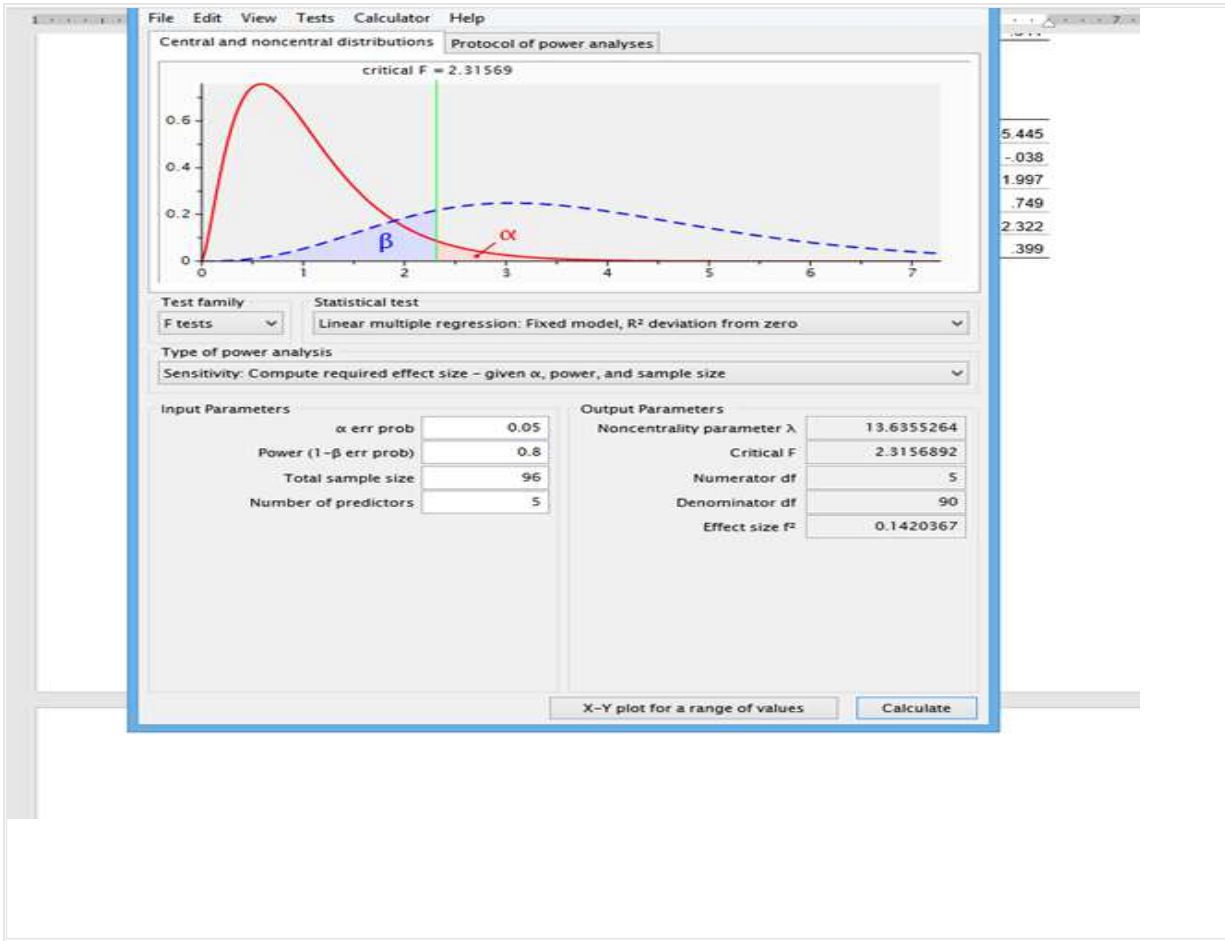
Figure 1. Post hoc G*Power analysis.

The descriptive data of the independent variables and dependent variables are presented in Table 1. I conducted a bootstrapping analysis using 1,000 samples to evaluate the potential influence of assumption violations. The statistical results presented in the results included data using bootstrapping 95% confidence intervals as applicable.

Table 1

Descriptive Data of Dependent and Independent Variables

Variable	N	M	SD
Idealized attributes	97	15.2371	1.30522
Idealized behaviors	97	14.9691	1.63588
Inspirational Motivation	97	14.9485	1.43157
Intellectual Stimulation	97	11.5670	2.79846
Individualized Consideration	97	12.2577	1.99101
Intent to quit	97	15.6186	5.80489

I conducted a test for outliers using a histogram (Figure 2). Results of the analysis show multiple outliers. As recommended by Arifin (2015), I conducted a Mahalanobis test in SPSS to assess the extent of the impact of outliers on the data. As noted by van Ginkel et al. (2019), four records with extreme outliers (record numbers 87, 89, 91, and 96) were excluded from the data. The results of the linear regression in this study after excluding the outliers from the data were not significant, $F(5, 91) = 1.675$, $p = .149$, $R^2 = .084$. Consequently, the exclusion of the outliers did not significantly change the results of the regression line in this study.
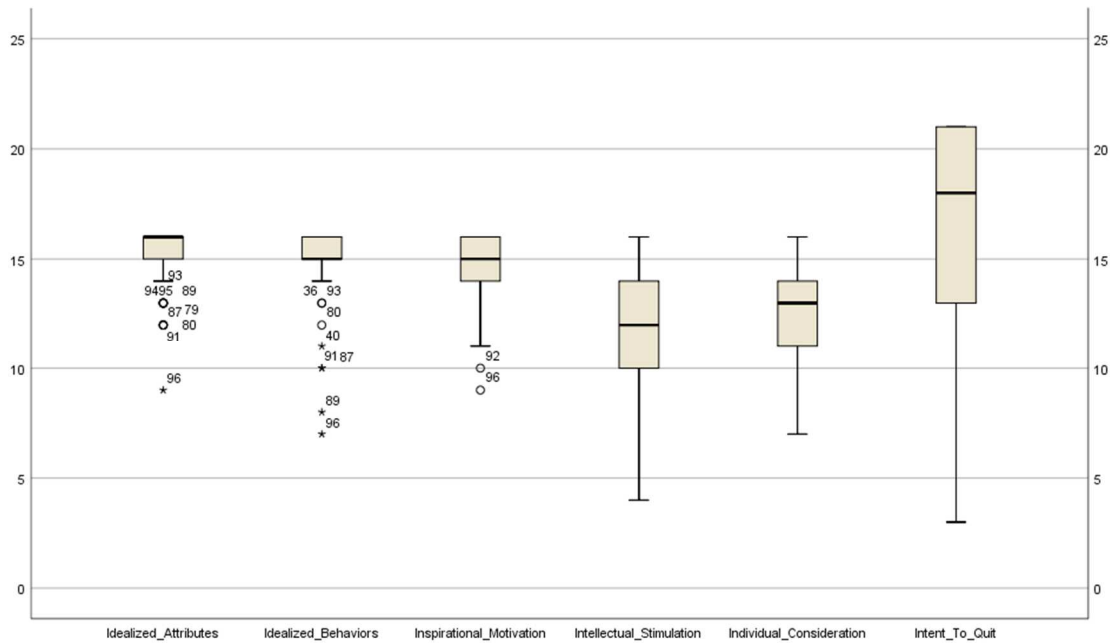
Figure 2. Outlier analysis.

Test of Assumptions

I tested for the assumptions of the absence of multicollinearity, homoscedasticity of observation values, and normality of residuals. I assessed for an absence of multicollinearity using VIFs to determine the extent of the significance of the correlation among the variables and to determine whether the variables might interfere with the regression. The analysis included an observation of the level of significance for each variable to determine whether an absence of multicollinearity was among the variables. The results of the VIF test are in Table 2.

Table 2

Variance Inflation Factors

Variable	VIF
Idealized attributes	2.79
Idealized behaviors	2.51
Inspirational motivation	2.16
Intellectual stimulation	1.62
Individual consideration	1.60

Note. $N = 97$

I tested the assumption of the normality of residuals by reviewing the data points on the P-P plot of regression (Figure 3). The results of this analysis revealed that the residuals did not follow a perfect linear distribution, as they did not fall directly on the line. However, as suggested by Stevens (2016), deviations from normality in regression analysis are not problematic if the participant sample is sufficiently large.
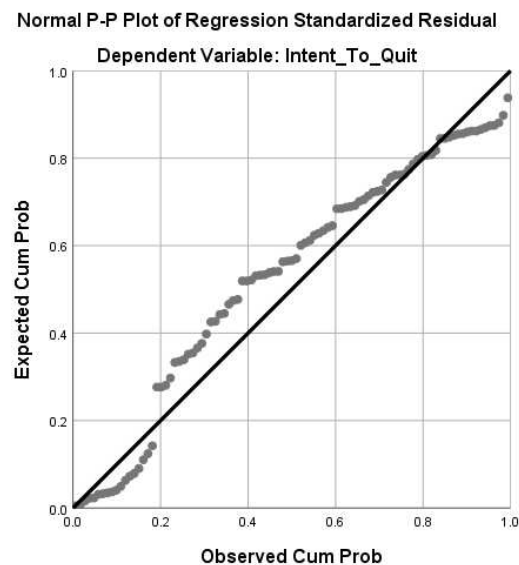

Figure 3. P-P plot of regression.

In this study, 97 participants were a large sample. Consequently, I did not apply a nonparametric approach through ordinal logistic regression analysis using a log transformation to examine the data further and conduct a thorough test for heteroscedasticity. The tests for the assumption of homoscedasticity occurred by examining the data on the regression line between the independent and dependent variables using scatterplots (see Figures 4-8), as recommended by Ernst and Albers (2017). The results of the data on the distribution about the fit line represent homoscedasticity between the variables. A summary of the linear regression for the study variables is listed in Table 3.
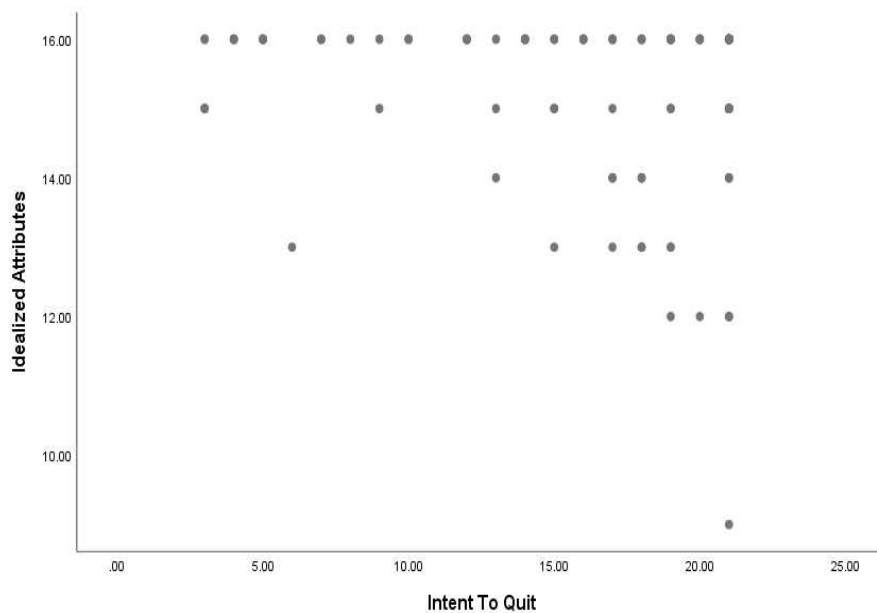

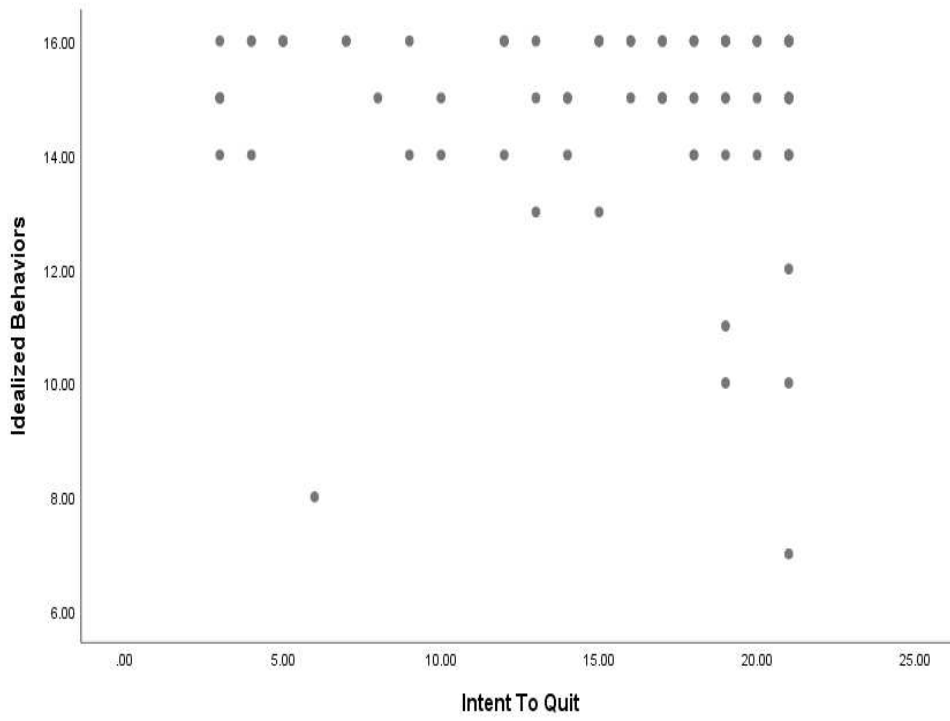*Figure 4*. Scatterplot of idealized attributes to intent to quit.

Figure 5. Scatterplot of idealized behaviors to intent to quit.
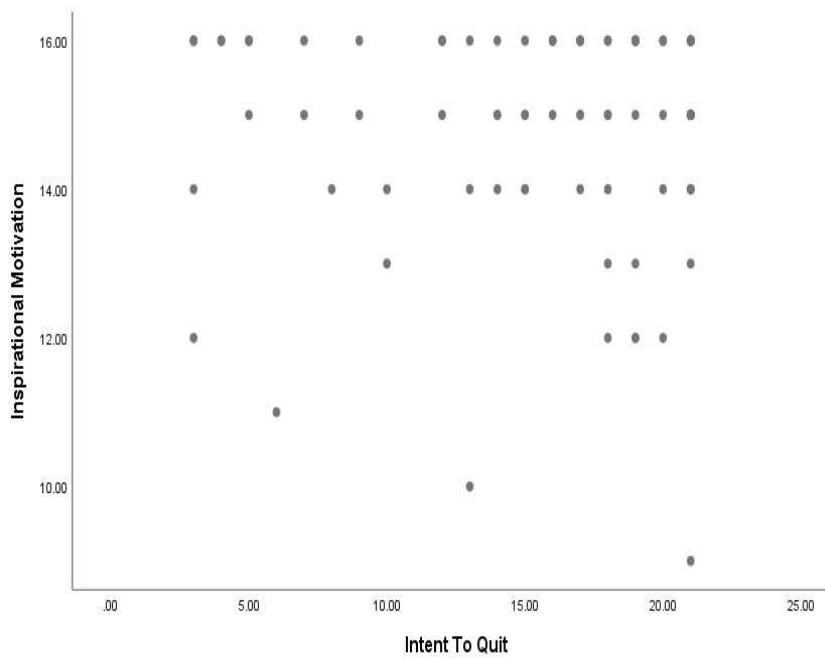

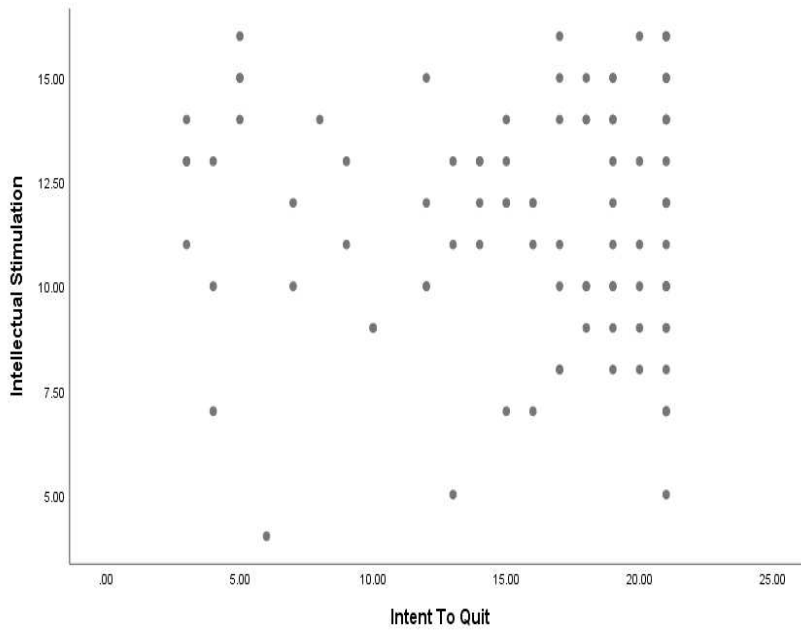*Figure 6*. Scatterplot of inspirational motivation to intent to quit.

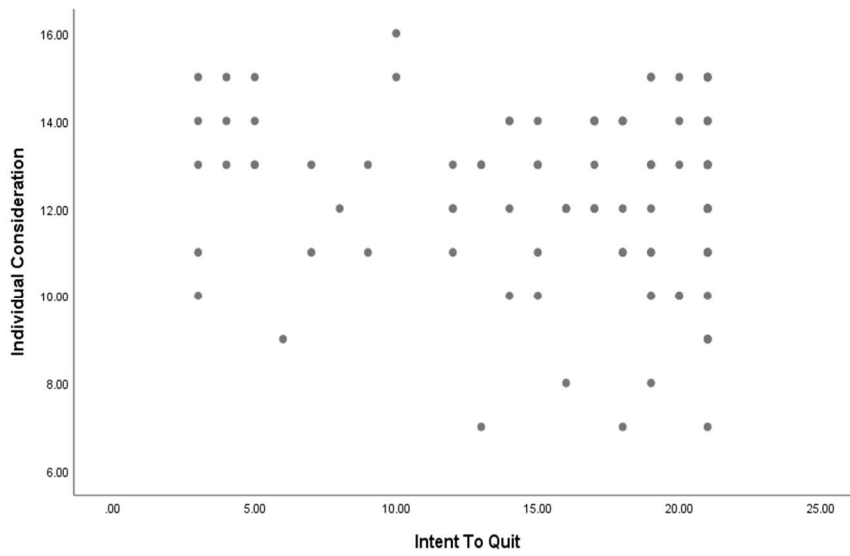*Figure 7*. Scatterplot of intellectual stimulation to intent to quit.

Figure 8. Scatterplot of individualized consideration to intent to quit.

Table 3

Summary of Linear Regression of Study Variables

Variable	B	95% CI	Beta	T	P
Intercept	27.55	[13.194, 41.909]		3.812	$< .001$
Idealized attributes	-1.734	[-3.213, 0.254]	-0.390	-2.328	.022
Idealized behaviors	.422	[-0.699, 1.544]	0.119	0.749	.456
Inspirational motivation	.768	[-0.420, 1.956]	0.189	1.285	.202
Intellectual stimulation	.171	[-0.355, 0.697]	0.082	0.646	.520
Individual consideration	-4.33	[-1.168, 0.302]	-0.149	-1.171	.245
N	97				
F	1.675				
R^2	.084				

Note. N = 97

The final results of the multiple linear regression analysis revealed the final model as a whole was unable to predict intent to resign ($p = .149$). Idealized attributes ($p = .022$) was a significant contributor to the model. A key recommendation is that transformational leaders leverage their charisma to enhance positive communication with employees to reduce the intent to resign.

Inferential Results

I used standard multiple linear regression, $\alpha = .05$, to examine whether idealized attributes, idealized behaviors, inspirational motivation, intellectual stimulation, and individualized consideration were significant predictors of intent to quit. The independent variables were idealized attributes, idealized behaviors, inspirational motivation, intellectual stimulation, and individualized consideration. The dependent variable was intent to quit. The null hypotheses were that a linear combination of the five

transformational leadership categories did not significantly predict intent to quit. The alternative hypotheses were that a linear combination of the five transformational leadership subcategories would significantly predict intent to quit. A preliminary analysis was conducted to examine whether the assumptions of multicollinearity, outliers, normality, linearity, and independence of residuals were or were not met. I noted the assumption violations in this study (see Tests of Assumptions). The final model as a whole was not able to predict significantly intent to quit, $F(5, 91) = 1.675$, $p = .149$, $R^2 = .084$. The coefficient of determination (.084) value indicated that approximately 8.4% of variations in turnover intentions were accounted for by the linear combination of the independent variables, idealized attributes, idealized behaviors, inspirational motivation, intellectual stimulation, and individualized consideration.

Analysis Summary

The purpose of this study was to examine the efficacy of predicting intent to quit. I used multiple linear regression to examine the ability of the five transformational leadership subcategories to predict intent to quit. I presented an itemized assessment of the statistical results from each independent variable in this study. The final results of the multiple linear regression analysis model as a whole were not statistically significant predictors to intent to resign ($p = .149$). Data were not analyzed further in this study.

Theoretical Analysis

The findings of this study extend the knowledge of the transformational leadership theory and the relationship between idealized attributes, idealized behaviors, inspirational motivation, intellectual stimulation, individualized consideration, and intent

to resign. The result of the multiple linear regression model was not statistically

significant ($p = .149$). Other transformational leadership studies revealed statistically

significant associations, such as McCall's (2016) analysis on nonprofit workers, which

showed a significant relationship among transformational leadership, employee

satisfaction, and intent to quit. The findings from the McCall analysis also revealed that

the relationship between employee satisfaction and intent to quit was minimal.

Consequently, the intent to quit of a worker did not relate to the satisfaction of an

employee. The results of the analysis in that model showed a statistically significant

relationship among the subcategories of transformational leadership and intent to leave.

Similarly, the results of the study by Effelsberg et al. (2014) showed that the

student workers in Germany showed positive and collaborative relationships among the

transformational leaders, but only when observed organizational citizenship behaviors

existed in conjunction with transformational leadership behaviors. Popli and Rizvi (2016)

studied supervisors in India and reported statistically significant relationships among

transformational leadership, engagement, and transformational leadership. Navia et al.

(2019) reported positive associations between transformational leadership and social

responsibility. Transformational leaders entail principles of honest and decent behavior

and offer an image and sense of duty for followers (Navia et al., 2019).

Applications to Professional Practice

Business leaders might generally apply the findings to make decisions about the

types of transformational leadership behaviors and mitigate employee turnover at the

workplace. Based on the final results of this research, I found that the transformational

leadership model as a whole in the sample of 97 participants did not predict turnover intentions of direct home healthcare workers. Home healthcare leaders individually face many obstacles, including the growing demand for home healthcare services. Business leaders might potentially gain an understanding of the factors that might make direct home healthcare workers decide to quit. To meet the increasing demand for home healthcare services, home healthcare leaders need to ensure they can mitigate the turnover of direct care employees. The results of this study might inspire home healthcare managers to evaluate their frontline leadership staff, specifically, their perceptions and attitudes, and how they exhibited idealized attributes, idealized behaviors, inspirational motivation, intellectual stimulation, and individualized consideration in their role at the home healthcare business.

Consequently, home healthcare leaders might improve their leadership and mitigate turnover of direct home healthcare workers. Home healthcare leaders must focus on the relationships they build with the individuals they influence to ensure they provide all employees with the resources and support necessary to achieve operational goals. Home healthcare leaders must investigate the future demand of services and determine the strategies they need to ensure the future leadership and direction of direct care workers continue to meet the growing demand for home healthcare services.

Implications for Social Change

Implications for positive social change form the potential for an organization to enhance the tangible home healthcare services to individuals, communities, organizations, institutions, cultures, and societies. Consequently, home healthcare leaders

must develop opportunities for professional leadership growth, personal employee growth, and continued home healthcare patient services and satisfaction through internal operational efficiency. Business managers must develop leadership retention strategies designed to improve the leadership and their capability to help patients in the community who needed home healthcare services. Economic vitality might increase by a stabilized workforce and improvements to the health and wellness of home healthcare patients.

The benefits of this study might also result in a positive social change by providing home healthcare business managers and leaders with data for initiating strategies to promote leadership efficacy and mitigate the turnover of home healthcare workers. Consequently, society and the community might benefit from leadership efficacy and retention of direct home healthcare workers because home healthcare workers might experience fewer injuries and workplace errors. Leaders might spend more time promoting healthier patients, contributing to employee and patient wellness, and improving operational effectiveness equal to the time spent training employees, which might reduce the cost of home healthcare patient services. Lack of an organization's ability to keep workers and provide effective leadership might result in higher unemployment rates and reduced spending.

Recommendations for Action

I recommend that home healthcare leaders strive to develop a safe and ethical workplace that supports the characteristics of transformational leadership. Home healthcare leaders were the role models for the future growth and development of home healthcare workers. Academics, researchers, and organizational leaders strove to teach

leadership skills, developing curriculum, and strategic goals needed to ensure patients received safe and effective home healthcare services. Home healthcare leaders might focus on human resource planning that produced the policies and procedures required to provide current and future leadership efficacy as well as recruiting, training, and developing direct home healthcare employees. Continuing education at the workplace might help leaders at home healthcare businesses create strategies that enhanced a safer work environment, enhanced frontline leadership, and mitigated direct home healthcare employee turnover. Education personnel might develop academic programs, curriculum, and training workshops designed to train home healthcare frontline managers, enhance leadership, and mitigate the turnover of direct home healthcare employees. Moreover, business leaders might create useful operational cultures that had an organization mission consistent with a future vision of how leaders and workers can work together to achieve operational goals.

I am planning to share the results of this study at training seminars, publishing the results in home healthcare periodicals and scholarly leadership journals, as well as offering leadership training at home healthcare development conferences. Turnover was an important topic in many businesses. My aim was to share information about the predictions of employee turnover with colleagues. Helping operational managers enhance the workforce through leadership training might help business leaders retain workers and mitigate the expense of recruiting, hiring, and training employees.

Recommendations for Future Research

The participants in this study answered questions about their frontline managers' transformational leadership style and their intent to quit by completing an online survey. Future researchers might use a paper survey, a telephone survey, or another mode of communication to determine whether the five transformational leadership subcategories significantly predict turnover. I recommend that future researchers duplicate this study using a different population of direct home healthcare workers in other geographical locations to determine if there was a relationship between the perceived transformational leadership and the retention of home healthcare workers. The participants in this study answered questions about their frontline manager. Future researchers could conduct a study that examines or explores the frontline managers' transformational leadership behaviors using the MLQ 5X rater form.

The transformational leadership theory was the theoretical framework in this study. Future researchers might include a different conceptual or theoretical framework to examine leadership and turnover at home healthcare businesses. Transformational leadership was a popular leadership practice, and future studies about transformational leadership practices might contribute to the literature about the leadership of direct home healthcare workers.

Reflections

I gained many positive, enlightening, and rewarding experiences during the DBA doctoral process. The DBA doctoral process led me to research about leadership and worker retention at home healthcare businesses. I did not meet or have direct contact with

home healthcare administrators, workers, frontline managers, or other staff who took part in this research study before or during the DBA doctoral process. I am grateful for the direct home healthcare workers who completed the online survey. My goal was to learn about the growing demand for workers and to discover whether the transformational leadership subcategories significantly predicted direct home healthcare worker turnover. The work to achieve this goal consisted of an exhaustive review of the literature and many years of research about business operations and leadership.

Consequently, I gained the knowledge about and expertise of research guidelines and home healthcare business operations that lead to inspiring future researchers to conduct additional studies about the home healthcare industry. I learned that without the services of home healthcare businesses, some patients might not develop the physical or psychological ability to continue living at home. I am thankful for this opportunity to contribute to the knowledge and literature about leadership and retaining home healthcare workers.

Conclusion

Direct home healthcare workers give care to patients in their homes. Leadership efficacy and retention of home healthcare workers were needed to ensure the continuity and longevity of affordable services to home healthcare patients. While the demand for home healthcare continued to grow with the aging population, home healthcare business leaders must develop a practical approach to the leadership development of frontline managers and how they planned to retain home healthcare workers. By understanding the behaviors of the transformational leaders and applying the leadership practices into the

education and development of leaders and employees, home healthcare business managers might continue to meet the demand of home healthcare patients. Business leaders must ensure an operational culture with the mission and future vision of leadership and retention of workers.

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Appendix A: Research Certification

The National Institutes of Health (NIH) Office of Extramural Research,

Certificate of Completion

Certificate of Completion

The National Institutes of Health (NIH) Office of Extramural Research certifies that **Lisa Johnson** successfully completed the NIH Web-based training course "Protecting Human Research Participants".

Date of completion: 03/03/2017.

Certification Number: 2342975.

Appendix B: Multifactor Leadership Questionnaire 5X Short Form Permission

mind garden

www.mindgarden.com

To Whom It May Concern,

The above-named person has made a license purchase from Mind Garden, Inc. and has permission to administer the following copyrighted instrument up to that quantity purchased:

Multifactor Leadership Questionnaire

The three sample items only from this instrument as specified below may be included in your thesis or dissertation. Any other use must receive prior written permission from Mind Garden. The entire instrument may not be included or reproduced at any time in any other published material. Please understand that disclosing more than we have authorized will compromise the integrity and value of the test.

Citation of the instrument must include the applicable copyright statement listed below. Sample Items:

As a leader ....

> I talk optimistically about the future.
> I spend time teaching and coaching.
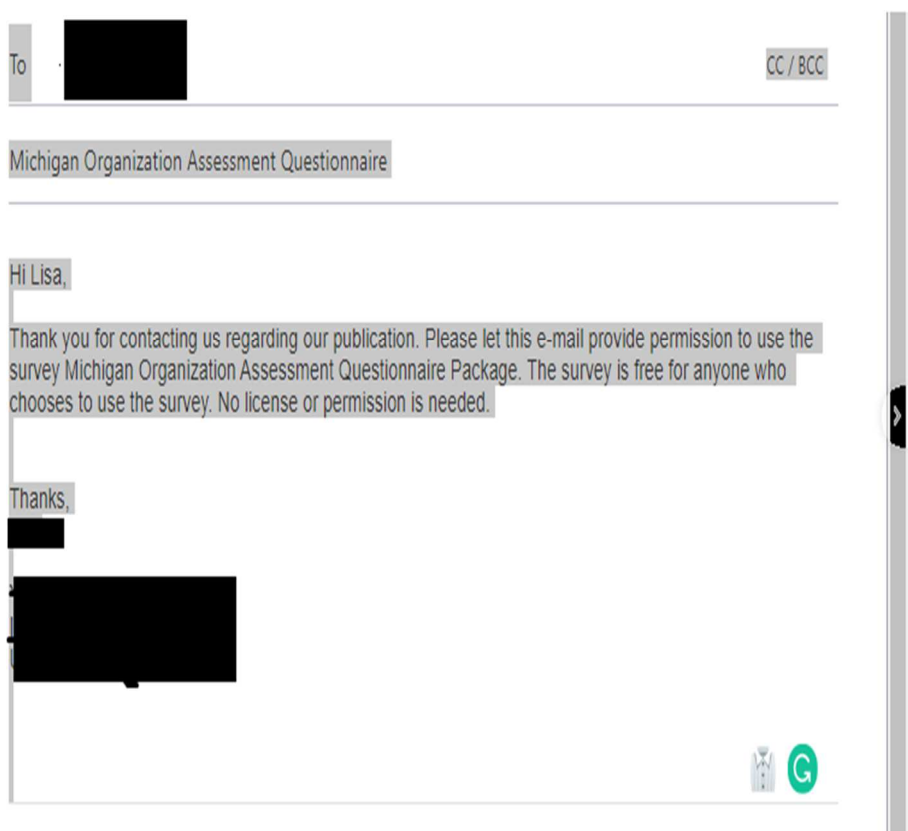> I avoid making decisions.

The person I am rating....

> Talks optimistically about the future.
> Spends time teaching and coaching.
> Avoids making decisions

Sincerely,

Robert Most
Mind Garden, Inc.
www.mindgarden.com

Appendix C: Michigan Organizational Assessment Questionnaire Permission

To   ■■■■■   CC / BCC

Michigan Organization Assessment Questionnaire

Hi Lisa,

Thank you for contacting us regarding our publication. Please let this e-mail provide permission to use the survey Michigan Organization Assessment Questionnaire Package. The survey is free for anyone who chooses to use the survey. No license or permission is needed.

Thanks,

■■■■

■■■■■■■■

The Michigan Organizational Assessment Questionnaire (MOAQ) is a free survey tool available free to use. The questions represent your assessment of working in your current home healthcare business, the company, and your desire to remain employed at your current employer. Please read and review each question and mark your range of organizational assessment.

The Michigan Organizational Assessment Questionnaire (MOAQ) consists of three questions aimed to assess the competency of seeking other employment and how

committed an employee may be to remain employed at a particular business (Cammann et al., 1983). Two components of the tool consist of a Likert-type rating scale, which range from *Strongly disagree* to *Strongly agree* (Cammann et al., 1983). The final component of the MOAQ consists of three participant responses, ranging from *not at all likely* to *very likely* (Cammann et al., 1983). The questions you will be asked to rate include the following:

1. How likely is that you will actively look for a new job in the next year?

    1 = Not at all Likely

    3 = Somewhat Likely

    5 = Quite Likely

    7= Extremely Likely

2. I often think about quitting.

    1 = Strongly Disagree

    2 = Disagree

    3 = Slightly Disagree

    4 = Neither Agree nor Disagree

    5 = Slightly Agree

    6 = Agree

    7 = Strongly Agree

3. I will probably look for a new job next year.

    1 = Strongly disagree

    2 = Disagree

3 = Slightly Disagree

4 = Neither Agree nor Disagree

5 = Slightly Agree

6 = Agree

7 = Strongly Agree