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Strategies for Retaining Bedside Nurses

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Walden University

College of Management and Technology

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Desmond C. Duru

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Walden University
2020

Abstract

Strategies for Retaining Bedside Nurses

by

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MBA, University of Phoenix, 2010

BS, Johnson C. Smith University, 2003

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Business Administration

Walden University

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Abstract

Health care organizations incur high costs because of the increase in voluntary turnover of nursing staff. Grounded in the social exchange theory, the purpose of this qualitative single case study was to explore strategies to reduce the voluntary turnover of bedside nurses. The participants comprised 6 senior health care leaders in the southeastern United States who successfully implemented strategies to reduce bedside nurses' voluntary turnover. Data were collected from face-to-face, semistructured interviews, member checking interview summaries, reflexive journal notes, and reviewing the available digital documentation from the health care system's websites. Data were analyzed using thematic analysis. Three themes emerged: job satisfaction, financial compensation, and effective communication. The findings indicated that implementing successful retention strategies to reduce bedside nurses' voluntary turnover is critical to health care organizational success. A key recommendation includes improving the quality of patient care by taking advantage of the diversity among bedside nurses and creating an environment where respect and appreciation for the bedside nurses' differences are effectively communicated. The implications for a positive social change include the potential for patients to receive adequate health services due to health care organizations retaining qualified bedside nurses' through effective retention strategies.

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Dedication

To my Almighty God I give the glory, nothing is impossible in His eyes. I dedicate this professional journey to my beautiful, dearest friend, and wife, Philomena Ada-chuma, for her unconditional love, support, and motivation throughout this entire journey. I dedicate this study to my children, whom I advised not to be afraid to take a leap and can accomplish anything they put their mind. I would also like to dedicate this study to my late parents, Chief Augustine Nnana and Lolo Monica Duruiheoma, thank you for raising me with a drive and passion to reach my goals with whatever obstacle that I may encounter. It is with immense humility and gratitude that I thank my family and friends for their love and support to accomplish this goal. To all my family and friends, thank you for the encouragement, motivation, and most importantly believing in me.

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Section 1: Foundation of the Study

The World Health Organization (WHO, 2018) projected a shortage of personnel in the global health workforce by 2030. Nurses and midwives compose 20.7% of this projected shortage and are, overall, 50% of the total health workforce worldwide (WHO, 2018). The WHO warned that the global increase of universal health coverage and sustainable development goals set by the organization could not be attained without nurses and midwives (WHO, 2018). To address the high overhead costs and compete in the health care industry, senior leaders in health care organizations should implement strategies to reduce the increasing turnover of nurses (Smith, 2015). The cost of replacing one registered nurse (RN) ranged from \$44,380 to \$63,400, which could project to a yearly financial loss of \$4.21 to \$6.02 million for a health care organization in the United States (Yarbrough, Martin, Alfred, & McNeill, 2016). Retaining experienced nurses would enable health care leaders to reduce the replacement costs, increase the transfer of knowledge, and provide quality care to patients.

Senior leaders in health care organizations are facing challenges of retaining talented bedside nurses who will adequately provide quality care to patients (Kossivi, Xu, & Kalgora, 2016). The leaders in organizations should implement strategies to keep employees longer in their jobs if they plan to stay competitive in their industry (Kossivi et al., 2016). The implementation of retention strategies could lead to reducing the organizational cost associated with employee training, as well as the improvement of nursing leadership skills (Cheng, Bartram, Karimi, & Leggat, 2016). The process of minimizing the costs associated with the retention of health care employees is

challenging to senior leaders in health care organizations (Yarbrough et al., 2016). To reduce high overhead costs in health care organizations, senior leaders should implement effective strategies for improving retention rates among their employees, particularly bedside nurses.

Background of the Problem

Successful organizational leaders rely on the inherent value of their human resources (Gould-Williams, 2016). In a rapidly changing corporate environment, leaders should use the maximum potential of their human resources to stay ahead of the competition (Dasgupta, 2015). In the United States, 8.5% of nursing positions were vacant in 2015, a 1.3% increase from 2014 (NSI Nursing Solutions, 2016). In the United States, the COVID-19 pandemic indicated that the staffing crisis of RNs negatively affects the patients' survival rates (Ford, 2020). In 2020, the registered nursing vacancy rate increased from 8% in 2019 to 9% (NSI Nursing Solutions, 2020). In health care organizations, 31.8% of hospitals in the United States reported an RN vacancy rate of more than 10% (NSI Nursing Solutions, 2020). In 2020, the process of recruiting RNs remains high at 81 days on average, irrespective of field specialization (NSI Nursing Solutions, 2020). The start of a severe shortage of nurses adversely affects the health care system (Kumari, 2015).

The organizational leaders who do not address the projected nursing shortage face high costs, low employee job satisfaction, and poor quality patient care in their organizations (Yarbrough et al., 2016). Health care leaders improve nursing availability, facilitate knowledge transfer, and provide quality care to patients by retaining

experienced nurses (Ahmad, Shaw, Bown, Gardiner, & Omar, 2016). The relationship among the nurses' intention to remain with the organization correlates with their work environment, degree of satisfaction, quality of training, and the senior leaders' support to implement strategies in reducing nurses' turnover (Gould-Williams, 2016). In this qualitative case study, I explored strategies that senior health care leaders successfully used to reduce voluntary turnover of bedside nurses. Through the application of these retention strategies, health care leaders may reduce voluntary turnover of bedside nurses.

Problem Statement

Health care organizations with high staff turnover face serious issues in satisfying community needs (Wakerman et al., 2019). In 2015, the cost of replacing one RN ranged from \$37,700 to \$58,400 (Maryniak, Markantes, & Murphy, 2017). The general business problem is that the high turnover of nurses negatively affects both health care costs and profitability. The specific business problem is that some senior health care leaders lack strategies to reduce voluntary turnover of bedside nurses.

Purpose Statement

The purpose of this qualitative single case study was to explore strategies that senior health care leaders use to reduce voluntary turnover of bedside nurses. The target population comprised five senior health care leaders at a health care system located in the Southeastern United States who successfully implemented strategies to reduce bedside nurses' voluntary turnover. The implications for positive social change include the potential to promote better bedside nursing services to patients by implementing strategies to reduce voluntary turnover of bedside nurses. Reducing the voluntary

turnover of bedside nurses may enable patients to receive adequate bedside nursing services, which could ultimately reduce the mortality rate in health care organizations.

Nature of the Study

This study was qualitative in nature. Researchers who use the qualitative method agree with social constructivists' worldviews on information gathering procedures and how to extract meaningful data from research participants' experiences (Ward, Hoare, & Gott, 2015). The processes of testing hypotheses in research involve the application of experimental methods and quantitative measures to examine the differences in relationships and variables (Groeneveld, Tummers, Bronkhorst, Ashikali, & van Thiel, 2015). The goal of a quantitative study is to test a hypothesis (Doyle & Buckley, 2016), which was not the purpose of this study. The purpose of this study was to explore the strategies that senior health care leaders successfully implement to reduce voluntary turnover of bedside nurses. For this reason, I did not choose the quantitative method. In a mixed methods study, the researcher applies the qualitative research model for one phase of a study and the quantitative research model for another phase of the study (Morse & Cheek, 2015). The mixed methods design was not suitable for this study because I sought to explore the strategies used by leaders rather than test any hypotheses regarding those strategies.

A case study is defined as a study methodology that researchers use to create a detailed, comprehensive understanding of a multifaceted issue in its real-life context (Tetnowski, 2015). A case study is a recognized research design that researchers apply broadly in various disciplines, mainly in the social sciences. The need to explore an

experience in depth and in its natural setting is the principal tenet of a case study (Shapiro, Wasserman, Bonagura, & Gupta, 2017). Al-Mahdy, Al-Harhi, and Salah El-Din (2016), in their study of 300 Albanian nurses, found that the ability to evaluate a social issue from diverse viewpoints in single or multiple phenomena, and the application of different data collection techniques, are unique advantages in using qualitative case study design. Because I was interested in describing a specific business, case related to strategies and because my intent was to use different data collection techniques, I selected a case study for this research.

Three other research designs considered for qualitative studies were phenomenology, ethnography, and narrative. In a phenomenological design, a researcher focuses on the lived experiences of the research participants (Moustakas, 1994). A phenomenological design was not appropriate because I did not want to limit the data collection to just the lived experiences of research participants. In ethnography, researchers use broad and various methods to focus on the culture of participants (Patton, 2015). The use of ethnography was not appropriate because I did not want to focus only on the culture in the organization. With a narrative design, researchers focus on participants sharing their personal stories related to the subject phenomena (King & Learmonth, 2015). The narrative design was not appropriate because I wanted to explore more than the personal experiences of the research participants. From these comparisons, I concluded a case-study design was most appropriate to focus on retention strategies for bedside nurses.

Research Question

RQ: What strategies did senior health care leaders use to reduce voluntary turnover of bedside nurses?

Interview Questions

1. What strategies did you use to retain bedside nurses?
2. What strategies have been most successful in retaining bedside nurses?
3. How did you assess the effectiveness of these strategies?
4. What barriers did you encounter when implementing the strategies for retaining bedside nurses?
5. How did you address the barriers limiting the implementation of your strategies for retaining bedside nurses?
6. What work-related activities did you provide to bedside nurses to encourage them to remain in your facility?
7. What financial incentives did you provide to bedside nurses to encourage them to remain in your facility?
8. What additional information, documentation, or process that you consider relevant to this research would you like to share with me?

Conceptual Framework

In 1958, Homans introduced the social exchange theory (SET), which was the conceptual framework foundation for this research study. SET has been one of the major theoretical perspectives in the field of social psychology since the early writings of Homans (1961), Blau (1964), and Emerson (1962). The work of Homans carved out core

assumptions about the nature of individuals are relationships that are entrenched within the SET framework (Sabatelli & Sheehan, 1993). Homans (1958) used the SET to explain how groups interact on the bases of three fundamentals tenets: rewards, costs, and economics. The social exchange is appropriate in explaining employees' behavior, where employees' responsive behaviors depend on their insight of the reward (Homans, 1958). The process of framing SET consisted of carving out five propositions: the success proposition, the stimulus proposition, the value proposition, the deprivation-satiation proposition, and the frustration-aggression proposition (Homans, 1958). As applied to this study, the SET holds that I would expect the propositions advanced by the theory to enable participants to explore effectively the management and employees' relationships and explain my findings regarding strategies to reduce bedside nurses' voluntary turnover. These strategies could affect interpersonal relations, job security, and the working environment. Because the purpose of this study was to explore strategies and the success of these strategies depended on how employees behaved when responding to the strategies, the tenets of SET aligned with the study's purpose.

Operational Definitions

Bedside nurses: A bedside nurse is an RN who has earned a baccalaureate (bachelor of science in nursing) or associate degree in nursing and could practice direct patient care in the state in which the nurse acquired the license to work (Gerard, Tinelli, Latter, Smith, & Blenkinsopp, 2015).

Health care system: A health care system is a group of not-for-profit and for-profit hospitals, academic and community-based delivery systems, and rural and urban facilities (Kash, 2017).

Nurse turnover: The nurse turnover is a nurse's intentional or unintentional termination from a position, which the organization must fill with another qualified nurse (Lakshman, 2015).

Senior health care leaders: Senior health care leaders are individuals in the health care organization who are tasked with directing the activities of the employees to achieve a common vision by effectively adjusting to change (U.S. Department of Labor, Bureau of Labor Statistics, 2017).

Turnover intention: The turnover intention is an employee's intent to leave the organization (Tarigan & Ariani, 2015).

Assumptions, Limitations, and Delimitations

Assumptions

An assumption is a verifiable expression that a researcher believes to be true without validation (Kirkwood & Price, 2013). The initial assumption in this study was that the senior health care leaders were honest and truthful in answering the interview questions. Another assumption was that the senior health care leaders had the information that I sought. The final assumption was that, as the researcher, I could correctly interpret the data collected from the senior health care leaders to explore the strategies that would reduce voluntary turnover of bedside nurses in the health care system. I reduced the bias

that this assumption may have caused by using member checking to validate my interpretations of the participants' responses.

Limitations

The limitations of a study are influences and conditions that are beyond a researcher's control (Gabriel, Kaczorowski, & Berry, 2017). The initial limitation was that the research participants' personal experiences and biases could affect the conclusions on strategies for retaining bedside nurses. I used another source of data, which was a documents review, to reduce the effect of this limitation on this study. The next limitation included a possible introduction of biased information if one or more participants failed to provide sincere responses. My interviews took place in a designated private space at the participant's health care hospital where the participant was comfortable in providing responses to questions. The final limitation included upper organizational leaders restricting or denying my access to participants, organizational data, and documents. This limitation was a nonissue because the host organization provided access to participants and publicly accessible organizational data and documents.

Delimitations

Delimitations are inclusive or exclusive items that constrict the possibility of the research (Denzin & Lincoln, 2013). The delimitation of this research was the inclusion of a specific health care organization in the Southeastern United States that reported higher retention rates of bedside nurses than other institutions in the same health care system. Delimiting the interviews to senior health care leaders from bedside nurses' settings in

one major health care institution in a geographical region of the Southeastern United States might limit the transferability of the study's findings.

Significance of the Study

There is a lack of information regarding strategies that could add to bedside nurses' satisfaction and reduce dissatisfaction in the hospital environment (Armstrong-Stassen, Freeman, Carmeron, & Rajacic, 2015). In a review of the literature, Armstrong-Stassen et al. (2015) noted limited research on strategies for retaining bedside nurses. Some health care leaders lack the appropriate strategies to reduce bedside nurses' voluntary turnover rate. The increase in turnover rate of nurses has resulted in high overhead costs in some health care organizations (Smith, 2015).

The goal of providing affordable and safe caregiving to health care consumers in the United States is reached, in part, through an adequate supply of nurses (White, Zangaro, Kepley, & Camacho, 2014). The human resources leaders and department directors could apply the findings of this research to update their strategies to retain bedside nurses. The findings of this research could enable these leaders to identify barriers for retaining bedside nurses and to implement retention strategies for bedside nurses.

A healthy productive work environment increases employee morale, which in turn increases productivity and improves patient outcomes (Armstrong-Stassen et al., 2015). During high job demand periods for nurses, organizational leaders tend to improve and implement retention strategies that may increase their competitiveness in attracting and retaining committed nurses (Phua & Hue, 2015). The successful implementation of these

strategies for reducing voluntary bedside nurses' turnover can contribute to positive social change by effectively reducing mortality rates.

A Review of the Professional and Academic Literature

The objective of this qualitative case study was to explore the strategies that health care leaders used to reduce voluntary turnover of bedside nurses. The subsection indicates a review of available literature regarding employee turnover and retention. The increasing turnover rate of nurses is one reason health care organizations are incurring high overhead costs (Smith, 2015). Working in a hospital environment qualifies as a stressful profession (Brand et al., 2017). Leaders of health care organizations understand the importance of retaining their nurses, and how part of their human resources policies should focus on implementing effective retention strategies (Jesus, Landry, Dussault, & Fronteira, 2017). Issues such as stress, employees' work environment, employees' relationship with management, and better opportunities may be reasons why nurses decide to leave their organization (Dyo, Kalowes, & Devries, 2016). Bedside nurses' experiences in dealing with patients with wounds resulting from attempted suicide, patients who do not cooperate, conflicts with colleagues, and dying patients may contribute to their reason to leave the organization (Wei Tian, Cordery, & Gamble (2016). Unanswered job-related issues may result in emotional withdrawal, burnout, and a need to leave the organization (Kim, Kim, Jung, Kim, & You, 2017).

The literature review begins with literature concerning the conceptual framework, which is the SET, followed by other comparative theories such as the leader-member exchange (LMX) theory, team-member exchange (TMX) theory of human capital (THC),

social cognitive theory (SCT), and organizational support theory (OST). The literature review includes the themes of defining retention of nurses and retention challenges, the effect of bedside nursing shortages on the health care system, the effects of organizational culture on bedside nurses' retention, factors affecting nurses' turnover, and factors affecting employee retention in a health care organization. The literature review ends with identification of problem areas and research gaps in the context of employee turnover and retention in a health care organization. In this review, I provided a foundation for the topic of employee retention strategies through the professional and academic literature.

I acquired the literature through academic libraries, as well as websites, databases, and books. The literature review comprises many recent references from journals, books, and dissertations. The percent of sources published in the period between 2016 and 2020 is 67% of the total number of 293 sources cited in this study. The percent of the peer-reviewed sources in this study is 96% of the total references. In the literature review section, I included 225 peer-reviewed sources. The research databases used to find literature were ProQuest, Healthcare.gov, and EBSCOhost. The keywords used in exploring the literature were *bedside nursing shortage*, *organizational culture*, *job retention*, *retention strategies*, *retention of nurses*, *retention challenges*, *reasons for turnover*, and *cost of turnover*. The following subsections include a synthesis of each covered topic to show how it connects to this study.

Conceptual Framework: Social Exchange Theory

The conceptual framework for this study was the SET developed by Homans in 1958. Homans (1958) proposed this theory on the combination of principal tenets of individual behaviorism and basic economics where an individual's behavior is dependent on the amount of the person's payoff. SET has been one of the major theoretical perspectives in the field of social psychology since the early writings of Blau (1964), Emerson (1962), and Homans (1961). The exchange of activity between two or more individuals is where the object of exchange could be rewarding or costly, tangible or intangible (Homans, 1958). The costs could be identified as the alternate activities or opportunities foregone by the individual. The SET is used to explain how groups such as employees behave based on three fundamentals exchange concepts: rewards, costs, and resources (Homans, 1958). The tenets of rewards and costs were extracted from behavioral psychology, and the idea of resources came from economics (Homans, 1958). In this theory, Homans (1958) focused on the human components that affect decisions in relationships and the nature of those relationships. Individuals apply a cost and reward system to determine the nature of relationships (Homans, 1958).

In the process of framing the theory of SET, Homans (1958) carved out five propositions: the success proposition, the stimulus proposition, the value proposition, the deprivation-satiation proposition, and the frustration-aggression proposition. In the success proposition, an individual will likely repeat an action when rewarded for that particular action (Homans, 1958). In the stimulus proposition, an individual often responds to a specific incentive that has resulted in a reward in the past (Homans, 1958).

In the value proposition, a behavior is predictive when the individual relies on the result of a behavioral action that is considered valuable to the individual (Homans, 1958). In the deprivation-satiation proposition, an individual devalues a unit of reward recently received in the past (Homans, 1958). If an individual has received the same reward several times, the value of that reward will diminish (Homans, 1958). In the fifth proposition, Homans (1958) discussed when emotions occur due to different reward situations. Homans (1958) stipulated that those who receive more than they expect or do not receive anticipated punishment will be happy and will behave approvingly. Sabatelli and Sheehan (1993) added to the Homans' concept of proposition concerning the core assumptions about the nature of individuals and relationships that are entrenched in the SET framework.

The foundation of SET rests on several core assumptions regarding human nature and the nature of relationships (Sabatelli & Sheehan, 1993). The core assumptions relating to the nature of individuals are: (a) individuals prefer rewards to punishment; (b) individuals prefer maximizing profits for themselves while minimizing costs; (c) individuals think rationally and evaluate rewards and costs, considering alternatives before acting; and (d) individuals have different evaluation standards when considering reward and cost (Sabatelli & Sheehan, 1993).

In the initial assumption, when exchanges occur successfully, the involved individuals experience an emotional uplift, and when exchanges do not occur successfully, they experience emotional "downs" (Lawler & Yoon, 1998). Sabatelli and Sheehan (1993) noted that slight everyday feelings are intertwined with exchange.

Positive emotions include excitement, pleasure, pride, and gratitude, while negative emotions include sadness, shame, and anger (Sabatelli & Sheehan, 1993). In the second assumption, Sabatelli and Sheehan described the norms of reciprocity, justice, and fairness as the key regulators of the social exchange. The norm of reciprocity is a cultural norm in most societies that maintains the importance and correctness of returning a favor (Sabatelli & Sheehan, 1993). The individuals in competition for rewards will not necessarily compete, if given reward (Sabatelli & Sheehan, 1993). Distributive justice refers to an individual's perception of the reward structure and the person's rightful portion of it (Sabatelli & Sheehan, 1993). An advantaged employee could feel offended because their rewards for behavior are smaller. In the third core assumption, the significant stabilizing outcomes of the initial experiences of individuals within relationships are commitment and trust (Sabatelli & Sheehan, 1993). The persistence and extension of social exchange are based on personal trust, unlike economic transactions that rely on impersonal markets and legal regulations (Sabatelli & Sheehan, 1993).

In SET, trust is important in situations that involve transactional buyer-seller relationships. Trust is a psychological state consisting of the intention to accept openness based upon positive expectations of the intentions or behavior of another (Sabatelli & Sheehan, 1993). In the fourth core assumption, the complementary stages of attraction and dependence could result in the stability of relationships over time (Sabatelli & Sheehan, 1993). Social exchange relationships involve negotiations that result in each partner experiencing levels of attraction to and dependence on the relationship (Sabatelli & Sheehan, 1993). Unlike economic exchange, this connection created by reciprocal

benefits of extrinsic character is the principal output rather than a side effect of social exchange (Blau, 1964). Homans formed the basis for his theoretical consideration of other important sociological concepts such as distributive justice, balance, status, leadership, authority, power, and solidarity (Sabatelli & Sheehan, 1993).

Homans' (1958) SET, despite its prominence in management, sociology, and social psychology, has its critics. The criticisms of SET noted by Cropanzano, Anthony, Daniels, and Hall (2017) are that SET has limited utility because of its lack of enough theoretical accuracy. Researchers who apply SET are very limited in their ability to make useful predictions regarding workplace behavior. Another criticism is that both parties involved must respect certain conditions of relation formation that evolve over time, such as trust, loyalty, and mutual commitment. The employees' moral disengagement could be the result of the threat from job insecurity, which is even stronger among employees who are affected by higher levels of organizational leaders' support (Probst, Petitta, Barbaranelli, & Austin, 2020). Finally, the process of abstracting social exchange within a two-dimensional compartment, while giving equal consideration to both value and activity, creates new opportunities for future research (Cropanzano et al., 2017).

The SET is appropriate in explaining employee behavior in that employees act because of their insight into the reward that may result from such behavior (Homans, 1958). The rewards and costs might determine employees' behavior in an organization and confirm that the SET plays a critical part in underlying individuals' behavior (Cropanzano & Mitchell, 2005). SET could be used to explain how social interaction and trust, moderated by an organization's background dynamics, may predict employees'

behavior (Cropanzano & Mitchell, 2005). The SET is used to explain why employees' behaviors in an organization are different based on rewards and costs (Cropanzano & Mitchell, 2005). In SET, the significant component to explaining why perceived justice affects behaviors such as task performance and organizational citizenship behavior is the felt obligation after being justly treated (Roch et al., 2019). The SET stems from the economic exchange theory. Unlike economic exchange, LMX, TMX, the THC, SCT, and OST, SET involves inexplicit social costs and benefits (Cropanzano & Mitchell, 2005).

After the introduction of SET by Homans, many theorists have expanded the SET concepts by applying a specific context such as interpersonal relationships. The following discussion provides some examples of how SET has grown. The SET relates to power when power is based on one person's ability to meet the needs of another person by managing the other person through the disbursement of rewards (Emerson, 1962). The power can also involve negative actions by either withholding some reward until an action is taken or by punishment (Blau, 1964). The social structure originates from social exchanges, but it is also a restraint to those exchanges (Cook & Whitmeyer, 1992). The social structure is a network of social-exchange relationships in which the persons involved interchange rewards and costs, address unfairness, and often work toward distributive justice (Cook & Whitmeyer, 1992).

The SET does not ensure rewarding outcomes as no certain norms and agreements exist to direct this interaction (Mehta, 2016). George (2015) showed a positive relation between a social-exchange mindset and employee intrinsic motivation. Trust is defined as employees' trust in their organizations, supervisors, and colleagues (George, 2015). Trust

is a multifaceted concept that includes trust among partners and among teams (George, 2015). In the research study, I defined trust as employees' trust in their organizations, which is an important component of maintaining social-exchange relationships.

The SET is applied to evaluate how nurses' relationships at work affect their turnover intentions (Mun, Leong, & Crossman, 2015). Mun et al.'s (2015) goal was to examine the effects of workplace relationships (perceived organizational support, supervisor-nurse relationships, and teamwork) on the engagement, well-being, organizational commitment, and turnover intentions of nurses working in Australian and U.S. hospitals. The SET was more effective in predicting the correlations between variables for nurses in Australia and the United States, except for the effect of teamwork on organizational commitment and turnover, and the influence of engagement on turnover (Mun et al., 2015). In contrast, the supervisor-subordinate relationships were significant for the U.S. employees in predicting turnover. The nurses' well-being should be important in a health care managers' decision-making process (Mun et al., 2015). This supervisor-subordinate relationship may worsen because of the increasingly aging population of nurses. Hence, leaders in a health care system are more likely to benefit from the positive behavior of their employees in exchange for the supportive environment they created. Drawing on SET, the employees' turnover intentions could indicate how thoughtful work environment moderates the positive relationship between turnover intentions and subordinates' unethical behavior (Lui, Zhu, & Wei, 2019). Health care organizational leaders could consider providing a favorable workplace by evaluating how

organizational tenure, career satisfaction, and perceived organizational support are critical to retaining and recruiting bedside nurses.

Gaudencio, Coelho, and Ribeiro (2017) employed SET by using structural equation modeling design based on survey data obtained from 315 Portuguese participants to show how organizational corporate social responsibility (CSR) can influence workers' attitudes and behaviors, especially in terms of affective commitment (AC), job satisfaction, and turnover intention (TI). Gaudencio et al. (2017) further examined the mediating role of organizational trust when exploring the social exchange process that may motivate this relationship. Managers should implement CSR practices because these can contribute to fostering organizational trust, improving workers' AC and job satisfaction, and reducing turnover intention (Gaudencio et al., 2017). The concept of collectivism positively affects employees' perceptions of CSR on work engagement (Jia, Yan, Liu, & Huang, 2019). Practitioners of SET assume that individuals' social interactions are driven by rational self-interest and that individuals will only enter and remain in exchange relationships if their costs in such relationships do not outweigh their benefits (Gaudencio et al., 2017). These findings are important for managers because by knowing the sensitivity of their staff to CSR issues, the managers could, through changes in their orientation, satisfy and motivate their employees. Gaudencio et al. (2017) suggested that when an organization implements policies that encourage CSR, the workers' AC would be encouraged, thereby increasing job satisfaction and reducing turnover intention. Organizations could gain many business

benefits and, if these measures have costs, they could objectively consider them as an investment (Gaudencio et al., 2017).

SET is an appropriate framework for understanding the phenomena associated with environmental development (Li, Kim, Lee, & Griffin, 2016). A model of Chinese residents' evaluation of government developmental activities was developed and tested based on identity theory and SET (Li et al., 2016). The authors' hypotheses were that perceived benefits and environmental identity influence residents' satisfaction with the government. The data was collected from 474 residents of four cities in China. The findings indicated that environmental identity, along with perceived economic and environmental benefits, affect residents' satisfaction with the government (Li et al., 2016). The significant moderating role of environmental identity suggests differential effects of perceived benefits on satisfaction observed based on the level of environmental identity (Li et al., 2016). By integrating social exchange theories, human resource practices such as favoritism and nepotism in organizations have direct negative affect on employees' attitudinal and behavioral responses (Hudson, González-Gómez, & Claasen, 2019). Based on the SET, a person is likely to remain in a relationship when the benefits of being in the relationship are perceived as outweighing the costs. In applying the theory to environmental development, residents may cognitively weigh the positive and negative outcomes associated with development, and their attitude will be positive if the benefits outweigh the costs (Li et al., 2016).

Mentoring is essential to facilitate employee development and socialization (Naim & Lenkla, 2016). India was chosen because it is among the youngest countries of

the world with a population that consisted of 425 million Gen Y people, accounting for roughly one-third of its entire population, and nearly 25.47% of world's Gen Y population (Naim & Lenkla, 2016). A conceptual framework describing possible relationships through testable propositions was proposed (Naim & Lenkla, 2016). The human resource development (HRD) scholars and practitioners could apply these propositions to emphasize the role of mentoring in fostering cognitive, affective, and social aspects of Gen Y employees' engagement (Naim & Lenkla, 2016). In a mentoring program, a nurse is more effective as mentor by gaining better learning experience from other mentors (Rupšienė & Paulikienė, 2016).

A relationship exists between knowledge sharing, competency development, AC, and Gen Y employees' intention to stay (Naim & Lenkla, 2016). When applying SET, the authors suggested an approach using a generation-specific retention strategy. The knowledge sharing in the organization has a great potential to foster competency development and generate a sense of AC and intention to stay among employees of Gen Y (Naim & Lenkla, 2016). The practical implications are that organizational leaders should focus on knowledge sharing to enhance absorptive capacity, which fosters competency development (Naim & Lenkla, 2016). The agreeable silence and defensive behavior of an employee could have a positive and significant relationship with the intention to leave the organization (Louencia Kartar Singh, Ahmad, & Sarjit Singh, 2020). Human resource managers should develop policies and procedures to improve the retention of employees where employees can express their views openly, offer ideas, and give suggestions (Louencia Kartar Singh et al., 2020). Organizational leaders should

invest in competency development of Gen Y employees to equip them with latest employability skills as part of their retention strategies (Naim & Lenkla, 2016). A culture of knowledge sharing is essential in facilitating organization learning and development (Naim & Lenkla, 2016).

The association that exists between a company and its employees could be described as an exchange when the organizational leaders extend to employees their support and behavior in exchange for employees' hard work (Homans, 1958). Guo, Xiong, Zhang, Tao, and Deng (2020) applied the SET to identify important and affirmative relationship between the effects of supervisor developmental feedback on employee loyalty. Developmental feedback from a supervisor may incline an employee to place more trust in the supervisor. The employee confirms the social exchange by responding with a positive attitude, such as a willingness to spend additional time on work projects, or to be more proactive in assisting the supervisor to complete tasks to the organization (Guo et al., 2020). Organizational leaders display high interactional justice by providing developmental feedback to their employees that positively affects employees' trust (Guo et al., 2020). In this circumstance, the employee believes that he or she is treated with respect, courtesy, and integrity during communication with his or her supervisor. Guo et al. concluded that under this circumstance, the employee is willing to trust the supervisor.

Leader-Member Exchange

An important theory to build a relationship between management and employees is the Leader-Member Exchange (LMX) theory. LMX is a process of establishing

differential relationships between leaders and their subordinates through reciprocal exchanges that include role expectations, rewards, and resources over time (Storsletten & Jakobsen, 2015). The association between job satisfaction and organizational commitment is explained in the concept of the LMX (Megheirkouni, 2017). Megheirkouni speculated that positive LMX could indicate positive relationship between job satisfaction, job performance, and organizational commitment.

The quality of LMX could be determined by evaluating different organizational outcomes that consist of commitment, stress, performance, and turnover intentions (Biggs, Swailes, & Baker, 2016). In a study involving 157 health care employees, Biggs et al. (2016) noted how employees' performance and turnover intentions improve with a positive relationship among employees and their supervisors. The low LMX among employees, supervisor, and organization positively correlated with job satisfaction and social relations (Biggs et al., 2016).

Some scholars used the leadership motivated excellence theory (LMX-T) to explain the process in which a leader and a team member exchange role in managing and retaining the millennial generation (Graen & Schiemann, 2013). Given these associations, it is likely that LMX would positively influence employees' reactions to change. In examining new theory on development of new millennial culture, the finding indicated that the employees born after 1980 are rejecting job offers from firms with cultures that intended for 20th century workers (Graen & Grace, 2015). A theory about the development of an emerging millennial culture was based on positive industrial and organizational psychology (Graen & Grace, 2015). The authors suggested that the

presence of innovation design groups could develop workplaces compatible with the emergent culture. The quality of the supervisor-employee relationship is evaluated by employees' degree of engagement and feelings about safety, compared to the quality of organizational support (Trincherro, Farr-Wharton, & Brunetto, 2019).

Differences exist across American and Chinese cultures within the hospitality industry regarding the effects of LMX on employee's voice and job satisfaction (Kim, Choi, Knutson, & Borchgrevink, 2017). Global hospitality firms would benefit from this study by developing and effectively implementing management strategies, which may affect the employees' intention to remain with an organization (Kim, Choi, et al., 2017). The LMX theory consists of developing distinct relationships among leaders and their employees through reciprocal exchanges that may result in self-motivated relationships (Kim, Han, Son, & Yun, 2017). These reciprocal exchanges may include role expectations, rewards, and resources over time. Several organizational outcomes including commitment, stress, performance, and turnover intentions linked to LMX theory (Kim, Han, et al., 2017).

Providing more attractive benefits, such as sign-on bonus and supervisor support will stimulate employees' commitment by giving employees autonomy, and particularly, allowing them to participate in the decision-making process (Rosen & Olbrecht, 2020). LMX and SET are similar because in both theories, employees establish working relationships with their employer to get maximum benefits (Blau, 1964). The implementation of LMX, despite its effective leadership style, could result in direct conflict between two groups. The senior leaders implementing an LMX leadership style

could unknowingly create in-group and out-group members that may lead to the out-group only respecting the leader's positional authority. Disagreement, conflict, and loss of production are unavoidable if the leader does not use a leadership-making style with all employees (Garg & Dhar, 2016). I chose the SET because in SET, employees show more willingness to socially share knowledge and establish satisfactory coworker relationships. In application of SET, leaders do not ensure rewarding outcomes as no certain norms and agreements exist to direct this interaction (Mehta, 2016).

Team-Member Exchange

The relationship between TMX and LMX is based on the premises that TMX reflects on exchange, reciprocity, and each party's contribution in terms of resources (Farmer, Dyne, & Kamdar, 2015). Farmer et al. (2015) noted that in reinforcing both their individual role and group identity noted in LMX, individuals collect their role-specific reciprocal exchanges across members of the group. A low-quality TMX indicates less effort, cooperation, and rewards while a high-quality TMX typifies cooperation, collaboration, and higher social rewards. TMX is associated to several work results including job satisfaction, performance (Farmer et al., 2015), work attitudes, and organizational commitment (Mathieu, Fabi, Lacoursière, & Raymond, 2016). TMX and SET initiated to improve organizational performance through the implementation of employees' benefits processes or programs. I preferred the SET to THC as a conceptual framework for this study because TMX includes a dependency model relating to the importance of TMX in employee reactions to continuous change, which was not the goal of this research.

Individuals who show increased involvement, risk-taking, and extra-role behaviors at work represent high-quality relationships' characteristics (Ohemeng, Obuobia-Darko, & Amoako-Asiedu, 2020). In examining work group contextual factors such as TMX, coworker support, and psychological collectivism, employees engage better, when they interact effectively with each other (Ohemeng et al., 2020). The interactions with coworkers can drive an individual's behavioral efforts to bring about innovation and change (Ohemeng et al., 2020). The individuals who belong in such teams engage in open communication, free information exchange, feedback, and behaviors that are exchangeable (Farmer et al., 2015). Health care organizations are looking at the importance of engagement and teamwork to improve safety due to increased emphasis on patient safety (Lee & Varon, 2020). Outcomes such as commitment, cynicism, and voluntary turnover intentions are significantly influenced by these behaviors when organizations experience change (Farmer et al., 2015).

The influence of subordinates' conflict behaviors on teams' TMX and engagement are evaluated using a follower-centric approach. The result indicated that while improving TMX quality, employees' problem-solving conflict behaviors positively linked with team leaders' behaviors (Awo & Ayoko, 2017). Team members speculate on how employees might affect their leaders' style, practices, and quality of worker interactions (Awo & Ayoko, 2017). The lack of an engaged workforce could result in a higher rate of medical errors, ineffective communication skills, and the ineptness to support colleagues in critical situations (Girdwichai & Sriviboon, 2020). Leaders in organizations often find themselves struggling with negative employee reactions such as

stress, distrust, and turnover during implementation of change (Mehta, 2016). LMX and TMX are among the social exchange theories that are critical in managing such change-related outcomes (Biggs et al., 2016).

Theory of Human Capital

Another important concept that may influence why employees leave their job is Becker's (1964) THC. Improvement of employees' skill is proportional to wage increases, which affects the marginal product of labor and worker productivity (Becker, 1964). Such skills enhancement can come from learning new skills or improving existing ones on the job (Teodoro & Switzer, 2016). Employees given firm-specific training receive lower wages during the training period and receive much higher income after the training, attaining income higher than that in alternative employment (Yu-Chen, 2015). Becker asserted that, other things being equal, the rate of return on education is higher for employees who driven to succeed. Because investment depends on the rate of return, one finds more investment in human capital by individuals with higher ability. Although, a broad assumption that human capital has positive effects on a firm's performance, I preferred the SET to THC as a conceptual framework for this study because the notion of performance for human capital, being humanely oriented, considered education the most important value than an independent cultural one, and the individual's value was regarded from the point of view of capitalization of knowledge.

The THC is a process that consists of education, training, and other professional initiatives for increasing the levels of knowledge, skills, abilities, values, and social assets of employees (Khan, Humayun, & Sajjad, 2015). These professional initiatives could

lead to increasing satisfaction and performance of the employees, and eventually increasing firm performance. Firms respond to changes by implementing the human capital concept to improve their competitive advantage and obtain higher performance (Khan et al., 2015). Human capital development becomes a part of an overall effort to achieve cost-effective increases in firm performance. Organizational leaders in organizations need to understand how investments in human capital could improve performance and enhance satisfaction of employee (Medrano, 2016). Human capital theory does not indicate how education enhances productivity, or why the inequality in salaries or the role of status exist (Marginson, 2017).

Social Cognitive Theory

In describing the SCT, Bandura (1977) highlighted double-control systems in the self-regulation of motivation, such as proactive discrepancy production system that works with a reactive discrepancy reduction system. I preferred the SET to SCT as a conceptual framework for this study because employees are motivated by the anticipation of goals, not just the reflection of underperformances. A SCT is a framework through which an organizational leader can investigate employees' evaluative processes within the context of managerial power (Hasking & Rose, 2016). Individuals capable of forethought, self-regulation, self-reflection, vicarious experiencing, and symbolizing, can freely choose behaviors according to expectations of future outcomes and possibilities (Rodwell & Gulyas, 2015). Activity is not only about self-interest, but also about learning and using social influences to modify behavior in response to what is experienced (Hasking & Rose, 2016). Individuals cognitively and affectively evaluate their experiences from the

perspective of their own general welfare by connecting work events to their emotions, values, and desired outcomes, as well as to their future intentions and behaviors (Xu & Payne, 2018). SCT research indicates empirically that the effect of environmental antecedents and consequences mediated by cognitive variables (Bandura, 1977).

Organizational Support Theory

Researchers use the OST to explain the process in which employees develop a general perception that their business leaders value their contributions and care about their well-being, and the employees then reciprocate to that support through attitudes and behaviors that are beneficial to the organization (Ogbonnaya, Tillman, & Gonzalez, 2018). SET and OST are similar in producing responses to organizational support by explaining the differential ways social exchange and self-enhancement operate regarding positive organizational support (Ogbonnaya et al., 2018). I preferred the SET to OST as a conceptual framework for this study because employees seek for organizational support in exchange for opportunities to learn and grow in their job. OST indicates that perceptions of positive organizational support occur when an employee believes that his or her organization leader values and cares about his or her contribution; consequently, the employee will reciprocate with positive attitudinal and behavioral responses (Caesens, Stinglhamber, & Ohana, 2016). In social exchange, the relationship between positive organizational support and these responses is described as where employees reciprocate organizational support with organizational commitment (Russell, 2017) and retention (Ishfaq & Muhammad, 2015). In addition to social exchange processes, positive attitudes and behaviors are improved by fulfilling socioemotional needs such as approval

and self-esteem (Kurtessis et al., 2015). OST is enriched by explaining the ways in which social comparisons operate about perception of organization support.

In health care organizations, the employees' relationship with their employers could play an important role in voluntary retention decisions. The LMX, TMX, THC, SCT, OST, and SET may individually or collectively be preferred when formulating strategies in retaining a talented work force. A relationship is strengthened between employees and organizational leaders when expectations in give-and-take relationships are fulfilled (Cropanzano & Mitchell, 2005). An effective communication between the organizational leaders and the employees, and the ability for involving employees in decision-making dialogue may indicate psychological safety and support for the employees (Waltz, Munoz, Weber, & Rodriguez, 2020). In the social exchange literature, certain features are important when building quality relationships. trust and dependence between employees and senior leaders are central factors to motivate each party to participate or engage in a successful and mutually beneficial exchange relationship (Mehta, 2016). The relationship between how an employee perceives support for participation from senior leaders, engagement, and turnover intent did not receive much attention in the literature. Using SET as a guiding framework, I sought to understand the possible links between senior leaders' practices and employee engagement as they related to turnover intentions.

The Impact of the Bedside Nursing Shortage on Health Care Organizations

The necessity to retain newly licensed nurse increases openings and administrative costs, which affect the nursing shortage (Ackerson & Stiles, 2018). The

percentage of unfilled nursing positions increased to 8.5% in 2015, a 1.3% increase from 2014 (NSI Nursing Solutions, 2016). Approximately 19.3% of hospitals in the United States reported a RN vacancy rate of “less than 5%” while 31.8% reported a vacancy rate exceeding 10% (NSI Nursing Solutions, 2020). The start of a severe shortage of nurses is predominant all over the world and will adversely affect health care systems (Kumari, 2015). Nurses are the *backbone* of any health care system, and their workload is multidimensional and very complex. The nursing shortage is a limited availability of skilled and qualified RNs who are available and willing to do the work (Shammika & Alwis, 2015). The shortage of nurses occurs when the number of nurses is not enough to provide a high quality of care (Shammika & Alwis, 2015).

RNs at the bedside have the responsibility completely manage the care of patients. These nurses play an informal leadership role without given that position. Employees that have strong commitment to their senior leaders are comfortable and display awareness of the organization’s vision, dedication, and loyalty (Moyimane, Matlala, & Kekana, 2017). A diverse bedside nursing team that consists of different genders, races, and ages may face challenges in achieving excellent performance. Health care organizational leaders should be ready to address issues resulting from their workforce consisting of people of different backgrounds (Peng et al., 2016). Consequently, in displaying their value about the company’s vision, passion, dedication, and loyalty, senior leaders can affect the bedside nurses’ motivation and intention to remain with the organization. Health care organizational leaders with a strong foundation and framework could have better comprehension of the diverse opinions of their employees (Peng et al., 2016).

A contributing factor to the nursing shortage is how nursing shift patterns have changed over the years (Aveyard, 2016). Hospital management often forces alternative shift patterns upon nurses. These shift pattern changes are the source of nursing shortages, rising health costs, and subsequent funding cutbacks (Aveyard, 2016). Health care organizational leaders implement 12-hour shifts as the standard shift length for bedside nurses. In a study of the effect of the 12-hour shifts, Aveyard (2016) reviewed the relevant literature and noted positive results that could increase patient care such as, improved nurse-patient-family relationships, work-life balance, reduced sick leave, and increased job satisfaction. The benefits outweigh the adverse effects because the concept of 12-hour shifts could improve staff retention and recruitment, increase nurses' knowledge about their patients, and improve the quality of patient handover (Aveyard, 2016). Nurses who are scheduled for 12 hours or more have fewer opportunities for educational training which could negatively affect patients' safety (Dall'Ora et al., 2020). The negative results, such as nurse fatigue and decreased staff communication, attributed to the 12-hour shift concept (Aveyard, 2016). Health care organizational leaders should implement 12-hour shifts, but only after thorough and careful consultation with the nurses and patients.

The concurrent trend of increased supply caused by a rapidly growing number of educated nurses, along with the slowing demand for new nurses, temporarily minimized the shortage of nurses (Shammika & Alwis, 2015). Health care organizational leaders hiring a small number of new graduates despite having a shortage of experienced nurses could affect the shortage of nurses. Although, no single factor contributing to the

shortage of nurses, the lack of bedside nurses has the most significant effect on nursing shortages (Shammika & Alwis, 2015). An essential element for minimizing shortage of nurses is by organizing the delivery of health care through the nursing practice of shared governance that consists of structure and context, and an environment that will support and empower nursing practice (Carr, 2015). Organizational leaders implement shared governance to encourage creativity, promote interpersonal relationships, increase ownership, and provide a sense of worth (Carr, 2015). A notable gap exists in the literature to determine what a bedside nurse experiences when practicing in a shared governance (SG) environment. Shared governance is an approach that organizational leaders use to improve satisfaction of nurses by bringing nurses into decision-making processes (Gordon, McKay, Marchildon, Bhatia, & Shaw, 2020). An SG model within an institution is a tool organizational leader uses to encourage creativity and interpersonal relationships among the personnel, foster ownership, and promote a sense of worth among hospital employees (Gordon et al., 2020). In this study, I explored how the actual experiences of bedside nurses working in an SG environment affect their intention to remain with their organization.

Nursing quality in health care system and nursing management of human resources could be a result of suitable staffing of nurses (Shen et al., 2020). The nurse staffing is evaluated by calculating the average number of patients assigned to a nurse (Shen et al., 2020). The Kruskal-Wallis test was used to associate the average number of patients' ratios as compared to the number of nurses during any shift in the hospital. Health care systems in China are characterized by regional and departmental patterns in

the staffing of nurses. Adequate nursing staffing and realistic nursing workloads, as well as restructuring responsibilities so nurses could finish essential care activities may improve patient care (Thomas-Hawkins, 2020). Shen et al. (2020) advised the need to create standards for the staffing of nurses during different periods and in different departments. The creation of these standards would help health care system leaders to carry out rational allocation of nursing resource, enhance efficiency, improve nursing quality, and maintain patient safety (Shen et al., 2020).

The Impact of Organizational Culture on Nursing Retention

Organizational culture is a collection of assumptions that a group learns to resolve its problems of external change and internal integration (Schein, 1985). Culture is the character of an organization that restrains and directs behavior (Schein, 1985). Senior leaders could alter culture, but culture also affects and even defines leadership in organizations (Schein, 1985). Organizational culture is a collection of systems, such as assumptions, beliefs, and shared values that employees accept as their common denominators (Gomez, Balkin, & Treviño, 2015). These collectively shared concepts can shed light on how employees are committed and loyal to their organization. The culture of an organization refers to the unique configuration of norms, values, beliefs, and ways of behaving that characterize the way groups and individuals combine to get things done (Gomez et al., 2015). Culture could represent a pattern of basic assumptions that a group invents, discovers, or develops to cope with the problems of external adaptation and internal integration (Gomez et al., 2015).

The effect of culture on the retention of nurses could be evaluated by focusing on the implementation of knowledge policies and the need to improve work with the help of knowledge and better understanding in the organization (Moafimadani, Kazempour, Khalkhali, & Rahimaghaee, 2020). Individual, contextual, and organizational factors may hinder the realization of nurses' organizational learning management in hospitals (Moafimadani et al., 2020). The issues of bullying culture exist in health care organizations (Millis, 2020). Organizational leaders can enhance culture with strong leadership by breaking down the hierarchical structure in health care organization, increased resources, and vigorous reporting systems. Through effective communication and stimulated conversations, nurses are encouraged to reflect on the way they treat others (Millis, 2020). A comfortable, positive, and productive work environment that will in turn improve patient care could be created by organizational leaders by caring for the employees (Millis, 2020).

The association between organizational culture and its impact on nurses' intention to stay or not to stay with an organization depends on identifying the roles leadership plays in encouraging and sustaining ethical behaviors that will align with a healthy organizational culture (Clements, Kinman, Leggetter, Teoh, & Guppy, 2016). An organization's performance depends on the corporate culture and the effect of technology (Clements et al., 2016). Creating improved retention in the nursing workforce could be achieved by forming a culture of supportive work environment (Behera, Behera, & Prutipinyo, 2020). An organization's business success is parallel to the organization

placing a high priority to learning, encouraging inclusive decision-making, and having a propensity to take risk (Clements et al., 2016).

Through recognition and adaptation of the principles of social responsibility, health care organizational leader may achieve a lasting competitive advantage in the retention of nurses (Rodwell & Ellershaw, 2016). The senior leaders of health care organizations should not ignore the need to care for the working environment and for properly treating their workers. Employees' perceptions of fair and equal treatment from an employer will result in positive work behaviors (Sohal, 2020). The culture of an organization, particularly in a health care organization, involves effectively managing cultural diversity (Carlton, 2015). Organizational senior leaders have included workforce diversity management as one of the responsibilities of the human resources in firms (Mitchell & Boyle, 2015). When these strategies are properly executed to encourage cultural diversity, the organizational leaders gain improved financial benefits, improved competitive advantage, improved performance in business, increased employee satisfaction and commitment, reinforced relationships with multicultural communities, and employing and retaining the best talents (Mitchell & Boyle, 2015).

Reflexibility is a process that involves the concept of diversity in organizations (Bouten-Pinto, 2016). The concept of reflexivity is a consideration of assumptions about identities, roles, perspectives, language, and co-operation among managers and employees that need exploration and redefinition in ways that matter to the employees in the workplace (Bouten-Pinto, 2016). Through this concept, Bouten-Pinto provided insights and examples from a practitioner's perspective while engaged in designing and

implementing a managing diversity initiative. The reflexivity concept indicates positioning the development of relationships between managers and employees as a key ingredient in managing diversity (Bouten-Pinto, 2016). Both managers and employees through reflexivity could critically examine the conventional ways in which they understand diversity and its differences (Bouten-Pinto, 2016). The male nurses experience difficulties related to working in a female-dominated profession and appropriate actions should be taken to improve the professionalization of nursing and promote gender diversity and equity (Zhang & Tu, 2020).

Cultural differences in Western and non-Western organizations are used to explain the various approaches to motivating and training employees (Armstrong-Stassen et al., 2015). A model recommended necessary for implementing a change in an organization's corporate culture is the DARPA Hard Test (Carlton, 2015). According to Carlton, senior leaders could effectively affect the organization's corporate culture by:

- Recommending that organizational leaders should allow employees to present their viewpoints through group discussions. Lower level employees should communicate their views upwards.
- Encouraging a long-term mindset among employees or project teams. The author suggested that group members asked to evaluate the visionary aspect of the project by considering long-term implementations.
- Asking employees to assume ownership of the project by being encouraged to feel a sense of belonging and connection.

- Establishing that senior leaders should put in place a common language and a simple visual that will flawlessly communicate the relationship between the strategic business goals and their impact on the future of the organization.

In an organization, cultural differences can positively be an avenue of creativity and expanded perspectives, or negatively be the cause of difficulties and miscommunication. The comprehension of different opinions when managing a culturally diverse nursing team, and senior leaders should be culturally thoughtful, and encourage originality and motivation through flexible leadership (Carlton, 2015). Finally, senior leaders in a cross-cultural organization could be successful by exemplifying respect, effective communication, outstanding leadership, and reconciliation (Carlton, 2015). The organizational culture that is identified by positive behavior of patients and employees could indicate improved employee retention, advanced quality of care, encouraged healthy outcomes, and decreased medical error (Kowalski, 2020). A committed employee is the one who shares the same value, is dedicated to stays with the organization during the fortunate and unfortunate time and is ready to help accomplish the organizational goal. Organizational leaders who institute an operational precepting culture effectively retain newly employed nurses (Kowalski, 2020). This type of corporate culture could transform into improved confidence among the new nurses, better quality patient care, and increased nurses' retention. Effective preceptors are critical to any organization despite its differences to coaching and mentoring.

Retention of Nurses

Employee retention is the ability to retain employees. Employee turnover affects the economy, the community, and the profitability of an organization (Herath, Yim, D'Arcy, Nam, & Rao, 2018). Researchers have investigated employee retention and turnover in the health care environment, with a focus on ethnic background, professional and organizational commitment, job satisfaction, job stress, motivation, and employee behavior (Brannan, 2015). The intentions of a group of nurses to stay in the nursing profession do not show commitment to stay with an organization (Sawatzky, Enns, & Legare (2015). The key predictors of retaining experienced critical-care nurses are effective collaboration among the physicians and nurses, encouraging professional practice, and nurses' control, responsibility, and autonomy (Sawatzky et al., 2015).

The employee retention can be described as various policies and practices that let the employees remain with an organization for a longer period (Ramya, Ramya, & Farmanulla, 2016). Organizational leaders provide an orientation process for new employees that will familiarize them with the existing workforce. The organization is entirely at a loss when the employees leave their job after training (Robson & Robson, 2016). Senior leaders in health care organizations are considering various measures so that nurses will remain with the company if possible. Retention of bedside nurses is becoming a major concern for health care organizations. After undergoing training, the bedside nurse may want to move to another organization in search of better opportunities. One way to combat this is for the senior leaders at health care organizations to provide

strategies that will ensure growth, learning, and longer job retention for all nurses in their current assignments.

Dissatisfied nurses are most inclined to leave the profession, but nurses who stay with the organization longer are more satisfied and more committed than younger colleagues (Gould-Williams, 2016). The perception of supervisors' support and innovative opportunities are critical strategies to encourage retention of all types of nurses (Gould-Williams, 2016). Organizational factors such as work environment, culture, commitment, work demands, and social support are the reasons these older nurses leave or stay with an organization (Goodare, 2017). Goodare recommended access to information, resources, support, and opportunities to develop, and nurse empowerment as retention strategies. In the United States, Shimp (2017) noted that 40% of the nursing workforce, between 500,000 and 600,000 RNs, were over the age of 50.

Organizations could retain more satisfied and committed younger nurses when job satisfaction correlated with invigorated organizational structure (Johnstone et al., 2016). Newly graduated nurses tend to exit an organization because of a deteriorating work environment, lack of support from the senior leaders, and inconsistencies in the organization's culture (Johnstone et al., 2016). Organizational leaders could use the set of values, beliefs, and behavior patterns that form the identity of an organization to help shape employees' behaviors (Johnstone et al., 2016). If inconsistencies arise in an organization's culture, nurses are likely to see their organization as not able to support them in achieving their self-goals; resulting in younger nurses exiting from the organization (Johnstone et al., 2016). Organizational leaders who treat their workforces

positively could notice job satisfaction among their employees (Sohal, 2020). The senior leaders in a health care system should empower bedside nurses with skills to develop their career plans as part of retention strategies for both experienced and novice nurses. The human resources department should provide information during recruitment campaigns to enable prospective nurse applicants to make informed choices.

Retention Challenges

Leaders in organizations handle employee retention differently, depending on how retention of their employees affects the operating cost (Smit, Stanz, & Bussin, 2015), productivity (Gberevbie, 2015), organizational size, and job market (Parker & Gerbasi, 2016). Within the United States, employee turnover costs organizations over \$25 billion a year (Zulu, Chetty, & Karodia, 2017). The increases in employee turnover could have a negative effect on organizational productivity (Mooring, 2016). A rise in employee turnover and a decrease in the size of the organization indicate a significant negative impact on the organization's performance (Parker & Gerbasi, 2016). The cost to hire and train new teachers varies among school districts (Parker & Gerbasi, 2016).

High employee turnover increases retention costs and reducing retention costs is becoming a significant challenge for many organizations (Parker & Gerbasi, 2016). An increase in employee turnover could negatively affect the productivity and sustainability of the organization (Parker & Gerbasi, 2016). Additionally, depending on the demand for the products the organization produces, employee turnover could have a significant negative influence on the organization's processes. Multiple variables play a role in

retention, including work-family conflict, job satisfaction, organizational commitment, pay, and intention to leave the workplace (Lee, Back, & Chan, 2015).

Akintayo (2016) investigated the effect of emotional intelligence on the work-family role conflict and employee retention in private organizations in Nigeria. The retention challenges are critical worries for organizational leaders because employees with extensive experience stay with their employer to help keep the organization's processes flowing, and the increase in performance might have a positive influence on the organization's productivity (Akintayo, 2016). Organizational leaders face higher turnover rates because of improper retention strategies, which could lead to a decrease in performance (Shipp, Furst-Holloway, Harris, & Rosen, 2014). The human resource (HR) practices that leaders use to promote employee retention are effective in reducing employee turnover and increasing retention within an organization (Renaud, Morin, Saulquin, & Abraham, 2014). Factors such as lack of skilled workforce, economic growth, and employee turnover are reasons why HR seeks to devise policies to increase employee retention (Renaud et al., 2014).

Reasons for Turnover

Higher retention rate and decreased turnover are experienced when an employee's skills align with job requirements (Tseng & Yu, 2016). The role of job-fit among perceived organizational support and the effects of personal sacrifice were examined, and the result indicated that perceived organizational support was a predictor between personal sacrifice and turnover intention (Sengupta, Yavas, & Babakus, 2015). The high-level performers are more likely to retain their jobs, whereas low-level performers were

less likely to retain their job (Yu-Chen, 2015). Furthermore, when the job requirement does not match the employee's skills, turnover increases (Ellingson, Tews, & Dachner, 2016). A study was conducted to evaluate apparent quality-of-work-life (QWL) need among frontline employees in the lodging industry (Lee et al., 2015). They investigated the unequal relationships between QWL attributes and job satisfaction, and found that predictors of voluntary turnover included job dissatisfaction, lack of recognition, lack of communication, inadequate performance appraisals, and lack of career growth and pay. Equally, Brannan (2015) asserted that although turnover can negatively affect the organization, some of the benefits of employee turnover include hiring more trained employees and promoting high performers.

The abilities of employees relate to various job demands with regards to various psychological outcomes such as emotional exhaustion, intention to leave, affective well-being, and job satisfaction (Viotti & Converso, 2016). The nurses' thoughts on their working environment, factors contributing to nursing turnover from the perspective of nurses, and potential strategies to improve working environments and improve retention were evaluated and the conclusion indicated that burnout or exhaustion influence turnover (Mills, Chamberlain-Salaun, Harrison, Yates, & Oshea, 2016). The major contributors to employee turnover are the quality of work and work environment (Russell, 2017). The low morale, management issues, workload, and the amount of time spent on non-nursing tasks adversely affect turnover (White, Butterworth, & Wells, 2017). Inconsistency in various aspects of the work environment is an important predictor of turnover among nurses (Russell, 2017). Workplace bullying is a contributing culprit in

increasing both the organization and the nursing profession turnover (Brannan, 2015).

The distributive justice, workload, resource adequacy, supervisory/kinship support, and job satisfaction relate to why nurses leave or stay with the organization (Yang, Lv, Zhou, & Huitong, 2017).

Some issues such as pay, insufficient number of nurses, undervaluing of nurses by the public and the medical team, limited advancement opportunities, lack of autonomy, and inflexibility in scheduling might contribute to why nurses leave or change employers (Maqbali, 2015). Low pay is a factor for nurse turnover (Maqbali, 2015). Along with increasing nursing pay, the strategies to consider in decreasing turnover and increasing satisfaction include providing opportunities for nursing advancement, promoting the value of nursing, creating clinical protocols, and increased time management (Chanie, Amsalu, & Ewunetie, 2020). Turnover intention can negatively affect the life of nurses, health care organizations, and societies in general (Alhamwan, Mat, & Muala, 2015). The authors' purpose was to explore the relationship between organizational factors such as leadership, advancement opportunities, pay level, and turnover intention. Organizational factors such as leadership, advancement opportunities, and pay level were the critical factors that affect nurses' turnover intention (Alhamwan et al., 2015).

Some health care executives use health care information technology (HIT) as a retention strategy (Bhattacharya & Ramachandran, 2015). HIT applications have effects on certain dimensions of recruitment and retention of health care professionals. HIT is a retention model that incorporates application of health care information technology to retain health care employees. Health care professionals use factors such as job

satisfaction and commitment to consider their intention to stay with the organization (Bhattacharya & Ramachandran, 2015). The use of HIT about work environment and career growth influenced intention to stay (Bhattacharya & Ramachandran, 2015). The authors concluded that information technology is one of the factors that can reasonably influence job satisfaction and intention to stay. Based on the results of the study, the authors recommended the implementation of user-friendly HIT and the provision of training to improve the retention of health care workers. The use of technology may cause stress because of several challenges related to positive and negative psychological responses (Califf, Sarker, & Sarker, 2020). These responses could relate to job satisfaction and attrition, which effect turnover intention (Califf et al., 2020).

Cost of Turnover

Turnover cost and turnover rates have been the source of much anxiety for health care organizations with high employee turnover (Kerem, Guner, & Tybout, 2016). Employee turnover in the United States cost \$25 billion annually, and the cost to hire and train a new worker is more than the worker's salary (Marsden, 2016). Organizations that experience voluntary turnover incur recruitment costs, replacement costs, and training costs that negatively affect company's profit margin (Parker & Gerbasi, 2016). Employees who are dissatisfied or not committed to their jobs have a higher chance of voluntarily quitting (George, 2015). Employees who voluntarily quit their jobs contribute to retention and financial challenges (Kakushadze, 2015). Recruiting and training costs vary and can add to the total cost of an employee's yearly salary (Parker & Gerbasi, 2016). Although recruiting and retention require much time and effort, Yu and Kang

(2016) suggested recruiting and training cost more than retaining employees. Kakushadze (2015) asserted the negative effect of employee turnover felt in both its financial cost and performance issues.

Health care organizational leaders undergoing employee turnover face financial challenges due to promotion of current employees and hiring newly skilled employees (Martin, Hartman, Benson, & Catlin, 2016). Labor shortages can be a direct consequence of employee turnover and retention challenges (Ackerson & Stiles, 2018). Retaining employees has become a significant concern for organizations as turnover rates increase (Parker & Gerbasi, 2016). Employees' perceptions of the organization might contribute to their decision or intention to quit (Tomietto, Rappaglosi, & Battistelli, 2015).

Many hospitals in the US are struggling with high employee turnover rates (Collins, Collins, McKinnies, & Matthews, 2015). Collins et al. identified differences in the calculation of employee turnover rate, which results in obstacles to creating performance improvement strategies. Employee turnover costs are direct and indirect, and the former is associated with the cost of recruiting replacements, while the latter relates to declines in productivity related to the hiring of new employees (Collins et al., 2015). Health care senior leaders apply effective tracking of employee turnover rate to effectively manage their current and future retention cost (Collins et al., 2015). Health care systems could financially benefit if their leaders understand the needs of their employees, particularly, the nurses (Weninger, 2020). The major financial losses in health care organization and rise in health cost could attribute to nurses' turnover (Weninger, 2020). The implementation of retention strategies is critical in the search for

health care sustainability and a decline in nurses' turnover is reached when health care organizations provide their staffs' needs (Weninger, 2020).

Retention Strategies

Organizational leaders should create retention strategies to improve employee commitment and reduce stress to keep turnover down (Callahan, 2016). Recruiting practices and skill shortages are not effective and for organizations to grow and obtain sustainability, better strategic recruiting practices needed to deal with the challenges and changing demand for labor (Deery & Jago, 2015). Furthermore, organizational leaders might be able to implement plans and retention strategies to decrease turnover and retain valuable employees. The nurses desired a work environment in which the senior leaders respect and recognize their ability to provide optimal quality care (Mossburg, 2018).

Systematically reviewed studies on interventions indicated the need to retain experienced RNs in health care organization (Ahmad et al., 2016). The authors affirmed that mentoring, leadership interest, and in-depth orientation are components of teamwork and individually targeted strategies. These strategies could lead to higher retention results. The authors concluded that when organizational leaders apply multiple interventions, their organizations' retention rates increase. The most important perceived retention strategies are advancement opportunities, humane approach to employees, and opportunity for a challenging job (Bouckenooghe, Raja, Butt, Abbas, & Bilgrami, 2017). In their importance-performance analysis, Bouckenooghe et al. (2017) found that the largest gaps recorded in the areas of pay, advancement opportunities, and a humane approach to employees. The hourly employees' retention rate predicts employees' level of

satisfaction, employees' better experience with pay, and the effective employee development-training classes (Bouckenooghe et al., 2017). An employer may reciprocate the positive work attitudes, loyalty, and reduced turnover of employees by providing higher benefits, improved conditions of service, and enhanced respect (Dunworth, 2020).

The POS, the quality of LMX, and PCB strongly relate to job satisfaction, trust, and turnover intentions (Heidari, Seifi, & Gharebagh, 2017). Heidari et al. (2017) suggested that nursing management, nursing managers, and leaders should apply SET within their organization to build trust among nursing employees that will increase retention rate. The nursing shortages and maldistribution are priority issues for health care systems around the globe and directly proportional relationship between nurses' reported job satisfaction and their intent to stay (Heidari et al., 2017). The developing targeted retention strategies such as offering of professional development opportunities for younger nurses and those working in hospitals (Lakshman, 2015). Organizational leaders who implement retention strategies achieve long-lasting strategic business objectives through work force planning, recruitment, and selection training (Lakshman, 2015). The implementation of an incentive scheme, such as tuition reimbursement targeting nurses would enhance nurses' job satisfaction and retention in such a way that the organization grows with greater efficiency and innovation (Schuiling, Sipe, & Fullerton, 2019).

The implementation of mentorship programs is an important strategy that health care institutions employ and use to retain nurses who recently registered (Vatan & Temel, 2016). The implementation of mentorship programs indicates reduction in turnover rates,

employee turnover costs, and medical negligence percentages (Vatan & Temel, 2016). The mentorship programs are beneficial processes for mentors and recently hired RNs (Vatan & Temel, 2016). The need to recruit and retain health care employees in rural area, who faced constant and complex work environment issues such as insufficient skill set, insignificant staffing, and inadequate community support was inevitable (Rohatinsky, Cave, & Krauter, 2020). The authors created a rural-specific pilot mentorship program that included support for rural mentorships, empowering workplace transition, supporting community connections, and improving recruitment and retention in rural communities. The rural mentorship programs are successful and sustainable due to the implementation of mentorship practiced by the mentor, mentee, health organizations, and rural communities (Rohatinsky et al., 2020). The process of recruiting and retaining more rural area health care professionals result in adequate and quality health services and eventual positive patient outcomes (Rohatinsky et al., 2020). The cost effect of recruiting and training incoming nurses exceed health care organization's operating budget because of newly employed nurses voluntarily leaving their organization (Schroyer, 2020). Leaders in health care organizations should implement mentorship programs to retain and facilitate the conversion to practice for different classification of nurses, such as newly graduated nurses, older nurses coming back to the profession, and nurses who need training in a specialty department (Schroyer, 2020).

Retaining talented employees is a predicament often faced in fast-developing countries due to the highly competitive nature of their business environment (Ahmad et al., 2016). Firms have begun to consider flexible worktime as an alternative tool because

increasing financial benefits is an unsustainable strategy in employee retention (Ahmad et al., 2016). Using a qualitative approach, the researchers examined the potential effects of five types of flexible working practices such as flextime, job sharing, and flex leave, flex career, and flex place to evaluate employee retention (Ahmad et al., 2016). The need to fill an open position has become an economic burden for most organizations (Cloutier, Felusiak, Hill, & Pemberton-Jones, 2015). An employer who knows workforce diversity, quality talent, and relational growth can determine the stability of the workplace. The leadership must efficiently understand and operate within the five levels of communication: intrapersonal, interpersonal, group, organizational, and intercultural to maintain a healthy work culture for the employees (Cloutier et al., 2015). Organizational leaders use this strategy to examine the applicant and see if they will adopt the vision and fit into the organization's culture (Cloutier et al., 2015). The authors included effective selection criteria that consists of employee diversity, inclusion, integration, specific skills, certifications, and educational levels that both the employee and the senior leaders' value. The continuation of a relationship indicates the degree of communication and value attached to that relationship by the parties involved in it (Liu, Xiao, & Wang, 2020).

Health care leaders apply an important preventative conflict management approach (Dunford, Mumford, Boss, Boss, & Boss, 2020). The frontline leaders and employees are responsible for executing conflict resolution (Dunford et al., 2020). The critical expectations of integrated conflict management systems theory were evaluated using survey and personnel file data from 5,456 individuals from 2003 to 2010 (Dunford et al., 2020). The initiative consisted of conflict management interviews between

employees and supervisors and senior leader use to proactively resolve conflict and follow-up on agreements for improving their working relationships (Dunford et al., 2020). The findings indicated that employees have fewer formal grievances, more comprehension of participative department culture, and fewer turnover rates when their leaders implement conflict management (Dunford et al., 2020). To manage conflict, organizational leaders apply the conversation activities related with collaboration, communication, and social skills that will enable employees to engage in the high level of information exchange and negotiation (Kiernan, Ledwith, & Lynch, 2019).

Leadership Style and Trust to Improve Nurse Retention

Health care human resources policy and senior leadership are key factors in implementing any retention strategy that improves the retention of nurses in the health care system. The senior leaders of an organization can achieve their goal through instituting the correct leadership style to implement the appropriate strategies that are critical to the success of retaining their bedside nurses. According to Cenkci and Özçelik (2015), health care employees such as nurses who are knowledgeable regarding the organization's policies can deal with how management behaves. The employees' poor perception of the organization's goals and policies are direct results of a senior leader's poor performance and inability at managing his or her employees (Cenkci & Özçelik, 2015). Employees are likely to experience better attitudes, higher performance levels, and better health outcomes when lead by effective leaders whose paramount priority is ensuring employee retention in today's health care field (Cenkci & Özçelik, 2015). The effect of different leadership styles on nurses' intent towards turnover indicates that nurse

managers have the unpopular responsibility of ensuring that nurses perform their duties to the best of their abilities (Mooring, 2016). Retaining more nurses will include maintaining an environment conducive to maximizing nurses' potentials (Mooring, 2016). The knowledge and self-awareness of effective leadership styles would indicate opportunities for improvement and their decision-making process (Mooring, 2016).

The completion of a successful organizational change includes choosing the correct leadership that could implement the appropriate change model to overcome nurse burnout. The nursing leadership style is important tool to successfully address strategic goals and improve patient outcomes in a health care environment (Demirtas & Akdogan, 2015). The leaders could improve employee morale and support through the alignment of employees' personal growth with business objectives and outcomes (Fausing, Joensson, Lewandowski, & Bligh, 2015). Employees view leadership and power at the individual/psychological level (Zigarmi, Roberts, & Randolph, 2015). When employees feel valued for their input, they feel comfortable offering contingency theories to the leader. For example, a bedside nurse should be able to recommend to the department leader and feel comfortable that the suggestions were well received. This method is only effective if hospital administration is open to implementing change based on nurses' suggestions (Zigarmi et al., 2015). The objective is to initiate a result-driven organization with leaders who can explicate a vision and strategies, as well as followers who feel personally responsible for successfully implementing a planned change (Zigarmi et al., 2015).

An important aspect in creating retention strategies involves identifying creative leaders: creative leaders influence employees and innovation (Azanza, Moriano, Molero, & Mangin, 2015). Creative leaders work toward the development of current goals and new goals and accept change by encouraging innovation. Creative leaders encourage employees, inspire management, influence partners, attract prospects, and build relationships with stakeholders (Azanza et al., 2015). These types of leaders demonstrate the ability to act independently from the rest as a representative, leading the organization (Azanza et al., 2015). These leaders inspire workers by supporting worker ingenuity through developing trust and respect with workers. The qualities of openness and agreeableness are two characteristics of creative leaders (Donohue-Porter, 2014). Openness influences imaginative and curious thinking, influencing employee creativity (Donohue-Porter, 2014). Employees who trust their leader's ingenuity feel comfortable taking risks, increase their trust with management, and improve their innovation and creativity skills (Donohue-Porter, 2014). When employees believe that management is supportive in employees' decision making, they increase their innovative ideas (Donohue-Porter, 2014). A major component of the executive director position includes decision-making as the face of the organization. Recruiting an executive director with effective creative leadership skills in the organization stimulates employees and inspires innovation (Donohue-Porter, 2014). A leader with creative thought on how to develop relationships with employees enhances the work environment, influences employee creativity, and could have a higher employee retention rate.

Reflective Learning

Supervisors and managers within the clinical environment can enhance the professional development of nurses with reflective learning (Bouckenooghe et al., 2017). The reflective learning is based on emotional intelligence and is used to enable individuals to analyze demanding situations, reduce emotional conflict, and develop methods to prevent issues from recurring in the future (Giacalone, Jurkiewicz, & Promislo, 2016). Reflective learning is the process triggered by an experience that involves internal examining and exploring of an issue of concern (Heckemann, Schols, & Halfens, 2015). The practical application in nursing of reflective learning is the Nursing Change Log, used to describe holistic patient care during the shift and the nurse's observations of the patient's interactions with family, attitude, and the overall condition of the patient while under their care (Heckemann et al., 2015).

Reward

The implementation of a reward system could indicate a means of improving nurse-manager relationships. The organizational characteristics that were most often associated with a positive, successful work environment included providing employees with rewards for good effort, job security, monetary gratification, and autonomy (Baker, 2016). The monetary gratification is the least successful motivator in improving employee-manager relationships (Baker, 2016). Money could be used as an incentive for motivation, but money does not sustain employees for long periods and often fails to inspire (Kloutsiniotis & Mihail, 2017). This is a concept known as extrinsic motivation. Organizational leaders use money as an extrinsic motivator when employees feel

disconnected from the organization's mission (Kloutsiniotis & Mihail, 2017). Employees are likely to lose motivation after only a few weeks when motivated solely by money (Kloutsiniotis & Mihail, 2017). Providing rewards for effort is another effective method for motivation and fostering positive perceptions of the hospital environment. An important motivator that may lead to positive perceptions of the work environment is the reward of efforts (Lardner, 2015). Hospital employees, specifically nurses who feel like they get appreciation for their arduous work and effort, are more likely to stay with the organization (Lardner, 2015). Examples of rewards are salary and respect, in other words, giving hardworking nurses a promotion (Lardner, 2015). Employees who get their supervisors' recognition and respect experience a strong sense of perceived organization support (Lardner, 2015).

Multi-generation employees prefer different total reward components for retention (Smit et al., 2015). Smit et al. (2015) further aimed to establish possible relationships between multi-generations' total reward components, perceived organizational support, and perceived supervisor support. Smit et al. applied a quantitative, cross-sectional research design to collect data from 300 employees from different industry sectors in South African organizations. The organizational leaders should focus on remuneration, performance management, and development opportunities to retain their skilled employees (Smit et al., 2015). Performance management and remuneration considered as the most important retention factors amongst multi-generation groups (Tarmidi, Putri, Agustriana, & Agustriana, 2020). Organizational leaders should design their organization's reward packages to perform specific job duties because of the differences

between total reward preferences and demographical variables such as age, gender, race, industry, and job level (Tarmidi et al., 2020)

Nursing Work-Life Model

The nurse work-life model indicates the effects of organizational practices in a nursing unit by examining nurses' lives in the workplace and evaluating their levels of burnout (Boamah & Laschinger, 2016). Many leaders in health care organizations are adopting the work-life model. Leaders and leadership strategies directly affect nurses' participation in hospitals and emergency room procedures (Kim & Windsor, 2015). Practitioners of the work-life model apply the appropriate leadership guidance to minimize nurses' stress and burnout (Kim & Windsor, 2015). The components of the nursing work-life model consist of collegial relationships, strong leadership, participation in hospital affairs, nursing care models, and adequate staffing resources (Kim & Windsor, 2015). The evaluation on how work-life balance (WLB) and retention strategies indicate the relationship between job satisfactions and organizational commitment with respect to how they can improve employee retention (Deery & Jago, 2015). The implementation of the authors' study involved incorporating organizational and industry attributes such as personal employee dimensions, work-life conflict, and organizational strategies. The earlier employee turnover research was used to reinforce the discussion of successful talent management (Deery & Jago, 2015). Managers evaluating appropriate methods for assessing the problems and development of WLB strategies within the hospitality industry would assist in providing a healthier lifestyle for employees (Deery & Jago,

2015). Senior leaders in health care systems should apply these links to help in retaining skilled bedside nurses.

Person-Environment Fit

Person-environment fit refers to the match between an individual and an organization with shared characteristics, morals, ethics, and standards (Bednarska, 2016). Although differences influence change and support innovation within an organization, ideas develop from cohesion and working through problems as a team. The person-environment fit acts as a mediating factor between organizational culture and staff turnover by focusing on developing supportive variables, including training, rewards, teamwork, and communication (Yu-Chen, 2015).

Organizational leaders developing job descriptions could focus on person-environment fit targets individuals with stated qualifications contained on a resume or profile. In person-environment fit, the goal was to build organizational relationships with employees while connecting to the strategic goal and mission of the organization in reducing voluntary turnover rates (Ismail & Gali, 2017). Voluntary turnover rates add additional costs for replacement and lack of production. The person-environment fit was evaluated and determined that work characteristics and personality traits can form a positive work environment (Ismail & Gali, 2017). The person-environment fit model aligns candidates with the group and work culture (Ismail & Gali, 2017). Ismail and Gali described an organization as a multilevel construct where one area, such as individual characteristics, affects another. The individual characteristics, differences, and concerns could influence the environment in a positive or negative way (Ismail & Gali, 2017). The

need to match the individual with a compatible group could influence group members' decisions and their commitment (Ismail & Gali, 2017). Employee satisfaction is the interaction of members in the environment affecting the outcome, or production, of an organization (Tong, Wang, & Peng, 2015). Applying the SET, Noronha, Chakraborty, and D'Cruz (2020) suggested that organizational leaders who treat their workforces positively could notice job satisfaction among their employees. Matching an individual suitable to the environment increases employee satisfaction and affects subordinates (Tong et al., 2015). Person-environment fit includes the group and organization as a match; the inclusion of employees during the interviewing process could explore the employee-environment match for the organization, particularly when the subject group is bedside nurses. An increase in job satisfaction positively affects job retention (Cheng, Mukhopadhyay, & Williams, 2020).

The conceptual framework foundation for this research is based on SET that explains why employees behave the way they do in an organization (Cropanzano & Mitchell, 2005). An unfavorable work environment may be an important reason why nurses leave their organization or profession (Heidari et al., 2017). Organizational leaders who treat their workforces positively do get return job satisfaction among their employees (Cheng et al., 2020). Retaining and recruiting bedside nurses could depend on how the nurses perceive their workplace.

Transition

In Section 1, I presented the background of the problem, the problem statement, the purpose of exploring the strategies senior health care leaders can successfully

implement to reduce bedside nurses' voluntary turnover, the research question, the interview questions, the significance of the study, the nature of the study, and a review of the professional academic literature related to the research problem. In Section 2, I describe the purpose of this study, my role as researcher, the participants, my chosen research method and design, population and sampling, ethical research, data collection instrument, data collection technique, data analysis, and reliability and validity. In section 3, I conclude the study with findings, applications to professional practice, implications for social change, recommendations for actions, recommendations for further study, a reflection on my experience, and a conclusion.

Section 2: The Project

This section contains a discussion of the research. I describe the purpose for this study, the researcher's role, the participants, the chosen research method and design, population and sampling, ethical research, data collection, reliability, and validity of the data. I conclude with a summary of the important points.

Purpose Statement

The purpose of this qualitative single case study was to explore strategies that senior health care leaders use to reduce voluntary turnover of bedside nurses. The target population comprises five senior health care leaders at a health care system located in the Southeastern United States who successfully implemented strategies to reduce bedside nurses' voluntary turnover. The implications for positive social change include the potential to promote better bedside nursing services for patients by implementing strategies to reduce voluntary turnover of bedside nurses. Reducing voluntary turnover of bedside nurses may enable patients to receive adequate bedside nursing services that could ultimately reduce the mortality rate in health care organizations.

Role of the Researcher

Berger (2015) defined a qualitative researcher as a research instrument. The degree of clarity with the researcher's role affects the credibility of the study (Berger, 2015). I was the primary research instrument in this study by enlisting qualified participants, conducting semistructured interviews, transcribing recorded interviews, collecting additional data, and analyzing findings to complete this research. My role as

the researcher in this case study was to explore the strategies that senior leaders in a health care organization have implemented to improve the retention of bedside nurses.

A qualitative researcher should clarify and explain any affiliation with the participants and research topic (Reed, McIntyre, Jackson-Bowers, & Kalucy, 2017). Having a relationship with the study topic and participants may lead to a loss of objectivity and the introduction of personal bias (Berger, 2015). Although I was an industry professional at the time of this research, I had no personal relationship with the participants, nor did I have direct knowledge of the strategies leaders employ to increase bedside nurse retention.

An important responsibility for researchers is the protection of participants' activities and identities during and after the research study (Råheim et al., 2016). Adhering to an ethical protocol during a research project is a means of protecting participants' involvement and contributions (Yakushko, Miles, Rajan, Bujko, & Thomas, 2016). The principal components of ethical research guidelines that relate to participants are respect for the participants, beneficence, and justice (National Commission for the Protection of Human Subjects and Biomedical and Behavioral Research, 1979). I continuously preserved the privacy of research participants. I provided an informed consent form to participants for their review and signature as part of the interview process.

My goal as the primary data collection instrument was to collect and transcribe responses from the participants and to ensure validity and reliability in my results. A researcher could avoid bias from predetermined concepts by setting aside personal

assumptions (Henry, 2015). Bracketing is a process in which researchers set aside their beliefs and choices regarding the subject matter (Sorsa, Kiikkala, & Åstedt-Kurki, 2015). Researchers apply bracketing to remain open to new conclusions (Sorsa et al., 2015). Through sustained in-depth reflection, I used bracketing in this research to ensure rigor by improving my understanding of the research, pursuing more thoughtful, and complex analysis and results. To mitigate bias, I gave the interview participants the opportunity to express their views on the topic while covering the targeted areas of interest with set interview questions. I did my best to provide unbiased explanations and clarifications if participants had questions about any question. In my role, I gained a deep and thorough understanding of the strategies that senior health care leaders have successfully implemented to reduce bedside nurses' turnover.

Researchers use interview protocols to ensure the collection of viable and reliable data (Yin, 2017). By using reliable interview protocols, researchers increase the quality of data they obtain during the interview process (Castillo-Montoya, 2016). During the interviews, I used an interview protocol (see Appendix) to guide the interview process and share the purpose of the study with participants, explain the process of informed consent, obtain participants' signatures on the informed consent, and follow a systematic approach when interviewing participants. Using the interview protocol enabled me to increase consistency by ensuring that I asked the same questions during each interview. The interview protocol is a useful research tool to increase the quality of data obtained during the interview process (Castillo-Montoya, 2016). Use of the interview protocol enabled me to reduce bias by asking consistent questions of all interviewees.

Participants

The eligibility criteria in selecting participants depends on the extent the participants have implemented retention strategies (Coyne, Grafton, & Reid, 2016). The degree of credibility and validity of a study is based in part on how researchers use the eligibility criteria to choose participants (Marshall & Rossman, 2016). Participants' eligibility and selection should align with the research topic (Gils, Quaquebeke, Knippenberg, Dijke, & De Cremer, 2015). The eligibility criteria for selecting participants for this study were: the participants must be working as senior leaders in a health care system located in the Southeastern United States, and the participants must have successfully implemented strategies to reduce bedside nurses' voluntary turnover within the 2 years preceding the interviews.

The success of a study depends on acquiring access to participants who meet the needs of the research (Yin, 2017). Applying carefully planned strategies to avoid unintentional rejection of research participants and awareness of ethics are skills needed to gain access to participants when using qualitative sampling (Hart-Johnson, 2017). To gain access to research participants, a researcher should inform the participants of the processes in place to protect their identity and information (Braun, Kennedy, Sadler, Lois, & Dixon, 2015). The sharing of any potential issues related to protecting research data that the researcher may anticipate is important before the signing of the consent form (Braun et al., 2015). I used a company directory and e-mail addresses to access participants. I did not use referrals from other directors of nursing, because I did not require additional participants after completing my initial recruitment via telephone and

e-mail. The selected senior leaders in this research received invitations to participate in the study via telephone and a follow-up invitation e-mail. The first stage in creating a working relationship was to obtain access to participants.

A researcher's ability to obtain significant information from participants is partially dependent on the relationship between the researcher and participants (Patton, 2015). To establish a good working relationship with the participants, I attempted to gain their trust by establishing transparency and effective communication. I presented the agreement and consent forms to the selected participants to review. In the agreement, I stipulated the nature and the goal of the project. If potential participants agreed to be part of the study, the participants signed a consent form before participating in the study. I also explained that participants would not be paid for their participation. By attempting to establish mutual trust, I aimed to sustain a good working relationship with selected participants. To start and maintain a cordial relationship, which is critical in completing a research project, a researcher should thoroughly and accurately explain the project (Høyland, Hollund, & Olsen, 2015). A researcher could establish a cordial relationship with the research participant with a preinterview conversation to form empathic ties (Dikko, 2016). To establish a solid professional relationship with the participants, researchers should assure the confidentiality of participants' personal information and that any information obtained from them would only be used for the research (Dikko, 2016). In accordance with *The Belmont Report* (National Commission for the Protection of Human Subjects and Biomedical and Behavioral Research, 1979), my strategy to

maintain a professional relationship included attempting to protect the participants' rights and privacy and minimizing the interruption of the company's day-to-day operations.

In *The Belmont Report*, three principles are noted. The first principle is respect for the participants; in this principle, the researcher should respect the individuals participating in the study by receiving informed consent from each participant. *The Belmont Report* states that three elements of informed consent are information, comprehension, and voluntariness. The researcher is required voluntarily to give comprehensive information on the research, and participants should willingly agree to participate. The second is beneficence. In this principle, the researcher is mandated by *The Belmont Report* to take the interests of the participants to heart by maximizing their benefits and minimizing any risks they might encounter. The third principle centers on justice: The researcher should consider ways to evenly distribute both the risk and benefits of the research. The researcher applies the principle of justice when selecting participants. Although researchers could face difficulties and conflicts when applying these principles, the application of these principles helps to clarify issues of ethical research (National Commission for the Protection of Human Subjects and Biomedical and Behavioral Research, 1979).

The qualifications of the senior health care leaders from the Southeastern United States who have successfully implemented strategies to reduce bedside nurses' voluntary turnover aligned with the central research question: What strategies do senior health care leaders use to reduce bedside nurses' voluntary turnover? To select study participants who could provide answers to a research question, qualitative researchers should consider

the potential participants' knowledge, ability, and experience (Yin, 2017). I drew from the senior health care leaders' knowledge, ability, and experience to address the research question. As a result, the senior health care leaders provided successful strategies they used to reduce bedside nurses' voluntary turnover.

Research Method and Design

Selecting the best method and design will result in a successful research outcome. Singh (2015), in pointing out the importance for providing a justification in selecting the methods in a study, advised that a researcher should select a method that aligns and is consistent with the research question. Researchers strive to gain an in-depth collection of data to explore a specific phenomenon when conducting a case study (Connelly, 2016). When researchers lack such knowledge and cannot justify the method selected, they reduce the quality and credibility of the study (Xu & Payne, 2018).

Research Method

This study was qualitative in nature. Ward et al. (2015) noted that researchers who use the qualitative method agree with a social constructivist worldview in that qualitative researchers extract meanings from research participants who had similar experiences. During the interview process, a qualitative researcher seeks to go beyond the fundamental facts that may be gained by using the quantitative method, and collect information directly from the participants in their own words to learn the reasons behind the facts (Dixon, 2015). For example, Groeneveld et al. (2015) claimed that in quantitative research, tests of hypotheses are used to examine relationships and differences among variables. The goal in a quantitative study is to test hypotheses or

relationships among variables or between groups (Doyle & Buckley, 2016). I did not plan to test hypothesis, so the quantitative method was not suitable for this study.

A mixed methods approach is also an option for social science research. Mixed methods consist of quantitative and qualitative methods, in which the researcher integrates the qualitative research model for one phase of a study with the quantitative research method for another phase of the study (Morse & Cheek, 2015). I did not choose mixed methods because I did not intend to test hypotheses or relationships among variables or between groups in my study. The purpose of this study was to gain a deep and thorough understanding of the strategies that senior health care leaders have successfully implemented to reduce bedside nurses' voluntary turnover. The qualitative research method presented the best choice.

Research Design

I used a case-study design in my research. Case study is a study methodology that researchers use to create a detailed, comprehensive understanding of a multifaceted issue in its real-life context (Tetnowski, 2015). Researchers apply a case study design in different areas of study, mainly in the social sciences (Tetnowski, 2015). Case studies are suitable for single or multiple phenomena in evaluating social issues from different perspectives (Stewart & Gapp, 2017). I used interviews, member checking, and an analysis of company documents retrieved from relevant company websites to address my research question. Because of these things, I identified the case study design as the most effective for this study.

The use of ethnography was not appropriate because I did not want to focus only on the culture within the organization. A researcher applies the narrative designs to focus on participants sharing their personal stories related to phenomena (King & Learmonth, 2015). The use of a narrative design was not appropriate because I did not want to use the personal stories of the research participants. The focus for this study was to improve the retention of bedside nurses. The case study was a better investigatory research design that I as the researcher used to explore strategies that senior health care leaders use to reduce voluntary turnover of bedside nurses.

In qualitative research, a researcher could offer a variety of designs, including phenomenology, ethnography, and narrative research. In a phenomenological design, the focus is the research subjects' lived experiences (Moustakas, 1994). I did not want to limit the data collection to just the lived experiences of research participants as I wanted to conduct an in-depth investigation of a case using interviews and reviews of company documents. In the ethnography design, a researcher applies an extensive and diverse approach to focus on the culture of participants (Patton, 2015). The goal in research should include determining when the study reaches data saturation (Fusch & Ness, 2015). A researcher could identify data saturation when further coding is no longer feasible and when the researcher has collected enough information to duplicate the study (Fusch & Ness, 2015). In designing a research project, qualitative researchers consider data saturation (Eslamian, Moeini, & Soleimani, 2015). Small sample size might still represent a research population in qualitative study (Malterud, Siersma, & Guassora, 2016). I used the member-checking process where the participant checked the

interpretation of the interview responses and provided feedback as needed. I implemented follow-up interviews so each participant could provide additional clarifications. I implemented follow-up interviews to attain in-depth information that improved the academic accuracy of this study. Member checking ensures that data interpretation represented the participant's responses (Dixon, 2015). Researchers establish data saturation when the follow-up interview with the participants yields no new and applicable information (Fusch & Ness, 2015). Accordingly, I determined that a sample of five senior leaders was suitable for this study. I interviewed the sixth participant to reach data saturation.

Population and Sampling

The purposive sampling is most appropriate for qualitative researchers to use in selecting qualified research participants (Hoeven, Janssen, Roes, & Koffijberg, 2015). In a purposive sampling strategy, the selected participants have rich knowledge and experience of the subject matter (Palinkas et al., 2015). The conditions for employing purposive sampling should include qualitative researchers seeking rich and insightful information from individual participants (Molepo & Delpor, 2015). Haverdink (2018), in a qualitative explanatory single case study to evaluate how job satisfaction affects staff nurses' intention to remain in an institution of higher education, employed purposive sampling criteria to select participants who are most likely to provide rich, plentiful information to thoroughly explore the phenomenon and answer the research questions. Haverdink recruited participants from three associate degree-nursing programs with diverse range of viewpoints. I applied purposive sampling for this study to explore the

retention strategies that the senior leaders in this health care system use to retain their bedside nurses.

An increase in the number of participants in a study does not reflect the reliability of a qualitative study but can increase the issues in the conclusion (Roy, Zvonkovic, Goldberg, Sharp, & LaRossa, 2015). The sample size should depend on the depth of data, appropriateness with theory, and the authenticity of the study's goals (Roy et al., 2015). In a study of retention strategies and methods in the workplace, Simmons (2016) interviewed four managers who had successfully reduced turnover among millennial employees in a small company. The chosen participants had no voluntary employee turnover in the year leading up to the interview (Simmons, 2016).

The use of four participants to explore health care leaders' strategies was justified to retain nurses (Brooks, 2017). The need to capture information that may answer accurately the research questions depends on the type of chosen population and not the number of participants (Patton, 2015). In qualitative a case study of diverse vocational experiences of five individuals returning to work after severe brain injury, five participants are shown to be adequate sample size to reach data saturation (Bush, Hux, Guetterman, & McKelvy, 2016). In this study, I followed the examples of Bush et al. (2016) by selecting five senior leaders from a health care organization in the southeastern United States. These senior leaders had successfully implemented retention strategies that reduced the nurses' voluntary turnover rate.

The diversity of a large population might restrict the propensity to achieve data saturation (Fusch & Ness, 2015). Through the implementation of methodological

triangulation, researchers could increase confidence in the study findings (Badley, 2016). An important aspect of establishing trust between researcher and participants that could result in effective qualitative interviews is the participants' comfort (Yin, 2017). I enhanced data saturation in this study by choosing six senior leaders and implementing member checking, which involved participants checking my interpretations to ensure accurate representation of the participants' responses. I attained data saturation after interviewing the sixth participant.

The selection of qualified participants is essential in qualitative research (Gentles, Charles, Nicholas, Ploeg, & McKibbin, 2016). Researchers should clearly explain the inclusion criteria as well as the reason and strategy for sampling (Benoot, Hannes, & Bilsen, 2016). I selected senior leaders in health care organizations who successfully implemented strategies to reduce bedside nurses' voluntary turnover, as these leaders could have the knowledge and experience that enable addressing the research question.

The interview setting was in a private and comfortable neutral environment for the participants. Before the interview starts, giving research participants the opportunity to choose the setting generates fluency in the interview process (Thomas, 2015). I conducted semistructured interviews in a private room at the participants' place of work. The duration of the interview was between 45 and 60 minutes. Interviews were audio-recorded and privately protected after transcription.

Ethical Research

A critical component of the ethical research is the informed consent process. I conducted this research project after obtaining Walden IRB approval. I used the

information in *The Belmont Report* in guiding me through the interview protocol (see Appendix A). I followed the recommendation of Fisher (2015) that researchers should obtain participants' consent before collecting data. Fisher emphasized the importance of informing the participants by having them thoroughly read and sign confirmation of their readiness to partake during the interview process. I asked the participants for their signatures on the consent form that explained their involvement, to certify that they read and understand the goal and requirements of the study. To clarify this process, I discussed with participants the purpose of the study, and the need to acknowledge and sign the individual consent.

Revealing enough information about the purpose of the research and rights of participants is an effective plan to improve participants' understanding (Greenwood, 2016). In considering Greenwood's opinion, I met with the participants to explain the purpose of the study in simple and easy-to-understand language, which was important for participants in giving their informed consent. I informed the participants that there were no enticements for their participation. The participants could benefit from gaining new levels of consciousness regarding the business problem. Disclosing enough information about the nature and purpose of the study and about the participants' rights is an efficient strategy in improving participants' understanding (Monera-Penduka, Maponga, Morse, & Nhachi, 2017). I further remarked on the purpose of the study, study procedures, potential risks and benefits of the study, level of confidentiality, disclosure of possible conflict of interest, and particularly, their rights as participants. I requested the participants to notify

me if they intended to withdraw from the study, with or without stated reasons, before or during the interview.

I communicated to the participants my intention to protect the confidential information I received from them. In conducting ethical qualitative research, a researcher should reflect on the integrity and reliability of the study (Birchley et al., 2017). The ethical research relates to protecting the rights of participants and ensuring the security of collected data (Aluwihare-Samaranayake, 2012). I secured these folders and digital recorded interviews in a locked safe box and will keep the data secured in this safe for 5 years. Finally, after 5 years of completing this study, I will physically destroy all the interview digital recordings and documents with a shredder. I will erase all the records stored on my hard drive by using a commercial software application designed for this purpose.

Participants received an exclusive identifier to safeguard their individual privacy and identification. The identification codes for participants are applied to ensure the participants' confidentiality (Lunsky, Robinson, Blinkhorn, & Ouellette)- I assigned codes associated with each participant to safeguard their identity and could every effort to ensure the confidentiality of the participants. I assigned the code SL-1 to Participant 1, SL-2 to Participant 2, and so forth, and applied SL- checklists to log all activities with participants. I maintained participants' confidentiality by removing every possible identifier such as picture, name, address, phone, and e-mail address. I started the data collection process after I received approval from the IRB to conduct the research; Walden's IRB approval number was 10-28-19-0486831.

Data Collection Instruments

I was the primary data collection instrument. The researcher is the main tool in collecting data for a qualitative case study (Yin, 2017). As the main instrument for collecting the data, I used one of the key methods for collecting qualitative data: thoughtfully designing in-depth, open-ended interview questions (Leonidaki, 2015; Roller & Lavrakas, 2015). Yin (2017) indicated six main sources of data in case study: documentation, archival records, interviews, direct observations, participant observations, and physical artifacts.

The initial phase in collecting data was the process of reviewing the available digital documentation from the health care system websites. A researcher gains an in-depth understanding of the research project and associated research questions from the data obtained from the company's websites (Petty, Thomson, & Stew, 2012). The nurse-patient ratios, patient satisfaction information, employees' satisfaction information, and bedside nurses' retention rate may be complementary to conducting face-to-face, semistructured interviews. The main instrument to collect data in this study was face-to-face, semistructured interviews in a private room at the participants' place of work. Researchers can initiate personal contact with each participant one day before each interview to give a reminder of the upcoming interview (Sparkes & Smith, 2014). The interview took place at the participant's workplace, without distractions. I took every precaution to prepare for the interview. The duration of the interview was between 45 and 60 minutes. I digitally audio-recorded and then transcribed the interviews.

The interview started with an introduction and an explanation of the purpose of the study to the participants while remaining mindful of the ethics and professionalism requirements. I followed the interview protocol during each interview (see Appendix). After addressing the interview format and anticipated time with the participant, I reaffirmed the voluntary nature of the interview and allowed the participant to request the process to stop at any time during the interview. I requested the participants read and sign the consent form which incorporated an explanation of the audiotaping of the interview process. The likelihood of obtaining the most relevant information without being susceptible to personal interpretation and bias depends on the use of the interview protocol with every research participant (Korenvain, MacKeigan, Dainty, & McCarthy, 2018). I used the interview protocol as a standard for conducting the semistructured interview and guaranteed the consistency of the process during data collection process.

Researchers select a convenient environment for the interview because the location could provide the opportunity for holistic understandings of research topics (Ecker, 2017). My interview took place in a designated private space within the participant's health care entity in which the respondent was comfortable in providing responses to questions. The potential to increase participants' involvement may result from choosing a convenient site for the interview (Bouckenooghe et al., 2017). The location researchers select to conduct interviews is important to the interviewees' willingness to respond to proposed questions (Bolderston, 2012). After addressing the interview format and anticipated time with the participant, I reaffirmed the voluntary nature of the interview and allowed the participant to request the process to stop at any

time during the interview. I concluded the interview by saying “thanks” to each participant to express my gratitude for their voluntary participation.

Reliability and validity are significant in qualitative studies (Yanchar, 2015). To improve credibility of a study, a researcher should focus on: obtaining data from different data sources, maintaining careful records throughout the study, documenting personal biases, providing the integrity in which a study is conducted, confirming the credibility of findings in relation to qualitative research, and using member checking process, which involves participants checking interpretations of the researcher to ensure accurate representation of their responses (Leung, 2015; Noble & Smith, 2015). I aligned with Noble and Smith (2015) and followed their strategies to increase the dependability, confirmability, credibility, and transferability of my study.

Self-assessments of personal bias result from self-human judgment (Hay, Adam, Bocca, & Gabaude, 2016). A personal bias might result from a researcher’s personal convictions, which in turn, influence the results to represent a certain outcome (Hay et al., 2016). Individuals’ tendency to deny their own bias, even while recognizing bias in others, reveals a profound shortcoming in self-awareness, with important consequences for interpersonal and intergroup conflict (Hay et al., 2016).

Effectively maintaining the transcripts was a process that included the use of a digital recorder to audio record all participants’ interviews, and the use of a journal as a supplementary source to log participants’ answers and completely document any expressive or non-verbal indications during my exploratory interviews. In research, digital recording is used as technique to collect respondents’ interview responses (Crozier

& Cassell, 2016). This process improved the clarity of my data. The process of collecting data may be improved by taking notes during an interview (Woodyatt, Finneran, & Stephenson, 2016).

The application of multiple methods of obtaining data to ensure methodological triangulation and the application of member checking includes capturing participants' responses, obtaining data from the company's website, and sharing the researcher's interpretation with participants for their validation. I used these processes to add trustworthiness to my research findings. I achieved data saturation in this study by implementing member checking which involved participants checking my interpretations to ensure accurate representation of the responses. According to Fusch and Ness (2015), implementing member checking enables data saturation. Researchers conduct member checking in two stages (Fusch & Ness, 2015). The first stage includes transcribing the verbal data, comparing the interview questions with the transcribed responses, and identifying any gaps in the responses. The second stage involves identifying participants through their corresponding responses, contacting the participant, arranging a convenient time for more data collection, and evaluating and asking questions that may produce answers to fill the identified gaps. I replicated these steps and added the sixth participant to reach data saturation. The strategies to ensure data saturation will improve the reliability and validity of a research study, both of which are indispensable when designing and performing qualitative research (Noble & Smith, 2015).

Data Collection Technique

The data collection techniques for this research comprised conducting, recording, and transcribing semistructured interviews. The interview process is an effective data collection technique because the researcher can gather rich information on *how* and *what* for a case study (Yin, 2018). I used semistructured, face-to-face interviews that aligned with a standardized interview protocol (see Appendix A). I sent an e-mail to the host organization for permission to do a research in their organization after receiving a conditional permission from Walden University's IRB. I began the data collection process after I received an official permission from the host organization to conduct the interview at the company's location in the southeastern United States.

The first step in the data collection process was to search for relevant organization's documents (employees' handbook) at the company's website. I retrieved the employees' handbook which indicated information about the organization's bedside nurses' retention strategies and any reports that would help identify the senior leaders who have successfully implemented retention strategies. The information in these documents was used to identify suitable interview participants. After receiving an invitation from the host organization to do the research in their organization, I used a company directory and e-mail addresses to access participants. I emailed 10 senior leaders requesting the opportunity to participate in this study. The six selected senior leaders received invitations to participate in the study via telephone and follow-up invitation e-mails. I presented selected participants the consent forms to review. In the consent form, I stipulated the nature and the objective of the study and explained that

participants could not be paid for their participation. Compensating research participants cash may have significant symbolic value, indicating appreciation for their participation, but can lead to ethical and methodological problems, such as participants' misrepresentation of their demographic profile to qualify for the study criteria (Ripley, 2006). I informed participants that I will not give them any incentive for participating in this study. I used the interview protocol to explain the process of informed consent and followed a systematic approach when interviewing participants.

During the interviews, I used an interview protocol (see Appendix A) to guide the interview process and share the purpose of the study with participants. By interviewing participants face-to-face, a researcher can obtain detailed responses from the participants (Leonidaki, 2015). At the beginning of each interview, I reiterated that participants had the right to withdraw from the study and have their data records destroyed upon request. During the face-to-face interviews, some of the participants took the opportunity presented to ask for clarification of the interview questions when in doubt; none of the participants withdrew from the study. I did not pressure any participant to respond if the participant was reluctant to answer to any question. By attempting to establish mutual trust, I sustained a good working relationship with participants. I ensured a detailed representation of the participants' opinions and experiences by listening and recording their responses.

Researchers use audio recording as a technique to collect respondents' interview responses (Crozier & Cassell, 2016). Qualitative researchers use audio recordings as a depository system for collecting and translating participants' contributions to the study

topic (Eike, Rowell, & Mihuta, 2016). Researchers use audio recording as quality tool to collect and check for differences in participants' contributions (Berazneva, 2014). I used a Phillips® digital voice recorder (DVT2500) to record interviews following my obtaining participants' consent. I ensured correct collection of clear responses by obtaining permission from the participants to record. Researchers should seek participants' permission to record the interview prior to questioning and establishing communicative trust (Zarhin, 2018). The use of a digital recorder is essential for collecting interviewee responses during the inquiry process (Vo, 2016). In semistructured interviews, taking qualitative notes is a process of giving special attention to meanings and concerns of the research participants (Phillippi & Lauderdale, 2018).

I used a journal as a supplementary source to log participants' answers and completely documented any expressive or non-verbal indications during my exploratory interviews. This process improved the clarity of my data. The process of collecting data is improved by taking notes during an interview (Woodyatt et al., 2016). The process of taking journal notes during an interview improves the data collecting process (Friesen, Brady, Milligan, & Christensen, 2017). Researchers should use the information collected from participants to provide a rich understanding of the study topic (Gibson, 2017). The justifications to use semistructured face-to-face interviews as the primary data collection method for this study were because of the advantages and convenience they brought to this qualitative study.

The use of semistructured face-to-face interviews as the primary data collection method for this study was appropriate because of the advantages indicated during data

collection process to search and explain strategies for reducing voluntary turnover of bedside nurses. The act of asking questions in an orderly process is an advantage of face-to-face interviews (Aicken et al., 2016). Researchers may use an interview protocol to improve how the participants appropriately respond to the questions (Aicken et al., 2016). I used the interview protocol (see Appendix) to follow a systematic approach when interviewing participants to assure that a uniform process was accordingly followed. Researchers who use face-to-face interviews have the advantage of seeking further clarification for incomplete answers, offering detailed information regarding personal feelings, and perceptions (Borron, 2013). Another advantage of a semistructured face-to-face interview is the ability for the researcher to physically evaluate participants' body language and facial expressions (Chi, Bulage, Urdal, & Sundby, 2015). During the interview process, I used semistructured face-to-face interviews to clearly hear the participant's voices and evaluate if the questions asked should be restated to ignore participants' nervousness or confirm comprehension. I conducted semistructured face-to-face interviews to explore the bedside nurses' experiences, thoughts, and feelings. The researcher uses the semistructured interview technique to acquire real-time data that may consist of verbal and visual languages; thereby increasing the researcher's viewpoints (Zhang & Guttormsen, 2016). I effectively communicated the semistructured interview in English language to all participants which uncovered hidden knowledge or new ideas. The use of semistructured face-to-face interviews for qualitative data collection has its limitations despite the advantages.

In qualitative research method and interview process to collect data, semistructured face-to-face interviews have some disadvantages. Researcher may spend much time to perform a semistructured interview (Fritz & Vandermause, 2018). During the interview process, I asked probing questions which required that I used all the allotted time. Researchers may not experience a high level of respondent interaction during interviewing because the need for participants to meet in person with the researcher may be a potential disadvantage of the interview study instrument (Yoo et al., 2016). To establish a good working relationship with the participants, I attempted to gain their trust by establishing transparency and effective communication. I built a solid professional relationship with the participants by assuring them of the confidentiality of their personal information and that any information obtained from them would only serve for the research. Another disadvantage is that researchers may not collect enough data when using interviewing (Zhang & Guttormsen, 2016). I collected enough data from the participants to reach data saturation after interviewing the sixth participant. Finally, my difficulty as a novice researcher in analyzing the data was a disadvantage. I transcribed and coded interview responses to better comprehend and explore participants' contributions. I reviewed the host documents (Employees' Handbook) from the organization's website that enabled me to validate the data collected via the semistructured interviews.

The advantages and disadvantages of using documents are noted in research (Bowen, 2009). The advantages are the ability to track any changes over time, and the collection of data over a longer period, as well as larger samples than might be collected

from questionnaires or interviews. Bowen suggested that document reviews may give a researcher an insight into how participants see things or how they want to present things. Either way, they provide a very particular account of reality, whatever the participant's motivation behind their account. An advantage of using the host organization's documents (Employees' Handbook) from the company's website was the relatively easy access. The documents may differ in quality and some types of documents can be extremely detailed and exact (Bowen, 2009). The addition of exact names, references, and details of events indicate that documents are advantageous in the research process (Yin, 2015). I analyzed company documents obtained from the host's company's website (Employees' Handbook) despite the associated disadvantages.

Some disadvantages in using documents indicate that organizational leaders do not design these documents with research in mind because the information recorded may be characteristic or incomplete (Barlow, 2016). The Employees' Handbook document I retrieved from the company's website had some of the retention strategies confirmed and implemented by the participating senior leaders. Barlow (2016) cautioned that the process of data collection may create missing data as well as leading to coding difficulties with a document. During the research process, I did not experience coding difficulties because my first step was to transfer the transcripts of the interviews from Microsoft Word into the software NVivo 12 Pro. This step was followed by compiling the information.

After obtaining conditional permission from Walden University's IRB, I used semistructured open-ended questions to interview the six selected research participants. Researchers apply semistructured, open ended questions to allow the participants'

responses to be thorough, in-depth representations of their experiences (Ellis, 2016; Peters & Halcomb, 2015). Pilot study was not necessary because I conducted in-depth semistructured interviews with the possibility of follow-up questions. Researchers use in-depth interviews to increase the understanding of participants' experiences and know why specific actions are taken to address the overall research question (Rosenthal, 2016). During the interviews, I recorded the participants' responses to ensure accuracy. Researchers record the interviews to ensure the accuracy of responses to the interview questions and to assist in accurate interpretation (Ellis, 2016). After transcribing the interviews, I performed member checking to enhance credibility.

Member checking process indicates the opportunity to confirm the authenticity and accuracy of transcribed data with interviewees (Birt, Scott, Cavers, Campbell, & Walter, 2016; Marshall & Rossman, 2016). Member checking is a process that researchers use to cooperate with interviewees to confirm and ensure data genuineness and representation respectively (Naidu & Prose, 2018). According to Fusch and Ness (2015), member checking consists of two stages.

The first stage includes recording the verbal data, comparing the interview questions with the transcribed responses, and identifying gaps in the responses. During my research process I used digital recorder to record all the participants' responses. I transcribed the interviews and compared the interview questions with the transcribed responses and identified gaps in the responses. The second stage involves identifying participants through their respective responses, contacting the participants, arranging a convenient time for more data collection, and evaluating and asking questions that may

produce answers to fill in the identified gaps (Fusch & Ness, 2015). After identifying the gaps with the responses of each research participant, I contacted the six participants via e-mail, shared my interpretation of their responses, and asked them to identify gaps between my interpretations and their responses. I allowed up to 5 days for the six participants to respond with their comments or corrections. I concluded this phase with two follow-up interviews to ensure I fully understood the last feedback the interviewees provided. I implemented member checking to ensure the trustworthiness of this study.

Data Organization Technique

The system I used for keeping track of the data began with creating a folder for each participant. I assigned a generic code to each participant to ensure confidentiality and privacy (Gibson, Benson, & Brand, 2013). To accomplish this task, I complied with the advice of Sparkes and Smith (2014), who noted that organizing data consists of confidentially securing the interview transcripts and ensuring confidentiality and privacy of individual folder through number identification, such as SL-1, SL-2, SL-3, ... SL-6, where SL is individual numbered-folder and 6 is the final number, to mask their identities. The folders should contain all the information related to each participant (Jacob & Furgerson, 2012). I included in participants' folders, a Microsoft Word document transcribed from each participant's interview, a signed informed consent form, e-mail conversations, and any other written materials. I collected researcher notes and kept them in a folder notated as researcher notes. I maintained a folder of researcher notes to supplement audio-recorded interviews, and commented upon impressions, environmental contexts, behaviors, and nonverbal cues that may not have been

adequately captured through the audio recording. The researcher can use handwritten notes during the interview to provide important context to the interpretation of digital recorded data and recap situational issues that may be important during data analysis (Swafford, 2014). I used a digital recorder to audio record all participants' interviews and a journal as a supplementary source to log participants' answers and completely document any expressive or non-verbal indications during my exploratory interviews.

I used the NVivo 12 software as an instrument to input, save, code, and analyze themes and categories in a single location. The importance of secured maintenance of folders containing participants' information, transcribed Microsoft Word documents, participants' signed consent forms, electronic mails, and any written materials is to uphold the integrity of the data (Li, Furst-Holloway, Masterson, Gales, & Blume, 2018). To maintain the confidentiality of individual folders, I secured these folders and recorded interviews in a locked safe box and will secure the data for 5 years. Finally, I will physically destroy all the interview digital recordings, after which the documents destroyed with a shredder. I will erase all the records stored on my hard drive by using a commercial software application designed for this purpose.

Data Analysis

Methodological triangulation, the coding process of qualitative analysis, and respondents' validation of the researcher's interpretations are processes in conducting data analysis (Syed & Nelson, 2015). During the data analysis phase of this study, I followed Syed and Nelson's (2015) processes in data analysis. Triangulation is using various data sources in a research to improve the credibility and persuasion of a research

account (Denzin, 1978). Triangulation is a process of combining methods and collection sources of qualitative data such as interviews, observations, field notes, and documents, as well as different methods for data analysis (Syed & Nelson, 2015). I used methodological triangulation to compare collected interview data as well as company documents retrieved from relevant company websites.

I collected and analyzed the data from the senior leaders who participated in this study. Data analysis is a process of working through data to determine important themes, patterns, and descriptions that provide answers to the significant research questions of the study (Yin, 2015). I adopted a similar sequential method of data analysis as suggested by Yin (2015), who described five ordered steps: compiling the data, disassembling the data, reassembling the data, interpreting the meaning of the data, and drawing conclusions.

Transferring the transcripts of the interviews from Microsoft Word into the software NVivo 12 was clearly a first step. This step followed by compiling the information. Yin (2015) indicated that the process of compiling the information includes doing it with a meaningful method. I transcribed and coded interview responses to better comprehend and explore participants' contributions. Different processes applied to coding, but the emphasis remains on ascribing text that reflects participants' raw data (Kirkham, 2016). The importance of using actual raw data in the coding process for cataloging purposes is noteworthy (Rogers, 2018). I applied coding based on groupings such as bedside nursing shortage, organizational culture, job retention, retention strategies, retention of nurses, retention challenges, reasons for turnover, and cost of turnover. I started coding the data by disassembling the information. Coding is a process

of data grouping associated with categorizing descriptive words (Nyongesa et al., 2017). The process of coding information enables pattern recognition and the reoccurrence of themes (Nyongesa et al., 2017). The auto coding option in NVivo 12 was my choice to identify the relationships in the data and predominant themes.

After the process of disassembling the data, I began the process of reassembling the data. The process of reassembling the data is a method of evaluating the data under different arrangements until themes emerge (Yin, 2015). I implemented the interpretation of the data as the next step. The interpretation of data is recounting and making sense of the data (Wray, Archibong, & Walton, 2017). The final step of data analysis involved reaching conclusions that result from the data. Understanding the patterns and themes related to the central research question is critical in reaching conclusions in a qualitative study (Yin, 2015).

I transcribed the digital voice recorded interview immediately after each interview. Individually, the participants were asked to review the transcribed word format of the transcription to validate the accuracy. Follow-up interviews were extended to the participants to assure the validity and data saturation. The goals of implementing follow-up interviews or member checking noted as; confirming the correct reflection of participants' thoughts and opinions, enabling participants to assume ownership of the research process and become an essential part of the research, and finally, ensuring data accuracy and reliability that participants defined their terms in the same manner (Karam & Ralston, 2016).

Researchers may use different data analysis software for creating themes (Nyongesa et al., 2017). In this study, I used the NVivo 12 software to input, save, code, and analyze themes and patterns in a single location. The NVivo 12 software as a tool a researcher can use for uninterrupted coding schemes (Nyongesa et al., 2017). Using NVivo 12 software improves consistency in qualitative research and presents an opportunity for the researcher to arrange the collected data with previous literature and recognize important themes (Nyongesa et al., 2017).

I examined the data considering the conceptual framework of SET. How an employee relates to his/her employer could play a critical role in voluntary retention in any organization, particularly in health care settings. Such an exchange can involve the transfer of either material or non-material resources. A relationship reinforced when expectations in give-and-take relationships are fulfilled (Cropanzano & Mitchell, 2005). An employer-employee relationship reinforced when expectations in give-and-take relationships are fulfilled (Cropanzano & Mitchell, 2005). I deliberated whether my findings might be consistent with this theory if participants confirm that their work relationship with employees enhanced with the application of give-and-take strategy.

In social exchange literature, certain features are important when building quality relationships. Specifically, trust and dependence between employees and senior leaders are central factors to motivate each party to participate or engage in a successful and mutually beneficial exchange relationship (Mehta, 2016). Using the SET as a guiding framework, I understood the possible linkages of senior leaders' practices, employee

engagement, and turnover intentions. In considering the SET, I better interpreted the themes that emerged from the data.

Reliability and Validity

The goal of qualitative researchers in proving reliability and validity in their research is assessed by referencing the qualities of dependability, confirmability, credibility, and transferability, all of which correspond to validity and reliability (Li et al., 2018). The qualitative study differs from quantitative studies because in quantitative research, the statistical methods determine validity and reliability (Noble & Smith, 2015). My responsibility as the researcher was to ensure that this study meets the quality standards and was in alignment with Baillie (2015), who insisted that the quality of a study should demonstrate trustworthiness.

Reliability

Reliability in qualitative research shows that the study has repeatable characteristics both in its method and in the findings (Dikko, 2016). Characteristics such as quality, validity, and trustworthiness should also be part of the criteria (Leung, 2015). The qualitative researchers should aim for dependability, credibility, transferability, and confirmability, unlike quantitative researchers whose goals are reliability and validity (Leung, 2015). Providing assurance to the gathering of reliable information and the ability to draw reliable conclusions both depend on the application of a suitable research method (Onwuegbuzie & Frels, 2015). Following Onwuegbuzie and Frels' suggestion, I assured thick and in-depth interview content and reviews of company documents that enhanced the reliability and validity of the research.

Dependability. Dependability in qualitative research is the replicability of data or the constancy of data with identical conditions, and as such is the root of reliability in qualitative studies (Leung, 2015). I followed Leung in pointing out the importance of implementing a suitable interview protocol (see Appendix A). In this study, I disclosed full details about the research process to ensure dependability. Member checking is the single most important provision that made to bolster a study's credibility (Birt et al., 2016). Member checking consists of evaluating the accuracy of data and data collection dialogues (Birt et al., 2016). As suggested by Fusch and Ness (2015), I initiated a member checking process that could enable capturing of participants' responses and sharing of my interpretations of their responses with participants for their validation, which could help to assure the credibility of the study's results. I sought each participant's involvement in evaluating the accuracy of the data and its quality, which could enhance the dependability of my study.

Validity

The use of credibility, transferability, dependability, and confirmability is the main measures in assessing the quality of a study and justifying the truthfulness of the research conclusions (Hays, Wood, Dahl, & Kirk, 2016). In establishing content validity of e-lifestyle and website quality constructs, Pandey and Chawla (2016), noted that validity is concerned with the meaningfulness of research components. Content validity is a qualitative means of ensuring that indicators apply the meaning of a concept as defined by the researcher (Pandey & Chawla, 2016). As noted by Pandey and Chawla, I ensured rich, thick, and precise descriptions of participants' accounts to support my findings.

Credibility. Credibility in a qualitative study is the standard others can use to evaluate the participants' experiences (Noble & Smith, 2015). In this context, credibility refers to confidence in how well a researcher can address the study's intended focus through data and processes of analysis. In this study, I ensured credibility by offering opportunities during the research process for participants to validate their responses. Also, in this study I incorporated processes consisting of bracketing, maintaining an excellent record keeping of the transcripts, the application of multiple methods of obtaining data to ensure methodological triangulation, and the application of member checking, all of which acted to reaffirm credibility.

Bracketing is when researchers set aside their presumptions and decisions on the subject matter in which researchers apply bracketing to reach new conclusions (Sorsa et al., 2015). Through sustained in-depth reflection and bracketing, I ensured rigor by improving my understanding of the research and minimizing the effect of my own biases. The process of maintaining excellent record keeping of the transcripts is an audit trail, in which the researcher keeps records of all stages of their research and records their decisions (Baillie, 2015). The audit trail should include the rich description, the researcher's records of each stage of the research process, and documentation of their decisions during the research (Baillie, 2015). I used both manual and computer-assisted qualitative data analysis software to maintain a careful audit trail as the research progresses.

The application of multiple methods of obtaining data to ensure methodological triangulation is the third process I used to enhance credibility. Triangulation could

combine data from different qualitative data sources such as interviews, field notes, and documents to obtain trusted results (Syed & Nelson, 2015). In qualitative research, the process of triangulation methodology is often used in combination with other methods to improve the credibility and persuasion of a research account (Denzin, 1978). The researchers bring their personal beliefs to the social and political environment, which eliminate any possibility of conducting value-free research (Denzin, 1978). The process of triangulation relates to viewing through a crystal to observe all perspectives of the data (Denzin, 2012). Researchers apply qualitative approach to discourse social change, but struggle with conceptions of objectivity, truth, and validity (Denzin, 1978). Denzin's methodological triangulation consists of multiple qualitative and or quantitative methods to improve the credibility and persuasion of a research account. Denzin further noted a distinction between within-method and between-method triangulation. The process of between-method triangulation consists of a strategy that a researcher uses more than one method of data collection from both quantitative and qualitative approaches, while within method consists of a strategy that focuses on using more than one method of data collection from within the same research approach. I used the within- methodological triangulation to improve the trustworthiness of my findings.

The last process to attain credibility consisted of member checking. The application of member checking enabled capturing of participants' responses and sharing the researcher's interpretation with participants for their validation (Fusch & Ness, 2015). Bracketing, triangulation, excellent record keeping, and member checking will improve

dependability, confirmability, credibility, and transferability, which are essential when designing and performing qualitative research (Noble & Smith, 2015).

Transferability. A research study could be transferable, if other researchers can easily implement the procedures to collect data, and can align with the research frameworks, conditions, and research participants (Southgate & Shying, 2014). To help future researchers decide on the transferability of my study, I used thick descriptions to align with Noble and Smith (2015), who described transferability as a process of using rich description effectively recount the original context of the research, methods, and examples. According to Martin et al. (2016), the use of an interview protocol with every research participant increases the likelihood of obtaining the most relevant information without being susceptible to personal interpretation and bias. I used the interview protocol (see Appendix A) as a standard for conducting the semistructured interview and guaranteed the consistency of the process during data collection.

Confirmability. Confirmability is when data are replicable, and the study results do not include bias that may come from the researcher (Li et al., 2018). To attain confirmability in my qualitative research, I implemented the bracketing technique that could ensure replicability. The application of bracketing by the researcher shows the alleviation of possible harmful effects of unrecognized prejudices related to the research and thereby increases the rigor of the study (Garstang, Griffiths, & Sidebotham, 2017). The validation of participants' interview responses is part of the bracketing process (Tiemens, Nicholas, & Forrest, 2013). The participants were given the opportunity to

make changes or to make clear any inappropriate data. To improve confirmability, the records and data will remain in a secured place for possible inspection for 5 years.

Data saturation. Data saturation indicates when the data no longer yield new information and coding yields no new themes; interviewing other participants will not generate new information (Fusch & Ness, 2015). I reached data saturation by asking participants the same questions until the information was repeated. Fusch and Ness stated that the number of interviews that a researcher conducts before achieving data saturation and the diversity of large populations might act as a constraint in achieving saturation in a qualitative research study. To achieve data saturation, I implemented member checking and follow-up interviews to attain in-depth information that improved the academic accuracy of the study. I interviewed a sixth research participant and conducted member checking and follow-up interviews to reach data saturation.

Transition and Summary

In Section 2, I explained my project, which includes my role as researcher, choice of participants, setting, case-study design, and qualitative method. In addition to describing the processes of selecting and recruiting participants through purposive criteria sampling, I also explained the ethical and methodological issues, as well as specific plans for data collection, organization, and analysis. Finally, I considered the significant facets of the study's dependability, credibility, transferability, and confirmability, as well as data saturation. In Section 3 of my study, I present my findings by analyzing the results. I address possible applications for professional practice and implications for social change.

Section 3 also consists of suggestions for implementing action and recommendations for further research, as well as reflections and conclusions.

Section 3: Application to Professional Practice and Implications for Change

Introduction

The objective of this qualitative single case study was to explore strategies that senior health care leaders used to reduce voluntary turnover of bedside nurses. The target population comprised six senior health care leaders at a health care system located in the Southeastern United States who successfully implemented strategies to reduce bedside nurses' voluntary turnover. The research question for this study was: What strategies did senior health care leaders use to reduce voluntary turnover of bedside nurses? My data sources consisted of semistructured interview transcripts, member checking interview summaries, reflexive journal notes, and reviewing the available digital documentation from the health care system websites. I reached data saturation when no new data emerged from the sixth participant. In presenting the findings of this study, I indicated that senior leaders were aware of the critical effects of the voluntary turnover of bedside nurses. Through the application of methodological triangulation to these sources of data, three themes emerged from the data analysis. Those themes were job satisfaction to reduce voluntary turnover of bedside nurses, financial compensation to reduce voluntary turnover of bedside nurses, and effective communication with bedside nurses. The findings indicated that implementing successful retention strategies to reduce voluntary turnover of bedside nurses is critical to health care organizational success. Health care senior leaders who apply these retention strategies must develop good listening techniques, be fair, have and demonstrate respect, build trust, and understand the employees' concerns.

Presentation of the Findings

A visual aid that consisted of thematic analysis, charts, and graphs was produced using NVivo 12 Pro. The components of the visual aid helped me analyze and identify patterns in the data. Figure 1 represents a hierarchy chart of the themes and the subthemes. The themes for the analysis from the first source of data collection, the semistructured interviews, were developed using both inductive and deductive theme development strategies. Three themes emerged from the data analysis that addressed this issue: job satisfaction to reduce voluntary turnover of bedside nurses, financial compensation to reduce voluntary turnover of bedside nurses, and effective communication to reduce voluntary turnover of bedside nurses. SET linked to these three themes by providing the conceptual framework for exploring the research question.

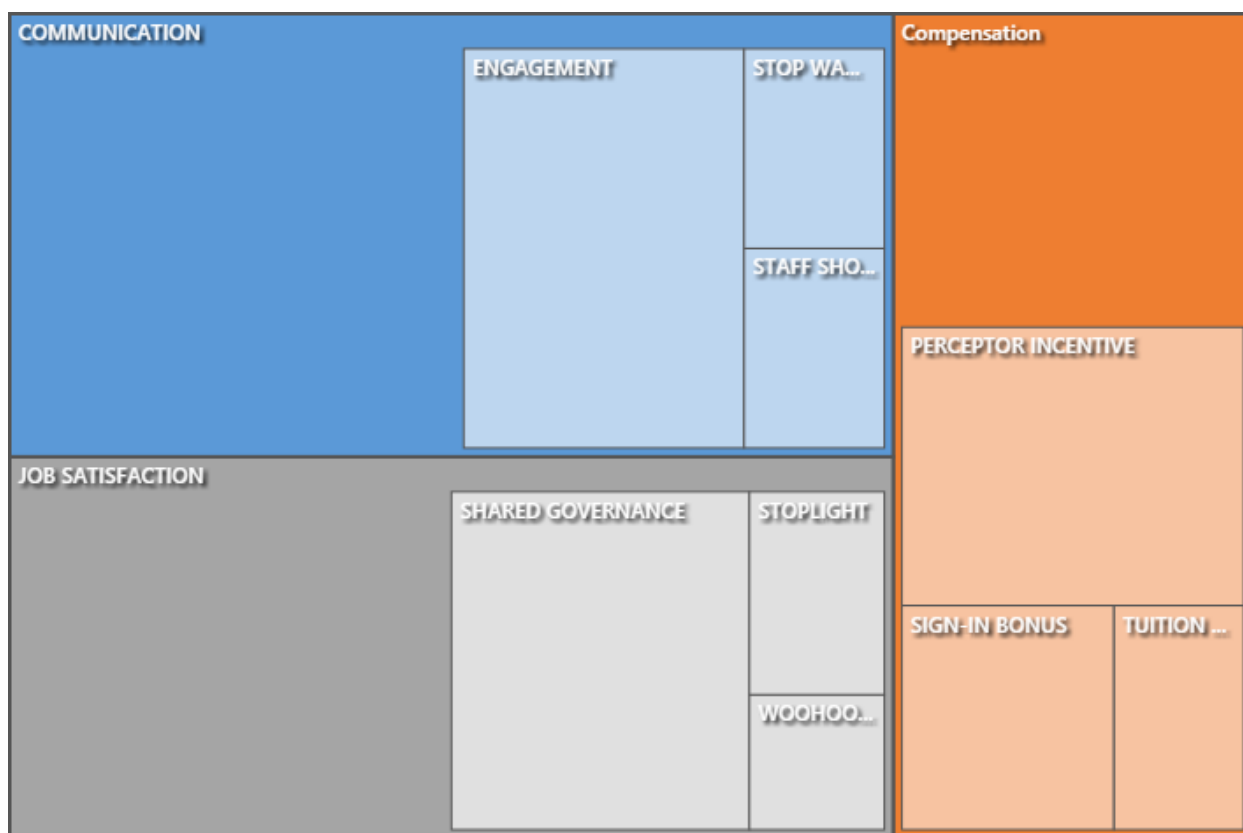


Figure 1. A hierarchy chart of the themes and subthemes.

Theme 1: Job Satisfaction to Reduce Voluntary Turnover of Bedside Nurses

The first theme that emerged in this study from the analysis of participants' responses was that job satisfaction improves retention of bedside nurses. Employees with higher job satisfaction enjoy their job more (Cheng et al., 2020). Rohatinsky et al. (2020) recommended strategies to recruit and retain nurses by addressing issues such as insufficient skill set, insignificant staffing, and inadequate community support. Participants in this study acknowledged the importance of job satisfaction to improve employee retention. The subthemes included in the job satisfaction theme were shared

governance, stoplight strategy, and woohoo competition strategy. Table 1 includes the subthemes I identified in the first theme, their occurrences in the data, and the percent.

Table 1

Subthemes of Job Satisfaction to Reduce Voluntary Turnover of Bedside Nurses

Subtheme	Frequency	Percent
Shared governance	21	58
Stoplight	10	28
Woohoo competition	5	14

Note. Frequency is the number of times a subtheme appeared in the collected data. Percent is the percentage of occurrence as compare to the total occurrences of subthemes.

Subtheme 1: Shared governance. Shared governance in an organization, specifically in nursing, implies that senior leadership will provide a framework for nurses' work organization and empowerment. Shared governance is the means whereby nurses can professionally manage their practice (Porter-O'Grady, 2003). In this approach, senior leaders respect and encourage individual professional accountability in an organizational environment (Gordon et al., 2020). SL-1 stated:

We have a shared governance team that meet monthly to get the nurses involved. Keep them involved in their own work practice and where they can give suggestions and things about their work environment that would make it easier for them.

SL-2 acknowledged the shared governance by pointing out "The monthly and quarterly talent conversations with the staff, which is essentially and something very similar as well." SL-2 defined these conversations as "One-on-one conversation with them and

either me or the supervisor to touch base just on a one-to-one level.” SL-3 recalled that the nursing unit had professional governance, “So we as managers go to the first few minutes of that shared governance or professional governance meeting once a month to see if there's any questions, concerns, things that we cannot answer.” SL-4 recalled, “I found on our daily rounding on the unit, the managers do daily rounding and nurses give their feedback, listening to their concerns.” SL-5 noted, “I know trying to get them involved in committees, whether it's professional governance, whether it's some committee that is improving on our quality of care, getting champions on the unit.” SL-6 indicated when they had a staff meeting and a professional governance meeting, “Well, I think, you know, I may have had a fourth of the staff that attended the shared governance.” The application of shared governance strategy in nursing profession, particularly the bedside nurses, is a positive effort, especially where frontline decision making is very critical for providing high quality care.

Subtheme 2: Stoplight strategy. Participants noted that stoplight strategy is a reporting effort to build connection between the senior leaders and nurses that could be helpful in identifying areas that need attention and improve nurses' job satisfaction. SL-1 defined the stoplight strategy as “developing that relationship and having that connection with them, letting them know that you care about their work environment and about them and being that advocate.” SL-2 stated, “We now have these stoplight reports, which mine is just a small one on my door, but it lets me put up the issues and then they can see it move forward.” SL-3 recalled, “We do a stoplight. You'll see on my office door that has a green, yellow, and red columns.” SL-4 acknowledged the impact of the stoplight strategy

by noting, “At one point I was a new nurse, so maybe I can share my knowledge with other people.” SL-6 suggested, “I think the stoplight is a big thing. So, their communication, increasing communication and my availability being here at shift change.” Although the nurse leaders I interviewed have other programs promoting service excellence in their organization, the implementation of stoplight strategy involves creativities within the nurses and revitalization of their existing rate of nurses’ job satisfaction. The implementation of stoplight strategy report illustrated a high-level summary of performance and effectively drew attention for determining next steps for improving patients care.

Subtheme 3: Woohoo strategy. The application of Woohoo strategy was noted in the company’s documents as a strategy to recognize a team member in which the employee could accumulate points. SL-1 noted that every nurse is invited “To give the staff a voice in their own practice so they can bring their frustrations and have a way to try to fix those things that are frustrating them here on the unit level.” SL-2 acknowledged:

Woohoo is a program that the hospital system uses to recognize folks for doing a good job. So, once a month, at the beginning of the month, we go into the system as managers and see which nurses got the most woohoo points.

SL-3 defined Woohoo strategy as a tactic of appreciation by explaining, “Woohoo is a program that the hospital system uses to recognize folks for doing a good job.” SL-4 recalled that the Woohoo strategy is applied for recognition. “We use the Woohoo program because we don't have budgets to do all that kind of stuff either.” SL-5 added, “I

don't know if anybody has mentioned the platform that we have. We call it Woohoo. And so, it's our recognition system.” SL-6 added the advantages of Woohoo program by stating:

It's easier to make their day easier, but they're part of the decision making. So that's a huge part of it, making sure they have mentors and partners. The bedside nurses' desire to stay with the organization may directly link to the type of recognition the organization implemented.

The implementation of suitable staffing policy and the nursing quality in health care system could result in improved patient care quality as well as improved safety-focused outcomes (Shen et al., 2020). The best practices for increasing nurse retention are providing adequate staffing and meeting employee needs, which may significantly increase nurse retention (Vardaman, Rogers, & Marler, 2020). The job satisfaction theme and the participants' responses aligned with the conceptual framework, the SET. Homans (1961) used the SET to explain how groups such as employees form and behave based on three fundamentals exchange concepts: rewards, costs, and resources. Homans (1961) focused on the human components on how rewards, costs, and resources affect decisions in relationships and the nature of those relationships. Based on participants' responses, improving job satisfaction was a successful strategy that improved bedside nurses' retention. Applying the SET, Noronha et al. (2020) suggested that organizational leaders who treat their workforces positively could enhance job satisfaction among their employees. Employees' perceptions of fair and equal treatment from an employer will result in returning that positive treatment with positive work behaviors (Noronha et al.,

2020). I used NVivo 12 pro to quantify the number of times the subthemes in the theme of job satisfaction as means to reduce voluntary turnover of bedside nurses appeared in the collected data. The subthemes and themes were supported using the interview transcript. Together, these actions foster a social exchange relationship between the bedside nurses and their senior leaders in which both parties are mutually rewarded, resulting in a reduction in voluntary turnover.

Theme 2: Financial Compensation to Bedside Nurses

The second theme that emerged from the analysis of participants' responses was that compensation packages improved bedside nurses' retention. Participants in this study acknowledged the importance of using compensation packages to improve nurses' retention. The subthemes included in the financial compensation theme were preceptor's incentive, sign-on bonus, and tuition reimbursement. According to Tarmidi et al. (2020), compensation includes benefits that employees receive from their organization to perform specific job duties. The subthemes included in the financial compensation theme were preceptor's incentive, sign-on bonus, and tuition reimbursement. Table 2 includes the subthemes I identified in the second theme, their occurrences and percent.

Table 2

Subthemes of Providing Financial Compensation to Bedside Nurses

Subtheme	Frequency	Percent
Preceptor's incentive	11	58
Sign-on bonus	5	26
Tuition reimbursement	3	16

Note. Frequency is the number of times a subtheme appeared in the collected data. Percent is the percentage of occurrence as compare to the total occurrences of subthemes.

Subtheme 1: Preceptor's incentive. Preceptor's incentive is a financial incentive provided to experienced nurses for positively influencing new employees by increasing the inexperienced nurses' confidence and knowledge (Kowalski, 2020). Precepting could differ from coaching and mentoring because of the time restriction and structure, focusing on explicit organizational objectives and capabilities (Kowalski, 2020). SL-1 mentioned the provision of incentives for being a preceptor. "So, you know, helping those new staff come on board and share in their knowledge, which is, you know, instrumental." SL-2 acknowledged that senior leaders provided preceptor pay to experienced nurses who educate new and inexperienced nurses, "So, if you're presetting a new staff member, you get an extra differential for presetting and teaching new staff, which is a plus for current staff." SL-3 stressed that health care senior leaders should apply the preceptor's incentives to address insufficient staffing. "They are providing preceptor's pay now." SL-5 added, "again, I feel like that somewhat touched on that in a previous answer as far as you know, preceptor pay, giving them a little bit of extra for preceptor." SL-6 confirmed the implementation of preceptor's incentive pay, "They have

added back preceptor pay.” All the participants agreed that the implementation of preceptor incentives could encourage quality patient care and add to bedside nurses’ retention.

Subtheme 2: Sign-on bonus. Most companies limit the use of sign-on bonuses, but health care and professional sports organizations are few that apply sign-on bonus to attract prospective talented and skilled employees. Sign-on bonus as a common form of guaranteed compensation to lure the prospective employee to sign-on with an organization by accepting the organization’s offer (Rosen & Olbrecht, 2020). SL-1 recalled, “One of the strategies that the hospital has used is sign-on bonus.” SL-2 stressed that “The organization has provided sign-on bonuses to the bedside nurses to come and work here.” SL-3 confirmed another type of sign-on bonus, such as excessive surge, “So, whenever they were surging here recently and didn't have room in the house. They called it excessive surge. So, it was fifteen dollars on the hour.” SL-6 acknowledged the provision of sign-on bonus to retain bedside nurses, “There is also sign-on bonus.” The implementation of sign-on bonus in health care organization could be a strategic financial tool to persuade new nursing graduates to join the organization and retain experienced nurses. In 2020 pandemic, COVID-19, the bedside nurses who are taking care of the affected patients may feel that their leaders appreciate their value by offering the sign-on bonuses. Reciprocally, the health care system could get the assurance that both the new nurses and experienced nurses would remain with the organization.

Subtheme 3: Tuition reimbursement. Tuition reimbursement is a financial incentive tool that organizational leaders propose to pay in advance or reimburse

employees for education expenses (Schuiling et al., 2019). Leaders in health care organizations could offer their employees tuition reimbursement to encourage nurses to aim for higher education. The employees could acquire the skill sets that are not offered as part of an academic education. These skill sets may include collaboration, task prioritization, team management, relationship building, and creative problem-solving (Schuiling et al., 2019). SL-1 indicated that “There is also the tuition reimbursement.” SL-2 recalled the availability of tuition reimbursement as an incentive among the bedside nurses, “So, from the organization, the maximum tuition reimbursement for a full-time staff member has increased starting this month, January 2020.” SL-3 confirmed the availability of tuition reimbursement in stating, “There is also the tuition reimbursement.” SL-5 added, “We have tuition reimbursement, which has, I feel, been great over the years, that recently, you know, they've increased that amount.” SL-6 acknowledged that the host organization offered tuition reimbursement. SL-6 stated:

We have tuition reimbursement that nearly doubled, but there comes with a commitment which makes sense to me. So, if you're going to give you over five thousand dollars a year and you stay with this for a couple of years, so I guess that's all financially.

Each participant in this study recognized that compensation positively influenced the employee’s longevity within the organization, along with the ability to hire qualified employees. Research participants noted that the application of multiple financial compensation strategies could positively related to improved bedside nurses’ voluntary retention.

The conceptual framework, which was Homans's SET, aligns with the financial compensation theme and the participant's responses. Homans (1961) theorized that employees are driven by the exchange perception that if they perform well, the outcome will be an equally valued compensation. In this study, health care senior leaders used compensation to drive the nurses' reduction in voluntary turnover. Based on the participants' responses, financial compensation was a successful strategy that was used to reduce voluntary turnover of bedside nurses. Homans indicated that in SET, the assumption was that employers who offer compensation to their employees expect in turn to benefit from their valued work. Similarly, an employer may reciprocate to employees' positive work attitudes, behavior, loyalty, reduced absenteeism, and reduced turnover by providing competitive benefits, enhanced respect, and trust for employees (Tarmidi et al., 2020). I used NVivo 12 pro to quantify the number of times the subthemes in the theme, financial compensation, to reduce voluntary turnover of bedside nurses appeared in the collected data. The subthemes and themes were supported using the interview transcript. I used the SET to explain the relationship between the health care organization and bedside nurses in which the senior leaders provided adequate compensation while the bedside nurses reciprocated by their significant reduction in voluntary turnover.

Theme 3: Effective Communication to Reduce Voluntary Turnover of Bedside Nurses

The third theme that emerged from the analysis of participant's responses was that communication effectively improved bedside nurses' retention. Lee and Varon (2020) noted that communication strategies could improve employee retention. Participants

confirmed the organization's standard of communication which highlights the critical aspects of transparency and effectiveness of the communication that exists between senior leaders and bedside nurses. The participants agreed that by engaging in ongoing conversations, communication improved bedside nurses' retention. Three subthemes emerged: engagement, staff shout-out board, and stop-watch report. The subthemes included in the effective communication theme were, engagement, staff shout-out board, and stopwatch report. Table 3 includes the subthemes I identified in the third theme, their occurrences and percent.

Table 3

Subthemes of Effective Communication to Reduce Voluntary Turnover of Bedside Nurses

Subtheme	Frequency	Percent
Engagement	31	58
Staff shout-out board	13	25
Stopwatch report	9	17

Note. Frequency is the number of times a subtheme appeared in the collected data. Percent is the percentage of occurrence as compare to the total occurrences of subthemes.

Subtheme 1: Engagement. Work engagement (WE) is a positive, work-related state of mind that is fulfilling and represents as strength, commitment, and preoccupation (Ohemeng et al., 2020). Nurse leaders who manage engaged well-performing and stable nursing staff have the willingness to execute conflict resolution and improve nurse retention (Dunford et al., 2020). The participants confirmed that the bedside nurses who demonstrated high levels of work engagement displayed more creative and innovative behaviors at work. SL-1 noted that senior leaders tried to engage the nurses by “Making a

personal connection with people and learning about them, their families, and just having that personal connection with them.” SL-1 further recalled, “We ask people to volunteer to go to the Rathbone House, which is a place close here that families can stay.” SL-2 stated, “So as far as strategies to retain, we have done stay-interviews with nurses and CNA’s, just to touch base with them to see what’s working well for them.” SL-3 recalled, “So, last month, we were directed by H.R. Department to start doing stay interviews, an engagement strategy.” SL-4 stated:

So for me as a nurse leader, I’ve usually tried to do what I can to engage people in certain aspects that they could be engaged in some of the decision making for the department that I’ve been in trying to get people involved in things that affect their workflow.

SL-5 added, “I think the camaraderie or engagement with their peers has been successful.” SL-6 concluded, “I think engagement with the nurses. So how engaging the staff is with me. So, I look for trust.” In defining the concept of attachment theory, Ndonga and Tshukudu (2020) measured the degree of employees’ engagement with their organization by the state of reasoning, emotional, communicative attachment that employees have with their jobs and organization.

Subtheme 2: Staff shout-out board. The company’s documents that I reviewed from the organization’s website also indicated the staff shout-out strategy, used to identify the unique talent of each nurse. The leaders of that organization used the staff shout-out strategy to identify the most notable two strengths for everyone on their team. SL-1 recalled, “So, you do have to keep thinking of ideas on how to identify their talent,

make them happy with their job, and enjoy their job.” SL-2 stated, “We also have staff shout-out board, which the staff check in each week. They put down what they love about their week, what they do not love about their week.” SL-3 acknowledged, “We have a staff shout-out board that we encourage the staff and they really do a good job of it. But this is unit-based bulletin board.” SL-5 stated, “There's also the talent of being a preceptor on the unit for our experienced nurse, identified from the staff shout-out board. It's preparing the preceptors, making sure that they're prepared to teach the new nurses.”

Subtheme 3: Stopwatch report. SL-1 defined the stopwatch report as a report which “gives the nurses a sense of making a difference in helping. That kind of has effect on our families, you know, they depend on that very well.” SL-2 noted, “That's kind of where my stopwatch report is coming in. The way to help address that and being able to communicate that information out is good.” SL-3 recalled “So, I think hearing them putting it out as a visual, this is what we're working on, I think means a lot to be on. That's beautiful stuff.” SL-4 acknowledged, “Sometimes it was just having a conversation with them to say, you know, what would make you happier here or what? What can I do to get you more involved?” SL-5 stated, “I'm not sure if anybody has mentioned our platform that we use as the stopwatch platform.” SL-6 recalled, “We just added a stopwatch report. So, every time they have an idea, I'm writing it up there. I'm working on it.”

The communication theme and the participant's responses aligned with the conceptual framework, SET, which was Homan's theory. Homan's theorized that employees would do the necessary work to meet the outcome. Participants indicated that

the health care leaders used communication to motivate the employees in achieving an outcome. Based on the participant's responses, communication was a successful strategy that was used to reduce bedside nurses' voluntary turnover. The SET as proposed by Blau (1964) is segmented into perceived organizational support and LMX. Perceived organizational support entails the exchange relationship between an employee and their senior leaders (Noronha et al., 2020). The implementation of an effective communication could result from establishing a strategic relationship between leaders and employees (Hammoud & Osborn, 2017). Frequent communication could lead to an understanding of personal characteristics and organizational context, which could be critical components that contribute to improvement of trust that neither party will evade the obligations (Blau, 1964). I used NVivo 12 pro to quantify the number of times the subthemes in the theme, effective communication, to reduce voluntary turnover of bedside nurses appeared in the collected data. The subthemes and themes were supported using the interview transcript. The continuation of a relationship relies on the degree of communication and value attached to that relationship by the parties involved in it (Liu et al., 2020).

The second data source was company's documents that highlighted employees' benefits and along with organizational and human resources strategies to retain employees, including bedside nurses. The collection of company's documents reviewed from the organization's website also included a report that showed the applied retention strategies such as Woohoo, staff shout-out, and the education financial assistance offered by the organization to retain nurses. These documents were used in the methodological triangulation process because they provided corroboration of the data collected through

semistructured interviews and interview summaries. Senior leaders of the organization used Woohoo to recognize a team member and initiate accumulating points through Woohoo display place. The staff shout-out strategy was used to identify the unique talent and gift of each nurse. Senior leaders of the organization used the staff shout-out strategy to identify the top two strengths for everyone on their team. After reviewing the documents, I interviewed six nurse leaders who have implemented bedside voluntary retention strategies within 2 years of this study. Each potential participant received an invitation and agreed to participate in this study.

Applications to Professional Practice

Based on the findings and recommendations from this research study, senior leaders in health care organizations could apply the successful strategies explored to retain their bedside nurses and possibly other health care workers. The competitive market in health care organization has limited the attraction and retention of bedside nursing. The retention of health care professionals is critical to health care organization because of the shortage of talent (Jadon & Upadhyay, 2018). An employee may select an organization based on the treatment they receive during the hiring process (Dhanpat, Madou, Lugisani, MaboJane, & Phiri, 2018). Mitigating voluntary turnover among bedside nurses, who are tirelessly working in the COVID-19, has appeared as one of the greatest challenges in health care organizations. The retention of the bedside nurses may increase profits, facilitate expansion into new territories, and promote company stability and sustainability.

Job Satisfaction

According to Blau (1964), job satisfaction implies when the employee perceives that his or her input to the organization is fully compensated by what reciprocates from the organization. The participants in my study stated that shared governance, stop light, and woohoo competition strategies were implemented to improve job satisfaction in the organization. The organizational leaders who treat their workforces positively could notice job satisfaction among their employees (Sohal, 2020). Employees' perceptions of fair and equal treatment from an employer will result in positive work behaviors (Sohal, 2020). Together, these actions foster a social exchange relationship between the bedside nurses and their senior leaders in which both parties are mutually rewarded and subsequent reduction in voluntary turnover. Trust in organizational leaders may result from the developmental feedback from a supervisor (Guo et al., 2020). The practical business implications of my finding in maintaining satisfied health care workers involved sustaining trust between the bedside nurses and their senior leaders. An employer may reciprocate to employees' positive work attitudes, behavior, loyalty, reduced absenteeism, and reduced turnover by providing competitive benefits, improved conditions of service, and enhanced respect and trust for them (Tarmidi et al., 2020). The practical business implications also included lowering voluntary turnover, increasing loyalty from employees, improving productivity, and increasing the organization's profit.

Financial Compensation

Based on the participants' responses, the implementation of financial compensation was a successful strategy to reduce voluntary turnover of bedside nurses.

The subthemes within the compensation theme were preceptor incentive, sign-in bonus and tuition reimbursement. An employer may reciprocate the positive work attitudes, loyalty, and reduced turnover of employees by providing higher benefits, improved conditions of service, and enhanced respect (Weninger, 2020). In my research findings, adequate financial compensation to the bedside nurses could indicate health care organization's capability to attract skilled talents, increase employees' motivation, enhance employee loyalty, and the potential to improve their patient care and profitability. Financial incentive such as broad-based stock options generates a social exchange relationship between the manager and workers, which results in improved job performance (Cappelli, Conyon, & Almeda, 2020). Compensation and benefit significantly associated with hospital employee's time management practice (Chanie et al., 2020). A practical business implication from this study is that health care organizational leaders need to assess and improve organizational policies and strategies relating to competitive financial compensation.

Communication

The communication's subtheme comprised of engagement, staff shout-out board, and stop-watch report. Based on the participant's responses, effective communication was a successful strategy that was used to improve bedside nurses' retention. The lack of an engaged workforce could result in a higher rate of medical errors, ineffective communication skills, and the ineptness to support colleagues in critical situations (Girdwichai & Sriviboon, 2020). With an increased emphasis on patient safety, health care organizational leaders are looking at the importance of engagement and teamwork to

improve safety (Lee & Varon, 2020). Communication exists when employees can express their similarities, differences, and agree to make improvements (Lehmberg & Tangpong, 2020). The practical professional implication was that effective communication is a significant tool for senior leaders finding solutions for improvements within the organization. The implementation of effective communication in this study indicated the ability of employees expressing themselves and senior leaders providing feedback on ways to make improvements in their work environment. When employees find their suitable fit, they are more likely to remain in the organization (Dunworth, 2020). Participants agreed that nurses who participate in frequent huddles, meetings, forums, staff shout-out board, and stop-watch report are more engaged and committed to the organization. The participants indicated that through effective communication, issues and concerns get resolved and improve patient care.

The practical business implication associated with communication in this study included the provision of quality care to patients in health care organizations. The research participants concluded that senior leaders provide an environment that is conducive to have open lines of communication, continuous recognition tactics, and options that fit the needs of the employees, as well as the organization. The findings in this study indicated that implementing retention strategies that are fair and nurse-centered could improve bedside nurses' satisfaction and reduce their voluntary turnover intentions. Another practical business implication associated with communication in my study indicates how senior leaders and human resource personnel could incorporate successful

strategic retention plan that may improve productivity and profitability for an organization.

Implications for Social Change

The implications for positive social change in my study included the potential to promote better bedside nursing services to patients. Reducing voluntary turnover of bedside nurses may reduce bedside nurses' anxiety. Retaining satisfied and engaged bedside nurses could lead to providing adequate bedside nursing services to patients and reducing mortality rate in health care organizations.

The findings of this study indicated that job satisfaction among the bedside nurses could positively effect social change for patient care, bedside nurses, and health care systems. The findings of this study aligned with those of Gordon et al. (2020) that defined shared governance as an approach that will improve satisfaction of nurses by bringing nurses into decision-making processes. The senior leaders in health care organizations encourage creativity and interpersonal relationships among the nurses through the implementation of shared governance. The strategies to consider in decreasing turnover and increasing satisfaction include providing opportunities for nursing advancement, promoting the value of nursing, and increasing time management (Chanie et al., 2020). Senior leaders in any organization could implement strategies identified in this study to strategically influence their employees to feel satisfied in their job and enjoy lengthy job retention. The positive social change should include bedside nurses staying longer in their profession, increasing the number of active and experienced

bedside nurses, mitigating the impending bedside nurses' shortage, and improving patient care.

Based on the findings of this study, providing financial compensation was a successful strategy to reduce voluntary turnover of bedside nurses. An employer may reciprocate the positive work attitudes, loyalty, and reduced turnover of employees by providing competitive financial benefits (Weninger, 2020). In the findings, adequate financial compensation to the bedside nurses indicated that senior leaders in the host organization could attract skilled talents, increased employees' motivation, enhanced employee loyalty, reduced rate of mortality and increased profitability. From a social perspective, providing financial incentive to health care employees may result in increased quality care for the families living in the community. Further contribution of providing financial incentive to positive social change from this study may include, improving retention of experienced RNs, reducing rate of mortality, and recruitment of new bedside nurses from within the community. Leaders in organizations could correctly align incentives, such as stock options, delayed retirements, higher competitive wages, and adoption of the work-life model to attract and retain talents (Cappelli et al., 2020). The implementation of these financial incentives by senior leaders of the health care organization could generate a social exchange relationship between the senior leaders and bedside nurses and may result in reducing nurses' shortages. During the COVID-19 pandemic, senior leaders of health care organizations strategically offer financial incentives to attract and retain bedside nurses in hot spot areas, such as New York, New Jersey, and California. Many bedside nurses, in this pandemic period, have contributed to

and led the transformative changes by providing seamless, passionate, quality care. Also, the implication for social change may include serving the ever-increasing population of patients seeking care, which could have a positive influence on the organization, as well as on businesses and families in the local community.

Effective communication among health care professionals could result in improved patient safety because of adequate critical information, clarification of information, and audible telephone communication. Employees' engagement and performance get better when they interact effectively with each other (Ohemeng et al., 2020). With an increased emphasis on patient safety, senior leaders in health care organizations are looking at the importance of engagement and teamwork to improve safety (Lee & Varon, 2020). Engaged teams are characterized by trust, respect, and collaboration. Communication exists when employees can express their similarities, differences, and agree to make improvements (Lehmberg & Tangpong, 2020). The findings of this study show that nurses who participate in frequent huddles, meetings, forums, staff shout-out board, and stop-watch report are more engaged and committed to the organization. Senior leaders in any health care organization could use the results of this research by recognizing and following the central message of this study: the need for senior leaders implementing strategies to retain bedside nurses. The positive social change could show that bedside nurses who feel their organization is investing in them, return that investment.

Recommendations for Action

The goal of this study was to explore the strategies that senior health care leaders implemented to reduce bedside nurses' voluntary turnover in the southeastern United States. The ability for health care leaders to provide quality patient care and attain long term organizational success depends on how employees' turnover rate is mitigated (Doug, 2015). Senior leaders in health care organizations could improve the quality of patient care by implementing effective strategies mitigating voluntary turnover among bedside nurses. The initial recommendation will be for senior leaders in health care organization to take advantage of the diversity among bedside nurses and create an environment where respect and appreciation for the bedside nurses' differences are effectively communicated. The health care senior leaders should understand the bedside nurses' exclusive learning and work styles and include these aspects in their strategies. Bedside nurses' satisfaction of effective retention strategies may contribute to how long they want to stay with the organization. The senior health care leaders should show their support by designating bedside nurses' responsibilities that fit their level of experience which may reduce their anxiety, consequently establishing organizational morale and success within the organization.

The second recommended action for mitigating voluntary turnover is for senior leaders in health care organizations to offer competitive compensation, benefits, and proper recognition for bedside nurses' accomplishments. Employees' decisions to stay with the organization could be associated with how the employer recognizes their employees by investing in variety of programs that would encourage growth in the

human capital (Weeratunga, Singh, & Arumugam, 2020). Most recently graduated bedside nurses have higher education and more preference to financial rewards.

Finally, I will make available a summary of the results of this study to the six participants and may also publish those results in health care journals or on health care websites.

Recommendations for Further Research

I identified several areas for further research. The initial recommendation for further research is for researchers to focus in different geographical locations. These researchers may focus on another state, country, or business sizes in health care system which may provide wider perspective of strategies to mitigate voluntary bedside nurses' turnover. The second future research recommendation is for researchers to focus their qualitative study on another specific type of nurses such as emergency room, surgery room nurses, or oncology nurses. The researchers could develop an in-depth understanding of bedside nurses' voluntary turnover, and ways to address job satisfaction. The third future research recommendation is to replicate the qualitative study to other non-health care industries in process of retaining their employees. The themes that emerged during this study may be of considerable interest to assist other non-health care organizations in providing job security and growth opportunities for individuals within their local economies.

The final future research recommendation is to apply a mixed method approach because the application of quantitative data can measure the themes that are significant to the retention of bedside nurses. Through questionnaires methodology on how to retain bedside nurses, future researchers could quantify the results by combining the number of

comparable replies. A different process of interviewing others can provide a different viewpoint of the bedside nurse. The combination of qualitative and quantitative data could provide inclusive information on how senior leaders and their human resources could implement strategies to mitigate bedside nurses' voluntary turnover.

Reflections

During this academic journey, I realize that paying close attention to the doctoral rubric was the key to achieving the end goal. In conducting this study, I gained more experience on how much information is available during my semistructured interviews with senior leaders in a health care organization. The senior leaders in health care organizations could reduce bedside nurses' voluntary turnover by paying attention to the opinions of their bedside nurses. Conducting this research also provided an enlightening avenue on how the scholarly literature and NVivo software aided in my research and analysis. I came into this project as a non-health care employee. By employing bracketing approach, I had an opportunity to put aside my knowledge and truly listen to what other people had to say. The interview process provided convincing results by demonstrating that many of my long held beliefs and thoughts in job satisfaction, adequate financial incentive, and effective communication agreed with those of the bedside nurses.

Conclusion

The purpose of this qualitative single case study was to explore strategies that senior health care leaders used to reduce voluntary turnover of bedside nurses. The target population comprised six senior health care leaders at a health care system located in the southeastern United States. The selected research participants successfully implemented

strategies to reduce bedside nurses' voluntary turnover. Senior leaders in health care organizations, who want to mitigate voluntary bedside nurses' turnover, should pay attention to the extent of bedside nurses' job satisfaction, financial packages provided to bedside nurses, and the effectiveness of their communication with bedside nurses. Health care organizations should also ensure that they provide intrinsic rewards and recognitions to their bedside nurses.

Senior leaders in health care organizations, who wish to mitigate voluntary turnover among bedside nurses, should provide bedside nurses with opportunity for engagement in decision-making. Nurses will improve their decision-making process when they clearly understand their job duties and gain knowledge from preceptorship necessary to carry out those duties. The use of woohoo strategy, spotlight concept, staff shout-out board, stopwatch report, and stay interviews may also serve to facilitate bedside nurses' retention as a means of measuring the applicability and effectiveness of the retention strategies. Considering the on-going pandemic COVID-19 and the essential role of bedside nurses in assisting infected patients, senior leaders in health care organizations should understand the true value of their bedside nurses, treat them with respect, and encourage a positive relationship with them. Finally, senior leaders in health care organizations should provide bedside nurses with opportunities for growth.

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Appendix A: Interview Protocol

Date: _____ Location: _____

Researcher: _____ Participant: _____

Instructions:

1. I will greet participants and express my appreciation for their participation.
2. I will explain the consent form and the goal of the study.
3. I will ask the participant to sign the consent form if he or she consents to participate in the study. I will collect the consent form.
4. I will write each participant's code on top of the consent form.
5. I will begin the interview process.
6. I will be conscious of my body language to minimize any influence on the participant's responses.
7. I will record individual interview in a digital format.
8. The interview questions will follow the same pattern for all the participants.
9. I will thank the participants for taking part in this study after stopping the digital audio recorder and concluding the interview.
10. The approximate time of the interview will be 45 – 50 minutes.

Interview Questions

1. What strategies did you use to retain bedside nurses?
2. What strategies have been most successful in retaining bedside nurses?
3. How did you assess the effectiveness of these strategies?

4. What barriers did you encounter when implementing the strategies for retaining bedside nurses?
5. How did you address the barriers limiting the implementation of your strategies for retaining bedside nurses?
6. What work-related activities did you provide to bedside nurses to encourage them to remain in your facility?
7. What financial incentives did you provide to bedside nurses to encourage them to remain in your facility?
8. What additional information, documentation, or process, which you consider relevant to this research, would you like to share with me?