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Strategies Nurse Managers use to increase registered nurses retention

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This is to certify that the doctoral study by

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has been found to be complete and satisfactory in all respects,
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Walden University
2020

Abstract

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by

Andrew Sobers

MSF, New England College of Business 2010

MBA, University of Surrey, 2002

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Abstract

Registered nurse (RN) turnover significantly impacts organizational profitability and

performance. The turnover of nurses also impacts business practices as it may disrupt the

organization's ability to properly staff and provide efficient patient care. Further, nurse managers

inability to retain RNs may result in problems such as loss of productivity and increased

personnel costs. Guided by Burn's transformational leadership theory and Homan's social

exchange theory, the purpose of this qualitative single case study was to explore the strategies

that nurse managers use to increase RN retention. Participants were 6 nurse managers from

Boston, Massachusetts who implemented RN retention strategies in their organization. Data were

collected through Zoom interviews with 6 nurse managers. Data were analyzed using

methodological triangulation, thematic analysis, and open coding to identify pattern and themes.

The 3 main themes that emerged from the data analysis were: barriers to implementing RN

strategies, retention strategies, and measures of retention. The key recommendation is for nurse

managers to develop, implement, and establish metrics to monitor strategies that promote RN

retention. The implications for positive social change include the potential for nurse managers to

improve RN retention and positively effect organizational productivity. RNs. Reducing RN

turnover may lead to increased profitability, organizational growth, continuity of patient care and

the provision of the safest and highest quality of care to individuals within the community

seeking medical care.

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Dedication

I dedicate this doctoral study to my parents, Marcado Jones and Euleane Sobers. You are my inspiration; your unconditional love and support have brought me to this point in life and I thank you for all you have done for me.

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Section 1: Foundation of the Study

Poor employee retention and high turnover of registered nurses (RNs) have been challenges for the healthcare sector in the United States (Yu & ja Kang, 2016). In particular, nurse managers nationwide are having challenges retaining RNs. The focus of this doctoral study was to understand the strategies that nurse managers use for improving RN retention. The possible factors that may make it challenging to retain RNs include leadership styles, lack of autonomy, lack of recognition, and communication.

Background of the Problem

The cost associated with RN turnover is of major concern to organizations, as it places a financial burden on healthcare systems (Li & Jones, 2013). The cost of RN turnover is $856 million for organizations and between $1.4 billion to $2.1 billion for society (Li & Jones, 2013); mitigating this cost is a major concern for healthcare leaders. As such, and according to Yu and ja Kang (2016), the national average of RN turnover is approximately 28% of overall healthcare costs. Hospital leaders should find ways to address RN turnover before the costs spiral out of control (Yu & ja Kang, 2016).

Some of the reasons that nurses identify for leaving their nursing positions relate directly to leadership concerns (Mannix, Wilkes, & Daly, 2013). Hayward, Bungay, Wolff, and MacDonald (2016) noted that leaders earn employees' intent to stay through consistent behavior and demonstrated leadership from leaders to the RNs who work for them. The Bureau of Labor Statistics (BLS, 2018) projected 18% growth in the healthcare industry in the United States and a 15% increase in the demand for RNs from 2016 to 2026. Despite these positive numbers, RN retention remains a challenge for

many organizations, including the major metropolitan tertiary care teaching hospital in

Boston, MA serving as the setting of this study.

Problem Statement

RN shortage is a direct impact of retention and turnover problems (Rosseter,

2012). The RN shortage accounts for 28% of the national average of healthcare costs, and

worse, results in reduced quantity of patient care, increased operating costs, and higher

RN turnover (Yu & ja Kang, 2016). Li and Jones (2013) noted costs of approximately

$88,000.00 in lost productivity to replace one RN. The general business problem was

hospitals experience increases in operating expenses due to the challenges associated

with retaining RNs. The specific business problem was some hospital nurse managers

lack knowledge of the strategies to retain RNs.

Purpose Statement

The purpose of this qualitative single case study was to explore the strategies that

nurse managers use to improve RN retention. The population for this study included

nurse managers in a major metropolitan tertiary care teaching hospital in Boston, MA

who implemented leadership retention strategies to improve RN retention. Employees

who perceive they are treated justly and equitably based on their organizational

contributions perform at a proportionate level and tend to remain with their organization

(Avanzi, Fraccaroli, Sarchielli, Ullrich, & van Dick, 2014). Implications for positive

social change included the continuity of patient care and the provision of the safest and

highest quality care to individuals who are within the community and seeking medical

care (Cleary, Horsfall, & Hayter, 2014). Moreover, the implications for positive social

change included the potential to provide nurse managers with specific strategies to improve RN retention (Collini, Guidroz, & Perez, 2015). Reducing the effect of RN turnover and improving RN retention at their respective organizations benefits society by allowing healthcare organizations, especially those employing nurses, to further contribute to their communities. This occurs through more frequent opportunities for nurses to volunteer in the communities they work using their medical knowledge to promote health in the community or provide health screenings at community events, give advice on diet or exercise, and provide education to the public.

Nature of the Study

Researchers choose from one of three research methods: qualitative, quantitative, or mixed methods (McCusker & Gunaydin, 2015). In choosing the appropriate methodology of a proposal, the researcher should consider the research problem, the individual experiences of the researcher, and the audience(s) who receive the report. According to Edwards, O'Mahoney, and Vincent (2014), qualitative research method is a means of exploring, understanding, and describing the lived experiences of individuals in their natural setting. In contrast, quantitative researchers use numerical data to formulate facts and uncover patterns in research; the collection methods are much more structured and include the use of surveys and closed-end questionnaires (Harwell, 2011). The quantitative method, therefore, was not appropriate for the current study. Researchers use a mixed methods research approach in order to combine both qualitative and quantitative methods in a single study (Harwell, 2011). To explore the strategies that nurse managers

use to reduce RN retention, I did not test hypotheses; thus, the quantitative or mixed methods approaches were not suitable for this study.

I considered four applicable research designs for a qualitative study on strategies for employee retention: ethnography, phenomenology, narrative, and case study. Ethnography research requires a researcher to immerse her or himself in the target participants' environments in order to understand the goals, cultures, challenges, motivations, and themes that emerge (Saunders, Saunders, Lewis, & Thornhill, 2016). This research design would not have been an optimal choice, as it would have been difficult for me to be absorbed in the target population based on the type of work and the privacy concerns. Phenomenology is the research design focused on in-depth exploration of the lived experiences of individuals to understand a phenomenon. The phenomenological research design was inappropriate for this study because I did not focus only on participants' lived experiences to address the purpose of this study (Saunders et al., 2016). Narrative research focuses on how individuals assign meaning to their experiences through the stories they tell. Narrative research is an approach normally viewed through the lenses of one to two individuals (Clandinin, Cave, & Berendonk, 2017). A narrative research approach would not have been an optimal choice for this study. Ultimately, I elected to employ a case study design for this study. The case study design involves efforts to understand the research topic through multiple types of data sources (Saunders et al., 2016). Case studies can be explanatory, exploratory, or can describe an event. I determined that the case study design would be the optimal choice for this study, given its suitability for exploring contemporary, real-life phenomena through

detailed contextual analysis of a limited number of events or conditions and their

relationships with one another.

This study was a single case research. In a single case study, the researcher

focuses on the study of one group of individuals or one entity with similar traits (Yin,

2017). A multiple case study allows for the analysis of information from different groups

(Yin, 2017). Based on the purpose of this study, a single case research was more

appropriate due to my focus on one major metropolitan tertiary care teaching hospital in

Boston, MA.

Research Question

The following research question formed the basis of this study:

What strategies do nurse managers use to increase RN retention?

Interview Questions

I used the open-ended questions below to gather information from study

participants regarding the strategies that they use in their leadership roles to increase RN

retention:

1. What strategies have you employed in the organization to increase RN

    retention?

2. What barriers have you encountered in implementing retention strategies for

    RNs in the organization?

3. How did you address the barriers encountered when attempting to implement

    RN retention strategies in the organization?

4. How did your RNs respond to strategies for increasing retention?

5. How is RN retention measured in your organization?

6. How did you measure the effectiveness of your strategies to improve RN retention?

7. What additional information would you like to share in order to provide me with a clearer perspective of how your organization addresses RN retention?

Conceptual Framework

I used the conceptual framework of transformational leadership of Bass and Avolio (1997) as the guide for this study. Bass and Avolio (2000) argued that transformational leaders possess behaviors that can change as well as inspire employees to perform above expectations, while transcending self-interest for the good of the organization. The full range model of leadership that Avolio and Bass (1991) proposed and Bass and Avolio (2000) revised is a basis for evaluating a wide range of leadership behaviors aimed at providing a comprehensive approach of identifying leadership styles.

Nursing professionals have historically subscribed to the notion of a task-oriented model of leadership focusing on mistakes, rather than shared visions and relationships (Cumming et al., 2010). Retention is important in organizations, especially in hospitals catering to patients with urgent needs. RN retention is critical from both a financial perspective as well as from a leadership viewpoint, as there is a high cost associated with RNs leaving the organization (Everhart, Neff, Al-Amin, Nogle, & Weech-Maldonado, 2013). Many of the reasons that nurses identify for leaving their nursing positions directly relate to leadership concerns (Mannix et al., 2013). Hayward et al. (2016) explained that leaders earn employees' intent to stay through consistent behavior and demonstrated

leadership. Hayward et al. noted that RNs often work long hours and sacrifice time with their families to ensure the care of their patients. It is important, therefore, that nursing leaders recognize their staff's sacrifices and provide opportunities for their growth and development (Hayward et al., 2016).

I also used social exchange theory as part of the conceptual framework of this study. The proposition of social exchange theory is that different social relationships, such as the employee-leader relationship in the workplace, involve power relations (Homans, 1958). Power relations refer to the extent of autonomy or control that resides with an individual or a group. In the context of this study, power relations exist between leaders and their nurse subordinates. By studying these relations, I aimed to understand the dynamics of the working relationship and work performance of these individuals, which was important in understanding the turnover intentions of nurses.

In the context of a subordinate (e.g., nurse) and dominant (e.g., nursing supervisor or manager), social exchange is a viable exchange within this relationship (Blau, 1964). Supervisors have greater autonomy or power than employees. When one party with greater autonomy interacts with a subordinate, if the party with greater autonomy provides an incentive or concession to the subordinate, it may have a higher value than when the subordinate gives a favorable response to the incentive or concession that the subordinate receives. As such, to reciprocate, the subordinate must give more to equate the incentive or concession than the subordinate receives (Homans, 1958).

Overall, social exchange theory focuses on analyzing the costs and benefits of different alternatives to a decision in order to explain why individuals communicate with

each other, form relationships, and why certain groups or communities get developed
through information exchanges (Homans, 1958). The purpose of exploring the exchange
activity is to understand the interactions, as well as the advantages and disadvantages of a
relationship between the individuals involved in the exchange (Homans, 1958). Based on
the concepts of social exchange theory, employees have tendencies to act depending on
perceived presence of a rewarding situation, where benefits outweigh costs (Homans,
1958). If nurses perceive the strategies of leaders to be rewarding, they may contribute to
turnover reduction (Homans, 1958). Otherwise, if employees perceive that costs
outweigh the benefits, turnover is a possible outcome (Homans, 1958). In the context of
this study, understanding the exchange activity between leaders and subordinates within
the context of personal assessment of the cost-benefit in the nursing profession may be
helpful in assessing the effectiveness of strategies for preventing turnover. Understanding
how leaders promote transformational leadership dimensions within the organization is
essential to promoting a favorable work environment; thus, minimizing the tendencies of
turnover. Through the use of social exchange theory and transformational leadership
theory, I aimed to gain deeper insights into the studied phenomenon in order to address
the research question of the study comprehensively.

Recent researchers examined the role of social exchange theory (SET) in the
nursing profession. For example, Pillay and James (2015) found that nurses were more
likely to achieve cultural competence when they had frequent face-to-face interactions
with patients and colleagues who were of a different cultural origin than their own. They
noted that this skill is vital to providing optimal care to diverse patient populations. SET

states that social exchanges occur when each party perceives potential gain from the

transaction; in this case, both patient and nurse, or nurse and colleague, may gain.

In support of SET, Xerri and Reid (2018) found that when human resources and

management offered nurses training and subsequent advancement opportunities, both

turnover intention and actual turnover were lowered. This aligns with SET, in that an

exchange was offered from which both parties (i.e., nurses and management) derived

perceived benefits. The result was an increase in nurses' overall performance—even

among those who did not immediately take advantage of the career advancement

opportunities offered (Xerri & Reid, 2018).

Furthermore, Ancarani, Di Mauro, and Giammanco (2017) studied the factors that

might influence greater compliance by healthcare workers with safety regulations. These

authors found that SET operated in this setting when co-workers cooperated with one

another in following safety procedures. Particularly important was that peers (i.e., those

of equal standing in the nursing hierarchy) corrected each other's errors without shaming

or blame. The SET perspective is that dyadic pairs of peers may implement social

exchange because they both perceive a gain from the transaction, in this case, increased

workplace safety.

Operational Definitions

The goal of operational definitions is to clarify key terms, jargon, and specific

words as I used them for the specific purposes of this study. Hinkel, Nicholls, Vafeids,

Tol, and Avagianou (2010) suggested that researchers use operational definitions as a

way of providing precise terms for measurement and operation. In this section, I focus on leadership and healthcare-related terms that are not typically found in analogous research.

Employee engagement: Employee engagement refers to the emotional commitment that employees feel toward the organization they are part of and the associated actions that employees take to ensure organizational success. Engaged employees demonstrate actions that bring self-fulfillment and make active contributions to the organization (Kataria, Rastogi, & Garg, 2013).

Employee retention: Employee retention refers to a leader's ability to not only reduce the turnover costs or the cost that a company incurs to recruit and train employees, but also to prevent other organizations from poaching talented employees (Sandhya & Kumar, 2011).

Leadership styles: A leadership style is a social influence process through which a leader seeks the voluntary participation of subordinates in order to reach organization goals (Nanjundeswaraswamy & Swamy, 2014).

Transactional leadership: Transactional leadership theory refers to the relationship between leaders and subordinates as being based on the contract. Leaders and subordinates tend to attain organizational goals by focusing on specific job roles and mission design, with the main goal of maintaining a stable organization (Tsai, Wu, & Chung, 2009).

Transformational leadership: Transformational leadership theory refers to leaders' ability to improve their subordinates' performance by changing their motives and values (Nanjundeswaraswamy & Swamy, 2014).

Assumptions, Limitations, and Delimitations

Assumptions

Marshall and Rossman (2016) defined assumptions as those things about the study accepted as being true without being specifically verified by the researcher. Ignoring the study assumptions could render the research findings invalid (Leedy & Ormrod, 2013). One assumption for this particular study was the participants would answer the questions honestly and would provide accurate information from their individual viewpoints. A second assumption was that I, as the researcher, would be able to comprehend and analyze the participants' responses fully. A third assumption of this study was that the participants would meet the inclusion criteria of having successfully used strategies that increased RN retention. The inclusion criteria for this study were: (a) being currently employed full-time, (b) having been a nurse manager for at least 2 years, (c) having employees who have been under their direct supervision for at least 6 months, and (d) having used successful leadership retention strategies to improve RN retention.

Limitations

Alvesson and Sandberg (2013) defined limitations as the weaknesses in a study that a researcher cannot control. Tabachnick and Fidell (2013) noted that researchers must provide identifiable limitations promoting validity and reliability of the study results. The first limitation of this particular study was the fact that the study sample may not be representative of the broader population. A limit of the study was also the fact that participants consisted only of nurse managers in their current organization. Another

limitation could have been participants' unwillingness to share the in-depth strategies they employed to improve RN retention.

Delimitations

Delimitations are those study characteristics defining the study scope and are within the control of the researcher (Marshall & Rossman, 2016). The scope of this particular study involved an exploration of the strategies that nurse managers use to reduce RN turnover. Marshall and Rossman suggested the use of delimitations to establish parameters and outline the contents of the study. The first identifiable delimitation of this particular study was the fact that the sample included only healthcare leaders, thus excluding other employees in various positions within the organizations studied. Secondly, the geographical location of the target population served as a delimitation of this study, because healthcare professionals outside of Boston, MA did not participate in this study. The third delimitation of the study stemmed from my decision to include a single organization in this case study. The fourth delimitation was that only nurse managers and no other types of personnel were eligible to participate.

<p align="center">**Significance of the Study**</p>

Contributions to Business Practice

The findings of this study contributed to business practice by producing recommendations for successful leadership retention strategies that may lead to organizational stability and reduced RN turnover (Bottomley, Burgess, & Fox III, 2014). The implementation of RN retention strategies could also improve overall organizational performance. Zhao et al. (2013) explained the lack of strategies aimed at improving RN

retention can result in increased costs associated with the hiring and training of new RNs. Jones (2008) evidenced a further contribution to business practice, positing that organizational leaders must identify and develop retention strategies to prevent the high turnover of RNs that could result in higher organizational costs and lower quality of care. The identification of retention strategies by nurse managers offered opportunities and insights to existing and prospective healthcare professionals regarding effective ways to improve RN retention.

Implications for Social Change

Social change may arise from organizational productivity with the advancement of the quality of life by improving the standard of living in the community (Alaimo, Beavers, Crawford, Snyder, & Litt, 2016). The implications of the current findings for positive and social change included continuity of patient care and the provision of the safest and highest quality of care to individuals within the community seeking medical care (Cleary et al., 2014). Moreover, the implications for positive social change included the potential to provide nurse managers with specific strategies to improve RN retention (Collini et al., 2015). Reducing RN turnover and nurses staying longer at their respective organizations benefit society. Some of these benefits include allowing the employees of these healthcare organizations to further contribute to their communities through more opportunities to volunteer in the communities they work by using their medical knowledge to promote health in the community or by providing health screenings at community events, giving advice on diet or exercise, and delivering public education.

A Review of the Professional and Academic Literature

The purpose of this qualitative single case study was to explore the strategies that nurse managers use to increase RN retention. According to Marshall and Rossman (2016), the goal of conducting a literature review is to allow the researcher to understand the categorization and evolution of knowledge on the research topic. The literature review includes a comprehensive analysis of relevant literature to examine recent findings related to the issue of RN turnover, particularly its causes and significance, and aims to identify methodological challenges and the implications for new evidence for future research. I used the conceptual framework of the full range model of leadership that Avolio and Bass (1991) proposed and Bass and Avolio (2000) revised.

The review of the literature involved searching academic websites, libraries, databases, and books, including Walden University's library databases and Google Scholar search engine link to peer-reviewed articles. The keywords in the search included: *registered nurse retention, leadership styles, costs of registered nurse turnover, organizational commitment, organizational culture,* and *registered nurse stress.*

The transformational leadership theory provided a fitting lens to conduct the study. I organized this literature review in a topical format, commencing with a comprehensive investigation of the transformational leadership theory and followed by a review of the impact of supportive leadership styles on RN retention, organizational culture, organizational commitment, job satisfaction, organizational stress, the cost of RN turnover, and the effects of leadership styles on RN retention. I also ensured to discuss barriers to the retention of RNs through this literature review.

Conceptual Framework

I used the conceptual framework of transformational leadership of Bass and Avolio (1997), who argued that transformational leaders possess behaviors that can change as well as inspire employees to perform above expectations while transcending self-interest for the good of the organization. The full range model of leadership proposed by Avolio and Bass (1991) and revised by Bass and Avolio (2000) provided a basis for evaluating a wide range of leadership behaviors aimed at providing a comprehensive approach of identifying leadership styles. These authors argued that organizational leaders transform and motivate employees mainly through four dimensions: idealized influence, individual consideration, inspirational motivation, and intellectual stimulation (Avolio & Bass, 1991; Bass & Avolio, 2000).

The profession of nursing historically subscribed to the notion of a task-oriented model of leadership that focuses on mistakes rather than shared visions and relationships (Cumming et al., 2010). Cumming et al. (2010) posited leadership styles might be characterized as relationally oriented that focus on people and relationships, aimed at achieving common goals or task-oriented styles that focus on structures and tasks. The authors cited differing leadership approaches to pursue human relations, show concern and respect for followers, express appreciation, support, and are genuinely concerned for their welfare (Bass & Stogdill, 1990). The task-oriented model of leadership contrasted with leadership built on relationships yielded greater staff satisfaction, increased patient satisfaction and outcomes and, ultimately higher RN retention rates (Cumming et al., 2010). This type of leadership, referred to as transformational, transforms nursing leaders

as well as the RNs who report to them. Burns (1978) first introduced the concept of transformational leadership.

Retention is important in organizations, especially in hospitals catering to patients with urgent needs. The importance of RN retention in hospitals is critical from a financial perspective as well as from a leadership viewpoint, as there is a high cost associated with RNs leaving the organization (Everhart et al., 2013). Some of the reasons that nurses commonly identify for leaving their nursing positions are directly related to leadership concerns (Mannix et al., 2013). Hayward et al. (2016) cited that RNs often work long hours and sacrifice time with their families to ensure the care of their patients. It is important their leaders recognize their sacrifices and provide opportunities for their growth and development (Hayward et al., 2016). When leaders recognize the hard work of the RNs, retention is likely to improve (Mannix et al., 2013). The transformational leadership framework has four dimensions: (a) idealized influence, (b) individualized consideration, (c) inspirational motivation, and (d) intellectual stimulation (Boamah, Laschinger, Wong, & Clarke, 2018).

Idealized influence. Leaders use the dimension of idealized influence to demonstrate selflessness and admiration for followers (Bass & Avolio, 2000). Choudhary, Akhtar, and Zaheer (2013) posited that transformational leaders should focus on motivating employees toward achieving organizational success and improving productivity. Motivating employees can help to ensure their job satisfaction, thus leading to higher retention. Choudhary et al. further noted that leaders should focus on individual beliefs and work on bringing about changes that influence cognitive awareness.

Successful leaders are skilled at transferring cognitive awareness to their employees.

Leaders who are successful at using the idealized influence dimension develop trust with

their followers, and the followers conversely develop confidence in their leaders (Bass &

Avolio, 1997). The current literature presents the importance of idealized influence

leaders can develop and instill in the minds of their staff (Koveshnikov & Ehrnrooth,

2018; Vasilagos, Polychroniou, & Maroudas, 2017). The followers idealize the leadership

styles of the leaders, adapting leaders' visions, core convictions, beliefs, and values (Bass

& Avolio, 1997). The leadership skills of hospital managers and supervisors are

important, potentially inspiring RNs, while setting high standards that challenge

employees and establish zeal and optimism for attaining success in the organization.

   Individualized consideration. The dimension of individualized consideration

refers to the attributes of a leader who inspire, provide coaching and training for, and

stimulate subordinates (Koveshnikov & Ehrnrooth, 2018). When leaders pay attention at

the individual level, the followers feel happy and comfortable when directed individually.

Leaders act as coaches for the team members, working with them to achieve the stated

goals and objectives of the company and empowering followers that may lead to them

being recognized and rewarded (Bacha & Walker, 2013). Based on the available

literature, the leadership and mentorship of supervisors and managers can significantly

impact employee behavior within an organization (Koveshnikov & Ehrnrooth, 2018;

Vasilagos et al., 2017). Bass and Avolio (2000) posited that individualized consideration

occurs as transformational leaders recognize the needs and goals of their followers. The

individualized consideration involves empowering and mentoring followers individually

and acting as role models for followers (Bacha & Walker, 2013). Transformational leaders use individualized consideration to influence staff members to achieve specific goals that benefit them individually and benefit the organization as well, while taking into consideration the skillsets of the followers and their abilities to meet the desired goals (Bass & Avolio, 1997). When leaders retain the individual focus of individual RNs and meet the needs of individual RNs, nurses are more likely to recognize their personal and professional worth, causing them to stay within the organization.

Inspirational motivation. Inspirational motivation is important because some employees perform better when they have managers or supervisors that they can look up to within the organization. Bass and Avolio (1997) explained leaders use the inspirational motivation dimension of transformational leadership to motivate and inspire their followers to achieve organizational objectives and outcomes. Motivation is an important element of healthcare, as motivation can impact performance and client care (Sullivan & Decker, 2009). Carney (2011) suggested that leaders who communicate high expectations to employees may also motivate them to buy into the vision of the organization. One way for nurse managers to achieve this goal is by ensuring that frontline employees are represented on committees that make executive decisions about the organization (Salanova, Lorente, Chambel, & Martínez, 2011). Placing frontline employees on the committees responsible for making executive decisions offers them greater responsibilities, as well as opportunities to learn new skills and the feeling of empowerment (Scherb et al., 2011). Many authors examined motivation and developed

theories about motivation, which are generally divided into two groups: content theories and process theories (Sullivan & Garland, 2010).

Content theories focus on individual needs and what is needed to satisfy these needs (Coccia, 2019). Maslow's (1954) hierarchy of needs is probably the best known of the theories, where the satisfaction of needs on one level then activates a need at a higher level. Sullivan and Decker (2009) suggested that organizations offering job-sharing roles to create a family-friendly workplace environment experienced increased job satisfaction. Some of the process theories include reinforcement theory, equity theory, and goal-setting theory, and the emphasis of the theories is on how motivation works to initiate an individual into performance, helping leaders to predict employee behavior in certain circumstances (Sullivan & Decker, 2009). Understanding there are many theories of motivation, it is incumbent upon nurse managers to combine different theories so that they complement each other (Moody & Pesut, 2006). It is critical that nurse managers move away from pure staff motivation and adopt inspirational motivation, as it infuses an intrinsic drive, creates employee enthusiasm and passion, and drives staff to independently strive to achieve the stated goals of the organization (Salanova et al., 2011).

Inspirational nurse managers should provide a clear vision of the future for their followers, persuading them to sacrifice their values for the benefit of the organization (Bishop, 2009). Inspirational motivation is important because employees in an inspired environment feel passionate about the ethos and significance of their contribution to the organization (Moody & Pesut, 2006), where duty becomes pleasure and pleasure merges

with duty (Salanova et al., 2011). Transformational leaders can motivate their followers by exemplifying effective leadership through their behaviors (Holstad, Korek, Rigotti, & Mohr, 2014).

Intellectual stimulation. Transformational leaders promote their employees' creativity and encourage intellectual learning through intellectual stimulation, which represents challenges for employees who prefer challenging—rather than stagnant and routine—environments (Bass, 1997). Bass and Avolio asserted that transformational leaders encourage intellectual stimulation by creating work environments that encourage creativity, using specific techniques to empower and support the employees as they work toward achieving their goals. Transformational leaders use intellectual stimulation, provide their followers with autonomy, and encourage them to find new ways of solving problems and making decisions (Bass, 1985). The intellectual simulation must also be a priority, with the goal of increasing employees' awareness of how they should work within the organization and of increasing the value they place on the organizational goals. It is through intellectual stimulation that Bass (1985) suggested leaders should challenge their followers to develop new ways to improve organizational output and performance.

Previous researchers have shown that RN retention is dependent on several factors, including the quality of their leaders (Khan, Griffin, & Fitzpatrick, 2018). Bass and Burns (1997) posited that transformational leadership behaviors—specifically inspirational motivation, intellectual stimulation, idealized influence, and individual consideration—lead to exceptional employee performance. These authors argued that leaders using mentorship and guidance strategies are more responsive to the needs of

their followers and can use the concepts of transformational leadership to motivate and retain RNs.

Bass and Avolio (1997) suggested that transformational leaders influence their followers by outlining the importance of contributing to organizational success, stating the importance of teamwork in the achievement of organizational goals, and motivating followers to seek responsibility and growth within the organization. Teamwork is possible only when team members are aware of team goals. Brunetto and Teo (2013) noted that employees who seek increased responsibility and identify avenues for personal growth within their organizations tend to stay there. It is important for leaders to focus on the professional growth of the RNs who work for them in order to motivate them to become better professionals.

Transformational leadership drives subordinates to transform themselves and continually innovate within their respective professions. Henker, Sonnentag, and Unger (2015) noted that transformational leadership theory is a tool that leaders use to motivate employees to perform beyond expectations. The four dimensions of the transformational leadership theory of Ghasabeh, Soosay, and Reaiche (2015) enable leaders to engender atmospheres that motivate and inspire employees. Maintaining employee motivation is important as it provides employees with the passion and strength to move on and move forward in their tasks. The success of transformational leaders depends on the confidence that followers place in them.

There exists a relationship between transformational leadership and employee retention (Nasra & Heilbrunn, 2016). Nasra and Heilbrunn examined the relationship

between transformational leadership style and employee behavior. The participants in the study consisted of RNs from private hospitals located in Amman, Jordan. Of the 200 surveys distributed, 168 were usable. These researchers used a Pearson correlation to examine significant relationships between the continuous variables of the five subscales of the transformational leadership MLQ-5X instrument and RN job satisfaction levels. Based on the results of the computed Pearson correlation coefficients, significant relationships exist for all five subscales and RN job satisfaction levels. Moreover, a positive relationship exists between transformational leadership and employee retention and behavior within the organization. Based on the positive relationship between employee retention and employee behavior, the scholars recommended that transformational leaders should prioritize regulating employee behavior to motivate employees to stay in the organization (Fasola, Adeyemi, & Olowe, 2013; Lewis & Cunningham, 2016). Lewis and Cunningham supported this association, concluding that healthcare organizations with nursing leaders who possess transformational leadership qualities tend to have high RN retention. Fasola et al. (2013) found an association between transformational leadership, high retention rates, increased productivity, and employee satisfaction, concluding that employee satisfaction is related to increased productivity.

The form of hospital leadership must not be taken for granted, because the abuse of leadership positions in hospitals is one of the major causes of low retention among RNs. Lavoie-Tremblay, Fernet, Lavigne, and Austin (2016) examined the difference between transformational leadership practices and abusive leadership practices of RNs in

Canada. Lavoie-Tremblay et al. used a cross-sectional design to question 541 nurses from

the Canadian province of Quebec. Nurses with fewer than 5 years of nursing experience

completed a self-administered questionnaire. Based on the results from three linear

regression analyses, the researchers suggested that transformational leadership practices

lead to higher-quality care and lower intentions to quit (Lavoie-Tremblay et al., 2016).

On the other hand, abusive leadership practices may potentially lead to poorer

quality care and strong intentions to terminate work within healthcare facilities and the

profession itself. Lavoie-Tremblay et al. (2016) found a direct association between

transformational leadership practices and the outcomes of increased RN retention and

improved patient care. Concurrently, Lavoie-Tremblay et al. found that abusive

leadership practices influenced RNs to leave. Previous researchers emphasized the need

for leaders to refrain from abusing their leadership positions and the importance of

leaders' abilities to work in difficult and challenging situations (Lavoie-Tremblay et al.,

2016). Lewis (2015) stated the vital importance of transformational leadership to help

RNs remain committed to their jobs and help them to persevere in their professions.

These scholars (Lavoie-Tremblay et al., 2016; Lewis, 2015) support the transformational

leadership theory and address the roles and styles of leaders and followers. Other scholars

have criticized transformational leadership theory (Kovjanic, Schuh, & Jonas, 2013;

Yukl, 1999), as I address in the following section.

Criticism of Transformational Leadership Theory

In this section, I explain the criticisms of transformational leadership theory,

specifically the contentions that transformational leaders lack clarity, use motivational

skills to manipulate followers, and engage in unethical behavior (Yukl, 1999). This

section also includes the impact of transformational leadership on the stress levels and

dissatisfaction of employees when they are compelled to achieve higher levels of

performance.

Antonakis and House (2014) posited that transformational leaders influence

organizational outcomes such as organizational behavior, employee commitment to the

organization, and employee retention. Kovjanic et al. (2013) offered an opposing view,

stating that organizational leaders who use motivational skills to improve organizational

outcomes are engaging in manipulation. Yukl (1999) supported this position, contending

that the transformational leadership theory was lacking in clarity and contained no

explanation for the relating variables between transformational leadership and positive

work outcomes.

Criticisms of transformational leadership have stemmed from the fact that the

ultimate goal of a leader is to transform an employee toward organizational commitment

without taking into consideration other factors such as the ethical nature of the

organizational goals. Scholars also have argued that transformational leadership theory

leads to potentially unethical behavior on the part of leaders (Yukl, 1999). For example,

leaders might inspire followers to make decisions that disregard company policy. Yukl

also suggested that the components of transformational leadership theory lack precise

definitions, making it difficult to teach others how to apply the theory in an

organizational setting. According to Antonakis and House (2014), leaders possessing

transformational leadership abilities tend to have a higher propensity to abuse their power

mainly because of the superficial nature of the theory. Michel, Kavanagh, and Tracy (2013) argued that employees became dissatisfied and stressed when pushed to achieve high levels of performance. Transformational leadership is more effective when the leaders of an organization also prioritize other factors such as employee dissatisfaction.

Leadership styles play a role in ensuring that employees' job satisfaction remains at the highest possible levels. Despite this criticism of the theory, Antonakis and House (2014) suggested that transformational leadership styles can assist managers in becoming great leaders and producing positive organizational outcomes. Leaders can also improve organizational success by employing the four dimensions of the transformational leadership theory to increase employee commitment and superior performance. Leaders must focus on the factors that affect employee commitment. Bacha and Walker (2013) noted that leaders who give employees individualized consideration through goal clarity are likely to see both direct and indirect improvements in employee performance. It is important to maintain the individualized value of each employee since significant relationships exist between employee retention and employee commitment, as well as individual employee satisfaction. Caillier (2016) concluded that employees make suggestions more willingly, gain confidence, increase their work efforts, and complete tasks on time when their transformational leaders communicate effectively with them about the work objectives. Leaders who communicate organizational objections can expect increased cooperation from employees.

Supporting Theory: Social Exchange Theory

For this study, I also used Homans' (1958) social exchange theory as part of the conceptual framework. Based on the social exchange theory, all human relationships are influenced based on subjective cost-benefit analyses in three vital areas: economics, psychology, and sociology (Blau, 1964; Homans, 1958). Early theorists defined social exchange as the costs and rewards elicited through an interaction involving two people (Emerson, 1976; Homans, 1958). According to Homans, social behavior describes the exchange of anything seen as valuable. Under social exchange theory, an exchange between parties occurs, with both parties taking responsibility for one another and strongly depending on each other (Blau, 1964; Emerson, 1976). High-quality social exchange occurs when both parties feel an equal cost of transaction occurs (Homans, 1958).

The social exchange theory has three main propositions. The first proposition is that "for all actions taken by persons, the more often a person is rewarded, the more likely the person is to perform that action" (Homans, 1958, p. 16). The second proposition involves the assumption that if a past stimulus or action has resulted in a reward and current conditions appear similar, the individual likely repeats the response (Homans, 1958). The third proposition states that "the more valuable to a person is the result of his action, the more likely he is to perform the action" (Homans, 1958, p. 25). Based on these propositions, a person most likely engages in a social exchange that is rewarding (Homans, 1958). People also tend to repeat these perceived favorable exchanges. On the contrary, when people perceive a social exchange to be unfavorable,

their engagement tends to be reduced (Homans, 1958). People also tend to avoid repeating these perceived unfavorable exchanges.

Emerson (1976) added that based on this theory, power, conformity, status, leadership, and justice within the social behavior play an important role in determining the relationship between two parties. According to Blau (1964), during a social exchange, when one party accomplishes a favor for another party, the receiving party reciprocates and returns the favor to the giving party by providing something that is of equal value to the favor initial given. The concept of reciprocity, which is an element in social exchange theory, claims that the exchange between parties is not always equal. An unequal relationship exists when one party in the exchange relationship might possess more resources as compared to the other party; therefore, one party is able to give more (Blau, 1964).

Almaaitah, Harada, Sakdan, and Almaaitah (2017) used social exchange theory as the framework for exploring employee retention. Based on the reviews of Almaaitah et al., in accordance with social exchange theory, employees are likely to continue having a relationship with their employer or leader when they perceive that the relationship is fruitful and beneficial for them. Employees are likely to terminate the relationship when the costs are more than the rewards that they gain from the relationship (Almaaitah et al., 2017).

Haley (2018) explained that through social exchange, team members in an organization are motivated to engage in higher quality work performance and knowledge sharing and promote retention of these employees. When employees perceive that a

relationship or social exchange is favorable, organization commitment is developed

(Haley, 2018). With organizational commitment, employees are most likely to remain in

the company; thus, preventing turnover intentions. Social exchange theory is a basis for

understanding the decision of employees, specifically registered nurses, to remain or

leave the job.

Supporting Theory: Herzberg's Two-Factor Theory

In this section, I address the supporting theories of transformational leadership

and for social exchange theory, highlighting the need for transformational leaders to pay

attention to forming positive relationships with their followers and to provide them with

coaching and encouragement. I also explain the importance of the theory of motivation of

Herzberg, Mauser, and Snyderman (1959), also known as the two-factor theory or the

motivator-hygiene theory.

Leaders must consider several factors as they lead the employees who work for

them, including seeking to build employees' trust to increase their willingness to

cooperate and work within the group (Zagoršek, Demovski, & Škerlvaj, 2009).

Transformational leaders must inspire trust, loyalty, and admiration in their followers,

making them more willing to subordinate their interests to the interests of the group

(Zagoršek et al., 2009). Zagoršek et al. (2009) emphasized the importance of a leader's

presence to inspire loyalty and trust toward himself, as well as toward the organization as

a whole. Transformational leaders should provide employees with personal attention,

promote development through individualized consideration, enable new ways of working,

reward innovative problem-solving, and encourage specific behaviors (Zagoršek et al., 2009). Leaders are responsible for keeping employees motivated in their jobs.

Transformational leadership is the ability to motivate and inspire employees. The two-factor theory of Herzberg et al. (1959) often serves as a framework for understanding workplace motivation, lending support for the transformational leadership theory. The two-factor theory was the result of research carried out with 200 accountants and engineers in Pittsburgh, Pennsylvania. Herzberg et al. interviewed these participants about what they loved and what they disliked about their jobs. The participants also responded to questions regarding the reasons for their feelings of satisfaction and regarding whether their feelings of satisfaction had affected their performance, their relationships, and their well-being.

Herzberg et al. (1959) then used a special sequence of events to return the worker's attitudes to normal before conducting a second set of interviews with the same respondents, asking them to recall and describe incidents in which their feelings about their jobs were exceptionally negative and to describe how their negative feelings related to some event on the job. Findings revealed that employees had two categories of need, a lower level need to avoid pain and deprivation, and a higher level need to grow psychologically. The creators of the motivation-hygiene theory identified five factors that cultivate employee job satisfaction and job dissatisfaction: (a) achievement, (b) recognition, (c) work-itself, (d) responsibility, and (e) advancement and growth (Smith & Shields, 2013). The factors of job dissatisfaction included (a) company policy, (b) supervision, (c) interpersonal relationships, (d) working conditions, and (e) salary (Smith

& Shields, 2013). Herzberg et al. noted that job satisfaction and job dissatisfaction had different effects, resulting in a clear delineation of the employees' responsibility and how this was related to and backed by available company policies. For example, employee job satisfaction stemmed from achievement, advancement, recognition, increased responsibility, and the work itself, leading to employees' desires to stay with their organizations (Herzberg, 1974). The desire of the employees may also come from the recognition of their value within their organizations.

Employees listed feelings of being undervalued, treated unequally by their managers, lack of control over time, and lack of resources as their primary contributors to their dissatisfaction. Lawler (1970) questioned the relationship between satisfaction and employee performance. Schwab, DeVitt, and Cummings (1971) supported this view, conducting a test of the suitability of two-factor theory (Herzberg et al., 1959). These researchers presented the importance of continued development and training of the employees. When an employee can engage in professional and personal growth, they are more likely to be satisfied with the current job. Schwab et al. used the critical incident technique to collect data at nine sites within a 30-mile radius of Pittsburgh, interviewing 203 accountants and engineers. These researchers conducted semistructured interviews, asking participants to describe times when they felt either exceptionally good or exceptionally bad about their job, ultimately finding no connection between performance and satisfaction. Herzberg (1974), however, suggested that an employer who makes an employee happy through recognition, achievement, motivation, and career growth will have a high performing employee. Factors such as employee recognition and the

possibility of career growth within the organization have an impact on employee motivation.

Based on the social exchange theory, strong relationships between leaders and followers are important in order to encourage retention and positive behavior among employees. Herzberg et al. (1959) posited that the two-factor theory included connections among organizational performance, organizational behavior, job satisfaction, motivation, and voluntary employee turnover; Lodahl (1964) denied a significant relationship between motivation and satisfaction, arguing that distinguishing between the two would generate different results. Other scholars, however, supported the two-factor theory. In Bockman's (1971) meta-analysis of 30 studies, the author attributed the differences and contradictory findings produced by various previous studies to the researchers' measurement of different variables, rather than to any invalidation of two-factor theory (Herzberg et al., 1959). The contradictory findings in different studies may also stem from the fact that different forms of leadership are necessary for different fields and different types of organizations.

Gaziel (1986) examined sources of job satisfaction and dissatisfaction of school principals, identifying differences between motivation and hygiene factors of the participants surveyed. Based on the findings, the satisfiers for the participants included achievement, recognition, the work itself, responsibility, advancement, and growth, lending credence to two-factor theory and its contention that job satisfaction factors motivate employees (Herzberg et al., 1959), while job dissatisfaction factors do not.

Bockman (1971) and Gaziel demonstrated that employee job satisfaction can impact job

retention in many fields, including the nursing profession.

Contrasting Theory: Transactional Leadership Theory

In this section, I consider a contrasting theory of transformational leadership,

examining the transactional leadership theory as an alternative perspective. This section

contains an explanation of the three elements of transactional leadership, namely: (a)

contingent reward, (b) passive management by exception, and (c) active management by

exception.

Leaders are responsible for ensuring that employees can effectively perform their

tasks. An assumption of the theory of transformational leadership is that gallant

leadership and effective performances by individuals or groups are dependent on

leadership by individuals who can find the right paths and can motivate others to follow

(Hay, 2006). Employees' abilities to properly perform tasks may also be influenced by

whether their jobs fit their skills and knowledge. Yukl (1999) reported a correlation

between transformational leadership and subordinate commitment or performance, with

study findings demonstrating that leaders influenced subordinates to perform better. Yukl

noted that there is little interest in describing reciprocal influence processes or shared

leadership where there is a known reward based on performance. Leaders must be able to

recognize the need for motivating employees.

Transactional leadership targets the management style that can also be influenced

by a reward system that provides employees with greater incentives for working hard.

The transactional leadership theory that Burns (1978) developed and Bass (1985)

extended posited that transactional leaders emphasize three elements: (a) contingent

reward, (b) passive management by exception, and (c) active management by exception.

Avolio and Bass (1991) suggested that transactional leaders establish their world based

on personal goals and plans in the initial phases of development. Transactional leaders

must be able to move forward and prioritize different phases of development for

employees and the organization as a whole. Transactional leaders motivate their

followers by recognizing their needs, receiving high performance levels and support in

exchange (Hayes, 2007). Avolio and Bass explained that transactional leaders focus on

tasks as well as on good relationships in exchange for desirable rewards. While

transactional leaders may be unable to develop their followers' trust and full potential,

Avolio and Bass suggested that transactional leadership coupled with individualized

consideration of employees could provide a platform for positively affecting followers'

motivation and performance (Hayes, 2007). Hayes pointed to the importance of

individualized consideration of employees' skills, knowledge, and needs. Bass (1990)

argued, however, that transactional leaders tend to coerce cooperation and obedience

from workers through contingent reward and that transactional leaders tend to manage by

exception. Bass suggested that contingent rewards, such as the possibility of a promotion,

are motivators for employees.

Notably, transactional leadership allows exchanges between leaders and followers

that make the transfer of knowledge and skills freer within an organization. Transactional

leadership is a style where leaders promote exchanges in the organization that occur

between leaders and their followers (Burns, 1978). In these exchanges, leaders use

transactional leadership styles to improve agency and group performance as well as individual performance (Holstad et al., 2014). Holstad et al. (2014) explained that despite the value of group performance, it is important to recognize the individual contribution so that each employee has the actual motivation to perform and excel in each task. Bassett and Westmore (2012), however, posited that the transactional leadership style is often seen as problematic because it leads to inferior performance, negative patient outcomes, and inferior quality of care. Boerner, Eisenbeiss, and Griesser (2007) argued that transformational leaders have more influence on their follower's performance and innovation than transactional leaders, and that transformational leadership is positively related to team cohesiveness, work unit effectiveness, and organizational learning. Researchers have reported that overall work unit effectiveness is also dependent on the success of each transaction and the commitment of each member of a specific unit.

Sayadi (2016) argued that within an organizational setting, transactional leaders tend to focus on the task and goals of the organization because transactional leaders operate within the existing structure and culture of the organization. Transactional leaders monitor their employees' work to ensure that employees follow the correct path toward achieving any assigned task (Sayadi, 2016). The meticulousness of leaders can be a way of ensuring each step of a process in an organizational goal gives the necessary priority of ensuring that the organization focuses adequately on the needs, training, and development of subordinates. Transactional leaders tend to push employees for mediocre performance while rewarding those employees with positive work outcomes (Bass, 1990). Transformational leaders tend to operate differently, working with employees to identify

areas for improvement, and then creating performance improvement plans (Bass, 1990). With a freer exchange of ideas and skills among leaders and employees, employees can strive harder to ensure the maximization of the areas for improvement.

A leader's specific leadership style can influence how followers act and how they react to organizational policies. While leaders may exhibit behaviors characterized as both transformational and transactional leadership, effective leaders often display transformational leadership behavior (Avolio & Bass, 1991). While transformational and transactional leaders both seek to motivate their employees, they do so in varied ways, with the key difference being the methods regarding fulfillment and constantly changing expectations (Sudha, Shahnawaz, & Farhat, 2016). Despite the differences between the ways in which transformational leaders and transactional leaders lead their respective employees and organizations, transformational leaders tend to motivate employees by inspiring them to put the organization first, whereas transactional leaders tend to appeal to employees' self-interest (Burns, 1978). Kidney (2015) noted that because transactional leaders seek to improve their organizations by strictly following company policies, procedures, and standards, transactional leadership styles work best in organizations with defined goals and clear objectives. All organizational leadership styles depend on having an end goal of motivating the employees and helping them to improve their skills.

Transformational leaders focus on motivating employees and helping them in building self-esteem and self-concept (Sayadi, 2016). Sherman and Pross (2010) examined the role that nursing leaders play in the development of RNs' bedside skills. The authors concluded that traditional, top-down, command-and-control leadership styles

did not sustain healthy work environments at the unit level. Regardless of the leadership style employed, leaders must value employee self-interests to produce individualized commitment. Sherman and Pross proposed a paradigm shift towards the transformational leadership style, positing that this type of leadership builds employee morale and creates atmospheres that provide motivation and lead to enhanced performance.

RN retention is anchored on the effectiveness of leadership styles. Ferguson (2015) stated that a transformational leadership style plays a key role in the motivation and retention of RNs. Bass (1990) argued that managers with transformational leadership behaviors tend to positively influence and motivate employees towards organizational commitment more successfully than managers with transactional leadership behaviors. Transactional leaders primarily focus on reward and punishment as a means of motivating employees, generally ignoring other potential factors such as inspiration, encouragement, and mentoring. As a result, that leadership style was not appropriate for this investigation.

Supportive leadership styles on nurse retention. In this section, I address the impact of supportive leadership styles on RN retention. I also explore the importance of relationship building and of providing support for RNs. Finally, I note the impact of supportive leadership style on RN attitude, job commitment, job satisfaction, and intent to leave.

Nurse managers' responsibilities include managing RNs appropriately and providing the best quality of care for patients. Burns and Dunn (2001) noted that supportive leadership could increase the job satisfaction of RNs. Supportive leaders focus

less on control and prediction and more on building relationships and creating the
conditions that allow RNs to feel connected to their organizations, leading to increased
employee retention and improved healthcare services (Dawson, Stasa, Roche, Homer, &
Duffield, 2014). Nurses tasked to lead other nurses must always make sure they can
inspire the nurses manage and motivate them to do their jobs properly.

The reinforcement of good relationships between nurses and leaders in a hospital
setting must be a priority in ensuring that nurses are motivated to retain their jobs.
McGilton (2010) posited that supportive leadership concentrates on developing and
reinforcing positive relations between leaders and followers and is aimed at improving
job satisfaction and retention for RNs. Burns and Dunn (2001) suggested that the
complexity theory emphasizes the importance of relationship building between nursing
leaders and their followers in addressing the ever-changing healthcare needs. Existing
literature communicates the importance of providing RNs with supportive environments.
Nurses need support covering a wide range of issues, including their basic needs and the
conditions that foster satisfaction with their work.

Taunton, Boyle, Woods, Hansen, and Bott (1997) underscored this point,
postulating that leadership behaviors were determining factors in RN retention. Taunton
et al. attempted to link nurse manager leadership to RN retention through the
organizational dynamics' paradigm of nurse retention and incorporated models of
anticipated RN turnover. The data sample consisted of 79 RNs and 10 nurse managers
who completed demographic forms and a 45-item Multifactor Leadership Questionnaire
measuring 12 dimensions of leadership style. The study noted the characteristics of

nursing managers regarding their effects on RN retention, examining the work characteristics of job satisfaction, job stress, job commitment, and intent to stay. It is important to manage various factors that can affect employee job satisfaction; for example, job stress must be managed to retain nurses' commitment to continue working in the organization.

Good working relationships between the managers and RNs improves job retention among RNs (Ma, Shang, & Bott, 2015). Ma et al. (2015) investigated the relationships between RNs and nursing managers, collecting data from 29,742 nurses in 1,228 units of 200 acute care hospitals in 41 states and analyzing the data using multilevel linear regressions. Ma et al. measured nurse-to-nurse collaboration and nurse-to-physician collaboration at the unit level. Nurse managers consistently perceived themselves as demonstrating a higher mean frequency of positive and transformational leadership behaviors than their RNs perceived them as demonstrating. Ma et al. also found that leadership support and collaboration contributed to increased RN job satisfaction and reduced RN intentions to leave. Based on the study findings, supportive leadership and leadership collaboration with RNs can improve RNs' organizational commitment and reduce turnover (Taylor, Cornelius, & Colvin, 2014). Supportive leaders focus on the basic needs of their RNs, addressing issues including proper wages, necessary rest periods, and prioritized professional and personal growth. According to Galletta, Portoghese, Battistelli, and Leiter (2013), leaders that RNs deemed to be ineffective and nonsupportive resulted in higher proclivities for the RNs to leave in search of more supportive environments. It is essential for managers to promote

supportive environments that can foster good working relationships between nurses and managers.

Several factors influence nurses' intent to stay in an organization, including the ways in which leaders communicate their concern about the work welfare of the RNs working for them. Cowden, Cummings, and Profetto-McGrath (2011) studied the relationship between managers' leadership styles and staff nurses' intent to stay, using a cross-sectional survey design to collect data from a sample of 273 nursing staff in five hospitals in the eastern region of Ghana. The nurse managers used different leadership styles but were largely inclined toward supportive leadership styles, followed by achievement-oriented leadership styles and participative leadership styles. The nursing staff displayed moderate levels of job satisfaction. Cowden et al. identified relationships among transformational leadership, supportive work environments, and RN intentions to stay with the organization. Hutchinson and Jackson (2013) argued that many researchers used the transformational leadership theory to study the relationships between RNs and nursing managers. Previous researchers suggested that supportive leadership positively impacts RN attitudes, job commitment, and job satisfaction, reducing RNs' intentions to leave their organizations (Ballaro & O'Neil, 2013). Others focused on the importance of reducing the intent to leave by increasing job satisfaction, subsequently achieving job retention (Ferguson, 2015; Jain & Duggal, 2016; Nasra & Heilbrunn, 2016). Ferguson (2015) noted that organizational leaders with transformational attributes tend to lead, inspire, and support RNs in achieving organizational success. Jain and Duggal (2016) suggested that transformational leadership styles are more effective than other leadership

styles when it comes to productive, positive work outcomes and increasing organizational productivity. It is important to note leadership styles should align with the specific needs of certain fields or organizations. Nasra and Heilbrunn (2016) supported this viewpoint, positing that transformational leaders enhance employee organizational citizenship behaviors and job attitudes. Thus, leaders must always be able to promote RNs' organizational behavior in ways that promote organizational citizenship toward common goals.

While various factors may decrease the turnover intentions of RNs, researchers documented the success of the transformational leadership style in reducing turnover and improving RNs' retention (Fu, Tsui, Liu, & Li, 2010; Hughes, Avery, & Nixon, 2010). Hughes et al. (2010) found that transformational leaders articulated a clear vision for the organization and set clear organizational goals, resulting in reduced employee turnover intention. Likewise, Fu et al. (2010) stated that managers who used transformational leadership styles decreased employees' intent to leave their organizations. Clear organizational goals may inspire employees to commit to common goals, while also driving their personal and professional growth.

Buck and Doucette (2015) posited that supportive leadership styles influence RN job satisfaction and job commitment, job stress, and employee retention. Brewster, Gollan, and Wright (2013) noted that transformational leadership does not always equate to organizational success since other organizational factors, heavy workloads, stress, inadequate resources, lack of training, insufficient corporate support, and role and conflict ambiguity, for example, can inhibit the efficiency of nursing leaders. Researchers

in the body of available literature have suggested that in addition to increasing positive reinforcements such as rewards and job satisfaction, leaders also must eliminate negative factors such as job stress (Head & Alford, 2015). These factors can present a challenge for nursing managers as they try to improve retention. Head and Alford (2015) noted that the transformational leadership approach continues to be a challenging approach for the complex, heavily regulated hospital environment. Supportive leadership behaviors aimed at RNs can yield cost effectiveness, positive work environments, and overall improved quality of care delivery (Laschinger, Nosko, Wilk, & Finegan, 2014). Transformational leaders should articulate a clear vision for their organizations and should set clear organizational goals, as existing researchers have indicated that these actions reduce employee turnover intentions (Laschinger et al., 2014).

Organizational culture. In this section, I discuss the effect of organizational culture on RN retention, leadership style, nurse behavior, and nurse job satisfaction. Organizations should have a culture wherein members feel valued while having common goals. Doing so communicates to RNs that the organizations they work for are genuinely concerned about their welfare. Considering the impact of organizational culture on RN turnover is essential because cultural values pervade all aspects of organizational life and may lead to lower retention rates for the organization (Banaszak-Holl, Castel, Lin, Shrivastwa, & Spreitzer, 2013). Because organizational culture can make or break employee commitment, leaders must focus on creating a strong, positive organizational culture. Organizational culture is the basis through which top management can integrate

managerial actions into strategic organizational outcomes such as improved job satisfaction and higher retention rates.

Organizational culture of current employees and management leaders has an effect on employee behaviors and commitment levels. Organizational culture is critical to employee retention because it shapes employee behaviors, promotes organizational strategic values, and determines the way work is done within the organization (Mbuthia, Brownie, & Holroyd, 2017). Mbuthia et al. (2017) conducted a study on nurses' perceptions of organizational culture in East African private hospitals, collecting data from eight participants in two private urban hospitals in Nairobi, Kenya. Participants reported that nursing leadership was the key factor in determining the prevailing culture of private hospitals. The study participants indicated that unit managers played a vital role in nurse management, while simultaneously controlling and limiting the autonomy of the RNs. Mbuthia et al. found that organizational culture influenced leadership style as well as RN behavior and job satisfaction, with job satisfaction associated with perceptions of nursing leaders as supportive and caring. Bass and Avolio (1992) posited that leadership styles must be adjusted to meet the different situations presented within an organization to achieve organizational effectiveness. Thus, leadership styles must also be contextualized to ensure that they are appropriate for certain instances. Bass (1990), Yukl (1999), and Kouzes and Posner (1995) concluded that transformational leaders guide an organization's culture and contribute to successful organizational outcomes; these findings are aligned with the viewpoint that organizational culture can impact RN job satisfaction.

There should be no underestimation of the importance of leadership style within an organization. It affects not only the overall policies of the organization, but also employee satisfaction. Bass and Avolio (1992) argued that leadership style is critical because leaders help shape and maintain the desired organizational culture, thereby impacting an organization's effectiveness and retention of its employees. The link between transformational leadership and organizational culture is key to understanding organizational effectiveness (Bass & Avolio, 1992). Previous scholars prioritized organizational effectiveness as a key determinant of effective leadership. Organizations must evaluate whether a certain form of leadership is working. Peters and Waterman (1982) noted that employees experience greater attraction to organizations they perceive as having values akin to their own. Ideal employees are those individuals who internalized the organization's culture into their cognitive and effective makeup (Peters & Waterman, 1982). ElKordy (2013) explored the impact of transformational leadership and organizational culture on the job satisfaction and organizational commitment of executives enrolled in an Executive Master of Business Administration (EMBA) program. ElKordy used an online survey to collect data from 192 participants enrolled in the EMBA program at Alexandria University or identified as faculty or graduates of the program. The path coefficient from culture to satisfaction showed that culture had a stronger impact on satisfaction. ElKordy also found that organizational culture and transformational leadership are the causes for 45% of the variance in job satisfaction. This author concluded that organizational commitment, job satisfaction, and culture were strong determinants of transformational leadership and organizational culture, and

transformational leadership played a role in influencing employees' organizational commitment and job satisfaction.

Attracting workers and retaining workers are separate organizational challenges, with different factors serving to accomplish the two respective goals. Retaining workers entailed a continuous process of keeping employees motivated and instilling a sense of value for work in them. Alkahtni (2015) cited organizational culture as a chief factor in attracting and retaining workers. The more accommodating and supportive employees perceive leaders to be, the higher the chance that the workers consider themselves as critical parts of the organization (Kim & Kao, 2014). Farr-Wharton, Brunetto, and Shacklock (2012) agreed true employee empowerment comes from nursing leaders who promote a culture that provides employees with more autonomy for their work, releasing control and encouraging employees to take more responsibility for the decision-making processes related to their jobs. The investigators of currently available studies have largely focused on the importance of empowerment and how employee empowerment contributes to the positive and increased employee retention among RNs (Farr-Wharton et al., 2012; Kim & Kao, 2014).

Organizational leaders seek to boost employee morale and incentivize positive performance with the goal of helping employees to remain motivated in their jobs. Employees' morale, performance, commitment, and satisfaction are influenced by organizational culture, as is their intent to stay (Joo, Hahn, & Peterson, 2015). Gifford, Zammuto, and Goodman (2002) posited that the vision, practices, assumptions, and beliefs of nursing managers shape organizational culture. RN retention, therefore, is

based on the ongoing practices that must be generally accepted by the members of an organization.

The effectiveness of organizational culture can impact an organization's turnover rate and may affect the decisions made by individual RNs. Kim, Geun, Choi, and Lee (2016) proposed organizational culture and high turnover rates are vigorously and interdependently related. Organizational culture is a significant determinant of RNs' attitudes, which in turn are drivers of either positive or negative organizational outcomes (Kim et al., 2016). An active culture may result in increased motivation, job satisfaction, and organizational commitment. On the other hand, when RNs fail to adapt to the organizational culture, the result can be lower motivation and increased turnover intentions (Kim et al., 2016). Organizational culture must remain to be a source of empowerment among organization members to ensure that turnover intentions are kept low.

Favorable work environments are significant sources of job satisfaction that can increase employee commitments to keep their jobs. Leaders who promote supportive organizational cultures create favorable environments for employee empowerment (Bashayreh, 2014). Tsai (2011) conducted a cross-sectional study that focused on hospital nurses in Taiwan, using a structured questionnaire to collect data from a total of 200 participants. Tsai incorporated four organizational culture dimensions (i.e., employee orientation, customer focus, an emphasis on responsibility, and an emphasis on cooperation), four dimensions of leadership behavior (i.e., encouragement and support of subordinates, providing subordinates with a clear vision, behaving in ways consistent

with the vision, and persuading subordinates to acknowledge the vision), and four

dimensions of job satisfaction (i.e., working partners, rewards and welfare, superior

support, and job recognition). Based on variable analysis results, only two dimensions of

leadership behavior (i.e., providing subordinates with a clear vision and behaving in ways

consistent with the vision) and only one dimension of job satisfaction (i.e., reward and

welfare) had no correlation with RN job satisfaction. All other dimensions are

significantly correlation with RN job satisfaction. Tsai concluded that there is a positive

correlation between organizational culture, leadership behavior, and job satisfaction, and

a significant positive correlation between leadership behavior and job satisfaction.

Transformational leaders who work closely with their followers and share common goals

tend to rely on the influences of the environment to achieve their organizations' planned

goals (Burns, 1978). Leaders must emphasize the common goals of their organizations,

while at the same time instilling employees with an awareness of their values (Alkahtni,

2015).

To promote organizational culture, leaders also must recognize the individual

values of employees. Alkahtni (2015) posited that organizational culture also extends to

and impacts employee turnover and retention. Organizational culture affects both

managers and staff, as Asif, Ayyub, and Bashir (2014) determined that employee failure

to understand organizational culture results in negative impacts on organizational

commitment and retention. In contrast, fostering employees' good understanding of the

organizational culture serves to attract and retain employees (Asif et al., 2014). An RN

may not be aware of the possible consequences of his or her departure from an organization, such as creating a lack of workforce for meeting urgent patient needs.

Alkahtni (2015) noted that when employees take longer to adjust to the culture of the organization, there is a negative impact on employee retention. Cloutier, Felusiak, Hill, and Pemberton-Jones (2015) posited that organizations can better retain employees by creating a culture that allows the employee to feel connected to the organization. Nikčević (2016) conducted a study on the influence of organizational culture on leadership on a sample of 324 employees in 16 companies in the Republic of Montenegro. The researcher distributed 400 questionnaires, with a response rate of 81%.

Nikčević (2016) noted the importance of feeling connected to an organization, reporting that employees who fit into and adapt to the culture of an organization were likely to stay with the organization—a view supported by the fact that 68% of the respondents felt that their leaders applied a participative leadership style that made them feel connected to the organization. Conversely, employees who felt they were incompatible with an organization were more likely to report turnover intentions, a view supported by the fact that 65.3% of the respondents noted that the use of an authoritarian leadership style when solving problems would make them feel disconnected to the organization and decrease their willingness to stay at the organization.

Wallis and Kennedy (2013) noted that organizational culture and policies directly impacted RN turnover and intentions to quit, because the RNs could not tolerate organizational cultures that were not in line with their values. Brown, Fraser, Wong, Muise, and Cummings (2013) reviewed 13 qualitative and quantitative studies and

concluded that organizational culture was the most common factor influencing RN

retention in the organization. These authors identified 21 factors influencing RN intent to

stay or leave and synthesized these into three overall categories of organizational (i.e.,

institutional), role (i.e., positional), and personal (i.e., individual). The most common

organizational factor influencing retention was organizational cultural and values. Some

of the specific aspects of organizational cultures and values that impacted RN retention

were the absence of lifelong learning, meaningful professional development, respect for

employees, administrative philosophy, and the lack of value the organization placed on

striving for excellence. The role factors impacting RN retention included a lack of

feedback, support, communication, and leadership. All aspects that help define the

managerial role are defined within organizations. According to the findings, four personal

factors have significant correlation with RN retention. The most mentioned personal

factor was the importance of feeling valued by the organization, peers, and management.

Because organizational culture is a predictor of RN retention, it is essential that

nursing leaders understand the relationships among organizational culture, leadership

behavior, and job satisfaction, appropriately adjusting their leadership behavior to

accomplish organizational missions and influencing employee job commitment. It is also

critical to organizational success that nurse managers focus on strategies for retaining

employees by creating cultures that allow employees to feel connected to their

organizations.

Organizational commitment. In this section, I explain the importance of

organizational commitment when examining reasons for employee turnover and the view

that organizational commitment of RNs may have significant effects on their job

satisfaction, subsequently leading to higher retention. I also examine the level of

organizational commitment resulting from employee perceptions of a beneficial or

equitable exchange relationship and explore the three dimensions of organizational

commitment: (a) affective commitment, (b) continuance commitment, and (c) normative

commitment.

Employees who feel their leaders and their organizations care for them tend to

have higher levels of commitment, be more conscientious about their responsibilities,

demonstrate greater involvement in the organization, and show less inclination to leave

the organization (Moneke & Umeh, 2013). Wu and Norman (2006) posited that employee

commitment is an antecedent to and inversely correlated with turnover intentions and

with turnover itself. The healthcare setting is currently experiencing a nursing shortage

that is expected to continue to rise. It is, therefore, critical that healthcare organizations

maintain a committed workforce (Salem, Baddar, & Al-Mugatti, 2016). RNs who are

committed to their organizations are valuable assets. Their presence ensures a stable,

dedicated workforce, lowers employee recruiting requirements, keeps training and

development costs down, improves organizational images within the community, and

facilitates the retention of skilled, able, and knowledgeable professionals (Salem et al.,

2016). By maintaining a committed workforce, organizations can keep turnover levels

low.

RN job retention is a critical issue because of the importance of the nursing field

to the public. Nurses must be skilled in providing urgent services to patients with

pressing needs. Recruiting and retaining top talent is essential for meeting the demand for

quality patient care and management (Moneke & Umeh, 2013). Moneke and Umeh

(2013) noted that healthcare organizations that implement strategic initiatives aimed at

enhancing staff satisfaction have higher Healthcare Consumers Assessment of Hospital

Performance scores, higher reimbursement rates, higher levels of employee commitment,

and higher revenue. Moneke and Umeh also showed higher levels of organizational

performance measures such as productivity, retention, customer service, loyalty,

employee retention, and turnover, all of which correlate to employee engagement in the

organization. Freund (2005) stated that employees tend to have higher levels of

commitment to the organization if they feel that they are cared for by their organizations

and by their managers. High job turnover is a significant predictor of organizational

performance and is a factor to the behavior of stakeholders who receive the patient care.

High retention among RNs is a direct and positive driver of patients and other

stakeholders.

Researchers suggested that employees commit to an organization for various

reasons (Purpora & Blegen, 2015; Sangaran & Garg, 2015). Stanley, Vandenberghe,

Vandenberge, and Bentein (2013) considered organizational commitment as a three-

dimensional paradigm comprised of affective commitment, continuance commitment,

and normative commitment. These three constructs of organizational commitment are all

related to employees' commitment to the organization. For example, affective

commitment is an expression of an employee's emotional attachment to the organization,

how that employee identifies with the goals of the organizations, and the employee's

level of desire to remain a part of the organization. Continuance commitment is an expression of an employee's perception of staying with the organization and the perceived cost associated with leaving the organization, both social and economic (Daneshfard & Ekvaniyan, 2012). Normative commitment is an expression of an employee's commitment to the organization based on a perceived obligation to stay with the organization. For example, if the organization has committed resources to train an individual, that individual may feel a sense of responsibility to continue employment with the organization (Daneshfard & Ekvaniyan, 2012).

Leaders must provide a positive environment to motivate employees to commit to an organization (Sangaran & Garg, 2015), thereby increasing the organizational commitment of their employees. Hutchinson and Jackson (2013) noted that transformational leaders influence organizational performance by inspiring RNs to achieve their goals and commit to their organizations. Hamstra, Van Yperen, Wisse, and Sassenberg (2014) studied transformational and transactional leadership and the achievement of employee goals among the 449 followers of 120 leaders from diverse organizations in the Netherlands. Their findings revealed significant positive relationships between transformational leadership and followers' achievement of goals. Nurses' achievement of goals can serve to provide positive reinforcement of their commitments to stay within their organizations. Based on the findings, transactional leadership is not related to followers' achievement of goals based on the insignificant relationship between transactional leadership and followers' performance.

Hamstra et al. (2014) concluded that a transformational leadership style plays a significant role in employee commitment to an organization. Effelsberg, Solga, and Gurt (2014) reached similar conclusions to those of Hutchinson and Jackson (2013) and Hamstra et al., and Effelsberg et al. concluded that transformational leaders could influence followers to participate and commit to the success of the organization. The presence of a leader with transformational values can significantly improve the organizational commitment of the employees, including nurses.

Organizational commitment may directly influence the retention of RNs. Kang, Gatling, and Kim (2015) suggested that there is a reduction in turnover intentions as employees become more committed to an organization. In their meta-analysis, Kim and Kao (2014) used data from 22 studies to examine the turnover intentions of public welfare workers in the United States. These scholars discovered that organizational commitment and job satisfaction played significant roles in employee turnover intentions. The authors determined that nurses who were satisfied with their jobs and were committed to their organizations were more likely to stay in their current jobs than those who had not developed organizational commitment (Kim & Kao, 2014).

Baxter et al. (2015) refuted the point regarding the influence of organizational commitment on the job retention of RNs, suggesting that the relationship between organizational commitment and RNs' intent to stay was statistically significant. Orhani, Jalali, Abbaszadeh, and Haghdoost (2014) posited that organizational commitment is one of the best predictors of RN turnover, while Tarigan and Ariani (2015) offered an opposing view, stating that there is a negative relationship between organizational

commitment and turnover intentions. Naz and Gul (2014) examined public hospital nurses' perceptions of their work environments, communication satisfaction, and intentions to quit, collecting data from 175 participants from Burdur, Turkey. Previous researchers have pointed to the importance of developing the value of RNs' work to foster their motivation to continue working for their organization.

Tarigan and Ariani (2015) used a correlation matrix to measure communication satisfaction, organizational commitment, and turnover intentions among RNs. Based on the results, communication satisfaction had a significant, negative relationship with turnover intentions, but was positively related to organizational commitment. Moreover, organizational commitment was significantly and negatively related to turnover intentions. The authors concluded that there are links between communication, organizational commitment, job satisfaction, and turnover intentions among RNs, with organizational commitment having the strongest relationship to RNs' intentions to leave their organizations. Tarigan and Ariana concluded that organizational commitment, job satisfaction, and organizational commitment were all positively correlated with higher job retention.

When employees lack commitment to the organization, their intention to quit increases; therefore, it is critical that nursing leaders support and inspire their followers to commit to the organization by encouraging the employees to engage and commit to the success of the organization. It is important that nursing leaders understand the factors that lead to organizational commitment and job satisfaction and reduce RN turnover.

Job satisfaction. In this section, I consider the importance of job satisfaction in RN retention and explore whether leaders who emphasize communication and employee rewards produce greater success regarding employee job satisfaction and organizational success. I also discuss the workplace factors that contribute to RN turnover intentions, including decreased job satisfaction, high stress levels, and inadequate communication.

RN job satisfaction can impact patient safety, nurse productivity and performance, quality of care, employee retention and turnover, employee organizational commitment, and employee commitment to the profession (Emery & Barker, 2007). Understanding the role that job satisfaction plays in retaining employees is critical to nursing leader success. Researchers focused on overall job satisfaction as a means of ensuring continued progress (Emery & Barker, 2007), producing organizational improvements, increasing overall job satisfaction and explaining organizational matters such as high turnover. Such researchers identified employee job satisfaction as an outcome of leadership styles (Emery & Barker, 2007). Existing literature leads to the conclusion that job satisfaction is critical to employee retention (Choi, Cheung, & Pang, 2013). According to McKinnon, Harrison, Chow, and Wu's (2003) general research on employee job satisfaction, flexible organizations with a participative management style, inspirational leadership, and value for communication and employee reward, tend to have achieved greater levels of employee job satisfaction and organizational success. Breaux (2010) posited that inspirational leaders motivate employees to commit to an organization's vision and, as such, transformational leadership that emphasizes inspirational motivation as a model of

leadership will most likely lead to successful healthcare teams and successful organizations in general.

The leadership styles of nursing managers influence RN job satisfaction. Hunt (2014) proposed that leadership style played a critical role in improving RN job satisfaction and decreasing RNs' intentions to leave their organizations. Employee fit also affects work satisfaction and turnover among RNs. Moneke and Umeh (2013) studied the impact of organizational commitment on the job satisfaction of critical care nurses, collecting data from 137 critical care nurses working for a nonprofit healthcare organization in New York City. Based on the results of the study, statistically significant relationships among the hypotheses of perceived leadership and job satisfaction, organizational commitment and job satisfaction and perceived leadership practices, organizational commitment, and job satisfaction (Moneke & Umeh, 2013). The researchers identified no significant relationships among critical care nurses' demographic variables and job satisfaction. Organizational commitment was the strongest predictor of job satisfaction for critical nurses, indicating that nurses who are satisfied are more likely to commit to the organization. Based on the cited study, RNs who are committed to the organization that they work with are more likely to stay in their positions, and certain organizations are more likely to have high employee retention.

Employee satisfaction extends to the relationship the employee has with their managers. According to Lussier and Achua (2007), transformational leaders are better able to maintain stability within the organization through regular economic and social changes by setting specific goals for the supervisor and follower. Leaders who employ

the transformational leadership style inspire their employees and the employees, in turn, are satisfied with their leaders. Judge and Piccolo (2004) posited that higher job satisfaction correlates with increased productivity, motivation, and fewer work absences. It bears noting that the stability of organizations is also directly linked to stable employee retention. Hospitals or clinics with high employee retention for RNs are more likely to be able to execute the task of serving patients and clients more effectively and efficiently.

Their fulfilment influences the dispositions of the nurses in their jobs with the kind of job that they perform. Chen, Sparrow, and Cooper (2016) conducted a study on the relationship between person-organization (P-O) fit and job satisfaction. The data collected came from 225 employees in 12 service organizations in Beijing. The results of the study revealed that job stress mediated the relationship between P-O fit and job satisfaction and that supervisor support moderated the linkage of P-O fit, stress, and job satisfaction. Chen et al. suggested that job satisfaction relates to the overall feelings of employees for their job and the personal fulfillment provided by the job.

To understand the impact of the organization on job satisfaction, Kirin, Mitrović, Borović, and Sedmak (2016) conducted a study on the impact of the life cycle of the company on job satisfaction by collecting data from 125 employees in the industrial sector in Serbia. These researchers reported that employees expressed contentment with the relationships with their colleagues at work, with these relationships being fairly balanced throughout all the phases of the life cycle of the company. Satisfaction with management was highest in the initial foundation and development stage, at which point the enthusiasm was greatest but dropped significantly during adolescence all the way

through stage bureaucracy of developing working procedures and ways of working are established. Satisfaction with the rewarding system was highest at the initial stage but dropped along the other phases. One reason for the employees' disappointment was that wages did not follow the growth and development of the company. In stages when the companies were most advanced, workers expressed dissatisfaction with the system of reward. Kirin et al. concluded that employees' job satisfaction is affected by many factors, including the nature of the work, salary, communication, work conditions, and management. It is critical that transformational leaders consider these factors when developing strategies to improve job satisfaction. Lu, Lu, Gursoy, and Neale (2016) offered further support on the impact of the organization on job satisfaction by noting that job satisfaction correlates to turnover intention, and further asserted that lack of communication, job satisfaction, and organizational commitment are related to employees' intention to leave.

Nurses who are satisfied with their jobs most often include the nurses who have superior performance and productivity in their tasks. Asegid, Belachew, and Yimam (2014) conducted a study on factors influencing job satisfaction and anticipated turnover among nurses in Sidama, South Ethiopia. The researchers collected data by interviewing 242 nurses, concluding that RNs who were not satisfied with their job had a higher probability of having inferior performance; such reduced productivity is a contributor to turnover intentions. Helping nursing leaders to understand the causes of job satisfaction among RNs was critical for preventing RN turnover. Those RNs who are satisfied with their jobs are more likely to stay in the organizations where they currently work.

Conversely, RNs who are not satisfied with their jobs are more likely to experience distress, anxiety, and job stressors, which can erode their intentions to stay within an organization. Parker, Lazenby, and Brown (2014) examined the relationship between nurse moral distress intensity, moral distress frequency, and the ethical climate among 61 RNs employed full-time in two central Alabama hospitals. Some of the workplace factors contributing to RN turnover and intent to quit included decreased job satisfaction, high stress levels, and inadequate communication. Park, Boyle, Bergquist-Beringer, Staggs, and Dunton (2014) suggested that RNs continue to stay with the organization if they perceive the leadership is supportive. To eliminate or mitigate such stressors, the environment in an organization must be supportive of RNs in their actual tasks and also in their individualized growth (Park et al., 2014).

Choi et al. (2013) examined the effect that the work environment has on RN job satisfaction and their intent to leave the organization. The collection of the data came from 1,271 RNs working in 135 inpatient units in 10 public hospitals in Hong Kong. Choi et al. used factor analysis to identify five dimensions of the nursing work environment: professionalism, coworker relationship, management, staffing and resources, and ward practice. The authors then used logistic regression analysis to identify professionalism, management, and ward practice as significant factors in predicting nurses' turnover intention and staffing and resources as an additional factor in predicting their job satisfaction (Choi et al., 2013). Choi et al. found that management, professionalism, unit practice, and staffing were crucial factors that can influence employee turnover. The lack of adequate staffing and resources were factors contributing

to decreasing job satisfaction of RNs (Choi et al., 2013). According to Choi et al., nursing leaders should address these factors to improve the working environment and reduce RN turnover.

To address the impact of organizational leaders on job satisfaction, Bayram and Dinç (2015) conducted a study involving 150 employees representing two private universities in Sarajevo, the capital city of Bosnia and Herzegovina, to evaluate the role of transformational leadership style on employee's job satisfaction. These researchers aimed to quantify the effect of idealized influence, inspirational motivation, intellectual stimulation, and idealized consideration upon the relationship between job satisfaction and transformational leadership. Bayram and Dinç used regression analyses to test the hypothesized relationships between the dimensions of transformational leadership and job satisfaction components. All five dimensions of transformational leadership had significant and positive relationship with job satisfaction (i.e., nature of work and operating conditions; Bayram & Dinç, 2015). The job satisfaction of employees with operating conditions was also regressed on transformational leadership dimensions and was significant and positively related. Bayram and Dinç concluded that there was a positive and significant correlation between transformational leadership and employee job satisfaction. Similarly, Kim, Liden, Kim, and Lee (2015) found that the relationship between core self-evaluation and job satisfaction were most significant when transformational leaders were actively involved in the workplace.

Additional support for the impact of transformational leadership on employee job satisfaction was garnered from Roberts-Turner et al. (2014), who conducted a study

involving 935 hospitals based pediatric RNs in Washington, DC using transactional and transformational leadership theory to evaluate the impact of leadership on pediatric RN job satisfaction. The authors used the structural equation model in their examination of how autonomy (transformational leadership) and distributive justice (transactional leadership) influenced RN job satisfaction. Roberts-Turner et al. found that while both transformational and transactional leadership were related to RN job satisfaction, transformational leadership had a positive and significant effect on job satisfaction. Leaders that use the transformational leadership style are more likely to experience an improved work environment, higher rates of retention, and increased job satisfaction. Leaders should strive to maintain high levels of job satisfaction in the workplace, as satisfied RNs are more likely to stay with the organization.

The culture within an organization plays a key role in determining whether the organization is considered a healthy and happy environment in which to work. There are instances when the organizational culture can also affect other factors such as organizational commitment and job satisfaction. It is in the best interest of the organization that nursing leaders promote and communicate the organizational ethos to employees and in turn, the employees' acknowledgement and acceptance can influence their work attitudes and behavior. When interactions between nursing leaders and their employees are positive, the employees make greater communication and collaboration within the organization, thrive to accomplish the organization's goals, and achieve high job satisfaction.

Organizational stress. In this section, I review the impact of organizational stress on RN retention. The section includes an explanation of the organizational stress resulting from work overload, role ambiguity, interpersonal relations, unfair management practices, and limited opportunity for promotion. The section also includes an examination of the factors that influence RNs' intentions to quit and increase turnover.

Job-related stress brings about perilous impacts not only on nurses' health, but also in their ability to cope with the demands of their jobs. This level of stress impedes the delivery of quality care and the efficacy of health services delivery (Hunt, 2014). Several researchers identified nursing as a stressful occupation (Hunt, 2014; Lyons, Lapin, & Young, 2003). Stress negatively impacts individuals' health, wellbeing, and job satisfaction, and has negative organizational impacts regarding absenteeism and turnover, which impact the quality of patient care (Hunt, 2014). Nagle, Pascarella, and Bennis (2012) argued that the major stressors resulting in stress include work overload, role ambiguity, interpersonal relations, unfair management practices and lack of opportunity for promotion. According to Bennis and Nanus (1985), good leadership is important for healthcare organizations' success, as leaders influence the quality of the lives of employees. Lyons et al. (2003) further suggested that good leadership reduces the likelihood of outcomes caused by stress such as absenteeism, inferior performance, despondency, and nonproductiveness.

As a general rule, the hospitals and clinics where nurses work must seek to promote an environment that does not cater to organizational stress. Organizational stress may have a negative effect on the dispositions of nurses on how they view and perceive

their jobs. The organizational stress on RNs has become a concern for healthcare organizations (Sprinks, 2015). Bennis and Nanus (1985) posited that transformational leaders who influence their followers through inspiring their visions, modelling their way, enabling the subordinates to challenge the way and to act and to encourage the heart often see lower instances of employees leaving the organization. As managers practice transformational leadership, they are usually met with stressful situations (Bass & Riggio, 2014; Bennis & Nanus, 1985). Dollard (2003) posited that there is a relationship between leadership practices and work-related stress.

It is important to maintain the average working hours among RNs to ensure that they do not feel burnt out by their current jobs. Burnout is a direct cause of job-related stress, which can increase job dissatisfaction and turnover rates in an organization. Burnout in the nursing profession is high mainly because there is constant exposure to a very stressful working situation, for example dealing with sickness and death (Lewis & Cunningham, 2016). Supportive leadership, coupled with a healthy working environment, may reduce the levels of RN burnout (Young, Duff, & Stanney, 2016). The impact of burnout on the healthcare industry impacts RNs as well as the quality of care for the patients. The stressors placed on RNs influence RNs' intentions to quit and increased turnover (Yang, Ju, & Lee, 2016). In contrast, Schaufeli and Buunk (2004) suggested that there is no significant relationship between employee burnout and turnover. Schaufeli and Buunk cited instances where employees experienced stress and burnout but remained with the organization for the entirety of their careers.

High levels of job-related stress can negatively influence current job satisfaction among nurses. Higher job-related stress can have a direct correlation to the higher job turnover. Bazarko, Cate, Azocar, and Kreitzer (2013) noted that the level of job-related stress influenced RNs' job satisfaction and organizational commitment. Mosadeghrad (2013) supported this view, claiming that the nursing profession is a generally stressful occupation. Muthamia, Lewa, and Ndwiga (2016) investigated the factors influencing work-related stress, reporting that leadership styles were high amongst the factors. These researchers targeted 175 top managers of commercial state-owned enterprises in Kenya but collected data from 162 managers. Muthamia et al. used factor analysis to create indices for modeling the way, inspiring a shared vision, challenging the process, enabling others to act, encouraging the heart, and work stress. Muthamia et al. used correlation analysis to test the strength of the relationship between work stress and each dimension of transformational leadership, using multiple regression analysis to estimate the magnitude and direction of each relationship. The researchers concluded that transformational leadership had no significant effect on work stress among top managers in commercial state-owned enterprises in Kenya, while modeling the way positively influenced work stress and inspiring a shared vision negatively influenced work stress (Muthamia et al., 2016). It is important that organizations train and retrain their leaders in integrating good leadership practices to reduce employees' stress.

It is important for leaders to minimize employees' job-related stress in order to maximize career retention. It bears noting that employees in a perpetually stressful situation will likely have less tolerance to keep on going with their current jobs. The high

job-related stress on RNs within the healthcare institutions can result in burnout, high levels of absenteeism, lower job satisfaction, and increased turnover (Hayes, Douglas, & Bonner, 2015). Mosadeghrad (2013) examined the relationship between occupational stress and turnover intentions of 296 RNs working in hospitals in Isfahan, Iran, reporting that one third of the surveyed RNs reported very high job stress. The major sources of occupational stress included inadequate pay, unfairness, inequality at work, lack of job security, insufficient regular breaks at work, inadequate staff, excessive workload, lack of management support, lack of promotion prospects, and time pressure. The three lowest job stressors were role ambiguity, insufficient training, and role contradiction. Over 35% of the surveyed nurses stated that they would consider leaving the hospital if they could find another job opportunity. Mosadeghrad also found that a relationship exists between job stress and RN turnover intentions.

Leonardi, Pagani, Giovannetti, Raggi, and Sattin (2013), supported this view, noting that job-related stress could produce RN turnover intentions, loss of productivity, and the associated costs of RN turnover to the organization. O'Brien-Pallas et al. (2006) stated that there is a direct correlation between a nurse management leadership style and RN retention and job satisfaction. Nursing leaders must explore and adopt leadership practices that are considered participatory, allowing staff to feel empowered and included in the decision-making process (McGuire & Kennerly, 2006). It is important to elicit input from RN staff to aid in guiding the assessment of and changes in the hospital environment. Not including RNs in the decision-making process may lead to an increase in stress and a decrease in job satisfaction (O'Brien-Pallas et al., 2006). The impact of

burnout on the healthcare industry impacts RNs individually, as well as the quality of care for the patients. The stressors placed on RNs influence their intentions to quit and result in high turnover. It is critical that hospitals and nursing leaders listen to their RNs, recognize their contributions, and allow them to participate in decision-making about the nursing physical work environment.

Cost of RN turnover. In this section, I review the cost of RN turnover, including an explanation of both the noneconomic and economic sources of RN turnover. I first discuss suggestions such as adequately retaining numbers of RNs, not over-burdening existing staff with increased workloads, and recruiting and attracting quality RNs to fill vacancies. On the economic side, I posit the importance of considering the costs of turnover, the loss of nursing human capital, and the potential effects on quality of care.

The cost of RN turnover is a recurring problem for healthcare organizations. As such, it is critical that nurse retention focuses on preventing nurse turnover and keeping nurses in an organization's employment. Concerns about RN turnover become heightened during times of nurse shortages (Mazurenko, Gupte, & Shan, 2015). The high costs associated with high turnover must seriously be considered by nursing managers and supervisors to ensure that policies are intact and in place to increase the professional job satisfaction of the RNs. Mazurenko et al. (2015) stated that such concerns initiate from both noneconomic and economic sources. On the noneconomic side, concerns include the practicalities, like retaining adequate numbers of RNs to provide safe care to patients appropriately, over-burdening existing staff with increased workloads and demands that may bring about more staff turnovers and recruiting and attracting quality

RNs to fill vacancies (Mazurenko et al., 2015). Concerns on the economic side include apprehensions about the costs of turnover, the loss of nursing human capital, and the potential effects on quality of care.

The high turnover rate among nurses can lead to a lack of skilled RNs who can address all the needs of patients in the most effective and efficient manner. The cost of RN turnover is high for many organizations due to losses of intellectual capital (skilled RNs) and productivity (Li & Jones, 2013). The cost to an organization when an RN leaves ranges from $42,000 to $64,000 (Buffington, Zwink, Fink, DeVine, & Sanders, 2012). The cost to replace one RN is between $10,000 and $60,000 (Bowles & Candela, 2005). Due to the high costs associated with replacement, it is important to ensure that RNs are motivated and satisfied with their jobs, as providing proper compensation may be less costly than training new nurses.

Nursing programs are not graduating adequate numbers of new nurses to meet the demand for RNs, and the fact that the turnover rate for RNs in the US is 20% per year, can prove challenging for organizations to maintain adequate staffing levels (Duffield, Roche, Blay, & Stasa, 2011). McGuire and Kennerly (2006) posited that 30% of new RNs leave their job within the first year of employment. According to McGuire and Kennerly, nursing managers are responsible for the performance and retention of RNs, and leadership style is critical to ensuring leaders meet both outcomes. The managers must be able to relate to RNs in order to understand their specific concerns and needs.

High job retention among RNs must be a priority in each organization because training new nurses can also be costly for the organizations and hospitals. Even the high

turnover rate among RNs can affects the patient care system. The excessive cost associated with the replacing RNs who leave the organization can impact the financial viability of the organization (Li & Jones, 2013). There are direct and indirect costs associated with the RNs leaving the organization, which are substantial to the organization (McGuire & Kennerly, 2006). It is important to note that proper compensation, comparable with the work performed, can increase the retention among RNs. As nurses tend to spend more overtime hours at work, being properly compensated can lead to better perspective among the nurses which can make them commit to staying.

Some of the direct costs associated with the RN turnover include overtime costs for the remaining staff and the recruitment of new staff. The indirect costs include new employee orientation and training. North et al. (2013) explained that understanding the excessive cost associated with RN turnover, nursing managers should create retention strategies to improve RN retention. Some of the strategies should include creating a supportive work environment between themselves and employees and creating a deterrent to RNs leaving the organization, by improving the organizational support, employee engagement, and team cohesion and connecting these improvements to the mission of the organization. To reduce RN turnover, nursing leaders must successfully address levels of staffing, job satisfaction, competitive compensation and benefits, professional autonomy, and advancement opportunities.

Nursing leaders may reduce the turnover rate for RNs by providing strong, top-level nursing leadership and supportive nursing supervision throughout the organization. It is critical that nursing leaders involve nurses in the decision-making process related to

patient care delivery and practice, create a culture of safety, ensure safe staffing levels, offer flexible work schedules and employment opportunities such job sharing, and increase wages.

The effects of RN turnover. In this section, I discuss the effects of RN turnover and illustrate the impact of turnover on organizational effectiveness, productivity, quality of care, and operational costs. I examine the additional stress placed on the remaining staff members when RNs leave their positions, resulting in more overworked and overburdened nurses.

Understanding the effect of RN turnover on organizations is critical because RN turnover in healthcare organizations may be an opposing factor for organizational effectiveness, productivity, quality of care, and optimal costing (Squillace, Bercovitz, Rosenoff, & Remsburg, 2008). This increase in operational cost can place a strain on the healthcare organizations. With RNs instituting the largest group of healthcare professionals in the United States, it is critical for healthcare organizations to ensure adequate nurse staffing, as researchers have linked appropriate staffing levels to both patient and nurse satisfaction and quality of care provided to patients (Unruh, 2008). The increase in operational costs may have an indirect effect on management policies, which, in turn, affects how the management and supervisors treat the RNs.

The relationship between RN staffing and measures of patient outcomes and nurse outcomes have received substantial attention in the literature, with often similar conclusions regarding patient and nursing-related outcomes (Unruh, 2008). Based on the available literature, it can be inferred that the retention of RNs also affects the actual

performance of the nurses. According to Brandt, Bielitz, and Georgi (2016), when RNs

leave the organization, the stress on the remaining staff increases because of the high

patient-to-RN ratio. Thomas, Mor, Tyler, and Hyer (2012) posited that RNs assigned to

the same patients form personal bonds, which may lead to better healthcare outcomes.

For the RN to decide to stay within the organization, patient care must be a priority, but

the leaders must also ensure that the nurses are not always overworked.

   The impact of leadership may have a positive or negative correlation to the

turnover intention of RNs. Naseer, Perveen, Afzal, Waqas, and Gillani (2017) examined

the impact of leadership styles on RN turnover intentions. The collection of data came

from the Ittefaq Hospital in Lahore, Punjab, Pakistan, through convenience sampling and

a self-administered questionnaire distributed to 200 RNs. A total of 153 RNs returned the

questionnaire which generated the response rate of 76%. Naseer et al. found that their

staff highly respected nursing leaders that functioned in roles such as an educator, leader,

or clinical expert. The leadership style of the nursing manager is critical to promoting a

positive working environment and contributed to garnering the respect of the RNs. Based

on the results, a significant positive correlation exists between nursing managers' use of

the transactional leadership style and RN turnover, as well as a significant negative

relationship between the use of the transformational leadership style and turnover. The

positive working environment claimed to be a significant contributor to high employee

retention, including the retention of RNs in clinics or hospitals. This information is

critical for nursing leaders so that they offer support, equity, and trust inspiration to the

RNs that report to them resulting in improved quality of care and reduce RN turnover

(Naseer et al., 2017). RN turnover in healthcare organizations reduces organizational effectiveness, productivity, and quality of care, and may increase operational costs. This information is critical for nursing leaders seeking to offer support, equity, and trust to their reporting RNs.

Transition

Section 1 included a discussion on the foundation of the study, the background of the problem, the problem statement, the purpose statement, the nature of the study, the research questions and the assembly of the interview questions. In this section, I explained the conceptual framework, operational definitions, assumptions, limitations, delimitations, and the significance of the study that included the contribution to the business practice and implications for social change. I concluded Section 1 with the review of the professional and academic literature. This literature review featured a description and analysis of leadership styles and RN retention.

The transformational leadership theory is a strong basis for studying the topic of the impact of transformational leadership on RN retention. In the literature review, I offered an analysis for understanding how supportive leadership impacts RN retention, and summarized, compared, and contrasted previously identified factors that may impact RN retention. The discussed topics included (a) the impact of supportive leadership styles on nurse retention, (b) organizational culture, (c) organizational commitment, (d) job satisfaction, and (e) organizational stress. The literature review also included a discussion on the cost of RN turnover and the effects of registered turnover.

Section 2 begins with a restatement of the purpose of the study, the role of the researcher, the participants, the research method and design, the population and sampling and ethical research. Section 2 contains the details of the data collection instruments, data collection techniques, data organization technique, the data organization technique, and data analysis, reliability, and validity. I conclude this section with a transition and summary. Section 3 includes a presentation of the study findings, their application to professional practice, the associated implications for social change, several recommendations for action and further research, and my reflections and conclusions.

Section 2: The Project

In the current qualitative case study, I explored the strategies that nurse managers use to improve RN retention. I begin this section with a restatement of the purpose statement, followed by detailed information regarding the role of the researcher, the participants, the research method and design, the population and sampling, and the ethical research considerations. In this section, I discuss the data collection instruments, data collection techniques, data organization approaches, and data analysis methods. I also address the reliability and validity of the study in this section.

Purpose Statement

The purpose of this qualitative single case study was to explore the strategies that nurse managers use to improve RN retention. The population for this study included nurse managers in a major metropolitan tertiary care teaching hospital in Boston, MA who implemented leadership retention strategies to improve RN retention. Employees who perceive they are treated justly and equitably based on their organizational contributions perform at a proportionate level and tend to remain with their organization (Avanzi, Fraccaroli, Sarchielli, Ullrich, & van Dick, 2014). Implications for positive social change include the continuity of patient care and the provision of the safest and highest quality care to individuals who are within the community and seeking medical care (Cleary, Horsfall, & Hayter, 2014). Moreover, the implications for positive social change include the potential to provide nurse managers with specific strategies to improve RN retention (Collini, Guidroz, & Perez, 2015). Reducing the effect of RN turnover and improving RN retention at their respective organizations benefits society by

allowing healthcare organizations, especially those employing nurses, to further

contribute to their communities. This occurs through more frequent opportunities for

nurses to volunteer in the communities they work using their medical knowledge to

promote health in the community or provide health screenings at community events, give

advice on diet or exercise, and provide education to the public.

Role of the Researcher

Patton (2015) stated that in qualitative research, the researcher serves as the main

data collection instrument. In this study, my role was to interview participants, collect

data, analyze data, and present the findings from the analysis. Unluer (2012) indicated

that the researcher must clarify and explain any existing relationships with participants. I

did not have any personal or professional relationships with the participants of focus in

this study, nor did I have any conflicts of interest. I identified no predicted ethical

concerns. Prior to commencing with the study, I reviewed the informed consent with

participants. In order to meet ethical standards of confidentiality, I removed individual

names from all interviews and transcripts.

I aimed to establish a trusting and honest relationship with participants and

attempt to reduce bias. Moustakas (1994) and Yin (2014) posited that member checking

is a useful tool for mitigating bias in qualitative research, emphasizing that researchers

must ensure that collected and interpreted data accurately represent participants' beliefs,

feeling, and experiences. According to Harvey (2015), member checking involves a

researcher interpreting collected data and sharing initial data interpretations with

interviewees for validation. To conduct the member checking process, I transcribed each

interview question, following the transcription with paragraph of transcribed response from the interviewees and with interpretation of the participants' responses. The participants received a printed copy of the initial data interpretation and data summary to review for accuracy; they had the opportunity to provide feedback and offer any additional information for inclusion. If the participants did not share any new data or provide corrections to the information shared at this time, then member checking was complete. Member checking is a useful tool to mitigate bias and to avoid viewing the data through a personal lens (Harvey, 2015).

Participants

For the current study, I recruited RN managers who are using successful strategies to improve RN retention in a major metropolitan tertiary care teaching hospital in Boston, MA. The eligibility for the study depended on requirements that participants must: (a) be currently employed full-time, (b) have been a nurse manager for at least 2 years, (c) have employees who have been under their direct supervision for at least 6 months, and (d) used successful leadership retention strategies to improve RN retention. Patton (2015) noted that selecting participants with successful strategies to improve RN retention allows scholars to gain insight into the phenomenon and collect data that contribute to answering the research question. Qualitative researchers should choose study participants who have the knowledge, abilities, and experiences necessary to provide solutions that align with the research question (Arquiza, 2013; Yin, 2014). Marshall and Rossman (2016) noted the importance of having the chosen participants meet the eligibility criteria in strengthening the credibility and validity of the study. Yin (2014) suggested that

qualitative researchers should select the sample participants based on the needs of the study.

I attempted to build honest and open relationships with the participants in order to ensure compliance with ethical standards and in order to facilitate honest discussion. I thanked the participants for volunteering to take part in the study and offered to answer any questions they had. I also refrained from expressing my personal opinions or feelings about any of the interview questions. I conducted member checking in order to ensure that I had interpreted the participants' responses correctly and that I had gathered as much detail as possible from their responses.

Katz (2015) suggested that researchers may choose to use multiple participants when conducting qualitative studies. Yin (2014) emphasized this point, stating that the success of a study depends on gaining access to the participants who best meet the needs of the study. I recruited nurse managers from a major metropolitan tertiary care teaching hospital in Boston, MA by selecting those nurse managers who meet the eligibility criteria. I followed Walden University's Institutional Review Board (IRB) guidelines, seeking permission from the organization's leadership before contacting participants (Approval #: 08-06-20-0630006). I requested names of potential participants from leadership of the hospital. Upon receiving this information, I proceeded with contacting potential participants via the telephone, through e-mail, and through in-person meetings. When contacting the potential participants, I outlined the eligibility criteria and requested the participant's consent for participation (Marshall & Rossman, 2016; Merriam, 1998;

Strauss & Corbin, 2015). My initial contact with potential participants via phone, e-mail, and in-person contact constituted the first step in building relationships with participants.

It is critical that researchers establish open and honest communication with the study participants, as the information that participants disclose is based, in part, on the relationship between them and the researchers involved (Patton, 2015; Yin, 2014). Gaining access to the participants and establishing open, honest relationships were critical to the success of this study. Varga-Dobai (2012) suggested that researchers can establish a relationship with the participants of the study through (a) research transparency (Renert, Russell-Mayhew, & Arthur, 2013), through (b) incentives for participation (Killawi et al., 2014), and (c) through effective communication. I did not provide incentives to participants.

Varga-Dobai (2012) purported that establishing a relationship between a researcher and participants can lead to more comfortable and open communications during the data collection process. As an added measure to protect the participants' confidentially and to gain their trust, I explained the purpose and intent of the study, the measures I took to protect their identities, and the measures I took to ensure confidentiality during the information sessions. I also used the information session as an opportunity to inform participants about the interview process and about the interview protocol that I used with the participants. According to Marshall and Rossman (2016), discussing the study in advance with participants establishes trust and encourages collaboration and engagement during the study.

Research Method

My purpose through this qualitative single case study was to explore the strategies that nurse managers use to improve RN retention. The population for this study consisted of nurse managers in a major metropolitan tertiary care teaching hospital in Boston, MA who have implemented strategies for improving RN retention. In this section, I provide a description of and justification for the qualitative research methodology that I selected for this study.

Patton (2015) and Yin (2014) stated that researchers could choose from three possible methods when conducting research: a qualitative approach, the quantitative approach, and the mixed methods approach. Researchers conducting qualitative studies typically collect text or narratives that to describe a phenomenon. Quantitative methods involve statistical analyses based on numerical data to address research hypotheses (McCusker & Gunaydin, 2015). Mixed methods researchers use a combination of qualitative and quantitative methods (McKim, 2017).

I determined that a qualitative research methodology would be the most appropriate approach for the current study given my purpose of gathering descriptions of nurse managers' experiences through interviews and analyzing the text of interview transcripts. Because those endeavors do not involve numerical data, they are better suited to qualitative approaches. Because I aimed to describe effective RN retention strategies and did not endeavor to address research hypotheses or use statistical analyses to identify relationships, I deemed all quantitative approaches to be inappropriate for this study and

eliminated the use of either the quantitative methodology alone or of mixed methods research.

Qualitative researchers who include interviews as the method of data collection can explore a phenomenon through the experiences of the research participants (Scott, 2016). One of the benefits of the qualitative research method is that it provides participants with opportunities to answer the interview questions using their own words. Patton (2015) posited that qualitative research allows researchers to conduct in-depth interviews to explore perceptions of the participants as a means of gaining an understanding of the phenomenon. For example, Scott (2016) used qualitative research to explore the strategies used by nurse managers to improve employee retention. I used a qualitative methodology for my exploration of the strategies that nurse managers use to improve RN retention, as the quantitative methodology would be inappropriate for this purpose (De Massis & Kotlar, 2014).

Research Design

I used the case study research design to increase understanding of a contemporary issue (i.e., RN retention) by conducting in-depth interviews. Tsang (2013) noted that case study researchers conduct a comprehensive analysis of a case to gain a full understanding of the case's real-world context. Yin (2014) suggested that researchers choose from the following six sources of study evidence: (a) documentation, (b) archival records, (c) interviews, (d) direct observations, (e) participants, and (f) physical artifacts. I used interviews in the current study. Yin posited that the aim of qualitative research is to answer questions relating to the research question. Researchers can use open-ended

questions to probe for details and to provide participants with opportunities to respond in their own words instead of being forced to choose responses from among fixed options (Yin, 2017). Researchers using a case study design allow the participants to provide thoughtful insights on the studied phenomenon—in this case, the strategies that study participants used to improve RN retention. For example, Izard-Carroll (2016) used a case study design to explore strategies that small business owners employed to reduce employee turnover. Likewise, Scott (2016) used the case study design method to explore strategies hospital managers used to improve employee retention. The case study research design best meets the current study goal of exploring the strategies that nurse managers use to improve RN retention.

I also considered the ethnographic research design. Ethnographic researchers must immerse themselves in the target participants' environments to understand goals, cultures, challenges, motivations, and themes that emerge from the data (Saunders et al., 2016). I determined, however, that this research method would not be an optimal choice, because being absorbed in the target population's environment would be problematic in this case, given the type of work and the privacy concerns involved. Focus groups involve guided facilitated discussion organized around a set of open-ended questions that initiates focus group discussions (Saunders et al., 2016). This method poses several challenges, including the self-selection system involved in participant recruitment, leading to study results that are harder to generalize to the larger population. As I result, I determined that that focus group method would not have been an optimal choice for this study.

Narrative researchers focus on how individuals assign meaning to their experiences through the stories that they tell, with data normally viewed through the lenses of one or two individuals (Clandinin et al., 2017). This limited perspective led me to reject this approach for purposes of this study. I elected to pursue a case study methodology that involves seeking an understanding of the topic being researched through multiple types of data sources (Saunders et al., 2016). Case studies can either be explanatory or can describe an event. Case study researchers explore contemporary real-life phenomena through detailed contextual analysis of a limited number of events or conditions and relationships (Yin, 2017). Based on this definition, I determined that the case study design would be the optimal choice for this study.

Population and Sampling

Defining the Population

The population for this study consisted of nurse managers working in a major metropolitan tertiary care teaching hospital in Boston, MA who have implemented leadership retention strategies to improve RN retention and this should be accompanied by proper documentation or report from the hospital. I selected this population based on the reality that managers in healthcare face legal and moral obligations to ensure the high quality of patient care. I determined that this population was best situated for answering the research question of the current study, given the position of nursing managers as experts in the field (Patton, 2015). Palinkas et al. (2015) stated that a researcher should include well-informed participants who can provide information on the research topic. The eligibility criteria for this study limited participation to individuals who were: (a)

currently employed full-time, (b) had been nurse managers for at least 2 years, (c) had

employees under their direct supervision for at least 6 months, and (d) had used

successful leadership retention strategies to improve RN retention.

Sampling

Olsen, Orr, Bell, and Stuart (2013) suggested that having an adequate sample size

provides opportunities for the researcher to select participants that meet the specific

eligibility criteria. According to Patton (2015), by recruiting an adequate sample size for

the study, researchers are better able to generate quality data to support the research topic.

There are three main types of qualitative sampling, namely, purposeful sampling, quota

sampling, and snowballing sampling. Qualitative researchers widely use purposeful

sampling. Palinkas et al. (2015) posited that researchers use purposeful sampling as a

means of identifying and selecting participants who are well-informed to provide

information on the particular research topic. Purposeful sampling has some advantages,

one of which includes the ability to garner large amounts of information using a range of

different techniques. Purposeful sampling meets the needs of this study.

Another sampling method is quota sampling, which involves the predetermination

of participant quotas before proceeding with sampling. To use this method, the researcher

attempts to gather data from a certain number of participants who meet specific

characteristics such as age, sex, class, and marital status (Patton, 2015). Quota sampling

does not meet the needs for this study of methods that nurse manager use to improve RN

retention. Qualitative researchers also use snowball sampling, a method in which

participants refer the researcher to others who could contribute or participate in the study

(Patton, 2015). Researchers use snowball sampling to gain access to populations that are otherwise difficult to gain access (Perez, Nie, Ardern, Radhu, & Ritvo, 2013). Patton (2015), however, posited that researchers using snowball sampling might recruit biased samples that could influence the results of the study. To avoid instituting any bias in the study, I determined that snowball sampling did not meet the needs of this study.

Sample Size

Regarding the sample population, Fusch and Ness (2015) suggested that the sample size should reach the number of participants that is adequate for meeting data saturation standards. Patton (2015) noted sample size depends on the research question, the data collected, the methods of data analysis employed, and the availability of resources. Regarding the specific question of adequate sample size, Merriam (1998) indicated that there is no right answer, contending that determining the appropriate sample size involves judgment and experience in evaluating the quality of the information against the uses of the information. Yin (2017) addressed the issue of sample size directly, suggesting that a case study required at least six valid interviews. I followed this suggestion and used a sample size of at least six interviews.

Data Saturation

Fusch and Ness (2015) argued that data saturation is achieved in qualitative research when new data produces no new themes or concepts. Patton (2015) suggested that researchers conduct in-depth interviews to collect data from an adequate number of participants to ensure data saturation. I used follow-up member checking interviews to ensure data saturation. I analyzed the interviews and amalgamate participants' responses

to each question. The participants received a copy of the completed report to ensure that the documented data accurately represented their completed answers to the question, with no additional information required.

To select participants for the study, I procured a list of possible participants from the chief of human resources of the participating hospital. To gain access to potential participants, I used e-mail, telephone, or in-person meetings. The participants for this study included nursing managers working in a major metropolitan tertiary teaching hospital in Boston, MA. The eligibility criteria for inclusion in the study included: (a) being currently employed full-time, (b) having been a nurse manager for at least 2 years, (c) having had employees under one's direct supervision for at least 6 months, and (d) having successfully used leadership retention strategies to improve RN retention.

To find a suitable interview setting, I consulted with interviewees to ensure the selection of a facility that was secure and private, had comfortable seating, was free of loud noises, provides good lighting, and is protected from the possibility of interruptions. Privacy is critical when conducting interviews in the research process, as Deakin and Wakefield (2014) noted. A comfortable environment is advantageous for conducting qualitative interviews. Moreover, Marshall and Rossman (2016) posited that by allowing participants to choose the interview setting with the least amount of distractions, researchers create improved opportunities for encouraging the participants to answer the research question.

Ethical Research

Throughout the research process, researchers must protect participants in order to strengthen the validity of the research results (Matise, 2015). Participants should be informed about the purpose of the study, the benefits of the research, and any risks associated with participating in the study before granting their consent (Rodrigues, Antony, Krishnamurthy, Shet, & De Costa, 2013). To protect the potential participants, I sought IRB approval from Walden University before beginning recruitment. The data collection process occurred only after IRB approval and signed site agreements for the DBA case study were in place. By obtaining the necessary approvals, I aimed to a high ethical standard of participant protection.

I permitted the participants to withdraw from the study at any point without consequences (Drake, 2013). I did not incentivize participants to take part in the study. Johnson (2014) noted that researchers must protect the rights, confidentiality, and well-being of all participants during the research process. I followed the ethical principles of the Belmont report, which summarizes the basic moral principles that researchers should use to protect the participants during research (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1978). I provided the participants with a copy of the business leader's interview consent form containing detailed information about the study. I stored the collected data in a locked safe for 5 years in order to protect the confidentiality of the participants. Participants received copies of the summary of the study's findings. Welsh, Nelson, Walsh, Palmer, and Vos (2014) posited that researchers should ensure that participants remain anonymous by

using unique identifiers. I used a unique alphanumeric identifier for each interview to identify participants, as well as to organize the study.

Data Collection Instruments

As the researcher, I served as the primary instrument for data collection and data analysis in this qualitative case study. Interviews functioned as the primary source of data regarding participants' experiences and insights regarding RN retention strategies. I used a semistructured interview protocol to guide the data collection process. I sought participants' approval to audio-record the interviews. I also recorded handwritten notes in a notebook throughout the interview process. I retained this information to aid in recall and analysis by conducting face-to-face interviews, using predetermined interview questions to explore nurse managers' insights and experiences regarding the strategies they use to reduce RN turnover. Before the interviews begin, I provided participants with copies of the interview protocol, which included the interview questions. As Jacob and Furgerson (2012), Moustakas (1994), and Yin (2014) recommended, using an interview protocol ensures consistency throughout the data collection process.

As the researcher, I solely obtained, organized, and analyzed the interview data to prevent disclosure of any kind such as compromising names of the organization or participants. I instituted member checking of the data to ensure that the summaries and initial interpretations are correct and complete representations of the participants' stated experiences and perceptions (Yin, 2014). As part of the member checking and data interpretation processes, I engaged the participants by providing a copy of analyzed data for them to review the results (Mayoh & Onwuegbuzie, 2015). The participants were able

to check for consistent themes and to verify ensure accuracy and credibility. According to

Dixon (2016), member checking may enhance the reliability and validity of the interview

protocol and data collection instrument.

Data Collection Technique

My purpose behind conducting this qualitative single case study was to explore

strategies nurse managers use to improve RN retention. The central research question

was: "What strategies do nurse managers use to improve RN retention?" Semistructured,

face-to-face interviews were the primary data collection strategy. Bernard (2013) posited

that researchers should use semistructured interviews for participants in order to gather

valuable information on the research topic, providing participants with the ability to

answer a set of predetermined, open-ended questions.

Researchers can use semistructured interviews to explore themes and perspectives

of the participants on a research topic in a comfortable setting (Moustakas, 1994; Yin,

2014). I confirmed that the participants met the selection criteria for the study before

proceeding to ask them to select times and meeting places for their interviews. Before

interviews, participants who met the selection criteria received the interview questions

and business leader's interview consent form. On the day of the interview, I completed

the informed consent process and reviewed the interview protocol with participants. Scott

(2016) and Izard-Carroll (2016) used a similar process of providing participants with

interview protocols as guides during their data collection process and recommended that

future researchers do likewise. Researchers use protocols or guides to perform consistent,

systematic interview processes with all participants (Rubin & Rubin, 2012). I followed

the interview protocol while conducting participant interviews, and I audio-recorded the interviews to ensure the accuracy of the transcriptions. Yin (2014) suggested that recording devices provide an effective collection of interview data, while Patton (2015) noted that a digital recording device is critical for capturing the participants' responses accurately.

After completing all interviews, I transcribed the data and created hard copies of the transcriptions. I then interpreted and synthesized the participants' responses in one paragraph for each question. The process of interpreting and synthesizing the participants' responses created an opportunity for follow-up interviews and served to solidify the member checking process (Izard-Carroll, 2016; Kornbluh, 2015; Marshall & Rossman, 2016; Scott, 2016; Tracy, 2015). Harper and Cole (2012) explained that member checking improves the accuracy, validity, and credibility of a study.

Data Organization Technique

In conducting this research, I ensured the integrity of the transcribed interviews, recordings, and all backup copies of data (Anyan, 2013). I maintained a journal to document the interview questions and the participants' responses. I assigned alphanumeric codes to identify participants (e.g., P1, P2, and P3) in order to keep the data organized while maintaining information confidential (Gibson, Benson, & Brand, 2013). According to Hancock and Algozzine (2016), I labelled the notebooks used in the collection of observable data by dates and times that the observation took place, and then transcribed these into digital files for easy reference. Once I completed the interviews, I organized the data into a digital system for storage and retrieval.

Yin (2014) noted that storing of data is critical to maintaining the integrity of the data. I stored all consent forms and validation information provided by the participants, as well as hand-written notes, for reference. Yin noted that coding and organizing the data mined from interviews by using keywords or abbreviations might lead to opportunities for additional probing. I will maintain all collected data by keeping them securely locked in a file storage system for 5 years, in alignment with Walden University's IRB guidelines. After this period, I will shred all paper copies of the data and delete all electronic data.

Data Analysis

I used data gathered from semistructured interviews with nurse managers as part of the methodological triangulation for this qualitative single case study. Joslin and Müller (2016) divided data triangulation into four types: methods triangulation, triangulation of sources, analyst triangulation, and theory/perspective triangulation. I used methods triangulation for this study. Yin (2014) noted that triangulation for a qualitative case study involves combining information for research purposes. In the case of methodological triangulation, researchers can combine findings from various data sources in order to provide a greater understanding of a phenomenon (De Massis & Kotlar, 2014). De Massis and Kotlar identified five steps in data analysis: compiling, dissembling, reassembling, interpreting, and drawing conclusions based on the data.

In the compiling phase, I organized the data using the NVivo 12 software for Windows to create a database. I used this software to assist in the reassembling process of clustering and categorizing labels into a sequence of groups. In the final stage of

interpretation, the data consisted of the creation of narratives from sequences and groups for conclusions. De Massis and Kotlar (2014) posited that qualitative data analysis techniques involve the processes of transforming data into categories and themes. I used methodological triangulation of data sources including interviews and previous research studies to facilitate and produce an understanding of the data collected. I used multiple sources of information to achieve methodological triangulation.

I used the social exchange leadership theory by Homans (1958) and the transformational leadership theory of Avolio and Bass (1991) as the components of the conceptual framework for this study. As Borrego, Foster, and Froyd (2014) noted, researchers can use a conceptual framework to connect the literature review, the research method, the study findings, and analysis of data. I identified and explored the themes associated with strategies that nursing managers use to improve RN retention. Chan, Fung, and Chien (2013) suggested linking emerging data themes to the study framework and existing literature. Popa and Guillermin (2015) posited that researchers should use methodological triangulation and reflexivity to improve the understanding of the complicated nature of the phenomenon to explore subjective experiences and circumstances around a phenomenon. I followed these researchers' suggestions in understanding themes and patterns derived from the research question to explore the findings.

Reliability and Validity

According to Shen, Peltzer, Teel, and Peirce (2012), researchers should use dependability, credibility, transferability, and confirmability to establish the concepts of

reliability and validity in qualitative research. Singh (2014) posited that reliability and validity increase transparency and reduce opportunities for researcher bias in qualitative studies. In the following section, I discuss the procedures that I followed to ensure the reliability and validity of the current study's findings.

Reliability

Reliability measures the consistency, precision, repeatability, and trustworthiness of a research study (Chakrabartty, 2013). Reliability refers to the dependability of a qualitative study and to the ability of a researcher to reproduce results of a previously conducted study if provided the same conditions (Shen et al., 2018). Lewis (2015) stated that researchers should use qualitative reliability to check the accuracy of their findings. In support, Morse (2015) posited that performing member checking, documenting processes, and recording any changes that might occur would demonstrate dependability. I conducted follow-up member checking interviews, after the initial interviews, to share and review my interpretations of the original interview with participants for validation.

Dependability

Dependability refers to the consistency of repeating the results of the study and results in similar findings (Yin, 2014). Dependability offers legitimacy to the research method because of the changing nature of qualitative research (Bresman & Zellmer-Bruhn, 2013). To improve the dependability of the findings, I documented all aspects of any changes or unexpected occurrences to explain the study findings further.

As part of the member checking process, I shared a copy of the initial interpretations and summaries with participants to ensure the accuracy and creditability

of the study analysis. At this point in the process, participants had the opportunity to correct any interview responses. Houghton, Casey, Shaw, and Murphy (2013) stated that conducting member checking from participants' perspectives would ensure the creditability of study findings. Reilly (2013) supported this view, positing that researchers could use member checking to assure the credibility of the study through the participants' verification and validation of the researcher's interpretations. Birt, Scott, Cavers, Campbell, and Walter (2016) noted that researchers should use member checking to provide an in-depth approach that allows the sequential triangulation of data, thus serving to ensure dependability. Based on these researchers' suggestions, I kept all papers and interviews associated with the study in a safe and secure place, stored in a password-protected computer and available for any necessary cross-referencing of the reports for reliability, trustworthiness, and accuracy (Morse, 2015). The reliability procedures for this study included checking the transcripts for errors and ensuring that there were no changes in codes when cross checking data (Birt et al., 2016). Researchers use member checking to improve the reliability and validity of research data (Moustakas, 1994). I used member checking to ensure the accuracy and increase the dependability of the study.

Validity

Qualitative validity refers to the use of certain procedures to check for the accuracy of research findings (Yin, 2014). Bresman and Zellmer-Bruhn (2013) and Morse (2015) defined validity in qualitative research as focusing on credibility and the ability to use the results to make decisions. Ali, Yousof, Khan, and Masood (2011) noted

that validity is a way of confirming the accuracy of the analyzed results related to confirmability.

Credibility. To ensure the credibility of this study, I used member checking and methodological triangulation. The member checking process for this study included confirming the data collected, thematic categories, my interpretations, and conclusions with participants to ensure accuracy (Reilly, 2013). I provided participants with initial interpretations of the data from the interviews along with my interpretations of participants' responses. I also conducted follow-up member checking to allow participants to clarify information, add additional details, and ensure that my interpretations of the data are correct. Morse (2015) defined validity as a summary of findings germane to the participants. Bresman and Zellmer-Bruhn (2013) suggested that the validity, correlation, and relationships between variables within the study were determined by concurrent and construct validity. In addition to member checking, researchers can use methodological triangulation to enhance the study credibility (Yin, 2014). According to Heale and Forbes (2013), methodological triangulation includes using multiple methods of gathering data, such as interviews and document review.

Methodological triangulation allows the researcher to collect in-depth data from multiple sources (Patton, 2015). To withstand scrutiny, researchers conducting qualitative research should spend time considering the credibility, transferability, dependability, and confirmability of the study (Patton, 2015). Credibility refers to the believability and trustworthiness of the findings (Bresman & Zellmer-Bruhn, 2013). The participants decided whether the results reflected the phenomena under study. I used triangulation to

verify the accuracy of the data by cross-checking the information from multiple perspectives.

Confirmability. Confirmability refers to the ability of other researchers to confirm or validate the results of the study (Anney, 2014). I used probing during interviews and follow-up member checking interviews and triangulation to increase the confirmability of the study. I continued this process until the data provided no new relevant information about the study (Ando, Cousins, & Young, 2014). I conducted follow-up member checking interviews to address the confirmability of the findings. Participants received a copy of the interpretation of their responses to ensure that the interpretations represented their views and experiences with the research topic.

Reilly (2013) indicated that using follow up member checking interviews would provide opportunities for the participants to review and provide additional information regarding the researcher's interpretation of the interviews. Similarly, Harper and Cole (2012) stated that member checking offered researchers the opportunity to gauge their personal views on the research topic to reduce possible bias during data interpretation. Fusch and Ness (2015) suggested that the researcher should continue eliciting participants' responses until no new perspectives, patterns or themes arose, as this is the point at which data saturation occurs. I reviewed organizational documents and conduct follow-up member checking interviews until common themes and occurrences of repetitive data emerged.

Transferability. Transferability describes the extent by which the readers assess the applicability of the results of the qualitative study to other settings or frameworks

(Bresman & Zellmer-Bruhn, 2013; Lincoln & Guba, 1985). To ensure the transferability of the study, I used interview protocol documentation to reach data saturation. Using the interview protocol is a way to enhance the transferability of research findings (Farrelly, Greyser, & Rogan, 2012). Rubin and Rubin (2012) suggested that using an interview protocol as a procedural guide enable researchers to adhere methodologically to the data collection technique and capture the participants' experiences with the study's topic.

Transition and Summary

Through this qualitative single case study, I aimed to explore the strategies that nurse managers use to improve RN retention. I collected data through face-to-face, semistructured interviews (Maskara, 2014). In Section 2, I restated the study's purpose statement and discussed the role of the researcher, the research method and design, the participant population and sampling, the ethical considerations, the data collection instrument, data collection techniques, data analysis methods, and the methods to promote reliability and validity. In Section 3 of the study, I present the findings, offer applications for professional practice, outline implications for social change, provide recommendations for action and further research, and summarize my reflections and conclusions.

Section 3: Application to Professional Practice and Implications for Change

Introduction

The purpose of this qualitative single case study was to explore the strategies that nurse managers use to improve RN retention. The population for this study included nurse managers in a major metropolitan tertiary care teaching hospital in Boston, MA who implemented strategies to improve RN retention. The data came from semistructured interviews with nurse manager participants. The three themes that arose from these interviews were (a) barriers to implementing retention strategies, (b) retention strategies, and (c) measures of retention. Participants described a variety of techniques used to increase RN retention and measure the effectiveness of the strategies used. Section 3 includes the presentation of the findings. This section also provides a description of how these results are translated to professional practice, implications for social change, and recommendations for action and future research. Section 3 ends with a conclusion.

Presentation of the Findings

The research question that drove this qualitative study was: What strategies do nurse managers use to increase RN retention? A case study design was used in the current study to explore lived experiences of nurse managers attempting to increase RN retention. The source of data collection was in-depth, semistructured interviews with six nurse managers from a major metropolitan tertiary care teaching hospital in Boston, MA. The findings from these interviews provided an in-depth understanding of the retention strategies implemented by nurse managers and how these strategies were evaluated for effectiveness. To ensure the privacy of participants was maintained in this study, all

participants were assigned numeric codes for identification purposes (e.g. participant 1, participant 2, etc.). The data analysis and coding process resulted in the identification of three major themes. These themes are displayed in Table 1 and will be described in detail in the following sections.

Table 1

Frequency of Major Themes

Themes	Frequency
Barriers to implementing retention strategies	18
Retention strategies	22
Measures of retention	16

Theme 1: Barriers to Implementing Retention Strategies

The first theme that arose from this qualitative analysis was barriers to implementing retention strategies. The barriers to implementing retention strategies theme obstacles that participants faced when trying to increase RN retention. This theme includes subthemes related to the types of barriers nurse manager participants faced and how these participants attempted to overcome these barriers in order to implement retention strategies. The subthemes related to this theme, types of barriers and methods for addressing barriers, highlight the complexities of implementing retention strategies and the creative solutions that nurse managers employ to address these complexities. All subthemes and examples of quotes that motivated these subthemes will be provided in the following sections.

All participants provided an example of a barrier they encountered when trying to implement a retention strategy within their work environment. The most frequently

reported barrier was financial. Three participants identified finances as a barrier for

retaining RNs. For example, participant 6 shared, "certainly financial barriers, right? It's

hard…you want to be competitive." Participants 1 and 2 also identified finances as a

barrier to retaining RNs. Participant 1 noted:

> If it was up to me, I would pay every nurse [more]… healthcare is the business
>
> and [we have to] justify that increase to the ownership…I feel like…every
>
> business wants to see us, the amount of patients and… There is the main you pay
>
> the staff. That was, um, one of the initial barriers.

Another barrier that two participants identified was a reluctance for change. Participant 4

described RNs coming in from outside work environments with "bad habits" that were

challenging to overcome in the new environment. This participant said, "I've encountered

bad habits from some nurses, especially if they come from previous work environments,

changing their habits and outlook towards patient care and the various policies we have in

place in our building." This type of work style might not be incorporated into the new

environment which can lead to decreased retention of RNs. Similarly, participant 5

depicted, "I think probably some of the barriers that I found that maybe the nurses, those

that were not as receptive and open, so you have to have buy in. You know, there can be

resistant to changing." This barrier of RNs not wanting to adjust to a new environment

can prove challenging for nurse managers to overcome.

In addition to the financial and RN attitude barriers, other participants identified

unique barriers from their own experience. Participant 6 noted that job dissatisfaction

could decrease retention, "they're all feeling very overworked, COVID has certainly

thrown a wrench in it…We went through furlough…so it's like more work for less. So certainly, job satisfaction is huge." In addition, participant 3 shared that not having enough time to implement retention strategies was a barrier. This participant stated, "It's just having the time to actually do what all thinking because it's a priority." These barriers all pose a challenge for implementing retention strategies.

Some of these reports from participants align with previous research conducted in this area. For example, inadequate financial compensation has previously been identified as a barrier to retaining RNs. North et al. (2013) explained that understanding the excessive cost associated with RN turnover, nursing managers should create retention strategies to improve RN retention. Some of the strategies should include creating a supportive work environment between themselves and employees and creating a deterrent to RNs leaving the organization, by improving the organizational support, employee engagement, and team cohesion and connecting these improvements to the mission of the organization. In this current study 50% of participants noted that finances were a major barrier for their implementation of retention strategies.

In addition to describing the types of barriers that existed, participants also shared methods they used to address these barriers. Four participants provided an example of a what they do to overcome a retention strategy implementation barrier. Two participants listed creating a collaborative environment as an essential tool for overcoming these barriers. For example, participant 5 mentioned, "Keeping them engage was that they felt like their ideas were being heard and that they were included it wasn't you know it was a

partnership." Participant 6 also identified a collaborative environment as critical for overcoming barriers to implementing retention strategies.

Another method used to overcome barriers was discussing these obstacles with upper management. Two participants used this method. For example, participant 2 described, "administrators, you know, people have power needs to wake up their force understanding that out of this dissatisfaction is having enough budget, you know, to provide the available materials needed." Similarly, participant 1 portrayed discussions with management as critical for successful implementation of retention strategies. This participant said, "conversation with senior management of the organization is important as we are trying to expand that. I tried to do a lot of qualitative things and then we actually had to show some of the data, you know, break down." These participants felt that sharing challenges and needs with management could help to increase resources required for retaining RNs.

Two other participants also shared unique examples of methods to overcome barriers. Participant 2 cited policy change as necessary for implementation of retention strategies. This participant described, "Those are the things institutions should look at, the policies…We have nurses that go to Washington DC…to reinforce policies." These participants were able to identify barriers and develop some methods for addressing these barriers.

Some of these reports from participants about methods to overcome barriers are supported by previous research conducted in this area. Previous research has demonstrated that retaining RNs can save on costs for hiring and training new RNs. Zhao

et al. (2013) explained the lack of strategies aimed at improving RN retention can result in increased costs associated with the hiring and training of new RNs. Jones (2008) evidenced a further contribution to business practice, positing that organizational leaders must identify and develop retention strategies to prevent the high turnover of RNs that could result in higher organizational costs and lower quality of care. Two participants in the current study shared that meeting with upper management and sharing data to convey personnel needs was instrumental for overcoming obstacles for implementing retention strategies. This finding builds from earlier work that shows how turnover is costly. This type of strategy, meeting with upper management, can be an essential method for improving retention strategy implementation. Table 2 shows the frequency of responses for Theme 1 and the two subthemes.

Table 2

Theme 1: Barriers to Implementing Retention Strategies

Subthemes	Frequency
Types of barriers	8
Methods for addressing barriers	5

These findings indicate that several barriers were identified by nurse manager participants that remain to be addressed. The primary and frequently endorsed barriers were finances and resistance to change. Participants indicated that RNs were not always adequately compensated and could leave if they found another position with higher pay. This finding is critical to address as the impact of losing RNs has a large financial impact. Everhart et al. (2013) have previously found that there is a high cost associated with RNs leaving the organization (Everhart, Neff, Al-Amin, Nogle, & Weech-Maldonado, 2013).

In addition, it is important for managers to call attention to other compensation methods, beyond salary, that can incentivize RNs to stay. Hayward et al. noted that RNs often work long hours and sacrifice time with their families to ensure the care of their patients. Therefore, nursing leaders need to recognize their staff's sacrifices and provide opportunities for their growth and development (Hayward et al., 2016).

The findings of this study also provide examples for how nurse managers attempt to address barriers to implementing strategies for retention. One common method was reaching out to upper management to try to overcome these obstacles. Previous work has highlighted the importance of leadership in retention efforts. The impact of leadership may have a positive or negative correlation to the turnover intention of RNs. Naseer, Perveen, Afzal, Waqas, and Gillani (2017) examined the impact of leadership styles on RN turnover intentions. The collection of data came from the Ittefaq Hospital in Lahore, Punjab, Pakistan, through convenience sampling and a self-administered questionnaire distributed to 200 RNs. A total of 153 RNs returned the questionnaire which generated the response rate of 76%. Naseer et al. found that their staff highly respected nursing leaders that functioned in roles such as an educator, leader, or clinical expert. The current study demonstrates how leadership is contacted to improve retention efforts.

Theme 2: Retention Strategies

The second major theme that emerged from this qualitative analysis was retention strategies. The retention strategies theme included information about types of strategies that participants employed to increase RN retention. This theme includes subthemes related to the organization strategies that are implemented to increase RN retention and

how RNs respond to these strategies. The subthemes related to this theme, organization

strategies and RN response, depict the strategies that are commonly used, and which

strategies appear to be most effective and well-received by RNs. All subthemes and

examples of quotes that motivated these subthemes will be provided in the following

sections.

All participants shared strategies their organizations used to increase RN

retention. The most frequently mentioned strategy was recognizing the work of RNs.

Four participants identified recognition as key retention strategy. For example, participant

1 reported, "if someone does something fantastic above and beyond, um, we do a little

write up on it and put it out, um, in the staff meetings and monthly publications and still

recognize that person, um, doing a good job. Those are the strategies we've

implemented." Similarly, participant 4 said, "I am flexible with the schedule been able to

watch out for talented and dedicated nurses and given praises and promotions when

needed." Participants 3 and 6 also commented that recognizing the work of RNs served to

increase their retention.

Another strategy used to increase RN retention was training nurses. Three

participants recounted that keeping nurses intellectually stimulated and trained on new

techniques was an important method for retaining them. For example, participant 2 noted,

"I would say, basically it's the best Investment, the nurses keeping them educated, um,

and keeping them within the trends of nursing, it kind of helped boost their confidence."

Participant 6 also commented on the importance of professional development for

retention. This participant stated, "I try to keep the nurses engaged, um, you know, by

certainly just exploring like professional development opportunities that are outside of their role of their day to day role." Additionally, participant 5 believed that professional development was a vital retention strategy. Previous work has shown that professional development is an important method for retaining employees. Xerri and Reid (2018) found that when human resources and management offered nurses training and subsequent advancement opportunities, both turnover intention and actual turnover were lowered. This aligns with SET, in that an exchange was offered from which both parties (i.e., nurses and management) derived perceived benefits. The result was an increase in nurses' overall performance—even among those who did not immediately take advantage of the career advancement opportunities offered (Xerri & Reid, 2018).

A third strategy that three participants proposed was important for retention was maintaining adequate wages for RNs. For example, participant 4 described comparing wages at the organization to others as a strategy for maintaining a competitive work environment. This participant said, "I look at the rate of pay in similar organizations to make sure we are at a competitive rate." Participant 5 also shared an opinion that salary was an important method for retaining RNs, "In terms of like providing great packages for the nurses incentives, Such as paid time off, Holiday vacations, perks that were offered to the hospital for helping with recruitment of nurses who may be interested." In addition, participant 1 believed that, "looking at wages and market equality… to some degree you have to be competitive." These participants determined that keeping salaries competitive was critical for keeping employees satisfied. Salary has previously been identified as an important factor that determines job satisfaction. Smith and Shields

(2013) found that factors of job dissatisfaction included (a) company policy, (b)

supervision, (c) interpersonal relationships, (d) working conditions, and (e) salary (Smith

& Shields, 2013). Participants in the current study took this finding a step further by

indicating how they determined salaries as competitive. These participants shared that

looking at other workplaces with similar task-load for RNs was critical for maintaining a

competitive salary and retaining RNs.

In addition to describing strategies that their organizations used to increase RN

retention, participants also provided their experiences with how RNs respond to these

strategies. All participants contributed examples that informed this subtheme. The most

common feeling from participants was that RNs responded positively to retention efforts.

Participant 1 shared, "They love it. I'm not saying this because I am a nurse leader but the

nurses love to have the opportunity to feel that they matter." Similarly, participant 3

reported, "Responding very well." Participant 5 also described the RN response as

positive, although this participant noted that the response was not initially positive for all

and that some RNs require time to accept strategies. This participant said, "They were

pretty responsive. They came on board. "This participant went on to describe the people

that were initially resistant went on to accept the strategies. This participant described,

"we have a change theory in nursing that you go through that initial phase of the

introduction then there's the resistance and then there's the acceptance….So recognizing

that the different steps will happen." These participants identified the general positive

responses of RNs to their retention strategies. Previous work has shown how managers

should react when subordinates respond positively to managerial techniques. In the

context of a subordinate (e.g., nurse) and dominant (e.g., nursing supervisor or manager),

social exchange is a viable exchange within this relationship (Blau, 1964). Supervisors

have greater autonomy or power than employees. When one party with greater autonomy

interacts with a subordinate, if the party with greater autonomy provides an incentive or

concession to the subordinate, it may have a higher value than when the subordinate

gives a favorable response to the incentive or concession that the subordinate receives. As

such, to reciprocate, the subordinate must give more to equate the incentive or concession

than the subordinate receives (Homans, 1958).

In addition to a positive response from RNs, two participants described unique

responses from RNs with whom they worked. Participant 4 noted that there was an open

discussion with RNs surrounding retention efforts. In contrast to other participants,

participant 6 experienced some negative responses from RNs. This participant shared that

RNs felt that these strategies did not have an effect that was not quick enough, "I don't

think that they feel like we're responding fast enough. I think that's always the

case…right now staffing is a huge issue and they want and they want to be able to just

have more colleagues who can help and, and it, and it takes them, it takes time." Table 3

shows the frequency of responses for theme 2 and the subthemes that compose this

theme.

Table 3

Theme 2: Retention Strategies

Subthemes	Frequency
Organization strategies	9
RN response to strategies	7

The results of this study align with previous studies that have identified strategies for retaining employees within organizations. In the current study participants noted the recognizing RNs for their work was a critical strategy for retaining them. This strategy has been shown to be effective in other studies as well. It is important their leaders recognize their sacrifices and provide opportunities for their growth and development (Hayward et al., 2016). When leaders recognize the hard work of the RNs, retention is likely to improve (Mannix et al., 2013). This study further emphasizes the importance of recognition and provides methods for recognizing employees that current nurse manager use. Participants 1, 3, 4, and 6 all reported that they closely followed the performance of their RNs and made sure to praise successful employees. They praised, promoted, and offered employee of the month programs as some methods for recognizing RNs.

In addition, three participants indicated that offering professional development for their RNs improved retention and increase their willingness to stay at the organization. Three participants also identified wages as another important factor for retention. These factors can be considered as part of the organizational culture. Wallis and Kennedy (2013) noted that organizational culture and policies directly impacted RN turnover and intentions to quit, because the RNs could not tolerate organizational cultures that were not in line with their values. Brown, Fraser, Wong, Muise, and Cummings (2013) reviewed 13 qualitative and quantitative studies and concluded that organizational culture was the most common factor that influenced RN retention in the organization. These authors identified 21 factors influencing RN intent to stay or leave and synthesized these into three overall categories of organizational (i.e., institutional), role (i.e., positional),

and personal (i.e., individual). The most common organizational factor influencing

retention was organizational cultural and values. Some of the specific aspects of

organizational cultures and values that impacted RN retention were the absence of

lifelong learning, meaningful professional development, respect for employees,

administrative philosophy, and the lack of value the organization placed on striving for

excellence. In the current study, professional development opportunities were valued

among participants as a retention strategy. In addition, financing was both a method for

retention and a barrier for implementing retention strategies. This study therefore

highlights the growing need for additional funding within organizations to increase

retention and avoid costs associated with high turnover that have been previously

described.

Theme 3: Measures of Retention

The third and final major theme that arose from this qualitative analysis was

measures of retention. The measures of retention theme included information on what

metrics were actually used by nurse managers to assess RN retention and how the

effectiveness of retention strategies was determined. This theme includes two subthemes

related to the measures associated with RN retention and retention strategy effectiveness.

The subthemes related to this theme, RN retention measures and measuring strategy

effectiveness, describe the metrics reported by participants. All subthemes and examples

of quotes that motivated these subthemes will be provided in the following sections.

Five participants contributed information to the RN retention measures subtheme.

Two participants noted that human resources typically tracked RN retention. Participant 6

reported, "I'm sure HR keeps some type of running lists of how long people have been there." In addition, two participants mentioned that they themselves kept track of RNs who left their group. Participant 3 shared questions they used to monitor retention, "Are people leaving? Are you getting, are you poaching people from other organizations? How have you been able to measure the retention and make sure that what you're doing is actually working?" Lastly, one participant indirectly monitored retention by evaluating the use of other agencies to staff nurses. This participant described:

> We still have core staffing patterns and when we start losing nurses, then the increase in agency nurses go up. So that is the biggest factor right there. And that drives senior leadership crazy, why we are paying so much for an agency nurse. So every time they work a shift, so it's very rare to see if we had a whole core staff, even though we're paying up for staff overtime, it still wouldn't equate to what we're paying to the agency. So that is the biggest thing that we look at is how much are we using outside agencies, open slots and our standard schedule.

In addition to tracking RN retention, participants also described how retention strategy effectiveness was determined. Four participants shared that soliciting feedback from RNs was the primary method they used to assess retention strategy effectiveness. For example, participant 6 said, "I measure… how long the nurses are staying. I'm constantly asking them for feedback and I tend to be very collaborative in my approach." Participant 2 mentioned using suggestion boxes to get feedback, "I know that's part of certain states in organizations is to have them boxes satisfaction boxes or suggestion boxes and giving employees the liberty of dropping what they think in there." Participant

5 described using surveys to get feedback at specific times, "In terms of what they imagine how this how they imagined the program would be what they expect out of it and then gauging that afterwards, we'd have an intro survey and an exit survey." Lastly, participant 4 reported a less structured method of soliciting feedback, "In terms of what they imagine how this how they imagined the program would be what they expect out of it and then gauging that afterwards, we'd have an intro survey in an exit survey." These participants acknowledged the importance of gathering information about the effectiveness of retention strategies from the people they were trying to retain, the RNs. Previous research by Brown, Fraser, Wong, Muise, and Cummings (2013) identified a lack of feedback as an important factor affecting RN retention. This study provides further evidence to support the idea that feedback is an essential tool to measure the effectiveness of retention strategies.

Another measure of retention strategy effectiveness was tracking personnel numbers. Participants 3 and 4 noted that they evaluated how many people were leaving their group as a direct measure of retention. Similarly, another indirect measure of personnel that some nurse manager participants used was tracking spending changes. Participants 1 and 4 described how they looked at changes in staffing dollars to determine if there were decreases in retention. Participant 1 shared, "it's about looking at where your dollars go and where you're spending your staffing dollars." These participants measured retention strategy effectiveness by looking at how many RNs were staying within their divisions. Table 4 shows the frequency of responses for theme 2 and the subthemes that compose this theme.

Table 4

Theme 3: Measures of Retention

Subthemes	Frequency
RN retention measures	5
Measuring strategy effectiveness	8

Results of this study extend findings from the existing literature. Nurse manager participants provided several examples of how they measure RN retention and how they measure the effectiveness of their strategies for increasing RN retention. One method for measuring strategy effectiveness that was proposed by several participants was soliciting feedback from RNs. Previous work has emphasized the importance of this method for maintaining employee engagement. Freund (2005) stated that employees tend to have higher levels of commitment to the organization if they feel that they are cared for by their organizations and by their managers. High job turnover is a significant predictor of organizational performance and is a factor to the behavior of stakeholders who receive the patient care. High retention among RNs is a direct and positive driver of patients and other stakeholders.

Previous work has focused more on the effectiveness of organizational culture and leadership styles in how they influence retention. The current study extends that work by also evaluating the effectiveness of retention strategies. The participants shared how they measure RN retention, including looking at agency use, having human resources measure retention, and directly assessing how many RNs leave.

Applications to Professional Practice

Understanding the effect of RN turnover on organizations is critical because RN turnover in healthcare organizations may be an opposing factor for organizational effectiveness, productivity, quality of care, and optimal costing (Squillace, Bercovitz, Rosenoff, & Remsburg, 2008). This increase in operational cost can place a strain on the healthcare organizations. Therefore, understanding which RN retention strategies are effective is a necessary step for reducing these costs and increasing RN retention. In the current study, which explored RN retention strategies, three themes emerged.

The results of this study revealed that key RN retention strategies included recognizing RNs for their work, offering professional development opportunities, and adequately paying RNs. Some of the previous studies that have been performed have endorsed some of these strategies as useful for RN retention or employee retention in general. These findings translate to professional practice by demonstrating what methods nurse managers can use to improve the chances that RNs remain in their organizations. These methods are critical to implement as a decrease in RN retention contributes to decreases in productivity, poorer patient outcomes and higher organizational costs. Therefore, the results from this study are relevant to improved business practice because nurse managers or other organizational leaders who manage RNs can implement these strategies to increase RN retention and therefore improve patient care and lower organization costs.

The participants also provided several examples of barriers they faced when trying to implement retention strategies. These barriers included finances, job

dissatisfaction, and existing work habits of new employees that did not align with the new work environment. In addition to posing these barriers, nurse manager participants also shared some practices they currently used for addressing these barriers. These practices included, creating a collaborative environment within their work environment, conveying problems to upper management, and attempting to change policies that hinder retention strategies. The findings of this study that elucidated effective methods for addressing barriers to retention strategy implementation applies to professional practice because it provides strategies that can be used in similar settings. Participants suggested that bringing challenges to the attention of upper management was useful for addressing barriers. This suggestion can be applied in a number of settings and could prove to be effective for implementing retention strategies.

Finally, the participants described measures of retention that they use in their work environment. The results of the study indicated that RN retention measures included looking at agency use for staffing, relying on human resource tracking, and directly studying who is leaving. In addition, participants shared how they measured the effectiveness of RN retention strategies. These measures included gathering feedback form RNs, looking at changes in personnel numbers and studying staffing dollars. Communication has been consistently shown to be critical for retaining employees (Kirin et al., 2016). Implementing systems for soliciting regular feedback from RNs is a professional practice method that would prove beneficial for work environments looking to increase RN retention.

Implications for Social Change

The implications of the current study's findings for social change include

continuity of patient care and the provision of the safest and highest quality of care to

individuals within the community seeking medical care (Cleary et al., 2014). Moreover,

the implications for positive social change include the potential to provide nurse

managers with specific strategies to improve RN retention (Collini et al., 2015).

Reducing RN turnover and nurses staying longer at their respective organizations benefit

society. Some of these benefits include allowing the employees of the healthcare

organizations to further contribute to their communities through more opportunities to

volunteer in the communities they work by using their medical knowledge to promote

health in the community or by providing health screenings at community events, giving

advice on diet or exercise, and delivering public education.

Recommendations for Action

RN job retention is a critical issue because of the importance of the nursing field

to the public. Nurses must be skilled in providing urgent services to patients with

pressing needs. Recruiting and retaining top talent is essential for meeting the demand for

quality patient care and management (Moneke & Umeh, 2013). In the current study,

participants shared several strategies for retaining RNs, which can be used by other nurse

managers to increase retention within their own organizations. In addition, participants

shared barriers they faced when trying to implement these retention strategies and how

they attempted to address these barriers. Other healthcare leaders can use information

provided by these participants to inform their own retention strategy effectiveness. The

following paragraphs provide specific recommendations for action based on the current study results. These actions can inform the development and implementation of retention strategies, in turn significantly influencing RNs and healthcare organizations.

The first specific recommendation for action based on the research findings includes the use of upper management overcome barriers to implementing strategies to improve RN retention. Participants in the current study suggested that investment from upper management was an important professional practice for increasing RN retention and reducing RN turnover. The participants' feedback was earlier studies by Banaszak-Holl, Castel, Lin, Shrivastwa, & Spreitzer, 2013; these researchers showed how top management can integrate managerial actions into strategic organizational outcomes such as improved job satisfaction and higher retention rates. In summary, nurse managers can involve upper management to overcome barriers to implementing retention strategies and improve job satisfaction for RNs.

The second recommendation for action involves creating opportunities for feedback from RNs. Four participants asserted that obtaining feedback from RNs was critical to measuring retention strategy effectiveness. Participants suggested both formal methods for obtaining feedback (e.g. surveys, suggestion boxes) and informal methods (e.g. asking RNs on a regular basis). Nurse managers at other organizations could adopt strategies to increase communication with their RNs.

The third recommendation for action involves the use of professional development to increase RN retention. Three participants indicated that offering training and opportunities for professional development were appreciated by the RNs they

supervised. This finding has been observed in other studies as well. Some of the specific aspects of organizational cultures and values that impacted RN retention were the absence of lifelong learning, meaningful professional development, respect for employees, administrative philosophy, and the lack of value the organization placed on striving for excellence. Therefore, leaders can improve their performance and retain RNs by allowing their RNs to access professional development activities on a regular basis.

Recommendations for Further Research

The purpose of this study was to explore the strategies that nurse managers use to improve RN retention. The research elucidated the strategies used by nurse managers to increase RN retention; however, this study did not provide an RN perspective. A future study could directly involve RNs in this investigation to determine their main motivations for leaving organizations and their opinions about management retention strategies. The results of such study could provide another perspective and complement the findings of the current study. Furthermore, gaining the RN perspective could inform the development of other retention strategies that are not currently in place.

One limitation of the current study that could be addressed with future research is the study sample is not generalizable to the broader population. This limitation could be addressed with two additional study designs. First a quantitative study using a survey could gather information from a larger sample of nurse managers across the country or world. This study design could build upon the current study findings and allow for a better understanding of how this topic varies by geographic regions. In addition, a second study design that could address this limitation would be a similar qualitative study

conducted in a different region. This type of design would provide more detailed

information than a quantitative study, while still exploring this topic in a unique setting,

allowing for a comparison.

Conclusion

The current qualitative single case study was to explore the strategies that nurse

managers use to increase RN retention**.** The data came from semi structured interviews

with nurse managers. Three main themes emerged from this qualitative data analysis: (a)

barriers to implementing retention strategies, (b) retention strategies, and (c) measures of

retention. These themes contributed to the understanding of what RN retention strategies

are most effective. Nurse managers and other healthcare leaders can implement the

strategies recommended by participants to increase RN retention and therefore, improve

patient care and decrease costs at healthcare organizations. In addition, participants

provided insight into which barriers prevented them from implementing strategies and

how they attempted to address those barriers. Lastly, participants shared methods for

measuring RN retention and the effectiveness of retention strategies. The findings from

this study have important practical implications that could improve RN retention.

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