

2021

Human Resource Strategies for Retaining Clinical Health Care Professionals

Shagunna Renee Muse
Walden University

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Walden University

College of Management and Technology

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Shagunna Renee Muse

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Walden University
2021

Abstract

Human Resource Strategies for Retaining Clinical Health Care Professionals

by

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MBA, Albertus Magnus College, 2014

BS, Albertus Magnus College, 2013

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Business Administration

Walden University

August 2021

Abstract

Human resource (HR) professionals who lack effective clinical employee retention strategies negatively affect patient care, employee well-being, and organizational culture. Grounded in the human capital theory, the purpose of this qualitative single case study was to explore effective strategies HR professionals use to retain clinical human capital. The study participants were five health care, HR professionals from one health care organization in the Northeast United States who successfully implemented strategies to improve clinical human capital. Data were collected from organizational documents and conducting semistructured interviews. Data were analyzed using thematic analysis, and four themes emerged: work-life balance, compensation, effective communication, and training and development. Key recommendations are for HR professionals to provide employee assistance programs, including resources for children, mental health counseling, health coaching, tobacco-free programs, and education assistance. The implications for positive social change include the potential to retain clinical human capital in health care organizations, which could improve customer service, health care in the surrounding communities, and quality service to patients.

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Dedication

I dedicate my study first to GOD for my willingness to stay focused and complete my study. Second, to my parents, who reinforced throughout my life that education is a privilege. Also, to my son, Juan Muse Jr., I dedicate this study to you. You have watched me countless nights studying, writing, and stressing over what looked like a never-ending journey. I thank you for your patience and understanding of what I was trying to accomplish.

To my supporters, friends, family, and coworkers, I also dedicate this study to you for inspiring me to push forward and never look back. I thank you all for always supporting me and empowering me to continue this journey. You are my pillar, and I know that I can count on you to cheer me on at the finish line.

Acknowledgments

I would like to first and foremost thank God for giving me the strength to push forward and complete my doctoral degree. Additionally, I am forever grateful to my chair, Dr. Teresa Jepma, for the relentless encouragement, motivation, and guidance that helped me complete my study. I would also like to thank my committee members for their contributions in making this study reality positively affect social change in health care.

I want to thank my family and friends for their selfless support in completing my doctoral journey. You all were my motivation to keep challenging myself and become the best woman I can be. Thank you!

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Section 1: Foundation of the Study

Clinical employees are essential to health care organizations, and employee retention strategies are necessary to sustain quality business operations. Human resources (HR) professionals are tasked with recruitment, replacement, training, and retaining current and potential clinical employees. Clinical turnover is an issue of concern in health care systems internationally (Halter et al., 2017). Managers and HR professionals within health care organizations require an understanding of which interventions are sufficient to reduce turnover rates for clinical personnel.

Background of the Problem

The retention of highly skilled clinical employees is now a significant concern for many for-profit and not-for-profit organizations. Terera and Ngirande (2014) observed that due to competition for scarce skills, the attraction and retention of quality employees has emerged as the biggest challenge in human capital management. Cascio (2014) agreed, noting that voluntary turnover rates have been accelerating globally.

Organizations incur significant financial costs as a result of voluntary turnover. Terera and Ngirande (2014) suggested that an organization's compensation strategy should include initiatives to attract employees' who have the appropriate qualities, retain suitable employees, and maintain equity among employees. Health care organization leaders who implement comprehensive employee retention programs can play an integral role in attracting new talent and retaining key clinical professionals (Chagani, 2015). Retention programs can include fair compensation and benefits packages, job security measures, job advancement opportunities, employee engagement strategies, and

recognition programs to ensure retention alignment at all levels of the organization (Chagani, 2015). I addressed the clinical retention issue within the health care field. HR professionals may use this study's findings to identify strategies they can use to recruit and retain clinical employees based on newly required knowledge that could lead to improvements in the clinical health care work environment.

Problem Statement

Confronted with staffing shortages, higher education requirements, and limited career advancement opportunities for employees, hospital leaders are challenged to retain human capital (Croteau & Wolk, 2016). On average, health care industry leaders lose \$300,000 to \$500,000 or 21% of total production costs per year due to absenteeism, early retirement, or turnover (Fibuch & Ahmed, 2015). The general business problem was that some health care organizations experience a loss of revenue because of high clinical employee turnover rates. The specific business problem was that some HR professionals in the health care industry lack strategies for retaining clinical human capital.

Purpose Statement

The purpose of this qualitative single case study was to explore the strategies some HR professionals in the health care industry use to retain clinical human capital. The targeted population consisted of five HR professionals within a Connecticut health system who had implemented successful strategies to retain human capital. The implications for positive social change include the potential for HR professionals in the health care industry to learn new retention strategies they can use to retain human capital and promote employee self-worth, development, and engagement throughout their

organizations. A health care organization's patients benefit from interactions with experienced health care professionals who understand patients' needs and provide the care patients require. Health care organization HR professionals who are able to improve employee retention may contribute to an enhanced quality of care being provided to patients.

Nature of the Study

Qualitative methods are useful when researchers seek to explore human experiences lived by the study participants (Saunders et al., 2015). Using the qualitative method, a researcher gains further in-depth knowledge about the participants within the study (Sutton & Austin, 2015). Researchers use a qualitative approach to conduct an in-depth examination of a specific or complex phenomenon (Yin, 2017). The qualitative method was appropriate for my study. I selected the qualitative method to provide an in-depth understanding of the phenomenon.

In contrast, quantitative researchers examine the relationships and differences between two or more variables to identify relationships and differences among these variables (Saunders et al., 2015). I did not examine relationships between variables; therefore, the quantitative method was not appropriate for my study. Researchers using a mixed-methods approach integrate both qualitative and quantitative techniques into a single study (Venkatesh et al., 2013). The 'mixed-methods approach was not appropriate for my study because of the quantitative element.

Yin (2017) noted that researchers use a case study design to explore what, how, and why questions that focus on present-day events that do not require the researcher to

control social events. A case study design is beneficial given the various data collection methods that enable researchers to gain a deep understanding of the findings (Yin, 2017). A case study design was appropriate for the current study because I sought to understand what, how, and why some health care HR professionals use specific strategies to retain human capital. The phenomenological design involves interviews with participants that lead to an in-depth description of the lived experiences of a phenomenon (Creely, 2016). A phenomenological design was not appropriate for my study because I did not focus on the meanings of participants' real-life experiences with a particular event. Ethnographic researchers focus on studying a group's culture to gain perspectives of their experiences through personal stories (Eika et al., 2015). My intent was not to explore an understanding of a group's culture and behavior; therefore, the ethnographic design was not appropriate. Mazerolle et al. (2018) noted that narrative researchers assimilate the participants' experiences through dialogue from interviews, which are designed to capture the story to be told by the participant. A narrative design was not appropriate for my study because I did not explore individuals' life stories.

Research Question

What strategies do some HR professionals in the health care industry use to retain clinical human capital?

Interview Questions

1. What strategies do you use to retain clinical human capital?
2. How do you assess the effectiveness of strategies to retain clinical human capital?

3. What strategies were not successful in retaining clinical human capital?
4. What have HR managers learned during the exiting process from clinical health care employees leaving the organization?
5. What barriers did you encounter during your implementation of strategies to retain clinical human capital versus nonclinical human capital?
6. How did you overcome these barriers?
7. What improvements have you made to the work conditions and/or environment in order to retain clinical human capital?
8. How have the improvements reshaped the organizational culture for retaining clinical health care professionals?
9. What, if any, new incentives or competitive packages are offered to new clinical employees to ensure these employees are retained?
10. What additional information regarding strategies to retain clinical human capital would you like to share that we have not already discussed?

Conceptual Framework

I used G. S. Becker's (1993) human capital theory (HCT) and Grant's (1999) resource-based theory (RBT) as the conceptual frameworks for this study. The two theories formed a foundation for my exploration of answers to the research question. Teixeira (2014) affirmed that HCT's social and personality attributes are closely associated with human resource management (HRM) practices. Grant (1999, as cited in Teixeira, 2014) observed that employees use existing resources to exploit external opportunities and acquire new skills. Teixeira explained that Becker developed the HCT

to focus on the production process and to determine the factors that increase a worker's productivity through various tasks, organizations, and situations. Grant (1999, as cited in Boxall, 1996) identified tangible and intangible organizational attributes that leaders can use to maintain a competitive advantage. The HCT and RBT served as a composite lens to support my understanding of HR professionals' strategies to attract and retain clinical health care workers.

Operational Definitions

Burnout: Burnout is a state of physical and mental exhaustion caused by a depleted ability to cope with one's everyday environment (Cocker & Joss, 2016)

Employee engagement: Employee engagement is a multidimensional construct that includes perceived supervisor support, rewards and recognition, procedural justice, distributive justice, and perceived organizational support predictors (Popli & Rizvi, 2016).

Human capital: Human capital is the knowledge, skills, and abilities of individuals employed by the service provider (Meijerink & Bondarouk, 2018).

Human resource management (HRM): Human resource management refers to all of the internal support services such as procurement, information management, and housing services an organization provides to workers associated with worker retention (Meijerink & Bondarouk, 2018).

Intellectual capital: Intellectual capital refers to the knowledge, skills, and abilities that service providers use during value creation processes and is considered one of the key determinants of service value (Meijerink & Bondarouk, 2018).

Pay-for-performance (P4P): Pay-for-performance refers to a payment model that offers physicians and hospital medical groups financial incentives for meeting certain performance measures (Caveney, 2016).

Role strain: Role strain is the stress generated when an employee has difficulty with the expectations of a particular job role (Andrews & Kacmar, 2014).

Work-life balance (WLB): Work-life balance occurs when employers provide employees with opportunities such as flexible work schedules, job sharing, adequate resources, adequate breaks, and adequate time off for school and other personal activities (Deery & Jago, 2015).

Assumptions, Limitations, and Delimitations

Assumptions

Assumptions are the epistemic beliefs and experiences that influence how researchers view a phenomenon (Antonenko, 2015). First, I assumed that all HR professionals would be honest in their responses to the interview questions. Second, I assumed that HR professionals would provide detailed answers and would engage in dialogue with me regarding the barriers they have observed in retaining clinical health capital. Finally, I assumed that the questions I developed for this study would result in HR professionals describing effective strategies to retain clinical human capital.

Limitations

Schary and Cardinal (2016) described limitations as the uncontrollable challenges surrounding research. The findings of the current study reflected only the perspectives of HR professionals who participated in this study. This study represented a particular group

of HR professionals within a single health system in Connecticut. Therefore, this study's findings may not be generalized to the clinical health care population in other geographic areas.

Delimitations

Havill et al. (2014) described delimitations as limiting characteristics that define the study's scope and boundaries. Only HR professionals in the clinical health care industry were included in the current study. I interviewed five health care HR professionals who had experience and knowledge of clinical health care retention strategies. Second, I included a small sample size of participants because a larger sample would have added more time and cost. Lastly, I limited the sample population to Connecticut.

Significance of the Study

This study's findings may be of significance to health care leaders to develop and implement strategies to improve human capital retention rates. Employee turnover costs are quantifiable elements in organizational budgets, and managers must focus on improving employee retention to lessen the impact of turnover costs (Waldman et al., 2010). The process of retaining human capital starts as early as the recruiting and hiring process. Company leaders incur losses of at least 150% of the employee's annual salary when they resign or leave their positions (Collini et al., 2015).

Contribution to Business Practice

Costs associated with human capital hiring, training, and productivity loss are, on average, 5% of the total operating budgets of health care organizations (Waldman et al.,

2010). By improving retention, HR professionals in health care organizations may reduce employee turnover, improve patient satisfaction, and sustain competitiveness. HR professionals may use the current study's findings to develop effective retention strategies that can enable them to retain clinical health care professionals, increase patient satisfaction, and improve organizational competitiveness.

Implications for Social Change

This study may catalyze positive social change through the implementation of effective retention strategies for reducing employee turnover in hospitals. HR professionals who mitigate health care employee turnover may reduce inadequate staffing problems and support the provision of uninterrupted care to patients. Barrett and Holme (2018) posited that WLB could positively affect impact staff retention at an organizational level if employees are provided with flexible schedules, job sharing, adequate resources, adequate breaks, and rewards. Positive social change may result from retaining clinical health care employees by enhancing patient care, increasing job satisfaction, and improving quality services with the community.

A Review of the Professional and Academic Literature

The study's focus was to explore HR professionals' strategies to improve employee retention in clinical health care settings. I conducted a systematic review of the literature to explore and synthesize themes pertaining to HCT, RBT, employee turnover and retention, WLB, burnout, and intellectual capital. Leung (2015) noted the use of the Dixon-Woods checklist to help identify the commonalities of qualitative research. The Dixon-Woods checklist includes the description and appropriateness for sampling, data

collection and data analysis, levels of support and evidence for claims, coherence between data, interpretation, conclusions, and the level of contribution of the paper (Leung, 2015).

I used the Walden library to search for academic sources with publication dates between 2016 and 2020 for the literature review. I used multiple databases and search engines such as ProQuest, EBSCOhost, PubMed, and Google Scholar to search the following keywords: *clinical turnover, hospital shortages, retention and recruitment strategies, human capital theory, resource-based theory, career development, professional growth, work-life balance, workplace stability, and clinical infrastructure*. Most literature reviewed was academic and professional sources: books, peer-reviewed journals, and non-peer-reviewed sources. I included 206 sources for this literature review, of which (93%) were peer-reviewed sources, (4%) are books, (1%) is the organizations website, and (05%) is a government website.

The literature review consists of an extensive body of information gathered in this study. Locating the relevant literature included using several descriptions in the initial search. The human capital theory was the initial key search phrase that I used, which produced a significant amount of literature on human capital investments. The literature review begins with a discussion of the foundation of HCT followed by information about RBT, the development of HRM, and the importance of clinical employee retention. Included in the literature review are the strategies HR managers must use to understand that human capital is the most important intangible resource of any organization. I also

discuss the importance of organizations retaining clinical health care professionals to maintain organizational commitment and competitive advantage.

Human Capital Theory

G. S. Becker's (1993) HCT was the first of the two conceptual frameworks used for this study. I used HCT to understand the strategies health care leaders use to retain top talent in the clinical workforce to gain a competitive advantage. According to G. S. Becker, HCT rests on the assumption that formal education is required to improve the productive capability of a population. A key concept of HCT is that training employees in specific skills encourages them to remain in their current position or obtain a higher position and improve organizational performance (G. S. Becker, 1993). G. S. Becker noted that human capital is the stock of knowledge, habits, and social and personality attributes including creativity that embody the ability to perform labor to produce and add economic value to the organization.

G. S. Becker (1964) found that leaders use the HCT to address the need to invest in human capital to improve organizational performance while also rewarding employees. Vaizey (1962, as cited in Sweetland, 1996) observed that individuals and society derive economic benefits from people's investments. Schultz (1961) suggested that education emerges as the prime human capital investment for empirical analysis. In comparison, Johnes (1993, as cited in Sweetland, 1996) observed that education might be measured in quantitative dollar costs and years of tenure. Sweetland (1996) observed that investing in human capital will lead to higher economic outputs and strength and increase business

operations value. Schultz (1961) also observed on-the-job training and migration as forms of human capital investments in health care.

Schultz (1961) suggested that HCT indicates the difference between expenditures for consumption and investment expenditures in human capital. The fundamental paradigms underlying HCT are: (a) investment in education, (b) investment in on-the-job training, and (c) investment in the internal migration of employees to pursue better job opportunities (Sweetland, 1996). The holistic view of HCT originators is that human capital, including an individual's personality and competencies, is an important contributor to productivity, workers' income, the economic success of individuals, and the economic development of society (Wolhuter & Mushaandja, 2015). Schultz demonstrated that the ratio of tangible human capital and intangible capital is growing.

As applied to this study, HR professionals in health care may gain an understanding of the importance of investment in human capital. According to Ydyrys et al. (2016), a positive relationship exists among three variables: high managerial capacity index, strategic planning practices, and firm growth. Furthermore, the concept of human capital is a revolutionary strategy of managing people and considering them as investments rather than costs based on the value-added cost for the organization (Salau et al., 2016). As applied to the current study, the key concepts of HCT allowed HR professionals to explore perceptions and strategies regarding investment in human capital and employee retention. Relating to HCT, Neagu et al. (2016) conducted a study to compare leaders' and employees' insights on human capital quality. Neagu et al. found that leaders understand human capital quality by workers' professional skills, behaviors,

and productivity, whereas employees focus on health care, educational benefits, and professional growth and development to meet job qualifications.

Employers who invest in employee education can increase productivity and higher income for the organization. The core of the HCT is people to drive economic growth and sustainability (G. S. Becker, 1964). Business leaders use the HCT to address education, recruitment, and retention within the organization. Leaders investing in human capital that leads to a prosperous society is a core foundation of HCT (Sweetland, 1996). G. S. Becker (1993) viewed human capital as a set of skills or characteristics used to increase productivity. Leaders invest in human capital with the expectation to gain a return on their investment (Renaud et al., 2015). Al-Emadi et al. (2015) suggested that HCT specifies voluntary turnover as an investment in which costs are borne in an earlier period to obtain returns over a long period. Al-Elmadi et al. also noted that employees' decision to stay or leave involves assessing costs and benefits; if the current value of the returns associated with turnover surpasses the monetary and psychological cost of leaving, employees will be motivated to shift jobs.

Human capital theorists share a similar view that human capital will be valued in the labor market because human capital can increase organizational profits. Bowles and Gintis (1976, as cited in Marginson, 2019) suggested that organizations are willing to pay higher wages to educated workers because they will be more useful to the firm because they obey orders better and are more reliable. Gardener (1983, as cited in Soares, 2015) suggested that organizations emphasize mental versus physical attributes as different skills offered to the organization from their employees. Spence (1973) observed the

ability of independent characteristics useful in the organization's production processes. Schultz et al. (1966, as cited in Soares, 2015) viewed HCT as the changing environment and clinical professionals' ability to adapt. The human capital theorists provided consistent retention strategies for HR professionals to consider investing in clinical employees.

Soares (2015) explained that Becker's philosophy is useful in the production process, and human capital increases a worker's productivity in all tasks, although differentially. Gardener's (1983, as cited in Soares, 2015) model viewed mental and physical abilities as different skills. Marginson (2019) explained that Schultz et al.'s viewpoint was *disequilibrium* situations, or situations in which there is a changing environment and workers have to adapt. Bowles and Gintis (1976, as cited in Marginson, 2019) indicated that human capital has the capacity to work in organizations, obey orders, and adapt to life in a hierarchical/capitalist environment. Lastly, Marginson explained that Spence's beliefs specify that observable human capital measures are more a signal of ability than characteristics independently useful in an organization's production process. Despite their differences, the first three theorists are very similar in that human capital is valued in the market because human capital increases organizations' profits (Soares, 2015).

Researchers and theorists have criticized the HCT for different reasons. Criticisms have included the concept of humans as capital within the organization and the lack of evidence that investment in human capital leads to employee, organization, and economic prosperity (Schultz, 1961). Schultz (1961) suggested that a challenge to HCT is humans'

perception of investments and their empowerment to the economy. Schultz also emphasized that leaders perceived human capital only as assets. Tan (2014) stated that education would not only increase educated employees' wages but also contribute to economic growth.

Liu et al. (2014) stated that organization leaders who fail to invest in human capital limit the organization's capacity when external pressures are high. Tan (2014) noted that the core of HCT is education, organization, and economic investment. Liu et al. disagreed, stating that theorists failed to correlate education improvements and innovations to HCT. Ployhart et al. (2014) also disagreed, stating that competitive advantages are resources used to capitalize on external advancements in defining and understanding human capital.

Resource-Based Theory

HCT developed by Schultz (1961) is a variant of the RBT that proposes that knowledge, skills, and competencies are significant elements of organizational success (Salau et al., 2016). Grant (1999) created the RBT to identify and classify an organization's strengths and weaknesses relative to its competitors. Resource-based theories also appraised the regenerating potential of resources and capabilities for sustainable competitive advantage. Some organizations believe the RBT has strategic resources with the potential to deliver a sustainable competitive advantage (Edwards, 2012). The RBT is defined as the connection an organization makes between its internal resources and the risks created by its external environment (Grant, 1999). B. Becker and

Gerhart (1996) asserted that HRM decisions are likely to have an essential and unique influence on organizational performance.

To compete within global markets, HR managers must continually improve their organizational performance by reducing costs, innovating products and processes, innovating services, improving services, improving quality (B. Becker & Gerhart, 1996). Grant (1999) explained that advances should occur on several fronts: at the corporate level, theoretical interest in economies of scope, and transaction costs to focus on corporate resources' role. Wernerfelt (1984) used RBT to establish that organizational leaders can gain a competitive advantage by recruiting, developing, and retaining the best human capital. According to Wernerfelt, organizational leaders should create a resource position barrier and resource-product matrix to examine the role of HR to achieve organizational objectives and employee retention. The RBT framework consists of a five-stage system for strategy formulation: (a) analyzing the firm's resource-base, (b) appraising the firm's capabilities, (c) analyzing the profit-earning potential of the firm's resources and capabilities, (d) selecting a strategy, and (f) extending and upgrading the firm's pool of resources and capabilities (Almarri & Gardiner, 2014).

B. Becker and Gerhart (1996) suggested that organizational leaders can develop sustained competitive advantage by creating value rarely and difficultly for competitors to imitate. Porter's five forces business model would improve the attractiveness of the firm's internal resources tailored to each organization or business practice (Moses & Barasa, 2018). Moses and Barasa (2018) suggested that profitable industries that produce high returns will attract new organizations. The new organizations will eventually

decrease the firm's profit within that industry (Moses & Barasa, 2018). Substitutions such as technology have threatened many organizations; this can affect price and buyer/bargaining power, which can affect consumer sensitivity to product changes (Moses & Barasa, 2018). Suppliers with the most differentiation have the most power; employee solidarity will impact this most (Moses & Barasa, 2018).

Barney (1991) developed the firm resource model on RBT to analyze the potential of organizational resources for generating a competitive advantage. Barney stated that the RBT researchers analyze human capital resources based on the assumptions that organizations within an industry may be heterogeneous concerning their resources. Therefore, the resources may not be mobile across organizations. Barney defined human capital resources as an individual's training, expertise, intelligence, and team member relationships. Furthermore, organizational leaders may use RBT to invest in human capital and retain top talent to increase their profitability, achieve organizational objectives, and create a resource position barrier (Ahmed & Lebai Othman, 2017).

At the conceptual level, Schultz (1961) developed HCT; however, G. S. Becker (1964, as cited in M. T. Khan, 2015) evolved the theory to focus on investment in human capital, education, and the return on investment in human capital. According to G. S. Becker (1964), education and training raise the productivity and lifetime earnings of employees. Furthermore, Schultz (1961, as cited in Neagu et al., 2016) and G. S. Becker (1964, as cited in Neagu et al., 2016) considered education and training as the total investments in human capital. Yang (2014) asserted that researchers using both HCT and RBT theories believe that organizational leaders can improve organizational performance

through effective HR practices. Similar to RBT and Schultz's (1961) HCT, G. S. Becker argued that a firm's resources, including physical capital, human capital, and organizational capital, should have attributes to provide the organization with a competitive advantage.

Other Theories Considered

In addition to the HCT and RBT, researchers used several theories to explore clinical retention. Researchers have used the most common theories to understand clinical employee retention outcomes, including transformational leadership theory, empowerment, and human resource management practices (Choi et al., 2016). Choi et al. (2016) showed that empowerment, transformational leadership, and job satisfaction improved clinical retention. Jacobs (2019) proposed that an ineffective leader decreases organizational commitment, decision making, and career development and contributes to rising health care costs and job stagnation.

Transformational Leadership Theory

The transformational leadership theory is a leadership style in which leaders provide clarity about organizational outcomes and motivate followers to prioritize the realization of such persuasive organizational visions (Burns, 1978). Allen et al. (2016) stated that transformational leaders inspire followers to understand and embrace new visions and possibilities. Transformational leadership is found at all levels of the organization and includes three factors: (a) charisma and inspiration, (b) intellectual stimulation, and (c) individual consideration, which when combined allow a leader to

achieve large-scale change within the organization and among their followers (Allen et al., 2016).

Many researchers have used the transformational leadership theory as a basis to gain new information and demonstrate effective and supportive leadership to understand employee turnover (Mulki et al., 2015). Some studies on transformational leadership indicated that high-performance levels relate to higher job satisfaction (Belle, 2013). The transformational leadership style educates leaders to encourage and transform employees to perform at high levels to achieve the organization's goals without providing rewards (Coetzer et al., 2017). Prior researchers studied the effects of transformational leadership to explain organizational commitment and employee outcomes. Cheng et al. (2016) stated that transformational leaders have a stronger effect on employees' quality of WLB, reducing turnover, increasing retention rates, improving productivity and performance, and promoting organizational commitment. Cheng et al. (2016) confirmed that the transformational leadership theory is an appropriate leadership style for health care organizations because transformational leaders tend to have a stronger effect on the functions of teams than individuals. Zulkifli and Latiffi (2016) identified leadership as a contributing factor to accomplish organizational strategic goals. Morality issues related to corruption, mismanagement, and spillage have plagued some healthcare industry leaders. Zulkifli and Latiffi (2016) concluded that new leadership styles were needed to reduce retention rates and adopt new ways to motivate and interact with employees.

Maslow's Hierarchy of Needs

Hitka and Balazova (2015) referenced Maslow's (1943) hierarchy of needs and surmised that the need requirements of employees become unnecessary when fulfilled, and staff with seniority and staff with secondary education require different motivational factors when compared to those employees with less seniority or no secondary education. Maslow's theory is a supporting theory that has been a useful tool to assess employee retention (Clegg et al., 2016). Moreover, Hitka and Balazova (2015) concluded that motivational tools, methods, and techniques should be incorporated and influenced by employees' individual differences and their intrinsic motivators when managing people. Maslow asserted that in order for achievement, one must visualize the five levels in the hierarchy of needs theory: (a) physiology or basic needs, (b) safety/security needs, (c) social/love needs, (d) esteem needs, and (e) self-actualization needs.

The first level of need is physiological and is located at the bottom of the pyramid. The physiological need includes basic survival needs, such as food, water, air, and shelter (Maslow). The second level of safety and security needs involves an individual being free of harm (Maslow). The third level of love and belonging needs which includes the feelings associated with affection and friendship (Maslow). After achieving the love need, individuals must satisfy the fourth level of self-esteem needs through respect and approval from others (Maslow). The highest need is self-actualization, which Maslow described as an individual's ability to develop their fullest potential.

Employee Retention

Employees can be an organization's most significant resource and can affect the organization's profitability and productivity. Renaud et al. (2015) identified two types of employee retention: functional and dysfunctional. According to Renaud et al. (2015), functional retention represents situations in which valued employees commit to the organization. In contrast, dysfunctional retention occurs when employees lack the expertise or specialization to remain employed with an organization (Renaud et al., 2015). Employee retention is an essential goal of organizational leaders because the cost of employee turnover can be significant. The hiring and training of new hires range from 25%-500% of an employee's salary (Ballinger et al., 2011). Organizational leaders must identify the top talent to target effective retention strategies (Elia et al., 2017). Employee retention is essential for employee turnover and creating long-term customer satisfaction. George (2015) stated that the lack of retention policies forces supervisors to face the challenge of employee retention. Health care organizations face workforce challenges that have increased over time, exhausting shifts, uneven staff distribution, and costly scheduling (Stimpfel et al., 2012). Al-Emadi et al. (2015) suggested that hiring knowledgeable employees are critical for an employer. The need for organizations to develop and implement effective retention management practices is more critical. McLemore et al. (2015) noted retention is most influenced by flexibility in practice, including advocating for patients, translating one's skill set, believing that nursing is shared work, and juggling multiple rules. Goh and Lopez (2016) agreed that health

administrators should empower nursing managers with skills to implement career development plans as part of hospital retention tactics for nurses.

Pittino et al. (2016) determined that when employees feel valued, they are more likely to stay with the organization. Mathieu et al. (2016) stated that job satisfaction and motivation improve employee retention through organizational strategies. Muralidharan (2017) observed that retention will always remain the focal point for HR. Muralidharan stated that money is the core of companies' retention strategies, and leaders could do many other things to retain their best employees. Muralidharan suggested that if an employee is in the company only for money, the only way to retain the employee is through monetary benefit. Muralidharan also suggested that three strategies are used to retain quality employees: staff engagement, care teams, and getting properly paid for the level of work completed.

Silver et al. (2016) suggested that health care leaders consider various strategies to retain clinical employees for organizational sustainability. Quality improvement, such as training goals for new staff, transparent methods to measure staff performance, and ongoing organizational improvements, can be used to improve employee retention (Silver et al., (2016). Yadav and Chaudhari (2019) agreed and stated that the significance of retaining valuable employees starts with leadership. Kumar and Jauhari (2016) affirmed that employee turnover creates a setback for the organization both professionally and socially. To address workplace challenges, organizational leaders continuously strive to improve their cultures, and implement HR practices that will enable them to survive, retain talented employees, remain competitive, sustain their business functions, and grow

(Keller & Meaney, 2017). Shakerian et al. (2016) stated that human capital is a primary resource of the organization, and organizational leaders should invest in human capital to ensure the organization's growth and survival. Alameddine et al. (2016) stated that retention difficulties are attributed to poor working environments, financial constraints, and lack of professional development.

HR managers search for factors other than compensation to retain employees (Lardner, 2015). Alatawi (2017) stated that some of the contributing factors of retention include leadership, WLB, employee engagement, and recognition. HR professionals must develop plans to provide support, motivation, and encouragement to employees to increase employee retention (de Oliveira & da Costa Rocha, 2017). Karatepe and Avci (2017) stated that HR managers should provide support and encouragement to retain employees and increase employee engagement.

Leaders who understand retention challenges and make the necessary changes to increase retention will reduce employee turnover (Demirtas & Akdogan, 2015).

Employee engagement with organizational leaders helps improve employee retention because employees feel more connected to the organization (Al-Shammari et al., 2016).

Leaders can create employee engagement through observation, communication, and building relationships, which can assist with employee retention (Memon et al., 2014).

Employee Burnout

Freudenberger (1974) introduced the term *burnout* to the research community. Burnout is composed of three dimensions: emotional, mental, and physical exhaustion (Freudenberger, 1974). Employee burnout can be caused by organizations' inability to

attract and retain enough employees because the remaining employees take on additional work burdens (Rahim & Cosby, 2016). Rahim and Cosby (2016) also suggested that burnout can lead to increased employee absenteeism by the remaining employees. Health care supervisors manage the challenge of employee retention when external factors minimize the talent pool. External factors of employee burnout include emotional exhaustion, lack of income, and cynicism (Guo et al., 2015). Employee burnout is an external factor that negatively influences employee retention (Wu et al., 2019). Su et al. (2016) explained that employee retention is difficult within service organizations because of the rapid employee burnout.

Although employee burnout continues to rise, employers are implementing employee retention strategies to counteract burnout (Maslach & Leiter, (2016). Maslach and Leiter (2016) suggested that working remotely is an employee retention strategy that will counteract employee burnout. Working remotely will increase productivity and alleviate fatigue (Su et al., 2016). Creating fair workloads is another retention strategy that can counteract burnout (Su et al., 2016). Fair distribution of job responsibilities can improve employee retention and prevent employee burnout (Kwon et al., 2016). Leaders who have a clear understanding of their top priorities can prevent employee burnout and motivate employee performance (Demerouti et al., 2014). When employees understand that every task is not of equal value, it is easier to understand how to distribute their time.

Generational Differences

Generational differences contribute to a breakdown in workplace values and communication (Yadav & Chaudhari, 2019). The traditionalist or the silent generation

were born between 1945 and before. Traditionalists value conservative workplaces and have a transparent chain of command, with top-down management (Yadav & Chaudhari). Baby Boomers were born between 1946 and 1964. Baby Boomer's value workplaces that have flat hierarchies, democratic cultures, humane values, equal opportunities, and warm and friendly work environments (Yadav & Chaudhari). Generation X'ers were born between 1965 and 1976. Generation X'ers value workplaces that are positive, fun, efficient, fast-paced, flexible, informal, and have access to leadership and organization information (Yadav & Chaudhari). Generation Y, also known as Millennials, were born between 1977 and 1995. Millennials value workplaces that are collaborative, achievement-oriented, highly creative, positive, diverse, fun, flexible, and continuously providing feedback (Yadav & Chaudhari). Lastly, Generation Z or centennials were born in 1996 and 2020. Generation Z employees are motivated by security, are more competitive, want independence, multitask, communicate with leadership face-to-face, and are truly digital (Yadav & Chaudhari).

Pregolato et al. (2019) found that total rewards influence employee retention, but demographical variables such as age, gender, race, industry, and job level influence the type of total rewards that motivate employees to stay with the organization. Guha and Chakrabarti (2016) suggested that younger employees, regardless of age group, are more prone to leave their organization because of higher salary offers in other organizations. WLB was a key retention factor for generation Y employees (Pregolato et al., 2019). Guha and Chakrabarti (2016) suggested that research findings are valuable to health care

leaders to consider custom retention strategies based on demographical variables instead of using one strategic approach across the workforce.

Baby Boomers require a high degree of responsibility and tend to stay at companies for long periods of time (Umamaheswari & Krishnan, 2016). As a result, work-life balance (WLB) is not the main concern for them. Employees born between 1961 and 1980 (Gen X'ers) grow up witnessing long work hours of their parents, resulting in this generation applying more emphasis on spending time with their families utilizing their paid time off (PTO), sick leave, and vacation time more frequently (Umamaheswari & Krishnan). Millennials born between the years of 1981 and 2000 are more interested in finding careers that support their lifestyle, often leaving quickly if the career does not fit (Umamaheswari & Krishnan). The challenges specific to the management of older workers were addressed in SHRM literature and emphasized that all employees, including older workers, are sources of sustained competitive advantage (Kooij & van de Voorde, 2015).

Generation Y employees experienced ongoing challenges with WLB. Some leaders create a flexible work environment as a way to satisfy WLB needs. Mishra and Aurolipy (2017) noted that employee commitment, high productivity, and retention strategies are the most challenging for HR professionals. Mishra and Aurolipy (2017) stated that the present workforce is dominated by generation Y employees who have different work ethics, values, and requirements pertaining to the workforce. Schlechter et al., (2016) suggested that career mobility can show employees that the organization was committed to developing beneficial talent. A career planning strategy provides an

organization with a career pipeline that can improve employee retention (Frank, 2016). Frank (2016) agreed, stating that organizations should define and articulate the career opportunities available across the organization, allowing employees to engage and envision their career trajectory. Chan et al. (2016) suggested that one's ability to develop and navigate career role transitions in the global arena became one of the most relevant constructs for individuals approaching employment and reemployment.

Organizational Commitment

The constructs of job satisfaction and organizational commitment have consistently been found to influence employee turnover. The difference in generational values and attributes that create a work environment affect employees' attitudes and behaviors towards their commitment, presenting challenges for health care leaders (Sessa et al., 2007). Lee et al. (2016) described the organizational commitment as the pattern of underlying assumptions that are invented, discovered, or developed by a particular group to deal with problems related to external adaption and internal integration, then thereby taught to new members as the correct way to perceive, think, and feel about the problems. Lee et al. (2016) suggested that the American workforce desires flexibility, adaptability, and autonomy.

Leaders engage employees and motivate them by incorporating customized, individualized employment relationships, referred to as idiosyncratic deals (i-deals). Shetty and Shetty (2016) conducted a study to examine employee empowerment strategies on the retention of 50 cooperative bank employees. Shetty and Shetty (2016) stated that to minimize the shortage of highly skilled employees, leaders should focus on

staff development, the delegation of power, job restructuring, redesign of rewards, valuing employees, and a shared vision.

Job Satisfaction and Motivation

Job satisfaction emerged through the literature review as a pivotal employee retention strategy. Employees who are satisfied with their jobs tend to stay with the organization, which is a critical strategy for health care leaders to apply when retaining top talent (Khalid et al., 2016). De Sousa Sabbagha et al. (2018) stated that job satisfaction and motivation are essential research elements for employee retention. Engagement of employees and workplace passion is often associated with employee retention (Bushardt et al., 2016). HRM practices are crucial when discussing job satisfaction (Mishra & Mishra, 2017). Mishra and Mishra stated that to be successful, a hospital must be able to improve performance by reducing costs, creating new products and processes, enhancing quality and productivity, increasing speed to the market. Thus, organizational leaders should focus on their workforce's capabilities, working toward a common goal (Mishra & Mishra.).

Van Wingerden and Van der Stoep (2018) discovered that the more meaningful an employee perceived work, the more motivated and satisfied the employee felt within the organization. Van Wingerden and Van der Stoep (2018) showed that some employees even valued meaningful work above other characteristics like income, job security, promotions, or working hours. The concern for clinical job satisfaction is long-standing because job satisfaction among clinical hospital staff is lower than other health care workers in the United States (Temesgen et al., 2018). The dissatisfaction among clinical

health care employees hinders recruitment efforts, lowers retention, and increases turnover (Temesgen et al., 2018).

Andresen et al. (2017) showed that satisfaction with coworkers is another hurdle hospital leaders need to overcome to retain health care employees. Age was shown to be another significant factor in job satisfaction and motivation in hospital workers (Andresen et al., 2017). Shin and Lee (2016) stated that job satisfaction is an important aspect of clinical retention. Shin and Lee (2016) also found that improvement in the work environment could positively affect job satisfaction. Alotaibi et al. (2016) found that clinical employees are more satisfied with their positions when educational opportunities were readily accessible. A reduction in the overall workload also increases job satisfaction among health care employees (Alotaibi et al., 2016).

Additional factors lead to job satisfaction that is important for health care leaders to understand (Kumar et al., 2018). Job satisfaction is impacted by the leaders' management style, which impacts employee retention (Khalid et al., 2016). Furthermore, meaningful work supports employee retention because when employees are satisfied with their jobs, they are more likely to stay (Selander & Ruuskanen, 2016). Health care leaders who understand job satisfaction drivers have a more significant opportunity to retain employees (Khalid et al., 2016). The human capital theorists' premise is that employee investments lead to satisfied employees (Schultz, 1961). To develop effective retention strategies, organizational leaders should know what motivates their employees to stay committed to the organization. Organizational leaders should establish a connection between retention and commitment. To do that, they have to find the most influential

components to employees and beneficial to the organization (Salau, Falola, Ibidunni, & Igbino, 2016).

Incentives and Compensation

Incentives are used to reward good job performance, patient satisfaction, and the achievement of organizational goals. Hayek et al. (2016) stated that HCT has an illustrative construct of pay-for-performance (P4P), which is influenced by individual education and training that many employees use to pursue career success within the same organization. Caveney (2016) defined P4P as a payment model in health care, also known as *value-based purchasing*, that offers financial incentives to physicians and hospitals for meeting specific measures from payers. The incentives range from education reimbursement, employee wellness programs, WLB, and dependent care, which helps employees financially and emotionally.

P4P programs with improved processes of delivery in health care settings can improve employee morale and, therefore, patient satisfaction. Mendelson et al. (2017) suggested that if properly targeted and designed, P4P programs would help drive the behavior of providers and health care systems to improve the quality of care delivered, reduce unnecessary use of expensive health care services, and improve patient health outcomes. Caveney (2016) challenged stated that incentives, although favored by health care leaders, can be disruptive to patient workflow and clinical performance, causing longer wait times and unnecessary use of provider services.

P4P programs models vary, which shows five payment perspectives: (a) cost accountability, (b) access accountability, (c) utilization accountability, (d) quality

accountability, and (e) adequate flexibility (Caveney, 2016). Workers are compensated through guidelines regarding what kind of increase they can expect at various performance levels (Caveney). Employees are often motivated by financial concerns; if compensation increases, employees may be inclined to work harder and improve their skills. Conversely, P4P programs can prove frustrating due to personal conflicts, job descriptions, workplace morale, and patient feedback (Caveney).

Work-Life Balance

WLB was an important component of a healthy workplace environment (Razak et al., 2016). Employers experienced employee retention challenges when employees could not balance work and family commitments (Pattusamy & Jacob, 2015). Vong and Tang (2017) suggested that WLB is a widespread concern in many industries as employees strive to find a balance between work and their personal lives. Implementing WLB balance initiatives could be beneficial for organizations as satisfied employees become more productive and are less likely to leave the organization (Ode-Dusseau et al., 2016).

HR managers understand WLB and its influence on employee retention (Coetzee et al., 2018). By creating a work environment that prioritizes WLB, leaders can increase employee retention (Umamaheswari & Krishnan, 2016). In health care organizations, personnel dissatisfiers include stress, employee burnout, emotional exhaustion, work withdrawal, and generational differences (Jacobs, 2019). WLB signifies an equilibrium between work and nonwork schedules (Khan & Fazili, 2016). Deery and Jago (2015) discussed the importance of WLB related to employee retention strategies. They

suggested that maintaining a stable workforce is a crucial element in a strategy for retaining good employees.

Deery and Jago (2015) indicated that low pay and the opportunity for better pay plays in the decision to leave an organization. Deery and Jago (2015) suggested that WLB positively impacts staff retention on an organizational level if they adopted the following actions: providing flexible schedules, job sharing, adequate resources, adequate breaks, and rewarding staff. Khan and Fazili (2016) suggested that an employee reaches a WLB, the individual must have an equal balance of achievement and enjoyment for work and life. HR professionals can retain employees by providing factors that influence the recruitment and retention of health care workers, i.e., flexible schedules, excellent benefits, and WLB. A lack of WLB in the workplace can hurt employees and the organization as a whole, resulting in increased absences, emotional and physical stress (Deery & Jago, 2015).

Akanji (2017) noted that the lack of WLB programs decreases employees' production and performance rates, along with employee's overall perception of organizational goals. In addition, insufficient employee WLB programs encumber an employee's commitment to stay with the organization and its long-term success (Akanji, 2017). Leaders using successful retention strategies should include WLB incentives and measurements to assist in the hiring and reduction rate of employee turnover.

Training and Development

Training and development strategies are critical to retaining clinical health care professionals. Based on HCT, progression within the organization depends on

employees' skills, knowledge, and experience (Hennekam, 2016). A training and development program requires a balance between an individual's goals and the organization's need to make positive contributions to the overall organizational performance (Ali et al., 2014). Rajan (2015) stated that career training and development play a fundamental role in internal marketing for both the organization and its employees. Rajan (2015) asserted that employees view training and development opportunities as the topmost worthy management practice. Organizational leaders should provide employees with the necessary skills and knowledge to perform their work duties (Ali et al., 2014). Investing in an employees' education is important because having educated and qualified staff is a cornerstone of any organization's establishment (Ali et al., 2014).

HR leaders who focus on training and development of the organization's human capital will increase employee retention rates (Devi & Krishna, 2016). Devi and Krishna (2016) also suggested that training and development strategies would also increase employees' organizational commitment and lessen turnover intention. Schultz (1961) declared that increased skills and knowledge acquired by human capital could sustain economic growth. Okello and Gilson (2015) identified motivational factors linked to an impact on retention, performance, and quality of care. Trust, respect, recognition, appreciation and rewards, supervision, teamwork, management support, autonomy, communication, feedback, and openness are motivational factors that impact employee retention.

Han et al. (2016) suggested that the nature of competition and sources of competitive advantages are substantially dependent on how knowledge is shared among

individuals and organizational teams. Schultz (1961) confirmed that leaders invest in training and education to enhance productivity while employees invest in themselves to secure education and training to enhance their pay scale. G. S. Becker's (1964) view of HCT suggested that workers who acquire secondary education can increase their pay within the organization.

Coff and Raffiee (2015) observed that firm-specific human capital is a source of sustained competitive advantage because firm-specific human capital may constrain employee mobility. Coff and Raffiee (2015) assumed that wages are commensurate with productivity and suggest that employees with firm-specific skills will suffer a wage penalty if they move, thereby hindering mobility and possibly sustaining a competitive advantage. Conversely, Yamamoto (2016) specified that fierce competition is raging to secure skilled human capital. Coff and Raffiee (2015) indicated that firm-specific human capital learning to work on different organization teams is valuable and can become a threat to competitors.

According to existing research, reasons for clinical health care workers leaving their jobs include nursing and physician shortages, high pressure, stress, burnout, heavy workloads, and inadequate support from organizational leadership (Dyrbye et al., 2017). Dowdle-Simmons (2013) suggested that organizations establish a preceptor-training program to curtail healthcare employees' mass exodus. According to Bae and Fabry (2013), nurse turnover affects workflow and the processes that impact patient care and patient outcomes. The human capital theory's central prediction is that increases in human capital translate into higher pay through increased job performance (Hayek et al.,

2016). Wyrzykowska (2014) agreed that human capital attracts the eye of key competitors with a wealth of knowledge, education, experience, and attitude.

Employee Turnover

Organizational leaders must identify the cause of clinical employee turnover for organizational achievement. Employee turnover attracts researchers' attention because of the cost associated with employee retention and the employees' intent of leaving the organization (Huang & Su, 2016). Sun and Wang (2016) and Shaukat et al. (2017) defined turnover as the employees' desire to leave an organization for better opportunities. Employee turnover occurs in every industry resulting in a financial loss, loss of knowledge, and negatively affecting the organization's long-term performance (Al Mamun & Hasan, 2017). As an illustration, a clinical supervisor earning \$40,000 per year could cost the organization between \$20,000 and \$80,000 to replace (Merhar, 2016). Employee turnover produces a financial burden for the affected organization.

Employee commitment is one of the most potent predictors of employee turnover. To retain employees, employee commitment is necessary for organizations to foster employee organizational commitment (Lee et al., 2016). Qazi et al. (2015) noted that losing a trained employee becomes a sensitive problem area, as the loss has direct bearings on customer dealing, customer satisfaction, and delivery of services. Yarbrough et al. (2017) reported that hospitals are experiencing an estimated 16.5% turnover rate among clinical health care workers. Yarbrough et al. (2017) concluded that the cost associated with replacing health care workers represents a \$4.21 to \$6.02 million annual loss to the affected organization.

Delaney (2018) reported in a statistical study from the Bureau of Labor Statistics that the clinical health care workforce would grow to approximately 3.24 million in 2022; however, over 1 million clinical health care workers will retire, causing a considerable shortage within the labor market. The reasons for health care workers leaving their jobs include nursing shortages, overtime, burnout, heavy workloads, interpersonal relationship problems with colleagues, inadequate assimilation into their roles, and inadequate support from administrators (Rajan & Chandrasekaran, 2013). In addition, high health care worker/nurse turnover leads to an increased reliance on labor or paying high prices for overtime work (Trepanier et al., 2012). In addition, Trepanier et al. suggested that overtime increases nurse burnout, which negatively influences patient safety. Cho et al. (2012) stated that to reduce turnover, health care organizations could implement strategies to improve job satisfaction.

Shetty and Shetty (2016) reported that many employers underestimated the costs associated with their failure to retain key employees. The cost of employee turnover goes well beyond a financial hardship to the organization (Aarons et al., 2011). Trained employees carry with them institutional understanding, leading to increased skills and an ability to mentor newer employees (Eby & Rothrauff-Laschober, 2012). In losing these experienced employees, this increased skill set is also lost to the future employees and clients receiving care (Eby & Rothrauff-Laschober, 2012; Knight et al., 2011). Whether voluntary or involuntary, each type of turnover has costs associated with it (Collini et al., 2015). Collini et al. (2015) explained that costs of turnover include direct financial costs, such as: (a) recruitment costs, (b) replacement costs, (c) separation costs, (d) training

costs, and (e) vacancy costs. As well as indirect costs, such as: (a) increased workloads, (b) adverse publicity, and (c) the impact on employee morale and productivity (O'Connell & Kung, 2007). Additional research is needed within the research area pertaining to the employee's organizational commitment and ongoing employee turnover (Mathieu et al., 2016).

Human Resource Management

HR managers could consider effective strategies to retain health care professionals. Hasheminasab et al. (2015) defined HR management as a system for the proper use of human capital as a valuable asset within the organization to achieve organizational goals. According to Alves e Silva and da Silva Lima (2017), HR management's development was to organize the processes of attracting, training, recruiting, using, and developing employees' skills. Human resource management in organizations impacts performance, productivity, and employee outcomes (Cristiani & Peiro, 2019). Researchers have found evidence of a positive association between HRM and its outcomes, such as work productivity, manufacturing quality, labour turnover, employee absenteeism, customer satisfaction, and financial outcomes (Cristiani & Peiro, 2019). In the current highly competitive business environment, health care leaders face challenges with hiring and efficiently utilizing high-performance clinical employees for the long term. Singh and Chaturvedi (2016) suggested that high performers' scarcity makes retaining highly skilled and committed employees a critical step to maintaining a competitive advantage.

Jiang et al. (2016) discussed career satisfaction as an individual's reaction to

developing career experiences, which is achievable when individuals' needs and goals are met. From an HRM perspective, the challenging economic environment's organizational changes have motivated health care leaders to investigate new approaches to increase and maintain employee engagement. Jiang et al. (2016) indicated that strategic human resource management is valuable, unmatched, rare, and cannot be substituted, allowing organizations to diversify from competitors and create a competitive advantage.

Transition

I initiated Section 1 with the identification of the: (a) foundation of the study, (b) specific business problem, (c) problem statement, (d) purpose statement, (e) nature of the study, (f) the research questions and (g) the interview questions. The beginning of the section involved a discussion of the background of the problem and an overview of how the research question emerged from the literature. After identifying the study's assumptions, limitations, and delimitations, I discussed the study's significance and social change implications. The majority of Section 1 comprised the literature review, which provided a historical and conceptual context to address clinical employees' retention. As demonstrated in Section 1, there is a vast amount of literature available about clinical health care employee retention. I concluded the section with a comprehensive review of the academic literature. I first discussed the conceptual framework guiding my study and then evaluated employee retention, training and recruitment, human resource management, and turnover.

In Section 2, I presented the details of the study method and design. I also included a description of researcher roles, the process I followed identifying study

participants, and outlined the interview process. Section 2 also discussed the data collection process, the methods employed for data analysis, and the ethical research measures I executed for the study. Finally, I ended the section with the validity and reliability sub-section that ensured the case study had dependability, credibility, transferability, and confirmability. In Section 3, I presented the study, the findings, the applications for professional practice and discussed how my study's findings might apply to professional business practices and promote social change. I also provided recommendations for further research and development and end Section 3 with my reflections and study conclusions.

Section 2: The Project

In Section 2, I describe this study's purpose, my role as a researcher, the research method and design, population and sampling, ethical research, and data collection. In this qualitative case study, I aim to explore the strategies that HR professionals used to retain human capital. This study's targeted population included five HR professionals in Connecticut who successfully implemented clinical employee retention strategies. This study's findings could affect social change by providing HR professionals with strategies to retain human capital, which can support quality health care to patients in the community.

Purpose Statement

The purpose of this qualitative single case study was to explore the strategies some HR professionals in the health care industry use to retain clinical human capital. The targeted population consisted of five HR professionals within a Connecticut health system who had implemented successful strategies to retain human capital. The implications for positive social change include HR professionals' potential in the health care industry to learn new retention strategies they can use to retain human capital and promote employees' self-worth, development, and engagement throughout their organizations. A health care organization's patients benefit from interactions with experienced health care professionals who understand patients' needs and provide the care patients require. Health care organization HR professionals who are able to improve employee retention may be able to augment the quality of patient care.

Role of the Researcher

The researcher's role is to collect, process, transcribe, and analyze, the data (Sutton & Austin, 2015). Sutton and Austin (2015) indicated that qualitative methodology could enable researchers access research participants' thoughts and feelings. Researchers have a responsibility to be objective and concise while interpreting the data collected (Cronin, 2014). Researchers use triangulation to strengthen the validity and reliability of a study by applying multiple data sources (Cronin, 2014). I was the primary data collection instrument for the current study. My role in this study included: (a) recruiting research participants, (b) collecting data by interviewing the research participants, (c) analyzing the data collected from the participants, (d) addressing the research question of the study, and (e) formulating a synthesis of the data.

I experienced the consequences of clinical employee turnover in my career as a physician liaison, hospital admission associate, outreach coordinator, and interim and administrative manager of women's services for over 13 years. The effects of clinical employee turnover include negative organizational profit, low employee morale, and patient dissatisfaction. Taylor et al. (2015) suggested that a researcher with strong experience and background in the research topic could inadvertently introduce bias into the study. Even though I had personal experience in the health care industry, I made every effort to mitigate my personal bias. I recognized the need to be open to others' thoughts and opinions and set aside my experiences to understand this study's participants. I mitigated my bias by following the interview protocol (see Appendix A)

and asked each participant the same questions in the same manner. I used an audio recorder to capture exact words from participants.

The *Belmont Report* is one of the leading works concerning ethics and health care research (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1979). The *Belmont Report's* primary purpose is to protect subjects and participants in clinical trials or research studies. The *Belmont Report* has three fundamental universal principles of research ethics: respect for persons, beneficence, and justice. I treated each participant with respect and appreciated their time, effort, and knowledge during the study. As the researcher, I applied the *Belmont Report's* ethical standards to protect each participant's rights and treat all participants with respect, beneficence, and justice. I researched a manner that protects the rights and safeguards the welfare of the participants. I protected the participants' rights by ensuring that each participant's identity and company were kept confidential.

My goal was to interview HR professionals who had successfully implemented clinical retention strategies for retaining clinical human capital within the health care field. Sutton and Austin (2015) suggested the use of face-to-face interviews, such as focus groups, to explore a particular research phenomenon. I used a semistructured interview protocol (see Appendix A) and an examination of corporate policies as data collection methods to explore the phenomenon addressed in this study. Patton (2014) suggested that a researcher's interview protocol is an instrument used to ask specific questions related to the focus of the study as well as an instrument for a conversation about a particular topic. To ensure the research confirmability, a researcher should have

desired skills and values by asking the right questions, being a good listener, and avoiding bias (Yin, 2017).

My professional experience included working in the outpatient setting as a physician liaison for the health system. I became familiar with this study's topic during my last 8 years in the cancer center, serving as the breast center's administrative manager. To mitigate bias and avoid viewing collected data through a personal lens, I did not select clinical nurse managers who had personal connections to me or any employee within my department to participate in this study. I ensured data reliability, validity, and saturation by incorporating the organization's retention policies and procedures and information from the public company website. I conducted an ethical interview process and maintained strict confidentiality in alignment with Walden University's Institutional Review Board (IRB) before conducting the interviews.

Participants

Selecting an appropriate population for a doctoral study is imperative for collecting data to answer the research question. My study's target population included five HR professionals within a Connecticut health system who had implemented successful strategies to retain human capital. Researchers determine the target population based on individuals with similar characteristics (Robinson, 2014). The eligibility requirements for participants in the current study included HR professionals who: (a) worked in the health care industry, (b) worked in Connecticut, (c) and had successfully implemented employee retention strategies.

I gained access to the participants from the HR department. W. Sun et al. (2015) suggested that networking is an effective tool to recruit study participants. W. Sun et al. observed that networking is an effective tool because, generally, leaders should be sociable. The objective is to recruit people who mirror the sample's characteristics to be interviewed to achieve an appropriate sample size and to collect rich data (Castillo-Montoya, 2016). Participants who met the requirements for the current study were eligible to participate in this study and received an introduction email with the informed consent form that outlined this study's purpose. The *Belmont Report* stated that participants should have the opportunity to choose what will or will not happen to them before a study begins (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1979). Yin (2017) suggested that a qualitative researcher can use a designed interview process to establish a connection between the interviewer and the participant and motivate the participant to provide detailed and descriptive answers.

Participants who responded with interest to participate in the current study received an email as the first contact method. I did not have an existing connection or relationship with the participants. White and Hind (2015) suggested that initial contact is a researcher's first opportunity to build a working relationship with the participants. Yin (2017) suggested purposeful sampling to identify and select participants who can provide meaningful data related to a specific topic of interest. To ensure data saturation, I interviewed five participants until no new themes or data emerged.

I emailed HR professionals individually with an invitation to participate in this study, including an explanation of the purpose of the study, and my contact information. After the HR professionals agreed to participate, they received an informed consent form and a copy of the IRB approval letter via email. Fleiszer et al. (2016) claimed that credibility, dependability, confirmability, and transferability could help researchers build successful relationships with participants.

Researchers who build a relationship with the participants can collect rich data (Yin, 2017). I built relationships of trust through introductory phone calls with the participants to facilitate in-depth interviews. I developed working relationships with the qualified participants by describing this study's purpose, making them feel comfortable, communicating my intentions before and after my study was completed, actively communicating with each participant throughout the process, and responding to any inquiries. I was honest, respectful, and professional throughout the process.

Research Method and Design

Yin (2017) noted that a researcher's goal is to identify a research method that answers the research question. Qualitative researchers use real-life experiences to explore why and how things happen (Petrescu & Lauer, 2017). I collected data from HR professionals to obtain quality findings by applying the qualitative research method. Taylor et al. (2015) noted that qualitative research involves determining the meaning of the conversation with participants instead of merely analyzing data.

Research Method

Qualitative researchers, who use exploratory inquiry tools, such as in-depth interview questions, may gain a deeper insight into a phenomenon (Neville & Trenaman, 2017). Yin (2017) suggested that researchers use a qualitative approach to uncover trends and dive deeper into the problem at hand. I used open-ended interview questions to explore participants' perspectives to develop a shared understanding of the phenomenon. Because a complete understanding was an objective, the qualitative research method was most appropriate for my study. The qualitative researcher's interpretation involves gathering information through inductive qualitative methods such as interviews, personal observations, and panel discussions (Edward & Welch, 2011). Additionally, Trotter (2012) stated that qualitative research offers an individual perspective concerning a phenomenon to accomplish group values.

Quantitative research methods involve statistical analysis and the collection of numerical data to test relationships (Halcomb & Hickman, 2015). The quantitative method relies on statistical and mathematical data and does not provide the participants' impersonal, third-person data (Yin, 2017). The quantitative method was not appropriate because I did not examine the relationships among variables. A mixed-methods study includes qualitative and quantitative methodologies and can be used to gather substantive data and augment the findings' validity (Goldman et al., 2015). Goldman et al. (2015) found that mixed-methods approaches gives quality to qualitative studies and may be used to collect data through surveys and focus groups. The mixed-methods approach was

not appropriate for this study because I did not include a quantitative component in my exploration of HR clinical retention strategies.

Research Design

Percy et al. (2015) noted that traditional research designs for a qualitative study are ethnography, case studies, and phenomenology. Yin (2017) suggested that the case study approach is appropriate when the research question involves the need for an in-depth description of the situation. Researchers who apply a case study approach may select multiple data collection sources (Yin, 2017). Baxter and Jack (2008) suggested that the use of a case study would ensure that researchers collect enough evidence to answer a research question. The case study approach is appropriate when the research question involves the need for an in-depth description of the situation (Yin, 2018). The case study design was the most appropriate for the current study.

Researchers use an ethnographic design to investigate social and cultural aspects such as groupings, customs, beliefs, and behaviors (Percy et al., 2015). Ethnographic studies require more time in the field and concentration on detail, while the narrative approach focuses on individuals' experiences (Yin, 2018). The ethnographic design was not the best choice for the current study because I did not explore the managers' culture, customs, or beliefs. Researchers use the phenomenological design to explore humans' lived experiences by collecting data directly from individuals through interviews (Percy et al., 2015). Researchers who conduct a phenomenological study address individual life experiences of a phenomenon (Koopman, 2015). I did not choose the phenomenological design for my study because I did not focus on the participants' attitudes and feelings.

Researchers use the narrative design by constructing the written or visual representation of individuals' or groups' lived experiences through documentaries or narratives (Goodson & Gill, 2011). The narrative design was not appropriate because the participants' documentaries or narratives would not have helped me answer the research question. I explored strategies that HR professionals use through their experience with the phenomenon, not on their narrative of the phenomenon.

Population and Sampling

This study's population included five HR professionals of one health care system in the Connecticut area. I used the nonprobability technique of purposeful sampling. Qualitative researchers identify and select information-rich cases related to the phenomenon (Yin, 2017). McQuarrie and McIntyre (2014) suggested that purposive sampling is a nonprobabilistic process when units are selected from the target population to address the study's purpose and specific inclusion and exclusion criteria. I used a purposive sampling strategy to screen and select the participants involved in creating strategies to retain clinical health care workers in the health care industry.

I used purposeful sampling methods to recruit the select HR professionals who agreed to participate in this study. While using the sampling methods, I ensured the prospective interviewees were knowledgeable about the deployment of clinical retention strategies. Researchers use snowball sampling to recruit other participants for a test or study (Valerio et al., 2016). Valerio et al. showed that snowball sampling allows research participants to recruit other participants such as friends, colleagues, and anyone eligible to participate. Valerio et al. suggested that snowball sampling allows researchers to

discover additional participants and helps with data collection until the sample size is appropriate. The criteria for participants in the current study included: (a) have supervisory responsibility for three or more employees, (b) be responsible for the implementation of on-the-job training programs, (c) be responsible for the implementation of retention strategies, and (d) have retained employees for a minimum of 5 years within a clinical setting.

I conducted semistructured telephone interviews with each HR professional on the day and time of their choosing. Peters and Halcomb (2015) suggested that semistructured interviews can produce powerful data that provide insights into the participants' experiences, perceptions, or opinions. Interviews and focus groups are most common for data collection used in qualitative health care research (Gill & Baillie, 2018).

Data saturation is an important process used to ensure adequate and quality data collection to support the study (Fusch & Ness, 2015). Data saturation refers to the point in the research process when no new information is discovered in data analysis, and this redundancy signals to researchers that data collection may cease (Echsel et al., 2019). I achieved data saturation after no new themes or data emerged from the five participant interviews. McCusker and Gunaydin (2015) suggested that a chosen population is acceptable when participants can provide in-depth data and insight in relation to the central research question. According to Palinkas et al. (2015), purposeful sampling maximizes the information gained from qualified participants. Hanson et al. (2011) suggested that between three and 15 participants are sufficient to conduct a case study. Data saturation occurs when no new themes or additional information emerges from data

analysis (Fusch & Ness, 2015). I reached data saturation when no new themes or information was obtained during the fifth interview.

Ethical Research

A measure in place to protect human subjects' rights is Walden University's Institutional Review Board (IRB). Yin (2017) stated that research integrity is procedural; researchers must remain ethical, avoid bias, and be adaptive. Ethical research is the application of ethical choices or moral considerations that originate from the researcher's daily practice (Woodgate et al., 2017). Before conducting a research study, researchers must correctly adopt and follow ethical procedures, such as the *Belmont Report* (1979), to determine the difference between acceptable and unacceptable behaviors when protecting human participants.

A component of ethical research is to adhere to all the organization's policies put into place before participant interaction (Vanclay et al., 2013). I applied the Waldens' IRB guidelines to research data collection areas, participant recruitment, data analysis, and dissemination. I commenced data collection and recruitment of participants for interviews after receiving IRB approval of my study. After receiving IRB approval #10-30-20-0666996, I sent a letter of cooperation to the HR manager with an introductory email with the purpose of this study, the participant's role, and a copy of the informed consent form. Miracle (2016) stated that an informed consent form strengthens the ethical basis for research.

The consent form disclosed the current study's purpose, possible risks and benefits, compensation, and specific protections for all participants. I asked each potential

participant to sign the consent form to confirm their willingness to participate in this study. I did not collect any data until the participant signed the consent form and all of their questions were answered. Each participant received a copy of the consent form before their interview. I coded each participant to maintain confidentiality by using a coded P1, P2, P3 until the last participant was interviewed. The participant names or organization names will not appear on any documents in this study. I informed each participant that they could withdraw from this study at any time without any penalty by contacting me by phone or email.

I followed the interview protocol process (see Appendix A) for every interview. Data collected from the participants will be stored on a USB drive in a locked file cabinet stored in my home office and will be destroyed after five years. Tatebe (2015) stated that most ethics committees that review research protocols insist that potential research participants reserve the unconditional or absolute right of withdrawal at any time and without giving any reason. My study was voluntary, and the participants did not receive any incentives or compensation for their participation. I included Walden's IRB approval number, 10-30-20-0666996, in the consent form. Tatebe (2015) stated that most ethics committees that review research protocols insist that potential research participants reserve the unconditional or absolute right of withdrawal at any time and without giving any reason.

Data Collection Instruments

As the interviewer conducting semistructured telephone interviews, I served as the primary data collection instrument. The instruments I used include semistructured

interviews with HR professionals, the organization's retention policies and procedures, and information from the public company website. In a case study, researchers use a variety of data collection instruments. Yin (2017) suggested that researchers conducting a case study may use any exploratory, descriptive, or explanatory approach for a data collection method. One-on-one semistructured interviews are beneficial for researchers as more detailed responses can be given by the participants and are a reputable source for gathering data (Haahr et al., 2014). Hurst et al. (2015) suggested that the validity of qualitative data depends on the interviewer's ability to produce data focused on the topic of interest within the time allotted for discussion. According to Chenail (2011), the researcher is the key instrument in collecting data because the interaction between the participant and the interviewer facilitates the interviewer collecting valuable information regarding participants' lived experiences.

I obtained permission to access the policies and procedures from the HR department from the participating organization. I collected the retention policies, procedures, and retention strategies. I also reviewed local government reports, company websites, and articles on health care clinical retention. Padgett et al. (2017) suggested that the existence of well-prepared policies and procedures reflects the quality of the service they provide.

I collected qualitative data by following the Interview Protocol. I asked the participants relevant questions with semistructured interviews to ensure in-depth conversation and engage each participant while remaining impartial. The interview format was by telephone. I audio recorded the interviews and took notes to enhance the

reliability of the data. After the interview process, I transcribed the data and uploaded the interviews into NVivo 12. Next, I provided a copy of the transcript to each participant for member checking. Data saturation was reached when no new information or themes emerged.

Data Collection Technique

To explore the central research question, the data collection technique I used for the qualitative case study is semistructured interviews, the organization's retention policies and procedures, and information from the public company website.

Semistructured interviews will be the most viable technique for my study to collect data from the participants. Castillo-Montoya (2016) indicated that the interview protocol is a tool used by researchers to structure the interview process for quality data collection. Yin (2017) theorized that case study data collected from multiple sources could enhance the study's quality.

Semistructured interviews have several advantages and disadvantages. An advantage of semistructured interviews is the researchers' ability to probe for clarity and quality data collection (Alshenqeeti, 2014; Baskarada, 2014). Another advantage of semistructured interviews is the researchers' ability to collect data that is current and relevant to the study (Alshenqeeti, 2014). Baskarada (2014) suggested that the researcher and participant build a relationship through face-to-face interviews, enhancing trust and facilitating the participants' openness and collaboration in sharing information. Researchers could probe during the interview to capture critical data; however, challenges may arise while probing for data based on the participants' information

(Alshenqeeti, 2014). A disadvantage of semistructured interviews is that both researchers and participants are prone to bias given their own experiences and interpretation of the questions (Yin, (2017). I mitigated any personal bias during the interview process by remaining neutral. After the interview process, I transcribed the data by uploading the file to the NVivo 12 software. Next, I provided a copy of the transcript to each participant to verify the accuracy of their interview summary for member checking purposes.

Several advantages and disadvantages exist when researchers use company documents as a collection technique. An advantage of data collection involving company documents is the added quality of the study findings (Baskarada, 2014). A disadvantage of using company documents as a collection technique is that some company documents may not be current (Hancock & Algozzine, 2017). Yin (2017) suggested that participants may provide company documents that are challenging to interpret based on the documents complexity. I reviewed and analyzed company documents to enhance internal consistency.

Researchers can address biases if they conduct pilot testing. A pilot test can be a qualitative, quantitative, or mixed-method study (Aarons et al., 2015). A pilot test is a preliminary study of small-caliber, such as a survey or questionnaire, to test the efficiency of the researchers' study (Vogel & Draper-Rodi, 2017). Researchers can use a pilot test to pre-test their research methods, detect flaws in the research instrument, determine if they need to rewrite the instructions, and ensure that questionnaires and research questions are clear and easy to understand (Vogel & Draper-Rodi, 2017). Researchers with well-conducted pilot studies aim for a definite objective within a formal

framework that can ensure methodological rigor and lead to high-quality research and validity (Doody & Doody, 2015). A pilot study was not used for my study. Doody and Doody (2015) suggested that researchers can obtain preliminary data and evaluate their data analysis method by conducting a pilot study. The disadvantage of pilot testing is time-consuming, and the research for this study was limited to a small sample size.

I initiated the data collection process after the hospitals' IRB signed the letter of cooperation. Once I gained organization approval, I emailed HR professionals for volunteers. After the HR professionals agreed to participate in this study, an introductory email and invitation were sent to each potential participant. I emailed the informed consent, my contact information and discussed the study interview procedure with those interested in participating in the study. I scheduled the interview at a place and time convenient for each participant, which will help establish rapport. I reviewed the interview protocol (see Appendix A) with the participants before beginning the interview and informed them that I would audio record the interview and capture all nonverbal expressions and key components through copious note-taking. Yin (2017) noted that interviews are an appropriate method for collecting data and establishing rapport in a case study format. Each semistructured interview took approximately 30 to 60 minutes. Personal interviews are a method of collecting data in qualitative research (Haahr, et al., 2014).

During the interview, I took notes of the participants' expressions and voice tones. I transferred all content from the audio recorder and notebook to Microsoft Word. Neuman (2014) suggested that researchers record each interview to safeguard the utmost

transference of participants' responses and improve the final data analysis procedure. The participants were aware of the length of the interview, as described in the invitation. For member checking, I shared the data collection summary with each participant and asked each to review and confirm the accurate data collected from their interview.

Data Organization Technique

Data organization is one of the six principles of data collection (Yin, 2017). I organized the data by maintaining data files in Microsoft Office secured on a USB drive. Erlingsson and Brysiewicz (2017) suggested that keeping data transcribed from interviews and data found from external sources will help with more efficient data analysis. The data files contained the audio recorded interviews, transcribed notes from the interviews, and any company documents such as their respective HR manuals or policies.

I also maintained a research log that contained information on my primary and secondary data sources. Yin (2017) suggested that researchers would use a research log to record the data of the interview, interviewees' initials, personal identification numbers such as P1, P2, P3, data source (i.e., interview, survey, document), and type (i.e., audio, video, transcription). To maintain the accuracy of responses, I labeled each participant with their matched responses in Microsoft Office. I stored my notes, company documents, consent forms, and USB drive in a locked file cabinet in my home office for five years. After five years, I will shred all physical documents and destroy the USB drive.

Data Analysis

In qualitative research, researchers can use semistructured interviews to collect the data required to answer the research question (Yazan, 2015). Data analysis includes compilation, disassembling, and reassembling data using analytic software (Yin, 2017). Yin (2017) also highlighted that data analysis allows researchers to discover meaningful themes, patterns, and data descriptions. Theron (2015) suggested that data analysis includes identifying and examining emerging and recurring themes. For this study, the data analysis process provided a framework for understanding and defining the research question.

I began the data analysis process by conducting semistructured interviews and reviewing company documents, including policies, procedures, and metric reports, to conduct the methodological triangulation. The researcher must be able to contest any personal bias and challenge beliefs by continuously making comparisons between member checking, triangulation, and data logs (Franklin et al., 2010). I used methodological triangulation to verify the data and analysis to mitigate the occurrence of bias within the research.

A researcher implements data analysis techniques to provide rich data that is unbiased and reliable and to discover useful information to the readers (Fusch & Ness, 2015). Data triangulation involves collecting data from different sources such as groups, families, and communities to gain several perspectives and increase the study's validity. Patton (2014) identified four types of triangulation: (a) methodological triangulation, (b) investigator triangulation, (c) theory triangulation, and (d) data triangulation.

Triangulation will enhance the trustworthiness of the analytical findings. For this single case study, I used methodological triangulation to decrease biases, increase validity, and strengthen the reliability of the research findings. Researchers use methodological triangulation to compare data across multiple sources (Carter et al., 2014).

Methodological triangulation involves using more than one kind of method to study a phenomenon (Bekhet & Zauszniewski, 2012). Methodological triangulation is a combination of data obtained from various sources (i.e., interviews, questionnaires, observations, literature reviews, and pre-existing documents maintained by the organization; Gibson, 2017). I did not use investigator triangulation or theory triangulation. With investigator triangulation, more than two researchers analyze data (Carter et al., 2014). I did not use investigator triangulation because I am a lone researcher. Hussein (2015) suggested that researchers may use qualitative and quantitative analysis in a mixed-methods study, known as philosophical triangulation. I did not conduct philosophical triangulation because this study was not a mixed-method approach.

When preparing and analyzing a single case study, researchers need an analytic plan to produce the best study results. Wilson (2014) suggested that researchers use multiple methods or data sources in qualitative research to develop a complete understanding of the phenomenon of interest. To ensure the best results, I utilized member checking, methodological triangulation, and Yin's (2017) five-step analytical techniques to ensure that the results accurately reflect the data and research question addressed. The five analytical techniques researchers use include: (a) pattern matching,

(b) explanation building, (c) time-series analysis, (d) logical models, and (e) cross-case synthesis (Yin, 2017). I used pattern matching during data analysis to identify similarities between the interviews.

I compared, identified, and differentiated each participants' responses and identified themes derived during the collection process. Gall et al. (2003) suggested that triangulation includes using multiple data collection methods, sources, and theories to confirm the validity of the research findings. Following Yin's five-step process can help researchers conduct an objective analysis of qualitative data to understand that there are biases inherent to human researchers (Baskarada, 2014). Yin (2017) explained the five-step process: (a) compiling, (b) disassembling, (c) reassembling, (d) interpreting, and (e) concluding data and analyzing data. By applying Yin's five-step process, I generated valid findings.

The best way to organize data is to identify and differentiate between the participants' responses and themes that are derived during the collection process. Primarily, there are four aspects of qualitative data analysis: coding, classifying, categorizing, and labeling of original patterns (Vaismoradi et al., 2016). Sarniak (2015) noted that coding is an interpretative process that involves discovering themes that encompass abstract constructs identified by investigators before, during, and after the data collection process. Classification enables researchers to complete the task of data collection successfully (Maylor & Blackmon, 2015). The categorization process involves scanning data to come up with phenomena that share common characteristics and relationships. Finally, labeling the last stage of qualitative data analysis entails indexing

or assigning data codes to the phenomena that are used to distinguish them based on their similarities and differences (Anney, 2014).

Lastly, I reviewed the organization's retention policies and procedures and literature from the public company website for triangulation. Samnani et al. (2017) categorized literature reviews into nine types: narrative reviews, detailed reviews, scoping reviews, qualitative systematic reviews, meta-analysis, realist reviews, umbrella reviews, theoretical reviews, and critical reviews. Yang et al. (2012) suggested that a narrative review would be too subjective and may not be appropriate for a qualitative study. According to Samnani et al. (2017), a scoping review, qualitative systematic review, realist review, umbrella review, theoretical review, and critical review are broad and deep in scope. A descriptive review was appropriate for my study, and I used the descriptive review method for this study.

Qualitative researchers use data collection and data analysis interdependently. Sutton and Austin (2015) suggested that data collection and data analysis will always overlap. I compared the primary data with the secondary data for triangulation. I compared the interviews' results with the secondary data that I collected from the organization and Internet documents. After the 5th interview, data saturation was achieved, no new data emerged from the interviews. I transferred the interview transcripts and external data using NVivo 12, a qualitative data management software used to help identify themes and patterns. To maintain the participants' confidentiality, I used pseudonyms P1, P2, and P3. The participants' identities and personal information was protected and kept confidential. The raw data is confidential and accessed only by me as

the researcher and stored for 5 years after this study's approval. Houghton et al. (2013) suggested that researchers use NVivo 12 to include information and recognize topics and patterns, data organization, and coding. I focused on the key themes and correlated these themes by coding. A code is a word or short phrase that evokes an attribute of an item of data (Woolf & Silver, 2018).

Reliability and Validity

Reliability refers to the degree to which other researchers performing similar observations in the field and analysis, such as transcription from data collection, would generate similar results (Franklin et al., (2010). Trochim (2007) proposed four criteria for judging qualitative research soundness: credibility, transferability, dependability, and confirmability. I attained valid study results from each participant by ensuring reliability. Noble and Smith (2015) noted that reliability refers to consistency within the analytical procedures, and validity refers to the integrity and methods assumed and the precision in which the findings accurately reflect the data. Morse (2015) suggested that validity is trustworthiness, and reliability is the degree of consistency within the research findings.

Reliability

All study participants received the same interview questions and were asked to review the interview transcripts to ensure reliability. I: (a) used the same open-ended interview questions for each study participant, (b) maintained related themes to document decisions, (c) authenticated participants' responses, and (d) used triangulation to produce conclusions to maintain the reliability of this study. Reliability relates to the researcher's findings' evidence and integrity (Noble & Smith, 2015). The reduction of error and study

bias achieves reliability in qualitative studies (Yin, 2017). Turner et al. (2017) suggested that scholars ensure that studies meet reliability standards by comparing data using semistructured interviews and organizational documents. Marshall and Rossman (2016) concluded that reliability is how a researcher addresses the study dependability, which will help ensure integrity.

Dependability is important to the research study's trustworthiness because trustworthiness illustrates that the research findings are consistent and repeatable (Nowell et al., 2017). Researchers use dependability to demonstrate that the same results are repeatable when conducting the data collection procedure (Yin, 2017). Some mechanisms to strengthen research dependability are audit trials, member checking, transcript reviews, pilot tests, and an expert validation of the interview questions (Marshall & Rossman, 2016).

I used member checking to enhance study dependability. I asked each study participant to review their individual interview transcript for accuracy. Marshall and Rossman (2016) stated that dependability is the standard to evaluate the qualitative case study processes' consistency and stability. Member checking is a process in which the researcher provides interviewees with an opportunity to review and confirm the analysis and results of data collected from the interview (Fusch & Ness, 2015). Birt et al. (2016) proposed the six-step tool of the member checking process for data collection: (a) data collection, (b) initial draft written by the researcher and draft sent to the participant, (c) first collaborative review session, (d) review and revision by the researcher; and the second draft sent to the participant, (e) second collaborative review session, and (f) the

final revision and review by the researcher. I followed the six-step tool of the augmented member checking process undertaken in the synthesized member checking (SCM) framework (Birt et al., 2016). Member checking gives the participants the ability to confirm their responses and adjust their responses, if necessary (Turner et al., 2017). I used member checking to ensure the interpretation accuracy of interviews and evaluate and prove my study's conclusions.

Validity

Leung (2015) noted that qualitative research's validity means appropriateness of the tools, processes, and data collected. Cope (2014) suggested that validity pertains to how researchers address credibility (internal validity), transferability (external validity), confirmability (objectivity), and dependability (reliability). Cope (2014) criticized the qualitative methodology stating that case studies are subjective, subject to bias, and lack generalizability by producing detailed information about a single phenomenon.

To enhance validity, I employed member checking and asked participants to review my interpretation of their interview responses for accuracy. Member checking is the process of participants checking and evaluating the researchers' descriptions of the interview responses to reflect the individuals' viewpoints (Drabble et al., 2016). Member checking is a technique for exploring the validity and credibility in which the participants check the researchers' interpretations for accuracy (Birt et al., 2016).

Credibility

One aspect of validity is credibility, which establishes that qualitative research results are credible and trustworthy from the researcher, participants, and readers

(Trochim, 2007). Credibility is demonstrating the truth of the study (Johnston et al., 2016). The lack of credibility makes it difficult for the reader and other researchers to determine the level of truth in the findings (Birt et al., 2016). By providing an audit trail of the study, researchers allow readers to interact with the data and follow the progress of documenting the study (Johnston et al., 2016). I used the methodological triangulation from multiple sources and member checking to strengthen my study's credibility to ensure the results' validity. I applied triangulation by reviewing the organization's retention policies and procedures and information from the public company website to explore its strategies over clinical employee retention and interviews. Data from the interviews, the organization's retention policies and procedures, and information from the public company website will help support a valid study.

Transferability

Transferability refers to the degree to which the results can be generalized or transferred to their contexts under similar but not identical conditions (Cope, 2014). Ang et al. (2016) suggested that qualitative research's transferability describes how one study's results or methods can be applied to other studies. Palinkas (2014) suggested that researchers provide a detailed description of procedures, limitations, target population, and demographics to ensure transferability in order for future researchers to achieve similar results if they follow the same procedure. I included a detailed description of my participants' eligibility criteria to provide context, research methods, data analysis, and use the replication logic to establish transferability.

Confirmability

Confirmability refers to the degree of assessing the accuracy of the results obtained from the data and observation of the participants (Houghton et al., 2013). A researcher demonstrates confirmability by describing how the researcher establishes conclusions and interpretations and represents the findings he or she derives directly from the data (Cope, 2014). Researchers can improve confirmability by showing a copy of interview transcriptions, tables, or figures to prove a close connection between collected evidence and the research questions (De Massis & Kotler, 2014). For my study, I included quotations from the participants and used a journal to minimize personal bias. I carefully captured responses and confirmed their responses to mitigate any personal bias while taking notes or transcribing the interviews. Yin (2017) suggested that reflective journaling is the process of documenting personal ideas, thoughts, biases, and experiences, which is useful for demonstrating the reason for decisions and challenges during the research process. Establishing reliability and validity in a qualitative study are imperative for the accuracy of the study.

Data saturation. Data saturation is another confirmation of validity and reliability. Fusch and Ness (2015) suggested that failure to reach data saturation has a negative impact on credibility. Fusch and Ness (2015) found that this question is difficult to answer because data saturation is not about numbers, nor is data saturation guaranteed based on the sample size. Data saturation is a tool used by researchers to determine if the interviewees are no longer providing new information (Tran et al., 2016). I achieved data saturation by the 5th interview of participants in which no new data or themes emerged.

Transition and Summary

In Section 2, I offered general strategies and techniques to analyze and present evidence for this qualitative case study. I presented how I prepared to collect data from the participants, gathered data from multiple sources, and used computer-assisted qualitative data management software (NVivo 12) to retrieve and tally like terms collected from the interviews and various documents. In Section 2, I restated the purpose statement, identified the researcher's role, study participants, population and sampling, research methods and designs, and ethical procedures. Following ethical procedures, this section also presented the data collection instruments, data techniques, data organization, data analysis, reliability, and validity. Section 3 summarizes the results, application of the professional practice, and implications for social change, concluding recommendations for future research and reflections.

Section 3: Application to Professional Practice and Implications for Change

Section 3 includes an introduction, the purpose of my study, presentation of findings, application for social change, and recommendations for action and further research. Section 3 also includes the findings in relation to the research question and the conceptual framework. This section also consists of a comprehensive analysis of the research findings and a discussion of how the findings apply to professional practice to improve the organization's retention performance and effect social change. Next, Section 3 includes a discussion of how HR professionals can improve retention strategies by implementing strategies to retain their employees. Section 3 concludes with my reflections and my study conclusion.

Introduction

The purpose of this qualitative single case study was to explore strategies that HR professionals used to retain clinical human capital. Health care professionals' retention is vital to support patient outcomes because health care professionals with tenure deliver high-quality care (Gan et al., 2018). Leaders who understand strategies to retain employees may positively affect business profitability (Antony, 2018). HR professionals need to apply effective strategies to retain clinical human capital.

I conducted a qualitative single case study to identify HR professionals' strategies to retain clinical human capital. This study's population consisted of five HR professionals from one health care organization in Connecticut with a least 5 years of experience and successful implementation of clinical retention strategies. I collected data after approval from Walden University's IRB. I received formal consent from the five

participants before conducting semistructured interviews. I used an interview protocol to enhance the consistency and quality of the data collected. I informed the participants that they could withdraw at any point from my study without any negative effects.

Furthermore, I ensured the participants' confidentiality and data using a coding system (P1, P2, P3, P4, and P5).

Each participant provided rich, in-depth data during the interview process that I transcribed and analyzed to identify common themes. In addition to the interviews, I reviewed the organization's documents including employee handbooks, employee benefits, retention policies, and information on the website related to the company's culture, mission, and vision. I also used my interview notes from observations during the interviews. The processes to strengthen the validity and reliability of this research study were member checking and methodological triangulation. After completing data collection and verification, I uploaded interview transcripts into NVivo 12 qualitative software for coding, segmenting, analyzing, and identifying the emerging strategy themes: (a) WLB, (b) compensation, (c) effective communication, and (d) training and development.

Presentation of the Findings

I sought to answer this research question: What strategies do some HR professionals in the health care industry use to retain clinical human capital? After receiving the IRB approval number (10-30-20-0666996) from Walden University, I emailed the HR professionals a copy of the IRB approval letter, a letter of participation, and the consent form for review. The purposeful sampling method was used to recruit

participants with knowledge of the phenomenon. After receiving a confirmation via email from individuals willing to participate, I scheduled semistructured interviews via telephone without interrupting business operations.

Five HR professionals participated in semistructured interviews, and I achieved data saturation when the final participant did not add any new information. I conducted semistructured interviews during a 3-week period. Before each interview, participants responded to an email with “I consent,” thereby consenting to their participation in my study, and agreeing to an audio recording. Additionally, I collected company documents, including policies, procedures, and reports. I used alphanumeric coding of P1 through P5 to maintain participants’ confidentiality. Each interview lasted 30 to 60 minutes without interrupting normal business processes. Participants received an emailed copy of my interpretations of their responses and participated in member checking to strengthen the reliability and validity of the results. The notations recorded during the archival organization documentation review assisted with the triangulation of data for credibility.

After transcribing the interviews, I used NVivo12 to code responses from participant interviews. The four main themes gathered from the HR professionals were: (a) WLB, (b) compensation, (c) effective communication, and (d) training and development. Additionally, two subthemes emerged from the training and development theme: (a) career development and (b) education.

According to all participants, employee retention is an essential element in preventing organizational profitability loss. The organization policy manual from the health care system provided information regarding retention strategies, WLB, training

and development, and other employee benefits. All participants agreed that employees must have access to pertinent organizational information and resources to support the employee retention strategies.

Employee retention is fundamental to an organization's sustainability and profitability (Johennesse & Chou, 2017). All five participants shared that the organization had experienced a loss of profitability because of the inability to retain clinical employees. Furthermore, many organization leaders have recognized that retaining quality employees contributes to succession planning and sustained profitability (Sarmad et al., 2016).

HR professionals mentioned that they implemented motivational strategies, training and development practices, and WLB policies to enhance clinical employee retention. P2 stated,

I believe employee retention starts with the workplace's overall culture. My job as the key human resource officer is to ensure that the HR team is in tune with the organizational mission and needs while striking the right balance with the overall teams' needs. Therefore, I ensure that there is productive communication to minimize confusion about the mission and our overall purpose.

Employee retention continues to be a significant challenge for many business leaders in various sectors and industries (Jadhav, 2017; Zin, 2017).

Theme 1: Work-Life Balance

The first theme that emerged was WLB. The results confirmed that WLB was a strategy that hospitals used to reduce employee turnover and increase employee retention.

Researchers found that employees value the importance of WLB (Cheng et al., 2016). P1 and P3 stated that employees could participate in the wellness program, and if they earn enough points, they receive a health insurance premium discount. According to Al Mamun and Hasan (2017), WLB helps employees manage different life roles and responsibilities. Organizational leaders should use strategies such as WLB practices to invest in employees' well-being during their life cycle with the organization (Mas-Machuca et al., 2016). P3 stated, "hospital leaders can demonstrate support by showing care and concern about employees' needs both unrelated and related to the organization." Pink-Harper and Rauhaus (2017) asserted that WLB matters are a significant concern for HR professionals because these issues can affect employee retention. P5 shared that HR professionals are proactive, ensuring that their employees have the best benefits, and WLB is needed to decrease burnout and fatigue. P5 also noted that "we offer stress-free zones and relaxation programs to our employees, i.e., massages, meditation, and counseling services."

According to P2, P3, and P4, WLB was used to attract and retain employees. Company documents stated that the organization provides employee assistance programs with WLB services to improve employees' well-being, including resources for children, mental health counseling, health coaching, tobacco-free programs, and education assistance. WLB is engagement in multiple roles with an approximately equal level of attention, time, involvement, or commitment to prevent burnout (Sirgy & Lee, 2018). P1 noted that for quality improvement, the company provides flexible work schedules for

WLB. Mas-Machuca et al. (2016) asserted that people divide their daily schedules between their work and home life.

Theme 2: Compensation

The second theme that surfaced from the participants' responses was that competitive compensation packages improve clinical employee retention. All participants in this study acknowledged the importance of using compensation packages to improve clinical employee retention. P2 stated that compensation packages consisted of salary and other benefits such as education reimbursement and recognition awards. Dhanpat et al. (2018) stated that compensation includes all benefits that employees receive from their organization to perform specific job duties. P1 stated,

The strategies we use to retain employees improve employee and leadership engagement. Fosters teamwork and effective communication throughout the organization. We provide competitive compensation and benefits with flexible work schedules. We give employee recognition where it is due. Lastly, we invest in education and continual professional development through our training facility.

P2 discussed the importance of a pay scale for clinical employees with more experience to improve clinical employee retention. P2 stated, "pay scales will help improve employee retention." According to P5, employees are willing to stay with the organization if they are well paid. Palinkas et al. (2015) stated that fair compensation influences the employee's decision to stay. P2 declared that compensation was the focal point for improving employee retention. P5 asserted that competitive compensation with future salary goals is an effective strategy for clinical employee retention.

P1 discussed the importance of a flexible schedule to improve clinical employee retention. Organizations have part-time employees, ensuring they have enough work hours to meet their financial responsibilities (Dizaho et al., 2017). Organizations have full-time employees, and flexible scheduling helps them attend to their family needs (Dizaho et al., 2017). According to P2, flexible work schedules will help clinical employees balance their personal and professional needs, allowing them to achieve WLB. P4 confirmed that a flexible schedule was an option for unforeseen issues that may arise for employees.

P1 discussed the importance of performance reviews and rewards to improve clinical employee retention. P1 stated, “annual performance reviews are great for employee acknowledgment.” Kundu and Mor (2017) confirmed that organizations could use rewards to acknowledge employees’ work performance and improve employee retention. When the employees’ performance is outstanding, they can be given monetary or nonmonetary rewards such as a chance to be recognized across the organization (Kundu & Mor, 2017). P2 agreed that when clinical employees and their work were valued, their productivity increased, and they were motivated to keep up the good work.

P2 expressed that compensation packages were limited to the clinical employees’ experience and education. P2, P4, and P5 agreed that compensation packages consisted of a good salary and other benefits such as training and development, flexibility, and rewards. According to Dhanpat et al. (2018), compensation includes all benefits that employees receive from their organization to perform specific job duties. According to P2, employees were willing to stay with the organization if they were well paid.

Each participant provided a response that broadened understanding of how monetary strategies were used to influence employee retention. Employee compensation was a significant factor in participants' strategies to retain clinical workers. P1 and P4 reported that employees are dedicated and attentive when receiving the desired compensation. Similarly, Tan (2014) stated that HCT also includes leaders addressing critical components such as employee well-being and health and compensation needs. Based on the current study's findings, the main concept of the HCT supports organization leaders in creating a positive, healthy work environment that invests in employees for employee retention. The analysis of the participants' data was consistent with existing literature on effective organizational practices by confirming HR professionals' responses regarding compensation influencing an employee's decision to stay with or leave the organization.

Theme 3: Effective Communication

Effective communication was the third emergent theme in this study. All five participants identified effective communication as a successful strategy to reduce clinical employee turnover and increase clinical employee retention. P2 stated that "daily communication with employees increases transparency." Effective communication and teamwork are key to providing high-quality health care services to patients (Mayo & Woolley, 2016). P5 stated that his ability to listen to his employees and understand what is important to them built trust and open communication. P1, P3, and P4 also stated that genuine and transparent communication would increase employee retention. Mayo and Woolley (2016) noted that managers who ensure effective communication with their

employees promote employee well-being, job satisfaction, relationship building, employee performance improvement, and sharing of effective practices. P2 stated that “I try to be very approachable and friendly with all employees, and I think that has a positive effect on employee retention.” Effective communication between HR professionals, organizational leadership, and employees should be: (a) consistent, (b) transparent, (c) open, welcoming, and responsive, and (d) influential in establishing a productive work environment within the activities of employee commitment (Mayo & Woolley, 2016). HR professionals in the current study used effective communication to increase clinical employee retention and reduce clinical employee turnover.

In effective communication, there needs to be a common understanding and collaboration between HR professionals and clinical employees. All participants in the current study noted that effective communication influences organizational success and clinical employees’ motivation and health. P2 stated,

We have extensive leadership training that focuses on effective communication and strategies to recognize unhappy employees’ signs. The trainings communication aspect focuses on communicating our mission, where we are, where we are going, and our overall business plans. The training also focuses on how to have difficult or crucial conversations. We understand that some of our managers and team leaders are nonconfrontational or nonadversarial, but being an effective manager includes being an effective communicator.

Teimouri et al., (2018) confirmed that understanding effective communication strategies helps influence employee productivity, performance, and engagement. P1 emphasized

that teamwork and effective communication throughout the organization will retain clinical employees. P1 also added that “we are maximizing value-added activities to ensure effective communication throughout the health system.” P4 added that effective communication helps boost the employees’ self-esteem, helping them understand their roles and responsibilities. P2 commented, “I round daily throughout the organization communicating with employees, sharing information and answering questions the employees may have; I also keep them up to date on patient satisfaction scores and things we are working on to increase patient outcomes.”

P4 also stated, “the lack of communication within the organization could lead to misinformation, poor staff scheduling, low morale, and increased employee turnover.” According to all participants, creating a work environment with an open, effective communication strategy can reduce clinical turnover and turnover throughout the health system. Consistent with the current study’s findings, Burns (1978) confirmed that the transformational leadership theory clarifies the organizational outcomes to motivate employees and prioritize the realization of the organization’s vision. In addition, transformational leaders inspire followers to understand and embrace new organizational visions and possibilities (Allen et al., 2016).

Theme 4: Training and Development

The fourth and final theme that emerged from semistructured interviews and company documents is HR professionals’ need to provide effective training and development opportunities for employees as a key strategy to retain top talent in the organization. P1, P2, P3, and P4 addressed the importance of training and developing

strategies to retain clinical employees. P1 stated that “arguably the most important piece is employee performance and customer service. We have training workshops and mentoring programs for all employees.” All participants shared that continuous learning opportunity, advancement, and training increase employee satisfaction and retain employees. Training and development strategies include career development and education.

Career Development

Career development is a substantial component of employee training and development, which leads to clinical employee retention. Employee development increases employees’ organizational commitment, which is vital for HR professionals to retain talent in an organization (Mabaso & Dlamini, 2018). Additionally, Mabaso and Dlamini (2018) affirmed that HR professionals could advocate rewards, including career development strategies, to retain high-performing talent. P2, P3, and P5 addressed the importance of career development as a key strategy that engages and retains clinical employees. Additionally, P3 explained that the organization supports clinical employees’ growth and provides training opportunities for promotion. P1 added that career training and development benefit the employee and the organization because it positions them for greater organization opportunities.

Employees remain in their organization when leaders provide career development and advancement opportunities that enhance the organization’s competitive advantage (Grajdieru, 2018). P1 explained that career development understands what it means to the employee and then helps that employee reach their career goals. Grajdieru (2018) argued

that organization leaders could create career development plans, which appeal to the employees' professional development to entice them to stay with the organization. P3 furthermore explained that HR professionals should be prepared to provide opportunities that are related to career development, such as leadership opportunities and broader responsibilities.

Career development plans are key for HR professionals because employees feel they are working toward advancement opportunities (P1). Antony (2018) found that talent development aligns with employee development and enhances employee organizational commitment and retention. Based on this study's findings, managers investing in employees' career development supports the HCT. Ferrary (2015) suggested that leaders who invest in human capital by providing career development opportunities benefit by increasing production and retention. Career development is a key retention strategy for a health care manager to apply.

Education

HR professionals retain employees by providing training and certification opportunities that enrich the employees' knowledge and skills. Employees who achieve training certification are better prepared to excel in their careers and remain longer with their organization (Antony, 2018). Training employees is an investment that will lead to a highly skilled workforce and strategy to retain them (P2). Furthermore, P1 explained that top-talent employees are involved in long-term training and development, including pay differentials when gaining certifications. P2 affirmed that career ladders are good for the employee and organization. Therefore, they are investing in training and development

support, one of the key bases of the HCT. Bae and Fabry (2013) stated that education and on-the-job training increases productivity and benefits the employee's earnings. My study's findings provide insight into training and development as a key retention strategy for HR professionals to apply.

On-the-job training of the workforce is an imperative employee retention strategy. Organizational leaders who enhance the employees' knowledge and skills benefit by retaining them and increasing productivity, establishing a competitive advantage over competitors (Grajdieru, 2018). P1 asserted that building skills by exposing the employees to different training opportunities could retain them overall. P5 agreed, stating that employees build skills on the job by trying new things. Furthermore, P1 stated that building employee knowledge helps the employees expand their skills and experience while supporting the organization to meet its goals, a key concept of the HCT. A component of the HCT is training employees in specific skills leading to employee retention and positive organizational performance (G. S. Becker, 1993). The findings provide HR professionals with a vast understanding of building employees' skills as a viable employee retention strategy that enhances organizational performance.

I conducted methodological triangulation to achieve data saturation and enhance the validity and reliability of this study's findings. I used the participant semistructured interviews and company documents, which included employee retention policies and procedures. The company documents supported employee training and development initiatives. For example, the training document outlined continuous training and

development opportunities for different employment levels throughout the organization. I reached data saturation after the 5th interview when no new data or information emerged.

This study's findings indicate that training and development are an effective employee retention strategy that aligns with the literature and HCT and RBT theories. Training and development of employee skills encourage employees to remain with their organization and obtain a higher position, improving organizational performance. In addition, the interviews, and analysis of the company's public documents, suggested that employees may remain at an organization because of the growth and opportunities they receive from their job.

Applications to Professional Practice

The purpose of this qualitative single case study was to explore the strategies some HR professionals in the health care industry use to retain clinical human capital. HR professionals who retain top healthcare professionals may impel an organization to achieve a competitive advantage and remain successful. Conversely, employee turnover causes a negative effect on the organization's profitability (Kumar et al., 2018). The research findings indicate that HR professionals who apply these three practices will retain clinical employees: (a) WLB, (b) compensation, (c) effective communication, and (d) training and development. This study's findings apply to professional practice because health care organizations need stable employment of the workforce for business success and positive patient experiences. Clinical health care professionals are an integral part of improving patient quality and a key factor in health care organizations attaining profitability. Subsequently, this study's findings are relevant for HR professionals to

retain clinical human capital, which leads to an increase in productivity, customer service, and organizational profitability.

Four key themes emerged from semistructured interviews and company documents: HR leaders creating a WLB, competitive compensation, effective communication, and training and development as viable employee retention strategies. P2 stated that open communication and an inclusive and engaging culture could make a difference for an employee that is considering departing the organization. Potgieter et al. (2018) suggested that employees satisfied with their work environment will remain with the organization. HR professionals could consider creating a work environment where employees are stress-free and have an active voice.

Implications for Social Change

The purpose of this qualitative single case study was to explore the strategies some HR professionals in the health care industry use to retain clinical human capital. The implications for positive social change include the potential to retain clinical human capital, improve customer service, and improve quality service to patients within the surrounding communities. Kirby (2018) stated that patient care quality might deteriorate because of employee turnover leading to devastating patient outcomes. This study's findings can precipitate social change through the retention of skilled workers, which can improve the lives and care of patients.

Managers who consider employees as internal customers, the employee job performance is high and will likely remain with the organization (Sarker & Ashrafi, 2018). Additionally, clinical employees who are satisfied with their jobs are more

productive, which increases customer service and organizational profitability. Improving clinical employees' work environment can improve patient outcomes and organizational growth, decrease turnover, and improve Connecticut's healthcare. Ackerson and Stiles (2018) confirmed that health care leaders who do not apply retention strategies could increase organization costs, limiting the organization's ability to grow. Based on this study's findings, HR professionals and organizational leadership are vested to positively impact Connecticut's communities over time. HR professionals who apply strategies to retain clinical human capital have a long-term effect on employees, customers, patients, and the Connecticut community's economy.

Recommendations for Action

Retention strategies are vital for HR professionals and organizational leaders seeking a better workplace for clinical employees, quality patient outcomes, maintain productivity, and improve organization profitability. This study's findings provide HR professionals with tangible clinical employee retention strategies to improve the work environment, patient satisfaction, and overall business practices. Therefore, I recommend that HR professionals consider: (a) creating a healthy work environment, (b) strengthening communication, and (c) enhance training and development as viable employee retention strategies as a solution to employee turnover.

Healthy Work Environment

I recommend that HR professionals and organizational leaders apply a healthy work environment as a sustainable strategy to improve clinical employee retention, patient outcomes, and organizational profitability. This study's participants suggested to

create a WLB program with flexible schedules to increase the clinical employees' intent to stay with the organization. Additionally, all participants acknowledged the need to have a WLB for high-quality patient care to improve patient outcomes and retain clinical employees. Therefore, I recommend that HR professionals focus on: (a) creating a healthy work environment, (b) strengthening communication, and (c) enhance training and development. In addition, HR professionals could design policies and procedures that focus on creating a healthy, stress-free work environment. A supportive work environment and culture is a motivational tool used to improve employees' morale, job satisfaction, engagement, WLB, and overall well-being while encouraging employees to perform better and guarantee better productivity (Rofcanin et al.,2017). All participants reaffirm that creating a work environment built on respect, trust, and employee appreciation impacts employee productivity. I further recommend that organizational leaders focus on a positive work environment where employees feel supported. Leaders can reduce employee turnover by motivating employees through a positive work environment.

Effective Communication

The second recommendation is for HR professionals and organizational leaders to strengthen communication. Effective communication includes completeness, conciseness, concreteness, clarity, and courtesy (Hassan, 2018). HR professionals and organizational leaders could strengthen employee relationships through open communication and sharing key organizational activities and priorities. Standardized communication techniques between organizational leaders and employees provide multiple channels of

information exchanges and can produce a high-quality and patient-centered health care approach (Hassan, 2018).

Enhanced Training and Development

The last recommendation is to enhance training and development initiatives as a way to retain employees. The study's findings indicated that the value of training and development improves patient outcomes and customer service, which impacts profitability. When employees are trained and provided development opportunities, they have the skills to provide patient care and improve the patient experience. In addition, talent development increases employees' organizational commitment, which is vital for retaining employees (Mabaso & Dlamini, 2018). Grajdieru (2018) stated that employees remain in their organizations when leaders provide career development opportunities that enhance the organization's competitive advantage.

Recommendations for Further Research

The purpose of this qualitative single case study was to explore the strategies some HR professionals in the health care industry use to retain clinical human capital at a health care system in Connecticut. Future research considerations could expand the number of participants and increase the targeted sample population to enrich the findings of this study.

The purposefully selected participants were all from the same health care organization in Connecticut, which is another weakness in generalizing the findings to other geographical locations. Participants in this study were consistent in their responses that regular training and development opportunities enhance employee knowledge. Future

research may involve a multiple case study design in different geographical locations or select participants beyond the health care industry to broaden the generalization of this study's findings. In addition, future research may include a quantitative study examining correlation variables that impact employee retention. The literature review indicated that clinical health care employees choose to leave an organization because of stress, lack of communication, and monetary strain (Khalid et al., 2016). Additional research could add to the limited academic knowledge and understanding of successful retention strategies in health care.

Reflections

As a doctoral student at Walden University, this journey was an exciting, challenging, and a rewarding experience. When I started the doctorate process, I was surprised at the support level to conduct a study in the health care system. The overwhelming support came from different sectors of clinical employees. I have over 14 years in the healthcare industry, in which I witnessed numerous clinical employee departures. This process provided the ability to examine first-hand how HR professionals work to overcome employee turnover challenges through creative strategies. The participants provided information about strategies they used that included a healthy work environment, effective communication, and providing employee training and development. Meeting the participants and conducting the interviews was a very rewarding experience.

The data collection process of scheduling participant interviews was more difficult than I anticipated because of COVID-19. Conflicting schedules and participants;

limited availability due to everyone working from home was challenging. I had a participant withdraw their consent; however, I learned to overcome these obstacles, stay focused, and take time to reconnect with the organization via email. The participants were knowledgeable, respectful, and courteous, which made the interview process a great experience.

This doctoral program provided a structured approach which was needed to complete this project. The doctoral journey was invaluable; I improved my writing and research skills, as well as the endurance to complete this degree. With the help of my chair, committee members, and Walden staff, I successfully completed this program.

Conclusion

Retaining clinical employees are vital for organizational growth and profitability. HR professionals who use strategies to retain top clinical professionals may enhance employees' well-being and patient care and satisfaction. On the contrary, when employees leave an organization, operational costs increase, employee morale issues increase, employee satisfaction and productivity decrease, negatively impacting the patient experience. I explored strategies that five HR professionals from a Connecticut healthcare system use to retain clinical human capital using a qualitative single case study. Data were analyzed and organized into themes, and the findings indicated that HR professionals could retain clinical human capital by: (a) WLB, (b) compensation, (c) effective communication, and (d) through training and development.

This study's findings provide health care leaders with a profound understanding of viable strategies to retain clinical employees. Participants commented about the impact

of effective communication on the retention of clinical health care professionals. HR professionals identified training and development as additional key findings to retain clinical health care professionals. Effective communication may increase productivity, which may improve the sustainability of the organization. Leaders who implement this study's findings may increase employee satisfaction which can decrease their intent to leave the organization. This study's findings provide leaders with an understanding of the importance of applying effective strategies to retain clinical employees, which leads to positive patient outcomes and organizational profitability. The clinical workforce continues to compete for highly skilled employees and retention strategies found in this study could create a competitive advantage. The benefits of applying employee retention strategies on positive social impact are stable income for employees, less stress at work and home, and increased job satisfaction, impacting patient experience and outcomes.

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Appendix A: Interview Protocol Form

Interview Protocol

Hospital: _____

Interviewee: _____

Interviewer: _____

Post Interview Comments:

Clinical Retention Strategies

To facilitate note-taking, I would like to audio record our conversation today. This was outlined in the informed consent process. Essentially, this document states that: (a) all information is confidential, (b) your participation is voluntary, and you may stop the interview at any time if you feel uncomfortable, and (c) I do not intend to inflict any harm while conducting this interview. For you, only I will be privy to the recordings, which will eventually be destroyed after they are transcribed. Thank you for agreeing to participate. I have planned this interview to last no longer than 60 minutes. During this time, I have a few questions that I would like to cover. You will have ample time to answer each question in as much detail as you wish.

You are being asked to participate in this study because you are a human resource professional and have helped recruit and retain clinical human capital, and have developed strategies for retaining these employees. The purpose of my study is to explore the lived experiences of HR professionals regarding strategies for retention programs.

Interview Questions:

1. What strategies do you use to retain clinical human capital?
2. How do you assess the effectiveness of strategies to retain clinical human capital?
3. What strategies were not successful in retaining clinical human capital?
4. What have HR managers learned during the exiting process from clinical health care employees leaving the organization?
5. What barriers did you encounter during your implementation of strategies to retain clinical human capital versus nonclinical human capital?
6. How did you overcome these barriers?
7. What improvements have you made to the work conditions and/or environment in order to retain clinical human capital?
8. How have the improvements reshaped the organizational culture for retaining clinical health care professionals?
9. What, if any, new incentives or competitive packages are offered to new clinical employees to ensure these employees are retained?
10. What additional information regarding strategies to retain clinical human capital would you like to share that we have not already discussed?

Post Interview Comments:

Appendix B: Email Invitation to Participate in the Study

Date _____

Dear _____

My name is Shagunna Muse. I am a Doctor of Business Administration (DBA) candidate at Walden University. I am researching to complete my DBA degree. You are invited to participate in a research study to determine what strategies human resource professionals use to retain clinical human capital use in health care organizations.

With the retention of highly skilled clinical employees a significant concern for for-profit and not-for-profit organizations, human resource professionals are tasked with recruitment, replacement, training, and retaining current and potential clinical employees. On average, health care organizations lose \$500,000 of total production costs per year due to absenteeism, early retirement, or turnover. Health care organizations that implement a comprehensive employee retention program can play an integral role in attracting new talent and retaining key clinical professionals for longer than five years.

I anticipate that the total time required for each interview will span no more than one hour. The interviews will be audio recorded, and the participants will have the opportunity to review the transcribed interview for accuracy before inclusion in the study. I sincerely appreciate your valuable time and thank you in advance for your cooperation.

Sincerely,

Shagunna Renee Muse