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How Transformational Leaders Increase Nurse Retention and Decrease Attrition

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This is to certify that the doctoral study by

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has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

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2022

Abstract

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MA, Webster University, 2012

BS, Park University, 2010

AAS, Park University, 2010

AAS, Community College of the Air Force, 2009

Doctoral Study Submitted in Partial Fulfillment

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Doctor of Business Administration

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Abstract

The COVID-19 pandemic exacerbated the problem of nurse attrition, which negatively impacted the lives of nurses, decreased patients' perception of their healthcare, and increased the cost of healthcare. Facility administrators who lack strategies to decrease nurse turnover may lose their ability to provide quality nursing services in their facility and control their costs of care. Grounded in the transformational leadership theory, the purpose of this qualitative multiple case study was to explore the strategies private medical treatment facility administrators use to decrease nurse attrition. Five private medical treatment facility administrators located in Southern Texas completed semistructured, open-ended interviews, and three employee engagement survey results were analyzed. Results were analyzed using thematic analysis. Four themes emerged: develop a culture of engagement, approach associates' concerns from a perspective of listening, provide financial benefits within the control of management, and advocate to the United States Federal Government. A key recommendation for facility administrators is to remain visible leaders and conduct unit rounding often. The implications for social change include the potential to improve the lives of nurses, increase patients' perception of their healthcare, and decrease the cost of healthcare.

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Dedication

I dedicate this study to all nurses. The COVID-19 pandemic is mentally,

emotionally, physically, and spiritually challenging. Hopefully, this study can reduce

stress for all nurses, improve the morale in healthcare facilities, and decrease nurse

attrition. To all nurses, thank you for your hard work and dedication, you have truly made

a global impact by placing your professional duties above your personal safety.

Acknowledgments

First, I would like to thank my lord and savior. Second, I would like to thank my mother, Mary King, my sister Nikeeta Wilson, and my step-father Bennie King for their love and dedication. Next, I would like to thank the Coweta County School System for their professionalism, dedication, and passion for developing future leaders. Also, I would like to thank the United States Air Force for allowing me to serve in the world's greatest air force! Additionally, I would like to thank my committee chair Dr. Diane Dusick, my second committee member Dr. Kenneth Gossett, and my university research reviewer Dr. Deborah Nattres for your hard work, dedication, mentorship, and advice; thank you!

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Section 1: Foundation of the Study

Nurses' work environments and job satisfaction levels can influence reasons nurses remain with organizations or seek different opportunities. Leaders who manage healthcare professionals seek transformational leaders to increase nurse and patient satisfaction to improve organizational efficiency and effectiveness (Robbins & Davidhizar, 2020). As of August 2, 2022, the COVID-19 pandemic has led to 572,239,451 confirmed cases and 6,390,401 confirmed deaths (World Health Organization, 2022a). As of August 2, 2022, healthcare professionals responded to the COVID-19 pandemic and administered 12,248,795,623 vaccine doses (World Health Organization, 2022a). In response to the COVID-19 pandemic, former United States President Trump and current United States President Biden passed several reforms to support healthcare workers and the economy (Carter & May, 2020; Westmoreland et al., 2021). The COVID-19 pandemic negatively impacted healthcare professionals' physical, mental, and emotional wellbeing (Godderis et al., 2020). Overall, the COVID-19 pandemic negatively impacted human interactions through mandated social distancing directives, which businesses closed and citizens were not allowed to gather in large crowds (Vaccaro et al., 2020). Yet, the Biden Administration was struck down by the United States Supreme Court that would legally require companies with 100 or more employees to implement coronavirus vaccination policies (Biden v. Missouri, 2022). The court upheld the requirement for healthcare workers to comply with vaccination mandates or test for the coronavirus twice per week (Biden v. Missouri, 2022). However,

on April 8, 2022, the court reinstated the legal mandate for companies with 100 or more employees to implement coronavirus vaccination policies (Biden v. Missouri, 2022).

Organizational leaders must provide additional support and strong leadership skills to decrease stress, strain, and anxiety of first line and second line nurses (Liao et al., 2021). I have identified the leadership strategies used by some private medical treatment facility administrators to decrease nurse attrition. Section 1 includes the foundation of the study, background of the problem, and conceptual framework. The problem statement, purpose statement, nature of the study, research question, interview questions, operational definitions, assumptions, limitations, delimitations, significance of the study, and the literature review are presented within Section 1.

Background of the Problem

The COVID-19 pandemic amplified the global demand for healthcare workers (Cai et al., 2020). Healthcare professionals dealt with extreme surges for the need of medical services such as an 8671.0% increase of confirmed cases and 4016.0% increase in deaths over 37 weeks (World Health Organization, 2020). Organizational leaders should understand how job stress, work environment, and job satisfaction can impact nurse turnover (Liao et al., 2021). Managers in healthcare need senior leadership involvement within nursing residencies to ensure confidence and competency of nursing staff (Dannemeyer et al., 2017). Managers who demonstrated passive leadership behaviors were harmful to nurses which resulted in a substandard performance (Barling & Frone, 2017).

In 2020, the United States was projected to have almost 1,000,000 registered nurse vacancies, and by 2030, California, Florida, and Texas are projected to have a shortage of over 400,000 registered nurses (Juraschek et al., 2019). Organizational leaders may assume an increase of risk of medical errors and substandard performance when nurses voluntarily leave the organization and there is a shortage of staff (Dannemeyer et al., 2017). Managers in healthcare facilities have the ability to improve nurse confidence and competency by remaining active and visible during the earlier stages of training and development.

Inadequate staffing contributed to voluntary nurse turnover (Lee & Kim, 2020). Organizational leaders should resolve challenges associated with nurse burnout to decrease voluntary turnover (Barling & Frone, 2017). High-stress environments along with mental diminishment led to nurse burnout (Barling & Frone, 2017). Some leaders reduced nurse attrition through the implementation of favorable policies such as self-scheduling (Ubochi, 2019). The impact of prolong nurse shortages can lead to poor patient perceptions of medical treatment facilities and high nurse attrition (Winter et al., 2020). Some healthcare leaders explored the causes of nurse dissatisfaction to reduce turnover.

Problem Statement

Leaders who experience high employee attrition lose revenue and risk losing occupational experts and lower morale, which may negatively impact the consumer experience (Setiawan et al., 2020, April, p. 3-6). California, Florida, and Texas are projected to have a shortage of over 400,000 registered nurses by 2030 (Juraschek et al.,

2019, p. 473). The general business problem was that some private medical treatment facilities lose profits due to nurse attrition. The specific business problem was that some private medical treatment facility administrators lacked leadership strategies to decrease nurse attrition.

Purpose Statement

The purpose of this qualitative multiple case study was to explore the leadership strategies used by some private medical treatment facility administrators to decrease nurse attrition. The target population was a pool of five administrators from three private medical treatment facility branches located in Southern Texas with at least 2 years of experience in administration. Participants were required to have direct knowledge of organizational processes involving hiring nurses, maintaining nurses, nurse appraisals, nurse relations, and nurse terminations. In addition, participants were required to have demonstrated success toward implementing strategies aimed at reducing nurse attrition rates. The implications for social change include improving the lives of nurses, increasing patients' perception of their healthcare, and decreasing the cost of healthcare.

Nature of the Study

Three research methods are quantitative, qualitative, and mixed method (Baškarada & Koronios, 2018). Qualitative researchers collect rich textual data to obtain a deeper understanding of a problem or phenomenon using adaptive approaches to interpret, analyze, and synthesize new insights (Bansal et al., 2018). Quantitative researchers measure variables using numeric data for testing a hypothesis (Bloomfield & Fisher, 2019). The mixed method is a combination of the quantitative method and

qualitative method (Piccioli, 2019). The quantitative method and mixed method were not suitable to explore the leadership strategies used by some private medical treatment facility administrators to decrease nurse attrition, because numerical data would not help identify the strategies to address the research question. Participants' response was acquired for using the qualitative method.

Scholars may consider the case study design, narrative inquiry design, ethnographic design, and phenomenological design to align with the qualitative method (Yin, 2018). Qualitative researchers exhibit the multiple case study design to collect data in similar environments to increase the reliability and validity of the findings and results (Brink, 2018). The multiple case study design was more appropriate than the single case study design in terms of obtaining a variety of experience from healthcare leaders challenged with attrition and retention. Scholars using the narrative inquiry design gain insight by acquiring individual experiences of participants to analyze and synthesize personal stories and present a sociocultural context (Khwaja & Mahoney, 2019). Because obtaining information and insight into specific nurse retention strategies were not part of a sociocultural context, the narrative inquiry design was not appropriate for this study.

Scholars using the ethnographic design embed themselves within the participants' environment to observe behavior (Rashid et al., 2019). Business owners were mandated to comply with the COVID-19 pandemic directives that led to a reduction in coronavirus infections and deaths (Spiegel & Tookes, 2020). I was unable to embed myself within the participants' environment due to the COVID-19 pandemic; therefore, the ethnographic design was not appropriate for this study. Additionally, the ethnographic design was not

appropriate for this study because my objective was to understand the leadership strategies used by some private medical treatment facility administrators to decrease nurse attrition as opposed to comprehension of the culture of the participating organizations. Scholars use the ethnographic design to examine social issues and communication of cultural groups, analyze participant interactions, and comprehend beliefs and ideas of participating communities (Fusch & Ness, 2015).

Researchers who use the phenomenological design collect data to describe the participants' lived experience (Anderson et al., 2014). The phenomenological design was not used for this study because identifying the effective leadership strategies as opposed to the participants' in-depth lived experience was proper to address the research question. In summary, the case study design was the most appropriate design to address the research question.

<div align="center">**Research Question**</div>

What leadership strategies do some private medical treatment facility administrators use to decrease nurse attrition?

<div align="center">**Interview Questions**</div>

1. What strategies do you use to reduce nurse attrition?
2. What factors have you found influence nurse attrition, and how did you develop strategies to address these factors?
3. How did you determine what factors influence nurse attrition?
4. How do you measure the effectiveness of your strategies?
5. Which strategies were most and least effective in reducing nurse attrition?

6. What feedback have you received from nurses regarding the strategies?

7. What recommendations would you make to private medical treatment facility administrators who have high nurse attrition rates?

8. What else can you add to help private medical treatment facility administrators develop strategies to decrease nurse attrition?

Conceptual Framework

The transformational leadership theory was the conceptual framework used in this study. Burns (1978) formally developed the transformational leadership theory in 1978. The four components of transformational leadership are (a) idealized influence, (b) inspirational motivation, (c) intellectual stimulation, and (d) individualized consideration (Bass & Riggio, 2006). Idealized influence refers to the followers liking the leader and choosing to become more like the leader by modeling the leader's behavior (Bass & Riggio, 2006). Inspirational motivation refers to the leader selling ideas to followers while marketing a specific practice to encourage followership (Bass & Riggio, 2006). Intellectual stimulation refers to the leader inspiring followers to exercise their intelligence for improving a function by creating a positive change aligning with the organizational leader's vision (Bass & Riggio, 2006). Individualized consideration applies to the leader, providing distinct attention aligning with the followers' need (Bass & Riggio, 2006). Transformational leaders motivate followers by encouraging behaviors that foster a positive work environment (Bass, 1985). The postulations of the transformational leadership theory align with this study and was applied to explore the

leadership strategies used by some private medical treatment facility administrators to decrease nurse attrition.

Operational Definitions

Advanced practice registered nurse: The advanced practice register nurse holds a state license to practice nursing, has completed the required course in the advanced studies, and has met the required hours of practice and patient contact (Texas Board of Nursing, 2022).

Attrition: Attrition is the departure of employees, and knowledge and skills are lost (Hoffman & Tadelis, 2021).

Licensed vocational nurse: The licensed vocational nurse provides care within their license and skill set and works under the supervision of a registered nurse, nurse practitioner, physician assistant, or medical doctor (Lukes & Amer Association Occupational Health, 2017).

Nurse manager: A nurse manager is usually assigned to functional or management roles to guide the behaviors and actions of other nurses within their scope of responsibility (Gunawan & Aungsuroch, 2017).

Registered nurse: Registered nurses review charts, educate patients, distribute medications, and work within an inpatient, outpatient, or medical home setting under a medical doctor, physician assistant, or nurse practitioner (Bureau of Labor Statistics, 2020a).

Assumptions, Limitations, and Delimitations

Assumptions

Assumptions are beliefs that are thought to be accurate and can be validated or disproved after testing the presented evidence (Lloyd, 2022). Cultural norms, biases, and situational awareness are fundamental elements that may impact the researcher to believe certain assumptions (Milyavskaya et al., 2019). The first assumption was that participants would provide honest responses to the interview questions. The second assumption was that participants would have sufficient knowledge and share detailed information and related documentation to address the research question. The third assumption was that six participants were needed to reach data saturation. The fourth assumption was the case study design was the most appropriate in comparison to the narrative inquiry design, ethnographic design, and phenomenological design. The fifth assumption was the multiple case study was more appropriate than the single case study.

Limitations

Limitations are barriers that prevent the researcher from accessing information, data, or other evidence to explore the problem (Munthe-Kaas et al., 2019). There were three identified limitations to this study. First, the interviews were limited to virtual and telephone sessions, rather than face-to-face interviews due to the mandated Institutional Review Board (IRB) and the Center for Disease Control social distancing policies. In 2020, Texas Governor Abbott mandated public health directives to slow the spread of the coronavirus, which included social distancing and virtual business operations (Office of the Texas Governor, 2020). Second, the results of the proposed study may be limited by

the potential interviewees' willingness to participate in the study. Healthcare professionals had an increased chance of infection due to close contact with patients (Godderis et al., 2020). Eligible candidates could have declined to participate in the study due to the fear of being infected with the coronavirus. Third, the results of the study were limited by the participants' willingness to provide the most accurate response. Nurses may provide false responses, or no response in fear of reprisal (Wainberg & Perreault, 2016). When organizational leaders encourage honest responses, participants may demonstrate transparency (Wainberg & Perreault, 2016). Novice researchers should adhere to a plan that contains a foundational pre-field, field, and reporting phase (Rashid et al., 2019).

Delimitations

Delimitations are self-imposed restrictions the researcher has implemented to narrow the scope of the study and focus on the specific problem (Theofanidis & Fountouki, 2018). The first delimitation was a request for six administrators from three private medical treatment facility branches located in Southern Texas with at least 2 years of experience in administration; however, data saturation was reached with five participants. The second delimitation was to seek participants with direct knowledge of the organizational process for hiring nurses, maintaining nurses, nurse appraisals, nurse relations, and nurse terminations. The third and final delimitation was to seek participants who contributed toward organizational success to decrease nurse attrition. Participants were knowledgeable of nurse attrition and able to provide in-depth knowledge to respond to the interview questions.

Significance of the Study

Contribution to Business Practice

The results of the proposed study may contribute to the development and implementation of innovative practices to improve business processes for some private medical treatment facilities. Some private medical treatment facilities allocated 55% of their annual expense toward employee staffing (Daly, 2019). Administrators could increase profits by executing efficient and effective labor practices, and thereby, decrease nurse attrition. Industries outside of healthcare adjusted to the COVID-19 pandemic by reopening in accordance with government regulations (Tsionas, 2021). Healthcare leaders may use the results of this study to improve their business practice.

Implications for Social Change

The coronavirus is a highly contagious respiratory infection first detected in Wuhan, Hubei, a province in China, but later classified as a pandemic (Wood, 2020). The COVID-19 pandemic negatively impacted societies and disrupted normal business operations that increased the demand for nurses (Shan et al., 2021). Administrators who implement the strategies revealed in this study may improve the lives of nurses, increase patients' perception of their healthcare, and decrease the cost of healthcare. Administrators enhanced the patients' experience by maintaining appropriate staffing (Lu et al., 2019). Government officials of the world's wealthiest nations demand healthcare officials develop and implement a more efficient and effective healthcare system to decrease nurse attrition in comparison to the nation's gross domestic product (Fung-Kee-Fung & Michalowski, 2019). Healthcare leaders have the ability to improve the lives of

nurses, increase patient's perception of their healthcare, and decrease the cost of healthcare by implementing strategies revealed in this study.

A Review of the Professional and Academic Literature

High nurse attrition may result in decreased financial profits, departure of occupational experts, low morale, and diminished organizational reputation (Setiawan et al., 2020, April). Administrators who demonstrate transformational leadership may improve healthcare professionals' occupational experience when they advocate worth, dignity, and development, and positively influence patient perception and ensure adequate staffing (Lu et al., 2019). Global leaders challenge healthcare officials to cultivate and implement a more efficient and effective healthcare system (Fung-Kee-Fung & Michalowski, 2019).

The purpose of this qualitative multiple case study was to explore the leadership strategies used by some private medical treatment facility administrators to decrease nurse attrition. The transformational leadership theory was the conceptual framework to provide a deep understanding of how and why the problem exists. The discussion included the following topics within the literature review: (a) transformational leadership, (b) transactional leadership, (c) laissez faire leadership, (d) two-factor motivation and hygiene theory, (e) nurse attrition, (f) the United States Healthcare System, and (g) Patient Protection and Affordable Care Act 2010. I conducted a search of the literature using five keywords and phrases: (a) advanced practice registered nurse (b) attrition, (c) licensed vocational nurse, (d) nurse manager, and (e) registered nurse. The literature review contained 132 references, which 81.8% were published 2018–2022. The reference

types along with the year of publication are found in Table 1 (a) 82.5% peer reviewed

journal articles, (b) 1.5% non-peer reviewed journal articles, (c) 4.5% seminal works, (d)

6.0% government sources, (e) 4.5% dissertations and doctoral studies, and 0.7% legal

documents. My research strategy to undertake the literature review consisted of searching

(a) Walden University library for peer-reviewed journal articles and doctoral studies, (b)

Google Scholar for peer-reviewed journal articles, (c) federal and state government

websites for public information, and (d) reviewing and analyzing seminal and

authoritative sources in scholarly databases (see Table 1).

Table 1

Literature Review References

Reference type	Total	Total published in or after 2018	Percentage published in or after 2018
Peer-Reviewed	109	91	83.4%
Non-Peer Reviewed	2	2	100.0%
Government Sources	8	8	100.0%
Seminal Works	6	0	0.0%
Dissertation/Doctoral	6	5	83.3%
Legal	1	1	100.0%
Total	132	107	77.7%

Leadership Theories

The purpose of this study was to explore the leadership strategies used by some

private medical treatment facility administrators to decrease nurse attrition. The

discussion included the following leadership theories: (a) transformational leadership, (b)

transactional leadership, (c) laissez faire leadership, and (d) two-factor motivation and

hygiene theory. I presented the transformational leadership theory as the conceptual

framework.

Transformational Leadership

The postulations of transformational leadership theory are comprised of idealized influence, intellectual stimulation, inspirational motivation, and individualized consideration (Bass, 1985; Bass & Riggio, 2006). The disadvantage of transformational leadership is scholars may believe the four behavior traits are not clearly defined or separated (Northouse, 2018).

Burns (1978) conceptualized the transformational leadership theory. Bass (1985) further developed the transformational leadership theory by clarifying themes and elements within the leadership theory, and provided guidance on how to measure the effectiveness of transformational leaders. Several transformational leaders explained the organization's objectives, bridge behaviors with intended outcomes, and sustained superior performance and nurse development (Jensen et al., 2019). Transformational leaders build channels of communication to create and mature teams and groups to complete mission objectives (Zhang et al., 2019). Managers who promote transformational leadership empower knowledge sharing among personnel, which can lead to positive behaviors between sharing knowledge and innovative work behaviors (Afsar et al., 2019).

Idealized Influence. Idealized influence is defined as a leader who is liked and their behaviors emulated by followers (Bass & Riggio, 2006). Idealized influence may have a stronger impact in specific industries such as civil engineering in comparison to intellectual stimulation, inspirational motivation, and individualized consideration (Poturak et al., 2020). Transformational leadership qualities can manifest throughout the

organization (Bass & Riggio, 2006). Informal leaders have a sound impact on their peers and followers by displaying personality and charisma to influence (Bass & Riggio, 2006). Transformational leaders build relationships to complete organizational objectives, motivate followers to speak up, influence followers to present themselves inside and outside of work in a favorable manner, and demonstrate positive behaviors to inspire followers (Bass & Riggio, 2006).

Transformational leaders who perform middle manager roles can influence employees to remain with the organization (Bass & Riggio, 2006). However, a transformational leader in a strategic position can influence multiple leaders, who intern influence their peers and subordinates (Bass & Riggio, 2006). Active managers can apply strategies to influence nurses while having the ability to express various styles to achieve organizational objectives (Tse et al., 2018). Proactive leaders are charismatic and may influence followers and gain trust and respect when they demonstrate care and concern (Bass & Riggio, 2006).

Inspirational Motivation. Inspirational motivation is a focus of the leader's ability to market specific ideas that influence the employees' behavior (Bass & Riggio, 2006). Previous research indicated employers exemplified inspirational motivation to increase employee performance through strong relationships and clear communication (Alqatawenh, 2018). Some leaders' actions have resulted in higher emotional commitment toward inspirational motivation (Bass & Riggio, 2006). Managers who exhibit transformational leadership techniques can motivate employees to increase competency and confidence (Mahmood et al., 2019). Employees may be open to explore

new experiences when supported by the employer of their creative ideas (Park et al.,

2018). Employees who are positively affected when supervised by a transformational

leader can provide better output due to the increased information and latitude to complete

mission objectives (Afsar et al., 2019).

      Individualized Consideration. Leaders provide individualized consideration

when they dedicate specific attention to address the employees' need (Bass & Riggio,

2006). Some managers used individualized consideration to increase team performance

through dynamics, and recognized individual strengths, challenges, goals, and values

(Fletcher et al., 2019). Compassionate leaders demonstrate sincere empathy and concern

for nurses through investment in personal values that positively impact others (Friedman

& Gerstein, 2017; Su et al., 2020). Compassionate leaders can exercise behaviors that

positively impact their staff and patient population through empathy, the desire to relieve

patient misery, communicate in a fashion that is acceptable to each individual, take

courses of action with mutual benefits for all parties, and build a reputation of

compassion (Su et al., 2020).

      Transformational leaders in a healthcare setting may focus on individuals who

require additional support to increase team performance (Fletcher et al., 2019).

Organizational leaders who support managers using transformational leadership may

enhance their collective efficacy toward employee development (Getachew & Zhou,

2018). Increased employee confidence is more aligned with productivity and superior

performance (Getachew & Zhou, 2018). Successful managers apply individualized

consideration to comprehend healthcare professionals' characteristics and qualities to

understand unique traits, behaviors, and abilities that increase performance (Nguyen et al., 2019).

Transformational leaders are needed in professional and nonprofessional settings. Leaders should manage conflict to reduce employee stress (Getachew & Zhou, 2018). Work center alienation has led to more significant problems; therefore, transformational leaders reintroduced these individuals through individualized consideration (Bass & Riggio, 2006). Personality traits, educational and professional experience, endogenous and exogenous motivation, and other factors of a subjective nature are ways to classify transformational leadership behaviors (El Toufaili, 2018).

Intellectual Stimulation. Some leaders use intellectual stimulation to inspire followers, and use their intelligence to improve a function that leads to a positive change aligned with the organizational leader's vision (Bass & Riggio, 2006). Transformational leaders impact teams through the development of strong personal and professional relationships that enable managers to accomplish immediate goals and achieve stretch goals (Bosselut et al., 2018). Stimulating intellectual leaders focus on the facts and research to determine the appropriate actions to complete a task; these approaches may reduce employee stress through the implementation of procedural actions (Bass & Riggio, 2006). Job satisfaction may impact the retention and attrition of registered nurses (Dzimibiri & Molefi, 2021). Hospital leaders should determine the reasons for voluntary nurse departures through clinic level findings, rather than a generalized approach that may not apply to all work center environments (Park & Boyle, 2015). Some healthcare

leaders reduced nurse attrition through idealized influence, inspirational motivation, individualized consideration, and intellectual stimulation (Park & Boyle, 2015).

Transformational leaders may have an advantage of employee popularity by focusing on the followers' need, which is beneficial toward continuous leader development (Northouse, 2018). Transformational leaders can be effective when they combine other leadership behaviors to achieve goals (Para-González et al., 2018). Transformational leaders may accomplish mission objectives when they build and mature personal and professional relationships (Northouse, 2018). Bonaparte, Roosevelt, Gandhi, and MLK Jr. were transformational leaders who created permanent change that improved their peoples' lives (Burns, 1978). Bonaparte's standardization of France's Education System demonstrated his willingness to ensure equality (Burns, 1978). Roosevelt implemented economic policies to assist families with financial stability (Burns, 1978). Gandhi inspired the world through nonviolent protests to help gain India's independence from Great Britain, which later influenced MLK Jr. civil liberties for minorities in the United States (Burns, 1978).

The disadvantage for managers using the transformational leadership theory are the perception the four behavior traits overlap, or the behavior traits are not clearly defined (Northouse, 2018). The usage of the four behaviors were disputed, which critics argued transformational leadership is a personality trait rather than a managerial strategy (Northouse, 2018; Siangchokyoo et al., 2020). Transformational leadership is abundant in nature and requires leaders to build and maintain strong relationships with followers, which can lead to emotional fatigue and increased attrition of managers (Lin et al., 2019).

Critics may assume transformational leaders disregard principles of management such as planning, strategizing, enforcement of rules, and holding followers accountable for actions to maintain relationships (Northouse, 2018). Pseudo transformational leaders may place the organization at risk by misleading employees to achieve personal desires rather than objectives from their shareholders' perspective (Northouse, 2018). However, the transformational leadership theory was chosen as the conceptual framework because private medical treatment facility administrators may use idealized influence, inspirational motivation, individualized consideration, and intellectual stimulation to decrease nurse attrition. Another leadership theory I considered was the transactional leadership theory.

Transactional Leadership

The transactional leadership theory is based on positional hierarchy, rather than building relationships to influence change (Schneider & Schröder, 2012; Weber, 1947/2009). Transactional leaders use rewards, incentives, and punishments to leverage behavior and performance outcomes (Alrowwad et al., 2020; Purwanto et al., 2020). Culturally intelligent leaders use transformational and transactional leadership behaviors to accomplish organizational objectives (Attar et al., 2019; Bass, 1985). Transformational leaders make decisions with a lasting impact, while transactional leaders may focus on the execution of immediate goals (Duemer, 2017). The transactional leadership theory was not selected as the conceptual framework because leaders who exercised a short-term authoritarian model have not addressed how and why complex problems exist.

Weber (1947/2009) defined transactional leadership in 1947. The transactional

leadership theory is based on the leader's position of authority (Schneider & Schröder, 2012; Weber, 1947/2009). Bass (1985) expounded upon the theory of transactional leadership and provided a detailed explanation of the theory, and made several direct comparisons between transactional and transformational leaders.

Transactional leaders adhere to the rules and regulations to complete organizational objectives, while transformational leaders may disregard enforcements to encourage innovation (Bass, 1985; Fletcher et al., 2019). Transactional leaders can be effective in structured environments that laws and regulations are nonnegotiable (Duemer, 2017). However, transactional leaders may avoid long-term relationships, which is needed for organizational innovation, development, and growth (Duemer, 2017).

Transactional leaders may value rewards and incentives, mandate excellent performance, and reserve punishments and other negative reinforcements to change behavior (Alrowwad et al., 2020; Purwanto et al., 2020). In contrast to transactional leaders, transformational leaders develop strong personal and professional relationships that employees can model to achieve organizational objectives (Bass, 1985; Bass & Riggio, 2006; Burns, 1978). Transactional leaders can apply intellectual capital and form employee relationships to make decisions (Alrowwad et al., 2020). Transactional leaders enhance team performance through the creation of a positive yet competitive atmosphere; while transformational leaders may unify employees into culturally cohesive teams to achieve long-term organizational objectives (Alrowwad et al., 2020; Bass, 1985; Bass, 1998; Burns, 1978). Managers can enhance nursing staff performance by combining

transactional leadership behaviors and transformational leadership behaviors in a balanced manner (Purwanto et al., 2020).

Some culturally intelligent leaders implemented transformational leadership behaviors and transactional leadership behaviors; however, transactional leaders often needed a hierarchical structure based on their position of authority, rather than a long-term relationship (Attar et al., 2019; Bass, 1985). Transactional leaders expedited changes through their position of authority, in addition to contingent rewards; while transformational leaders built confidence and competency that was sustainable and useful toward future operations (Bass 1985; Bass, 1998; Bass & Riggio, 2006; Burns, 1978). Healthcare leaders improved their analysis of nurses' strengths and weaknesses, which helped determine the most appropriate leadership behaviors that improved areas of weakness through training that increased their skills and awareness (Whaley & Gillis, 2018). In contrast to transformational leadership, transactional leadership was more appropriate for leaders who responded to emergency situations such as natural disasters, terroristic acts, or medical emergencies (Hershkovich et al., 2016). In a study of 243 employees during the COVID-19 pandemic, Rathi et al. (2021) revealed some employees felt transactional leaders increased performance, maximized potential, and demanded commitment.

Antonopoulou et al. (2021) contradicted that transactional leadership was more effective under the COVID-19 pandemic than transformational leadership. Transactional leaders have a short-term focus on daily operations without consideration of strategic goals (Duemer, 2017). The transactional leadership theory was not appropriate for this

study, because the objective was to identify the leadership strategies used by some private

medical treatment facility administrators to decrease nurse attrition. Leaders who used a

short-term authoritarian model did not address how and why complex problems exist

(Duemer, 2017). Nurse attrition is a complex problem that requires an in depth analysis to

provide long-term solutions. Another leadership theory I considered was laissez faire

leadership.

Laissez Faire Leadership

Smith (1776/1937) in context to economic output, managers who value laissez

faire leadership may enable uninhibited market development. Managers who exhibit

laissez faire leadership may be less engaged with nurses by failing to provide adequate

supervision that can lead to workplace bullying (Ågotnes et al., 2018). Some managers

who used laissez faire leadership created environmental uncertainty and caused high

attrition (Para-González et al., 2018; Singfiel, 2018). Laissez faire leadership was not

appropriate for this study, because leaders implemented actions to address nurse attrition,

rather than allowed the process to self-correct.

Managers who use laissez faire leadership may allow teams to self-develop

without direct input or oversight (Robert & Vandenberghe, 2021). Smith (1776/1937)

popularized laissez faire leadership in regard to economics. Smith emphasized a free

market would self-develop and lead to a better product and service for all. Organizational

leaders should understand different leadership styles and the impact toward nurse

emotions (Nielsen et al., 2019). Laissez faire leadership may be appropriate when

followers perform at a high level within a familiar environment within an informal setting

(Wellman et al., 2019). Managers who use laissez faire leadership may allow followers to function independently without clear guidance, direction, mentorship, and grooming shortfalls (Singfiel, 2018). Transformational leaders can build and maintain relationships that encourage continuous employee growth and development (Bass, 1985; Bass & Riggio, 2006; Burns, 1978). The impact of laissez faire leadership devastated some new and inexperienced employees, which led to unnecessary frustration and contributed to operational shortfalls (Singfiel, 2018).

Leaders who used laissez faire leadership were harmful to organizations because some nurses bullied coworkers due to the lack of supervision (Ågotnes et al., 2018). Using laissez faire leadership may lead to workplace bullying, hostile work environments, violence, intimidation, and unreported work center harassment (Ågotnes et al., 2021; Lee & Kim, 2020). A combination of high stress and psychological work fatigue can result in negative leadership behaviors, employee burnout, and high attrition (Barling & Frone, 2017).

Managers who applied passive leadership styles were harmful to organizations because some employees perceived the leaders tolerated unacceptable behaviors (Ågotnes et al., 2018). Passive leaders may fail to define expectations, clarify objectives, and notify employees of specific areas that need improvement (Altunoğlu et al., 2019). Passive leaders enabled workplace bullying and failed to take appropriate actions, which led to employee insecurity; therefore, some employers did not provide a safe environment to help decrease employee attrition (Glambek et al., 2018). In contrast to laissez faire leadership, transformational leaders create strong relationships and demonstrate a positive

example that members feel encouraged to follow (Bass, 1985; Bass & Riggio, 2006; Burns, 1978).

Emotionally intelligent leaders maximize other leadership traits to diagnose organizational solutions (Al-Motlaq, 2018). Managers who create environmental uncertainty may increase stress that leads to high attrition (Para-González et al., 2018; Singfiel, 2018). Laissez faire leadership was not the most appropriate leadership theory for this study because active leadership strategies were needed to address nurse attrition. The transformational leadership theory was appropriate to assess idealized influence, inspirational motivation, individualized consideration, and intellectual stimulation to develop a personal and professional connection to understand employees' needs and challenges (Bass, 1985; Bass & Riggio, 2006; Burns, 1978). If employees demonstrate expert knowledge and ability to meet job requirements, laissez faire leadership may be more appropriate than transformational leadership (Nielsen et al., 2019). Another leadership theory I considered was the two-factor motivation and hygiene theory.

Two-Factor Motivation and Hygiene Theory

Herzberg et al. (1959) founded the two-factor motivation and hygiene theory. The two-factor motivation and hygiene theory is comprised of motivators and hygiene factors (Alshmemri et al., 2017). Leaders using the two-factor motivation and hygiene theory may focus on the environmental factors to attain desired objectives; however, the possibility of failure exists (Hur, 2017; Osemeke & Adegboyega, 2017). Leaders using the two-factor motivation and hygiene theory should balance motivation and hygiene factors to meet organizational expectations (Herzberg et al., 1959). In contrast to the

transformational leadership theory, the two-factor motivation and hygiene theory was inadequate to address a continuum to achieve the desired results (Bass, 1985; Raman et al., 2019). A full spectrum analysis was more appropriate to address the complexity of nurse attrition; therefore, the two-factor motivation and hygiene theory was not the most appropriate leadership theory to address nurse attrition.

The two-factor motivation and hygiene theory consists of motivators and hygiene factors that are key elements concerning an employee's self-fulfillment in a workplace setting (Alshmemri et al., 2017). Hygiene factors are expectations such as wages, commission, and bonuses, the work center environment, and the organizational impact on nurse supervision, policies, and inspirational motivation (Alshmemri et al., 2017; Herzberg et al., 1959). Corporate leaders may address hygiene factors first, and motivators second (Alshmemri et al., 2017; Herzberg et al., 1959). Motivators are employees' experience and knowledge, desire to acquire meaningful work at their place of occupation, and rewards and self-fulfillment of occupational related achievements (Alshmemri et al., 2017; Herzberg et al., 1959; Hur, 2017).

Leaders using the two-factor motivation and hygiene theory should consider environmental factors (Osemeke & Adegboyega, 2017). Employees may desire gifts, benefits, and rewards, while other employees pursue formal recognition, duty location, and favorable hours of operation (Hur, 2017). In contrast to transactional leadership, leaders may apply the two-factor motivation and hygiene theory to focus on informal awards, public recognition, and strong interpersonal relationships (Bass, 1985; Hur, 2017).

Leaders using the two-factor motivation and hygiene theory may consider other leadership theories (Hur, 2017). The two-factor motivation and hygiene theory aligns with the transactional leadership theory in relation to negotiated pay, increased benefits, and the offer of rewards (Hur, 2017). However, due to the COVID-19 pandemic, business leaders in healthcare adjusted operational confines to deliver a higher quality of care, which required the development of a new business model under pandemic conditions (Søreide et al., 2020). Additional studies are needed to determine if the two-factor motivation and hygiene theory is more appropriate than the transformational leadership theory under pandemic conditions.

Leaders should balance motivation and hygiene factors to achieve organizational goals (Herzberg et al., 1959). Organizational leaders should know the impact of the COVID-19 pandemic toward business operations (Huang et al., 2020). The COVID-19 pandemic is negatively associated with nurses' physical, mental, and emotional wellbeing (Godderis et al., 2020). Front-line nurses had an increased occupational stress when they treated highly-contagious patients in fear of protecting themselves and their families from being infected with the coronavirus (Huang et al., 2020). Leaders should consider the stress and risk toward nurses who provide medical care for confirmed positive patients (Shan et al., 2021). Nurse managers may voluntarily leave an organization when the benefits do not match their personal and professional desires (Dannemeyer et al., 2017).

The two-factor and motivation hygiene theory may not be useful to address the full spectrum of retention (Raman et al., 2019). Self-aware leaders can obtain greater support as opposed to leaders with blind spots because there is a sense of direction to

meet the intended objectives (Steffens et al., 2021). The two-factor motivation and hygiene theory was not the most appropriate leadership theory for this study, because a full spectrum analysis was needed to address the complexity of nurse attrition. Next, I discussed the necessity for private medical treatment facility administrators to comprehend attrition.

Attrition

Attrition is the departure of employees, and knowledge and skills are lost (Hoffman & Tadelis, 2021). Attrition caused employee burnout and led to emotional exhaustion (Kelly et al., 2021). Some reasons for voluntary attrition were (a) hired by a similar organization to obtain increased benefits, (b) received increased financial compensation, (c) avoided a negative relationship, and (d) improved work-life balance (Raman et al., 2019; Srivastava & Tiwari, 2020). Family issues, personal health, gender inequality, and perceived discrimination were common reasons for attrition (Shankar et al., 2018, July).

Managers can identify the unknown factors that lead to attrition and gain a better understanding to make decisions for challenges with retention (Raman et al., 2019). Managers should value attrition models to determine the organizational impact concerning onboarding and terminations (Speer et al., 2019). Managers should understand the impact of individual attrition and group attrition toward the organization (Speer et al., 2019). Managers should focus on voluntary employee departures to decrease attrition (Speer et al., 2019). Managers may consider the employee's parental status, relationship status, race, and gender before taking action (Obenauer, 2019).

Further research is needed to define the relationship between voluntary departures and decreased attrition (Speer et al., 2019).

The COVID-19 pandemic must be considered because managers were forced to comply with new Occupational Safety and Health Administration protection requirements for workers, which applied to most industries, which included the healthcare industry (Occupational Safety and Health Administration, 2021). The coronavirus is a respiratory infection that causes illness or death (World Health Organization, 2022a). As of August 2, 2022, the COVID-19 pandemic has led to 572,239,451 confirmed cases and 6,390,401 confirmed deaths (World Health Organization, 2022a). As of August 2, 2022, healthcare professionals responded to the COVID-19 pandemic and administered 12,248,795,623 vaccine doses (World Health Organization, 2022a). The COVID-19 pandemic may impact communities through seasonal surges (Liu et al., 2021). Scientists encouraged government agencies worldwide to collaborate during and after the COVID-19 pandemic to decrease the chances of new surges to protect humanity (Skegg et al., 2021).

Texas was criticized by some beneficiaries for in adequate responses to slow the spread of the coronavirus in favor of economic stability (Barrett et al., 2021). Sustaining medical service during the COVID-19 pandemic forced communities to rely on telemedicine (Bashshur et al., 2020). The COVID-19 pandemic caused mental health concerns related to social distancing restrictions to slow the spread of the coronavirus (Pfefferbaum & North, 2020; Zhao et al., 2020). Due to the rise in violence associated with mandatory isolations, healthcare professionals began screening patients for physical

and sexual violence (Jetelina et al., 2021). Intimate partner violence increased with the compliance of social distancing directives, which the alleged perpetrators viewed as a safe haven (Bradley et al., 2020; Kofman & Garfin, 2020).

In 2020, the United States Government allocated $50 billion to fight the coronavirus (Tanne et al., 2020). The COVID-19 pandemic impacted multiple industries which resulted in all-time highs concerning voluntary separations (Bureau of Labor Statistics, 2020b). Healthcare officials redefined roles and responsibilities of healthcare workers and professionals due to the COVID-19 pandemic and transformed medical practices to ensure patient and staff safety, and reorganized processes to meet financial objectives (Vaccaro et al., 2020). For several months, elective surgeries were postponed, some healthcare professionals received reduced wages and hours, and social distancing was a force health protection mandate during the COVID-19 pandemic (Vaccaro et al., 2020). In relation to the COVID-19 pandemic, the Health Information Portability Accountability Act 1974 regulations were relaxed to allow nonsecure means of communication to conduct virtual patient visits (Vaccaro et al., 2020). Healthcare managers explored the impact of nurse attrition and nurse education programs (Donnell et al., 2018). Healthcare leaders are interested to identify multiple resolutions to decrease nurse attrition.

Recent graduates who entered the medical field impacted nurse attrition (Donnell et al., 2018). Students in training programs projected to enter the nursing field impacted operational nurse attrition when there was a shortage of replacements for the nurses who voluntarily departed (Donnell et al., 2018). A student's lack of motivation has led to

course incompletions; therefore, academic leaders should value proven methods and resources to increase student performance (Donnell et al., 2018). Faculty who identify students at risk of failure, should provide the students with appropriate tools, guidance, and resources to enhance their performance (Donnell et al., 2018). Business owners can maintain high retention and low attrition through selection protocols, recruitment incentives, proper training, and continuous professional development (Alola & Alafeshat, 2020). Healthcare leaders should understand the impact of new graduate nurses in relation to nurse attrition.

Healthcare leaders should know the impact of nurse attrition toward business productivity. Knowing the metrics regarding private hospitals in Texas, the cost of voluntary employee overtime, and breadth of knowledge lost during attrition were concepts worth to note (Alao & Adeyemo, 2013; Texas Department of Health and Human Services, 2019). In 2019, 170 private hospitals in Texas allocated $460 million to focus on 13 million hours of internal staffing needs (Texas Department of Health and Human Services, 2019). Nurses who voluntarily worked overtime to perform occupational tasks due to employee shortages, may cost more than a full staff due to the additional wage requirements; however, temporary staffing has been the costliest aspect to address nurse vacancies (Texas Department of Health and Human Services, 2019). Leaders are responsible for the financial loss congruent with attrition; therefore, leaders may consider a decision tree before determining the impact of attrition (Alao & Adeyemo, 2013). Healthcare leaders should focus on the impact of attrition toward financial losses.

Leaders have invested time and effort to determine the causes of nurse attrition. Some healthcare leaders decreased nurse attrition through effective communication, developed specific strategies, focused on nurse orientation, and fostered mature leader-nurse professional relationships (Beanlands et al., 2019; McManus, 2019; Paz, 2019; Raman et al., 2019; Ramos, 2019). Some leaders decreased nurse attrition through communication, leadership and feedback, and addressed other issues that negatively impacted the work environment (Paz, 2019).

Managers may decrease nurse attrition through communication, leadership, training and development, and nurse engagement (McManus, 2019). High attrition has been associated with employees to communicate with outside organizations (Raman et al., 2019). Some healthcare leaders impacted attrition through an employee-focused orientation and professional development program, which there was room for growth and career acceleration (Ramos, 2019). An employee's personal life choices may influence their professional decisions when there is a conflict that prevents the alignment of both goals (McCay et al., 2018). Some healthcare workers and professionals refused to comply with the coronavirus vaccination mandates, which led to resignations and involuntary terminations (Biswas et al., 2021). Personal choices and professional decisions related to the COVID-19 pandemic impacted nurse attrition.

Leader-nurse communication, personal life challenges, stress of being a nurse manager, and the need to create a positive work environment are factors that influence nurse attrition (Adams et al., 2019; Anderson, 2019; McCay et al., 2018). Leaders who decreased attrition communicated with employees, empowered employees, developed

and matured a culture of employee willingness, supported strong moral and ethical values, and engaged in a leader-employee style of management (Anderson, 2019). Healthcare leaders dedicated time and effort to explore factors that influenced nurse attrition.

Some healthcare leaders devoted time and effort to understand the importance of a healthy work-life balance in relation to nurse attrition. Healthcare leaders impacted nurse attrition through consideration of the employees' personal lives in relation to occupational activities (McCay et al., 2018). Employment, children, finances, work relationships, personal health, and personal relationships are stressors that may lead to higher rates of nurse attrition (Hill et al., 2020). Nurse managers may feel stressed to meet the needs of leaders and followers (Hill et al., 2020). Nurse managers may face a conflict of interest when deciding the best course of action to address voluntary nurse departures (Hill et al., 2020). Healthcare leaders should understand the importance of a work-life balance and the impact toward nurse attrition.

Some leaders reduce nurse attrition by focusing on their employees as the center piece to make holistic decisions (Anderson, 2019; Sivathanu & Pillai, 2018). Leaders may use nurse development, talent management, awards and recognition, and the distribution of financial compensation and other benefits to decrease nurse attrition (Anderson, 2019). A leader's managerial strategy can influence employees (McCay et al., 2018). Task oriented leaders who fail to build relationships with nurses may increase attrition (McCay et al., 2018). In contrast, several ineffective strategies that did not reduce nurse attrition were organizational inconsistencies, and task orientated leaders

who failed to develop personal and professional relationships (Anderson, 2019; McCay et al, 2018; Sivathanu & Pillai, 2018). Healthcare leaders negatively impact attrition through inconsistent nurse compensation, inconsistent application of policies, procedures, and other directives, and force employees to attend mandatory events (Anderson, 2019).

A few recommendations to address nurse attrition are (a) develop strategies for a diverse patient population, and (b) incorporate metrics in the decision-making process (Byron et al., 2020; Cuellar & Cheshire, 2018). Barbe et al. (2017) attrition of academically qualified nursing students impacted the size of the nursing workforce. Leaders may focus on environmental stressors that lead to high attrition within an operational setting (Adams et al., 2019). Leaders should receive feedback on effective strategies and provide solutions to address stress factors that are actionable items (Adams et al., 2019; Helmers et al., 2020). Healthcare leaders should consider success strategies and test their plan of action through nurse and patient feedback (Adams et al., 2019).

Leaders should address challenges associated with high stress environments such as critical care units to decrease nurse attrition (Helmers et al., 2020). Leaders increased organizational turnover through tolerance of immoral work environments that decreased patient satisfaction and quality of medical care and led to increased job burnout (Helmers et al., 2020). Healthcare leaders should focus on morale to decrease nurse and patient dissatisfaction (Adams et al., 2019). Healthcare leaders should know the common reasons of high nurse attrition.

The United States has a diverse patient population, which cultural differences and patient sensitivity may be evident (Cuellar & Cheshire, 2018). Healthcare leaders can

impact nurse attrition when they create personal and professional relationships founded upon trust and respect (Ramos, 2019). Healthcare leaders should obtain access to the latest nurse and patient-ratio metrics to address customer satisfaction (Byron et al., 2020). Organizational leaders may factor online behavior trends to determine influential factors that lead to nurse attrition (Raman et al., 2019). Minority students and economically challenged students in nursing programs may experience greater success when sponsors provide additional financial support (Craft-Blacksheare, 2017). Healthcare leaders can explore diversity to make inclusive and holistic decisions.

Leaders should receive feedback on at-risk groups and the associated anxiety of nursing-student programs (Barbe et al., 2017; Clesi, 2020). Healthcare leaders should understand the nursing-student graduation rates and the impact toward nurse attrition (Donnell et al., 2018; Jung et al., 2020; Olvera Alvarez et al., 2019; Raman et al., 2019). Educators may focus on at-risk groups with a higher potential to fail for reasons beyond the student's control (Barbe et al., 2017). Healthcare leaders should explore nurse education program completion rates to determine the impact toward filling vacancies. Nurse attrition is a key component within the United States Healthcare System to understand the leadership strategies used by some private medical treatment facility administrators to decrease nurse attrition.

The United States Healthcare System

In Texas, advanced practice register nurses, licensed vocational nurses, and register nurses are some occupational specialties within the field of nursing (Texas Board of Nursing, 2022). Leaders can achieve labor efficiency through orientation, which

fosters long-term retention (Eckerson, 2018). Globally, healthcare leaders search for strategies to balance the cost of nursing, increase patient safety, and decrease the cost of healthcare (Bragadóttir & Kalisch, 2018). Papanicolas et al. (2018) the United States had a population of 323 million, which 15.0% were 65 years old. The cost of United States healthcare accounted for 17.8% of the gross domestic product, and the average expenditure per capita was $9,403, which 42.0% for outpatient care, 19.0% for inpatient care, 14.0% for medical goods, 8.0% for the governance of process and administrative support, 5.0% for long-term care needs, 3.0% for home healthcare, 3.0% for preventive healthcare programs, and 6.0% for other unspecified categories (Papanicolas et al., 2018).

The salaries for healthcare workers and professionals in the United States may contribute to higher costs in healthcare. On average, a fully qualified specialty physician in Germany received $181,000, while the United States counterpart demanded $316,000, which is a 174.0% difference in pay (Parente, 2018). In the United States, healthcare labor, healthcare products, pharmaceutical, and administrative service support contributed to a higher cost in comparison to other countries: Canada, Australia, Denmark, France, Germany, Japan, the Netherlands, and the United Kingdom (Papanicolas et al., 2018). Healthcare leaders should value evidence-based management to fulfill duties and remain current of new findings (Guo et al., 2019). Healthcare leaders should explore options to make good financial decisions.

The United States has federal and state laws that enable pharmaceutical companies to sell medications at a higher price than foreign competitors (Parente, 2018). Some pharmaceutical companies contributed to increased spending on healthcare

marketing (Parente, 2018). In 1997, the United States spent $17.7 billion on medical

marketing; however, in 2016, the cost of medical marketing reached $29.9 billion over a

20-year period (Schwartz & Woloshin, 2019). The United States had lower performance

metrics in specific categories than other prominent nations in healthcare due to a lack of

evidence-based practice for nurses, and has led to a reduced quality of care, decreased

patient safety, and lower patient satisfaction (Melnyk et al., 2018). Leaders are

challenged throughout the COVID-19 pandemic to decrease nurse attrition and meet

organizational objectives (Shan et al., 2021). The United States Healthcare System in

conjunction with the Patient Protection and Affordable Care Act 2010 provide a solid

foundation to understand the importance of leadership strategies used by some private

medical treatment facility administrators to decrease nurse attrition. Next, I discussed the

Patient Protection and Affordable Care Act 2010.

Patient Protection and Affordable Care Act 2010

Former United States President Obama signed the Patient Protection and

Affordable Care Act on March 23, 2010 (United States Department of Health and Human

Services, 2021b). The Patient Protection and Affordable Care Act 2010 had several

factors that impacted the national nurse shortage (Fischer, 2016). Improving the

efficiency and effectiveness of the United States Healthcare System is costly, in fact,

administrative expenses remain a primary challenge the Biden Administration can

address to improve the overall healthcare system (Cutler, 2021). Title VIII Nursing

Workforce Reauthorization Act 2019 has multiple provisions for loan repayment and

scholarships for nurses, loans for nurses and faculty development, and other grants to

further develop nurse education (Title VIII Nursing Workforce Reauthorization Act of 2019, 2020). More nurses are needed to meet patient demands (Fischer, 2016). If a higher volume of nurses entered the United States Healthcare System, this goal could be achieved (Fischer, 2016).

In response to the challenges in healthcare and health insurance, the Obama Administration passed the Patient Protection and Affordable Care Act 2010 with an objective to improve the health and lives of all citizens (Frean et al., 2017; United States Department of Health and Human Services, 2021b). The Patient Protection and Affordable Care Act 2010 is a federal law that some employers are required to provide health insurance or expand healthcare coverage to previously ineligible beneficiaries (Frean et al., 2017; United States Department of Health and Human Services, 2021a). Companies with 50 or more fulltime employees are required to offer employer provided health insurance or pay a fine (Even & Macpherson, 2019). Healthcare leaders should be familiar with laws and directives associated with nurse attrition.

The Obama Administration enabled millions of previous uninsured citizens to obtain healthcare coverage (Ercia, 2021). The Patient Protection and Affordable Care Act 2010 has led to an increase of health insurance coverage through an exchange premium of subsidies by 40.0% and maximized the use of Medicaid that resulted in a 60.0% coverage increase (Frean et al., 2017). In 2016, 67.0% of Texas respondents identified their family income between 50.0% to 138.0% below poverty with 52.0% with chronic conditions (Sommers et al., 2017). However, Texas did not expand coverage under the Patient Protection and Affordable Care Act 2010 to low-income adults, which left 28.0%

of low-income adults without health insurance compared to 7.0% in Kentucky and 12.0% in Arkansas (Sommers et al., 2017). The Biden Administration expanded the Patient Protection and Affordable Care Act 2010 and the Coronavirus Response Act and the Coronavirus Aid, Relief, and Economic Security Act 2020 during the COVID-19 pandemic (Cogan, 2021).

Leaders may adhere to social responsibilities and meet strategic business objectives to satisfy organizational stakeholders (Dhanesh, 2020). In the 1900s and 2000s, some business owners felt social responsibility allowed organizational leaders to help their community, and prevented United States Federal Government mandates in support of nonprofitable requirements (Chapin, 2016). The passage and implementation of the Patient Protection and Affordable Care Act 2010 enabled healthcare coverage for previously uninsured patients (McGough et al., 2017). Leaders should understand the United States Healthcare System before implementing strategies to decrease nurse attrition.

Transition

Section 1 was the foundation of the study to understand the problem and purpose concerning nurse attrition. Section 1 consisted of the background of the problem, problem statement, purpose statement, nature of the study, research question, interview questions, conceptual framework, operational definitions, assumptions, limitations, delimitations, and significance of the study. The literature review was the finale within Section 1.

Section 2 contains a detailed analysis of the processes and methods to collect and analyze data. The purpose statement, role of the researcher, participants, research method,

design, and population and sample are discussed in Section 2. In addition, Section 2

includes ethical research, data collection instruments, data collection technique,

organizational data technique, data analysis, and finally, the reliability and validity.

Section 2: The Project

The purpose of this qualitative multiple case study was to explore the leadership strategies used by some private medical treatment facility administrators to decrease nurse attrition. Leaders who experienced high employee attrition lost revenue, lost occupational experts, and experienced lower morale, which negatively impacted the consumer experience (Setiawan et al., 2020, p. 3-6). California, Florida, and Texas are projected to have a shortage of over 400,000 registered nurses by 2030 (Juraschek et al., 2019, p. 473). In Section 2, I described the approaches to explore the leadership strategies used by some private medical treatment facility administrators to decrease nurse attrition. The role of the researcher, participants, research method and design, population and sampling, ethical research, data collection instruments, data collection technique, data organization technique, data analysis, and the reliability and validity were discussed in Section 2.

Purpose Statement

The purpose of this qualitative multiple case study was to explore the leadership strategies used by some private medical treatment facility administrators to decrease nurse attrition. The target population was a pool of five administrators from three private medical treatment facility branches located in Southern Texas with at least 2 years of experience in administration. Participants were required to have direct knowledge of organizational processes involving hiring nurses, maintaining nurses, nurse appraisals, nurse relations, and nurse terminations. In addition, participants were required to have demonstrated success toward implementing strategies aimed at reducing nurse attrition.

The results of the study may contribute to social change by improving the lives of nurses, increasing patients' perception of their healthcare, and decreasing the cost of healthcare. Next, I discussed the role of the researcher.

Role of the Researcher

For qualitative case studies, the researcher is the data collection instrument (Yin, 2018). The role of a qualitative researcher is to gather and analyze data to address the research problem (Petrović, 2017). Subtopics to describe the role of the researcher were: (a) ethical guidelines for qualitative studies, (b) data collection procedures, (c) how to protect human participants in research, (d) my role as the researcher, (e) and how to use the interview protocol to remain unbiased. I complied with the Belmont Report protocol and completed the Protecting Human Research Participants training by the Collaborative Institutional Training Initiative (Certification Number: 44164518; Certification Number: 43022830).

The protocol to fulfill the role of the researcher in a qualitative multiple case study denoted the steps to fulfill the research objectives, depicted measures to follow ethical guidance, and obtain IRB approval prior to collecting data (Fusch & Ness, 2015). Gathering, organizing, evaluating, validating, and providing results are the primary tasks for qualitative researchers (Fusch & Ness, 2015). Scholarly researchers should answer the research question, achieve data saturation, select a method and design that can help finalize the project, and fulfill all requirements within an allotted timeframe (Fusch et al., 2017). Prior to data collection, researchers must receive an IRB approval number (Walden University, 2020a). I obtained the participating organization's IRB approval,

and the Walden University IRB ethical review prior to recruiting eligible volunteers and requesting archived company documents to address the research question. The Walden University IRB approval number for this study was 11-04-21-0981089.

Researcher bias has led to low replication rates in similar studies; however, there was no method to detect all forms of researcher bias (Renkewitz & Keiner, 2019). Researcher bias may occur due to anticipated results, inherent assumption due to a small sample size in qualitative studies, or unconsciously unknown (Morse, 2015). To avoid researcher bias, I used bracketing. Bracketing occurs when researchers use the qualitative method to collect data but suspend their assumptions (Fischer, 2009). Additionally, bracketing may occur during the analysis phase which the interviews are assessed to obtain the findings and results (Fischer, 2009). The interview protocol (Appendix A) was a series of steps in a sequential order that facilitated the completion of each interview in a standardized fashion.

I followed the IRB protocol to reduce researcher bias. Higher educational institutions provide committees to ensure students who request human participants follow ethical guidelines to collect data (Samuel & Derrick, 2020). Researchers should adhere to societal standards to minimize harm toward participants (Cumyn et al., 2019). I followed the guidelines under the Belmont Report to ensure an ethical study. The Belmont Report was conducted in 1978 and based on the protection of research participants and discussed: (a) respect for persons, (b) beneficence, (c) and justice (Adashi et al., 2018; National Library of Medicine, 1986).

Respect for persons occurs when the researcher educates participants on the research process and takes measures to safeguard the welfare of participants (Adashi et al., 2018; National Library of Medicine, 1986). Each participant was a key witness to address the research question, and respect for persons was demonstrated throughout the process. I used ethical protocols to protect the participants. Participants were administrators who worked in one of the three private medical treatment facility branches selected to complete the study. Pregnant women, federal and state prisoners, people 17 years old or younger are afforded additional protections under Title 45, Public Welfare Department of Health and Human Services, and Title 46, Protection of Human Subjects (United States Department of Health and Human Services, 2021b). The study did not consist of women who were pregnant, prisoners, and persons under 17 years old or younger.

Beneficence is defined as the validation of the participant-developed trust toward the researcher (Adashi et al., 2018; National Library of Medicine, 1986). Beneficence was achieved through a trustworthy researcher-participant relationship and usage of the interview protocol (Appendix A) as a standardization guide and usage of the interview questions (Appendix B) to reference the predetermined questions. I addressed the participants' concern in a timely manner and established a strong researcher-participant relationship to complete five semistructured, open-ended interviews.

Researchers demonstrate a concern for justice and provide the intended audience a logical reason to address the research question through clear and consistent communication (Adashi et al., 2018; National Library of Medicine, 1986). My goal was

to strive for justice throughout the data collection phase of the study and I reminded the

participants the importance of the study, and built a strong researcher-participant

relationship. Participants were reminded they could withdraw from the study at any time,

for any reason, should they desire. The private medical treatment facility branches were

protected and remained confidential, which the branches were referred to as B1 for

Branch 1, B2 for Branch 2, and B3 for Branch 3.

I am a health services manager in the United States Air Force; therefore, I may

have a personal or professional bias regarding the participants' response during the

interviews. I did not have any personal or professional relationships with the participants.

Researchers should avoid personal and professional bias when they collect data (Cumyn

et al., 2019). Scholars should address researcher bias to prevent a faulty analysis (Kwak

et al., 2019). Researchers can mitigate bias when they adhere to the requirements outlined

within the Consolidated Criteria for Reporting Qualitative Research or the Standards for

Reporting Qualitative Research (Peditto, 2018). The interview protocol (Appendix A)

was an aid used to remain vigilant of biases, monitor the participants' nonverbal

communication, and document interview notes.

I analyzed the data before member checking. I implemented member checking

and requested and confirmed the participants review the findings and conclusion to

address any concerns with validity and reliability. Member checking is needed once the

participants reviewed the final report and determined if the researcher accurately

interpreted the responses to develop the results and conclusion (Fusch & Ness, 2015).

Participants must review the results, and the researcher will compare the results and

conclusion, which is needed to achieve member checking (Fusch & Ness, 2015). I

completed member checking on April 4, 2022. The interview protocol (Appendix A) was

applied to replicate the same approach for each semistructured, open-ended interview.

The interview protocol (Appendix A) was an aid used to remain on track

throughout the interviews, while the interview questions (Appendix B) was an aid used

that provided the participants the option to review the interview questions. The interview

protocol can help mitigate variances by validating the interview questions and ensuring

alignment with the research questions, investigative questions to address the research

questions, enable the participants to provide feedback on the questions and protocol, and

replicate the same protocol for each participant (Castillo-Montoya, 2016; Yeong et al.,

2018).

Participants received a copy of the interview questions (Appendix B) 7 days prior

to the interview. Researchers should listen attentively, address concerns regarding the

meeting location, continuously monitor the participants' nonverbal communication,

remain considerate of the participants' time, personal and professional obligations, and

guide the interview without influencing the participants (Castillo-Montoya, 2016; Yeong

et al., 2018). The interview protocol (Appendix A) was necessary to facilitate each

interview and meet the intended objectives.

The primary data collection technique for this study was semistructured, open-

ended interviews. I completed five semistructured, open-ended interviews and used the

interview protocol (Appendix A), interview questions (Appendix B), iPhone voice

recorder, and note taking material. The interviews required preparation; therefore, I began

function checks with the Zoom application on my laptop and the iPhone voice recorder 30 minutes prior to each interview. The interview completions ranged from December 29, 2021 until March 4, 2022.

Prior to the interviews and during the interviews, I requested the participants provide branch survey results. After a discussion with the vice president of the human resources office, I was able to access the employee engagement survey results conducted by the human resources office in January 2022. On March 22, 2022, I began the secondary data collection, which was the analysis of the employee engagement survey results. The employee engagement survey results were compared to the participants' response. I labeled the employee engagement survey results, B1D1 for Branch 1, B2D1 for Branch 2, and B3D1 for Branch 3. I used five semistructured, open-ended interviews and three branch survey results to reach data saturation. The organization structure is listed in Figure 1.

Figure 1

Partner Organization and Branches
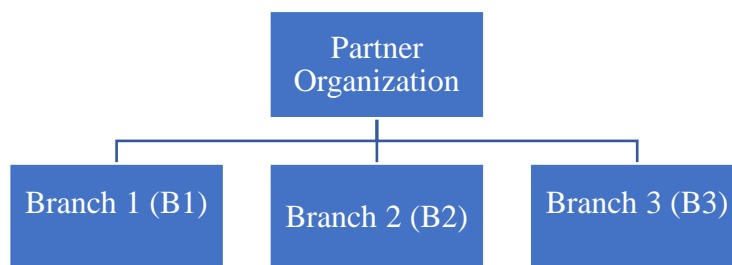
In relation to the research question, the etic approach is referred as an insider perspective while the emic approach is related as an outsider point of view (Burtaverde & Iliescu, 2019). I have a blended experience of the etic and emic approaches because I

have 19 years' experience as a health services manager in the United States Air Force; however, I do not work in the private sector, which the participants reside. Next, I discussed the participants.

Participants

The target population was a pool of five administrators from three private medical treatment facility branches located in Southern Texas with at least 2 years of experience in administration. Participants were required to have direct knowledge of organizational processes that involved hiring nurses, maintaining nurses, nurse appraisals, nurse relations, and nurse terminations. Participants were required to have demonstrated successful strategies aimed at reducing nurse attrition. The results of the study may contribute to social change by improving the lives of nurses, increasing patients' perception of their healthcare, and decreasing the cost of healthcare.

Researcher-participant relationships are paramount to develop trust and meet research objectives (Guillemin et al., 2018). Identifying and gaining access to the participants may delay the study completion; therefore, researchers should implement strategies to locate and gain access to participants (Topolovec-Vranic & Natarajan, 2016). I contacted the organization's IRB, requested permission to contact eligible participants and conduct the study. The IRB received a letter requesting permission to contact the prospective participants by email and telephone. The organization's IRB required the region sponsor to conduct a feasibility review prior to the formal IRB review to consider approval of the study. The organization's IRB approved my application on November 17, 2021, and Walden University approved my IRB ethics review on

November 29, 2021. Upon approval of the participating organization and Walden University, I began the recruitment process to acquire eligible participants.

The recruitment flyer (Appendix C) was used to recruit eligible participants within the selected branches. I gained access to the participants to complete five semistructured, open-ended interviews and collect data. Once selected, the participants chose a date and time to complete the interview. The secondary method, social media recruitment was not used to recruit participants because I was able to reach data saturation with five semistructured, open-ended interviews, and the analysis of three branch survey results.

Social media recruitment was the secondary method to access participants. I received an adequate number of volunteers to participate in the study to reach data saturation; therefore, the secondary method to access research participants was not used in this study. The secondary method was needed if barriers prevented access to the adequate number of participants through the primary method. Linkedin was selected as the social media source to communicate with eligible candidates willing and able to complete the interview. Linkedin is a social media site that enables professionals to connect on a global scale, which members can post job resumés to find employers (Linkedin, 2020).

The Healthcare Leaders in San Antonio and Houston is a private group on Linkedin with 593 members, if needed a message could be posted on the group Linkedin message thread to locate eligible participants. I gained cooperation by requesting group access and posting a message on the Linkedin homepage for eligible volunteers to

participate in the study. I listed the eligibility requirements, and reviewed the site bi-weekly for interested personnel. To maintain confidentiality, I did not specify which organizations were needed. I received zero responses; therefore, I vacated the secondary method because I was able to reach data saturation with five semistructured, open-ended interviews and the analysis of three branch survey results.

The sustainment of researcher-participant relationships is paramount to meet research objectives (Guillemin et al., 2018). I matured the researcher-participant relationship and met the research objectives. Participants had the option to choose the date and time to complete their interview, and they received weekly emails and monthly calls until the study was complete. In qualitative studies, the researcher pursues rich data to support reliable findings; therefore, participant selection is an essential means to obtain detailed information and valuable results (Yin, 2018). I selected Skype over other applications based on my experience, user friendly platform, and easy access. Skype is a software application used for visual and virtual communication (Mirick & Wladkowski, 2019).

Participants were offered various software applications to complete semistructured, open-ended interviews which they felt most comfortable; therefore, Zoom conference calls were used to complete four semistructured, open-ended interviews, and a telephone call was used to complete one semistructured, open-ended interview. Virtual interviewing was necessary to complete the study, but also to ensure the participants were protected from the coronavirus. Participants felt comfortable responding to interviews from a remote location, which complied with federal, state, and

local healthcare directives to prevent the spread of the coronavirus. Next, I discussed the research method and design.

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

Researchers should choose a suitable method and design to fulfill study objectives (Gaus, 2017). The quantitative, qualitative, and mixed methods were considered; however, the qualitative method was selected to explore strategies to address the research question. Some qualitative researchers strive for rich textual data to address the research question (Bansal et al., 2018; Shekhar et al., 2019). The qualitative multiple case study was chosen to explore the leadership strategies used by some private medical treatment facility administrators to decrease nurse attrition.

Research Method

The qualitative research method was the most suitable method to address the research question. Qualitative researchers may obtain rich textual data to address the research question (Bansal et al., 2018; Shekhar et al., 2019). Qualitative researchers coordinate and collaborate with participants to obtain data to address the research question (Wagner et al., 2019). Qualitative researchers may seek comprehension how and why projected resolutions work within an operational environment through a variety of data collection methods; a few methods are individual interviews, group interviews, and observations (Hamilton & Finley, 2020). Participant interviews and employee engagement survey results were used as the data collection methods to address the research question.

Researchers use the quantitative method for testing a hypothesis and measuring relationships (Bansal et al., 2018; Bloomfield & Fisher, 2019). Researchers who value the quantitative method address the research question and hypothesis to deliver an objective and avoid subjectiveness toward the interpretation of findings (Bloomfield & Fisher, 2019). In contrast to the quantitative method, the qualitative method is appropriate for scholars who need to collect rich textual data to address the research question (Bansal et al., 2018; Bloomfield & Fisher, 2019).

The qualitative method was used to gain insight of the leadership strategies used by some private medical treatment facility administrators to decrease nurse attrition. The quantitative data analysis may be more appropriate for testing a hypothesis to collect volumes of data to obtain results that can be generalized across a large population (Lenger, 2019). The quantitative method was not appropriate for this study because an exploration of the leadership strategies used by some private medical treatment facility administrators to decrease nurse attrition cannot be sufficiently addressed by testing a hypothesis. Semistructured, open-ended interviews and employee engagement survey results were used to understand the reason and logic of the leadership strategies to decrease nurse attrition.

The mixed method is an option to obtain results that can be generalized across a given population and contain characteristics of the qualitative method to validate rich textual data to develop subjective and interpretive findings (Lenger, 2019; Kansteiner & König, 2020). The mixed method was not appropriate to explore the leadership strategies used by some private medical treatment facility administrators to decrease nurse attrition,

because testing a hypothesis would not provide a comprehensive justification of why the problem persists. Researchers who use the mixed method developed a sound understanding of the qualitative method and quantitative method (Kansteiner & König, 2020; Piccioli, 2019; Schoonenboom & Johnson, 2017; Shekhar et al., 2019). The mixed method is not a full combination of the quantitative method and qualitative method, but a blend of one or more components from each method to address the research question and test the hypothesis (Kansteiner & König, 2020; Piccioli, 2019; Schoonenboom & Johnson, 2017; Shekhar et al., 2019). Researchers who select the mixed method use data triangulation, combine multiple sources based on time, location, or participants (Schoonenboom & Johnson, 2017). For future studies, the quantitative method and mixed method may be appropriate for testing the four themes identified in Section 3 as independent variables, and decrease nurse attrition as the dependent variable. Next, I discussed the research design.

Research Design

Qualitative research has a variety of designs, such as narrative inquiry design, phenomenological design, ethnographic design, and case study design (Anderson et al., 2014). The multiple case study design was used in this study to obtain a rich textual data through the completion of five semistructured, open-ended interviews and the analysis of three branch survey results. The case study design is a research project that defines the reason and logic, and substantiates the research question through exploration of individuals, groups, or situations to collect data in a systematic fashion that other researchers can replicate to achieve comparable results (Anderson et al., 2014).

I considered several designs to address the research question. The narrative inquiry design, ethnographic design, phenomenological design, and case study design were considered for the completion of this study; however, the case study design was best suited to address the research question. The multiple case study design is more appropriate than a single case study design to obtain a variety of responses and provide greater validity and reliability of the findings and results (Anderson et al., 2014; Cypress, 2017; Fusch & Ness, 2015). The multiple case study design has the most appropriate features to address the research question within this study.

The multiple case study design was used to collect data from three private medical treatment facility branches located in Southern Texas with similar business models to achieve a wealthy expression of the problem. Researchers who use the case study design may explore a specific environment to obtain a greater understanding of the problem (Saunders et al., 2016). Researchers who use the case study design may acquire data through individual participants, group participants, and organizations (Saunders et al., 2016). B1D1, B2D1, and B3D1 were used to increase the validity and reliability and achieve data triangulation. The narrative inquiry design, ethnographic design, and phenomenological design were assessed; however, the case study design was the most appropriate design to explore the leadership strategies used by some private medical treatment facility administrators to decrease nurse attrition.

The narrative inquiry design is appropriate to understand a person or small group through a collection of stories to address the research question (Creswell & Poth, 2017). The purpose of the study was to identify strategies to address the research question rather

than collect participant stories; therefore, the narrative inquiry design was not appropriate for this study. The narrative inquiry design was reviewed but not selected because the participants were asked eight semistructured, open-ended interview questions as opposed to providing their stories. Next, I reviewed the ethnographic design.

Researchers who use the ethnographic design study cultural groups and embed themselves within the environment to gain first-hand experience of the behaviors and forms of communication and dedicate an extensive amount of time in the cultural background; however, distance learning is not appropriate to conduct ethnographic research (Anderson et al., 2014; Rashid et al., 2019). Local government agencies were required by law to implement measures to limit the spread of the coronavirus (Office of the Texas Governor, 2020). The ethnographic design was not appropriate for this study, because I was unable to conduct observations within branches due to the COVID-19 pandemic restrictions, which included social distancing and avoiding close contact; therefore, I used a combination of Zoom conference calls and a telephone call to complete five semistructured, open-ended interviews and three branch survey results to address the research question. Next, I reviewed the phenomenological design.

Researchers using the phenomenological design select a small sample to collect data and describe the participants' lived experience to address the research question (Anderson et al., 2014; Creswell & Poth, 2017). However, identifying the effective leadership strategies and not in-depth lived experiences about the phenomenon to address the research question was a necessity. The phenomenological design was not selected because the participants' lived experience did not help to explore the leadership strategies

used by some private medical treatment facility administrators to decrease nurse attrition. Other methods and designs were considered; however, the qualitative multiple case study was selected to properly address the research question. Next, I discussed the population and sampling.

Population and Sampling

Participants were located in Southern Texas, had direct knowledge of the organizational process for hiring nurses, maintaining nurses, nurse appraisals, nurse relations, nurse terminations, and demonstrated success toward implementing strategies aimed at reducing nurse attrition. I contacted the senior administrator at each branch and requested permission to conduct the study. The organization's IRB was asked to identify the eligible volunteers who were willing and able to participate. However, I contacted the organizational leaders at each branch to recruit private medical treatment facility administrators to complete the semistructured, open-ended interviews. I reached data saturation with the completion of five semistructured, open-ended interviews and the analysis of three branch survey results. Data saturation occurs when the researcher is unable to identify new information (Fusch & Ness, 2015). B1D1, B2D1, and B3D1 were used as the secondary data collection technique.

Volunteers used the student email address listed on the participant flyer (Appendix C) to participate in the study. Participants were emailed a copy of the interview protocol (Appendix A), interview questions (Appendix B), participant consent form, and telephone consent form. Participants and I discussed potential dates, times, and locations by telephone and email at the convenience of the participant. Criterion sampling

was used to select eligible participants. Researchers use criterion sampling to identify

participants who meet the eligibility requirements (Palinkas et al., 2015). Telephone calls

and email messages were used to coordinate dates and times to conduct the interviews.

The qualitative multiple case study was used to address the research question, the

center piece of the study; therefore, the assumption that six participants was sufficient to

address the research question was explored. However, each participant provided depth,

volume, and knowledge; therefore, data saturation was reached upon completion of the

fifth interview and the analysis of three organizational survey results. Researchers can be

selective when using the qualitative method to recruit participants (Malterud et al., 2016).

Qualitative researchers may pursue small samples to obtain adequate responses to address

the research question (Yin, 2018). Researchers should consider the population and

sampling method align with the core elements of the study (Argerich & Cruz-Carzares,

2017).

Ethical Research

The Belmont Report lists ethical guidelines to complete a research study

(National Library of Medicine, 1986). I ensured the participants, branch survey results,

and the branches remained confidential. The Belmont Report was conducted in 1978

based on the protection of research participants and discussed: (a) respect for persons, (b)

beneficence, (c) and justice (National Library of Medicine, 1986). Researchers should

consider ethical concerns before the recruitment of human participants as sources to

collect data (Madikizela-Madiya, 2017). Protecting the collected information aligns with

the ethics of scholarly research.

Respect for persons occurs when the researcher protects the participants, educates participants on the research process, and takes measures to safeguard the participants (National Library of Medicine, 1986). Government agencies mandated public organizations and private businesses comply with public health emergency protocols, social distancing directives, while asserting virtual communications to control the spread of the coronavirus (Office of the Texas Governor, 2020). Researcher-participant interactions were needed to address the research question by using semistructured, open-ended interviews. I used a combination of Zoom conference calls and a telephone call to conduct virtual interviews during the COVID-19 pandemic. I averted face-to-face interviews to reduce the spread of the coronavirus.

Beneficence is defined as the validation of the participant-developed trust toward the researcher (National Library of Medicine, 1986). Telephone calls and email messages were used as the primary techniques to initiate a trustworthy researcher-participant relationship. Participants received weekly emails and monthly calls until the completion of the study. The selected channels of communication were Zoom conference calls, telephone, and email; however, participants had the option to elect other means of communication.

Researchers demonstrate justice by expressing their concern and provide the audience benefits of addressing the problem (National Library of Medicine, 1986). I provided the reason and logic to complete the study from a financial perspective; however, there was a social need to complete the study. The execution of efficient and

effective labor practices may improve the lives of nurses, increase patients' perception of their healthcare, and decrease the cost of healthcare.

Ethical researchers inform participants of the purpose, background, and privacy concerns, and candidates respond to the participant consent forms to partake in the study (Metselaar, 2019). Participants received a copy of the consent form, which they signed and returned before the interview. Ethical researchers verify the participants understand the purpose of the study, roles, protection, confidentiality, and clarify concerns (Deshpande et al., 2020; National Library of Medicine, 1986). At the beginning of each interview, I read the participant consent form. Once the participant agreed to take part in the study, I began the interview.

Ethical researchers should validate the participants feel comfortable and provide reassurance before the interview (Deshpande et al., 2020; National Library of Medicine, 1986). Participants received a copy of the interview protocol (Appendix A), interview questions (Appendix B), participant consent form, and telephone consent form one week prior to the interview. If the participants needed further clarification of the interview questions or asked to expound on their response, I provided clarification.

I made several efforts to demonstrate ethical research behaviors. Ethical researchers should explain to the participants their right to withdraw from the study (Deshpande et al., 2020). I expressed gratitude for the volunteers to participate in the study. Participants were reminded they had the right to withdraw from the study at any time. I provided reassurance their information would be disposed, recorded interviews erased, and archived documents shredded. Upon completion of the data collection, I

continued to address the participants by their official title. After the Walden University

Chief Academic Officer has approved the study, I will provide the participants a link to

access the publication. The Walden University IRB approval number for this study was

11-04-21-0981089.

Participant interviews were needed to address the research question; therefore, I

considered the participants' motivation as an important element of the data collection

process. Participants were responsible to implement strategies to help decrease nurse

attrition; therefore, participants found the research objectives beneficial and remained

motivated to complete the interviews, review the transcripts, and review the results,

findings, and conclusion of the study. Participants were motivated to learn the importance

of nurse attrition and how the results of the study can improve the lives of nurses,

increase patients' perception of their healthcare, and decrease the cost of healthcare.

I followed the IRB protocol throughout the duration of the study. Students must

follow the IRB protocol to conduct ethical research, protect participants, and maintain the

confidentiality of the selected organizations (Walden University, 2020b). B1D1, B2D1,

and B3D1 are stored in a locked cabinet for 5 years, after the expiration of 5 years, the

documents will be disposed. The hard copy files will be disposed by a shredder, and the

recorded interviews and electronic files stored on the universal serial bus will be

permanently deleted. Failure to follow the IRB protocol could result in an involuntary

cancellation of the study by the partner organization and Walden University; therefore, I

complied with the IRB requirements. Next, I discussed the data collection instruments.

Data Collection Instruments

The researcher is the primary data collection instrument for qualitative studies (Cypress, 2017; Fusch & Ness, 2015). Researchers use data collection instruments to acquire information from a variety of sources for a precise reason (Rimando et al., 2015). Zoom conference calls, and alternatively, telephone calls were used to conduct virtual interviews; however, participants were provided the option to use other forms of communication. B1D1, B2D1, and B3D1 were employee engagement survey results used as the secondary source of information.

The interview protocol (Appendix A) was a guide to conduct semistructured, open-ended interviews as the primary data collection method. Researchers who use the qualitative design compile interviews, observations, and records to complete studies (Creswell & Poth, 2017). Government agencies were required by law to implement measures to reduce close contact and decrease the spread of the coronavirus (Office of the Texas Governor, 2020). In-person observation was not authorized at the time of data collection and did not align with federal, state, and local public health directives to slow the spread of the coronavirus. Walden University (2022) required researchers to practice social distancing during the COVID-19 pandemic. A combination of Zoom conference calls and a telephone call were used to conduct semistructured, open-ended interviews that consisted of eight questions.

The interview protocol (Appendix A) was the primary guide to complete the interviews, which ranged 30 minutes to 90 minutes. Researchers recorded interviews to transcribe information, which allowed the participants access to the written version of

their response. Recorded interviews are useful to revisit information to complete data analysis (Yin, 2018). Researchers who use the case study design may impact the outcome based on the theoretical, analytical, and ethical decisions, but should factor the researcher's background (Gallagher, 2019). Some researchers who used the case study design completed studies in a shorter duration than other designs, which other designs required a physical presence of the researcher in the participants' environment (Gallagher, 2019). I used the interview protocol (Appendix A) for each interview to remain aligned with the qualitative method and case study design.

I provided periodic updates to develop and maintain an academic relationship with the participants until the completion of the study. Researchers who use the qualitative method should be detail oriented, ensure the interview questions align with the overarching research question, and justify the sequence of questions (Leech, 2002). Researchers who conduct semistructured, open-ended interviews secure comfortable environments, keep participants informed, verify the accuracy of their interpretations, and clarify portions of the interviews (Cridland et al., 2015). I established a strong researcher-participant relationship to develop an open line of communication to convey information, detect individual needs, and remain attentive to behavioral traits. The researcher-participant relationship required time to develop. I maintained the relationships by sending each participant periodic updates regarding the approval status.

I achieved data triangulation to avoid faulty interpretations of the results and findings. Researchers use triangulation to confirm if their analysis of the data collection remains accurate and reliable (Bryman, 2004). Data triangulation helps to obtain a full-

range assessment of a phenomenon through analyzation of collected information from difference sources (Jentoft & Olsen, 2019). I analyzed the five semistructured, open-ended interviews and three branch survey results to achieve data triangulation.

Member checking was needed to increase the reliability and validity of the study. Researchers achieve member checking after the participants review, analyze, and provide feedback on the findings and conclusion (Fusch & Ness, 2015). Member checking was vital in this study; therefore, maturing the researcher-participant relationship was needed to facilitate this requirement.

The collection of employee engagement survey results was the secondary data collection technique. Researchers conduct digital archival searches to retrieve organizational documents to support their study (Kuzma & Moscicka, 2018). Electronic folders were used to safeguard the archived documents. The organization's IRB and the participants were informed I needed access to employee engagement survey results to achieve data triangulation. I reviewed the employee engagement survey results and examined the information referenced within the participant interviews. Three employee engagement survey results were used in combination with the five semistructured, open-ended interviews to identify codes and develop themes.

Researchers ensured reliability and validity throughout their study; therefore, this process was applied to the data collection instruments and data collection technique. Reliability is a repetition of a method with the same outcome under similar conditions, while validity is the confirmation of a reliable process (Cypress, 2017). Researchers use member checking to validate the results, obtain a deeper understanding of the topic, and

find gaps in previous research that promotes change and innovation (DeCino & Waalkes, 2019). Some managers may use the findings and results of this study to make decisions that improve the lives of nurses, increase patients' perception of their healthcare, and decrease the cost of healthcare; therefore, validity and reliability was a priority throughout the study. Next, I discussed the data collection techniques.

<div align="center">**Data Collection Technique**</div>

Researchers employ suitable data collection techniques to obtain the needed information to complete studies (Chu & Ke, 2017). I assumed Skype conference calls would be the primary data collection technique, and telephone conference calls would be the alternate data collection technique. However, a combination of Zoom conference calls were the primary data collection technique, and telephone calls remained the secondary data collection technique. Participants were provided other forms of communication which they felt comfortable. Three employee engagement survey results were used as the secondary data collection technique. I reached data saturation with the completion of five semistructured, open-ended interviews, and the analysis of three employee engagement survey results.

Researchers who conduct semistructured, open-ended interviews coordinate with participants and develop relationships to meet the required components (DeJonckheere & Vaughn, 2019). Researchers demonstrate preparedness for data collection through exploration of the purpose and scope of the study, select eligible participants, and present the findings (DeJonckheere & Vaughn, 2019). In consideration of the researcher and

participant safety, I complied with public health directives and social distancing policies to accomplish five semistructured, open-ended interviews.

Operating during the COVID-19 pandemic required safety precautions such as social distancing and using virtual communications; therefore, social distancing was incorporated to complete the study. Walden University (2022) required researchers to conduct virtual interviews in accordance with the Center of Disease Control COVID-19 pandemic restrictions. Researchers using virtual meetings may complete interviews from various geographic locations (Gray et al., 2020; Seitz, 2016). Virtual interviewing is a newly accepted forum to meet social distancing requirements for business operations (Day et al., 2020). Researchers using virtual meetings risk losing internet connectivity, encounter unexpected program errors, losing participants, and making adjustments involving different time zones (Seitz, 2016). Participant communication was a positive aspect of virtual interviewing, which contributed to a healthier researcher-participant relationship.

Nonverbal communication was observed for most interviews. Researchers who conduct virtual interviews interpret the participants' nonverbal communicative behavioral traits, and enable the interviewer to contest verbal and nonverbal communication to gain a better comprehension of each response (Gray et al., 2020; Opdenakker, 2006). One disadvantage of virtual interviews occurs when the researcher deviates from the interview protocol (Opdenakker, 2006). In contrast to in-person interviews, researchers using information technology are likely to obtain greater access to participants who are geographically separated (Gray et al., 2020). I accomplished five semistructured, open-

ended interviews, which 80% were completed by Zoom conference calls, and 20% by a telephone call. I listened to the recorded interviews and observed the body language of B2P1, B2P2, B3P1, and B3P2 by Zoom conference calls, which I gained a greater interpretation of their response. The interview for B1P1 was completed by telephone due to a technical issue with the participant's preferred application.

I remained attentive of the primary purpose of qualitative data collection and the appropriate use of this data collection technique. Researchers using the semistructured, open-ended interview technique obtain rich data, participants drive the conversation, and the protocol remains aligned with the interview questions to address the research question (Brown et al., 2015). In qualitative research, participants provide information leading to innovative ideas and further exploration of the research question (Brown et al., 2015). Researchers using the qualitative method understand the volunteers' culture to maximize participation; comprehend cultural norms, and avoid offensive actions (Quynh & Nguyen, 2015). Adhering to the interview protocol (Appendix A) was the primary guide to ensure standardization throughout the study. The interview protocol (Appendix A), interview questions (Appendix B), participant consent form, and telephone consent form were provided to each participant one week prior to the interview. Each participant was sent an email and received a telephone call to schedule and confirm the interview.

Participants needed to feel comfortable and safe to provide rich information that addressed the research question. Qualitative researchers should provide environments to help the participants focus and address the interview questions in rich detail with minimal distractions (Wilson et al., 2016). Some researchers and participants shared positive

experiences that include flexibility to conduct interviews, adjust schedules, reduced travel costs, and other impromptu adjustments (Mirick & Wladkowski, 2019).

Skype conference calls were proposed as the primary data collection technique. Professional and academic researchers may use Skype conference calls to conduct interviews (Mirick & Wladkowski, 2019). However, a combination of Zoom conference calls, and a telephone call were the data collection techniques to complete five semistructured, open-ended interviews.

Telephone calls were reserved in lieu of Skype conference calls, Zoom conference calls, and Microsoft Teams conference calls. Researchers using a telephone to conduct interviews may have an advantage and gain access to participants unavailable to complete virtual interviews, geographically separated, and reduce the cost to complete the interview in comparison to the other forms of data collection that require internet connectivity (Opdenakker, 2006). However, researchers using a telephone to conduct interviews may lack insight of nonverbal communication (Opdenakker, 2006). Researchers should comprehend the participants' speaking pace, ensure the participants are able to interpret each question, and provide a response (Phillips, 2020). Researchers and participants may reside in various locations; therefore, both may be unaware of the environmental distractions (Gray et al., 2020; Opdenakker, 2006). The time consumption to transcribe a telephone interview is another disadvantage of this technique (Opdenakker, 2006). I used an iPhone voice recorder and Memos Pro application to record the interviews, and Microsoft Word Online to transcribe the recorded interviews into written documents.

Table 2

Interview Sessions

Participants	Data collection technique	Date of interview session
B1P1	Telephone call	December 29, 2021
B2P1	Zoom conference call	February 11, 2022
B2P2	Zoom conference call	February 3, 2022
B3P1	Zoom conference call	February 17, 2022
B3P2	Zoom conference call	March 4, 2022

The branch survey results (B1D1, B2D1, and B3D1) were the secondary data sources. The electronic version of the branch survey results were stored using Adobe portable document format. Archived information can include but is not limited to newsletters, reports, items with direct relation toward the subject, and photographs (Yin, 2018). Researchers using the qualitative method conduct a document analysis to review, evaluate, analyze, and interpret the information to obtain additional knowledge (Bowen, 2009). The human resources office provided B1D1, B2D1, and B3D1 electronically, because the participants were unable to release this information for the purpose of the study. I collected information that was useful to address the research question.

To confirm the findings and results, I needed to achieve data triangulation. Researchers achieve data triangulation to assess the phenomenon and the ability to analyze the collected information from difference sources (Jentoft & Olsen, 2019). Data triangulation was achieved through the completion of five semistructured, open-ended interviews and the analysis of three branch survey results. I maintained a strong researcher-participant relationship to achieve member checking. Comparing and contrasting the primary and secondary data collection technique was useful to achieve data triangulation. Next, I discussed the importance of the data organization technique.

Data Organization Technique

Adhering to a process-oriented technique ensured the safety, security, and organization of the collected data. Researchers should remain cautious of distractions when using mobile devices during interviews (Misra et al., 2016). Researchers managing substantial data sets can use electronic devices to store large volumes of information (Renwick et al., 2017). The data organization technique was comprised of maintaining interview transcripts, employee engagement survey results, voice recordings, a reflective journal, notes on a password-protected universal serial bus, participant consent forms, interview protocol, and interview questions in a locked cabinet in my home.

Preserving the integrity and privacy of the archived company documents was achieved by labeling the documents as B1D1 for Branch 1, B2D1 for Branch 2, and B3D1 for Branch 3. Interviews were labeled as B1P1 for Participant 1 at B1, B2P1 as Participant 1 at B2, B2P2 as Participant 2 at B2, B3P1 as Participant 1 at B3, and B3P2 as Participant 2 at B3. The documentation regarding nurse feedback toward the organization provided a historical background of the private medical treatment facility branches. The universal serial bus and support documentation will remain in a locked cabinet for 5 years; after 5 years, the documentation will be destroyed by shredding the paper files, and the recorded interviews and software will be permanently deleted. I am the only person with access to the cabinet.

I used a reflective journal for taking notes throughout the interviews. A reflective journal is a personal catalog of documented ideas (Cathro et al., 2017). The interview notes were used to code themes. The interviews were transcribed and coded no later than

3 days after the interview. The transcript review was completed when the participants reviewed the transcript to clarify statements or modify their response.

I considered researcher bias and the impact toward the study. Some researchers were emotionally biased which negatively impacted the transcription phase of the data collection (Kiyimba & O'Reilly, 2016). Researchers achieve bracketing by collecting data and suspending their assumptions (Fischer, 2009). I used bracketing and followed the steps outlined within the interview protocol (Appendix A) to decrease researcher bias. I took several approaches to ensure all pre-meeting requirements were addressed prior to the interviews.

I documented notes to help transcribe the information collected from the five semistructured, open-ended interviews. Researchers validate and check for reliability of information during the data analysis by transcribing the recorded interviews (Ravitch & Mittenfelner-Carl, 2016). Academic and professional researchers should understand the importance of accurate data analysis (DeFelice & Janesick, 2015). Notes were taken during each interview to assist in transcribing the information to fulfill the requirements of data collection and data analysis.

I focused on minimizing distractions while taking notes during the interviews, and continuously made eye contact with the participants. B2P1, B2P2, B3P1, and B3P2 used an application with a video conference feature to complete their interview. I was unable to make eye contact with B1P1 because there was an issue with the proposed conference call application; therefore, the alternative data collection technique was used for B1P1, and the interview was completed by a telephone call.

Researchers can meet virtually, but should confirm if the participants have access and internet connectivity prior to the interview (Goncalves & Smith, 2018). Researchers who use the qualitative method can use virtual meetings, but should understand new types of behavior and protocol that apply to virtual meetings versus in-person interviews (McKenna et al., 2017). Researchers using the qualitative method have the ability to incorporate mining techniques, analyze software data, implement data gathering and analyzing techniques, develop a sound understanding of virtual meetings, and resolve application issues during the interview (McKenna et al., 2017). To limit technological distractions, I practiced using the selected conference call application prior to the interviews to familiarize myself with the required technology to resolve issues in a timely manner. Most interviews were conducted using the Zoom conference call application; therefore, I maintained a monthly subscription which cost $15.99 monthly. I purchased a Microsoft Teams conference call subscription for $5.99 monthly; however, Zoom conference call seemed more user friendly, and the participants preferred Zoom conference calls.

During the interviews, I remained attentive by taking notes, focused on the protocol objectives, and identified the participants' key response. I monitored the need for telephone conversations in lieu of the participants' preferred application to complete five semistructured, open-ended interviews. Researchers should explain the reason for using a telephone call as opposed to more interactive communication (Farooq & de Villiers, 2017). Participants were provided the option to select other forms of communication to complete the interviews. Researchers may warrant conversations prior

to the interview to ensure the participants feel comfortable and provide alternative plans (Farooq & de Villiers, 2017). Participants were advised of their role and purpose throughout the study to clarify the research objectives and decrease potential barriers.

The IRB requires researchers to present plans to keep the participants' identity confidential (Surmiak, 2018). Researchers depend on the participants' cooperation to complete the study; in return, researchers must safeguard and protect the participants' confidentiality (Palys et al., 2018; Surmiak, 2018). Researchers using documents should adhere to the sampling protocol and protect the identity and confidentiality of the subjects associated with the archived documents (National Library of Medicine, 1986; Shunichi et al., 2002). I followed the IRB guidelines to ensure the participants and the survey results remain confidential. The data organization technique was required and led into the next phase of the study, which was data analysis.

Data Analysis

Qualitative researchers should rehearse data analysis procedures to define meaning, relations, and develop a conclusion from the data collection (Castleberry & Nolen, 2018). Researchers may value a scrupulous and methodical strategy, analyze qualitative data, ensure the authenticity, and focus on credibility of the findings and conclusion (Stuckey, 2015). I transcribed the interviews before applying Yin's five stages of data analysis. Yin (2018) five steps of data analysis are (a) compile data, (b) disassemble data, (c) reassemble data, (d) interpret data, and (e) develop a conclusion. The qualitative data analytical software NVivo was used to store and interpret the information to complete the five-steps. Researchers using qualitative data collection

techniques may conduct interviews, observe participants' behavior, and embed themselves within the participants' environment (Marwill & Rossman, 2016). In comparison to quantitative researchers, qualitative researchers perform strategies to gain expert level comprehension to address the research question with subjectivity as opposed to numeric objectivity (Fusch & Ness, 2015).

Figure 2

Data Analysis
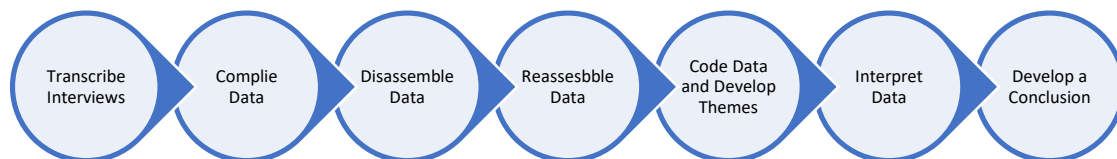
I transcribed the participants' response after the interviews and converted the recorded interviews into written documents. Transcribing information obtain after an interview has the potential to increase the validity and reliability of the analysis (Ravitch & Mittenfelner-Carl, 2016). Accurate data analysis is dependent upon precise note taking that aides the transcription phase of the study (DeFelice & Janesick, 2015). I remained cognitive taking notes during the interviews had the potential to become a distraction.

Compile data is the first stage of data analysis (Yin, 2018). Researchers using the qualitative method for data analysis may compile data, collect information through interviews, observe participants, and obtain archived documents (Yin, 2018). I used an iPhone application to record the interviews, and Microsoft Word Online to transcribe the information into written documents. I began the compiling stage of data analysis upon

completion of the five semistructured, open-ended interviews and the collection of three branch survey results. Disassembly is the next stage of the data analysis.

Disassembly is the second stage of data analysis (Yin, 2018). Qualitative researchers disassemble data by dissecting the collected interviews, observations, and archived documents and critically analyzing the information to determine the appropriate grouping and categories (Yin, 2018). Researchers using the qualitative method for data analysis can develop initial themes during the disassembly stage (Vaismoradi et al., 2016). Novice researchers adhere to the stages of data analysis and avoid inaccurate results and faulty conclusions (Yin, 2018). I did not develop any themes during the disassembly stage. Prior to reassembly, researchers using the qualitative method may code the data (Williams & Moser, 2019).

Reassembly is the third stage of data analysis (Yin, 2018). Researchers using the qualitative method can reassemble data by aligning the collected interviews, observe the participants' behavior, retrieve archived documents into similar groups, and categorize information (Yin, 2018). Qualitative researchers may reassemble data through the alignment of similar patterns of data in specific groups to develop themes (Vaismoradi et al., 2016). I reassembled the collected data to identify the emerging themes. I used NVivo software to match keywords and phrases. Researchers should remain truthful and the information reliable during data reassembly (Graneheim et al., 2017). Prior to interpretation, the collected data was reviewed, and the processes replicated.

I coded the collected data after completion of Yin's reassembly stage of data analysis. Researchers using the qualitative method will assemble data by categorizing,

sorting by theme, and defining the foundational purpose of the order and analysis (Williams & Moser, 2019). I read the interview transcripts several times before coding data. Researchers using the qualitative method will identify and group information with similarities and reference this information as codes (Creswell, 2014). I used Microsoft Word comment feature to identify relevant pieces of information that I would revisit and label with a word, term, or phrase as the code. Researchers present codes and develop themes, which are the results and findings within a qualitative study (Creswell, 2014; Stuckey, 2015). I detected 28 codes, which led to the development of four themes.

I used NVivo software for data analysis and data organization. Qualitative researchers can demonstrate the effectiveness of NVivo through nonnumeric strategies and coded data such as people, places, ideas, and subjects (Richards & Richards, 2003). Researchers can use NVivo to organize and code data from various sources, import, organize, explore, and connect multiple data sources simultaneously (Cypress, 2019; Dalkin et al., 2021). Qualitative researchers collect, code, and analyze the data, which coding is the phase between disassembly and reassembly (Clark & Vealé, 2018). I practiced using NVivo software to organize data, identify codes, and develop themes.

Qualitative researchers should investigate the nature of the themes, results, and findings related to the selected conceptual framework as the lens to view the problem (Yin, 2018). I used Yin's five stages of data analysis to compile, disassemble, and reassemble data to complete analysis to help identify the codes, identify themes derived from the code, and decipher how the results and conclusion addressed the research question. I confirmed the information was valid and reliable when the same results can be

replicated in a similar environment. Coding and theme accuracy are considerations

throughout the data analysis (Creswell, 2014; Yin, 2018). Qualitative strategies that align

with the methodology and conceptual framework foster academic analyzation,

interpretation of the data, and further contribute to the literature review (Yin, 2018).

Discussing the differences within the literature review helped to identify several gaps

within previous research and provided a need to accomplish the study. After coding the

interview transcripts, I began Yin's fourth stage of data analysis.

Interpretation is the fourth stage of data analysis (Yin, 2018). Qualitative

researchers interpret the labeled groups and categories of collected interviews,

observations, and archived documents and explain the similarities and differences of data

within each group and how they relate to the research question by synthesizing the reason

and logic using narrative probes (Yin, 2018). I have articulated the interpretations based

on the keywords and phrases, in addition to the branch survey results. Researchers should

avoid premature narratives and remain unbiased during the data interpretation phase to

gain a deeper insight of the phenomenon (Yin, 2018). For each interpretation, I

implemented a 24-hour intermission prior to confirmation of the findings to ensure a

biased-free assessment. If a modification was required, I revisited the previous steps. If a

modification was not required, I proceeded to Yin's final stage of data analysis, the

conclusion.

The conclusion is the final stage of data analysis (Yin, 2018). Qualitative

researchers compile, disassemble, reassemble, and interpret the collected data to develop

the conclusion and create themes founded on the data collection (Yin, 2018). I developed

the conclusion based on the alignment of keywords and phrases contained within the recorded interviews and the keywords. I completed the data analysis and identified the emerging themes before finalizing the results. Qualitative researchers have the option to create themes that support their preconceived notions or biased perceptions; however, it remains important the researcher most accurately reports the results and findings derived from Yin's five stages of data analysis (Graneheim et al., 2017).

Data triangulation may increase the validity and reliability through the analysis of collected information from difference sources (Jentoft & Olsen, 2019). Qualitative strategies are useful to foster code and theme development (Moon, 2019). Qualitative researchers may code and develop themes when they map relationship strategies, seek exclusion criteria, and identify the strategy for each category (Vaughn & Turner, 2016). I used NVivo software to properly code the concepts and ideas. The branch survey results were used to substantiate the noted differences and similarities within the semistructured, open-ended interviews. Next, I discussed the importance of reliability and validity.

Reliability and Validity

Ensuring reliability, dependability, validity, triangulation, credibility, transferability, confirmability, and data saturation were needed to report the results and findings that addressed the research question. Researchers should follow a protocol to achieve reliability and develop a process to validate results (Cypress, 2017). Method, investigator, theory, and data source are types of qualitative triangulation (Carter et al., 2014). Member checking, data triangulation, and data saturation is useful to achieve prominent levels of credibility (Cypress, 2017).

Reliability

Researchers should explain member checking as the validation of results, explore a deeper insight of the topic, and expand the discussion on topics not sufficiently addressed in previous research (DeCino & Waalkes, 2019). Researchers may achieve reliability by following a standard protocol and obtain comparable results, and detail the procedural steps, confirm the results, and the conclusions align with a scientific approach to justify the presentation (Cypress, 2017). Researchers can focus on triangulation and increase the reliability and validity by cross referencing multiple sources of information to identify gaps in the results and conclusion, or confirm the data is valid based on the numerous lenses to assess the information (Moon, 2019; Renz et al., 2018). Researchers should accomplish member checking to achieve reliability before the results and conclusion are published (Moon et al., 2016). Researchers should follow sequential instructions, collect data, interpret findings, and evaluate the results to achieve dependability (Moon et al., 2016). I followed standard guidelines to analyze the collected data to complete the study.

Validity

I strived to provide valid strategies to decrease nurse attrition. Researchers should pursue trustworthiness, credibility, dependability, confirmability, authenticity, rigor, plausibility, goodness, soundness, transferability, and quality assessment to ensure validity and reliability (FitzPatrick, 2019). Validity is the confirmation of a reliable process (Cypress, 2017). Scholars should observe one or more theories that align with the research question to achieve validity (Erlingsson & Brysiewicz, 2013). Researchers

should request the participants validate the findings and results through member checking (Birt et al., 2016). I reengaged with the participants' to interpret their response. Researchers should provide the intended audience the assumptions, limitations, delimitations, and biases to formulate a solidified insight of how and why specific processes are needed (Rau, 2020; Yin, 2018). Researchers can build trust through credibility, transferability, confirmability, and data saturation (Moon et al., 2016). Researchers may use pilot studies or subcomponent processes to meet project requirements (Doody & Doody, 2015; Eldridge et al., 2016; Kistin & Silverstein, 2015). I conducted five semistructured, open-ended interviews from a pool of three private medical treatment facility branches to achieve greater validity as opposed to a single branch. A protocol was sufficient to present a valid study for the audience. Next, I discussed credibility, transferability, confirmability, and data saturation..

Credibility

I remained cognitive to present a credible study. Researchers may earned credibility by using member checking and data triangulation to present true and accurate findings (Moon et al., 2016). Member checking, triangulation, and data saturation can be used to obtain high levels of credibility and trust (Cypress, 2017). Researchers can use member checking and triangulation to achieve credibility which is the consistency of true and accurate assessments of the interpreted data and results (Moon et al., 2016). Researchers should achieve member checking and triangulation to address the research question with unbiased and justified supporting material (Moon et al., 2016). I remained cognitive to present a credible study, and the transferability of the findings and results.

Transferability

Transferability signifies the application to convey the findings and results in a similar setting (Moon et al., 2016; Munthe-Kaas et al., 2019). Researchers should determine if the results and findings are transferable to the research question (Munthe-Kaas et al., 2020). Transferability refers to the likelihood the results and findings of a research study would be true in a similar environment under the same constraints (Moon et al., 2016; Munthe-Kaas et al., 2019). The outcomes and results may be universal across similar environments, while further studies are needed to determine the transferability to improve the lives of nurses, increase patients' perception of their healthcare, and decrease the cost of healthcare.

Confirmability

Researchers may achieve confirmability by listing the steps and processes obtained through the results and findings (Moon et al., 2016). I used confirmability to assist with clear communication, avoid misinterpretations, and contribute to a scholarly discussion related to nurse attrition. The purpose of confirmability is to increase the researcher's credibility and provide the appropriate steps and instructions to determine the results and conclusions (Moon et al., 2016). Participants had clarifying questions; therefore, the interview protocol (Appendix A) was used as the foundational entrance to obtain rich textual data. I clarified questions to avoid misinterpretations and rephrased questions when needed.

Data Saturation

Researchers achieve data saturation when the participants provide sufficient information that is grouped in categories, and there is no evidence of additional information or new themes (Fusch & Ness, 2015; Hancock et al., 2016; Kerr et al., 2010). Researchers can use member checking, transcript reviews, and triangulation to achieve data saturation (Cypress, 2017). I used five semistructured, open-ended interviews, and three branch survey results to address the research question and reach data saturation. The goal was to avoid redundancy, but obtain a sufficient volume of data to address the research question. Future researchers should adhere to the protocol used in this study to obtain comparable results within similar environments.

Transition and Summary

In Section 2, I provided the details of how the study was completed. The elements within Section 2 included the purpose statement, role of the researcher, and participants. Knowing the research method and design, population and sample, and ethical research policies may help to understand the purpose of the study. Data collection instruments, data collection technique, data organization technique, data analysis, reliability, dependability, and validity provided insight on the sequential and chronological processes to complete phases within the study. Credibility, transferability, confirmability, and data saturation were provided to reassure the information was truthful, applicable to other areas, and maximum effort was exhibited to complete the data collection and analysis.

Section 3 is the final section of the study that covers the reason and logic of how the study was a benefit to the professional practice. Section 3 contains a further explanation for change to positively impact organizational leaders, and a social change for the community in which the leaders served. The elements within Section 3 includes the introduction, presentation of findings, applications to professional practice, and implications for social change. Finally, Section 3 concludes with the recommendations for action, recommendations for further research, reflections, and conclusion.

Section 3: Application to Professional Practice and Implications for Change

Introduction

One research question guided this study: What leadership strategies do some private medical treatment facility administrators use to decrease nurse attrition? Globally, the COVID-19 pandemic challenged healthcare leaders to devise innovative strategies to deliver medical care that is cost effective (Cypress, 2022). Cost containment is needed to fulfill the growing requirements for medical services without a negative impact toward clinical quality outcomes (Sonymol & Shankar, 2022). The implications for social change include enriching the lives of nurses, improving patients' perception of their healthcare, and decreasing the cost of healthcare.

The purpose of this qualitative multiple case study was to explore the leadership strategies used by some private medical treatment facility administrators to decrease nurse attrition. Attrition is the departure of employees and knowledge, which skills and experience are lost (Hoffman & Tadelis, 2021). I used semistructured, open-ended interviews to identify the strategies used by some private medical treatment facility administrators to decrease nurse attrition.

Five private medical treatment facility administrators completed semistructured, open-ended interviews, and three branch survey results were analyzed to achieve data triangulation. I transcribed the interviews before applying Yin's five stages of data analysis. Yin (2018) five steps of data analysis are (a) compile data, (b) disassemble data, (c) reassemble data, (d) interpret data, and (e) develop a conclusion. The qualitative data

analytical software NVivo was used to store and interpret the information to complete the five steps.

I completed the data analysis and identified the emerging themes before finalizing the results. Upon completion of data analysis, four themes were developed. Theme 1, develop a culture of engagement, was the most important theme to decrease nurse attrition because the participants revealed culture was the leading cause of attrition. B2P2 revealed, "Pay, staffing, and recognition, which is the culture, those are all things that affect attrition. Creapeau et al. (2022) revealed healthcare leaders should understand the importance of emotional support, training, professional relationships, communication, and work culture to decrease nurse turnover.

Theme 2, approach associates' concerns from a perspective of listening, was the second most important theme to decrease nurse attrition because leaders should understand the challenges of nurses rather than make decisions founded upon faulty assumptions. B1P1 revealed, "Listening, not telling, and sticking to my three questions. What's working well? What are the opportunities? And what do I need to be doing differently as a leader to remove barriers." Itzchakov et al. (2022) revealed organizational leaders should invest in training programs to improve employee listening skills which has led to reduced burnout, improved relationships, reduced negative economic impact, and improved work culture.

Theme 3, provide financial benefits within the control of management, was the third most important theme to decrease nurse attrition because financial compensation has been a driving factor of nurse attrition. B2P1 revealed, "The attrition that just about

every hospital or nursing home is significant, and it really has to do with the pandemic
and the fact that people are chasing as much money as they can get." Karagöl and Törenli
Kaya (2022) revealed healthcare workers should receive financial compensation to be
successful under pandemic conditions to decrease burnout and reduce turnover
intensions.

Theme 4, advocate to the United States Federal Government, was important
because a federal intervention is needed to decrease nurse attrition. B2P1 revealed, "I
think healthcare [*sic*] has got to change. In general, as to how we deliver care, I think it
needs to be more value based and less expense based." Werner and Konetzka (2022)
revealed the COVID-19 pandemic exposed long-standing issues with the United States
Healthcare System that requires a federal intervention. Next, I presented the findings of
this study.

Presentation of the Findings

Participants consisted of five medical treatment facility administrators from three
branches located in Southern Texas. The human resources office provided employee
engagement survey results for three branches. The thematic analysis was based on the
most important information the participants provided that addressed the research
question.

Participants

I assumed six participant interviews were needed to address the research question;
however, I reached data saturation after five semistructured, open-ended interviews. All
participants were female leaders in healthcare facility branches located in Southern

Texas. B1 had one volunteer participant, B2 consisted of two volunteer participants, and

B3 consisted of two volunteer participants. Upon completion of the interviews, I used

three branch survey results to substantiate the interview responses to validate data

triangulation.

I made contact with the participants, provided the interview protocol (Appendix

A), the interview questions (Appendix B), and the participant consent form, and proposed

a date and time that was most convenient to complete the interviews. Zoom conference

calls were used to complete four of the five interviews. Microsoft Teams conference call

was projected as the platform to complete one of five interviews; however, due to

technical difficulties, a telephone call was used to complete the interview for B1P1. Prior

to the interviews, I reminded the participants the interview would be recorded, they could

withdraw from the study at any time, and the collected information would remain in a

locked cabinet in my home for the next 5 years to ensure the participants and the survey

results remain confidential. Once the participants agreed to the terms and conditions, I

began the interview. I expressed my gratification to the participants for volunteering in

the study and the benefits of the study. Participants' information is listed in Table 3.

Table 3

Participants

Participants	Years of experience in healthcare	Duty titles
B1P1	35	Chief nurse officer
B2P1	40	Chief nurse officer
B2P2	45	Chief nurse executive consultant
B3P1	17	Clinical director – emergency department
B3P2	20	Director of quality operations

I used three branch survey results (B1D1, B2D1, and B3D1) as my secondary data collection technique. The partner organization had a centralized human resources office that conducted the surveys for three branches: B1, B2, and B3. The human resources office granted access to the survey results for the three branches to complete the study. The associate response rate for each branch is listed in Table 4.

Table 4

Branches

Branch	Associates who responded	Total number of associates	Response percentage
B1	179	415	43.1%
B2	243	463	52.4%
B3	218	350	62.2%

Thematic Analysis

I used five semistructured, open-ended interviews and the branch survey results from B1, B2, and B3 to collect data. The interviews were recorded and loaded onto Microsoft Word Online, which allows voice to text transcription. Upon completion of the interview, each participant was emailed a copy of the transcript to ensure the information was accurately recorded and captured. I provided the results and findings to accomplish member checking. Only one participant requested clarification of the findings and conclusion.

The transcripts were loaded into NVivo to help analyze the collected information. I listened to the recorded interviews multiple times and read the transcript line-by-line before coding the information. I coded the information by listening to the participants'

emphasis, frequency of words, and main ideas. I used B1, B2, and B3 branch survey results to compare the participants' response.

Participants were unable to provide the branch survey results; therefore, I was granted permission to retrieve the survey results from the human resources office. I explained the need to obtain the information to achieve data triangulation. After a 15-minute discussion, the requested documents were provided electronically. The branch survey results were used to compare, validate, and contrast the participants' response.

Prior to making assumptions, I dedicated 3 days to review the branch survey results conducted in January 2022 by the centralized human resources office. The instrument was identical for B1, B2, and B3; however, the results of the survey varied by branch location. I used the branch survey results in conjunction with the participant interviews to achieve data triangulation.

Upon analysis of the interview transcripts and branch survey results, I began to identify themes that provided strategies to decrease nurse attrition. The four themes are (a) develop a culture of engagement; (b) approach associates' concerns from a perspective of listening; (c) provide financial benefits within the control of management; and (d) advocate to the United States Federal Government. All themes aligned with the conceptual framework. The specific alignment for each theme is later discussed in this section.

Table 5

Themes

Themes	B1P1	B2P1	B2P2	B3P1	B3P2
Theme 1. Develop a culture of engagement	88	45	127	61	48
Theme 2. Approach associates' concerns from a perspective of listening	149	57	132	77	71
Theme 3. Provide financial benefits within the control of management	15	30	41	66	7
Theme 4. Advocate to the United States Federal Government	0	42	41	19	2
Grand total	252	174	341	223	128

Emergent Themes

Four themes emerged from the data analysis. Theme 1, develop a culture of engagement, was the most influential strategy to decrease nurse attrition. Theme 2, approach associates' concerns from a perspective of listening, revealed participants found communication and responding to associates' feedback will help decrease nurse attrition. Theme 2 was the second most influential strategy to decrease nurse attrition. Theme 3, provide financial benefits within the control of management, revealed participants recommended managers have positional authority to make decisions to provide monetary incentives to help decrease nurse attrition. Theme 3 was the third most influential strategy to decrease nurse attrition. Theme 4, advocate to the United States Federal Government, revealed the participants have no control if the government fails to address the problem. Theme 4 was the fourth most influential theme to decrease nurse attrition.

Theme 1. Develop a Culture of Engagement

Participants revealed the need for leaders to develop a culture of engagement. Participants stressed communication and recognition as the foundation to develop a culture of engagement. Healthcare leaders should implement these findings to help decrease nurse attrition.

B1P1 emphasized the importance of remaining visible: "Go to the gemba, see where everything happened. Don't make decisions from your office, but the power of connecting with emotions at the bedside." A *gemba* is a place within an organization where value is created (Thull-Freedman et al., 2020). The Branch 1 survey, B1D1 revealed 89% of B1, the Branch 2 survey, B2D1 revealed 87% of B2, and the Branch 3 survey, B3D1 revealed 79% of B3 would recommend their manager to others.

B1P1 stressed the need for leaders to address relationship issues between physicians and nurses:

I think [*sic*] there's a number of associate concerns we always have to look at with those collegial relationships between physicians and nurses is key. How do your physicians play into helping to retain nurses? And I think [*sic*] they're key to get on board with understanding what the challenges are. And [*sic*] anytime we have a nurse leaving because the common edges of the physicians have zero to little respect, the behavior has to be addressed.

B1D1 revealed 81.0% of B1 employees felt they were treated with respect and dignity. The results were similar for B2D1 indicated 75.0% of B2; B3D1 indicated 80.0% of B3 felt they were treated with respect and dignity. In a study of 62 nurses located in

England, Stievano et al. (2018) found nurses believe respect was essential to perform official duties, and relations between other healthcare professionals is the foundation. In a study of 21 clinical nurses located in Iran, Valizadeh et al. (2018) revealed physician dominance, lack of nurturing, negative attitudes toward nurses, high workload, disrespect toward nurses, discrimination toward nurses, lack of support, lack of appreciation and attention to meritocracy were considered threats to a clinical nurse's dignity. In a study of four business leaders located in Texas, Kentucky, and Florida, Ramos (2019) observed hospital leaders positively impact nurse attrition when they build strong personal and professional relationships founded upon trust and respect.

B2P1 expressed the importance for leaders to engage with associates by stating, "I would say that the most effective strategy is, the more engaged the nurses are with their particular department or with their unit as well as how well they're engaged with the entire facility." B2D1 indicated the B2 engagement index was rated at 73; however, this was 1 point below the benchmark. In a study of 1,885 surveys completed by female registered nurses, Hisel (2020) indicated nurse managers should use strategies that prioritize employee engagement as a leadership behavior to increase retention. In a study of 280 nurses located in Zagazig, Egypt during the COVID-19 pandemic, Mohamed et al. (2022) discovered 32.1% of nurses had low engagement directly related to the increased workload associated with the pandemic. In a study of 10 front-line nurses located in Spain, Vázquez et al. (2022) observed constant adaption to change, participating in decision making, management of uncertainty, prioritization of staffing needs, and the

focus of nursing ethics were experiences of front-line nurse managers during the COVID-19 pandemic.

B2P2 explained the importance of having a positive culture. B2P2 stated, "Having a good culture is the most effective strategy. Keeping people on board is what kind of culture are you creating in your organization? What are your values [*sic*] sets?" B2D1 indicated 87.0% of B2 would recommend their manager to others. In a study of 50 nurses located in the Southwestern United States, Koneri et al. (2021) found newly higher graduate nurses are likely to remain with the organization when they feel supported, receive recognition and praise, and develop a sense of self-worth. In a study of 67 staff nurses located in the state of Missouri, Kostich, et al. (2021) indicated the perception of having a caring manager or supervisor led to positive work environments for nurses and improved patient satisfaction.

B3P1 expressed that a good organizational culture is the most effective strategy to decrease nurse attrition: "Creating the positive culture in the department is most effective because it's something that you create amongst your team and it's something that as long as you have engaged associates." In a study of 336 nurses located in Pakistan, Habib et al. (2020) found public and private sector nurses thrived which led to increased performance when organizational managers demonstrated interpersonal leadership skills to develop a good culture. In a study of 303 bedside nurses located in China, Gong and Li (2019) noticed when leaders supported mentors, healthcare leaders facilitated a culture which nurses felt comfortable to communicate effectively. B1D1 indicated 69.0% of B1, B2D1 indicated 68.0% of B2, and B3D1 indicated 60.0% of B3 survey respondents felt

positive about collaboration across groups and culture. In a study of 91 comment cards from a military academic hospital located in the Mid-Atlantic United States, Littleton et al. (2019) found unit rounding by nurse managers was linked to positive work environments for nurses, decreased noncompliance, and increased patient satisfaction. In a survey of 329 nurses located in South Korea, Lee and Kim (2020) discovered nurse managers should establish a culture of positive relationships and open communication to reduce nurse turnover intentions. In a study of 76 participants comprised of nurses and nursing students from the state of Pennsylvania, Hetzel-Riggin et al. (2020) found poor engagement has led to nurse burnout, which contributed to a shortage of nurses.

B3P2 recommended leaders understand the importance of culture and onboarding by taking a holistic approach:

It'll come down to a culture fit, and sometimes I have found is it may be our onboarding process. You have to have a solid onboarding process anytime you're dealing with staff, it's gotta be a holistic approach, and they have to feel welcome as a person. They also have to feel like they're getting what they need from a clinical educational perspective that will give them the skills, the cases, the knowledge, skills and abilities they need from a clinical educational perspective.

In a study of 80 new graduate nurses, Ohr et al. (2020) linked the onboarding of new nurses impacted relationship building. B1D1 indicated 68.0% of B1, B2D1 indicated 64.0% of B2, and B3D1 indicated 64.0% of B3 felt they had good opportunities to learn and grow at the organization. In a study of 125 new nurses, Smith et al. (2022) revealed professional nurse teams must continue meeting orientation requirements by

implementing innovative ideas such as hybrid programs convenient and desirable, easy to access, involve a hands-on approach, and promotes a comfortable learning environment. In a study of 604 nurses, Haji Mustapa et al. (2021) found last minute changes to schedules, staffing shortages, and mandated shiftwork were barriers to professional development. Healthcare leaders should develop a culture of engagement; however, this study revealed leaders should also approach associates' concerns from a perspective of listening to decrease nurse attrition.

Theme 2. Approach Associates' Concerns From a Perspective of Listening

Participants revealed the second most important theme was for leaders to approach associates' concerns from a perspective of listening. Participants expressed the need for healthcare leaders to understand the importance of communication. Healthcare leaders should implement these findings to decrease nurse attrition.

B1P1 stressed the need for leaders to communicate effectively: "Whether it is a chief medical officer, unit director, manager, or supervisor, consistently be on the same page to ensure they are delivering a consistent message." B1D1 revealed 89.0% of B1, B2D1 indicated 87.0% of B2, and B3D1 indicated 79.0% of B3 would recommend their manager to others. Employees at B1, B2, and B3 share a favorable impression of their leaders.

B2P1 stressed the importance of talking with nurses and finding out what are their concerns: "I think you need to find out what the associates would like, surely you have to talk to them, whether it's through a survey or is sitting down and talking to them and finding out you know what's going on." B1D1 revealed B1 was nine points above the

benchmark, B2D1 revealed B2 was eight points above the benchmark, and B3D1 revealed B3 was three points above the benchmark concerning employees recommending their manager to others. B2P1 was supported by B1P1, which B1P1 emphasized the importance of good communication: "Consistently from the CNO, [*sic*] circle back to respond to what you're seeing and hearing from the nurses to continually reinforce or keep a consistent process in place for that two-way dialogue and that two-way communication."

B2P2 expressed the need for leaders to listen to the associates: "First and foremost is listening to what nurses want, that's incredibly important." B2D1 indicated 66.0% of B2 survey respondents were satisfied with their recognition or praise they received from work. Leaders at B2 have room for improvement to find out more of what the associates value.

B3P1 expressed the need to focus on open and honest feedback. B3P1 recommended, "I think having the open conversations, doing the rounding, and knowing people on a personal level." B3P1 noted, "I feel comfortable that my people feel comfortable communicating their issues." B3D1 indicated B3 did not meet the organization benchmark for employee engagement for January 2021 and January 2022. The surveys indicate leaders at B3 may be less engaged than leaders at B1 and B2, because B1D1 revealed 74% of B1, B2D1 revealed 73% of B2, and B3D1 revealed 68% of B3 in regard to the employee engagement benchmark for January 2022. Only B1 met the organization benchmark of 74%.

B3P2 used the human resources office as a source to measure the effectiveness of her strategies toward nurse attrition. "I actually have conversations with our HR person here, and if she's identified something somewhere that is a problem, she will also come and ask me for guidance" (B3P2). B3D1 indicated 73.0% of B3 were satisfied with their work team. B1D1 revealed the managers performed nine points above the previous benchmark for employee engagement. The surveys indicate leaders at B3 had a better understanding of the associates' needs.

Healthcare leaders should approach associates' concerns from a perspective of listing. Participants revealed communicating effectively, talking with nurses and finding out their challenges, listening to nurses, focus on honest and open feedback, and using the human resources office as a source to measure the effectiveness of their strategies. First, leaders should engage with employees to communicate effectively. B1P1 revealed, "Be clear in our communication and be clear that our environment is changing, because it changes daily." Second, leaders should have a physical presence by conducting unit rounding. B3P1 revealed, "The feedback I get when we do our associate engagement surveys is just the presence in the department. Knowing that I'm there to support them." Third, leaders should understand the impact of the COVID-19 pandemic. B2P2 revealed, "COVID has just decimated our workforce in every arena." Fourth, leaders should identify the causes of nurse attrition. B3P2 revealed, "I help with calculating numbers and doing analysis on safety events, we use those numbers, and try to correlate them to staffing issues." Finally, leaders should obtain a rich understanding of the employees'

experience. B2P1 revealed, "I have a director that associates really love working for him, and there is less turnover in his area because of his connection with associates."

The results of this study indicate leaders should approach associates' concerns from a perspective of listening by engaging with employees to communicate effectively. Healthcare leaders should focus on transparent communication by remaining truthful, mindful, and relevant (Prestia, 2020). In a survey of 132 nurses from five university hospitals located in Slovakia, Jankelová and Joniaková (2021) revealed a nurse manager's communication skills are significant factors and a strong prediction of their associates' job satisfaction. B2P2 stated, "Talk with your front-line staff. I'm not kidding, if not, you're never going to be able to figure out what is needed. What's causing your attrition rates?"

Leaders should have a physical presence by conducting unit rounding. There are two types of rounding, teaching and leadership (Gormley et al., 2019). Teaching rounds consists of patient progression and mentoring new professionals by senior clinical staff (Abdool & Bradley, 2013; Cruess et al., 2008). Leadership rounding focuses on employee engagement by monitoring patient and employee satisfaction by periodic visits from the leadership team (Winter & Tjiong, 2015). Historically, nurses and physicians participated in unit rounding to review the health and safety of patients, while engaging with the medical staff (Beaird, 2019). In a case of 107 bedside nurses, Walsh et al. (2018) revealed healthcare leaders increased nurse satisfaction, accountability, and positive outcomes through bedside reporting. In a study of 143 female patients located in the state of Illinois that were discharged from medical treatment facilities, Elue et al. (2019) found

visibility of nursing leadership in wards increased patient satisfaction. In a study of 682

nurses, Tomietto et al. (2019) leaders should focus on work ability for nursing staff to

improve job satisfaction and decrease turnover. B1P1 stated "I think my visibility and my

interaction with the bedside nurses, I am a firm believer in rounding for a purpose. Find

out what's going wrong."

Leaders should understand the impact of the COVID-19 pandemic by

approaching associates' concerns from a perspective of listening. In a study of 26,960

nurses across four states located in the United States, Carthon et al. (2019) revealed nurse

engagement is linked to patient safety and nurse retention. In a study of 637 nurses

located in Australia, Halcomb et al. (2020) found personal protective equipment,

communication, funding, industrial issues, self-care, workplace factors, and the value of

nurses were influential factors that impacted nurse turnover during the COVID-19

pandemic. In a study of 14 nurses, Robinson and Kellam Stinson (2021) indicated during

the COVID-19 pandemic, some nurses experienced a strong person-to-person connection

during patient care, the frustration of patient care, and learned to adapt to a COVID-19

environment. In a study of 172 nurses located in Iran, Shayestehazar et al. (2022)

unveiled experienced nurses were more committed to the organization and less likely to

leave during the COVID-19 pandemic as opposed to less experienced nurses. In contrast

to the commitment of more experienced nurses, B2P1 stated "When COVID first hit, we

saw attrition specifically because nurses were retiring or just not going to take care of the

COVID patients. Nurses who decide to stay are going to make as much money as they

can."

Leaders should approach associates' concerns from a perspective of listening to identify causes of nurse attrition. Leaders developed a stronger interest since the COVID-19 pandemic to focus on clinical leadership to improve the quality of care (Graham & Woodhead, 2021). In a study of 395 nurses located in Northern Uganda, Udho and Kabunga (2022) found 50% of nurses experienced high levels of burnout during the COVID-19 pandemic. In a study of 1,187 nurses located in the Netherlands, Van der Heijden et al. (2019) revealed burnout was an early indication of nurse turnover. In a study of 254 participants comprised of nurses and patients located in the state of Illinois and state of New York, Lasater et al. (2021) revealed nurses felt burnout due to understaffing. B3D1 revealed "Related to attrition, [*sic*] is the financial piece and burnout."

Leaders may obtain a rich understanding of the employees' experience by approaching associates' concerns from a perspective of listening. In a study of 20 nurses assigned to units with confirmed positive patients, Conz et al. (2021) observed professional needs, personal safety, and patient care were concerns of bedside nurses during the COVID-19 pandemic. In a study of 15 nurse managers, Poortaghi et al. (2021) found the COVID-19 pandemic challenged managers to explore various leadership behaviors to decrease the stress on staff by implementing innovative strategies aimed to fulfill recruitment, retention, and employee shortfalls. Key workers were infected while treating confirmed positive patients (McConnell & Wilkinson, 2020). In a study of 1,040 nurses located in China, Zhang et al. (2021) revealed during the COVID-19 pandemic, nurses expressed elevated stress levels, fear of being infected with the coronavirus, and

the need to obtain personal protective equipment. B2P1 revealed "We created room within the COVID unit for associate convenience to minimize the burden of wearing personal protective equipment throughout the facility". Healthcare leaders should approach associates' concerns from a perspective of listening; however, this study also revealed leaders should provide financial benefits within the control of management to decrease nurse attrition.

Theme 3. Provide Financial Benefits Within the Control of Management

Participants revealed the third most important theme was leaders must provide financial benefits within the control of management. Participants stressed the COVID-19 pandemic and agency nurse pay rates. Healthcare leaders should implement these findings to help decrease nurse attrition.

B1P1 addressed the need for leaders to understand the impact of nurse pay rates in relation to attrition. B1P1 stated, "It's tough to address compensation. It's tough for us to address market and market pay and adjustments. Doesn't mean we can't be working on something to think about that or keep them informed." Some associates indicated their branch leaders should improve the recognition of associates (B1D1 reported 21.0%, B2D1 reported 34.0%, B3D1 reported 33.0%). B3P1 revealed, "Specifically to COVID, a market analysis was done, just an incentive to try to increase nurses' hourly rates and retain them." Leaders at B1, B2, and B3 are challenged with addressing financial compensation.

B2P1 discussed the financial challenge of retaining nurses during the COVID-19 pandemic. B2P1 stated,

Really trying to keep nurses [*sic*] at this point as much part of that has been in the past because there is such a need for nurses across all facilities. There is a significant salary war going on right now so you know lots of times the nurses will leave just for a couple of extra dollars. And that's [*sic*] an area that we really had to look at and we put in the pay practices.

B2D1 indicated 66.0% of B2 felt recognition was very impactful toward employee engagement (B1D1 indicated 79.0% of B1, and B3D1 indicated 67.0% of B3). Associates at B1, B2, and B3 may feel more recognition is needed while working under pandemic conditions.

B2P2 described the importance of pay and benefits, why leaders should understand what associates really want, and the impact of the COVID-19 pandemic. B2P2 stated, "The other thing that is extremely important is pay and benefits. So nurses will tell you, are you paying me a competitive wage?" B2D1 indicated 34.0% of B2 were not satisfied with the recognition or praise they received from work (B1D1 indicated 21.0% of B1, and B3D1 indicated 33.0% of B3). Associates at B1, B2, and B3 are challenged with improving employee recognition under pandemic conditions. B1P1 and B2P1 shared the same opinion of pay and benefits for associates while operating under pandemic conditions.

B3P1 described the organizational strategy to continue operations during the COVID-19 pandemic. B3P1 stated, "The organization has started retention bonuses to retain nurses. Since that started up, you know it's been difficult we have offered retention bonuses." B3D1 indicated 43.0% of B3 did not feel the organization held one another

accountable for the success of the organization (B1D1 indicated 29.0% of B1, and B2D1 indicated 34.0% of B2). Leaders at B1, B2, and B3 are challenged with retention, which is noted by all participants.

B3P2 received associates' feedback regarding the need to increase salaries during the COVID-19 pandemic. B3P2 stated,

And they don't understand why we couldn't just give them a $5 or $10 raise and just keep them, but they don't ask the question. They just simply want to turn in their resignation and go out the door. So when you ask them, hey well, why don't you stay and help us figure this out and you know, be part of the solution, not so much.

Collectively, B1D1, B2D1, and B3D1 revealed on average 70.6% of the employees were satisfied with the recognition or praise they received from work. Leaders at B1, B2, and B3 are challenged with employee recognition, which is noted by all participants.

Participants expressed the impact of nurse pay rates in relation to attrition, financial challenges of retaining nurses during the COVID-19 pandemic, the importance of pay and benefits, why leaders should understand what associates really want, the impact of the COVID-19 pandemic, organizational strategy to continue operations during the COVID-19 pandemic, and associates' feedback regarding the need to increase salaries during the COVID-19 pandemic.

Participants' responses is supported by previous research. First, healthcare leaders should understand nurse pay rates and the impact of attrition during a healthcare crisis.

Grabowski and Mor (2020) revealed additional pay and support staff is needed to meet the demands in healthcare. Second, healthcare leaders should understand the financial impact of nurse turnover. Bodine (2021) revealed decreased turnover aligns with the return on investment of nurses. Third, healthcare leaders should understand nurses may seek additional pay under pandemic conditions. Longyear et al. (2020) revealed during the COVID-19 surge, there was a greater demand for nurses, which contributed to increased labor costs. Fourth, healthcare leaders should understand the organizational strategy to continue operations during a healthcare crisis. Sezgin et al. (2020) revealed leaders at some healthcare organizations implemented telehealth platforms to continue operations during the COVID-19 pandemic. Finally, healthcare leaders should understand the burden of inflated nurse pay rates during a healthcare crisis. In certain areas of the United States, travel nurses may earn up to $10,000 per week as opposed to the national average of $1,400 per week during the COVID-19 pandemic (Yang & Mason, 2022).

Healthcare leaders should understand nurse pay rates and the impact of attrition during a healthcare crisis. Healthcare leaders advocated to politicians, who intern elevated the agency nurse pay rates and price gouging to the Biden Administration (NewsCAP, 2022). By contrast, more research is needed to determine if there is a significant difference in pay concerning salary nurses and hourly paid nurses in relation to job satisfaction and nurse attrition (Bacon & Stewart, 2021). However, B2P1 stated, "I don't know of any hospital right now that's not seeing a significant turnover rate."

Healthcare leaders should understand the financial impact of nurse turnover. Leaders are challenged to resolve financial inefficiencies and address the emotional

impact toward staff as a result of turnover (Tang & Hudson, 2019). Internationally, the COVID-19 pandemic exacerbated the problem of nurse turnover (Pedrosa et al., 2021). During the COVID-19 pandemic, many European countries noticed the importance of fair compensation for all healthcare workers (Kuhlmann et al., 2020). During the COVID-19 pandemic, the United States nursing home price growth exceeded the business model for consumers and insurance companies (Huang et al., 2021). All participants expressed the need to address the financial challenges associated with nurse turnover. B2P1 provided rich insight by stating "Changing the whole thought process, really looking at nurses from a value base. What values do they bring, that's really one of the most important things that we have to consider."

Healthcare leaders should understand nurses may seek additional pay under pandemic conditions. In a survey of 1,505 nurses located in the state of South Dakota during the COVID-19 pandemic, Da Rosa et al. (2021) discovered emotional distress, anxiety, depression, and stress had an impact on front-line nurses, and suggested emotional support was needed to combat emotional distress. In a study of 1,776 nurses located in China, Wu et al. (2020) found age, nursing experience, professional title, and work center were significant factors that impacted the nurses' willingness to work during the COVID-19 pandemic. In a study of 890 nurses, Li et al. (2021) revealed some front-line nurses have moderate to severe post-traumatic stress disorders during the COVID-19 pandemic. B2P1 stated "There's a lot of talk right now about resiliency, and I believe healthcare workers, specifically front-line physicians and front-line nurses are suffering from post-traumatic stress disorders."

Healthcare leaders should understand the organizational strategy to continue operations during a healthcare crisis. Business leaders increased their shareholders' wealth when they identified issues, addressed concerns, and took appropriate actions to execute the needed change (Park, 2021). Management, work burnout, and compensation were the leading reasons for job dissatisfaction (Bacon & Stewart, 2021). B3P1 stated "I think burnout is definitely a factor."

Healthcare leaders should understand the burden of inflated nurse pay rates during a healthcare crisis. Healthcare leaders throughout the United States elevated the pay rates of agency nurses during the COVID-19 pandemic, which has been a financial burden to healthcare leaders during the global crisis (NewsCAP, 2022). The COVID-19 pandemic exposed the financial instability of some healthcare organizations during a prolonged crisis (Pittman et al., 2021). Healthcare leaders may strive to keep administrative cost at 40.0% of the budget (Park & Matkin, 2021). B3P1 stated, "People just plan on doing this temporary [*sic*], and they're taking these contracts and traveling and doing these agency contracts at these really inflated rates." Healthcare leaders should provide financial means within the control of management; however, this study also revealed leaders need to advocate to the United States Federal Government to decrease nurse attrition.

Theme 4. Advocate to the United States Federal Government

Participants revealed the final theme, healthcare leaders advocate to the United States Federal Government. Participants discussed the healthcare crisis of nurse turnover aggravated by agency nurse pay rates and the COVID-19 pandemic. Healthcare leaders should implement these findings to help decrease nurse attrition.

B1P1 did not mention advocating to the United States Federal Government. However, B1P1 expressed the need for leaders to remain aware of nurse pay rates impact toward attrition. B1P1 stated, "If my compensation is so low that I can walk out the door and get [*sic*] 10 grand more year 20 grand more, why would I not do that? So I think [*sic*] those are associates' concerns too that you have to look at what's happening at the unit level." B1D1 revealed B1 rated at 79.0%, B2D1 revealed B2 rated at 66.0%, and B3D1 revealed B3 rated at 67.0% regarding associates' perception of proper recognition. Leaders at B1 should reveal strategies to leaders at B2 and B3 to help increase associate recognition.

Unlike B1P1, the other participants discussed the challenge of the COVID-19 pandemic and how cost is beyond the control of healthcare leaders. B2P1 outlined the challenges nurse leaders face during the COVID-19 pandemic in relation to pay practices. B2P1 stated:

> I don't know of any hospital right now that's not seeing a significant turnover rate. I mean [*sic*], and the majority of our associates leave to go take an agency or a travel job. It's crazy [*sic*] they're making $100 to $180 to $200 an hour, so that's very enticing for nurses who do not have a family obligation that keeps them tight down. When you think of a nurse on average is, you know, a 10 year nurse being around $45 or $50 an hour and then we're paying, and then you can go and work at a hospital and agency nurse and make [*sic*] $100 and $180 to $200 an hour. I mean, it's crazy.

Collectively, B1D1, B2D1, and B3D1 revealed on average 29.4% of the employees were dissatisfied with the recognition or praise they received from work.

B2P2 described the COVID-19 pandemic impact and the influence toward nurse attrition. B2P2 stated:

That COVID, [*sic*] as you know, has just decimated our workforce in every arena, nurses, CNAs, and respiratory therapist. The flight of nurses [*sic*] from hospitals to agencies, paying them $200 to $250 an hour. It's [*sic*] been enormous there's not a healthcare system in the country that isn't suffering from that right now. And so this is a bit of an anomaly, and [*sic*] I think it's hard for people. I do want to mention that [*sic*] about the pay issue and the flight to agencies that you can well imagine no hospital could afford to pay nurses $200 an hour. It's [*sic*] just impossible when we work on margins of 1.0% to 2.0%, and labor is the biggest part of our expense in the healthcare system. We've [*sic*] had to backfill with agencies.

B1D1 indicated 16.0% of B1, B2D1 indicated 20.0% of B2, and B3D1 indicated 27.0% of B3 were not satisfied with their work team. Leaders at B1 can help decrease employee dissatisfaction at B2 and B3 by sharing proven strategies.

B3P1 stressed the challenge of nurse attrition during the COVID-19 pandemic in relation to agency rates. B3P1 stated:

All of [*sic*] that up inflation in nursing our in in agency rates. I say [*sic*] nursing, it's really agency rates inflation and agency nursing hourly rates, that's the number one thing. Since I've been the director here, which almost 3 years I've never had

turnover like I've had since the agency rates have gone up. That's [*sic*] I mean that's #1.

B1D1 revealed B1 met the organization benchmark at 74%, B2D1 revealed B2 did not meet the organization benchmark at 73%; and B3D1 revealed B3 did not meet the organization benchmark at 68%. Leaders at B1 should provide leaders at B2 and B3 recommended actions to meet the organization benchmark.

B3P2 received feedback regarding the agency and travel nurse pay compared to the non-agency and non-travel nurse pay. B3P2 stated "There is a significant pay difference between the agency travel nurses and the nurses." Collectively, B1D1, B2D1, and B3D1 revealed 188 associates were dissatisfied with the recognition or praise they received from work. B1D1, B2D1, and B3D1 revealed the top strengths were manager and recognition, while the top opportunities were respect, growth, and team. Figure 3 provides the satisfaction and dissatisfaction results for associate recognition for B1, B2, and B3.

Figure 3

Associate Recognition
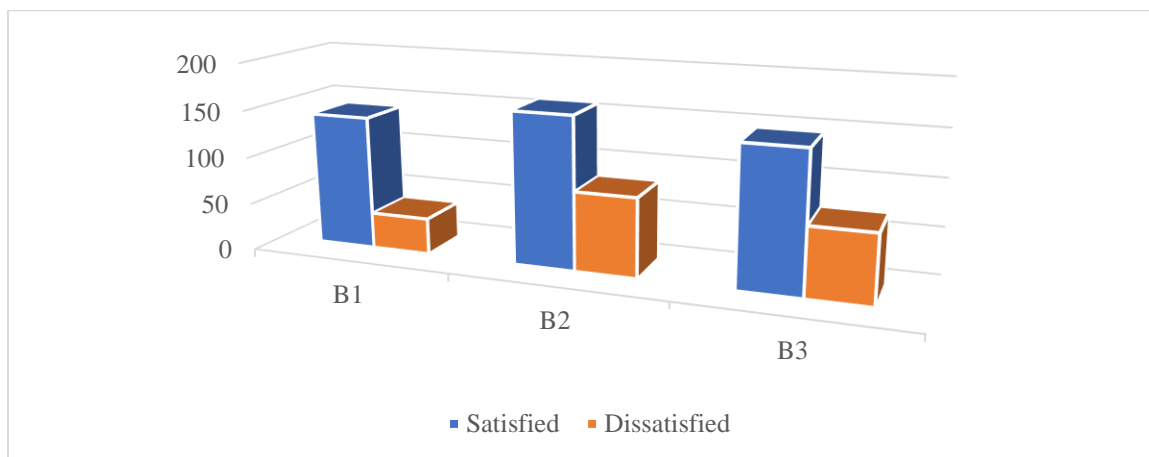
Participants expressed challenges nurse leaders face during the COVID-19 pandemic in relation to pay practices, the COVID-19 pandemic impact and the influence toward nurse attrition, challenge of nurse attrition during the COVID-19 pandemic in relation to agency rates, and feedback regarding the agency and travel nurse pay compared to the non-agency and non-travel nurse pay. Participants' responses were supported by related research.

Healthcare leaders should understand challenges nurse leaders face during the COVID-19 pandemic in relation to pay practices. In a study of 214 nurses, Gab Allah (2021) the COVID-19 pandemic was a challenge beyond the scope of nurse managers. Healthcare leaders elevated inflated agency nurse pay rates to politicians who advocated to the Biden Administration (NewsCAP, 2022). In 2020, the United States unemployment rate exceeded 14.0%, compared to 4.8% in 2016, 3.7% in 2019, and 4.0% in 2022 (Bureau of Labor Statistics, 2022). Some healthcare workers were economically impacted more than healthcare professionals during the COVID-19 pandemic (Bhandari et al., 2021). B2P1 stated, "It's a pretty serious stressor on the nurses and the demand for nurses is really high, and some of the nurses are unable to take these high pay opportunities because they are single parents."

Healthcare leaders should understand the impact of the COVID-19 pandemic toward nurse attrition. Faced with significant shortages, some leaders in healthcare organizations were forced to pay inflated rates which equated to critical care nurses earning $9,000 per week during the COVID-19 pandemic, compared to $3,798 per week prior to the COVID-19 pandemic (NewsCAP, 2022; Bureau of Labor Statistics, 2022).

Leaders in healthcare facilities may be unable to support a 266.0% pay increase per week for critical care nurses. Leaders in healthcare organizations classified this staffing crisis as unsustainable (NewsCAP, 2022). B2P2 stated, "Prior to COVID we knew we were facing a significant RN shortage in the nation. It was predicted to really start to peak around 2022."

Healthcare leaders should understand the associated stress and challenges of nurse attrition during the COVID-19 pandemic in relation to agency pay rates. On November 15, 2021, bipartisan lawmakers sent a letter to the White House and stated nurse agencies have increased their pay rate for nurses two or three times the rate prior to the COVID-19 pandemic (NewsCAP, 2022). Nurse managers need government support during a prolonged medical crisis such as the COVID-19 pandemic to deliver good quality clinical outcomes and meet business requirements (Moyo et al., 2021). B3P1 revealed, "There is a significant pay difference between the agency and travel nurses and the associate nurses."

Healthcare leaders should understand feedback regarding the agency and travel nurse pay compared to the non-agency and non-travel nurse pay. Agency nurses received significantly higher wages than salary or hourly nurses that led to work center disruptions, nurse dissatisfaction, and nurse turnover (Knutsen et al., 2020). Price gouging aggravated the supply and demand requirements during the COVID-19 pandemic (Chakraborti & Roberts, 2021). B3P1 revealed, "The feedback I get, why are you paying agency nurses all this money, but you're not paying us?" Healthcare leaders may apply the four themes revealed in this study; however, leaders should consider the

transformational leadership theory as the conceptual framework to decrease nurse

attrition.

Connections to Conceptual Framework

Transformational leadership was the conceptual framework used to explore the

leadership strategies some private medical treatment facility administrators employed to

decrease nurse attrition. Four themes emerged that are aligned with the four behavior

traits of transformational leadership. Private medical treatment facility administrators

may use idealized influence, inspirational motivation, individualized consideration, and

intellectual stimulation to decrease nurse attrition. In a study of 560 head nurses and

nursing staff, Paola et al. (2020) found leaders who displayed transformational leadership

behaviors were positively received by the nursing staff that resulted in high job

satisfaction. The connections to the conceptual framework are listed in Table 6.

Table 6

Connections to Conceptual Framework

Themes	Idealized influence	Inspirational motivation	Individualized consideration	Intellectual stimulation
Theme 1	X	X	X	X
Theme 2	X			
Theme 3	X	X		
Theme 4				X

Theme 1 in Relation to Transformational Leadership

Participants emphasized failure of private medical treatment facility

administrators to develop a culture of engagement may lead to high nurse attrition,

regardless of approaching associates' concerns from a perspective of listening, providing

financial benefits within the control of management, and advocating to the United States

Federal Government are managed appropriately. Theme 1 connected to transformational

leadership through idealized influence, inspirational motivation, individualized

consideration, and intellectual stimulation. Hospital leaders can reduce nurse attrition

through idealized influence, inspirational motivation, individualized consideration, and

intellectual stimulation (Park & Boyle, 2015). In reference to idealized influence, leaders

using the tenets of transformational leadership build relationships to complete

organizational objectives, motivate followers to speak up, influence followers to present

themselves inside and outside of work in a favorable manner, and demonstrate positive

behaviors to inspire followers (Bass & Riggio, 2006). In reference to inspirational

motivation, transformational leaders who provide better output due to the increased

information and latitude to complete mission objectives inspired employees to perform at

a high level (Afsar et al., 2019). In reference to individualized consideration,

compassionate leaders incorporate strategies that are favorable to employees (Su et al.,

2020). In reference to intellectual stimulation, leaders achieve intellectual stimulation by

applying human intelligence toward a situation that involves people (Bass & Riggio,

2006). Theme 1, develop a culture of engagement aligns with the four behavior traits of

the transformational leadership theory.

Theme 2 in Relation to Transformational Leadership

Theme 2 is relevant because private medical treatment facility administrators need

to approach associates' concerns from a perspective of listening to decrease nurse

attrition, regardless of providing financial benefits within the control of management and

advocating to the United States Federal Government are managed appropriately. Theme 2

connected to the transformational leadership theory through idealized influence. In a study of 25 nurses located in Bahia, Brazil, Ferreira et al. (2020) revealed leaders should listen for challenges that impact the lives of nurses, amend weak training programs, nurture less-experienced leaders, and address unprofessional behaviors. Managers should apply strategies the employees find influential to achieve organizational objectives (Tse et al., 2018). Healthcare leaders should approach associates' concerns from a perspective of listening to understand concerns from the nurses' point of view to decrease nurse attrition.

Theme 3 in Relation to Transformational Leadership

Theme 3 revealed private medical treatment facility administrators should focus on the financial benefits within their control to decrease nurse attrition. Theme 3 related to transformational leadership through idealized influence and inspirational motivation. In reference to idealized influence, middle managers have the ability to influence employees due to the proximity within the work center environment (Bass & Riggio, 2006). Private medical treatment facility administrators have the ability to influence pay practices that are beneficial toward nurses. In reference to inspirational motivation, leaders can build relationships to help inspire followers to communicate effectively (Bass & Riggio, 2006). However, private medical treatment facility administrators should communicate with nurses regarding the pay rates and pay practices. In a survey of 580 registered nurses, Dzimbiri and Molefi (2021) found job satisfaction impacted nurse retention. Private medical treatment facility administrators should use financial benefits within their control to decrease nurse attrition.

Theme 4 in Relation to Transformational Leadership

Theme 4 revealed private medical treatment facility administrators are unable to address agency nurse pay rates without losing significant profits due to labor inflation; therefore, a federal intervention is needed to stabilize the healthcare industry during a global crisis to avoid an industry collapse. Theme 4 related to transformational leadership through intellectual stimulation. In reference to intellectual stimulation, leaders should understand the importance of engaging with employees to use the employee's intelligence to help achieve objectives (Bass & Riggio, 2006). Managers using the transformational leadership theory can positively impact teams through the development of strong personal and professional relationships (Bosselut et al., 2018).

Healthcare leaders should continue to develop relationships for advocating the challenges of nurse retention and attrition. Hawk et al. (2022, April 1) noted a federal requirement mandating leaders of healthcare facilities to establish minimum staffing levels does not exist. Hawk et al. (2022, April 1) claimed that, to achieve a federal requirement for minimum staffing level of nurses, an additional 35,804 registered nurses, 3,509 licensed practical nurses, and 116,929 certified nursing assistants are needed, with an estimated $7,250,000,000 in additional salary costs. Transformational leaders should advocate to the United States Federal Government, which several healthcare leaders initiated through bipartisan representatives. In summary, the four themes (develop a culture of engagement, approach associates' concerns from a perspective of listening, provide financial benefits within the control of management, and advocate to the United States Federal Government) connected to the conceptual framework through the

alignment of behavioral actions associated with the transformational leadership theory. Next, I discussed the application to professional practice.

Application to Professional Practice

The purpose of this qualitative multiple case study was to explore the leadership strategies used by some private medical treatment facility administrators to decrease nurse attrition. The findings may be useful to private medical treatment facility administrators who are challenged to decrease nurse attrition. Leaders may apply the following recommendations to improve their business practice to reduce nurse attrition by developing a culture of engagement, approaching associates' concerns from a perspective of listening, providing financial benefits within the control of management, and advocating to the United States Federal Government.

Application 1. Develop a Culture of Engagement

The first application was develop a culture of engagement. Private medical treatment facility administrators should develop a culture of engagement to decrease nurse attrition. Participants provided 11 underlying actions:

The first application was develop a culture of engagement. Private medical treatment facility administrators should develop a culture of engagement to decrease nurse attrition. Participants provided 11 underlying actions:

- Be a visible leader.

- Be innovative.

- Build relationships.

- Conduct unit rounding.

- Ensure continuous training.

- Go to the gemba.

- Implement a good onboarding program.

- Invest in new graduate nurses.

- Provide nurse development programs.

- Review organizational surveys.

- Think outside the box.

B1D1 indicated 43.1% of B1, B2D1 indicated 52.4% of B2, and B3D1 indicated 62.2% of B3 associates responded to the January 2022 employee engagement survey (branch survey results). In a study of six focus groups located in the midwestern United States, Alexander et al. (2022) found nurse leader engagement contributed to a positive organizational culture, leading to team building, and organizational success. Hospital leaders may achieve greater employee engagement when they display behaviors of compassion (Lown et al., 2020). Private medical treatment facility administrators may decrease nurse attrition by implementing the 11 underlying actions to develop a culture of engagement.

Application 2. Approach Associates' Concerns From a Perspective of Listening

The second application was approach associates' concerns from a perspective of listening. Private medical treatment facility administrators should approach associates' concerns from a perspective of listening to decrease nurse attrition. Participants provided 13 underlying actions:

- Address associate needs.

- Address the challenges of the COVID-19 pandemic.

- Communicate with associates.

- Develop nursing councils.

- Empower shared governance.

- Encourage associates.

- Know the likes and dislikes of associates.

- Review exit interviews.

- Seek feedback on your performance.

- Talk with the people doing the work.

- Understand the problem before taking action.

- Use emotional intelligence.

- Use mediators.

B1D1 indicated 89.0% of B1, B2D1 indicated 87.0% of B2, and B3D1 indicated 79.0% of B3 would recommend their manager to others. Nurse managers should enhance the work environment through comprehensiveness, listening, openness, feedback, empathy, nonverbals, para-language, and good manners (Hopkinson et al., 2019). Private medical treatment facility administrators may decrease nurse attrition by implementing the 13 underlying actions by approaching associates' concerns from a perspective of listening.

Application 3. Provide Financial Benefits Within the Control of Management

The third application was provide financial benefits within the control of management. Private medical treatment facility administrators should provide financial

benefits within the control of management to decrease nurse attrition. Participants

supplied four underlying actions:

- Ensure fair compensation.

- Lobby for value based nursing.

- Prioritize financial success.

- Strive for good financial decisions.

B1D1 indicated 79.0% of B1, B2D1 indicated 66.0% of B2, and B3D1 indicated

67.0% of B3 felt satisfied with the recognition or praise they received for their work.

Nurse shortages contributed to job compensation, job benefits, associates' willingness to

change organizations, burnout, workload, job related stress, lack of experienced nurses,

retirements, work hours, facility budget, COVID-19 patient surges, duty shifts,

opportunities in other categories of nursing, COVID-19 staffing restrictions, additional

opportunities within the organization, and lack of prepared nurses (Bacon & Stewart,

2021). Wright et al. (2022) due to nurse shortages during the COVID-19 pandemic,

educational institutions were pressured to produce more nurse graduates to meet the

patient care demand. Private medical treatment facility administrators who implement the

four underlying actions to provide financial benefits within their control may decrease

nurse attrition.

Application 4. Advocate to the United States Federal Government

The final application was advocate to the United States Federal Government.

Leaders should advocate the most significant concerns that include a request to the

United States Federal Government to decrease nurse attrition. Participants provided four underlying actions:

- Address inflated agency nurse and travel nurse pay rates.

- Address price gouging.

- Regulate the shortage of nurses.

- Transform the healthcare system from cost based to value based.

B1D1, B2D1, and B3D1 indicated B1, B2, and B3 did not meet the organization benchmark for employee engagement for June 2021 and July 2021. The COVID-19 pandemic negatively impacted the shortage of nurses because some nurses were infected with the coronavirus, forced to quarantine, and there was a shortage of personal protective equipment (Xu et al., 2020). Some nurses feared their work environment due to the threat of becoming infected with the coronavirus, elevated workloads, decreased time for relaxation and rest, threat of treating confirmed positive patients, and the negative psychological impact of being assigned to an environment of prolonged high stress (González-Gil et al., 2021). Former United States President Trump and current United States President Biden passed several reforms to help the United States Economy during the COVID-19 pandemic (Carter & May, 2020; Westmoreland et al., 2021). In a survey of 389 nurses regarding professional commitment during a crisis, Duran et al. (2021) revealed a road map was built to help maintain and further increase professional commitment. Private medical treatment facility administrators who implement the four underlying actions to advocate to the United States Federal Government could decrease nurse attrition; however, leaders should consider the implications for social change.

Implications for Social Change

If implemented the results of the study may improve the lives of nurses, increase patients' perception of their healthcare, and decrease the cost of healthcare. Emergency room nurses delt with increased levels of stress throughout the COVID-19 pandemic, which nurses took part in a critical role in the health and safety of patients (Mulyadi et al., 2022). Patients' experience of nursing services can influence their perception of the medical treatment facility (Chen et al., 2022). Internationally, government agencies pressured healthcare officials to reduce the cost of healthcare (Fung-Kee-Fung & Michalowski, 2019). Improving the lives of nurses, increasing patients' perception of their healthcare, and decreasing the cost of healthcare will positively impact society.

Private medical treatment facility administrators should implement strategies revealed in this study to improve work settings for nurses by promoting the worth, dignity, and development of nurses. Leaders can improve the lives of nurses by aligning seasoned and experienced nurses with the new or inexperienced nurses to balance and decrease burnout (Kaya & Dalgiç, 2021). Some leaders applied a caring model toward managing nurses, which resulted in the improved wellbeing of the nursing staff, greater patient perception, and organizational excellence (Zhang et al., 2022). Private medical treatment facility administrators should use the underlying actions of developing a culture of engagement, approaching associates' concerns from a perspective of listening, providing financial benefits within the control of management, and advocating to the United States Federal Government to improve the lives of nurses.

Private medical treatment facility administrators should implement the strategies revealed in this study to increase the patients' perception of their healthcare. Administrators may positively enhance the patient experience when they maintain appropriate staffing (Lu et al., 2019). Good quality and performance by the healthcare staff has a positive impact toward patient satisfaction (Alkhaldi & Abdallah, 2021). Physician and nurse staffing shortages are negatively associated with low patient satisfaction (Winter et al., 2020). Private medical treatment facility administrators could use the underlying actions of developing a culture of engagement, approaching associates' concerns from a perspective of listening, providing financial benefits within the control of management, and advocating to the United States Federal Government to increase patients' perception of their healthcare.

Private medical treatment facility administrators should implement the strategies revealed in this study to decrease the cost of healthcare. The cost of healthcare has gained the attention of government agencies globally; therefore, healthcare leaders are pressured to decrease the cost (Fung-Kee-Fung & Michalowski, 2019). Leaders may decrease the cost of healthcare by using the latest technologies and innovative strategies to transform processes, and become more efficient and effective (Jagrič et al., 2022, February). Socially, private medical treatment facility administrators could use the underlying actions of developing a culture of engagement, approaching associates' concerns from a perspective of listening, providing financial benefits within the control of management, and advocating to the United States Federal Government to improve the lives of nurses;

however, leaders should consider the recommended actions to decrease nurse attrition to address the business problem of nurse turnover.

Recommendations for Action

Four themes emerged from this study on leadership strategies used by some private medical treatment facility administrators to decrease nurse attrition. Based on the participant interviews and the branch survey results, I presented 16 recommended actions to decrease nurse attrition.

Ensuring a good quality employee onboarding process is the first recommended action. The onboarding process of new employees has been associated as a relationship with members and new employees, which the outcome of the relationship can impact job satisfaction and employee retention (Badshah & Bulut, 2020). Previous research indicated some healthcare organizations were associated as unpleasant work environments with inadequate onboarding processes that led to poor retention of millennials (Shufutinsky & Cox, 2019). I recommend private medical treatment facility administrators consult with the human resources office to assess if the current onboarding process is useful to help decrease nurse attrition.

Investing in new graduate nurses is the second recommended action. Nurse leaders should use an evidence based approach to determine if retention strategies for nurse residency programs were effective (Asber, 2019). Healthcare leaders should understand the connections of nurse residency programs and how students may feel overwhelmed, supported, or confident (Wildermuth et al., 2020). I recommend private medical treatment facility administrators observe nursing students' behavior, review

organizational surveys, and learn various organizational strategies to invest in new graduate nurses to help decrease nurse attrition.

Remaining a visible leader is the third recommended action. A leader's presence in the work environment was contributed toward the building of manager-employee relationships that led to the completion of organizational objectives (Kerns, 2019). Some studies indicated leaders who demonstrated transformational leadership behaviors increased job performance and increased retention (Yücel, 2021). I recommend private medical treatment facility administrators demonstrate behaviors of transformational leaders by remaining visible to decrease nurse attrition.

Conducting unit rounding is the fourth recommended action. In a study of 63 nurses and 66 patients, East et al. (2020) found unit rounding of healthcare leaders increased the nurse satisfaction and patient satisfaction rates. Good quality clinical outcomes and organizational performance were associated with effective nurse leaders (Blake & Bacon, 2020). I recommend private medical treatment facility administrators conduct unit rounding to decrease nurse attrition.

Thinking outside the box is the fifth recommended action. Employers may consider family events, team building, and yearly events to successfully engage employees to increase retention (Mahadi et al., 2020). Some nurses have complex and demanding roles, which negatively impact their work-life balance (Chunta, 2020). I recommend private medical treatment facility administrators think outside the box to find solutions to decrease nurse attrition.

Communicating with front-line nurses is the sixth recommended action. The COVID-19 pandemic caused mental health conditions for some front-line healthcare workers (Gupta & Sahoo, 2020). Evidence suggested effective communication has reduced mental health problems for some front-line healthcare workers (Gupta & Sahoo, 2020). The COVID-19 pandemic presented barriers toward effective communication (Itzchakov & Grau, 2020). Some leaders made adjustments to remain effective communicators during the COVID-19 pandemic through the practice of listening skills in virtual conversations (Itzchakov & Grau, 2020). I recommend private medical treatment facility administrators master the art of in-person dialogue and virtual communication to decrease nurse attrition.

Finding out the need of nurses is the seventh recommended action. In a study comprised of 231 registered nurses and fourth-year nursing students, Sperling (2021) identified concerns regarding their occupational rights and the impact toward their families. During the COVID-19 pandemic some nurses participated in worker strikes due to concerns of their personal protection while performing official duties in healthcare facilities (Hofmeyer & Taylor, 2021). I recommend private medical treatment facility administrators identify strategies to reduce organizational dissatisfaction to decrease nurse attrition.

Reviewing exit interviews is the eighth recommended action. Exit interviews list reasons for employee departures (Klotz et al., 2021). In a study of 300 nurses, Kerzman et al. (2020) revealed nurses who departed had a perception of unfavorable work conditions, less education, and fewer opportunities for growth compared to the nurses

who remained with the organization. I recommend private medical treatment facility administrators review exit interviews to understand why nurses leave the organization to identify and implement strategies to decrease nurse attrition.

Supporting shared governance and nursing councils is the ninth recommended action. During the COVID-19 pandemic some healthcare facilities were unable to conduct council meetings but continued a model of shared governance (Hess et al., 2020). O'Grady and Clavelle (2021) there are standard models of shared governance; however, professional governance may satisfy nurses with more decision making opportunities. I recommend private medical treatment facility administrators seek strategies to further develop shared governance and nursing councils to decrease nurse attrition.

Using emotional intelligence is the 10th recommended action. In a study of 535 nurses located in China, Wang et al. (2018) found transformational leaders who used emotional intelligence had a 34.3% chance to influence the nurses to stay with the organization because the leaders understood the associates' challenge. Business leaders may consider design thinking, which the leader should understand the human needs related to the problem (Foster, 2021). I recommend private medical treatment facility administrators use emotional intelligence to detect problems in the early stages to decrease nurse attrition.

Addressing compensation is the 11th recommended action. During the COVID-19 pandemic, healthcare leaders offered bonuses and other financial incentives to decrease nurse attrition (Gaffney, 2022). In a study of 45 employees, Pertiwi and Supartha (2021) compensation has a positive and significant effect on employee retention. I recommend

private medical treatment facility administrators address compensation issues that are within their control to decrease nurse attrition.

Achieving financial success is the 12th recommended action. During the COVID-19 pandemic, healthcare leaders were responsible for the delivery of care and financial success, and challenged to reduce employee losses, deliver healthcare, generate maximum revenue, and focus on capital investments (Land, 2021). Innovation toward business information technology and clinical technology generated short-term and long-term positive nets toward patient revenue cycles (Qi, & Han, 2020). I recommend private medical treatment facility administrators implement business and clinical strategies to achieve financial success.

Making good financial decisions is the 13th recommended action. Financial management is a fundamental core element of managing a business (Svatošová, 2019). The COVID-19 pandemic created challenges and opportunities for managers to rethink business and clinical models that led to innovations in healthcare (Abrams et al., 2020). I recommend private medical treatment facility administrators explore journal articles, attend conferences, and navigate social media websites to understand financial decisions.

Seeing nurses as value based is the 14th recommended action. Value based nursing models drove better clinical quality outcomes by penalizing healthcare organizations financially when treatment resulted in a 30 day or less readmission to a medical treatment facility for the service rendered (Qi et al., 2020, April 1). Hospital leaders should expand their knowledge of the impact of value based nursing models toward the business model in healthcare to gain a holistic understanding of the model to

better align clinical and business models (Walsh et al., 2020). I recommend private medical treatment facility administrators identify and analyze organizations that use value based nursing to decrease nurse attrition.

Advocating to the United States Federal Government to address inflated agency nurse and travel nurse pay rates during the COVID-19 pandemic is the 15th recommended action. The COVID-19 pandemic triggered a significant shortage of nurses, which resulted in the state of Texas intensive care unit nurse turnover rate from 2.0% to 20.0% in 2020, and the inflated prices of personnel protective equipment from $1 to $8 (United States Department of Health and Human Services, 2021a). During the COVID-19 pandemic, 311 nurses located in the state of Texas responded to an online survey that revealed 19.0% planned to leave their organization because of unsafe work conditions, and personal life choices concerning their family's health (Hekel et al., 2021). I recommend private medical treatment facility administrators continue to advocate to the United States Federal Government to address inflated labor practices.

Advocating to the United States Federal Government to address price gouging is the 16th recommended action. Price gouging occurs when merchants or employees demand greater than normal prices for desperately needed services during national emergencies (Reese & Pies, 2021). In response to a shortage of equipment and supplies, federal and state governments activated price-gouging regulations that existed prior to the COVID-19 pandemic (Chakraborti & Roberts, 2021). I recommend private medical treatment facility administrators advocate to the United States Federal Government to

address price gouging during emergencies to preserve lives. The recommendations for

action are listed in Table 7.

Table 7

Recommendations for Action

Recommendations	Related theme
Ensure a good quality employee onboarding process	1
Invest in new graduate nurses	1
Remain a visible leader	1
Conduct unit rounding often	1
Think outside the box	1
Communicate with front-line nurses	2
Find out the need of nurses	2
Review exit interviews	2
Support shared governance and nursing councils	2
Use emotional intelligence	2
Address compensation	3
Be successful financially	3
Make good financial decisions	3
See nurses as value based	3
Advocate to the United States Federal Government to help address inflated agency nurse and travel nurse pay rates during the COVID-19 pandemic	4
Advocate to the United States Federal Government to help address price gouging of nurses	4

Recommendations for Further Research

This study has limitations that could generate new elements of future research to

explore the leadership strategies used by some private medical treatment facility

administrators to decrease nurse attrition. I provided three recommendations to conduct

further research to decrease nurse attrition. First, future researchers should conduct a

qualitative multiple case study in China to explore the leadership strategies used by some

private medical treatment facility administrators to decrease nurse attrition. Second,

future researchers should conduct a quantitative single case study in China that focuses

on a culture of engagement to decrease nurse attrition. Finally, future researchers should conduct a mix method study in China, which leaders are observed on their behaviors and followers are asked to rate their leaders to decrease nurse attrition.

Future researchers should conduct a qualitative multiple case study in China to explore the leadership strategies used by some private medical treatment facility administrators to decrease nurse attrition. China has a population of 1,410,539,758 (United States Census Bureau, 2022). China's Central Government dedicated $125,000,000,000 to deliver universal health coverage (Yip et al., 2012). As of July 11, 2022, China had 22,264 confirmed deaths during the COVID-19 pandemic (World Health Organization, 2022b). As of July 11, 2022, the United States had 1,009,906 confirmed deaths during the COVID-19 pandemic (World Health Organization, 2022c). Future researchers should conduct a qualitative multiple case study in China to explore the leadership strategies used by some private medical treatment facility administrators to decrease nurse attrition.

Future researchers should conduct a quantitative single case study in China that focuses on a culture of engagement to decrease nurse attrition. The quantitative method consists of needed variables for testing a hypothesis (Sürücü & Maslakçi, 2020). Researchers may use the single case study design to investigate individual outcomes (Kazdin, 2019). Parent and Lovelace (2018) revealed organizational engagement may improve employees' ability to adapt to change, while job engagement may disclose potential obstacles. The null hypothesis (H_0): Private medical treatment facility administrators will develop a culture of engagement, mentor supervisors, listen to

associates, and decrease nurse attrition. The alternative hypothesis (H_1): Private medical treatment facility administrators will develop a culture of engagement, mentor supervisors, listen to associates, and do not decrease nurse attrition. Future researchers should conduct a quantitative single case study in China that focuses on a culture of engagement to decrease nurse attrition.

Future researchers should conduct a mix method study in China, which leaders are observed on their behaviors and followers are asked to rate their leaders to decrease nurse attrition. Future researchers should conduct a mixed method study to avoid shortcomings of the qualitative method and quantitative method (Stahl et al., 2019). The ethnographic design is a qualitative method which scholars may observe participants, conduct interviews, and obtain documentary data to produce a detailed and comprehensive account of a social phenomenon (Reeves et al., 2013). Katz-Buonincontro and Anderson (2020) defined observation as a data collection technique used in the quantitative method and qualitative method founded upon the comprehension of reason and logic of behaviors in real-time. The null hypothesis (H_0): Private medical treatment facility administrators will develop a culture of engagement, approach associates' concerns from a perspective of listening, provide financial benefits within the control of management, advocate to China's Central Government, and decrease nurse attrition. The alternative hypothesis (H_1): Private medical treatment facility administrators will develop a culture of engagement, approach associates' concerns from a perspective of listening, provide financial benefits within the control of management, advocate to China's Central Government, and do not decrease nurse attrition. Future researchers should conduct a mix

method study in China, which leaders are observed on their behaviors and followers are asked to rate their leaders to decrease nurse attrition. In summary, future researchers should conduct the recommended studies to help decrease nurse attrition. Next, I provided my reflections to complete the study.

Reflections

The COVID-19 pandemic exacerbated the problem of nurse attrition. Prior to the COVID-19 pandemic, I was close to obtaining approval to begin the data collection phase of the study; however, my committee and I believed the research would be more impactful if I studied the latest information on how the worst pandemic in the last 100 years exacerbated the problem of nurse attrition. I was humbled to engage with participants and help provide market solutions to decrease nurse attrition in hopes to improve the lives of nurses, increase patients' perception of their healthcare, and decrease the cost of healthcare.

I have 19 years' experience as a health services manager in the United States Air Force; however, I used the advice provided by B2P1 "Listen, listen, listen." During the interviews, I needed to gather information, rather than place my interpretation of why the problem persists; therefore, I interjected when the participants requested clarification. As a member of the healthcare industry, I tried to avoid personal and professional bias by listening to what the participants stated in their response to the eight semistructured, open-ended interview questions. After the completion of this study, I considered applying for a position as a private medical treatment facility administrator to improve the lives of

nurses, increase patients' perception of their healthcare, and decrease the cost of healthcare. Finally, I provided the conclusion to this study.

Conclusion

The general business problem was that some private medical treatment facilities lose profits due to nurse attrition. The specific business problem was that some private medical treatment facility administrators lacked leadership strategies to decrease nurse attrition. The COVID-19 pandemic exacerbated the problem of nurse attrition, which negatively impacted the lives of nurses, decreased patients' perception of their healthcare, and increased the cost of healthcare. Four themes that emerged were develop a culture of engagement, approach associates' concerns from a perspective of listening, provide financial benefits within the control of management, and advocate to the United States Federal Government. From a business perspective, private medical treatment facility administrators would benefit by reducing the cost of nurse vacancies, lost productivity due to voluntary nurse departures, and lost revenue. By applying the applications to a practical environment, private medical treatment facility administrators may improve the lives of nurses, increase patients' perception of their healthcare, and decrease the cost of healthcare. Leaders and managers outside of healthcare can use these strategies and recommendations to decrease employee attrition.

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Appendix A: Interview Protocol

Actions	Script
I am providing an introduction of the interview and a brief overview of the purpose of the study.	Thank you for taking time out of your busy schedule to provide information that helps identify the leadership strategies use by some private medical treatment facility administrators to decrease nurse attrition.
I am clearly articulating and correctly pronouncing all words and phrases for the interviewee to understand the questions being asked.	1. What strategies do you use to reduce nurse attrition? 2. What factors have you found influence nurse attrition, and how did you develop strategies to address these factors? 3. How did you determine what factors influence nurse attrition? 4. How do you measure the effectiveness of your strategies? 5. Which strategies were most and least effective in reducing nurse attrition?
I am clarifying any question when asked to do so by the interviewee.	6. What feedback have you received from nurses regarding the strategies?
I am paying close attention for any distractions and make the necessary adjustments to decrease or eliminate the distraction.	7. What recommendations would you make to private medical treatment facility administrators who have high nurse attrition rates? 8. What else can you add to help private medical treatment facility administrators develop strategies to decrease nurse attrition?
I am paying close attention to the interview participants body language during the questioning and response throughout the interview session.	Thank you for taking time out of your busy schedule and providing valuable information that contributes toward a positive impact. If there are no further questions, I am concluding the interview sessions.
I am finalizing the interview session and thanking the interview participant.	I am accomplishing member by providing a copy of the findings and results to determine if I have accurately captured, analyzed, and assess your response to develop the findings and results. If possible, please return any feedback within one week of
I am asking for a follow up session if needed to complete all components if there are areas that require further clarification.	notification to review the findings and results. If we need to adjust, I am more than happy to schedule the follow-up interview session at your earliest convenience.

Appendix B: Interview Questions

1. What strategies do you use to reduce nurse attrition?

2. What factors have you found influence nurse attrition, and how did you develop strategies to address these factors?

3. How did you determine what factors influence nurse attrition?

4. How do you measure the effectiveness of your strategies?

5. Which strategies were most and least effective in reducing nurse attrition?

6. What feedback have you received from nurses regarding the strategies?

7. What recommendations would you make to private medical treatment facility administrators who have high nurse attrition rates?

8. What else can you add to help private medical treatment facility administrators develop strategies to decrease nurse attrition?

Appendix C: Recruitment Flyer

Virtual Interview Session for Private Medical Treatment Facility Administrators to Increase Nurse Retention and Decrease Attrition

There is a new study called *"How Transformational Leaders Increase Nurse Retention and Decrease Attrition"* that may improve nurse work settings by promoting the worth, dignity, and development of nurses at private medical treatment facilities. For this study, you are invited to describe your leadership strategies to decrease nurse attrition.

This interview is part of a research study for Charlie H. M. Wilson, a doctoral student at Walden University.

About the study:

- 30-90 minute virtual interview session
- To protect your privacy, all names will remain anonymous

Volunteers must meet these requirements:

- Private medical treatment facility administrator with at least 2 years of experience in administration
- Direct knowledge of organizational processes involving hiring and maintaining nurses, nurse appraisals, nurse relations, and nurse termination
- Demonstrated successful strategies aimed at reducing nurse attrition rates

To volunteer please email: student email address@waldenu.edu