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# Strategies to Mitigate Nurse Turnover

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College of Management and Human Potential

This is to certify that the doctoral study by

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has been found to be complete and satisfactory in all respects,
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Walden University
2023

Abstract

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MBA, University of Phoenix, 2015

BA, Georgia Southern University, 2008



Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Abstract

Registered nurse turnover is a severe problem for all healthcare organizations because it negatively affects financial growth, patient care, and reputation, ultimately resulting in financial losses. Grounded in Herzberg' two-factor theory, the purpose of this qualitative multiple-case study was to explore strategies hospital leaders use to mitigate RN turnover. The participants included three hospital leaders from three different hospitals in the southeastern United States who mitigated RN turnover. Data were collected from semistructured interviews and company documents and analyzed using Yin's five-phase data analysis process. Three themes emerged: nurse engagement, job satisfaction, and trust in leadership mitigated RN turnover. A key recommendation is for hospital leaders to engage RNs by providing career growth opportunities. The implications for positive social change include the potential to promote safer and healthier working environments to protect workers' well-being and increase community residents' living standards.

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Dedication

I want to dedicate this study to my grandmothers, Pauline B. Cooper and Brady M. Washington. These two ladies gave me the strength to endure every obstacle that I have encountered in life. They always taught me to do my best and to never give up, no matter what. Most of all, they taught me to pray and ask God for strength, knowledge, and understanding along the way. These lessons have always stuck with me and helped me in every journey through each part of my life. I am so thankful to them for leaving me with this small but powerful bit of life-altering knowledge.

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Section 1: Foundation of the Study

The constant nurse turnover and its negative costs in the healthcare industry yields difficulties in staffing levels as well as patient-to-nurse ratio. According to Khan and Lakshmi (2018), registered nurse (RN) turnover costs organizations additional time and money to recruit, train, and replace nurses. Due to RN turnover issues, organizations suffer an estimated $200 billion in annual costs (Ma et al., 2022). The incurred costs involve advertising, recruitment, and training for new nurses to fill the vacated positions (Hisgen et al., 2018). The constant nurse turnover creates challenges for nurse managers in the areas of scheduling, staffing, and employee morale (Hisgen et al., 2018). Therefore, the shortage of RNs is projected to double by 2025, and there will be approximately 2.2 million nurse vacancies over the next 10 years (American Association of Colleges of Nursing, 2019). RNs comprise a large part of the healthcare industry, and their roles are important to doctor and patients. Hospital leaders should understand the contributing factors that influence RNs to seek new positions. The American Association of Colleges of Nursing (2019) projected that the number of RNs needed by 2024 will range from 649,100 to 1.09 million.

**Background of the Problem**

Despite the 19% projected growth of employment for RNs through the year 2022, healthcare business leaders struggle to retain and recruit nurses (U.S. Bureau of Labor Statistics, 2019a). Hospital leaders lack effective strategies to mitigate the increased amount of RN turnover. Leaders should understand the factors causing RNs to leave positions. Once leaders understand these factors, strategies can be developed to combat

the challenges of RN turnover. Employees perceiving that they are treated fairly and equitably based on their organizational contributions will perform at a commensurate level and tend to remain with their organization (Yusof et al., 2019).

As a result, leaders could use these same reasons to attract new RNs and retain the current staff of RNs. The goal of this study was to identify strategies that leaders can use to effectively mitigate RN turnover. Hospital leaders could use the results of this study, in conjunction with existing studies, to develop strategies that decrease RN turnover. Through their understanding and efforts, leaders may identify these issues and leverage their experience to develop strategies to effectively reduce RN turnover.

## Problem Statement

Despite active efforts by healthcare leadership to retain RNs, the turnover rate among RNs remains high in the United States (Andela & van der Doef, 2019). RN turnover is a serious problem for all healthcare organizations and affects financial growth, patient care, and reputation, ultimately resulting in financial losses (Aguinis & Glavas, 2019). The general business problem was that hospital leaders having RN turnover experience significant financial losses. The specific business problem was that some hospital leaders lack strategies to mitigate RN turnover effectively.

## Purpose Statement

The purpose of this qualitative multiple case study was to explore strategies hospital leaders used to effectively mitigate RN turnover. The target population consisted of three hospital leaders in three area hospitals located in the southeastern United States, each with successful experience using strategies to effectively mitigate RN turnover. The

implication for positive social change in the local community includes improved patient experiences and quality care, as well as decreased safety concerns due to havin more RNs available in the hospitals to provide services. Additionally, mitigating RN turnover leads to less frequent RN relocation, fewer displaced families, and lower costs associated with relocation transportation. Mitigating RN turnover also helps maintain continuity of employment benefits for RNs and their families.

## Nature of the Study

The qualitative method was the best option for conducting this study. According to Boeren (2018), researchers use open-ended questions to collect data and draw conclusions. Researchers can use the case study design to examine or explain participant experiences through various data collection sources, including observations, interviews, documentation, artifacts, and archival records (Alpi & Evans, 2019). Developing strategies to mitigate RN turnover is important for leadership to maintain continuity within the organization and stability with staff scheduling within the hospitals. Policy makers and health care leaders should determine the reasons RNs decide to leave the nursing profession (Boddy, 2016). Quantitative researchers use statistical methods to test hypotheses or to establish relationships between variables (Yin, 2018). The quantitative research method was not appropriate in this situation because I did not test hypotheses or establish relationships among multiple variables. A mixed method is useful for gathering quantitative and qualitative data (Yin, 2018); however, I did not select the mixed method because I did not use the quantitative part of the mixed methods research method.

Yusof et al. (2019) indicated that a case study design might be suitable to understand a simple or complex issue or object. Researchers use the case study research design to obtain valid, high-quality data explaining the *what, why*, or *how* of a phenomenon (Yin, 2018). In this case study, I explored strategies hospital leaders used to effectively mitigate the RN turnover. Because I collected data from participants using semistructured interviews in which I asked *what* and *how* questions, a case study design was most appropriate for this study. Phenomenological researchers explore the meaning of human experience of those living the phenomenon (Traeger & Alfes, 2019). The phenomenological research design was not appropriate for this study because I did not focus on participants' lived experiences. Researchers use the ethnographic research design to study people's experiences and social processes within cultures (Shuck, 2019). Researchers using the ethnographic design embed themselves in the participants' world to observe and obtain information (Traeger & Alfes, 2019). The ethnographic design was not appropriate for this study because the focus of this study was not people's experiences and social processes within cultures.

## Research Question

What strategies do hospital leaders use to effectively mitigate RN turnover?

## Interview Questions

1. Which strategies were the least effective in mitigating RN turnover?

2. What strategies were the most effective in mitigating RN turnover?

3. What barriers did you encounter when implementing strategies to mitigate RN turnover effectively?

4.  How did you overcome the implementation barriers?

5.  What are some incentives that have been implemented to motivate RNs to remain in the hospital?

6.  How have you assessed the efficacy of the strategies used to mitigate RN turnover rate effectively?

7.  What additional information can you share about strategies you used to effectively mitigate RN turnover?

## Conceptual Framework

Fredrick Herzberg developed the two-factor theory in 1959 (Herzberg et al., 1959). I selected two-factor theory as the conceptual framework for this study. Herzberg et al. (1959) claimed that employees performing tasks obtain high levels of satisfaction if the employees (a) have the chance to do a meaningful and identifiable portion of the work, (b) perform the task that results in outcomes that are intrinsically meaningful and worthwhile, and (c) receive intrinsically positive feedback about what they accomplished (Weaver et al., 2016). Researchers using two-factor theory in their research studies found positive relationships among employee engagement, intrinsic rewards, and job satisfaction (Weaver et al., 2016). Herzberg et al. constructed the two-factor theory on the notion that there are two sets of factors, considered motivators and hygiene, that affect an employee's motivation in the workplace by either enhancing employee satisfaction or hindering it (Eriksson & Kovalainen, 2015). Employee growth, personal achievements, and employee recognition are the motivators, which are things that satisfy employees.

Hygiene factors are things that do not bring satisfaction to employees but incentivize them to perform duties to stay employed.

The way to retain employees is to mitigate the factors that dissatisfy them and enhance the factors that are satisfying to them. Herzberg et al. (1959) found aspects of the job, which affected employee satisfaction levels, related to the nature of the work performed. Herzberg et al. (1959) also determined that minimizing dissatisfaction and maximizing satisfaction would help organizations to retain employees. Leaders need to understand the interrelationships among individuals, groups, and job characteristics while incorporating various techniques to develop work outcomes and strategies to reduce the RN turnover rate (Eriksson & Kovalainen, 2015).

### Operational Definitions

*Employee recruitment:* Employee recruitment is the process of attracting and screening qualified employees, reviewing interviewees' qualifications, and selecting new hires for companies (U.S. Bureau of Labor Statistics, 2019b).

*Employee retention:* Employee retention is the strategic combination of work and life balance components of job satisfaction and organizational commitment that influence talented employees to stay employed with an organization (Baharin & Hanafi, 2018).

*Employee turnover:* Employee turnover is the phenomenon of employees voluntarily parting from the employment of their organization (Kaddourah et al., 2018).

*Intrinsic reward:* Intrinsic rewards refer to when employees are satisfied with their jobs (U.S. Bureau of Labor Statistics, 2019b).

*Job satisfaction:* Job satisfaction is when an employee displays pleasurable or

positive attitudes toward his or her occupation (Farfán et al., 2020).

*Job dissatisfaction:* This term refers to when employees experience unhappiness with their jobs (Park et al., 2019).

*Nurse manager:* A nurse manager is a healthcare professional responsible for the supervision and human resource management of nurses in support of organizational objectives (Farfán et al., 2020).

*Nursing shortage:* Nursing shortage is the struggle to expand capacity nationally to meet the rising supply and demand for nursing workforce (U.S. Bureau of Labor Statistics, 2019b).

*Organizational commitment:* Organizational commitment is a psychological relationship of an employee with his or her organization. An employee's commitment may be because of a desire to remain with the organization, a sense of obligation to their organization, or because of an awareness of the personal cost associated with leaving the organization (Yusof et al., 2019).

*Workplace flexibility:* Workplace flexibility is a formal or informal work arrangement between employees and employers that allows the employee to choose work hours, location, and continuation of needs for family and/or self in conjunction with fulfilling work obligations (Ladge & Greenberg, 2019).

## Assumptions, Limitations, and Delimitations

### Assumptions

Assumptions refer to conditions that researchers assume or accept without the ability to verify the truths or facts related to those conditions (Vermeir et al., 2017). One

assumption in conducting this study was that by gathering information from hospital leaders, I would gain an understanding of the nurse turnover situation. I assumed that it was possible for hospital leaders to develop strategies that helped mitigate nurse turnover. I also assumed that the hospital leaders I interviewed took my study seriously and responded to questions with honest and accurate answers.

**Limitations**

Limitations are factors within a research study that might restrict or hinder a researcher's ability to collect data (Aguinis & Glavas, 2019). According to Smith (2018), limitations in a study are potential gaps and weaknesses that are out of the researcher's control. The first limitation of my study were the time restrictions to meet and conduct Zoom interviews with study participants. This study was conducted during the COVID-19 outbreak, and the availability of study participants was limited. The second limitation of this study was that the participants had confidentiality clauses limiting responses to questions regarding strategies and other details about RN staffing.

**Delimitations**

Delimitations are those characteristics that limit the scope and define the boundaries of a study (Smith, 2018). A delimitation of this study was the geographical location, which was restricted to the southeastern United States. The boundaries of this study consisted of three hospital leaders. The participants for this study were at least 18 years of age and had at least 3 years of successful nurse management experience.

**Significance of the Study**

The results of this study could be significantly helpful in mitigating the RN turnover in hospitals for both current and future leaders. With increases in the older adult population, diseases, and other care needs, more RNs are needed nationwide. The U.S. Bureau of Labor Statistics (2018) detailed an increase in RN turnover resulting from an aging workforce and impending national nursing shortage. By identifying contributing factors, hospital leaders can develop strategies to reduce those factors. Zhang et al. (2020) stated that attention needs to be given to the working conditions and staff welfare for the purpose of improving job satisfaction, which could reduce turnover intention.

**Contribution to Business Practice**

Hospital leaders could gain a better understanding of innovative ways to enhance business practices and reduce RN turnover. Additionally, the high rate of RN staff turnover impedes recruitment and retention efforts across the healthcare industry; therefore, it is important for administrators and hospital leaders to develop strategies to mitigate and eliminate RN turnover and improve RN retention (Scales, 2021). Hospital leaders can use the findings of this study to develop recruiting tools and retention strategies that would be useful in reducing the RN turnover problem in hospitals and healthcare organizations.

Ineffective management practices by hospital leaders could result in negative nurse performance in hospitals, which would affect the business performance of the hospital. Nurses who feel engaged with their job and organization may experience lower levels of turnover, empathy fatigue, and burnout; this engagement can positively

influence the experience patients receive, teamwork, and outcomes throughout the organization (Dempsey & Assi, 2018). Hospital leaders should develop effective strategies to reduce turnover of RNs to improve business practices of healthcare organizations. High turnover rates of any kind (voluntary or involuntary) can damage organizational performance; further, turnover is consistently linked to poor care quality and increased labor costs for training, recruitment, hiring, and productivity loss (Lord et al., 2018; White et al., 2020).

**Implications for Social Change**

The implications for positive social change in the local community include better patient experiences, enhanced quality care, and decreased safety concerns due to more RNs available in the hospitals to provide services. Additionally, mitigating RN turnover leads to less RN relocation, fewer displaced families, and lower costs associated with relocation transportation. Mitigating RN turnover also helps maintain continuity of employment benefits for RNs and their families.

## A Review of the Professional and Academic Literature

I reviewed the literature on RN turnover published in various journals and seminal scholarly books. Google Scholar, linked to the Walden University Library's website, served as the primary source for accessing journal articles. Databases used to obtain literature for this study included Business Source Complete, ABI/INFORM Complete, Emerald Management, Sage Premier, Academic Search Complete, and ProQuest Central. Furthermore, I also accessed various open journals to obtain literature related to RN turnover. AOSIS Open Journals provided open access to peer-reviewed scholarly journals

from various academic disciplines. Similarly, ScienceDirect provided tolled and open access to a full-text scientific database containing journal articles and book chapters. In some instances, I accessed government websites to obtain information about RN turnover.

The strategy for searching through existing literature entailed the use of keywords and phrases in the various databases listed above. I applied filters to database searches to narrow down the search results. These filters included specific keywords, a specified period, and specific databases. When using Google Scholar, I gave preference to articles published in or after 2018 to ensure the literature was topical and relevant. Secondly, I gave preference to articles that were available in the Walden University Library. The keywords and phrases I used in my search were *RNs, nurse shortage, nurse turnover, retention, retention strategies, effects of nurse turnover,* and *hospital leaders.*

There are 86 references in this study; 61 of the references are scholarly peer-reviewed articles, which represents 70% of the total. In addition, there are 11 books representing 12%, four government documents representing .04%, and 8 nonpeer-reviewed references representing .09% of the total. The total references published within the 2018-2022 period are 70, which is 84% of the total references. The literature review includes 47 references. The publication date for 36 of these references is within the 2018-2022 period, representing 76% of all references included in the literature review section. Thirty three references are peer-reviewed articles, representing 70% of the total references, and 7 references are books and government websites, representing 15% of the total number of references in the literature review section.

**Literature Review Organization**

The literature review section has several subsections, beginning with an introduction that includes information about the strategy for searching the literature, the frequencies, and percentages of peer-reviewed articles as well as publication dates. In the next section, I focus on the application of the literature to the research question and include a brief description of the purpose of the study. The themes I discuss in this literature review are the conceptual framework, the nursing profession, RN background, factors affecting nurse turnover, job satisfaction, and perspectives on hospital leadership. Throughout the literature review, I compare and contrast different points of view and relationships between previous research and findings with this study.

The first subsection, the conceptual framework, includes a critical analysis and synthesis of the conceptual framework I selected for my study, which is Herzberg et al.'s (1959) two-factory theory. I also use supporting and contrasting theories from relevant literature on the topic of RN turnover. Some of the supporting and contrasting theories are the job characteristics theory, hierarchy of needs theory, and leadership theory.

The second subsection, other contrasting theories, explores the use of theories that support and contradict the two-factor theory. In this section, I present a discussion of supportive and contrasting theories. I discuss Maslow's (1943) hierarchy of needs; Dawis et al.'s (1968) theory of work adjustment, Adams' (1963) equity theory, and Adriaenssen et al.'s (2016) systems theory.

The third subsection, turnover factors, starts with a brief overview of the factors that affect the RN career field. I discussed issues pertaining to leadership, turnover

intentions, workplace cultures, leadership duties, turnover effects, and retention strategies. The factors discussed in the third subsection have a major effect on the turnover rate being experienced in healthcare with RNs. I identified the issues and solutions that would help to resolve the ongoing problem of RN turnover. Knowledge advancement is built on prior studies, and this literature review addressed relevant studies and research gaps (see Xiao & Watson, 2019).

**Application to the Applied Business Problem**

The purpose of this qualitative multiple-case study was to explore strategies hospital leaders use to effectively mitigate RN turnover. Developing an understanding of such strategies required a qualitative approach, more specifically an exploratory multiple case study. The findings from this study provided insight into RN turnover, from leaders' perspectives.

The findings of the study may assist with the development of appropriate strategies to mitigate RN turnover. The findings from the study might improve business practices by identifying appropriate strategies, leading to increased productivity and organizational competitiveness. The potential for social change rests in the development of strategies to improve job satisfaction, work conditions, and personal well-being.

**Two-Factor Theory**

In this section, I present a critical analysis of the conceptual framework I selected for this study, Herzberg et al.'s (1959) two-factor theory. According to Herzberg et al., task-related motivators or job factors lead to moral feelings. Leaders who use inspiration are more successful in effectuating and implementing positive change (Ennis et al.,

2018). Herzberg et al. also noted that hygiene factors, or extra-job factors, affect employee productivity and efficiency. Hygiene factors include (a) salary; (b) interpersonal relations with supervisors, subordinates, and peers; (c) the quality of supervision; (d) company policy and administration; (e) working conditions; (f) personal life factors; (g) social status; (h) the introduction and utility of technology; and (i) perceived job security (Smith, 2018).

In the two-factor theory of job satisfaction and motivation, Herzberg et al. (1959) identified intrinsic and extrinsic rewards for employees. Intrinsic rewards are received by the employee during job performance and extrinsic rewards are external to the job being performed. Park et al. (2019) found that basic rewards were the most prevalent factor concerning RN turnover intention in hospitals ranging from small to medium-sized. Proponents of the two-factor theory posit that intrinsic rewards are the motivators of work behaviors, and extrinsic rewards prevent dissatisfaction (Aguinis & Glavas, 2019).

Based on Herzberg et al.'s (1959) ideas, the concept of maintenance (an extrinsic factor) and the concept of motivation (an intrinsic factor) are two major factors that influence job satisfaction and dissatisfaction. Ladge and Greenberg (2019) stated that extrinsic factors, such as job security, promotion opportunities, and pay raises are as important as intrinsic factors in motivating employees. Maintenance factors entail environmental and organizational conditions that are out of the employee's control such as benefits and salary (Ye & King, 2016). Problems with maintenance factors often result in job dissatisfaction (Yin, 2018).

Intrinsic motivation refers to things that are interesting or satisfying to an employee (Zhang et al., 2020). Intrinsic factors aid in motivating employees, enhancing job satisfaction, and enriching job performance (Herzberg et al., 1959; Zhang et al., 2020). Advancement opportunities are important in employee retaining efforts. Although upward mobility is an important attraction, it is not the only attraction for employees. Companies offer employees a wide range of rewards, and in exchange, the employee produces desirable work outcomes (Park et al., 2019). Hung and Lam (2020) found that while satisfied employees are intrinsically motivated to give positive referrals, dissatisfied employees are likely to give negative referrals.

Herzberg et al. (1959) comprised two lists related to motivation and attitudes. The first list includes motivators, such as recognition, achievement, growth possibility, advancement, responsibility, and work. According to Herzberg et al., task-related factors result in good attitudes and happy feelings. The second list includes hygiene factors, such as salary; interpersonal relations with supervisors, subordinates, and peers; supervision; company policy and administration; working conditions; personal life factors; status; technology; and job security. Herzberg et al. further categorized motivators as factors intrinsic to the work itself, as opposed to hygiene factors that are extrinsic and associated with relationships and the work environment (Smith, 2018).

Alexander et al. (2018) claimed the goal of organizational reward systems is to influence employee membership and performance. Employee membership includes joining the organization, remaining in the organization, and reporting to work regularly (Kaddourah et al., 2018). Employee performance includes behaviors that are specific to

the job (Alexander et al., 2018). Alexander et al. used the two-factor theory to explain the effects of financial rewards on employee attitudes and behavior. Organizational leaders need to understand various reward types and their related effects (Alexander et al., 2018).

Nasurdin et al. (2018) emphasized the importance of focusing on compensation rewards, as these rewards are important and permanent aspects of the organizational reward system. Every employee receives compensation rewards, even if eligible for other types of intrinsic rewards. Alpi and Evans (2019) found intrinsic rewards solely may not be enough to generate and sustain elevated levels of desired employee behaviors, such as retention. An intertwining of intrinsic and extrinsic rewards can frequently occur. One example is when a job content factor, such as autonomy, influences intrinsic and extrinsic rewards. Alpi and Evans focused on extrinsic rewards primarily; however, researchers use the two-factor theory to gain insight into the multiplicity of factors that influence motivation, satisfaction, and turnover frequency.

Herzberg et al. (1959) explained that employee achievement, or performance quality, is a leading factor in job satisfaction. Employees achieve higher job satisfaction when they reach their goals or when they perform with quality. A happy employee with a positive attitude has a high-performance level (Herzberg et al., 1959). Employee recognition plays an important role in the increase of employee satisfaction, whereas performance-based feedback played a vital role (Herzberg et al., 1959). Herzberg et al. stressed that job satisfaction and job dissatisfaction are two different phenomena. Maslow's (1943) hierarchy of needs depicts motivation as helping individuals satisfy their basic needs. Maslow depicted needs as a pyramid containing five levels. The lower

level in the hierarchy is a person's core and more powerful need to influence the individual's behavior (Maslow, 1943).

Campbell et al. (2020) used two-factor theory as a conceptual framework to understand the nature of motivating factors, and the way motivating factors relate to job satisfaction and employee retention. Campbell et al. found that employee job satisfaction influences employee retention. Brook et al. (2019) used the two-factor theory and found that other factors can influence job satisfaction, and concluding that positive working conditions, recognition, company policy, and salary are the most influential factors. An employee's financial desire helps explain the relationship between salary and job satisfaction (Hairr et al., 2014).

Khalid and Nawab (2018) used two-factor theory to confirm that factors such as organizational position, education, achievement, and recognition have an influence on job satisfaction. Baharin and Hanafi (2018) used the two-factor theory to determine public sector workers' level of job satisfaction. Dhanpat et al. (2018) found that motivational factors, such as education level and position, had a positive effect on employees' job satisfaction level. Teimouri et al. (2018) applied the two-factor theory in their research involving job satisfaction and determined that motivational factors, such as achievements, recognition, the work itself, responsibility, and personal growth influenced job satisfaction.

Fletcher et al. (2018) referred to the two-factor theory for understanding how to recruit and retain technical personnel at a U.S. Department of Energy's site. The results were consistent with the assumptions that Herzberg et al. (1959) made in the two-factor

theory, revealing that hygiene factors could influence turnover. In fields that suffer from elevated levels of turnover, applications of the two-factor theory to research findings may be significantly beneficial.

Employees get satisfaction from their work when leaders seemed more engaged (Aryati et al., 2018). Aryati et al. (2018) applied Herzberg et al.'s (1959) two-factor theory to examine employee satisfaction and helped to identify motivational factors that influence job satisfaction. Mbombi et al. (2018) found that when job dissatisfaction was high, employee absenteeism and turnover were also high. Mbombi et al. stated that absenteeism results in low staff morale, increased RN shortage, and increased workload, which can lead to a lower quality of care, increased infectious diseases, increased morbidity, increased mortality rates, and conflicts among RNs. Absenteeism creates a burden for nurses who remain on duty because they must cover for themselves and for colleagues who are absent (Mbombi et al., 2018). Widyawati (2020) stated that employees are more likely to stay on the job when they are engaged, have job satisfaction, and support the organization's mission.

Using Herzberg et al.'s (1959) two-factor theory, Khan and Lakshmi (2018) discovered several factors that affect job satisfaction and retention. One criticism has been that using the two-factor theory to study job satisfaction may result in focusing on factors being less important than the phenomenon under investigation (Krisnanda & Surya, 2019). As a second critique of the theory, Traeger and Alfes (2019) declared that Herzberg et al.'s two-factor theory leads researchers to assume that employees in their work environment are under the influence of factors that cause job satisfaction and job

dissatisfaction. Despite the criticisms, researchers still used the two-factor theory to examine job satisfaction.

Nasurdin et al. (2018) used the two-factor theory to illustrate the relationship between job satisfaction and workplace retention and employee turnover. Several other researchers have conducted studies that validated Herzberg et al.'s two-factor theory. Roodt (2018) explored job satisfaction in the professional services industry and discovered that client satisfaction is a motivational factor that has a direct effect on job satisfaction. To produce a model to aid employee retention, Norris and Norris (2019) explored the two-factor theory to study motivational factors that influence employee retention. Employee turnover increases other employees' job performances, negatively impacts clients' satisfaction, and influences sustainable business performances (Norris & Norris, 2019). Norris and Norris found workers tend to be more committed when managers provide motivational opportunities, such as achievement, advancement, and recognition. Norris and Norris contended that committed employees remain with the organization.

There have been diverse applications of the two-factory theory throughout different healthcare settings. For example, Kholiq and Miftahuddin (2018) applied the two-factor theory to the study of factors influencing job satisfaction and anticipated turnover among nursing staff in south Ethiopian public healthcare facilities. Ezam (2018) applied the two-factor theory to the study of Saudi Arabian nursing staff to identify long-term sustainable strategies to recruit and retain Saudi Arabian nurses in the national Saudi healthcare delivery system. Amirullah et al. (2018) applied the two-factor theory to

broaden the understanding of the relationship between a healthy work environment and retention of direct--care nurses in hospital settings. In an earlier study, Khan and Lakshmi (2018) applied two-factor theory in their study of motivation and job satisfaction among nursing professionals in a public healthcare facility in Cyprus.

Liu et al. (2020) have continued to extend the theory to various human situations. Norris and Norris (2019) noted the need for additional resources to support basic human needs of health and safety. Yusof et al. (2019) equated sources of extrinsic satisfaction with reflections of achievement and self-actualization, thereby tying together Maslow's (1943) hierarchy of needs and self-actualization with Herzberg et al.'s (1959) two-factor theory. Leaders should first understand job satisfaction to realize satisfaction needs in lower levels, such as the need for safety, love, belongingness, and esteem, leading to self-actualization.

In summary, motivational factors influence retention. Liu et al. (2020) used two-factor theory to understand motivational factors that influence RN retention in nursing homes. Hisgen et al. (2018) found that pay increases and recognition programs had a positive influence on RN retention in nursing homes. When turnover in the director of nursing position was limited, nurses were more inclined to remain in their jobs.

**Other Contrasting Theories**

In this section, I present a discussion of supportive and contrasting theories. I discuss Maslow's (1943) hierarchy of needs, Dawis et al.'s (1968) theory of work adjustment, and Adams' (1963) equity theory. Finally, I present a discussion related to Fletcher et al.'s (2018) systems theory.

*Hierarchy of Needs*

Maslow's (1943) motivation theory is a prominent motivational theory developed during the 20th century. In *A Theory of Human Behavior*, Maslow theorized that human motivation occurs on a hierarchal level. The basic level consists of physiological needs: eating, drinking, sleeping, and sex. Safety needs of housing, and social needs of family or friendship are next. Esteem needs and self-actualization complete the apex of the hierarchal pyramid. Maslow argued that humans experience motivation to advance to achieve higher-order needs if humans meet their lower order needs.

Nayak et al. (2016) used Maslow's (1943) theory as a framework for a study related to the customer well-being index pertaining to tourism. Yusof et al. (2019) used Maslow's theory to explain the way leaders can contribute to meeting customers' needs. Yusof et al. argued that meeting hierarchal needs, specifically self-actualization, will increase the likelihood of customers returning. Numerous researchers used the hierarchy of needs theory as the framework for their studies.

*Theory of Work Adjustment*

Dawis et al.'s (1968) theory of work adjustment (TWA) was used by researchers to explore job satisfaction. Dawis et al. explained that a person's needs and abilities could align to the needs of an employer creating a mutually beneficial relationship. Dawis et al. noted that when leaders encourage employees to use their skills and knowledge of the work environment, employees will adjust their work to fulfill their innate needs (Dempsey & Assi, 2018). Employees experience satisfaction with their jobs when their

work environment begins to meet either their intrinsic or extrinsic needs (Traeger &

Alfes, 2019).

Krause (2020) addressed the question of motivation as it pertains to regulatory

compliance. Maslow's (1943) indicated a hierarchy of needs is necessary to determine

the motivation for regulatory compliance or noncompliance. Krause used Maslow's

theory to explain the motivational differences in employee use of information systems.

Krause found that systems are useful in meeting employee needs.

*Equity Theory*

Adams (1963) introduced equity theory. Yusuf and Yee (2020) used equity theory

to discuss how managers addressed employee feelings of unfair treatment. Equity theory

offers three assumptions: (a) employees expect compensation commensurate with work

performed, (b) employees determine equity by making comparisons between input and

outcomes compared to others, and (c) employees seek to reduce perceived inequity

between themselves and others. These three assumptions exemplify the nature in which

employees used equity theory to address and alleviate feelings of inequity (Shuck, 2019).

Shuck (2019) indicated that fairness motivates individuals. When individuals

believe there is fair treatment, the perception of fairness motivates them to accomplish

goals; conversely, a perception of unfairness demotivates those individuals. Adams

(1963) designed equity theory to explain relational satisfaction in organizations; however,

equity theory continues to be a framework for understanding concepts in management

and business. Shuck (2019) also used equity theory to explain customer attitudes towards

insurance fraud.

Yang et al. (2020) found that customers believing that the deductible-premium ratio is unfair are more likely to accept the risks of committing insurance fraud. Yang et al. investigated the usefulness and efficacy of equity theory in explaining job satisfaction, motivation, and performance of employees. The results indicated that some aspects of equity theory are generalized, and that the theory is not culturally sensitive because it ignores cultural aspects of motivation and job satisfaction that may differ across cultural backgrounds (Yang et al., 2020).

*Systems Theory*

Park et al. (2019) used general systems theory and stated that systems are groupings of independent components which exist in a functional relationship with each other. Within a system, the individual components embody relationships that are determined and established naturally and intentionally. Natural and human processes introduced into organizational and human systems facilitate desirable consequences. People are the human element or system agent in organizational systems. Beliefs, intentions, and actions of human agents have a direct relational influence on their organizational systems (Park et al., 2019). Nurse managers understand the interrelationships between individuals and groups working within a system to incorporate various techniques and decisions used to develop outcomes and engagement strategies that reduce turnover of RNs.

Roodt (2018) used a multimethod cross-sectional study and identified direct and indirect linkages between geriatric care setting, rest break organization, and nurse turnover over a 1-year period. Roodt indicated the feasibility of collective rest breaks

was, as predicted, negatively associated with RNs' turnover and affected indirectly the relationship between care setting and RNs' turnover. Khalid and Nawab (2018) tested two theoretical models of turnover to examine relationships between job demands, coping resources, and turnover of residential aged nurses. Khalid and Nawab found that policy makers and service providers should consider increasing certain resources to nurses while minimizing job demands to help reduce turnover rates. Ezam (2018) explored the effects of job satisfaction on work stress and turnover among long term care nurses in Taiwan and found that higher job satisfaction significantly decreases work stress and turnover among long term care nurses.

Bouten-Pinto (2016) released a review of articles between 1985 and 2011, to understand the influences on a nurses' intent to stay and found multiple strategies resulted in higher retention numbers. Krause (2020) compared work climate perceptions and intentions to quit among three generations of hospital workers and nurses. Traeger and Alfes (2019) found retention strategies that focused on improving work climate are beneficial to all generations of nurses. Fletcher et al. (2018) examined the impact of nursing practice environment, nurse staffing, and nurse education on nurse intentions to leave. Fletcher et al. found that improved nursing work environments is a key strategy to retain nurses. Dhanpat et al. (2018) reviewed a strategy for nursing retention and its monetary impact and found that a specialized orientation program for new RN graduates helped increase RN retention and decreased turnover.

Baharin and Hanafi (2018) indicated that researchers use systems theory to analyze, explore, and understand the communication process in social systems. RN

managers in social systems such as hospitals, use communication skills and other processes to help develop an effective work environment with personal and work benefits for RNs (Baharin & Hanafi, 2018). RN managers can use a systems theory approach to observe, differentiate, and interpret the experiences of RNs within their organizational system. This observation helps to develop an overall understanding of distinctions between individual parts within the system.

### *Job Characteristics Theory*

Tsarouh et al. (2021) proposed a theoretical model of five fundamental job characteristics. These characteristics relate to five work outcomes, through three psychological states. The five fundamental job characteristics are: skill variety, task identity, task significance, autonomy, and feedback. The three critical psychological states that prompt work outcomes are: experienced meaningfulness at work, experienced responsibility for the outcome of work, and knowledge of results of the work activities. Challenging and fulfilling job characteristics are related to a positive influence on job performance and the association (Tsarouh et al., 2021).

Ladge and Greenberg (2019) indicated that scholars have argued the best way to increase employee performance and personal outcomes is by enriching the job. Employee performance and personal outcomes, especially satisfaction can be improved through job enrichment. Employers that provide greater opportunity to individuals for development and personal achievement receive greater performance from employees. Through application of the job characteristics theory, employees identified a thriving work environment (Ladge & Greenberg, 2019). Researchers used the job characteristics theory

to understand and analyze the relationship between job characteristics, job satisfaction, job performance, and turnover intentions.

**Turnover Factors**

*Job Factors*

Numerous factors related to the job characteristics and work environment of RNs exist, which can be drivers for nurse retention or nurse turnover. Depending on the way organizational leaders address these factors, RNs can decide to either stay or leave an organization. Yusof et al. (2019) identified job autonomy, continuing education opportunities, professional training, nurse-patient relationships, nurse-manager relationships, supervisor support, and work environment as potential factors RNs considered when deciding to stay or leave their place of employment. These factors contribute to RN turnover intentions when limited opportunities exist, negative relationships form, and the work environment is oppressive or unrealistic in nature (Yusof et al., 2019).

Excessive physical demands with insufficient compensation can factor into RN turnover intentions. Shuck (2019) concluded that RN staffing shortfalls could potentially require all RNs to assume additional responsibilities. This extra work could result in a RN filling the work responsibilities of more than one position simultaneously. RNs not receiving sufficient compensation for the additional work may have an elevated level of turnover intention. This lack of compensation could contribute directly to the RN leaving for another full-time position at a different hospital.

A negative work environment, lack of career advancement opportunities, or lack of managerial support could lead to RN turnover. Farfán et al. (2020) presented research centered on an investigation of RN experiences in Australia; the perceptions of RN turnover; and the strategies used to improve RN retention, performance, and job satisfaction. Farfán et al. used a qualitative research design to collect and analyze data obtained from RNs employed in the Australian healthcare system. Farfán et al. reported that the key factors related to RN turnover were limited career opportunities, poor employer support, lack of recognition, and negative employee attitudes.

*Healthcare Leadership*

Leaders' understanding of the factors associated with RN intent to remain employed with their current healthcare organization is critical to the long-term success of their organization. Healthcare leaders must understand the factors that influence a RN's process when considering whether to changes jobs (Boeren, 2018). Boeren (2018) stated that nurses between the ages of 23 and 26 comprise 62% of RNs entering the healthcare profession each year. As a result, newly licensed RNs make up a significant component of the healthcare workforce and become equally critical to the organization as veteran RNs having been employed for longer periods (Dempsey & Assi, 2018). From 2000 to 2005, 85,000 newly licensed RNs sought employment for the first time (Richardson, 2018). Dempsey and Assi (2018) reported that there was at least one new RN graduate hired by healthcare administrators at each organization during this time frame.

Work-related, external, and personal factors affect employee turnover. McLeod (2018) conducted an exploratory research study with a different view on employee

turnover in humanitarian organizations and presented a review of existing research studies about employee turnover using a theoretical framework based on the studies of Cotton and Tuttle (1986). The framework included variables of external, work-related, and personal factors and their effect on employee turnover. External factors included employment perceptions, unemployment rate in the industry, union presence, and the rate of career progression. Work-related factors included pay levels, job performance, job satisfaction, and organizational commitment. Intelligence, tenure, age, education, and aptitude were among the personal factors studied. Khan et al. (2019) reported all three factor groupings are present in the employee turnover decision-making process.

Khan et al. (2019) indicated that the leading assumptions among scholarly researchers for reasons employees remain with an organization are consistent with the reasons for departing an organization. The negative costs associated with employee turnover in the healthcare industry have an adverse effect on employee staffing levels as well as registered-nurse-to-patient ratios (Khan et al., 2019). Healthcare leadership marginalizes the importance of their roles which can lead to improper leadership decisions, resulting in employee dissatisfaction and turnover (Khan et al., 2019). Healthcare leaders should develop strategies to increase employee engagement and organizational identification. The healthcare industry is labor intensive, and organizations must dedicate significant financial resources to attract and retain skilled healthcare workers, such as RNs (Khan et al., 2019). Work engagement influences employee performance, job satisfaction, and is an important indicator of organizational health (Khan et al., 2019).

*Turnover Intentions*

The U.S. Bureau of Labor Statistics (2018) detailed an increase in RN turnover

resulting from an aging workforce and impending national nursing shortage. With more

than 50% of the RN workforce eligible for retirement, it is important to keep younger

RNs in nursing jobs and careers (Yusof et al., 2019). Voluntary employee turnover is an

important metric that is central to an organization's workforce planning and strategy

(Ladge & Greenberg, 2019). Managing high employee turnover is critical for any

organization to stay competitive (Yin, 2018). Herzberg et al.'s (1959) two-factor theory

divided job satisfaction and motivation into two groups of factors in the workplace

known as hygiene factors and motivation factors (Nasurdin et al., 2018).

Understanding a RN's intent to remain in their current position is important to

leaders that are seeking solutions to maintain sustainability within a healthcare

organization. Newly licensed RNs are as important to the workforce as the veteran RNs

(Nasurdin et al., 2018). Nasurdin et al. (2018) indicated that statisticians estimate hospital

leadership hired at least one new graduate RN each year between 2000 and 2005. During

this period, there were approximately 84,800 newly licensed graduate RNs seeking

employment. The Institute of Medicine released a report estimating that a portion of

newly licensed RNs would resign from hospital positions within one year of being hired

(Ennis et al., 2018).

Voluntary employee turnover results when employees migrate to competing

organizations (Khan & Lakshmi, 2018). Park et al. (2019) indicated that voluntary RN

turnover has accelerated over the past decade. Organizational leadership should consider

strategies to help reduce voluntary RN turnover (Dempsey & Assi, 2018). The act of voluntary RN turnover and the process by which employees make their decisions significantly impacts the old and new job (Boeren, 2018).

Each time a RN leaves employment, the organization's leaders have to begin the process of hiring and orientating a newly hired RN. Consequently, a related decrease in productivity and concomitant replacement cost occurs. Boeren (2018) indicated that these costs are 1.2 to 1.3 times the yearly salary of a RN and costs up to 5% of the hospitals annual budget. The U.S. government sourced a proportion of the country's healthcare costs by using government funds to supplement the costs of RN turnover.

*Workplace Culture*

The implication of Herzberg et al.'s (1959) two-factor theory is that a combination of better hygiene and motivator factors can create a situation where employees have fewer complaints and higher motivation (Norris & Norris, 2019). Liu et al. (2020) found that hospital leadership could not afford the loss of knowledge, revenue, and experience due to voluntary RN turnover. Voluntary RN turnover impacts the daily business operations of organizations (Aryati et al., 2018). Replacing the departed RNs requires organizational leadership to take an interest in the cost associated with the process (Aryati et al., 2018).

Fletcher et al. (2018) found that organizational culture varies from one workplace to another. Traeger and Alfes (2019) found that some employees expect managers to be mentors and role models in the workplace, assisting employees with better understanding of their jobs. Employees seeking and obtaining useful career advice from their managers

may commit to staying employed with the organization instead of departing (Khan & Lakshmi, 2018). Krisnanda and Surya (2019) found that personal and work factors influence newly licensed RNs' intentions to leave a job and the nursing profession completely. Work environment factors associated with RNs leaving the profession need to be identified and addressed by leadership to prevent future occurrences.

Having a balanced work and family life create a happy employee and decrease voluntary RN turnover intentions (Ezam, 2018). An employee wellness program focused on the well-being of employees, in addition to programs that reduced family conflict issues, is positive additions to an organization (Krisnanda & Surya, 2019). A nonfamily friendly workplace may lead to a RN making a personal decision to leave an organization (Vermeir et al., 2017; von Knorring et al., 2016).

### Leadership Duties

Organizational leaders develop an employee workforce to reach its full potential and help reduce voluntary RN turnover (Weaver et al., 2016). Appropriate administrative and human resource practices are crucial in helping reduce voluntary RN turnover in organizations (Krisnanda & Surya, 2019). Organizational leaders should ensure that essential practices, such as compensation, training, employee relations, and managing performance are in place to help reduce voluntary RN turnover (Krisnanda & Surya, 2019). Unrealistic job expectations can cause RNs to question their career choice and contribute to RN turnover rate (Yusof et al., 2019). Kholiq and Miftahuddin (2018) found that some employees leave organizations due to the amount of time being spent at the job. When an employer provides time for an employee to spend with family, there is an

increase in the employee's intent to remain with the organization (Kaddourah et al., 2018). Khalid and Nawab (2018) found that happy, productive, and satisfied employees help reduce voluntary employee turnover in an organization.

### Turnover Effects

Having a high RN turnover rate can reduce the overall effectiveness and quality of care given to patients (Yin, 2018). When RNs leave an organization, the remaining RNs and staff become overworked and overburdened with patient care, especially if there is a high patient to RN ratio (Ennis et al., 2018). As RNs leave organizations, the integration of newly hired RNs might take longer than normal which can have an adverse effect on patient care in the nursing units (Baharin & Hanafi, 2018). The instability caused by RN turnover in the workplace causes poor communication, poor teamwork, and fragmented coordination of patient care (Teimouri et al., 2018).

### Retention Strategies

Researchers hailed *high commitment management* as the future of strategic human resource management (Dhanpat et al., 2018). A high commitment management strategy can lead to organizational effectiveness, especially with the modern volatile and increasingly competitive economic environment (Fletcher et al., 2018). Having a high commitment and involved management strategy helps to focus on empowering employees to have a voice in the decision-making process.

Placing an emphasis on training and development programs helps to boost the organization's human capital value. This emphasis will ideally lead to increased productivity and lower turnover rates (Roodt, 2018). To retain employees, organizations

should create mandatory, ongoing training and development programs as part of a revised human resources strategy. Organizations should also perform a cost-benefit analysis to determine whether online training is more cost effective than traditional classroom training. Once a decision is made by the organization, organizational leaders can implement training immediately.

Sabbah et al. (2020) reported that researchers conducting recent studies indicated that the cost of replacing a RN is as much as $65,000. This expensive replacement cost causes hospitals to shift energy and money towards retaining RNs instead of backfilling vacant positions. Effective managers work closely with RNs to keep a positive work environment and promote effective communication with leadership (Aryati et al., 2018). Nayak et al. (2016) suggested that leaders should obtain concepts and recommendations from subordinates and integrate the information into the policymaking procedures and documents.

Ennis et al. (2018) understood that a positive relationship between RNs and organizational leadership leads to increased job satisfaction, RN retention, and quality of care in the workplace. Ennis et al. discovered that organizational leadership support and collaboration contributed to an increase in RN job satisfaction and quality patient care and a decrease in RN intent to depart for new positions. Strengthening organizational leadership and RN collaboration results in RN commitment to the organization and turnover reduction.

**Transition**

Section 1 of this study included the problem statement, purpose statement, nature of the study to defend the reason for choosing a qualitative methodology and single case study design for this research. Section 1 also included the interview questions that were used to obtain the research information from the participants. Section 1 also contained details about the conceptual framework and the operational definitions of terms that may be unfamiliar to the reader. In addition, Section 1 contained the assumptions, limitations, and delimitations that I made while conducting this case study. The final components of Section 1 included the significance of the study and a review of the professional and academic literature.

Section 2 of this study includes the purpose statement, role of the researcher, participants, research method and design, population and sampling, ethical research, data collection instruments, data collection techniques, data organization technique, data analysis, reliability and validity, and the transition and summary portion of the section. Section 3 includes the introduction, presentation of findings, application to professional practice, implications for social change, recommendations for action, recommendations for future research, reflections, and the conclusion. Section 3 brings the research to an end and culminates with the indication of a need for additional research on the topic of RN turnover. The reflections and conclusion are helpful in highlighting parts of the work and bringing the study to a close.

Section 2: The Project

**Purpose Statement**

The purpose of this qualitative multiple-case study was to explore strategies hospital leaders use to effectively mitigate RN turnover. The target population consisted of three hospital leaders in three area hospitals, located in the southeastern United States, with successful experience using strategies to effectively mitigate RN turnover. The implication for positive social change in the local community include improved patient experiences and quality care, as well as decreased safety concerns due to more RNs available in the hospitals to provide services. Additionally, mitigating RN turnover leads to less RN relocation, fewer displaced families, and decreased costs associated with relocation transportation. Mitigating the RN turnover also helps maintain continuity of employment benefits for RNs and their families.

**Role of the Researcher**

As part of a researcher's role in the data collection process, a researcher searches for study participants, develops rapport with the participants, organizes the study's research process, collects and analyzes data, and reports the results (Yin, 2018). I searched for and found study participants, developed rapport with them, organized the entire research process, collected, and analyzed data, and reported the findings. The researcher must ensure the quality of the research process (Yusof et al., 2019). I collected data to understand and identify strategies used by healthcare leaders to mitigate RN turnover. I used additional sources of data, as suggested by Yin (2018), including organizational documents. Through interviews using open-ended questions, I encouraged

interviewees to provide detailed descriptions regarding the topic. I identified and compiled a list of qualified prospects to interview through collaboration with hospital leaders. As the primary researcher, I had the sole responsibility to conduct and record interviews, transcribe audio responses, analyze data for emergent themes, and ensure data saturation.

Prior military experience as an Army soldier and a retail supervisor for 4 years enabled me to develop a realistic perspective of the employee turnover issue. Having worked with military and retail members helped broaden my world view to include a wide variety of situations and variables. The experience gained during that time helped me to frame interview questions capable of uncovering phenomena that could explain varied experiences of participants. The familiarity I have with military and retail members also helped me to assemble a qualified and purposeful sample population of participants willing to share experiences and confidential data.

When conducting social research, researchers should have ethical considerations, such as guidelines, codes, and regulations that review boards and professional associations enforce. More specifically, researchers must adhere to guidelines for ethical research, as established by *The Belmont Report* protocol, when conducting their studies (U.S. Department of Health & Human Services, 1979).

As a researcher, I had a moral obligation to conduct this study in an ethical manner and in line with the guidelines provided by *The Belmont Report* protocol. The researcher is important to ensure the quality of the research process (Zhang et al., 2020). According to the U.S. Department of Health & Human Services (1979), three basic

ethical principles of research involving humans exist, which are *respect for persons*, *beneficence*, and *justice*. Researchers adhere to the *respect for persons* principle by acknowledging participants' autonomy; researchers should also possess the ability to recognize diminished autonomy when it exists in participants and proceed accordingly (U.S. Department of Health & Human Services, 1979). Researchers seek to maximize benefits under the *beneficence* principle but do not intend to bring any harm to participants (U.S. Department of Health & Human Services, 1979). As the primary researcher, participants will encounter fair treatment regarding benefits and burdens created by the research in applying the justice principle (U.S. Department of Health & Human Services, 1979).

Information regarding the application of ethical principles is provided in *The Belmont Report* protocol. Researchers must apply ethical principles when selecting study participants, securing an informed consent form signed by each participant, and evaluating risks and benefits of their study (Yin, 2018). In terms of the informed consent form that researchers should secure from each participant, researchers must disclose information to participants and explain to them that their participation is completely voluntary (U.S. Department of Health & Human Services, 1979). As the primary researcher, I was responsible for conforming to *The Belmont Report's* ethical principles, as well as other organizational requirements of an ethical nature and any requirements of the Institutional Review Board (IRB). In accordance with policy requirements, I did not conduct any research prior to IRB approval. Prior to conducting my research study, I ensured ethicality by explaining the informed consent principles and obtaining signed

informed consent forms from participants. I ensured that all information obtained remained confidential, all participants received equal and fair treatment during this study, participants understood that participation was voluntary in nature, and participants could have withdrawn from participating in this study at any time without giving a reason.

Some researchers may find it difficult to avoid bias in their study, particularly if researchers find evidence to support their original beliefs. The qualitative researcher needs to describe any bias to qualify their ability to conduct the research (Kaddourah et al., 2018). Interviewers need to be cognizant and understanding of their personal assumptions, prejudices, and biases (Shuck, 2019). When favoring evidence that supports researchers' original beliefs, researchers introduce confirmation bias into the study. A researcher should engage in the process of identifying and exposing bias that the researcher cannot readily eliminate (Shuck, 2019).

Researchers must be mindful not to replace one bias with another type of bias during the study (Yin, 2018). By using member checking in the research design, researchers avoid biases. Researcher bias is something to be aware of and monitor; however, some researcher bias is inevitable (Traeger & Alfes, 2019). Member checking is suitable to avoid researcher bias because the researcher gives the participants the opportunity to review how their responses were interpreted by the researcher and verify the accuracy of the interpretation (Yin, 2018). I mitigated research bias by using member checking, methodological triangulation, and journaling, as recommended by several researchers (Khan & Lakshmi, 2018). The reader of this study will have an opportunity to

evaluate the reliability and validity of this study through reviewing the assumptions and limitations recorded.

Researchers use a guide, named an interview protocol, to assist in the interview process that contains interview questions and prompts, interview procedures, a script of the introduction and the conclusion, and prompts for obtaining consent from participants (Kaddourah et al., 2018). The primary data collection method for this study was interviews, which allowed the participants to share their strategies. Norris and Norris (2019) stated that interviews are the most used techniques for data collection in qualitative research. Researchers use an interview protocol as a procedural guide when conducting participant interviews (Yusof et al., 2019). Researchers use a semistructured interview to provide a clear process to conducting interviews, as well as create opportunities to engage conversation into areas of interest through follow-up questions to the interview participant (Yusof et al., 2019). To ensure that I was consistent in providing the same information to participants, I used an interview protocol (see Appendix A) to help me with the interview process.

**Participants**

Researchers identify suitable participants prior to commencing with data collection (Ezam, 2018). When establishing participants' eligibility criteria, researchers ensure that the criteria align with the overarching research question for a study (Roodt, 2018). Researchers face challenges when finding appropriate participating organizations and gaining access to such organizations, as well as in seeking to obtain agreement from participants selected for the research study (Yin, 2018). Researchers establish eligibility

criteria for participation in a research study to ensure participants meet the requirements to qualify for participation (Yin, 2018). Eligible participants must have experience and knowledge related to the phenomenon being investigated by the researcher (Yin, 2018). Norris and Norris (2019) stated that researchers use purposive sampling to identify study participants with successful experience in the phenomenon under investigation. I used purposive sampling to identify participants for this study with successful experience in mitigating RN turnover.

As the researcher, I established eligibility criteria for participants based on their experience with strategies used to effectively mitigate RN turnover. To become eligible for participation in this study, participants had to possess a minimum of 1-year experience in successfully developing strategies to mitigate RN turnover. For this study, I purposively identified hospital leaders in the southeastern United States. All participants I selected for this study possessed at least 1 year of successful experience using strategies to mitigate RN turnover, which provided me sufficient information to reach data saturation.

Conducting research is a challenge if there is difficulty gaining access to participants and organizations (Shuck, 2019). When seeking to overcome participant access-related challenges, researchers use additional recruitment tools to collaborate with organizational leaders and ensure a complete understanding of the target populations' characteristics (Fletcher et al., 2018). Participant access, according to Krause (2020), can reveal study information, such as researchers' assumptions and the settings for conducting the research study. I discussed my research intentions with members of the

organizations' executive teams and used additional recruitment tools to gain access to potential participants for this study.

As the researcher, I was able to gain participants' trust and acceptance as Krause (2020) recommended. To collect rich data, researchers need to build rapport with study participants (Yusof et al., 2019). Regular engagement with participants is a strategy researchers use to gain the trust of participants and build rapport with them (Yin, 2018). I gained participants' trust and acceptance through regular engagement with participants during the study to collect rich data.

Selecting the appropriate research design created the necessary alignment between the overarching research question and the study participants, as recommended by Yin (2018). Researchers establish eligibility criteria to identify participants with the knowledge and experience related to the phenomenon researchers are investigating to answer a study's overarching research question (Yusof et al., 2019). To ensure that I achieved alignment between participants and the overarching research question, I selected participants with experience and knowledge related to the phenomenon under investigation, which is the strategies used to mitigate RN turnover.

## Research Method and Design

### Research Method

Qualitative, quantitative, and mixed method are the three research methodologies available to researchers (Roodt, 2018). Researchers use the qualitative method to explore phenomena through socially constructed meanings because a qualitative study is interpretive (Nayak et al., 2016). I used the qualitative method to explore the *what, why,*

and *how* of a phenomenon, which in this study is RN turnover. Quantitative researchers use measuring techniques to analyze the data and establish controls to ensure validity to examine the relationship between variables (Richardson, 2018). Quantitative researchers set clear and concise questions and hypotheses (Richardson, 2018). Because I did not examine any relationships among variables by using statistical analyses through hypotheses testing, I did not select the quantitative method. A combination of qualitative and quantitative methods constitutes a mixed-method study (Yin, 2018). Researchers use inductive and deductive reasoning when conducting a mixed-method study (Yin, 2018). I did not select the mixed method for this study because I did not examine any relationships among variables by using statistical analyses through hypotheses testing.

**Research Design**

Narrative, phenomenological, ethnographic, and case study are qualitative research designs I considered for this study. In an open, interpretative way that is typically sequential and nonstructured, participant experiences through personal stories are entailed through the narrative design (Kaddourah et al., 2018). Because I was not focused on participant experiences as described in an open, interpretative way through their personal stories, I did not use the narrative research design. To understand meaning and gain insights from participants' lived experiences, a researcher uses the phenomenological design (Kaddourah et al., 2018). I did not select the phenomenological design because I was not focused on participants' lived experiences.

According to Norris and Norris (2019), researchers use the ethnographic research design to conduct in-depth social and cultural organizational explanations of everyday

community life. I did not use the ethnographic research design because my focus was not on the social and cultural explanations of everyday community life. Researchers use the case study design in real-world business situations to highlight issues in business and management research (Yusof et al., 2019). As part of the strategy to validate findings, researchers use the case study design to investigate a phenomenon in-depth using the environmental context and triangulate data collected from participants (Zaghini et al., 2020). Because I explored the *what* and *how* of a phenomenon, I used the case study design to explore strategies for mitigating RN turnover.

Researchers achieve data saturation when they do not obtain any new information from the research participants (Yin, 2018). Park et al. (2019) suggested that three to five semistructured interviews can help to provide information on the given topic with sufficient depth and breadth (Nasurdin et al., 2018), helping to reach data saturation. I obtained rich insights from study participants by asking open-ended questions during semistructured interviews, which led to data saturation. I contacted qualified candidates and invited them to participate and obtained their approval for participation.

## Population and Sampling

To improve the trustworthiness of a study, researchers must be careful to select a sampling method that is appropriate (Widyawati, 2020). Researchers use criterion sampling to select participants meeting the same established participation criteria to ensure participants provide information related to the phenomenon under investigation (Liu et al., 2020). I used criterion sampling to select participants meeting the established

criteria for participation in this study to ensure they provided relevant information related to the phenomenon under investigation, which is RN turnover.

I collected data from three hospitals in the southeastern United States with successful experience in mitigating RN turnover. Researchers determine the sample size for a research study by considering several factors, including the required level of data thickness and richness, nature of the study, and the generalizability to a larger population (Yang et al., 2020). In addition, Yang et al. (2020) claimed that three to five participants with successful experience in the phenomenon under investigation is an adequate number to conduct a case study. Ensuring that the sample size for the case study is appropriate can be difficult for researchers (Yin, 2018). Consequently, two or three cases are sufficient to conduct a case study (Yin, 2018). I continued to ask the same participants questions until no new relevant information emerged.

Researchers achieve data saturation when they do not obtain any new information from the research participants (Yin, 2018). Park et al. (2019) suggested that three to five semistructured interviews can help to provide information on the given topic that has sufficient depth and breadth (Nasurdin et al., 2018), helping to reach data saturation. I obtained rich insights from study participants by asking open-ended questions during semistructured interviews, which led to data saturation. I contacted qualified candidates and invited them to participate and obtained their approval for participation.

Researchers select an interview setting suitable to open dialogue (Yin, 2018). Researchers provide a convenient interview location to reduce participant anxiety (Al Sabei et al., 2020) and to build rapport to help foster the creation of an interview setting

suitable for the development of rich conversation (Baharin & Hanafi, 2018). To make the participants feel comfortable, researchers conduct interviews in quiet and private locations (Nasurdin et al., 2018). To generate open dialogue with participants, I selected an interview setting with the following characteristics: suitable for open dialogue to build rapport with participants to obtain rich data, convenient to participants to reduce their anxiety level, and private and quiet to make the participants feel comfortable. I informed each study participant of the estimated duration time for an interview, which was 60 minutes.

## Ethical Research

Researchers are required to obtain participant consent to participate in a research study (Kaddourah et al., 2018). I required the informed consent form from each participant prior to participation in my study. Should questions arise from participants, the informed consent form is detailed in nature and outlines information, such as the nature of the study, expectations from participants, potential risks and benefits, and my contact information (Yin, 2018). Kaddourah et al. (2018) recommended that researchers inform participants of the voluntary nature of their participation and that they could withdraw from the study at any time without giving the reasons for their withdrawal. I informed participants that no explanation was needed for withdrawing from this study and that there were no negative consequences for withdrawing. Participants can indicate their desire to withdraw from the study, either orally or in writing, without any negative consequences, as outlined in the consent form (Kaddourah et al., 2018). A main aspect of a research study is for researchers to ensure the privacy and confidentiality of each study

participant involved (Dhanpat et al., 2018). I informed participants that their participation in this study was strictly voluntary. There were no tangible or in-tangible benefits provided to study participants during or after this research study. Providing any tangible or intangible benefits to study participants could bring bias to the study (Dhanpat et al., 2018).

I ensured that all participants met established eligibility criteria for participation, including the 18-year minimum age requirement. I did not begin the interview process until Walden University's IRB provided permission. In accordance with Walden University's IRB guidelines, participant safety and informed consent was the focus during the interview process. The Walden University's IRB approval number for this study is 02-02-21-0669576.

Several authors organized the informed consent process into two parts (Teimouri et al., 2018), which includes creating an informed consent form as well as presenting the informed consent information to research participants. I used simple English to create the consent form, which ensured that study participants with varying educational levels had no difficulty comprehending the interview questions. I provided each qualified participant with an informed consent form and reviewed each item in detail. Participants usually do not read the entire informed consent form; therefore, researchers must review each item of the informed consent form with participants (Teimouri et al., 2018).

Because confidentiality is important in a research study, the names of study participants and their affiliated organizations were fictitious. To prevent indirect discovery of participants or their organizations, no attributes were included in the study.

As the researcher, I was responsible for ensuring the delivery of ethical, trustworthy, and meaningful results at the conclusion of this study, while ensuring participants incur minimal impact. I gathered and stored all documents related to this study in a password-protected computer located in my place of residence. For a period of 5 years, I will store all physical documents at my residence inside a locked drawer. Lastly, in accordance with Walden University's IRB guidelines, I will destroy all research-related data after 5 years from study completion (Khan & Lakshmi, 2018).

### Data Collection Instruments

Lincoln and Guba (1985) created a concept during the 1980s placing the researcher as the primary research instrument. Researchers accept the concept of the researcher becoming the research instrument in qualitative research (Ezam, 2018). As the research instrument, researchers collect a wide range of data from conducting semistructured interviews, observations, and document analysis (Yusof et al., 2019).

Qualitative researchers use open-ended questions when conducting semistructured interviews to collect data (Dempsey & Assi, 2018). While conducting participant interviews, researchers can understand participants' perspectives on the phenomenon under investigation (Park et al., 2019). When researchers conduct semistructured interviews, researchers may ask follow-up questions, which leads to interpretive context (Park et al., 2019). Researchers use semistructured interviews as a means of collecting expert data related to the phenomenon under investigation (Dempsey & Assi, 2018).

As the researcher, I used open-ended questions during semistructured interviews for collecting data from participants purposively selected from hospitals in the

southeastern United States. Collecting rich, detailed information from participants during the research study helps researchers to obtain rich data about the phenomenon being investigated (Boeren, 2018). While collecting data during semistructured interviews, it is possible that researchers reveal new themes from data analysis (Dempsey & Assi, 2018). Researchers use semistructured interviews with predetermined questions, which allows researchers to ask clarifying questions (Boeren, 2018). As the interviewer, I conducted semistructured interviews using predetermined open-ended questions and asked clarifying questions, as needed, to help me collect rich data.

Because I am the primary research instrument, I used an interview protocol (see Appendix A) to manage the interview process effectively to collect data using semistructured interviews and recorded and transcribed participants' answers to interview questions (see Appendix B). Participants answered predetermined open-ended questions from the interview guide during the interview process. Participants had the chance to provide additional feedback on leadership strategies to mitigate RN turnover at the end of the interview. Requesting final thoughts from participants provides the chance to reveal additional thoughts or experiences that did not emerge during the interview regarding the phenomenon under investigation (Boeren, 2018). Researchers have biases that could interfere in the research study (McLeod, 2018). Practicing researcher reflexivity aids researchers in addressing bias within the study (Dols et al., 2019). The process of researcher reflexivity allows researchers to reflect on thoughts and decisions regarding data collected (McLeod, 2018). Reflexivity helps to address bias and obtain transparency

of the research process (Dols et al., 2019). As the researcher, I addressed my biases by exercising reflexivity to reflect on thoughts and decisions about data collected.

A researcher uses document analysis as another data collection technique (Yin, 2018). Document analysis combined with interviewing provides insight into the phenomenon being investigated while also improving study rigor since interviewing and document analysis allow researchers to conduct methodological triangulation (Khan et al., 2019). As researchers, analyzing documents such as annual reports, financial statements, and budget justifications may be required (Khan et al., 2019). Furthermore, documents may provide specific case study information on name spellings and event details (Yin, 2018). As the primary researcher, I analyzed annual reports, financial statements, and budget justifications pertaining to leadership strategies that mitigated RN turnover.

To increase validity of a research study, researchers use member checking as an option for participants to correct, confirm, add, delete, and or clarify data collected during the study (Yin, 2018). Researchers use member checking as an opportunity for participants to review and verify the accuracy of researchers' interpretations of participants' responses to interview questions (Yin, 2018). To increase the validity of this study as the primary researcher, I used member checking by asking participants to verify the accuracy of my interpretation of their answers to interview questions.

## Data Collection Technique

Researchers collect study participants' experiences related to the phenomenon under investigation through semistructured interviews (Lord et al., 2018). Researchers

ask study participants open-ended interview questions to obtain insights regarding the phenomenon being studied (Scales, 2021). Researchers control the direction of the semistructured interviews using the overarching research question as the foundation and supporting questions to gather data related to the phenomenon under investigation (Yin, 2018). As the researcher, I conducted semistructured interviews with hospital leadership of three hospitals located in the southeastern United States to gather the strategies they had used successfully to mitigate RN turnover. In addition to conducting semistructured interviews, researchers analyze organizational documentation associated with the phenomenon under investigation (Ennis et al., 2018). Using several data collection techniques allows researchers to obtain an improved understanding of the phenomenon under investigation because researchers conduct methodological triangulation, which increases the rigor of the research study (Yin, 2018). During this study, I analyzed organizational documentation directly related to strategies used by hospital leaders to mitigate RN turnover in the southeastern United States.

Advantages and disadvantages exist when conducting semistructured interviews and analyzing organizational documentation for data collection (Konetzka, 2020). Advantages exist when using semistructured interviews because researchers ask clarifying questions that give participants the opportunity to elaborate on their responses (Konetzka, 2020). A second option would be for researchers to observe the nonverbal cues of participants during the semistructured interviews (McCay et al., 2018). In terms of advantages of analyzing organizational documentation, researchers obtain an opportunity to conduct methodological triangulation with data collected from various

sources to determine whether data alignment exists (McCay et al., 2018). A second

advantage is the possibility that new themes emerge during document analyzes, which

would require additional exploration to validate the new themes (Quirk et al., 2018). The

documents kept by organizations contain accurately spelled employee names as well as

detailed information related to the phenomenon being investigated (Matthews et al.,

2018). I conducted semistructured interviews, asked clarifying questions, and analyzed

organizational documentation to collect data while allowing study participants to reflect

upon their answers. I conducted methodological triangulation using data collected from

semistructured interviews and organizational documentation and determined that data

alignment had occurred.

Disadvantages exist when conducting semistructured interviews and analyzing

organizational documents (McCay et al., 2018). Researchers may cause participants to

become nervous or uncomfortable during semistructured interviews by recording

participants while answering interview questions (Alexander et al., 2018). A lack of

experience by beginning researchers could prove to be challenging while conducting

semistructured interviews (Buljac-Samardžić & van Woerkom, 2018). Lastly, the

possibility of participants introducing bias into the study increases because of

participants' desire to provide researchers with answers that participants think that may

please the researchers (Bouten-Pinto, 2016). The possibly of researchers introducing bias

is also present, specifically when personal views are expressed and nonverbal cues

exhibited (Winslow et al., 2019). Disadvantages could exist when analyzing documents

of organizations, specifically when a participating employee introduces bias based on

personal interests (Yin, 2018). Employee bias could influence organizational documentation by providing inaccurate accounts of events and numbers (Winslow et al., 2019). Difficulties may arise for researchers when attempting to gain access to certain organizational documents (Hisgen et al., 2018).

When appropriate for the study, researchers conduct a pilot study. For example, researchers use pilot studies as a method of confirming coverage and relevance of the study's content (Hisgen et al., 2018). A pilot study is time-consuming and not required while using techniques such as semistructured interviews and organizational documents for collecting qualitative data (Yin, 2018). As the sole researcher for this study, there was no pilot study conducted because it was a time-consuming activity and nonessential because I used semistructured interviews and organizational documentation to collect data.

Member checking is a method researchers use to verify the accuracy of their interpretations of participants' answers during the study, giving participants the opportunity to review their answers to interview questions to ensure accuracy (McCay et al., 2018). Additionally, member checking helps researchers to improve the credibility of data obtained during the study (McCay et al., 2018). Conversely, disadvantages exist when using member checking. For example, the lack of feedback from study participants could lead researchers to assume that participants agree with researchers' interpretations of participants' answers to interview questions; however, the possibility exists that the participants might not have read researchers' interpretations at all (Xiao & Watson, 2019). In addition, participants expressing disagreement about researchers'

interpretations of their answers to interview questions could be uncomfortable and, consequently, participants may claim that the interpretations are accurate (Xiao & Watson, 2019). I conducted member checking with study participants by providing participants with my interpretation of their answers to interview questions and asking them to verify the accuracy of my interpretations.

## Data Organization Technique

Researchers organize data collected by developing an appropriate data organization plan before analyzing the data (Yin, 2018). Data organization is essential to conduct rigorous research (Yin, 2018). Compiling data similar to the orderly manner in which quantitative researchers compile data using a database is also critical in qualitative research (Hisgen et al., 2018).

During my research process, I conducted semistructured interviews with hospital leaders using open-ended interview questions I created (see Appendix B). To ensure that there was participant confidentiality during the interview process, I gave each participant a code that was unique to each participant, as recommended by several researchers (Winslow et al., 2019). I assigned codes to hospital leaders, which consisted of the letter P along with a number between 1 and 3. All information identifying participants was removed from the transcripts. To ensure that researchers maintain the anonymity and confidentiality of participants, Winslow et al. (2019) suggested that researchers should change participant names, the names of other individuals mentioned, and the names of places participants mentioned. As the primary researcher, I was solely responsible for participants' interview transcriptions, ensuring that information identifying participants

was removed, as well as confirming that participant identification numbers were accurately applied on the interview transcript.

To ensure the security and protection of data collected, I stored all electronic transcripts, notes, and observations in a password-protected electronic folder on a flash drive. Each participant notes reflected the assigned participant code that was specific to that participant. Paper files were scanned and converted to PDF images to ensure data protection and safe keeping as part of continued data security. A document identifier number was assigned to every organizational document obtained for review and analysis. Organizing data collected from the review of organizational documents is important and, therefore, I performed this task by scanning paper documents and converting them into electronic documents. To assist me in facilitating data organization and retrieval, I saved subsequent electronic documents in the previously created electronic folder of my password-protected flash drive. Yin (2018) recommended that annotated bibliographies should also be in scanned documents to help with data indexing and retrieval.

To improve data organization, I used a computer-assisted qualitative data analysis software (CAQDAS) program to import raw data from my flash drive into the CAQDAS program. The use of CAQDAS helps researchers to be more efficient and effective when organizing and analyzing data (Buljac-Samardžić & van Woerkom, 2018). However, the researcher's role in organizing and analyzing data is essential and shouldnot be replaced with CAQDAS, which researchers should use to improve the data analysis process (Harrington et al., 2018). An application that qualitative and mixed methods researchers use to organize data because it is easy to use is DeDoose, which is an inexpensive, cloud-

based, password-protected, web application (Harrington et al., 2018). To ensure all research data were protected and well organized, I used DeDoose as the primary option for importing, filing, and organizing interview audio recordings, interview transcripts, organizational documents, and all relevant research notes and memos. Using a central location to keep all data helped facilitate data retrieval and analysis.

Researchers can demonstrate research transparency by keeping a reflective journal, which also assists in the bracketing process (Hirth, 2018). Researchers keep a reflective journal to record participants' nonverbal cues obtained during the interviews, interview setting characteristics, and other aspects of the interview process with the goal to collect rich and thick data (McCay et al., 2018). As the primary researcher, I maintained an electronic reflective journal that contained participants' nonverbal cues that were obtained during the interviews, interview setting characteristics, other characteristics of the interview process, documentary review thoughts and ideas, coding decisions, and decisions about theme identification to collect rich and thick data and to ensure transparency.

It is important not to retain data past the required time and ensure that all information is kept secured (Quirk et al., 2018). Several best practices have been brought about by research data protection legislation for researchers to adopt that will help ensure adequate data protection during and after research is conducted (Matthews et al., 2018). The best practices from research data protection legislation are to: (a) identify the purpose of data collection, (b) obtain informed consent from participants, (c) collect only information needed to conduct the research study, (d) use the data collected only for the

purposes of the research study, (e) retain the information only as long as required, and (f) keep the information secured (Matthews et al., 2018).

During the research process, I stored all raw data on my password-protected flash drive and locked hardcopies in a safe. To ensure secured storage during the research process, researchers have implemented similar strategies (Konetzka, 2020). Researchers must consider ethical requirements, such as hard copy storage in locked filing cabinets and electronic copies on the researcher's password-protected computer to ensure that data collected is secured during the research study (Scales, 2021). Walden requires that all raw data remain locked in a safe for at least 5 years after completion of the study. After the 5-year period elapses, I will destroy my flash drive and shred the hard copies.

**Data Analysis**

Researchers use triangulation to increase the thickness and richness of a research study (White et al., 2020). Researchers also use methodological triangulation to collect data from various sources to increase data validity and credibility and to obtain a variety of perspectives when exploring the phenomenon under investigation (Lord et al., 2018). For example, researchers triangulate data obtained from conducting semistructured interviews and reviewing organizational documents and artifacts to see if data alignment exists, allowing researchers to obtain sufficient evidence to support their findings (Yin, 2018).  Obtaining sufficient evidence to support findings allows researchers to strengthen construct validity in case study research (Yin, 2018). As the primary researcher, I conducted methodological triangulation on multiple data sources, such as data collected from semistructured interviews and organizational documentation and

artifacts to obtain sufficient evidence that supported my findings. I used methodological triangulation to confirm the validity, credibility, and authenticity of the data collected, interpretations made, and analysis conducted. Researchers conduct member checking to ensure data accuracy by giving study participants researchers' interpretation of participants' answers to interview questions and asking participants to verify the accuracy of such interpretations (Yin, 2018). To ensure that my interpretations of participants' responses were accurate, I used member checking by giving participants the opportunity to verify the accuracy of my interpretations of their answers to interview questions. I verified that data alignment existed between data collected from semistructured interviews and organizational documentation and artifacts.

As an iterative process, researchers often conduct qualitative data analysis while collecting data (Ezam, 2018). Thematic, content, and discourse analysis are various methods for qualitative data analysis (Ezam, 2018). In thematic analysis, researchers read interview transcripts several times to gain a better understanding of the text (Fletcher et al., 2018). To assist with the classification, ordering, and analysis of data, researchers use CAQDAS, such as DeDoose (Yin, 2018). Researchers use CAQDAS to identify themes and the relationships among them (Yin, 2018).

Yin (2018) recommended a five-step sequential process when analyzing data, which are to compile, disassemble, reassemble, clarify, and conclude. In Step 1, researchers collect and organize data with the goal of finding patterns and themes in the interview transcripts. Ladge and Greenberg (2019) proposed the use of qualitative data analysis software, such as NVivo, to organize, code, categorize, and analyze data

collected. Disassembling the data to give data unique codes takes place in Step 2. Reassembling and reorganizing data by themes occurs in Step 3. Thematic analysis, during Step 4, validates interpreted data against the interview transcripts. Researchers identify patterns and themes in the data using thematic analysis to answer the overarching research question of a research study (Nasurdin et al., 2018). During the data analysis process, I used NVivo 12 to organize data by common themes, code, and interpret the raw data collected. As the primary researcher, to help group codes, map themes, and identify relationships between themes in the data sets, I used NVivo 12. Researchers use member checking to confirm the validity of their interpretations of participants' answers to interview questions (Ezam, 2018). To ensure accuracy, I used member checking with research participants by giving them my interpretation of their answers to interview questions and asking them to verify the accuracy of my interpretations.

Researchers use multiple sources of data when conducting case study research (Traeger & Alfes, 2019). Data triangulation is important to obtain rich and thick data (Yin, 2018). Researchers conduct methodological triangulation by comparing data collected from semistructured interviews with data collected from organizational documentation and artifacts to increase research validity and credibility (Ennis et al., 2018). For completing document review data analysis, various data analysis methods are available, including thematic and content analysis (Yusof et al., 2019). For organizational documents and artifacts relevant to this study, I used content analysis to analyze documents. The researcher, while using content analysis to analyze data, can systematically classify identified codes and emerging themes (Ezam, 2018). Using

content analysis to analyze data collected consists of three phases, which are preparation,

organization, and reporting (Ezam, 2018). I conducted methodological triangulation by

comparing data collected from conducting semistructured interviews with data collected

from reviewing organizational documentation and artifacts and determined that data

alignment had occurred. Conclusions and recommendations from study findings occur in

Step 5 with the goal of answering the overarching research question (Yin, 2018). To

understand the research phenomenon, I collected and assembled the data, disassembled

the data by codes and reassembled the data while using thematic analysis to interpret the

data and formulate conclusions from the research results to understand the phenomenon

under investigation.

Researchers focus on key themes in the research data when mapping the

relationship between themes in various data sets to answer the overarching research

questions, correlating findings with current literature and the conceptual framework (Yin,

2018). The use of labels during data coding helps researchers correlate data categories

with key themes (Farfán et al., 2020). Researchers can determine the statistical

occurrence of thematic codes in data categories by conducting a frequency analysis

(Farfán et al., 2020). NVivo 12 has a data-coding feature that I used to enhance the

validity and credibility of the study by mapping key themes into data categories. The

literature contains key themes that researchers find and use for the conceptual framework

(Farfán et al., 2020). Researchers obtain a link to previous literature, the methodology,

and the outcome of a study by using the conceptual framework (Farfán et al., 2020). I

correlated key themes with current literature and the conceptual framework for this study, which is two-factor theory.

## Trustworthiness

Lincoln and Guba's (1985) four widely accepted criteria to establish and evaluate trustworthiness are dependability, credibility, transferability, and confirmability. Qualitative researchers use these criteria to ensure the reliability and validity of their studies (McLeod, 2018; Scammell et al., 2020). Qualitative researchers use dependability, credibility, transferability, and confirmability to establish the equivalent to reliability and validity that quantitative researchers address (Yin, 2018).

### Reliability

Case study reliability is a concern in qualitative research (Dempsey & Assi, 2018). To generate convincing and reliable results, researchers must use reliable instruments (Khan et al., 2019). As suggested by multiple researchers (Dols et al., 2019), I used semistructured interviews and company documentation and artifacts as two sources of data collection. Researchers should understand that no single source of data is better than any other source and that researchers should use as many sources of data as possible (Yin, 2018).

When a research study is trustworthy and reliable, researchers established dependability (Ezam, 2018). As recommended by researchers Kholiq and Miftahuddin (2018), I enhanced dependability by using a panel of experts to obtain information regarding my study and used the same list of interview questions. To confirm data dependability, I used member checking, as Yusof et al. (2019) suggested. During the

member checking process, study participants receive the researcher's interpretation of their interview responses to verify the accuracy of those interpretations (Boeren, 2018). To ensure that researcher's bias has not been integrated into the data collected, researchers use member checking, increasing data dependability (Alpi & Evans, 2019).

Researchers generate reliable transcripts and themes when recording the interviews because researchers could review study participants' answers to interview questions and reflect on the responses (Dhanpat et al., 2018). To reduce the possibility of incorporating biases into this study and ensure the collection of rich data, I asked study participants to thoroughly explain their answers and provide examples. To ensure I obtained reliable results, I did not engage in prior discussions about the nature of the study with participants to avoid tainting their perspectives, as Teimouri et al. (2018) recommended. Maintaining consistency and increasing reliability is important; therefore, I did not introduce any new questions and followed the interview protocol, as Ladge and Greenberg (2019) suggested.

**Validity**

The research validation framework consists of credibility, transferability, and confirmability (Fletcher et al., 2018). Case study researchers ensure credibility by using several data collection techniques and comparing data collected from several case organizations (Roodt, 2018). If only one researcher is conducting a study, the credibility of data analysis depends on the researcher collecting rich and thick data (Kaddourah et al., 2018). Another way to establish credibility relates to the researcher reading the interview transcripts very carefully (Ennis et al., 2018). I read the interview transcripts

very carefully to ensure I obtained rich data that reflected participants' different perspectives on the phenomenon under investigation. As the researcher, study participants' similarities and differences were my focus. To ensure the validity of the data collected, I conducted member checking after transcription but before analysis, as Aryati et al. (2018) recommended. I conducted member checking by providing study participants my interpretation of their answers to interview questions and asking them to verify the accuracy of my interpretations.

The applicability of study results across multiple studies represents transferability (Krause, 2020). As suggested by Norris and Norris (2019), I used a semistructured interview format and internal and external validity to assist in further exploration of alternative populations (i.e., transferability). As the researcher, my goal was to increase the transferability of my study by presenting results that are of high quality, which required the selection of suitable study participants, establishment of demographic information, performance of extensive data analyses, and presentation of results using an intuitive structure.

Dependability, credibility, and transferability are established prior to confirmability (Ennis et al., 2018). Researchers establish confirmability by showing that the data collected represent the actual perceptions and experiences of participants without integrating researcher's biases into the data collected (Amirullah et al., 2018). After listening to each study participant, I made a strong effort to record my thoughts, insights, and biases. I increased the confirmability of the results by using existing literature,

focusing on carefully transcribing interview responses, and establishing connections between the data collected and the results.

Several experts (Fletcher et al., 2018) suggested that researchers could improve case study validity by conducting methodological triangulation. Methodological triangulation refers to the collection of data using various sources to confirm data alignment (Ezam, 2018). I collected data from conducting semistructured interviews and reviewing organizational documents and artifacts to confirm data alignment. Because case study research validity has its foundation in the collection of data from multiple sources, researchers use methodological triangulation of data sources as the main strategy to ensure validity of case studies (Yusof et al., 2019).

I continued to analyze data collected until reaching data saturation. Researchers reach data saturation when collecting additional data and conducting additional analyses do not generate any new information (Xiao & Watson, 2019). Because researchers must achieve data saturation to generate conclusive and valid results (Zhang et al., 2020), I continued to collect and analyzed data until no new themes emerged.

**Transition and Summary**

Section 1 included the problem statement, purpose statement, and the nature of the study to support the selection of a qualitative methodology and a case study design for this study. In Section 1, I also presented the interview questions; operational definitions; and assumptions, limitations, and delimitations for the study. The last two subsections of Section 1 were the significance of the study and a review of the professional academic literature. In the literature review, I presented a comprehensive

analysis of research relevant to RN turnover, behavioral theories researchers used to understand RN turnover, and other themes researchers used to gain an exhaustive understanding of the research topic.

In Section 2, I provided a restatement of the purpose of the study, an explanation of the role of the researcher, a description of the participants, the population and sampling methods, and ethical concerns regarding this study. Additionally, I provided a justification of the research method and design and discussed my plans for data collection, organization, and analysis. I concluded Section 2 with a description of reliability and validity concerns as they pertained to this study. Section 3 will include the following subsections: (a) the introduction, (b) a presentation of the findings, (c) the application to professional practice, (d) implications for social change, (e) recommendations for action, (f) recommendations for further study, (g) reflections, and (h) conclusion.

Section 3: Application to Professional Practice and Implications for Change

**Introduction**

The purpose of this qualitative multiple case study was to explore the strategies that hospital leaders use to effectively mitigate RN turnover. Due to the COVID-19 pandemic, my ability to be in direct contact with hospital personnel was limited. Therefore, I conducted individual Zoom call interviews with three hospital leaders who had worked in the case organization for at least 1 year. I was able to obtain limited additional sources of data for this study from the hospital leaders due to confidentiality and security concerns. After analyzing the data, three themes emerged, which are (a) nurse engagement mitigated RN turnover, (b) job satisfaction mitigated RN turnover, and (c) trust in leadership mitigated RN turnover.

**Presentation of the Findings**

The central research question for this qualitative multiple case study was as follows: What strategies do hospital leaders use to effectively mitigate RN turnover? To answer the central research question, I conducted semistructured Zoom interviews with three hospital leaders from three case hospitals. Following data analyses, three themes emerged, which are nurse engagement mitigated RN turnover, job satisfaction mitigated RN turnover, and leadership trust mitigated RN turnover.

**Theme 1: Nurse Engagement Mitigated RN Turnover**

All three study participants (P1, P2, and P3) agreed that RN engagement is an important strategy to mitigate RN turnover. RN turnover is a significant issue and complex challenge for all healthcare sectors and is exacerbated by a global nursing

shortage (Campbell et al., 2020). Solutions to the nursing shortage include improving recruitment, reducing turnover, and retaining nurses (Campbell et al., 2020). P1 and P3 discussed existing programs within their hospitals that were implemented with the purpose of providing RNs the opportunity to expand their professional skills. It is necessary for organizations to provide an environment where RNs can gain access to information and resources to do their job well and continue to learn and grow professionally (Kang & Han, 2021).

The three participants provided examples of effective and successful engagement strategies used by leadership to facilitate retention of RNs. Establishing lines of communication, creating a positive working environment, and ensuring adequate nurse-to-patient ratio were all identified as effective and successful engagement strategies by all three participants. P1 stated, "Establishing lines of communication has been a focus by leaders at the hospital." P2 revealed, "Leaders were making a concerted effort to ensure adequate nurse to patient ratio so that RNs are not overworked during shifts." Similarly, P3 commented, "Hospital leaders listened to staff feedback and work hard to create a positive working environment." All three participants indicated that RNs understand the critical role of their profession and believe they are a vital part of the nursing unit. Regarding providing RNs the opportunity to enhance their knowledge and skills, P1 stated the following:

> RNs leave organizations when they do not feel they are being given opportunities to enhance their knowledge and skills. Most RNs view this as a lack of support by hospital leadership. For this reason, RNs begin looking elsewhere for the

opportunities that they are not receiving in their current situation. This causes a strain between hospital leadership and RNs and affect the ability to retain talent.

P1 and P3 each noted that staff cross-training is one strategy currently being used in their hospitals to keep RNs engaged and mitigate RN turnover. P1 and P3 were able to provide a copy of the cross-training schedule created for the RNs interested in the opportunity. The cross-training schedule showed the department and date that RNs had cross-trained to ensure every department was covered. For example, RNs in reception were cross trained on the floor and vice versa. RNs in emergency were cross trained in ICU and vice versa. After all cross-training is completed, RNs in the organization that participated were recognized by hospital leaders. Cross-training not only makes RNs more valuable to the organization because they can help in more areas, but it also keeps RNs engaged with every hospital department. P1 and P3 expressed that this strategy has been successful in helping provide many RNs the opportunity for exposure to different nursing skills and functions. RNs are being rotated through multiple departments during their initial period to obtain exposure to more than one nursing competency. P1 and P3 indicated that a decrease in turnover has occurred due to hospital leaders implementing this strategy.

P2 indicated that the organization has taken a different route to keeping RNs engaged to mitigate turnover. P2 shared a copy of the training information and objectives used in the training classes for the RNs. With the training of RNs in the organization, P2 stressed the organization's intent to maximize training time. Training information was provided that included examples of online courses and written tests that were being used

in RN training. The online courses provided RNs with the opportunity to enhance their

knowledge and understanding in the areas of leadership, scheduling, and planning.

Additionally, RNs were tested to ensure the effectiveness of the training provided to

them. Each department provided new exposure for the RNs to learn and understand other

departments and positions in the hospital. When asked about this method P2 stated,

> Keeping time and manpower in mind, we decided online and courses would be a
>
> better option for RN cross-training. Online courses give RNs the opportunity to
>
> complete the training when convenient for them. This helps to limit the any
>
> staffing issues that could occur from in person courses.

P2 indicated that this option worked for the organization and all RNs were satisfied with

the opportunity. P2 also stated that the possibility to conduct in-person courses might be

possible in the future.

All three participants identified feedback as another strategy used to retain RNs,

which has become helpful in creating opportunities for RNs that lead to the intention to

stay. All three participants emphasized that the feedback obtained from RNs was used in

developing the strategies to keep them engaged and mitigate turnover. Obtaining

feedback from RNs has been the best tool in developing strategies to mitigate RN

turnover according to all three participants. RNs are given the opportunity to voice their

opinions to hospital leadership. Hospital leaders in turn take RNs' opinions and decide if

they are worth implementing as suggested. The three participants revealed that formal

methods (i.e., surveys, suggestion boxes) and informal methods (i.e., asking RNs on a

regular basis) used for obtaining RNs feedback have been implemented by hospital

leaders. P1 and P3 indicated that the feedback strategy has been shared and adopted by other hospitals to increase communication with their RNs.

Job ownership and empowerment was a strategy used by the three participants, as they revealed that some RNs gain satisfaction beyond a paycheck when they believe their work is contributing to something greater. The perceived value of nurse certification not only includes the feelings of personal accomplishment and satisfaction, but more importantly, validates specialized knowledge (van Wicklin et al., 2020). P1 and P2 shared examples of RN empowerment resulting from positive patient feedback after receiving care at their respective hospitals. P1 stated that RNs advocated for additional equipment to assist with making patients more comfortable during recovery. P1 shared that the RNs were able to get approval for the additional equipment to assistant with patient care. P2 shared that RNs pushed for a "refresh room" at the hospital. The room was used for RNs to take naps, relax, and meditate during their shifts so that they are fresh when providing care to patients. One example of RN empowerment revealed by P3 is the use of self-scheduling:

> Providing RNs flexibility in scheduling helps provide a better work-life balance. Many RNs have families that they lose time and memories with due to scheduling. Once recovery time from working a 12-hour shift is considered, there is typically zero time available for family. Implementing a flexible schedule has helped to ease that work-life stress for RNs in this hospital.

All three participants indicated that self-scheduling allows RNs the opportunity to select their own shifts, instead of management dictating schedules. In reviewing schedules

provided by hospital leadership, RNs typically work 3-4 days of 12-hour shifts each week prior to being off for 3-4 days for recovery. All three participants agreed the 12-hour shifts are rough on the RNs physical and mental health, particularly if it is night shifts. All three participants concluded that affording different scheduling options, allows more flexibility for the RNs needs to be accommodated, mitigating nurse turnover effectively. In turn, this ensures that RNs are satisfied with their schedules, and all shifts are adequately staffed with enough RNs.

All three participants indicated a clear understanding of the importance of RNs becoming involved in organizational committees and associations. Hospital leaders are instrumental in connecting with their nurses for them to express ideas, participate in decision making, and interdisciplinary teamwork (Kang & Han, 2021). While RNs seek these opportunities for career progression, hospital leadership see these opportunities as strategies to mitigate RN turnover. Organizational committee memberships are very important to RNs and highly encouraged by hospital leadership, according to all three participants in this study. Committee memberships not only keep RNs involved, but also allow RNs the opportunity to develop relationships with other hospital members.

According to P1, a competition is held monthly, and points are awarded to the top performing RNs. Along with this incentive, the RNs are rewarded with their photo and name placed in an area that is visible to hospital employees and visitors. The accumulated points, in conjunction with committee memberships, help place RNs in a better position for progression opportunities. Essentially, the point system helps to rank RNs based on their performance during the monthly competitions. The more points an RN accumulates

the higher their ranking and potential for their first choice on courses, training, and other progression opportunities, P1 explained. Winning the monthly competition indicates the RNs' desire for advancement, which hospital leaders recognize to provide these opportunities to RNs.

Unfortunately, P2 and P3 did not reveal any such programs in place at the time of the interviews; however, P2 and P3 did speak of shadow programs that exist in their respective hospitals for RNs. The shadow programs afford RNs the opportunity to work with other hospital leadership for a day. RNs are given this opportunity as recognition for their hard work and dedication to the successful completion of the section's mission. The selections are made based on the quality of service provided to the RNs' respective patients. Patients and their families are given surveys as opportunities to provide the hospital feedback on areas of opportunity. At the same time, patients inform hospital leadership about the service received from their RN during their visit. P2 and P3 discussed that this retention strategy has been successful in increasing RN engagement, increasing retention of skilled RNs and the level of care given to patients.

Survey comments are provided to the RNs and used as motivational tools to keep RNs engaged, P2 stated. P3 explained that RNs are encouraged by the comments and work to increase their level of care being provided. P2 and P3 revealed that RNs frequently seek out leadership for the most recent comments left by patients under their care. P2 and P3 stated that the effectiveness of this strategy has yielded the desired results and continues to keep RNs engaged and working to ensure patients receive excellent. P1

and P2 claimed that the success of this strategy has helped to mitigate RN turnover and provided the results that leaders have been seeking.

### *Correlation to the Literature*

Edwards-Danbridge et al. (2020) asserted that leaders in organizations are confronted with the challenges of mitigating RN turnover. All three participants of this study identified RN engagement as an important and essential strategy to mitigate RN turnover. Hospital leaders mitigate RN turnover by focusing on engagement strategies (Edwards-Danbridge et al., 2020). Patient feedback became a successful strategy for leaders to keep RNs engaged and mitigate RN turnover. Hospital leaders can mitigate RN turnover by placing greater emphasis on creating a more satisfying workplace (Edwards-Danbridge et al., 2020). The feedback that RNs obtained from their patients motivated RNs to be more engaged. The three participants in this study each used patient feedback as a method to motivate RNs and keep them engaged, resulting in the mitigation of RN turnover. Leaders who are motivating and supportive contribute to creating an environment of employee engagement (Hisgen et al., 2018).

### *Correlation to the Conceptual Framework*

Theme 1 relates to Herzberg et al.'s (1959) two-factor theory in that employees performing tasks obtain high levels of satisfaction if the employees (a) have the chance to do a meaningful and identifiable portion of the work, (b) perform the task that results in outcomes that are intrinsically meaningful and worthwhile, and (c) receive intrinsically positive feedback about what they accomplished. Herzberg et al. also indicated that there are certain factors in the workplace that cause job satisfaction, as well as a separate set of

factors that cause dissatisfaction. In the context of this study, hospital leaders can create an environment conducive to mitigating RN turnover. Hospital leaders have a responsibility to address issues that are causing RNs dissatisfaction in the workplace. The way to mitigate RN turnover is to reduce the number of factors that dissatisfy RNs and increase the factors that are satisfying to RNs. Herzberg et al. found aspects of the job that affected employee satisfaction levels relate to the nature of the work performed.

**Theme 2: Job Satisfaction Mitigated RN Turnover**

All three participants agreed that job satisfaction is another strategy and a major component in leaders mitigating RN turnover. In addition, all three participants established that determining each RNs' level of commitment and understanding is crucial for hospital leadership in creating successful strategies to mitigate RN turnover. Employee job satisfaction and employee engagement have been examined as possible predictors of employees' intention to voluntarily leave a specific job or company, known as turnover intention (Edwards-Danbridge et al., 2020). All three participants stated RN turnover is high when RNs do not feel supported by hospital leadership, leading to job dissatisfaction. P2 stated, "RN professionals leave organizations when they do not feel support from hospital leadership. When there is no mutual alignment between hospital leadership and RNs, it affects the RNs ability to fulfill their duties to patients and staff." According to Dols et al. (2019), strategies that promote job and communication satisfaction should be disseminated by management to mitigate RN turnover. This strategy would prevent RNs from leaving to find work elsewhere. P1 and P3 echoed the same sentiment as P2 regarding support from hospital leaders. P1 shared that RNs in the

hospital frequently question the support of leaders. P3 revealed that departing RNs often relay that lack of support from hospital leaders led to their decision to depart.

All three participants cited hospital leadership as being responsible for increasing job satisfaction and mitigating RN turnover. Job satisfaction is positively associated with the job characteristic autonomy and the personality factor agreeableness (Hirth, 2018). P1 and P3 agreed that reducing the RN turnover rate depends on RNs' job satisfaction levels. P1 and P2 revealed that a survey is given to RNs monthly to determine potential areas of improvement for job satisfaction. Participants also stated that they review the results of the surveys and make changes to respond to the areas of concern expressed by the RNs. According to Dols et al. (2019), RN job satisfaction was found to have a significant negative inverse relationship with intention to leave and look for another job in nursing. P3 had the following to say regarding the importance of hospital leadership in mitigating RN turnover:

> Many of the RNs that left the organization wanted to stay; however, the RNs departed due to a lack of attention from hospital leadership. The RNs did not feel that the issues and concerns being raised were taken seriously enough or resolved in a timely manner.

P1 had similar statements regarding hospital leadership in their respective facilities. P1 indicated the following about hospital leadership:

> RNs constantly question whether hospital leadership cares about them or the bottom line. They think that we are robots and that we are not human one RN

suggested according to P1. If they created more job satisfaction, RNs would not

have a reason to entertain leaving.

P2 suggested that leaders needed to focus on the following:

Hospital leaders need to focus on creating an environment that promotes job

satisfaction. Job satisfaction keeps RNs focused on their duties instead of leaving

for other opportunities. Once hospital leaders create job satisfaction for RNs, the

issues of RN turnover will go away.

All three participants identified several specific reasons RNs experience job

dissatisfaction, including leaders providing RNs with low pay, leaders not providing RNs

with advancement opportunities, and leaders exhibiting poor leadership. According to

Herzberg et al. (1959), leaders with certain characteristics can help an employee obtain

their desired objectives for job satisfaction. Kang and Han (2021) added that RN turnover

could be reduced by investigating and identifying factors affecting RNs job satisfaction

and intentions to leave.

All three participants agreed that satisfied nurses seek to become future hospital

leaders and are willing to take on leadership roles when an opportunity is presented. P1

revealed that hospital leadership emphasizes job satisfaction amongst RNs in the hospital

to ensure quality service is being delivered to patients. Nursing turnover and lower levels

of nursing staffing has been linked with higher mortality and lower quality of care in

inpatient settings (Liu et al., 2020). P1 had the following to say regarding hospital

leadership and addressing RN job satisfaction:

Hospital leadership understands the correlation between RN job satisfaction and

patient care. Leadership understands that RN job satisfaction is necessary for

patients to receive quality care. For this reason, hospital leadership works to

ensure that RN job satisfaction is top priority. This helps to ensure top-notch

patient care is provided to all patients.

P2 and P3 indicated that a stable work environment that allows RNs to thrive is important

for job satisfaction. All three participants stated that hospital leadership works to

eliminate those dissatisfying factors that exist into satisfying factors that contribute to

RNs being satisfied with their jobs. P3 suggested that removing dissatisfying factors and

replacing them with satisfying factors is fulfilling to RNs and helps to change

perspectives about hospital leadership.

P1 suggested that an RN's wellbeing can be improved if not of a positive nature.

A negative wellbeing results in oversights by the RN, directly affecting the RN's job

security. Wellbeing does not only include mental, physical, and behavioral elements, but

also social and professional elements as well, P1 advised. P2 suggested that job

satisfaction and RN wellbeing is affected by work demands. P3 echoed P2, indicating

that exhaustion, irritability, and sleep patterns have effects on RNs and are determinants

of job satisfaction. P3 had the following to say regarding RN burnout:

Burnout and frustration are issues that affects RNs in today's work environment.

Many of the RNs are overworked due to hospitals being understaffed. The

staffing issue is being addressed, just not as quickly as RNs need it to be

addressed. This forces hospital leadership to improve other areas that will provide

RNs job satisfaction.

All three participants agreed that job satisfaction reflects how RNs view their work

environment. P2 and P3 described consistency as a requirement for RNs in the

workplace. P3 defined consistency in daily shift coverage and daily shift routines. P2

revealed that redundancy causes RNs to become complacent. P2 indicated that routines

should change daily to prevent complacency. P1stated that RN job satisfaction is

important because it provides a sense of job-related value. P1 added that when the value

is present, RNs provide better patient care. Hospital leadership has a primary

responsibility of ensuring that adequate RN staffing is available to provide quality patient

care (Krause, 2020).

All three participants expressed that RNs' control over their practice is important

and assists in creating job satisfaction. P3 indicated that setting clear expectations for

decision making is a strategy that hospital leadership uses for RN job satisfaction. P2

suggested that hospital leadership needs to be creative with solutions to improve low RN

job satisfaction. P2 had the following to say about hospital leadership and RN job

satisfaction:

> There's also a lack of understanding amongst hospital leadership regarding the
>
> contributing factors of RN job satisfaction and strategies to mitigate RN turnover.
>
> Hospital leadership is working to eliminate the disconnection and create strategies
>
> to mitigate RN turnover and increase RN retention.

Burnout and stress are listed as the most frequently cited reasons RNs give for their intent to leave their positions (Krause, 2020). All three participants agreed that RN burnout is common in hospitals, particularly if the hospital has a high workload volume. P1 expressed that burnout was the top reason that nurse scheduling is a top focus in the organization. Despite the stressors and workload burden, 52% of RNs reported being satisfied or very satisfied in their roles (Krause, 2020).

P2 suggested that RN job satisfaction is a process that results in positive feelings about a specific role and duties. All three participants agreed that job satisfaction is a personal feeling that RNs develop about the duties performed. Many RNs do not develop interpersonal relationships with colleagues, according to P1. P2 asserted that many times RNs' personal values and organizational values do not align, causing a disconnect between the two. P2 had this to say regarding organizations and RNs:

Sometimes there is a disconnect between the organization and RNs. This causes an issue within the organization, because RNs typically contest the culture and challenge hospital leadership. RNs are less likely to give 100% effort affecting the level of care being provided to patients.

P2 expressed that organizational support and organizational culture are important for helping sustain nurse job satisfaction. Job satisfaction of early-career employees is defined as the psychological and physiological aspects of employees' subjective responses to the working environment (Konetzka, 2020).

All three participants termed burnout as an RN's response to work-related stress that has affected job satisfaction. Burnout is characterized by a triad of mental and

physical exhaustion, feeling emotionally numb, and a decreased sense of accomplishment (McLeod, 2018). P1 had the following to say about burnout and RN job satisfaction:

> Burnout not only affects job satisfaction, but it also affects things such as RN productivity, performance, attitude, turnover, and most importantly the RNs well-being. Burnout also has an indirect effect on team morale and can cause a rift between teammates as well as team and leadership.

P2 and P3 suggested that RNs and other workers in their respective organizations experience burnout. P3 revealed that RN workloads within the organization are managed closer to help prevent burnout and fatigue. P1 and P2 indicated that RNs are not given the same assignments daily in their respective organizations. P1 and P2 emphasized that the duties are changed to give RNs a break from routine and stressful assignments. This spreads the workload evenly according to P1 and P2. All three participants agreed that there are disparities in burnout across the different fields of nursing.

Burnout is a factor in RNs' intention to leave an organization. Turnover intentions are negatively associated with job satisfaction and positively associated with burnout (Hirth, 2018). All three participants agreed that RN burnout has a huge effect on the organizations bottom line, particularly when a RN decides to leave. One cannot ignore the economic consequences of healthcare professionals' turnover that organizations incur, the direct and indirect costs of increased turnover (Hirth, 2018). P1 discussed the effects of shortages and turnover in the organization due to RNs burnout. P1 also expressed that it is common for new RNs to become overwhelmed with duties, which leads to burnout early in their young careers.

To illustrate the effects of burnout on RNs, all three participants provided evidence in the form of schedules as examples for my review. The schedules revealed the number of RNs calling out versus RNs scheduled to work was high. The schedules revealed that RNs were calling out at a higher rate leaving organizations short staffed and scrambling to ensure coverage. P1 and P2 had a lower amount of RN call outs in comparison to P3 based on the schedules provided. P3 stated that RN call outs increased due to shorter recovery time and higher fatigue levels. Regarding RN burnout, P3 offered the following:

Being short staffed has caused RNs to work more which contributes to less recovery time. Hospital leadership is working to address the issue, but the solution has not been found. Therefore, the organization continues to see a high amount of RN burnout due to continued RN call outs.

All three participants indicated that scheduling did not include RNs that left the organization completely. Those RN stats are kept separately by the HR departments, but not allowed access for this study.

All three participants stated that compensation in the form of incentives, bonuses, and other salary wages paid to RNs influences job satisfaction. Herzberg et al. (1959) stated that employees and employers should address motivating factors associated with work. According to Herzberg et al., this act is termed job enrichment and helps to improve job satisfaction amongst employees. P1 and P2 agreed that every RN position within the hospital needs to be evaluated and a determination made on improvements to

make the position more satisfying to RNs. P3 stated the following regarding RN job

satisfaction:

> Intrinsic rewards are important to RNs, but monetary reimbursement alone
>
> doesn't affect job satisfaction and retention numbers. Some RNs indicate pay as
>
> being the biggest factor for job satisfaction, but not all RNs feel the same. Most
>
> RNs feel that pay and monetary rewards are not accurate predictors of the ability
>
> to retain nurses.

P3 also commented that RN job satisfaction stems from factors such as policies, working

conditions, hospital leadership, salaries, and the work environment. P1 and P2 believed

that employee compensation plays a small role in RN job satisfaction. P3 believed that

some RNs are satisfied by more than just a compensatory return. With RN turnover being

high, hospital leadership targeted compensation in an effort to mitigate turnover and

increase retention according to P1. In addition, P1 commented that hospital leadership

has been working to raise funds as an alternative option to offer RNs larger raises,

bonuses, and even overtime. P1 stated that overtime was not previously allowed but has

become available for RNs recently. P2 revealed that hospital leadership has made more

funds available for raffles, prize giveaways, and other gifts to boost RN morale. P3

indicated that most RNs in the organization are results driven and see their work as

compensation.

All three participants agreed that RNs should be motivated to perform the duties

that are required of the profession. Lack of motivation could potentially mean the

difference between life and death for a patient care, according to P1. In addition, P1

indicated that a lack of motivation shows in duties being under performed by RNs. P3 suggested that RN motivation or lack of motivation starts internally. P3 added the following statement about RN motivation:

> Motivation is an internal force that drives everyone to achieve their goals. Some RNs are motivated by internal factors, and other RNs are motivated by external factors. Hospital leadership needs to understand the factors that motivate RNs to become a benefit for the organization.

P2 revealed that the organization provides incentives to help motivate employees. Surveys have been used to determine what motivates RNs, according to P2. In addition, P2 shared a copy of the survey hospital leaders use. The standard survey contains questions pertaining to workload, leadership, and compensation. P2 revealed that hospital leaders wanted to keep the survey simple to avoid confusion. Once the information was obtained, hospital leadership worked on the planning and implementation, as P2 revealed. The goal is to create an environment of motivated employees that seek to become better RNs, according to P2. High motivation has been proven to lead to better working results (Richardson, 2018). P2 shared the following statement about RNs and motivation:

> RNs in the organization are measured on several metrics to include motivation. RNs that volunteer for additional tasks, training etc. show that they are motivated. Not every RN is motivated, and it shows because they only perform required duties and nothing additional. This type of attitude is not helpful to the organization and prevents employee growth.

P1 described organizational efforts to ensure RNs stay motivated at work. According to P1, hospital leadership uses prizes, contests, and other incentives during shifts to provide a form of motivation for RNs. A prerequisite for sustained high quality of work is that the registered nurses are motivated (Richardson, 2018). P1 explained that the goal of the tactics is to ensure that RNs are providing quality care to each patient and performing duties to the best of their abilities. All three participants agreed that motivated RNs have higher rates of productivity and tend to participate more in organizational activities.

P2 was the only participant able to provide documentation or proof of any compensation for this study. However, all three participants echoed identical sentiments when discussing RN compensation:

> Hospital leadership and the organization work diligently to ensure that RN salaries are competitive and in line with the nursing industry. Signing bonuses are used to attract new RN talent and other compensation is used to assist in retaining existing RNs on staff.

The retention of professional RNs in the public health sector remains a global challenge (Quirk et al., 2018). For this reason, all three participants stated that organizational retention strategies should include compensation. P2 indicated that hospital leadership discusses organizational budget and focuses on increasing available funds for additional compensation. P3 described hospital leadership's never-ending focus on increasing compensation as a key strategy used to assist in luring and retaining RN talent in the organization.

*Correlation to the Literature*

The findings noted in Theme 2 aligned with the findings of Scales (2021) in that poor nurse retention, job dissatisfaction, and reduced patient health outcomes are pervasive issues for the healthcare institution. Numerous factors related to job satisfaction of RNs can be drivers for RN retention or RN turnover. Increased or excessive physical demands, coupled with insufficient compensation, are factors that affect RN turnover intentions. The lack of sufficient compensation increases the level of turnover intention by RNs not only to leave the organization for another organization, but to leave the field completely (Scales, 2021). The retention of professional nurses in the public health sector is essential for maintaining quality nursing care (Tsarouh et al., 2021).

Hospital leadership should possess the ability to recognize the strengths and value of RNs in the organization and work to retain those RNs, according to P2. All three participants indicated that hospital leadership should create ways to unite RNs and other team members through the identification of strengths and values added by their presence on staff. In addition, all three participants agreed that ensuring the work environment is fostering positivity and productivity for RNs to thrive is a positive strategy for hospital leadership. For instance, P1 stated that hospital leadership could help increase job satisfaction and opportunities for RN retention. Effective retention strategies enhance RN job satisfaction, promote professionalism, decrease organizational costs, and improves patients' care (Tsarouh et al., 2021).

*Correlation to the Conceptual Framework*

Theme 2 relates to Herzberg et al.'s (1959) idea that aspects of the job affect employee satisfaction levels in relation to the nature of the work performed. Herzberg et al. affirmed the connection between the understanding of employee turnover and job satisfaction. Job satisfaction has been defined as the pleasurable emotional state resulting from the appraisal of one's job as achieving or facilitating the achievement of one's job values (Hirth, 2018). Herzberg et al. determined that minimizing dissatisfaction and maximizing satisfaction would help organizations to retain employees. Even if dissatisfied RNs do not quit their jobs, dissatisfaction and burnout negatively affect the quality and cost of patient care because of increased sick days, lower productivity, and the expression of negative attitudes to patients and coworkers (Hirth, 2018). The way to retain employees is to mitigate the factors that dissatisfy them and enhance the factors that are satisfying to them (Tsarouh et al., 2021).

Herzberg et al. (1959) suggested that certain factors in the workplace cause job satisfaction, and a separate set of factors causes dissatisfaction. Hospital leadership can use its understanding of interrelationships between RNs and the organizations to implement various techniques to develop work outcomes and engagement strategies to help reduce RN turnover. Herzberg et al.'s two factory theory identifies motivators and hygiene factors as affecters of job satisfaction. Every RN will either be motivated by their work and opportunities, or they will be motivated by their salary and the benefits associated with being an RN. Recruitment and retention of nursing staff is the biggest workforce challenge faced by healthcare institutions, according to White et al. (2020).

**Theme 3: Leadership Trust Mitigated RN Turnover**

Trust in leadership is the final strategy that all three participants agreed as being a key factor in mitigating RN turnover. RNs' behaviors are influenced by the leadership style under which they operate in the organization (Lord et al., 2018). P1 suggested that hospital leadership is concerned with the retention of skilled RNs and is focused on mitigating job characteristics that factor into turnover. All three participants indicated that trust was an issue amongst RNs in their organizations. P2 had the following to say regarding trust:

Many of the RNs have a hard time trusting hospital leadership in the organization. They feel that hospital leadership only cares about the political side of the hospital and not the RNs and other employees. The RNs and other employees of the organization are expendable and hold no value.

P3 revealed that the level of trust with RNs and hospital leadership is low to medium. P3 added that situations have occurred that have shaken the trust that RNs once had in hospital leadership. P3 had the following to say regarding RN trust in leadership:

Some RNs in the organization did not agree with the way some situations were handled by hospital leadership. To be honest, it left a bad taste in the mouths of many of the RNs on staff. Hospital leadership has been working to repair the disconnect between themselves and the RNs. Hospital leadership is focused on fostering a positive and enriching work environment for all RNs and staff.

All three participants agreed that lack of trust affected the work environment in a negative manner. All three participants stated that RNs lacking trust in hospital leadership

are the worst RNs to have on staff because they are unpredictable. P2 had the following statement regarding an unpredictable RN:

Unpredictable RNs are the worse to have on staff because you never know what they are thinking. Most of the time they have one foot out the door already and are waiting for some occurrence to push the other foot out.

P3 insisted that an RN's level of trust has a significant effect on the decision to leave the organization.

One key to mitigating RN turnover is by ensuring that RNs have the right environment to work and thrive, according to P1. A poor work environment for RNs can be significantly associated with some adverse events that might have occurred in the organization (McCay et al., 2018). P1 stated that organizations have a direct effect on RN turnover by the type of environment that is fostered within the organization. P1 stated the following about organizations:

Organizations are impacted financially by RN turnover due to recruiting, training and compensation costs that are related to recruiting for replacing RNs who leave the organization. This is cost that hospital leadership is looking to eliminate so that those monies can be better allocated for the organization.

P2 added that RN turnover also creates indirect costs due to the amount of RN knowledge and job skills that depart the organization when RN turnover occurs. Hospital leadership should indicate behavior that is conducive to fostering an ideal environment for RNs in the organization. P3 revealed that hospital leadership within the organization took creating an ideal environment for RNs very seriously.

P3 was able to share a survey that was distributed to RNs and staff requesting feedback about the environment. P3 revealed that the leaders wanted RNs to take the survey seriously and provide accurate responses. In reviewing the survey, it was quite clear the intent of hospital leaders. The survey included specific questions about organizational environment, compensation, appreciation acknowledgement, and also provided an opportunity for RNs to detail issues with specific personnel. The results of the survey revealed the areas of opportunity for hospital leaders to make improvements for RNs and staff, which assisted hospital leaders in correcting issues that possibly could have caused RNs to leave the organization. P3 had the following to say regarding the work environment:

> Hospital leaders make it a point to speak with RNs and other staff about the work environment. Hospital leaders want to know how things are going and if anything needs to be addressed. Hospital leaders inform RNs and staff know that they are there to assist in any capacity needed.

P2 expressed the idea that work-life balance, organizational leadership, and advancement opportunities are a few factors that affect the work environment. The ability of nurses to perform their duty and roles is highly influenced by their work environment (McCay et al., 2018). P2 suggested that RNs have enough employment options that they do not feel the need to stay with one organization. Therefore, social and financial bonds are not an effective retention strategy for hospital leaders to use on RNs, P2 added. P2 also stated the following regarding RNs' work environment:

RNs seek a work environment that will help to reduce the amount of stress and pressure that already exists with being an RN. If hospital leadership is not working to help RNs with options to make them more settled at work, then RNs seek those organizations and hospital leaders that have this to offer.

Compromising quality patient care is not something that hospital leaders are willing to do in the organization, P1 revealed. Campbell et al. (2020) stated that an extremely unfavorable work environment that includes working long hours, lacking support, being isolated, feeling overloaded, and feeling worthless leads to nurses' exhaustion, missed care, and poor quality of patient care. For this reason, hospital leaders are open to suggestions and ideas from RNs on ways to create a good work environment and sustain it. P1 was able to share a copy of a questionnaire survey that had been used to ask RNs about ways to create a better work environment. The questionnaire itself was straight forward in nature and left no room for misinterpretation. The questionnaire showed that hospital leadership was serious in its quest to change the work environment.

The top priority in hospitals is to provide the best patient care possible according to all three participants in this study. Campbell et al. (2020) suggested that creating a good work environment is critically important to support RNs in maintaining residents' safety and in providing high quality care in hospitals. Ensuring that patients and their families are comfortable and confident in the services received is what keeps hospitals in business, all three participants agreed. P1 had the following to say regarding RN patient care:

RNs have a major role in the experience that patients receive, because they are the

front-line employees. If an RN is not in a work environment that promotes

success, quality care could be affected. Hospital leaders do not want to comprise

quality care patients receive, so they work to ensure that the environment RNs

work in is conducive to producing positive results.

P1 was able to provide a copy of the RN survey results that the organization used to

gauge RNs' opinions about the current work environment. The survey detailed changes

that RNs felt should be made to improve the work environment. P1 indicated that the

survey is given multiple times a year to ensure that identified improvements are

addressed and to determine if any new issues have emerged.

All three participants agreed that acknowledging the perceptions and perspectives

of RNs regarding their work environment and the hospital leaders are critical to job

satisfaction and successful RN-leader relationships. P1 indicated that when nurses feel

supported by hospital leaders, nurses maintain their professional skills. P1 also added that

nurses view hospital leaders support in resolving personnel staffing issues and resource

acquisition to perform duties as very important and necessary aspects of RN retention. P2

stated that the higher the level of hospital leaders' engagement, the better the

relationships between RNs and hospital leaders. P2 also revealed that hospital leaders

concurred with RNs' perceptions and recommendations and acknowledged that

improvements could be made to the work environment. P2 stated the following regarding

the nursing field:

Increased expectations regarding standards and quality of healthcare being

provided increases the complexity of healthcare tasks being performed. This has

placed further demands on both seasoned and new RN professionals in the

industry to have the best relationship possible with hospital leadership.

P3 added that when hospital leaders accept the suggestions and recommendations from

RNs, improvements to the overall work environment occur. RNs are "change agents" for

the nursing field, P3 explained. RNs' perceptions on the state of the nursing field and the

things that need to be different are key to progression. P2 discussed the way hospital

leaders is more open to the ideas and suggestions from the RNs on staff at the hospital.

P2 had this to say regarding hospital leaders:

Hospital leadership understands that RNs have a first-hand account of needs in the

nursing field. Since they are the immediate front-line staff, their perspectives are

important to ensuring this hospital is functioning at max capacity daily. This is

why hospital leadership is open to engaging in dialogue with the RNs on staff.

P1 detailed the importance of integrating RNs' perspectives into the hospital's strategies

to retain RNs. P1 alluded to the fact that P1's hospital leaders used feedback from the

RNs to help influence change. Hospital leaders using the RNs' suggestions and

recommendations to develop strategies to retain RNs resulted in RNs' higher job

satisfaction and a stronger sense of contribution. P1 stated the following sentences:

Initially, there was some push back from hospital leadership when it came to RNs

making suggestions. Eventually, hospital leadership began to see the value in the

firsthand knowledge and accounts of RNs. Hospital leadership knew that the front line experiences were the driving force behind the suggested changes.

RNs use different strategies to promote healthcare innovation and improve hospital standards and practices, according to all three study participants. P1 indicated that RNs could detect improvements to hospital leadership behaviors over the course of time after meeting with them on different issues. RNs could tell that the perceptions of hospital leaders changed more after first-hand information was provided, according to P1. RNs began to trust more in hospital leaders and their perceptions changed once they were included more in the decision-making process, P2 revealed. In addition, P2 stated the following regarding hospital leaders:

RNs felt a sense of neglect by hospital leadership in the decision-making process. RNs were never asked about their thoughts or perspectives on different issues plaguing the hospital. Once hospital leadership began including RNs and valuing their perspectives, issues were quickly resolved.

P3 added that hospital leaders understood the importance of RN perception of their leadership styles. P3 stated the following words to highlight this importance:

Ineffective leadership creates a toxic environment for RNs and other staff members. It creates a level of distrust and reluctance to work with hospital leadership. Therefore, hospital leadership has made a concerted effort to work more closely with RNs to understand their perspectives.

All three participants expressed the importance of hospital leaders being aware of individual and team RNs' perceptions of their leadership. Hospital leaders should show

that they have an interest and a desire to improve work conditions for RNs and staff, added all three participants. To ensure that RN perceptions are being heard by hospital leaders, P1 revealed the methods being used in P1's hospital. P1 detailed the weekly meetings that occur between RNs and hospital leaders. P1 revealed the following about the weekly meetings:

The biweekly meetings are a time for RNs and hospital leadership to identify any issues or concerns that have arisen since the previous meeting. Hospital leadership acknowledges the issues or concerns and discusses a plan of action based on input from the RNs.

P1 agreed that this open line of communication between RNs and hospital leadership has been helpful in creating trust and fostering a positive work environment. P2 and P3 had similar situations that mirrored P1's situation. P2 indicated that RNs and hospital leadership created a suggestion box to ensure that perspectives are being heard and acted upon. Hospital leaders check the suggestion box, reviews the RNs' perspectives, and develops a plan of action to implement RNs' suggestions, according to P2. RNs and hospital leaders have a quarterly meeting to discuss RNs' perspectives and address any concerns that have arisen, according to P3.

All three participants confirmed that the current suggestion box system in place has been working for their respective hospitals. P3 stated the following regarding the current suggestion box system:

The current suggestion box system has successfully helped bridge the communication gap between RNs and hospital leadership. RNs have a sense of

involvement and hospital leadership has a sense of control by ensuring that patients are receiving top care. Both parties work together to ensure organizational goals are achieved.

RNs consider support from hospital leaders and working together as a team to be two of the most important factors to retain RNs, all three participants agreed. P1 stated that teamwork allows the responsibilities to be shared and does not put the pressure on one group of people. P2 added that the level of stress is greatly reduced when there is shared responsibilities and everyone works to ensure those responsibilities are covered.

All three participants agreed that leadership support is important and a key piece in the relationship between RNs and hospital leaders. Leaders set a vision for the workforce to make sure that everyone supports it (Sabbah et al., 2020). All three participants also agreed that RN support from hospital leaders help to mitigate RN turnover. Having hospital leaders' support is vital to the success of every RN on staff in the hospital, added P2. Effective leadership is vital when promoting positive workplace cultures and high-quality care provision (Scammell et al., 2020). P1 stated that when RNs do not have the support from hospital leaders, RNs' confidence, and the ability to perform their duties decreases. P1 stated that support from hospital leaders help to promote a positive work culture for RNs to thrive.

Support from hospital leaders helps to foster better relationships with RNs and to increase RNs' involvement in the organization, according to P3. RNs are more likely to remain in positions when hospital leaders are supportive, according to all three participants. P2 had the following to say regarding hospital leaders:

The leadership style hospital leaders implore plays a key role in mitigating RN turnover, increasing RN commitment, and affecting RN job satisfaction. When hospital leadership understands their power, they can use it to have a more positive affect on RNs and the hospital.

RNs are the frontline workers, but hospital leaders provide the administrative and operational support required to maintain a successful organization, all three participants agreed. P3 indicated that hospital leadership doesn't understand that RNs typically don't leave positions over duties and responsibilities, but because of treatment from hospital leaders and the working environment. According to Khan and Lakshmi (2018), RNs dissatisfied with their jobs eventually resign, causing turnover costs that require additional time and money for organizations to recruit, train, and replace nursing staff.

All three participants agreed that hospital leaders should remain engaged with RNs to gauge their perspectives on current operations. P3 had the following to say regarding hospital leaders:

Most RNs don't leave their positions, but instead they leave the bad leadership, bad attitudes, and the bad environment. To prevent this from occurring, hospital leadership should show support and maintain working relationships with RNs to help ensure RN turnover is mitigated in organizations. The more involved hospital leadership becomes with RNs, the greater the opportunity to reduce turnover.

P1 noted that the attentiveness of hospital leadership to the needs of RNs is important to ensure RNs' needs are being met. Having an open line of communication with hospital leadership is an important aspect of the relationship with RNs, P3 noted.

For this reason, an open-door policy for RNs has been a good strategy for hospital leaders, added P3. The open-door policy provides RNs comfort and empowers them with a direct line to hospital leaders in the event of any issues arising, insisted P3. Effective leaders in healthcare is crucial in improving and enhancing the effectiveness and efficiencies of health care systems (Sabbah et al., 2020). P3 suggested having an open-door policy is a great option for hospital leadership. Unfortunately, there was no physical example that participants could provide for this initiative by hospital leaders. There was no survey or memo available as documentation for this course of action. Participants indicated that this action was discussed and implemented during a closed-door meeting.

All three participants agreed that positive reassurance of support from hospital leaders is motivational to RNs. Moreover, P1 indicated that positive reassurance of support from hospital leaders inspires RNs to perform their duties with maximum effort. Building positive relationships with RNs is important for hospital leaders to help mitigate RNs' turnover, according to all three participants. When hospital leaders foster positive relationships, it promotes trust and commitment by RNs. Hospital leaders have the power to influence RNs' job satisfaction and to contribute mitigating RNs' turnover by providing support, according to all three participants. Dols et al. (2019) measured job satisfaction and turnover by the RNs perceived ability to meet patient needs, increase pay rates, staffing, and hospital leadership support. Hospital leaders' relationships with RNs are essential to organizational success and help RNs to feel involved while increasing productivity, according to P3. P2 had the following to say regarding hospital leaders:

Hospital leadership can affect the way RNs view an organization and perform

their jobs. Having a strong relationship with RNs, hospital leadership can work to

mitigate RN turnover. The stronger the relationship, the better the chances of RNs

remaining on staff instead of leaving. This gives RNs a sense of belonging and

provides stability.

All three participants agreed that the opinions and needs of RNs are important to help

ensure organizational success. P1 stated the following regarding RNs' needs:

Organizations are starting to understand that satisfying the needs of RNs

ultimately satisfies the needs of the organization. RNs are the backbone of the

organization because of their frontline presence. Ensuring that RNs are satisfied

helps ensure that patient needs are met, and organization success is achieved.

P2 added that a positive relationship between hospital leaders and RNs can foster

a productive and peaceful job environment and lead to the retention of RNs. Experiencing

support from hospital leaders and fair leadership practices can act as protective factors for

the mental health of subordinates (Tsarouh et al., 2021). P3 added that RNs trust hospital

leaders that provides support and follows through on promises of improving the work

environment. P3 also added that having a solid support relationship between hospital

leaders and RNs is professional and beneficial for both parties. P3 expressed that hospital

leaders and RNs perform duties necessary to ensure organizational goals are achieved.

All three participants agreed that team trust and support is as important as hospital

leaders trust for RNs. McCay et al. (2018) stated there is an increasing demand placed on

hospital leaders to safeguard the health and safety of RNs and patients by ensuring a

stable workforce. Trusting the team and the support being provided helps to ensure organizational success, P1 stated. If there is no support and trust within the team, there would be a major breakdown in hospital operations affecting duty performance greatly, P1 elaborated. RNs' trust in the team concept affects the trust that is present in hospital leaders, especially since hospital leaders are responsible for selecting employees and creating teams, added P1. P3 added the following statement regarding team trust:

> Working together as a team and being successful creates a bond amongst team members. Accomplishing team goals and achieving success allows trust to build and creates a stronger team environment. The trust indicates the idea that each team member is accountable and can be dependable in the workplace.

### *Correlation to the Literature*

The findings noted in Theme 3 aligned with the findings of Sabbah et al. (2020) in that the RNs' perception of their hospital leaders' leadership style has a substantial impact on their working lives, health, and overall well-being. Ma et al. (2022) claimed that effective leadership in healthcare is crucial in improving teamwork and enhancing the effectiveness of the healthcare systems. All three participants agreed that effective hospital leadership also helps contribute to reducing the amount of RN turnover in healthcare organizations. Effective hospital leadership helps to create a foundation of trust amongst RNs and other staff members, added the three participants. Zaghini et al. (2020) indicated that leadership style is particularly relevant in relation to the quality of work environments in healthcare organizations. Liu et al. (2020) also suggested that when

the well-being of RNs is insufficient, their performance decreases, counterproductive work behaviors may become more likely, and the quality of care is compromised.

*Correlation to the Conceptual Framework*

The findings noted in Theme 3 aligned with Herzberg et al.'s (1959) two-factor theory in that job satisfaction and dissatisfaction influence staff turnover. Herzberg et al. also indicated that the quality of work life may affect workers' dissatisfaction or satisfaction. Herzberg et al. believed that improved work-life quality reduces employee turnover. According to all three participants, when hospital leadership promotes a positive work environment, RNs become more comfortable and less likely to leave. When staffing personnel are stable, nurses deliver better bedside care (Winslow et al., 2019). P2 added that comfort creates a bond of trust between RNs and hospital leaders. Sabbah et al. (2020) stated that RNs require leadership which provides direction in their daily routines.

## Applications to Professional Practice

The purpose of this qualitative multiple case study was to explore strategies hospital leaders used to effectively mitigate RN turnover. The findings from this study may contribute to assisting hospital leaders to develop strategies to effectively mitigate RN turnover. The strategies developed may result in retaining skilled RNs. Participants indicated a lack of RN job satisfaction as a common precursor to the high numbers of RNs departing. Hospital leaders should offer competitive pay, advancement opportunities, and effective open communication to mitigate RN turnover. Yang et al. (2020) examined factors related to turnover and provided a partial understanding of

turnover predictors. RN job dissatisfaction and RN work engagement are two predictors that contribute to turnover (Yang et al., 2020).

Understanding the strategies hospital leaders can use to mitigate RN turnover is important for healthcare organizations because turnover can reduce the quality of patient care, increase patient mishaps, and negatively affect team cohesion (Konetzka, 2020). Health care leaders are faced with finding ways to improve organizational quality, which includes mitigation of employee turnover, satisfaction, education, and other interventions when required (Konetzka, 2020). Once hospital leaders understand the factors contributing to RN turnover, hospital leaders can begin to implement effective strategies to mitigate RN turnover. Hospital leaders implementing effective strategies to mitigate RN turnover reduce the number of RNs departing the organization. For hospitals to be competitive in the healthcare industry, hospital leaders should be able to implement strategies to effectively mitigate RN turnover. According to Al Sabei et al. (2020), RNs are less likely to stay past their initial year of hire when workplace conditions are not to their satisfaction. More transformational policies should be developed and implemented to change working conditions by reducing excessive workloads and improve the way nurses are treated and viewed to mitigate RN turnover (Yang et al., 2020).

Hospital leaders should seek to hire RNs who understand the job and will not choose leaving as an option when faced with adversity. Seasoned RNs who understand the challenges they will face and do not leave at the first sign of adversity are optimum candidates for hospital leaders to select. Healthcare organizations should work to retain newly hired RNs that will potentially replace seasoned RNs in the organization. Nurses'

perceptions on the current working conditions should be considered to explore possible causes of continued high turnover to identify solutions and to improve working conditions (Yang et al., 2020). This strategy may help organizations to bring clarity and vision to their strategic efforts, mitigating RN turnover occurring in their organizations. When hospital leaders mitigate RN turnover, the overall cost of healthcare in facilities that comes from adverse events and poor patient care decreases (Brook et al., 2019).

### Implications for Social Change

The findings from this study may assist hospital leaders in developing strategies to mitigate RN turnover while also affecting positive social change. The implementation of recommended strategies for mitigating RN turnover is a social implication of this study. Mitigating RN turnover may reduce employment-related costs and increase the economic viability of healthcare organizations, which could result in a larger tax base for the local community. Mitigating RN turnover could allow healthcare organizations the ability to provide more affordable healthcare to the local community. In addition, mitigating RN turnover may allow hospital leaders to maintain RN staff levels to address RN-to-patient ratios that might result in increased safety for residents of the local community. Working in the field of nursing is generally demanding on a physical and psychological level, particularly when RNs are required to care for too many patients (Schug et al., 2022).

Another implication for positive social change from this study may be the reduction of displaced families in the local community, which has a positive effect on employment. Ensuring that RNs are not overworked due to staffing issues helps to reduce

the potential for RNs to leave a hospital and a community, leaving residents of the local community with a potential risk of not having a dedicated nurse to provide health care to them. Job demands placed on RNs usually leads to an increase in the number of patients, workloads, uncertainty, risk of infections, and cases related to confrontations with suffering and death in the workplace (Schug et al., 2022). When RNs remain in positions instead of departing for new positions, communities remain intact (Brook et al., 2019). This is important for the families of RNs, because family members can remain with friends and maintain continuity in their daily lives and routines without interruption. Additionally, RNs who remain in place have the benefit of maintaining stability with employment benefits for their families as well. Mitigating RN turnover may assist in keeping community healthcare facilities from losing patient income and potentially closing, resulting in a negative effect to the residents of the local community.

Another implication for positive social change in the community may be the retention of resources and leadership in the local community. Continued financial stability helps the community to obtain resources for after school programs, tutors, and contractors for neighborhood maintenance (Alpi & Evans, 2019). Decreased RN turnover also contributes to a decrease in the organizational need to continuously hire and train new RNs. As a result, patients in the local community are more likely to receive the best care available by more seasoned RNs remaining in place. Growing evidence suggests that unreasonable workloads have an adverse effect on quality of care and resident safety in hospitals (Buljac-Samardžić & van Woerkom, 2018). Therefore, mitigating RN turnover may contribute to a decrease in safety concerns by hospital leaders and families.

Intervention measures should be taken to reduce work stress and job burnout and to improve perceived organization support and job satisfaction (Ma et al., 2022). Reducing the number of RNs that depart an organization may also help reduce the possibility of oversight by newly hired RNs and those RNs with less experience.

### Recommendations for Action

The results of this study may provide hospital leaders with strategies to effectively mitigate RN turnover. Hospital leaders should ensure that RNs experience job satisfaction, which is a very important element for RNs to remain in their employment positions. If job satisfaction is not present, the potential for departure increases (McLeod, 2018). Hospital leaders need to understand the strategies that are effective in mitigating RN turnover effectively to ensure their hospitals are competitive and adapt to a changing climate. Hospital leaders can work toward ensuring RNs feel a sense of safety by providing a work environment without lateral violence or through leadership cohesion (McLeod, 2018). For this reason, hospital leaders should review the findings of this study and consider the strategies used to effectively mitigate RN turnover. Based on the findings from this study, hospital leaders can use the following five recommendations to mitigate RN turnover.

The first recommendation I propose is for hospital leaders to implement growth opportunities for RNs. When RNs have opportunities to further their skills and careers, RN turnover decreases. RNs look for opportunities to increase their value as employees to organizations. Many RNs are satisfied with their work more than they are satisfied with their paychecks, particularly because their work assist community members in

recovering their health. RNs feel empowered when they receive positive feedback about their efforts. Flexibility in work scheduling presents a better work-life balance for RNs, which gives RNs a sense of freedom without restrictions.

The second recommendation I propose for hospital leaders is to increase job satisfaction that helps mitigate RN turnover. Intervention measures should be taken to reduce work stress and job burnout and to improve perceived organization support and job satisfaction (Ma et al., 2022). RN job satisfaction is one aspect of mitigating RN turnover. Determining each RNs' level of commitment and understanding is crucial for hospital leadership in creating successful retention strategies. RN job satisfaction and RN engagement are predictors of RNs' intentions to leave a specific job or organization or stay. RN turnover is high when RNs do not feel supported by hospital leadership, leading to job dissatisfaction. Strategies that promote job and communication satisfaction should be disseminated by hospital leaders to assist in reducing RNs' intentions to depart.

The third recommendation I propose for hospital leaders is to create an environment of trust with RNs to mitigate RN turnover. When RNs do not trust hospital leadership, problems emerge in the work environment. Ensuring that a comfortable work environment is present for RNs assists in retention efforts for hospital leaders. RNs desire a work environment where stress is minimized. The less stress placed on RNs, the more the probability of RN retention in the organization. Compromising patient care is not desired by hospital leaders and, therefore, placing the focus on accommodations for RNs takes precedence.

The fourth recommendation I propose for hospital leaders is to create an environment of empowerment for RNs to mitigate RN turnover. RNs that are empowered at work have a better attitude and are more focused. RNs provide more stability to the nursing staff and ensure that duties are performed adequately. These RNs are typically more seasoned RNs and have a more polished skillset to offer than newer RNs. Growing evidence suggests that unreasonable workloads have an adverse effect on quality of care and resident safety in hospitals (Buljac-Samardžić & van Woerkom, 2018). Retaining seasoned RNs is more advantageous to organizations due to their greater experience and knowledge.

The fifth recommendation I propose for hospital leaders is to focus on retaining seasoned RNs to mitigate RN turnover. Seasoned RNs are a huge asset to hospital leadership because they can be used to help in retention efforts of new RNs. Allowing seasoned RNs to mentor newer RNs is an opportunity for hospital leaders to mitigate RN turnover by retaining RN talent. Seasoned RNs can assist in setting expectations for the newer RNs and assist with gaining knowledge and understanding. Seasoned RNs can assist newer RNs with navigating job challenges that are encountered. Seasoned RNs can coach newer RNs on how to manage the emotional challenges that are being encountered on the job.

Once the findings of this study are published in ProQuest, I will disseminate the results to the participants and other hospital leaders seeking to address RN turnover. The results of this study can be discussed during meetings, conferences and other professional gatherings held by healthcare professionals. The study results can also be placed in

nursing journals. Lastly, the results of this study can be turned into a training guide and used by hospital leaders in their quest to mitigate RN turnover.

**Recommendations for Further Research**

The purpose of this qualitative multiple case study was to explore strategies hospital leaders use to effectively mitigate RN turnover. McCay et al. (2018) stated there is an increasing demand to improve patient satisfaction and stabilize RN staffing and RN staff satisfaction is a component of this goal. For this study, three hospital leaders from three hospitals located in the southeastern United States were selected for participation. The participants were found by searching Google, LinkedIn, and hospital directories as well. During the semistructured zoom interviews, each participant provided strategies hospital leaders use to mitigate RN turnover.

Participants also provided various organizational documents that were publicly available or that they had permission to share with me. I recommend that this research study be replicated by future researchers with more inclusive data for a better understanding of strategies to mitigate RN turnover. More inclusive data means more hospitals, a larger participant pool, and more geographical locations. RN turnover is a chronic problem within the medical sector, and high turnover rates among RNs in long-term care settings creates challenges for hospital leaders and administrators and can negatively impact quality of care (Matthews et al., 2018). The information contained in this study could help create solutions to address the growing RN shortage problem.

By including additional healthcare facilities, private offices, and long-term care facilities, a much clearer understanding of strategies to mitigate RN turnover can be

obtained. The first limitation of my study were the time restrictions to meet and conduct

zoom interviews with study participants. This study was conducted during the COVID-19

outbreak and study participants were limited on availability. The second limitation of this

study was that the participants had confidentiality clauses limiting responses to questions

regarding strategies and other details about RN staffing. Future researchers could avoid

this limitation by eliminating questions that are confidential in nature.

An opportunity for future researchers to expand on the current information is

present. Future researchers can increase the sample size and obtain data on a larger scale,

which may provide much different results than the results obtained during this study. A

larger sample size could include hospital leaders and RNs in other regions of the United

States. In addition, researchers could use the quantitative research method to examine the

strategies hospital leaders use to effectively mitigate RN turnover. Follow-up studies

would also benefit from adding RN managers and RNs in long-term care facilities as well

as hospitals to include a larger array of results. Follow-up studies would be beneficial and

should entail identifying nonmanagement participant perspectives with identified

parameters. Gaining first-hand accounts directly from RNs may provide a direct

perspective of challenges and issues associated with RN turnover.

## Reflections

While this DBA journey was a significant challenge, I truly enjoyed it. I decided

to complete Walden University's Doctor of Business Administration (DBA) program to

attain an educational goal I previously established. Initially, I was unsure if I would be

able to meet the demands of the program. However, as I advanced through the

coursework, I became more comfortable and gained more confidence in my abilities. This DBA program is quite demanding, as countless hours of reading and researching are required for a learner to be successful.

The topic of RN turnover has been intriguing, particularly because I have family members who are RNs. Despite having direct insight into the daily experiences of RNs, I abided by Walden University's standards and ensured that I did not incorporate any personal bias into my research study. I used member checking to mitigate biases. I used member checking to avoid biases by allowing the participants to review my interpretation of their answers to interview questions to verify the accuracy of my interpretations. Researchers use member checking to increase the credibility of the study by allowing the participants to confirm, adjust, or clarify any aspect of the data collected (Boeren, 2018). Additionally, I had no preconceived ideas or values that would affect the results of this study. I allowed participants to respond to questions with their own thoughts and ideas. I did not influence participants' responses to avoid integrating biases into this study.

After conducting this study, I learned that job satisfaction and effective communication are huge components in reducing RN turnover. This study changed my thoughts about RNs turnover. The more information I obtained as this study progressed, the more understanding I developed on the subject. Conducting this study revealed that hospital leaders have the tools to reduce the RN turnover. Tools such as communication, positive working environment, rewards, engagement strategies, and opportunities for professional growth can be used to reduce RN turnover.

**Conclusion**

Reducing RN turnover in the healthcare system is critical to the future success

and performance of all healthcare organizations. Hospital leaders should consider the

factors affecting RN turnover when seeking to implement effective strategies to mitigate

RN turnover. Increases in population size and age have led to a drastic expansion in the

demand for healthcare services (Hung & Lam, 2020). Hospital leaders should understand

the motivation-hygiene factors and the effect of these factors on the dissatisfaction or

satisfaction of RNs. In practice, RNs represent the largest occupational group in hospitals

and serve a critical role in delivering high-quality care to patients (Edwards-Danbridge et

al., 2020).

Having multiple strategies to implement to mitigate RN turnover provides

hospital leaders with more opportunities to achieve success in this area. For hospital

leaders and administrators facing an RN shortage, high turnover intent among RNs is a

significant concern (Edwards-Danbridge et al., 2020). The strategies hospital leaders

developed should be organization-specific strategies and not generic in nature, ensuring

that specific issues in the organization pertaining to RNs are identified and addressed.

Hospital leaders have the task of understanding if the strategies being implemented will

yield the positive impact for change in mitigating RN turnover. Hospital leaders and

administrators who invest in the workforce by developing and continuing staff

engagement improve the supervisor-employee relationship (Quirk et al., 2018). The

findings from this study may help identify strategies hospital leaders can implement to

assist in advancing improvements in quality of patient care, mitigating RN turnover, and increasing the productivity of RNs and staff.

Findings from this study could be helpful to hospital leaders in developing programs that might significantly mitigate RN turnover in the healthcare field. The findings from this study also include firsthand evidence essential to retaining RNs in the workplace. With the current COVID-19 pandemic, hospitals are experiencing additional fallouts from an overworked and understaffed career field. A significant number of RNs are approaching retirement age, and at the same time, the needs for RNs are increasing in all parts of the healthcare system due to the aging U.S. population (Edwards-Danbridge et al., 2020). Seasoned and unseasoned RNs are making the decision to abandon their careers and exit the career field completely. The findings of this study may provide hospital leaders with strategies to effectively mitigate RN turnover.

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Appendix: Interview Protocol

Leadership Strategies to Mitigate Nurse Turnover

The purpose of this qualitative multiple case study is to explore strategies hospital leaders use to mitigate the RN turnover effectively.

Interviewee: _____ Location: _____

Date: _____ Time: _____

Notes:

1. Greet interviewee and introduce yourself.

2. Provide overview of the study and indicate the usefulness of the outcome.

3. Obtain signed consent form. Offer to answer any questions that interviewee may have.

4. Remind interviewee about their volunteer efforts to participate in the study.

5. Remind interviewee about recording the interview and start the recording.

6. Start the interview by recording interviewee's pre-assigned coded name, date, time and location.

7. Start asking interview questions. Allow enough time to answer those questions.

8. Listen carefully to interviewee. Ask probing and follow-up questions, if needed.

9. At the end of the interview, thank interviewee for their participation and time.

10. Provide participant your contact information if they have any questions.