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## Perception of Effective Leadership Concerning Nurse Satisfaction and Intent to Leave

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# Walden University

College of Management and Human Potential

This is to certify that the doctoral study by

Tina Rose

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

Abstract

Perception of Effective Leadership Concerning Nurse Satisfaction and Intent

to Leave

by

Tina M. Rose

MHA, Walden University, 2015

BSN, Walden University, 2013

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Healthcare Administration

Walden University

May 2023

## Abstract

Nurses are an essential part of patient care, and improving retention is important to quality outcomes and the cost of care. An integral aspect of nurse retention is job satisfaction, which may relate to communication provided by organizational leadership. The purpose of this quantitative study was to determine if there was a relationship between perceived effective leadership, nurse job satisfaction, and nurse turnover intent. This potential relationship between leadership communication and nurse turnover was studied with the competing values framework as the theoretical structure. The two research questions addressed the independent variables of perceived effective leadership in a hospital setting and job satisfaction for nursing staff in a hospital setting, and the dependent variable of nursing staff intent to leave, according to the 2018 NSSRN. The secondary data, which included approximately 50,273 nurse respondents, were obtained from the 2018 National Sample Survey of Registered Nurses (NSSRN). A chi-square test of independence was used to analyze the relationship between the variables. Results indicated a significant relationship between perceived effective leadership in a hospital setting and job satisfaction for nursing staff. Results also indicated a significant relationship between the perception of effective leadership in a hospital setting and nursing staff intent to leave. Decreasing nurse turnover may lead to positive social change by ensuring that qualified, dedicated individuals continue to deliver healthcare to the public.

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## Dedication

I would like to dedicate this dissertation to my brother, Dr. John Rose, who believed in me when I did not. It is because of you that I began my education journey, and I would not be where I am today if not for you. For that, I will always be grateful.

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## Section 1: Foundation of the Study and Literature Review

### **Introduction**

Nurse job satisfaction affects job retention, and studies have shown that job satisfaction, and work engagement directly affect nurse turnover (De Simone et al., 2018). When nurses are satisfied with their jobs, turnover decreases, and organizations save on the administrative costs associated with turnover. Nurse turnover and shortages place patients at increased risk for adverse events and put substantial financial burdens on healthcare facilities (Weninger Henderson, 2020). Understanding the reasons for nurse turnover and addressing the issues contributing to it are essential for healthcare organizations to improve nursing satisfaction.

An under-researched area related to nursing job satisfaction concerns how communication from leadership affects job satisfaction and turnover for the nursing workforce. Understanding these issues may assist organizations with implementing initiatives to address communication gaps with their nurses. Ensuring nurse job satisfaction leads to significant positive social change, as research shows that nurse satisfaction leads to better outcomes for patients in the hospital (Munnangi et al., 2018).

### **Problem**

Turnover can be a significant and costly problem for an organization because the total cost associated with nurse turnover can cost an organization anywhere from 90% to 200% of a nurse's annual salary (Reina et al., 2018). This can add up quickly over time, especially as nurses may influence others to leave. The overall nursing turnover cost for an organization could project a loss of \$3.6 to 6.5 million annually (Thomas et al., 2022).

Additionally, there are costs associated with nurse turnover regarding onboarding and background checks. An even greater cost is the expense of bringing in contract nurses to help fill in the staffing gap, as these nurses are more expensive for hospitals to utilize in times of need (Muir et al., 2022). Nurse turnover is also costly from a quality metric standpoint. Further, understaffing in hospitals leads to increased lengths of stay, mortalities, readmissions, adverse events, and hospital acquired conditions, which impact hospital safety ratings (Muir et al., 2022). This can lead to financial penalties for hospitals not meeting certain benchmarks.

Healthcare leaders should ensure nurse job satisfaction because when nurses are satisfied, there is overall less turnover (Lee & Yang, 2017). Nurses who are satisfied and engaged feel a connection to the organization, while nurses who are not involved have detached themselves emotionally from the organization and its goals (Davis, 2018). These nurses are more likely to leave the organization and influence other nurses to do the same (Davis, 2018). Ensuring job satisfaction among the nursing staff can preserve an organization's largest workforce. There is evidence that shows nurse job satisfaction can be a mediating factor to a nurse's intent to leave (Kelly et al., 2022). Although many studies show the importance of nurse job satisfaction and its effect on nurse intent to leave, this study focuses on how effective leadership affects nurse job satisfaction and intent to leave.

### **Purpose of the Study**

The purpose of this study was to determine if there is a relationship between perceived effective leadership, nurse job satisfaction, and nurse staff intent to leave. The

dependent variables are nurse satisfaction and intention to leave. The independent variable is perceived effective leadership. For this study, effective leadership was examined based on the perception of front-line staff nurses who responded to the 2018 National Sample Survey of Registered Nurses.

The first dependent variable was measured, according to the 2018 NSSRN, by asking if the RN was extremely satisfied, moderately satisfied, moderately dissatisfied, or highly dissatisfied at their current place of employment. The second dependent variable was measured using criteria from the 2018 NSSRN. These criteria included whether an RN considered leaving their primary nursing position, considered leaving in the past year, planned to leave in less than one year, planned to leave one to three years from the time of the survey, or more than three years from the time of the survey. According to the 2018 NSSRN, perceived effective leadership was measured by whether the respondent's reason for leaving was based on lack of good management or leadership. The independent variable was measured by whether the respondent's reason for leaving was based on lack of good management or leadership.

This research examined an under-researched area of nurse satisfaction about perceived effective leadership and how that affects job satisfaction for nurses and turnover intent. There is a correlation between job satisfaction and intention to leave. Research has shown that job satisfaction, job dissatisfaction, and leadership predictors may affect nurses' decisions to leave (Loft & Jensen, 2020). An effective leader promotes a positive working culture, supports and motivates followers to obtain organizational goals, and inspires staff rather than simply managing them (Kark et al.,

2018). An ineffective leader does not encourage and inspire followers to obtain organizational goals (Kark et al., 2018). Motivators that inspire nursing staff increase their job commitment and dedication to the organization. Nurses committed to their jobs and the organization are less likely to leave a workplace (Davis, 2018). A committed nurse workforce ensures an organization's stability and saves money on the administrative cost associated with nurse departures (Davis, 2018).

### **Significance of the Study**

The cost of nurse turnover is impressive. Not only does the average cost of nurse turnover range from \$40,000 to \$100,000, turnover can also lead other nurses to question their job commitment (Muir et al., 2022). This situation can have a domino effect throughout the organization, resulting in the departure of experienced nurses, which also impacts institutional ethics and community respect (Florentine, 2018). Other costs of nurse high turnover are the ones that affect patient care because turnover impacts patient satisfaction and hospital quality metrics (Muir et al., 2022). The cost of turnover can have profound financial implications for organizations.

Nurse turnover is a serious threat to the survival of an organization, and healthcare leaders have the responsibility of promoting nurse satisfaction. Promoting effective leadership is critical to ensure nurse staff satisfaction and commitment to the organization. Open communication between nurses and administration can foster a sense of belonging, community, and, most importantly, a shared purpose (Florentine, 2018). Nurses feel connected to the leader and organization when they are included in decisions and goal-setting. Leaders also need to establish a culture of safety where nurses can

share their concerns and thoughts without repercussion (Murray & Cope, 2021). Nurses who feel appreciated and have a blame-free environment express greater satisfaction with their organization. In short, a positive and supportive work environment increases nursing staff commitment and loyalty to the organization (Florentine, 2018).

This study explored the importance of effective leadership in relation to nurse satisfaction and turnover intent by examining survey data from the 2018 NSSRN. Decreasing nurse turnover, especially with experienced nurses, leads to positive social change by ensuring that qualified, dedicated individuals continue to deliver healthcare to the public (McNicholas, 2017). Organizations can impact nurse satisfaction based on effective leadership and communication between leaders and nursing staff. An effective leadership style, such as transformational, ensures that nurses are listened to and motivated to achieve organizational goals (Fletcher et al., 2019). Organizations need to make effective leadership a top priority to ensure continuity of care throughout patients' stay (McNicholas, 2017).

### **Research Questions and Hypotheses**

Research Question 1: Is there a relationship between perceived effective leadership in a hospital setting and job satisfaction for nursing staff, according to the 2018 National Sample Survey of Registered Nurses?

*H*<sub>1</sub>: Null Hypotheses: There is no relationship between perceived effective leadership in a hospital setting and job satisfaction for nursing staff, according to the 2018 National Sample Survey of Registered Nurses?



*H*<sub>01</sub>: Alternative Hypotheses: There is a significant relationship between perceived effective leadership in a hospital setting and job satisfaction for nursing staff, according to the 2018 National Sample Survey of Registered Nurses?

Research Question 2: Is there a relationship between perceived effective leadership in a hospital setting and nursing staff intent to leave, according to the 2018 National Sample Survey of Registered Nurses?

*H*<sub>12</sub>: Null Hypotheses: There is no significant relationship between perceived effective leadership in a hospital setting and nursing staff intent to leave, according to the 2018 National Sample Survey of Registered Nurses?

*H*<sub>02</sub>: Alternative Hypotheses: There is a significant relationship between perceived effective leadership in a hospital setting and nursing staff intent to leave, according to the 2018 National Sample Survey of Registered Nurses?

### **Theoretical Foundation for the Study**

The theoretical framework for this study utilizes Cameron and Quinn's (1999) competing values framework, which focuses on organizational balance and effectiveness based on a company's culture (Gong et al., 2022). The competing values framework relates to this study because of the importance of work culture and how that can affect nurse staff satisfaction (Irfan, & Marzuki, 2018). This theory provides a foundation for organizations in understanding how they can provide control and consistency for nurses while adapting to change in the workplace environment (Gong et al., 2022). As organizational culture affects work motivation and commitment (Irfan & Marzuki, 2018),

a positive work culture leads to nurse satisfaction, engagement, and commitment to the organization.

Healthcare administrators can utilize information related to nursing satisfaction to address the issue of turnover intent and administrative costs associated with turnover.

Healthcare administrators should focus on empowering their nurses to keep them engaged in the organization's long-term plan (Sang et al., 2016). Simply, nurses need to feel their worth in an organization. When nurses have decision-making power, their commitment to the organization is increased and solidified (Sang et al., 2016).

Organizational culture influences behaviors and how nurses think and perceive their level of commitment (Smits et al., 2016). Leadership sets the tone in an organization and having effective leadership can make a difference on the nursing workforce. Increased job satisfaction can decrease turnover rates and subsequently decrease nurse turnover costs (Skillman & Toms, 2022). It is important to promote and keep skilled nurses at the bed side. Not only are nurses essential to providing safe patient care, they are also needed to provide mentoring and guidance to future nursing generations (Skillman & Toms, 2022).

### **Nature of the Study**

This non-experimental quantitative research study focused on how hospitals can utilize effective leadership to ensure nurse staff satisfaction and longevity with an organization. According to Kark et al. (2018), studies have shown a positive correlation between leadership and nurse staff satisfaction. Quantitative research is consistent with interpreting nurse satisfaction and engagement data, affecting nurse turnover and

administrative costs (Novosel, 2022). This quantitative analysis compared how nurse satisfaction and engagement affect nursing turnover and patient satisfaction, based on perceived effective leadership. The competing values framework (1999) supported this study by providing a framework to illustrate the interactions between organizational culture concerning effective leadership and nurse work commitment (Irfan & Marzuki, 2018).

### **Introduction to the Literature Review**

The purpose of this literature review was to explore how leadership affects nurse satisfaction and turnover rates in the hospital setting. Nurse turnover is a costly administrative problem that can adversely affect morale in the workplace. Skillman and Toms (2022) indicated that nurses who are dissatisfied have high turnover rate and low morale, leading to increased costs for healthcare organizations and adverse events. A nurse's higher commitment to the organization ensures longevity, thus decreasing the costly revolving door.

### **Search Strategies**

To obtain the necessary information for this study, access to the Walden University library provided peer-reviewed journal articles using various keywords and phrases (e.g., *nurse satisfaction*, *nurse turnover intent*, *nurse turnover*, *cost of turnover*, and *effective leadership*). The search for articles were from the past seven years (2016-2023). The search included ProQuest Central, MEDLINE with Full Text, CINAHL Plus, published dissertations, and additional peer-reviewed journal articles located in the Walden University Library.

## **Leadership**

### ***Effective Leadership***

The term “leadership” is often used interchangeably with “management.” The two words seem to have similar meanings; however, leadership is a “process whereby intentional influence is exerted over other people to guide, structure, and facilitate activities and relationships in a group or organization” (Cox, 2016, p. 155). Management “involves planning and organizing staff members and resources to achieve objectives” (Cox, 2016, p. 155). All leaders can be managers, but not all managers can be leaders.

### ***Leadership Traits***

The traits a leader exhibits can differ from one leader to the next. The type of leadership style used can significantly affect the productivity of the followers, the overall morale of the organization, and even the quality of patient care delivered (Farghaly et al., 2023). This study will further explore effective leadership styles such as transformational, transactional, servant, medical, and authentic, as well as how they affect nurse satisfaction and ultimately nurse staff intent to leave.

### ***Transformational Leadership***

One widely published leadership style is transformational leadership, a style comprised of four different dimensions. The first dimension is a role model that influences positive behavior; the second is motivation and clear communication of goals and expectations; and the third is encouraging creative thinking and innovative solutions to solve problems (Arnold, 2017). Finally, the fourth dimension is treating followers as individuals and being compassionate while promoting skill development (Arnold, 2017).

Studies have shown that nurses appreciate these traits, which positively impact their work performance and commitment to the organization (Breevaart & Bakker, 2017).

Transformational leadership builds positive working relationships between the manager/supervisors and nurses, as the transformational leader motivates and inspires nurses through mutual trust, understanding, and team building (Tian et al., 2020).

Knowledge sharing is a theme that continues to emerge with transformational leadership. A study that included 33 healthcare workgroups with 214 members in each group showed that knowledge sharing and communication, a key component of transformational leadership, positively impacted work engagement and nurse retention (Wu & Lee, 2020).

### ***Transactional Leadership***

Often used in conjunction with transformational leadership, transactional leadership is based on ensuring expectations and tasks, (Fletcher et al., 2019). There are several main principles of transactional leadership. The first principle is that this leadership is task-oriented and focused on achieving short-term goals (Richards, 2020). The second principle is the notion of the exchange; a reward is given, such as praise, a bonus, or time off in exchange for the desired outcome (achievement of a goal) (Richards, 2020). Lastly, transactional leaders manage followers by exception if the follower fails to meet expectations (Richards, 2020).

Staff nurses may find benefits from transactional leadership because this type of leader sets clear standards and expectations and defines roles in ever-changing clinical situations they may face (Richards, 2020). This leader also rewards staff for meeting expectations; however, nurses are not typically rewarded for a job well done.

Transactional leadership is also effective for nurses in a crisis when clear direction is needed to act quickly, such as in the Intensive Care Unit and Emergency Rooms (Kark et al., 2019).

### ***Servant Leadership***

Another prominent leadership style is servant leadership, which has eight characteristics: authenticity, humility, compassion, accountability, courage, altruism, integrity, and listening (Coetzer et al., 2017). In the literature, the servant leader develops competencies of empowerment, stewardship, relationship building, and compelling vision (Coetzer et al., 2017). A servant leader provides an example of a strong work ethic to their followers, thus inspiring them to work in the same manner. Nurses respect and admire leaders who demonstrate a strong work ethic, which then enhances collaboration and loyalty (Coetzer et al., 2017).

According to Yang et al. (2017), traditional leadership styles work from the top down, while servant leaders place the needs of the followers before their own. A servant leader flips the organizational chart and displays the front-line followers at the top, signifying their importance over the leader (Yang et al., 2017). A servant leader is also preferred by subordinates when it comes to work engagement, organizational commitment, trust, job satisfaction, creativity, and work-life balance (Coetzer et al., 2017).

### ***Medical Leadership***

A third leadership style that is not necessarily new but gaining popularity in the literature is medical leadership. This leadership style typifies a physician that acts in a

leadership role within a hospital setting (Berghout et al., 2017). Medical leaders serve as links between clinical practice and the leadership of the organization. A medical background gives the leader the advantage to better understand these complicated roles and the skills necessary to address patient needs (Berghout et al., 2017).

According to Berghout et al. (2017), medical leaders are expected to facilitate collaboration between departments while managing clinical work, thereby moving toward high-quality, cost-effective care. Medical leadership performs a vital role in improving patient outcomes, decreasing cost, achieving organizational goals, and managing patient safety (Berghout et al., 2017). van de Riet et al. (2019) found that a positive correlation between medical leaders and the performance metrics of the hospital. It is also more practical to utilize physicians to supervise their peers rather than a non-clinical leader who may not relate to their clinical practice (van de Riet et al., 2019). Medical leadership is also an effective option for staff nurses who appreciate receiving direction from professionals with clinical experience and knowledge. Smits et al. (2016) found the physician-nurse relationship is pivotal in the care planning process for patients and leads to a positive culture in the organization. The positive culture leads to nurse job satisfaction and retention.

### ***Authentic Leadership***

Lastly, authentic leadership style has gained some attention in healthcare. As stated by Ozer et al. (2019), authentic leadership is a positive approach, and the leader is genuine, transparent, and ethical. Authentic leadership promotes four components, with the first being self-awareness. The leader is aware of the consequences of their actions

and emotions, values, and goals (Lisbona et al., 2021). The second component is balanced processing. The leader objectively reviews facts and data without denying information or exaggerating (Lisbona et al., 2021). The third component is moral perspective; leaders of organizations base their behaviors on moral and ethical standards (Lisbona et al., 2021). The fourth component is relational transparency, meaning the leader is sincere and honest and openly shares information with followers to maintain trusting relationships (Lisbona et al., 2021).

Authentic leadership promotes positive working relationships with nurses. Literature has shown that healthy work environments in nursing are happy places to work, are patient-focused, and holistically support the whole human being (Raso et al., 2020). As a result, the behaviors of the authentic leader make nurses feel like valued members of the care team, which, in turn, increases job satisfaction. Authentic leaders foster an environment that includes involvement and decision-making from the nursing staff, which helps nurses feel more secure and in control of their environment (Lisbona et al., 2021). This sense of security leads to an organizational commitment from nurses.

### **Job Satisfaction**

Defining nurse job satisfaction is two-fold. First, job satisfaction measures the overall well-being of staff nurses, which includes nurses' emotional state, health, work-life balance, and stress at work and home (Lepold et al., 2018). Job satisfaction also measures nurses' perception of the working conditions, including leadership with the immediate supervisor and the overall organization, job stress, and culture (Barac et al., 2017).



According to Lepold et al. (2018), job satisfaction measurements such as satisfaction surveys explain the level of job satisfaction, and the level of ‘nurses’ commitment to an organization, and ultimately their intent to stay or leave. Nurses comprise a significant number of individuals in the healthcare workforce. According to the National Healthcare and R.N. Staffing Report, the national turnover rate for bedside nurses has steadily increased from 17.1% in 2015 to 19.1% in 2018 (Roney & Acri, 2018). Additionally, the report notes that hospitals can spend 5.2 to 8.1 million dollars on average for turnover in their bedside nurses (Roney & Acri, 2018). These costs have substantial financial implications for organizations already facing reimbursement shortages and penalties for not reaching quality benchmarks.

Reports indicate that job satisfaction for nurses in the U.S. is at an all-time low. According to De Simone et al. (2018), a lack of satisfaction may result from increased patient ratios, pressure from senior leadership to ensure timely documentation of care, and patient acuity; these stressors can lead to low job satisfaction and even burnout. Low job satisfaction may hinder nurses’ ability to focus, cope with stress, and thrive in the dynamic healthcare environment (Munnangi et al., 2018). Studies have also shown that job satisfaction is a crucial determinant of voluntary turnover within the nursing profession. Recent research also found turnover increased when job satisfaction decreased for nursing staff (De Simone et al., 2018).

### ***Job Satisfaction and Effective Leadership Communication***

Effective leadership communication is essential to nurse job satisfaction. Leaders who practice the values of mutual respect, trust, and open communication not only positively affect patient care, but also create a safe working environment where nurses feel valued and supported, which, in turn, motivates the nursing staff, leading to satisfaction and commitment to the organization (Farghaly et al., 2023). This preserves nursing staff retention and keeps skilled healthcare professionals at the bedside. As the US population continues to age, the demand for healthcare will continue to increase (Skillman & Toms, 2022). As a result, seasoned nurses are also needed to mentor and educate newer generations of nurses.

Many studies have examined what makes a truly effective leader. It has been noted that communication is an extremely valuable tool, perhaps the most important, and used often by leaders to achieve specific goals (Hicks, 2020). Nursing staff need to know that they can elevate their concerns without fear of repercussion and that management will communicate goals and expectations. Ineffective leadership and poor communication have been cited as direct links to nurse dissatisfaction and intent to leave the organization (Skillman & Toms, 2022). As found by Murray and Cope (2021) effective leaders know that in order to influence their followers, they need effective communication to manage teams and stressful situations. Effective leadership communication has a direct effect on nursing staff job satisfaction and should be a tool used by all leaders.

### ***Job Satisfaction and Patient Safety***

Nurse job satisfaction is directly related to patient care outcomes. A significant decline in job satisfaction and turnover for nurses puts patient care at considerable risk (Munnangi et al., 2018). A suitable manager/supervisor can help ensure nurse job satisfaction and ultimately positive patient outcomes. These goals need to be stressed by organizations when hiring and promoting managers and supervisors. The screening process for managers and supervisors should also include reviewing and understanding how the individual expects to run operations and what kind of leader the individual aligns with (Aij & Rapsaniotis, 2017). The screening process should include questions concerning how individuals will handle complaints from patients or families. Additionally, future nursing employees should understand how to resolve staff disagreements, distribute work assignments, handle difficult staff members, and achieve specific goals (Aij & Rapsaniotis, 2017). Additional questions about how each individual will motivate the staff to achieve organizational goals will determine if this individual is the right fit for the organization (Aij & Rapsaniotis, 2017). The fit needs to be suitable for both parties to ensure longevity with the organization.

According to Roney and Acri (2018), nurse job satisfaction is a predictor of an organization's safety climate, and increasing job satisfaction results in safer patient outcomes. Decreased nurse satisfaction continues to plague healthcare settings because nurses consist of the largest workforce delivering patient care. The American Society for Healthcare Human Resources Administration has suggested that nurse satisfaction and engagement levels impact cost containment, patient safety, and satisfaction (Benzo et al.,

2017). When nurses are satisfied with their job and engagement levels are up, improved outcomes such as infection and mortality rates improve.

### ***Job Satisfaction and Patient Care***

The American Society for Healthcare Human Resources Administration reported that 36% of registered nurses negatively perceived the workplace (Benzo et al., 2017). They also noted an increase in stress, and that stress negatively impacted patient care (Benzo et al., 2017). Addressing job satisfaction for staff nurses would lead to overall cost savings for the organization since there would be a decrease in financial penalties resulting from adverse or never events (Roney & Aciri, 2018). Organizations should review how they are operating and make nurse job satisfaction an immediate priority. Lepold et al. (2018) noted that administrators may recommend a nurse engagement/satisfaction survey to gauge their culture. This information should help leadership identify where the strengths and weaknesses are within the culture of the organization. It is also essential to understand how the nurses view leadership and supervisory support (Aloisio et al., 2018).

Organizations should look to leadership to determine the climate or overall culture. There are many different forms of leadership, and each one can have a different effect on nurse satisfaction, performance, and overall well-being (Mikkelsen & Olsen, 2019). Organizations need to consider nurse engagement and satisfaction when choosing leaders (Aloisio et al., 2018). The right leader can significantly affect nurse job satisfaction. Job satisfaction leads to job commitment, which ensures an adequate amount of nursing staff to care for patients.

### **Nursing Staff Intent to Leave**

Nurse turnover can be voluntary (nurses leave independently) or involuntary (layoffs or downsizing). This study examined the implications and organizational effects of voluntary nurse turnover intent. There are numerous reasons for nurses to leave an organization voluntarily; however, studies have shown that nursing job dissatisfaction effects turnover, increases the cost of healthcare, decreases overall morale, and can lead to poor quality outcomes for patients (Skillman & Toms, 2022).

Turnover can lead to other less obvious implications for the organizations. Nurses who feel dissatisfied with their job have decreased productivity and can even affect other nurses to leave (Kelly et al., 2021). This can lead to the loss of more skilled nurses at the bedside. Nurse satisfaction influences patient care, and there is also a strong correlation between positive job satisfaction and patient satisfaction (Thomas et al., 2022). Low patient satisfaction may correlate to decreased profits or financial penalties if hospitals are not meeting their patient experience benchmarks.

### ***Job Satisfaction and Intent to Leave***

Another study identified job satisfaction and structural empowerment (this is defined as the existence of a structure that insures an individual receives timely information, resources needed, support, and opportunities to achieve career goals) as reasons for nurses to stay with their current organization (Kelly et al., 2022). Hospital administrators should carefully address opportunities to retain their nurses. Research has also shown that supportive leadership styles such as servant leadership or

transformational leadership have had favorable effects on nurses' intent to leave (Matthews et al., 2018).

Leaders should be mindful when seeking to create a positive work environment for their nursing staff. The types of relationships leaders create with their subordinates can significantly impact turnover and intention to leave (Leach et al., 2021). A positive and safe work environment could mean the difference in a nursing staff's intent to leave the organization. Nurses look to their leaders as someone who stands behind them and champions their best interests (Mathhews et at., 2018). Nurses who feel supported and empowered by their leaders are less likely to leave.

### ***Burnout and Intent to Leave***

Another reason for nurse turnover is burnout. Burnout affects the overall well-being of nurses (Willard-Grace et al., 2019). Burnout is also a concern because this can lead to decreased engagement, adversely affecting patient care and increasing turnover (Willard-Grace et al., 2019). Burnout links to emotional exhaustion, environmental stress, and job dissatisfaction for nurses (Winters, 2018). The World Health Organization has noted burnout to be an occupational disease that affects workers in various occupational settings, and it is prevalent in 13-27% of the active population (Molero Jurado et al., 2018). Nurses are prone to burnout, especially those who work in stressful healthcare settings. It is estimated that burnout in the United States affects nearly 1 in 3 registered nurses (Muir et al., 2022). Not only are there physical and psychological implications concerning burnout for nurses, hospitals spend an average of \$16,736 per nurse per year for burnout related turnover costs (Muir et al., 2022).

Nurses are overwhelmed with providing care, dealing with the physical and emotional demands, and lending their expertise in a quick decision-making capacity (Thomas et al., 2022). Nurses also deal with challenging situations and circumstances such as fast-paced situations, long hours, performance and quality expectations, interacting with numerous other medical professionals, an aging workforce as well as aging patients, and technology challenges (Waddill-Goad, 2019). Each specialty area provides its own set of challenges. However, nurses are still expected to provide the highest level of quality care while managing large patient loads, increased stress from families, and pressure to ensure complete and accurate documentation in the medical record (Waddill-Goad, 2019). Nurses need to feel supported by leadership and know administration hears their concerns.

In conclusion, leaders have a responsibility to ensure that measures are in place to decrease nurse burnout and decrease turnover. Nursing leadership should encourage their nursing staff to be aware of the signs and symptoms of burnout and elevate their concerns before they decide to leave (Thomas et al., 2022). Leaders should consider fostering a supportive and positive organizational culture to improve nurses' quality of life and reduce burnout that could lead to turnover (Zhang et al., 2018). After all, leaders are the ones who have the power to influence the overall culture of the organization for the nursing staff.

### **Administrative Costs of Turnover**

Healthcare reimbursements have decreased because of hospital readmissions and hospital-acquired conditions/adverse events (Allen, 2019). Hospital leadership must find ways to improve organizational outcomes. One way to improve outcomes is to reduce nursing retention and turnover (Allen, 2019). The cost of nursing staff turnover has a significant effect on nursing staff ratios which ultimately affects patient care and the cost of care.

Nursing staff turnover is a recurring problem for hospitals, and the costs associated with it also impact the nursing shortage (Helbing et al., 2017). By 2020 the United States was estimated to be short approximately one million nurses (Helbing et al., 2017). The cost to replace one bedside nurse could range from \$10,098 to \$88,000, with an average national turnover rate estimated at 17.1% in 2016 (Shinners, 2017). These costs do not include additional charges such as: recruiting, advertising, sign-on bonuses, interviews, screening processes, credentialing, background checks, drug screening, onboarding, as well as the use of per diem and travel nursing staff to fill in the gaps (Faller et al., 2018). Turnover costs the average hospital \$5.2 million to \$8.1 million per year (Shinners, 2017).

There are additional costs for nursing staff turnover that are not necessarily measured in dollars. Nurse turnover negatively affects nursing staff morale, leading to job dissatisfaction (Richards, 2016). When nurses leave, their workloads must be redistributed, further burdening the remaining nurses (Helbing et al., 2017). The remaining nurses begin to question their commitment to the organization.



### ***Turnover and the Impact on Patient Care***

The loss of experienced nurses significantly impacts patient care. Nurses who have been practicing for numerous years provide the expertise that also leaves the organization when a nurse decides to move on (Richards, 2016). Less experienced nurses may not be as astute in recognizing when a 'patient's condition changes (Richards, 2016). Optimization of patient care is provided by having a mix of new and seasoned nurses. Studies have shown a correlation between an increasing staffing matrix of experienced nurses with lower rates of adverse events and negative outcomes, including mortalities (Shimp, 2017).

Healthcare organizations with higher turnover rates also had longer lengths of stay for patients, negatively affecting patient satisfaction and increasing overall healthcare costs (Helbing et al., 2017). Quality metrics that are not met, such as length of stay, decrease reimbursement rates for the organization. High turnover rates can also make healthcare organizations vulnerable to low nurse-patient ratios. Reduced staffing levels result in poor patient outcomes, such as increased patient mortality and infection rates (Lee et al., 2017).

### **Research Gap**

There is a gap in the literature regarding the relationship between effective leadership, nurse satisfaction, and turnover intent. Specifically, there is limited information about how communication from influential leaders affects nurse job satisfaction. A search of the scholarly databases revealed there were few articles published addressing this specific issue. Failing to address the needs of nursing staff and

implement retention strategies or resources needed to address satisfaction and turnover can harm the organization (Ship, 2017).

### **Definition of Terms**

*Burnout:* A syndrome that causes an overabundance of workload and stressors that may result in burnout (Hetzl-Riggin, Swords, Tuang, Deck, & Spurgeon, 2020).

*Effective Leadership:* The ability of an individual to motivate followers and achieve an organizational goal is essential for effective leadership (Reed, Klutts, & Mattingly, 2019).

*Job satisfaction:* An individual's attitude or response towards their job. Perspective relates to the specific job function and the individual's overall perception of the job requirements and environment (Dilig-Ruiz et al., 2018).

*Patient Safety:* The absence of preventable harm by healthcare professionals (Vaismoradi et al., 2020).

*Retention:* An organization can keep a staff member in their role once hired (Tang et al., 2019). An organization's ability to retain its nurses shows a positive working culture (Majeed & Jamshed, 2020).

*Turnover intention.* The intention to leave is a precursor for actual turnover. The literature defines turnover intention as the individual's intent to leave the job. Turnover intention influences many factors such as burnout, job dissatisfaction, poor work culture, and inadequate staffing (Majeed & Jamshed, 2020).

### **Assumptions**

An assumption concerns an idea or subject assumed to be true without providing proof (Marshall & Rossman, 2016). There were several assumptions associated with this study, and they include the following. The data for this study was assumed to be accurate. Individuals who participated in collecting the data managed these activities professionally and appropriately. There was an assumption that the secondary data correctly identified the acute care work setting of the nurses and was collected through a validated research tool. The secondary data consisted of questionnaires completed by registered nurses from across the United States, and there was an expectation that they answered the questions honestly and thoroughly.

### **Limitations**

There were a few limitations associated with this study. Limitations are insufficiencies of the study that the researcher could not control (Marshall & Rossman, 2016). A limitation noted for this study was the use of secondary data instead of primary data, which limits the association of this researcher in the gathering of data.

Additionally, only surveys that identified the respondent as working in an acute care setting was used in this study. A final limitation concerned the survey distribution, which was sent to all areas of the country. However, there was not an equal distribution among the states, making it difficult to know how each state was represented in the survey. A disadvantage of using secondary data concerns the biases that may have affected the data or the data collection process (Rada-Ramallal et al., 2018).

### **Scope and Delimitations**

The secondary data represents 50,273 registered nurses who responded to a national survey about their employment, satisfaction with work, education, salary, demographics, age, licenses, certifications, employment location, and length of employment. Various work settings represented in the survey included hospitals, other inpatient settings, clinic/ambulatory, and other settings; however, most nurses work in hospital settings. These were the only surveys used in this study. The respondents identified their gender as male or female. The ethnicities included White, non-Hispanic; Hispanic; Black, non-Hispanic; Asian, non-Hispanic, and all others, non-Hispanic. The average age of the respondents was 47.9 years old, with 47.5% of the R.N.s were aged 50 or older. The respondents also included nurses with various education levels such as diploma in nursing, associate degree, bachelor's degree, master's degree, and doctorate. The research focus for this study was nursing staff satisfaction and nursing staff intent to leave based on perceived effective leadership. The data was de-identified to ensure the anonymity of the respondents. The research also explored the gap identified as communication from leadership to the nursing staff.

The purpose of delimitations was to limit the scope and define inclusions in the study as controlled or determined by the researcher (Marshall & Rossman, 2016). Delimitations for this study were issues regarding how job stress and job burnout affect nurse satisfaction and ultimately intent to leave. Other issues not addressed were concerns with how the location of employment, such as a doctor's office versus a hospital, affects nurse satisfaction and intent to leave.

### **The Potential for Positive Social Change**

Understanding how effective leadership and communication with nursing staff affect nurse satisfaction and intent to leave may create positive social change by demonstrating the importance of communication and participation in employment activities. The impact of this knowledge will help healthcare administrators take steps to ensure satisfaction within the most significant workforce population that continues to increase in acute care hospitals. Literature has repeatedly shown that nurse satisfaction directly impacts patient care and positive patient outcomes (Munnangi et al., 2018). Leaders need to consider organizational culture and ensure they communicate effectively to create a positive working climate.

### **Summary and Conclusion**

Nurse satisfaction and turnover is a costly problem for healthcare administrators (Allen, 2019). Many factors affect nurse satisfaction, such as workload, long hours, physical and emotional stress, compensation, and benefits. An under-researched area is how effective leadership with relation to communication, affects nurse satisfaction and willingness to remain with an organization. Understanding how leadership attributes can influence nurse satisfaction and intent to leave can help prevent increased administrative costs while ensuring patient safety and satisfaction (Shimp, 2017). Section 2 describes the methodology and design that was used for this study. Section 2 also focuses on the population, dataset management, an explanation of ethical issues, and threats to validity.

## Section 2: Research Design and Data Collection

### **Introduction**

In Section 1, I conducted a review of current literature that provided information concerning nurse satisfaction and nurses' intent to leave in the hospital setting. Nurse staff turnover affects organizations financially and places patient safety at risk (Roney & Acri, 2018). While many researchers focus on nurse satisfaction and the many factors affecting satisfaction, there is a research gap regarding how effective leadership affects nurse satisfaction and their intent to leave. The framework chosen for this study was Cameron and Quinn's (1999) competing values framework, which focuses on organizational culture, collaboration, and communication (Gong et al., 2022). This framework is appropriate because culture plays a vital role in an organization and nurse job satisfaction (Irfran & Marzuki, 2018). Nurse job satisfaction can significantly affect intent to leave.

The purpose of the study was to review secondary data from the 2018 National Sample Survey of Registered Nurses (NSSRN) and explore the dependent and independent variables to determine what relationships exist among them. The dependent variables were nurse satisfaction and intent to leave. The independent variable was perceived effective leadership, according to data from the 2018 NSSRN. This section includes the research design, rationale, and methodology used to address the identified gap in the literature.

### **Research Design and Rationale**

For RQ1, the dependent variable was nursing staff job satisfaction. The independent variable was the perception of effective leadership, according to data from the 2018 NSSRN. For RQ2, the dependent variable was nursing staff intent to leave. The independent variable was the perception of effective leadership, also according to the 2018 NSSRN data.

A multiple linear regression study design worked well with the quantitative approach to determine if a relationship existed between the independent and dependent variables in the study. The use of secondary data assisted in determining if there was an association among the variables (Fellipe et al., 2018). Correlational studies support comparisons of two or more variables without controlling them to identify relationships between the studied variables (Rezigalla, 2020). A benefit of conducting a correlational study is the multiple types of analysis the data may require. For example, the population can be studied and defined in occupations, social class, and geography (Rezigalla, 2020). It is essential to note the limitations of a correlational study, which cannot identify causal relationships (Rezigalla, 2020).

Secondary data were obtained from the 2018 NSSRN, and the survey consists of respondent data from 50,273 registered nurses in the United States. The data were gathered from April 2018 to October 2018. Secondary data can be used even when the original purpose for the data collection is changed to meet the requirements of a new study (Fellipe et al., 2018). Advantages to using secondary data include the reduced time needed to collect the data, overall cost savings, and the benefit of a larger population pool

(Rada-Ramallal et al., 2018). A disadvantage of using secondary data is the biases that may have affected the data or the data collection process (Rada-Ramallal et al., 2018).

## **Methodology**

### **Description of Secondary Data**

The National Center for Health Workforce Analysis sponsors the NSSRN, the Health Resources and Services Administration, an agency in the U.S. Department of Health and Human Services (HRSA, 2021). Beginning in the 1970s, the National Sample Survey of Registered nurses began periodically surveying the nursing workforce to obtain data and determine the supply and demand of nursing resources (HRSA, 2021). The information collected in this survey included the demographics, education, training, employment, and income of registered nurses from across the United States.

Participation in the NSSRN is optional.

Access to the 2018 NSSRN is available to the public; so, no permissions were necessary to access the data and codebook provided in the survey. The 2021 survey questionnaire was expanded from the previous 2008 questionnaire to capture the relevant and current state of the RN workforce in the United States (HRSA, 2021). The questionnaire was revised and tested to minimize the respondents' time burden (HRSA, 2021). The questionnaire included nurse practitioners, RNs, and questions regarding new healthcare delivery modalities, such as telehealth.

For the 2018 NSSRN, a sample of 102,690 registered nurses was randomly selected from over 4.6 million licensure records provided by the National Council of State Boards of Nursing and individual state nursing boards (HRSA, 2021). Data



collection spanned from April 2018 to October 2018. The respondents were offered participation via a web instrument or paper questionnaire. A total of 50,273 respondents completed the survey with an unweighted response rate of 50.1% (49.1% weighted) (HRSA, 2021).

### **Study Population**

The target population for this research study was registered nurses working in the United States in a hospital setting. For the secondary data analysis, data were used from the 2018 NSSRN, which surveyed 50,273 registered nurses from various specialties, demographics, age, degrees, and healthcare settings across the United States between April 2018 and October 2018.

### **Sampling and Sampling Procedures Used**

A sample was selected to test both research questions, including testing the dependent variables of nurse satisfaction and intent to leave, as well as the independent variable of perceived effective leadership according to data from the 2018 NSSRN. The sample size for this study was examined based on inclusions and exclusions that were determined in Section 1.

### **Power Analysis**

A linear multiple regression power analysis was performed using G\*Power for Windows Software (Version 3.1.9.7) to determine the sample of the registered nurses. Based on the power analysis results, the required sample size for the linear multiple regression analysis was 68 (power = 0.80, alpha = 0.05), as shown in Table 1. The Power Analysis applies to both research questions.

**Table 1***Linear Multiple Regression Power Analysis Using G\*Power Software*

| Input                       |      | Output                             |            |
|-----------------------------|------|------------------------------------|------------|
| Effect Size $f^2$           | 0.15 | Noncentrality parameters $\lambda$ | 10.2000000 |
| $\alpha$ err prob           | 0.05 | Critical F                         | 3.1381419  |
| Power (1- $\beta$ err prob) | 0.80 | Numerator df                       | 2          |
| Number of predictors        | 2    | Denominator df                     | 65         |
|                             |      | Total sample size                  | 68         |
|                             |      | Actual Power                       | 0.8044183  |

**Operationalization of Variables**

The exploration of two dependent variables and one independent variable was the focus of this study. For RQ1, nursing staff job satisfaction was the dependent variable, while the perception of effective leadership, according to the 2018 NSSRN data, was the independent variable. For RQ2, nursing staff intent to leave was the dependent variable, while the perception of effective leadership, according to the 2018 NSSRN data, was the independent variable as displayed in Table 2. The first dependent variable was measured, according to the 2018 NSSRN data, by asking if the RN was extremely satisfied, moderately satisfied, moderately dissatisfied, or highly dissatisfied at their current place of employment.

The second dependent variable was measured according to the 2018 NSSRN data. These criteria include whether an RN considered leaving his/her primary nursing position, considered leaving in the past year, planned to leave in less than one year, planned to leave 1-3 years from the time of the survey, or more than three years from the time of the survey. According to the 2018 NSSRN data, perceived effective leadership

was measured by whether the respondent's reason for leaving was based on lack of good management or leadership.

**Table 2**

*Dependent and Independent Variables*

| Variable Types          | Variables                      | Data Points Addressing the Variables  |
|-------------------------|--------------------------------|---|
| Independent Variable    | Perceived Effective Leadership | Measured by whether the respondent's reason for leaving was based on lack of good management or leadership.   |
| Dependent Variable RQ 1 | Nursing Staff Job Satisfaction | Measured by asking if the respondent is extremely satisfied, moderately satisfied, moderately dissatisfied, or highly dissatisfied at his or her current place of employment.   |
| Dependent Variable RQ 2 | Nursing Staff Intent to Leave  | Measured by whether the respondent considered leaving his or her current nursing position, considered leaving in the past year, planned to leave in less than one year, planned to leave 1-3 years from the time of the survey, or more than three years from the time of the survey. |

**Data Analysis Plan**

The 2018 NSSRN data for this study were analyzed using the Statistical Package of the Social Sciences (SPSS) Version 27. Statistical analysis was conducted using a linear multiple regression evaluation of survey data. The analysis was performed to determine if the dependent variables of nurse satisfaction and nurse staff intent to leave were affected by the independent variable of perceived effective leadership by nursing staff.

**Research Questions and Hypotheses**

R.Q. 1: Is there a relationship between perceived effective leadership in a hospital setting and job satisfaction for nursing staff, according to the 2018 National Sample Survey of Registered Nurses?

*H*<sub>1</sub>1: Null Hypotheses: There is not a relationship between perceived effective leadership in a hospital setting and job satisfaction for nursing staff, according to the 2018 National Sample Survey of Registered Nurses?

*H*<sub>0</sub>1: Alternative Hypotheses: There is a significant relationship between perceived effective leadership in a hospital setting and job satisfaction for nursing staff, according to the 2018 National Sample Survey of Registered Nurses?

R.Q. 2: Is there a relationship between perceived effective leadership in a hospital setting and nursing staff intent to leave, according to the 2018 National Sample Survey of Registered Nurses?

*H*<sub>1</sub>2: Null Hypotheses: There is not a significant relationship between perceived effective leadership in a hospital setting and nursing staff intent to leave, according to the 2018 National Sample Survey of Registered Nurses?

*H*<sub>0</sub>2: Alternative Hypotheses: There is a significant relationship between perceived effective leadership in a hospital setting and nursing staff intent to leave, according to the 2018 National Sample Survey of Registered Nurses?

The first research question addressed the relationship between effective leadership in a hospital setting, and how this impacts job satisfaction for nurses, according to the 2018 NSSRN data. The second research question addressed the relationship between effective leadership in a hospital setting, and how this affects nursing staff intent to leave, according to the 2018 NSSRN data. The relationships of the two research questions were analyzed and determined based on a statistical analysis of the data collected from the 2018 NSSRN.

## **Threats to Validity**

### **External Validity**

Data for this study originated from secondary data that were collected and analyzed to produce unbiased survey questionnaire results. A random sample of 102,690 registered nurses was selected from over 4.6 million licensure records, which may be relevant given the total number of registered nurses in the United States and the number of actual respondents were 50,273 with an unweighted response of 50.1% (49.1% weighted) (HRSA, 2021). Further, participation in the 2018 NSSRN was optional.

### **Ethical Procedures**

The data collected in the 2018 NSSRN are a public use secondary data set that is respondent de-identified. Since the respondents were de-identified, there were no risks of identifying them and sharing their personal information. The data set was downloaded directly from the public use site and saved on a personal computer where only this researcher had access to the data. Deleting the data was performed after the study's completion to maintain the data's security. For ethical purposes, the Walden University Institutional Review Board reviewed the secondary source and provided an approval number once the data source was examined.

### **Summary**

Section 2 described how the secondary data was used to conduct a linear multiple regression analysis of survey data. The study sought to determine if the dependent variables of nurse satisfaction and nurse staff intent to leave were affected by the independent variable of perceived effective leadership by nursing staff. The power

analysis, methodology, and an explanation of the secondary data were also provided, along with the suggested methodology and data analysis plan for the study. Section 3 will provide the statistical findings relative to the research questions and hypotheses.

### Section 3: Presentation of the Results and Findings

The purpose of this quantitative study was to determine if there is a relationship between effective leadership, nurse job satisfaction, and nurse turnover intent. Turnover can be a significant and costly problem for an organization because the total cost associated with nurse turnover can impact an organization anywhere from 90% to 200% of a nurse's annual salary (Reina et al., 2018). Hospital administrators and nursing leadership have the opportunity to address nurse job satisfaction and make changes within the organization before nurses decide to leave the position. In this section, information about the data gathering process, descriptive statistics, and the findings of the data analyses will be presented. The research questions were as follows.

RQ1: Is there a relationship between perceived effective leadership in a hospital setting and job satisfaction for nursing staff, according to the 2018 National Sample Survey of Registered Nurses?

*H<sub>1</sub>*: Null Hypotheses: There is no relationship between perceived effective leadership in a hospital setting and job satisfaction for nursing staff, according to the 2018 National Sample Survey of Registered Nurses?

*H<sub>0</sub>*: Alternative Hypotheses: There is a significant relationship between perceived effective leadership in a hospital setting and job satisfaction for nursing staff, according to the 2018 National Sample Survey of Registered Nurses?

RQ2: Is there a relationship between perceived effective leadership in a hospital setting and nursing staff intent to leave, according to the 2018 National Sample Survey of Registered Nurses?

*H<sub>12</sub>*: Null Hypotheses: There is no significant relationship between perceived effective leadership in a hospital setting and nursing staff intent to leave, according to the 2018 National Sample Survey of Registered Nurses?

*H<sub>02</sub>*: Alternative Hypotheses: There is a significant relationship between perceived effective leadership in a hospital setting and nursing staff intent to leave, according to the 2018 National Sample Survey of Registered Nurses?

The data collection procedures involved gathering the participants' responses to the 2018 National Sample Survey of Registered Nurses (NSSRN). The responses included information from RNs across the United States in a variety of clinical settings. The data provided to the researcher included the raw survey responses for all 50,273 survey respondents. Exploratory data analysis was used to examine the trends in the survey responses. The analyses further included a series of chi-square tests of independence that were then used to address the research questions, as well as compare the variables.

### **Data Collection of Secondary Data Set**

Since the 1970s, the NSSRN began periodically surveying the nursing workforce to obtain data and determine the supply and demand of nursing resources (HRSA, 2021). The 2018 survey questionnaire captures the relevant and current state of the RN workforce in the United States (HRSA, 2021). The data gathered from the 2018 NSSRN included survey responses by 50,273 nurses throughout the U.S. with active RN licenses. No exclusions for the 2019 NSSRN were identified.



### **Descriptive Statistics**

Table 3 presents the demographics for the sample, which consisted of 4,186 males (8.3%) and 46,087 females (91.7%). The sample was widely ranged in age from younger than 29 years to 75 years or older. The largest proportion of participants were 60-64 years of age ( $n = 7,380$ ; 16.7%). The majority of the sample consisted of White participants ( $n = 41,853$ ; 83.3%), and a large portion of the nurses' highest education was a Masters in the Science of Nursing (MSN) degree ( $n = 24,701$ ; 49.1%).

**Table 3***Descriptive Statistics for Frequencies and Percentages of Demographic Variables*

| Variable                     | <i>n</i> | %    |
|------------------------------|----------|------|
| Gender                       |          |      |
| Male                         | 4,186    | 8.3  |
| Female                       | 46,087   | 91.7 |
| Age                          |          |      |
| 29 years or younger          | 2,312    | 4.6  |
| 30-34                        | 5,047    | 10.0 |
| 35-39 years                  | 5,546    | 11.0 |
| 40-44 years                  | 5,237    | 10.4 |
| 45-49 years                  | 5,470    | 10.9 |
| 50-54 years                  | 5,281    | 10.5 |
| 55-59 years                  | 6,447    | 12.8 |
| 60-64 years                  | 7,380    | 16.7 |
| 65-69 years                  | 4,923    | 9.8  |
| 70-74 years                  | 1,854    | 3.7  |
| 75 years or older            | 776      | 1.5  |
| Ethnicity                    |          |      |
| White                        | 41,853   | 83.3 |
| Black                        | 2,475    | 4.9  |
| Asian                        | 2,401    | 4.8  |
| Hispanic                     | 1,873    | 3.7  |
| Pacific Islander             | 142      | 0.3  |
| American Indian              | 201      | 0.3  |
| Other                        | 353      | 0.7  |
| Multiple                     | 975      | 1.9  |
| Highest nursing education    |          |      |
| Diploma in Nursing           | 2,167    | 4.3  |
| Associates Degree in Nursing | 8,220    | 16.3 |
| BSN                          | 12,202   | 24.3 |
| MSN                          | 24,701   | 49.1 |
| PHD/DNP in Nursing           | 2,953    | 5.9  |
| Unknown                      | 30       | 0.1  |

### **Research Question 1: Nurse Perceptions Regarding Perceived Effective Leadership**

RQ1: Is there a relationship between perceived effective leadership in a hospital setting and job satisfaction for nursing staff, according to the 2018 National Sample Survey of Registered Nurses?

To address perceived effective leadership in research question one, the participants' reasons to leave their primary nursing position, based on lack of good management or leadership, was examined. Among participants that responded to the questions, the majority of nursing staff indicated that lack of good management or leadership was not a reason to leave ( $n = 12,816$ ; 62.0%). Table 4 presents the frequencies and percentages for perceptions of effective leadership.

**Table 4**

*Frequencies and Percentages for Perceptions of Effective Leadership (Lack of Good Management or Leadership)*

| Effective Leadership Survey Responses                    | <i>n</i> | %    |
|--|----------|------|
| Reasons to leave – lack of good management or leadership |          |      |
| Yes  | 7,866    | 38.0 |
| No   | 12,816   | 62.0 |

### **Nurse Perceptions Regarding Job Satisfaction**

To address job satisfaction for nursing staff in the first research question, I examined the question regarding how satisfied participants are in their primary (current) nursing position. Among participants that responded to the question, the majority of nursing staff indicated that they were either moderately satisfied ( $n = 20,063$ , 45.6%) or extremely satisfied ( $n = 19,566$ ; 44.5%). Table 5 presents the frequencies and percentages for perceptions of nurse job satisfaction.

**Table 5**

*Frequencies and Percentages for Nurse Job Satisfaction in Primary (current) Nursing Position)*

| Nurse Staff Job Satisfaction             | <i>n</i> | %    |
|--|----------|------|
| Satisfaction in primary nursing position |          |      |
| Extremely satisfied                      | 19,566   | 44.5 |
| Moderately satisfied                     | 20,063   | 45.6 |
| Moderately dissatisfied                  | 3,374    | 7.7  |
| Extremely dissatisfied                   | 957      | 2.2  |

### **Results of Statistical Analysis for Research Question 1**

To address research question one, I conducted a chi-square test of independence to analyze the relationship between perceived effective leadership and job satisfaction for nursing staff. A chi-square test is appropriate when testing the relationship between two nominal or ordinal-level variables (Pallant, 2020). The results of the test were explored to conclude the relationship between perceived effective leadership and job satisfaction for nursing staff.

The findings of the chi-square test were statistically significant, indicating that there was a relationship between perceived effective leadership and satisfaction in primary care nursing,  $\chi^2(3) = 1776.88, p < .001$ . Therefore, the null hypothesis ( $H_0$ ) for research question one was rejected, and the alternate hypothesis ( $H_1$ ) for research question one was accepted. There were 44.5% of nurses who responded that they were extremely satisfied with their primary nursing position, and 45.6% of the nurses responded that they were moderately satisfied with their primary nursing position. However, when lack of good management or leadership was introduced, the satisfaction of the nurses who felt that they would not leave because of lack of good management or

leadership decreased to 21.5% for those who were extremely satisfied, and also decreased to 36.5% for those who were moderately satisfied. According to the 2018 NSSRN, nursing staff satisfaction is related to perceived effective leadership in a hospital setting.

Table 6 presents the findings of the chi-square test.

**Table 6**

*Chi-Square Test for Perceived Effective Leadership and Staff Satisfaction in Primary Care Nursing*

|                                      | Yes      |      | No       |      | $\chi^2(3)$ | <i>p</i> |
|--------------------------------------|----------|------|----------|------|-------------|----------|
|                                      | <i>n</i> | %    | <i>n</i> | %    |             |          |
| Satisfaction in primary care nursing |          |      |          |      | 1776.88     | <.001    |
| Extremely dissatisfied               | 260      | 1.3  | 104      | 0.5  |             |          |
| Moderately dissatisfied              | 1461     | 7.1  | 720      | 3.5  |             |          |
| Moderately satisfied                 | 5067     | 24.5 | 7545     | 36.5 |             |          |
| Extremely satisfied                  | 1078     | 5.2  | 4447     | 21.5 |             |          |

### **Research Question 2: Nurse Perceptions Regarding Perceived Effective Leadership**

RQ2: Is there a relationship between perceived effective leadership in a hospital setting and nursing staff intent to leave, according to the 2018 National Sample Survey of Registered Nurses?

To address perceived effective leadership in research question two, again the question regarding the participants' reasons to leave their primary nursing position, based on lack of good management or leadership, was examined. Among participants that responded to the questions, the majority of nursing staff indicated that lack of good management or leadership was not a reason to leave their primary nursing position ( $n = 12,816$ ; 62.0%). Table 7 presents the frequencies and percentages for perceptions of effective leadership.

**Table 7**

*Frequencies and Percentages for Perceptions of Effective Leadership (Good Management or Leadership)*

| Effective Leadership Survey Responses | <i>n</i> | %    |
|---------------------------------------|----------|------|
| Yes                                   | 7,866    | 38.0 |
| No                                    | 12,816   | 62.0 |

### **Nurse Perceptions Regarding Intention to Leave**

To address nursing staff intent to leave, three survey questions from the 2018 NSSRN were explored. There was an approximate equal split of participants saying they considered leaving their primary (current) nursing position: Yes ( $n = 20,682$ , 53.6%) and No ( $n = 17,879$ , 46.4%). The majority of the sample indicated that they considered leaving in the past year ( $n = 18,716$ , 90.5%). In regard to consideration of leaving the nursing position in the future, there were a wide range of timeframes provided by participants. Table 8 presents the frequencies and percentages for perceptions of nurses' intention to leave.

**Table 8***Frequencies and Percentages for Nurses' Intention to Leave Primary (current) Nursing Position*

| Nursing Staff Intent to Leave               | <i>n</i> | %    |
|---|----------|------|
| Considered leaving primary nursing position |          |      |
| Yes   | 20,682   | 53.6 |
| No  | 17,879   | 46.4 |
| Considered leaving in the past year         |          |      |
| Yes   | 18,716   | 90.5 |
| No  | 1,966    | 9.5  |
| Timeframe considered to leave position      |          |      |
| Less than one year from now                 | 3,576    | 17.3 |
| 1-3 years from now                          | 5,517    | 26.7 |
| More than 3 years from now                  | 3,096    | 15.0 |
| Not sure                                    | 8,493    | 41.0 |

**Results of Statistical Analysis for Research Question 2**

To address research question two, a chi-square test of independence was conducted to analyze the relationship between perceived effective leadership and nursing staff intent to leave. The findings of the chi-square test were statistically significant, indicating that there was a relationship between perceived effective leadership in a hospital setting and nursing staff intent to leave,  $\chi^2(1) = 104.91, p < .001$ . Therefore, the null hypothesis ( $H_{12}$ ) for research question two was rejected, and the alternate hypothesis ( $H_{02}$ ) for research question two was accepted.

The largest percentage of respondents ( $n = 11388, 55.1\%$ ), considered leaving their position in the past year, indicating that lack of good management or leadership was not a cause for wanting to leave. A smaller percentage of respondents ( $n = 7328, 35.4\%$ ), considered leaving their position, but indicated that lack of good management or

leadership was a cause for wanting to leave. It was concluded that the nursing work force reasons to leave, according to the 2018 NSSRN, were not based on perceived lack of good management or leadership in the hospital setting. Table 9 presents the findings of the chi-square test.

Table 9

*Chi-Square Test for Perceived Effective Leadership (Good Management or Leadership) and Staff Intention to Leave*

|  | No       |      | Yes      |      | $\chi^2(1)$ | <i>p</i> |
|--|----------|------|----------|------|-------------|----------|
|  | <i>n</i> | %    | <i>n</i> | %    |             |          |
| Considered leaving position in past year |          |      |          |      | 104.91      | <.001    |
| No                                       | 1428     | 6.9  | 538      | 2.6  |             |          |
| Yes                                      | 11388    | 55.1 | 7328     | 35.4 |             |          |

There were 90.5% of nurses who responded that they considered leaving their primary nursing position in the past year, and 9.5% of nurses who said they would not consider leaving their primary nursing position. When good management or leadership were introduced, however, the rate of nurses considering leaving their primary nursing position decreased to 55.1% for those who said they would not leave because of lack of good management or leadership, and decreased to 35.4% for those who said they would leave because of lack of good management or leadership. The 2018 NSSRN respondents were leaving their primary nursing positions for reasons other than lack of good management or leadership, which means that good management or leadership does in fact play a role in staff retention.



## Summary and Conclusions

The purpose of this quantitative study was to determine if there is a relationship between effective leadership, nurse job satisfaction, and nurse turnover intent. Chi-square tests were performed to analyze the relationship between the variables. In this section, the findings of the data analyses were presented.

For RQ1, which asked if there was a relationship between perceived effective leadership in a hospital setting and job satisfaction for nursing staff, according to the 2018 National Sample Survey of Registered Nurses, the findings of the chi-square test were statistically significant, indicating that there was a relationship between perceptions of leadership and satisfaction in primary care nursing,  $\chi^2(3) = 1776.88, p < .001$ . The null hypothesis ( $H_01$ ) for research question one was rejected. This means the alternate hypothesis ( $H_01$ ) for research question one was accepted.

RQ2 asked if was there a relationship between perceived effective leadership in a hospital setting and nursing staff intent to leave, according to the 2018 National Sample Survey of Registered Nurses. The findings of the chi-square test were statistically significant, indicating that there was a relationship between perceptions of effective leadership and intention to leave,  $\chi^2(1) = 104.91, p < .001$ . The null hypothesis ( $H_02$ ) for research question two was rejected, and the alternate hypothesis ( $H_02$ ) for research question two was accepted.

In summary, among the participants that responded to the survey questions, the majority of nursing staff indicated that they were either moderately satisfied (45.6%) or extremely satisfied (44.5%) in their primary (current) nursing position. There was an

approximate equal split of participants saying they considered leaving their primary nursing position (Yes ( $n = 20,682$ , 53.6%) and No ( $n = 17,879$ , 46.4%)); however a heavy majority of the sample (90.5%) indicated that they considered leaving as recent as in the past year. In regard to the consideration of leaving the nursing position in the future, participants responded with plans to leave in less than one year from the time of the survey (17.3%), in 1-3 years from the time of the survey (26.7%), more than 3 years from the time of the survey (15%), and unsure in regard to the timeframe (41%). The majority (55.1%) of the participants indicated that good management or leadership was a reason to stay in their primary (current) nursing position.

In Section 4, the findings are examined within the context of the existing literature. Furthermore, Section 4 includes a description of how the findings confirm, disconfirm, or extend knowledge for hospital administrators and nursing leadership related to the retention of nursing staff. Limitations to generalizability and validity are also discussed, along with recommendations for future research and a description of the potential impact for positive social change.

#### Section 4: Application to Professional Practice and Implications for Social Change

The primary purpose of this quantitative study was to determine if there is a relationship between perceived effective leadership in a hospital setting, nursing staff job satisfaction, and nursing staff intent to leave. Hospital administrators and nursing leadership are responsible for ensuring nurse satisfaction to prevent costly nurse staff turnover. Nurses who are satisfied and engaged feel a connection to the organization, while nurses who are not involved detach themselves emotionally from the organization and its goals. Therefore, nurses who are satisfied with their job are less likely to leave their organization (Davis, 2018; Murray & Cope, 2021).

In section 4, I provide an interpretation of the study findings, limitations of the study, recommendations for future research, and further exploration of the study results based on the theoretical foundation of Cameron and Quinn's (1999) competing values framework. Section 4 also includes information concerning the study's relevance to professional practice, future research recommendations, and the potential effect of the study's findings on positive social change.

### **Interpretation of the Findings**

#### **Research Question 1 Analysis**

The study findings showed a significant association between perceived effective leadership in a hospital setting, and job satisfaction for nursing staff,  $\chi^2(3) = 1776.88$ ,  $p < .001$ . The null hypothesis (H11) for research question one was rejected, and the alternate hypothesis (H01) for research question one was accepted. Results indicated that 44.5% of nurses responded that they were extremely satisfied with their primary (current) nursing

position, and 45.6% responded that they were moderately satisfied with their primary (current) nursing position. However, when lack of good management or leadership was introduced, the satisfaction of the nurses who felt that they would not leave because of lack of good management or leadership decreased to 21.5% for those who were extremely satisfied and decreased to 36.5% for those who were moderately satisfied. Leaders who create a working environment where nurses feel supported, valued, and appreciated affect nursing satisfaction and ensure patient safety and satisfaction (Farghaly et al., 2023). The findings of Farghaly et al. (2023) correlate with the current study, which revealed that perceived effective leadership in a hospital setting was positively related to nursing staff satisfaction.

The results of the data analysis indicated that perceived effective leadership directly impacts job satisfaction for nursing staff through communication that provides support (Murray & Cope, 2021). Research has shown that job satisfaction, job dissatisfaction, and leadership predictors may affect nurses' decisions to leave (Loft & Jensen, 2020). According to Farghaly et al. (2023), leadership sets the tone for an organization and affects staff satisfaction. An effective leader promotes a positive working culture, supports and motivates followers to obtain organizational goals, and inspires staff rather than simply managing their duties (Kark et al., 2018). Nursing staff is more likely to continue working with a leader that supports and motivates them to perform at a higher level and achieve individual and organizational goals (Loft & Jensen, 2020; Murray & Cope, 2021; Thomas et al., 2022).

Nurses are responsible for providing multiple care services for patients that consist of complex protocols; additionally, nurses also coordinate care between departments and services, communicate consistently with healthcare providers, and manage caregiver needs (Murray & Cope, 2021). An ineffective leader does not encourage and inspire followers to obtain organizational goals and the result may negatively affect retention (Kark et al., 2018; Tian et al., 2020). As shown, an effective leader can make a positive difference in the job satisfaction of the nursing workforce by valuing the nursing staff and considering their needs when making decisions (Kark et al., 2018; Tian et al., 2020; Wu & Lee, 2020). Therefore, there is a relationship between perceived effective leadership in a hospital setting and job satisfaction for nursing staff (Murray & Cope, 2021).

### **Research Question 2 Analysis**

The study findings were statistically significant, indicating an association between perceptions of effective leadership and intention to leave in the past year,  $\chi^2(1) = 104.91$ ,  $p < .001$ . The null hypothesis (H12) for research question two was rejected, and the alternate hypothesis (H02) for research question two was accepted. There were 90.5% of nurses who responded that they considered leaving their primary nursing position in the past year, and 9.5% of nurses who said they would not consider leaving their primary nursing position. However, when good management or leadership was introduced, the rate of nurses considering leaving their primary nursing position decreased to 55.1% for those who said they would not leave because of lack of good management or leadership, and decreased to 35.4% for those who said they would leave because of lack of good

management or leadership. The 2018 NSSRN respondents were leaving their primary nursing positions for reasons other than lack of good management or leadership, indicating that good management or leadership does play a role in staff retention. Effective leadership has been noted to link nurse satisfaction to organizational commitment and decrease turnover intent (Murray & Cope, 2021). The current study revealed that perceived effective leadership in a hospital setting was positively related to nursing staff intent to leave. These findings correlate with studies by Tian et al. (2020) and Wu and Lee (2020), who stated that a positive work environment may influence how nurses relate to the organization and encourage retention.

The results of the data analysis indicated that perceived effective leadership has a direct impact on nurse staff intent to leave. It has also been noted that healthcare leaders should ensure nurse job satisfaction because when nurses are satisfied, there is less turnover overall (Lee & Yang, 2017; Murray & Cope, 2021).

Nursing staff job satisfaction leads to engagement, which leads to commitment to the organization. Satisfied and engaged nurses feel connected to the organization, while nurses who are not involved have detached themselves emotionally from the organization and its goals (Davis, 2018). These nurses are more likely to leave the organization and influence other nurses to do the same (Davis, 2018). Ensuring nursing staff job satisfaction is paramount in preventing the departure of numerous qualified and seasoned healthcare providers, and therefore, there is a relationship between perceived effective leadership in a hospital setting and nursing staff intent to leave (Lee & Yang, 2017; Tian et al., 2020; Wu & Lee, 2020).

### **Findings to the Literature**

The study results identified a statistically significant relationship for RQ1 between perceived effective leadership in a hospital setting and job satisfaction for nursing staff, and a statistically significant relationship for RQ2 between perceived effective leadership in a hospital setting and nursing staff intent to leave. These findings support the need for healthcare administrators to identify opportunities to improve nursing staff job satisfaction, as the actions may increase job retention (Muir et al., 2022; Tian et al., 2020). While there is research related to the importance of nurse satisfaction and turnover, there is a gap in the literature pertaining to satisfaction organizational leadership (Kelly et al., 2022; Wu & Lee, 2020). Healthcare administrators who include nursing staff in decisions that may affect retention and satisfaction demonstrate leadership qualities that make a difference in nursing staff perceptions (Muir et al., 2022; Tian et al., 2020).

According to Muir et al. (2022), nurse satisfaction and retention are essential for healthcare administrators to comprehend and understand that the actions taken or not taken by leadership have consequences. When nurse retention is not emphasized, turnover may lead to negative patient outcomes and impaired reputation (Muir et al., 2022; Tian et al., 2020). Hicks (2020) and Skillman and Toms (2022) emphasized that nursing shortages may jeopardize patient care, and the need to provide leadership that encourages communication with nurses is essential for organizations. The results of this

study indicate that leadership activities affect nursing perceptions related to satisfaction and retention (Farghaly et al., 2023).

### **Findings to Theory**

According to Cameron and Quinn's (1999) Competing Issues Framework, an organization's success is based on its culture and the leader's ability to effectively manage competing priorities, as described in the four pillars: clan, adhocracy, hierarchy, and market. Clan values teamwork and collaboration, which fosters a sense of community; adhocracy values flexibility in a dynamic environment; hierarchy values control, efficiency, and predictable structure; and market values outcomes and achievement (Squires & Peach, 2020). Applying Cameron and Quinn's Competing Issues Framework can assist leaders with understanding the organization's priorities and managing the staff's needs and satisfaction.

Florentine (2018) and Kelly et al. (2022) conducted studies to examine the relationship between nursing staff satisfaction and perceived effective leadership. These studies have concluded that leaders play a role in the satisfaction of nursing staff and, ultimately, their desire to stay in their current position. Open communication between nurses and administration can foster a sense of belonging, community, and, most importantly, a shared purpose (Florentine, 2018). Leaders must be transparent with their staff and ensure an "open door" policy where nurses can share their thoughts and ideas without repercussion (Kelly et al., 2022). Leaders also lay the foundation for the organization's culture; therefore, open communication sets the right tone for nursing staff



satisfaction, as emphasized by the competing issues framework (Cameron & Quinn, 1999).

### **Limitations of the Study**

A limitation of the study was the use of a secondary data set related to the NSSRN survey rather than primary data. Also, the NSSRN survey had incomplete responses if questions were skipped, or if participants answered the survey question(s) as “not applicable” or that they did not know. These types of responses result in limitations concerning the totality of meaningful data. A second limitation also concerned the use of the 2018 NSSRN survey. The survey lacked in-depth questions that could have more specifically asked about management and leadership relationships within the organization, and follow-up questions to specific responses could have provided a more comprehensive focus on retention and satisfaction. A third limitation concerned the need for questions that provided information about responses over a period of time. Questions that asked whether participants felt situations had improved or worsened during the past five to ten years would have provided insights concerning changes that have positively or negatively affected the nursing industry.

### **Recommendations**

The limitations of this study show the need for future researchers to explore the various issues surrounding nurse staff satisfaction, especially as it relates to effective leadership in a hospital setting and turnover intent. Additional and more specific questions should be asked of the participants to identify significant trends in nurse staff satisfaction. Furthermore, this researcher recommends that future researchers give fewer

choices on the survey to answer not sure or not applicable as a response (Kim & Cho, 2020).

Hospitals typically survey their staff yearly to gauge staff satisfaction, and to assess their view on the culture of safety where they work. Future research should involve contacting the hospitals directly and obtaining their survey data. They can even separate the responses and only pull the nursing staff satisfaction information. Researchers would have an opportunity to review this data and retention strategies used by the organizations to keep well-qualified individuals at the bedside (Kelly et al., 2022; Kim & Cho, 2020).

A qualitative study involving interviews directly with nurses concerning their perceptions of satisfaction, leadership, and turnover would be a valuable way to learn more about nursing staff needs (Majeed & Jamshed, 2020; Stillman & Toms, 2022). A qualitative study would be best conducted across various locations to capture whether regional differences affect positive or negative leadership perceptions. Weninger-Henderson (2020) reported that a better understanding of nursing concerns would facilitate better management of nursing retention and financial concerns of hospitals and other healthcare sites.

### **Implications for Professional Practice and Positive Social Change**

Nursing staff dissatisfaction with their job is echoed through turnover. Studies have shown that staff turnover issues negatively affect the U.S. economy by about \$5 trillion annually (Skillman & Toms, 2022). Conversely, retaining staff increases productivity, consumer (patient) satisfaction, and reduces overall turnover costs for the

organization (Bake, 2019). The need for hospital administrators to implement initiatives that improve nurse staff satisfaction and equip leaders with the tools they need to be effective is essential to quality patient care and an organization's financial survival.

### **Professional Practice**

Many healthcare administrators understand that effective leadership communication promotes and strengthens nursing professional practice goals. Leaders who practice mutual respect, trust, and open communication positively affect patient care and create a safe working environment where nurses feel valued and supported (Farghaly et al., 2023). These attributes motivate nursing staff, leading to satisfaction and commitment to the organization and the perception that nurses are valued team members whose ideas and contributions are vital to the organization (Farghaly et al., 2023). This preserves nursing staff retention and keeps skilled healthcare professionals at the bedside (Skillman & Toms, 2022). Additionally, seasoned nurses are also needed to mentor and educate newer generations of nurses. Therefore, the need to value their contributions is essential to the nursing industry.

This study's findings emphasize implications concerning nurses' perceptions and how this affects job satisfaction and turnover (Kelly et al., 2022; Kim & Cho, 2020). Studies have shown that turnover costs the U.S. economy about \$5 trillion annually (Weninger-Henderson, 2020). Conversely, retaining staff increases productivity and consumer (patient) satisfaction while reducing overall organizational turnover costs (Bake, 2019). The need for healthcare leaders to implement initiatives that encourage

nursing staff satisfaction is essential to an organization's financial survival (Farghaly et al., 2023; Skillman & Toms, 2022).

### **Positive Social Change**

Nursing turnover is costly for an organization and the U.S. economy; however, nurse shortages affect patients the most (Nantsupawat et al., 2020; Weninger-Henderson, 2020). When nurses leave an organization, it places a burden on the remaining nursing staff to cover those patients; further, inadequate nurse/patient ratios can lead to adverse events (Kim & Cho, 2020). Positive social changes are demonstrated when front-line nurses are pivotal in ensuring patient safety while providing care (Nantsupawat et al., 2020). Their clinical expertise picks up on subtle changes in the patient's condition, prevents medical errors, and prevents adverse events from occurring (Nantsupawat et al., 2020). The results of this study explain ways to achieve positive social change through improving leadership strengths that may lead to better patient care, enhanced nursing staff satisfaction, and perceptions of leadership qualities that encourage teamwork throughout healthcare organizations (Farghaly et al., 2023).

### **Conclusion**

Nursing turnover can be a significant and costly problem for an organization because the total cost associated with nurse turnover can impact an organization anywhere from 90% to 200% of a nurse's annual salary (Reina et al., 2018). The overall turnover cost for an organization could project a loss of \$3.6 to 6.5 million annually (Thomas et al., 2022). Understaffing in hospitals may lead to increased lengths of stay, mortalities, readmissions, adverse events, and hospital-acquired conditions, which all

impact hospital safety ratings and may lead to financial penalties for hospitals not meeting specific benchmarks (Muir et al., 2022).

This quantitative study aimed to determine if there was a relationship between perceived effective leadership, nurse job satisfaction, and nurse turnover intent. The relationship between leadership communication and nurse turnover is a research gap that this study addressed, and the Competing Values Framework provided the theoretical structure. The secondary data, which included approximately 50,273 nurse respondents, were obtained from the 2018 National Sample Survey of Registered Nurses (NSSRN). A chi-square test of independence was used to analyze the relationship between the variables. Results for RQ 1 indicated a significant relationship between perceived effective leadership in a hospital setting and job satisfaction for nursing staff. Results for RQ 2 also demonstrated a significant relationship between the perception of effective leadership in a hospital setting and nursing staff intent to leave.

Many healthcare administrators understand that effective leadership communication promotes and strengthens nursing professional practice goals. Leaders who practice mutual respect, trust, and open communication positively affect patient care and create a safe working environment where nurses feel valued and supported (Farghaly et al., 2023). These attributes motivate nursing staff, leading to satisfaction and commitment to the organization, as well as the perception that nurses are valued team members whose ideas and contributions are vital to the organization (Farghaly et al., 2023). Decreasing nurse turnover may lead to positive social change by ensuring qualified and dedicated nurses continue delivering healthcare to the public.

## References

- AHC MEDIA. (2018). Get ready for the next wave of patients: Aging baby boomers: Seniors need to be treated differently from young patients. *Hospital Case Management, 26*(1), 1–N.PAG.
- Aij, K. H., & Rapsaniotis, S. (2017). Leadership requirements for lean versus servant leadership in health care: A systematic review of the literature. *Journal of Healthcare Leadership, 9*, 1–14. <https://doi-org.ezp.waldenulibrary.org/10.2147/JHL.S120166>
- Allen, S. B. (2019). Assignments matter: Results from a nurse-patient assignment survey. *Medsurg Nursing, 28*(2), 119-124.
- Aloisio, L. D., Gifford, W. A., McGilton, K. S., Lalonde, M., Estabrooks, C. A., & Squires, J. E. (2018). Individual and organizational predictors of allied healthcare providers' job satisfaction in residential long-term care. *BMC Health Services Research, 18*(1), 491.
- Arnold, K. A. (2017). Transformational leadership and nurse psychological well-being: A review and directions for future research. *Journal of Occupational Health Psychology, 22*(3), 381-393.
- Bake, M. (2019). The importance of leadership and employee retention. *RadiologicTechnology, 90*(3), 279-281.
- Barac, I., Prlic, N., Pluzaric, J., Farcic, N., & Kovcevic, S. (2018). The mediating role of nurses' professional commitment in the relationship between core self-evaluation and job satisfaction. *International Journal of Occupational Medicine and*

*Environmental Health*, 31(5), 649-658.

- Benzo, R. P., Kirsch, J. L., & Nelson, C. (2017). Compassion, mindfulness, and the happiness of healthcare workers. *Explore*, 13(3) 201-206
- Berghout, M. A., Isabelle, N. F., Buljac-Samardžić, M., & Carina, G. J. (2017). Medical leaders or masters?—A systematic review of medical leadership in hospital settings. *PLoS One*, 12(9), 1-24.
- Breevaart, K., & Bakker, A. B. (2018). Daily job demands and nurse work engagement: The role of daily transformational leadership behavior. *Journal Of Occupational Health Psychology*, 23(3), 338–349. <https://doi-org.ezp.waldenulibrary.org/10.1037/ocp0000082>
- Cameron, K.S. and Quinn, R.E. (1999). *Diagnosing and changing organizational culture*, Addison-Wesley, Reading, MA.
- Coetzer, M.F., Bussin, M., & Geldenhuys, M. (2017). The functions of a servant leader. *Administrative Sciences*, 7(5) 1-32.
- Cox, J. A. (2016). Leadership and management roles: Challenges and success strategies. *AORN Journal*, 104(2), 154-160.
- Dans, M. M. R., & Lundmark, V., PhD. (2019). The effects of positive practice environments: Leadership must-knows. *Nursing Management*, 50(10), 7–10.
- Davis, C. (2018). Turning the tables on turnover. *Business NH Magazine*, 35(2), 12.
- De Simone, S., Planta, A., & Cicotto, G. (2018). The role of job satisfaction, work engagement, self-efficacy and agentic capacities on nurses' turnover intention and patient satisfaction. *Applied Nursing Research*, 39, 130-140.

- Dilig-Ruiz, A., MacDonald, I., Demery Varin, M., Vandyk, A., Graham, I. D., & Squires, J. E. (2018). Job satisfaction among critical care nurses: A systematic review. *International Journal of Nursing Studies*, 88, 123–134. <https://doi-org.ezp.waldenulibrary.org/10.1016/j.ijnurstu.2018.08.014>
- Durrie, D. S. (2020). Aging baby boomer population will create urgent need for hospital, ASC alternatives. *Ocular Surgery News*, 38(19), 26.
- Faller, M., Dent, B., & Gogek, J. (2018). The ROI of travel nursing: A full-cost comparison of core staff pay rates to travel nurse bill rates. *Nursing Economics*, 36(4), 177-181.
- Farghaly Abdelaliem, S. M., & Abou Zeid, M. A. G. (2023). The relationship between toxic leadership and organizational performance: the mediating effect of nurses' silence. *BMC Nursing*, 22(1), 1–12.
- Fellipe, S. M., Júlio Araujo Carneiro, d. C., & Ribeiro Serra, F. A. (2018). Secondary data in research – uses and opportunities. *Revista Ibero - Americana De Estratégia*, 17(4), 1-4.
- Fletcher, K. A., Friedman, A., & Piedimonte, G. (2019). Transformational and transactional leadership in healthcare seen through the lens of pediatrics. *Journal of Pediatrics*, 204, 7.
- Florentine, S. (2018). Six effective strategies for improving nurse retention. *CIO: IDG Communications* (13284045), <https://www.cio.com/article/2868419/careers-staffing/how-to-improve-nurse-retention.html>.
- Gong, L., Jiang, S., & Liang, X. (2022). Competing value framework-based culture



- transformation. *Journal of Business Research*, 145, 853–863.
- Hauer, A., Waukau, H. J., & Welch, P. (2018). Physician burnout in Wisconsin: An alarming trend affecting physician wellness. *WMJ: Official Publication Of The State Medical Society Of Wisconsin*, 117(5), 194–200.
- Health Resources & Services Administration (2021, February). *National Sample Survey of Registered Nurses (NSSRN)*. <https://bhw.hrsa.gov/data-research/access-data-tools/national-sample-survey-registered-nurses>
- Helbing, E., Teems, M., & Moultrie, D. (2017). An investigation of job satisfaction among nurses in the emergency department. *ABNF Journal*, 28(4), 103-108.
- Hetzel-Riggin, M. D., Swords, B. A., Tuang, H. L., Deck, J. M., & Spurgeon, N. S. (2020). Work engagement and resiliency impact the relationship between nursing stress and burnout. *Psychological Reports*, 123(5), 1835–1853. <https://doi-org.ezp.waldenulibrary.org/10.1177/0033294119876076>
- Irfan, S., & Marzuki, N. A. (2018). Hierarchy culture as a moderator on the relationship between work motivation and work commitment. *Indian Journal of Positive Psychology*, 9(1), 89-96.
- Jackson, T. N., Morgan, J. P., Jackson, D. L., Cook, T. R., McLean, K., Agrawal, V., ... Truitt, M. S. (2019). The crossroads of posttraumatic stress disorder and physician burnout: A national review of United States trauma and nontrauma surgeons. *The American Surgeon*, 85(2), 127–135.
- Kark, R., Van Dijk, D., & Vashdi, D. R. (2018). Motivated or demotivated to be creative: The role of self-regulatory focus in transformational and transactional leadership

- processes. *Applied Psychology: An International Review*, 67(1), 186–224.
- Kelly, C., Barattucci, M., & Shakil Ahmad, M. (2022). Job satisfaction as a mediator between structural empowerment and intent-to-leave: A study of critical care nurses. *Intensive & Critical Care Nursing*, 70, N.PAG.  
<https://doi.org/10.1016/j.iccn.2021.103194>
- Kim, K.-W., & Cho, Y.-H. (2020). The moderating effect of managerial roles on job stress and satisfaction by employees' employment type. *International Journal of Environmental Research and Public Health*, 17(21).  
<https://doi.org/10.3390/ijerph17218259>
- Leach, L., Hastings, B., Schwarz, G., Watson, B., Bouckennooghe, D., Seoane, L., & Hewett, D. (2021). Distributed leadership in healthcare: Leadership dyads and the promise of improved hospital outcomes. *Leadership in Health Services*, 34(4), 353–374.
- Lee, Y., Dai, Y., Chang, M., Chang, Y., Yao, K. G., Liu, M. (2017). Quality of work-life, nurses' intention to leave the profession, and nurses leaving the profession: A one-year prospective survey. *Journal of Nursing Scholarship*, 49(4), 438-444.
- Lee, X. & Yang, B. (2017). The influence factors of job satisfaction and its relationship with turnover intention: Taking early-career nurses as an example. *Anales De Psicología*, 33(3), 697-707. <https://doi.org/10.6018/analesps.33.3.238551>
- Lepold, A., Tanzer, N., Bregenzer, A., & Jiménez, P. (2018). The efficient measurement of job satisfaction: Facet-items versus facet scales. *International Journal Of Environmental Research And Public Health*, 15(7).

- Lisbona, A., Las Hayas, A., Palací, F. J., & Frese, M. (2021). Initiative in work teams: Lever between authentic leadership and results. *International Journal of Environmental Research and Public Health*, 18(9).
- Loft, M. I., & Jensen, C. S. (2020). What makes experienced nurses stay in their position? A qualitative interview study. *Journal of Nursing Management (John Wiley & Sons, Inc.)*, 28(6), 1305–1316. <https://doi-org.ezp.waldenulibrary.org/10.1111/jonm.13082>
- Majeed, N., & Jamshed, S. (2020). Nursing turnover intentions: The role of leader emotional intelligence and team culture. *Journal of Nursing Management*. <https://doi-org.ezp.waldenulibrary.org/10.1111/jonm.13144>
- Matthews, M., Carsten, M. K., Ayers, D., & Menchaemi, N. (2018). Determinants of turnover among low wage earners in long term care: The role of manager-nurse relationships, *Geriatric Nursing*, 39(4), 407-413.
- Marshall, C., & Rossman, G. (2016). *Designing qualitative research* (6<sup>th</sup> ed.). Thousand Oaks, CA: Sage Publications.
- McNicholas, A. (2017). Improving patient experience through nursing satisfaction. *Journal Of Trauma Nursing*, 24(6), 371-375.
- Mikkelsen, A., & Olsen, E. (2019). The influence of change-oriented leadership on work performance and job satisfaction in hospitals: The mediating roles of learning demands and job involvement. *Leadership in Health Services (1751-1879)*, 32(1), 37–53.
- Molero-Jurado, M., Pérez-Fuentes, M., Gázquez-Linares, J., Simón-Márquez, M., &

- Martos-Martínez, Á. (2018). Burnout risk and protection factors in certified nursing aides. *International Journal Of Environmental Research And Public Health*, 15(6).
- Muir, K. J., Wanchek, T. N., Lobo, J. M., & Keim-Malpass, J. (2022). Evaluating the costs of nurse burnout-attributed turnover: A Markov modeling approach. *Journal of Patient Safety*, 18(4), 351–357.
- Munnangi, S., Dupiton, L., Boutin, A., & Angus, L. (2018). Burnout, perceived stress, and job satisfaction among trauma nurses at a level I safety-net trauma center. *Journal of Trauma Nursing*, 25(1), 4–13.
- Nantsupawat, A., Poghosyan, L., Wichaikhum, O., Kunaviktikul, W., Fang, Y., Kueakomoldej, S., Thienthong, H., & Turale, S. (2022). Nurse staffing, missed care, quality of care and adverse events: A cross-sectional study. *Journal of Nursing Management (John Wiley & Sons, Inc.)*, 30(2), 447–454.  
<https://doi.org/10.1111/jonm.13501>
- Novosel, L. M. (2022). Understanding the evidence: Quantitative research designs. *Urologic Nursing*, 42(6), 303–311. <https://doi.org/10.7257/2168-4626.2022.42.6.303>
- Özer, Ö., Uğurluoğlu, Ö., Sungur, C., & Çiraklı, Ü. (2019). The relationship between authentic leadership, performance and intention to quit the job of nurses. *Hospital Topics*, 97(3), 73–79.
- Raso, R., Fitzpatrick, J. J., & Masick, K. (2020). Clinical nurses perceptions of authentic nurse leadership and healthy work environment. *JONA: The Journal of Nursing*

*Administration*, 50(9), 489–494.

Reed, B. N., Klutts, A. M., Mattingly II, T. (2019). A systematic review of leadership definitions, competencies, and assessment methods in pharmacy

education. *American Journal of Pharmaceutical Education*, 83(9), 7520-7532.

Reina, C. S., Rogers, K. M., Peterson, S. J., Byron, K., & Hom, P. W. (2018). Quitting the boss? The role of manager influence tactics and nurse emotional engagement

involuntary turnover. *Journal of Leadership & Organizational Studies*, 25(1), 5-

18. <https://doi.org/10.1177/1548051817709007>

Rezigalla, A. A. (2020). Observational study designs: Synopsis for selecting an

appropriate study design. *Cureus*, 12(1).

Richards, A. (2020). Exploring the benefits and limitations of transactional leadership in

healthcare. *Nursing Standard*, 46–50.

Richards, K. (2016). The urgency of creating a culture of caring: Start with you! *Nursing*

*Economics*, 34(3), 152-155.

Roney, L. N., & Acri, M. C. (2018). The cost of caring: An exploration of compassion

fatigue, compassion satisfaction, and job satisfaction in pediatric nurses. *Journal*

*of Pediatric Nursing*, 40, 74-80.

Sang, L. C., Goh, C. F., Muhammad Badrull, H. A., & Owee, K. T. (2016).

Transformational leadership, empowerment, and job satisfaction: The mediating

role of nurse empowerment. *Human Resources for Health*, 14.

Shimp, K. M. (2017). Systematic review of turnover/retention and staff perception of

staffing and resource adequacy related to staffing. *Nursing Economics*, 35(5),

239-258, 266A.

- Shinners, J. (2017). The nursing professional development practitioner and R.N. retention. *The Journal of Continuing Education in Nursing, 48*(8), 340-342.
- Skillman, D., & Toms, R. (2022). Factors influencing nurse intent to leave acute care hospitals: A systematic literature review. *The Journal of Nursing Administration, 52*(12), 640–645. <https://doi.org/10.1097/NNA.0000000000001225>
- Slavin, S. (2019). Preventing physician burnout: Satisfaction or something more? *Israel Journal Of Health Policy Research, 8*(1), 34.
- Smits, S. J., Bowden, D. E., & Wells, J. O. (2016). The role of the physician in transforming the culture of healthcare. *Leadership in Health Services, 29*(3), 300–312.
- Squires, E. C., & Peach, J. M. (2020). Effective military leadership: Balancing Competing demands. *Canadian Journal of Behavioural Science, 52*(4), 314-323. <https://doi.org/10.1037/cbs000179>
- Tang, J. H., Hudson, P., Smith, M., & Maas, R. (2019). Evidence-based practice guideline: Nurse retention for nurse managers. *Journal of Gerontological Nursing, 45*(11), 11–19. <https://doi-org.ezp.waldenulibrary.org/10.3928/00989134-20191011-03>
- Thomas, A. O., Bakas, T., Miller, E., Johnson, K., & Cooley, H. L. T. (2022). Burnout and turnover among NICU Nurses. *MCN: The American Journal of Maternal Child Nursing, 47*(1), 33–39.
- Tian, H., Iqbal, S., Akhtar, S., Qalati, S. A., Anwar, F., & Khan, M. A. S. (2020). The

impact of transformational leadership on nurse retention: Mediation and moderation through organizational citizenship behavior and communication.

*Frontiers in Psychology, 11*, 314. <https://doi->

[org.ezp.waldenulibrary.org/10.3389/fpsyg.2020.00314](https://doi-)

Vaismoradi, M., Tella, S., A Logan, P., Khakurel, J., & Vizcaya-Moreno, F. (2020).

Nurses' adherence to patient safety principles: A systematic review. *International Journal of Environmental Research and Public Health, 17*(6). <https://doi->

[org.ezp.waldenulibrary.org/10.3390/ijerph17062028](https://doi-)

Van de Riet, M., Berghout, M. A., Buljac-Samardžić, M., Job, E., & Carina, G. (2019).

What makes an ideal hospital-based medical leader? Three views of healthcare professionals and managers: A case study. *PLoS One, 14*(6) DOI

:<http://dx.doi.org.ezp.waldenulibrary.org/10.1371/journal.pone.0218095>

Vogel, L. (2019). Medical leaders propose appointing wellness officers to address

physician burnout. *CMAJ: Canadian Medical Association Journal = Journal De L'association Medicale Canadienne, 191*(9), E267.

Waddill-Goad, S. M. (2019). Stress, fatigue, and burnout in nursing. *Journal of*

*Radiology Nursing, 38*(1), 44–46.

Weninger Henderson, M. (2020). The economic case for meeting 'nurses' needs. *Journal*

*of Nursing Management (John Wiley & Sons, Inc.), 28*(1), 17–23. <https://doi->

[org.ezp.waldenulibrary.org/10.1111/jonm.12897](https://doi-)

Willard-Grace, R., Knox, M., Huang, B., Hammer, H., Kivlahan, C., & Grumbach, K.

(2019). Burnout and health care workforce turnover. *Annals Of Family Medicine,*

17(1), 36–41.

- Winters, N. (2018). The relationship between personality characteristics, tenure, and intent to leave among emergency nurses. *Journal Of Emergency Nursing: J.E.N.: Official Publication Of The Emergency Department Nurses Association*.  
<https://doi-org.ezp.waldenulibrary.org/10.1016/j.jen.2018.08.005>
- Wu, W., & Lee, Y. (2020). Do work engagement and transformational leadership facilitate knowledge sharing? A perspective of conservation of resources theory. *International Journal of Environmental Research and Public Health*, 17(7).  
<https://doi-org.ezp.waldenulibrary.org/10.3390/ijerph17072615>
- Yang, R., Ming, Y., & Ma, J. (2017). How do servant leaders promote engagement? A bottom-up perspective of job crafting. *Social Behavior and Personality*, 45(11), 1815-1825.
- Zhang, Y., Han, W., Qin, W., Yin, H., Zhang, C., Kong, C., & Wang, Y. (2018). Extent of compassion satisfaction, compassion fatigue and burnout in nursing: A meta-analysis. *Journal of Nursing Management (John Wiley & Sons, Inc.)*, 26(7), 810–819.