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Retention Strategies Nursing Managers of Long-Term Care Facilities Develop and Implement to Reduce Registered Nurse Turnover

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Walden University

College of Management and Human Potential

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Shirley Enfort Bartholomew

has been found to be complete and satisfactory in all respects,
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the review committee have been made.

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Walden University
2023

Abstract

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Implement to Reduce Registered Nurse Turnover

by

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MBA, Western Governors University, 2018

MSN, Western Governors University, 2016

BSN, Florida Gulf Coast University, 2007

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Business Administration

Walden University

December 2023

Abstract

Employee turnover has the potential for adverse business outcomes. In long-term care facility settings, managers are concerned that the turnover of registered nurses (RN) decreases the quality of patient care and productivity. Grounded in social exchange theory, the purpose of this qualitative multiple-case study was to explore strategies managers use to minimize turnover. The participants were five nursing managers from three nursing facilities who minimized turnover. Data were collected using semistructured interviews and a review of organizational data. Through thematic analysis, four themes were identified: (a) practice standards, (b) RN recognition, (c) turnover rate and conflicts, and (d) job satisfaction. A key recommendation is for nursing managers to remain visible, provide timely feedback, recognize employees for their hard work, and reward them often. The implications for positive social change include the potential to retain valuable employees and provide quality care for the community.

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Dedication

I want to dedicate this study to my Lord and Savior, Jesus Christ. Without his love and protection, I could not have reached this milestone. I also want to dedicate this study to my husband, Corwin Bartholomew, and my children, Enya, Cierra, Prince, Alex, and Azia. They supported me throughout this process. I must acknowledge my siblings, Gerard, Roody, Yvette, Jim, and our late brother, Yves Enfort, for always rooting for me. Finally, I want to thank my parents, Dieuseul and Simone Enfort, for immigrating from Haiti and teaching me and my siblings the importance of a good education, emphasizing that it takes hard work, strong work ethics, and a commitment to accomplishing our goals.

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Section 1: Foundation of the Study

Voluntary nurse turnover is a global phenomenon that negatively impacts providers and health care systems of long-term care (LTC) facilities. High turnover negatively impacts the profitability of LTC facility organizations worldwide (De Simone et al., 2018). Understanding the nuances that influence nurses' decisions to stay or leave a job or profession is essential in developing retention strategies for nurses (Nelson-Brantley et al., 2018). Nursing managers are significant in employee turnover, as they significantly impact employee performance and may lead to job and patient dissatisfaction (Brook et al., 2019). Nursing managers in LTC facilities must remain initiative-taking in implementing strategies to retain RNs (Mirzaei et al., 2021).

Background of the Problem

The World Health Organization (WHO, 2022) reports a 7.2 shortage of RNs worldwide and a 12.9 million shortage by 2035. The profession also lacks clinical faculty, clinical sites, and clinical preceptors (Gatewood et al., 2020). Due to the lack of instructors, training facilities, and effective onsite coaching, the replacement of successful RNs continues to create a shortage (Gatewood et al., 2020). In addition to shortages, approximately 30% of new graduates leave their workplace within the first year of employment, leading to 25.9% turnover rates (Chambers, 2022). Avoiding the annual rate of 40,000 patient deaths requires improving practice environments, nurse staffing, and education levels (An et al., 2022). Further, on average, replacing an RN costs \$46,100 (Chambers, 2022).

Patients who reside in specific LTC facilities require various levels of attention to

receive adequate care. But nurse turnover decreases continuity, quality of care, and productivity. A patient's level of nursing needs a direct correlation with the specific unit to receive adequate care due to a patient's lab reports, which may signal failing health. For example, a patient admitted into an LTC facility requires close observation (An et al., 2022). However, a 15:1 (patient-to-RN ratio) per nurse may not receive adequate care (An et al., 2022). If the nurse requires care for a third patient, the nurse struggles to effectively care for the three patients (An et al., 2022). Due to the 3:1 ratio for each nurse, some patients do not receive the care needed, leading to proper care mistakes (An et al., 2022). The RN must focus on patients' lab test results, noting crucial changes to promptly alert the physician (An et al., 2022). Nursing interventions create a new action plan to avoid more significant problems (An et al., 2022). Using assessment techniques, such as available data, information, and knowledge relevant to the situation, aids the RN in effectively providing care to the patient (An et al., 2022).

Problem and Purpose

The general business problem is that the RN shortage negatively affects the work environment for RNs and results in higher turnover. The specific business problem is retention strategies nursing managers of LTC facilities develop and implement to reduce RN turnover. The cost of turnover represents a financial impact on the organization's retention of nurses. Training a new employee costs an average of \$33,000, and additional costs include using temporary nurses as well as remediation costs including nurse residency programs, creative scheduling options, and overtime (Chambers, 2022). In addition to the budgetary impact of turnover, nurse stress, dissatisfaction, and uncivil

behavior throughout clinical populations occur due to despair, low levels of engagement, and high turnover rates (Baik & Zierler, 2019). Individuals are likelier to leave their workplace and find a new organization with congruent values. As the fulfillment of the workplace's mission increases, so does employee engagement (Brook et al., 2019).

This qualitative multiple case study was conducted to explore strategies that nursing managers can use to reduce RN turnover. Each participant required 2 years of experience as a nursing manager in an LTC facility. The study's implications for social change include providing adequate patient LTC facilities and maintaining the RN staff in the healthcare profession (Chambers, 2022). Other nursing managers may utilize the information to improve the strategies nursing managers of LTC facilities develop and implement to reduce RN turnover.

Population and Sampling

The population consisted of four to six nursing managers of LTC facilities in southwestern Florida lacking the strategies to reduce RN turnover. The interviewing process consisted of open-ended questions for nursing managers, which addressed the experience of the turnover rate of RNs (see Appendix A). The purposeful sample includes nursing managers in LTC facilities who participated in face-to-face interviews. The study's data includes open-ended interview questions with nursing managers, field notes (i.e., noting evasive answers or notices in body language), and a review of the LTC facility's strategic documentation illustrating the organization's turnover rate of RNs (see Yin, 2018). I used the semistructured interview to provide practical information for the study.

Nature of the Study

Qualitative researchers explore a social phenomenon that focuses on a situation, subjective meanings, and motivating actions (Rouleau et al., 2019). Qualitative researchers use open-ended questions to discover a solution to a specific issue (Rouleau et al., 2019). In contrast, quantitative researchers use close-ended questions, logic models, and numeric outcomes to examine relationships and differences among variables (Mwita, 2022). Mixed methods include qualitative and quantitative elements (Rouleau et al., 2019; Thompson et al., 2022). Therefore, the researcher of a quantitative study may not provide an understanding of the experiences and attitudes of an existing problem or a specific phenomenon (Yin, 2018). To address the research question, I used a qualitative case study to explore the participants' practices or behaviors to maintain an adequate RN staff. The qualitative analysis can provide insights into managers' strategies to mitigate RN turnover (see Rosenberg & Mechcatie, 2019). More profound knowledge of a problem or phenomenon enables adaptive methods to interpret, explore, and synthesize new knowledge (Thomas & Gupta, 2021). Specifically, in a multi case study, the researcher explores an in-depth understanding of an entity at a particular time and explores different strategies used to examine the phenomenon (Yin, 2018). I conducted a qualitative multicase study to explore the strategies nursing managers of LTC facilities develop and implement to reduce RN turnover.

Research Question

What retention strategies do nursing managers of LTC facilities develop and implement to reduce RN turnover?

Interview Questions

1. What strategies do nursing managers utilize in LTC facilities to reduce RN turnover?
2. What strategies do nursing managers use in LTC facilities to motivate RNs?
3. How do the RNs respond to the different motivation techniques in LTC facilities?
4. What conflicts do the RNs experience in LTC facilities with the motivation techniques?
5. What turnover rate in LTC facilities of the RNs occurs in the first year?
6. What changes in the strategies do nursing managers utilize in LTC facilities to keep RNs employed at the medical facility?

Conceptual Framework

The theory that grounds the study is the social exchange theory (SET). The original author of the SET was Homans in 1958. The SET conceptual framework describes relationships among people from the perspective of benefits and costs (Ren & Ma, 2021). Homans (1958) defined social exchange as the exchange of activity, tangible or intangible, and rewarding or costly, between at least two people. In the SET, subjective cost-benefit analyses influence all human relationships in three key areas: psychology, sociology, and economics (Cook & Hahn, 2021). SET conceptual framework's ideals can be used to examine nursing managers' retention strategies that enable workers to dramatically raise performance standards while collaborating for the organization's overall performance (Cook & Hahn, 2021). Identifying gaps in the process assists the

nurses in preventing any barriers to meeting the patient's needs (Ren & Ma, 2021).

Operational Definitions

Burnout: Burnout is an employee's chronic stress in a poorly managed workplace, including lack of energy or fatigue, increased mental detachment from one's work, or damaging or cynical feelings about one's work (Dall'Ora et al., 2020).

Employee engagement: Employee engagement is defined as an employee's emotional attachment to an organization and the organization's mission to motivate employees, including high energy, dedication, receptivity, and emotional commitment (Mani & Mishra, 2021).

Long-term care (LTC): A LTC facility is available for residents requiring medical and non-medical services, providing services 24 hours a day, 7 days a week (Chen et al., 2020).

Turnover intention: Turnover intention defined as the process of an employee voluntarily or intentionally changing jobs or leaving their present organization (Özkan, 2022).

Assumptions, Limitations, and Delimitations

Assumptions

Assumptions are conditions or occasions the researcher takes without consideration while conducting research (Loft & Jensen, 2020). The first assumption was that I would find four to six nursing managers in specific LTC facilities to participate in an interview. Finding enough participants remains vital for the strategies and innovations to meet data saturation (Loft & Jensen, 2020). The second assumption comprises

interviewees answering the interview questions sincerely. Participants' honesty provided techniques they used to lessen RN turnover. A foundational assumption of this study is that the layout and interview questions are suitable for answering the study's questions. The importance of the findings could lead to practical strategies and innovations in LTC facilities to reduce RN turnover.

Limitations

One limitation includes the participants' time constraints, conflicting schedules, and access to data, which could become a barrier. Another limitation involves obtaining organizational data from LTC facilities. Additionally, all qualitative research projects have pros and cons (Marshall et al., 2022). Therefore, being aware of the limitations is essential to the success of proper data collection. Qualitative research studies can have a drawback due to difficulties in understanding and are less likely to explore a broader community and create an understanding of the mindset of specific organizational managers (Marshall et al., 2022). However, the subjective data from exit interviews may doubt reliability and accuracy (Marshall et al., 2022).

Delimitations

The participation exclusion criteria is a delimitation that applies to the research project. One delimitation includes defining the target population (Bloomberg & Volpe, 2018). Finding four to six knowledgeable nursing managers of LTC facilities could affect the validity and reliability of the study (see Çamveren et al., 2020). A second delimitation could include bias of the researcher misreading the interviewee's body language; however, valid data collected from the interviewee promotes the validity of the findings

(Yin, 2018). Finally, the geographic location of southwestern Florida because of the number of retirees in the state (Çamveren et al., 2020).

Significance of the Study

As the researcher of the qualitative study, I identified and explored strategies that nursing managers can use to reduce RN turnover. Individuals are likelier to leave their workplace and find a new organization with congruent values (Dunning et al., 2021). As the fulfillment of the workplace's mission increases, so does employee engagement (Dunning et al., 2021). The findings of this study could reduce RN turnover, resulting in improved patient care in the community and potentially reducing medical costs, promoting positive social change.

Contribution to Business Practice

The qualitative study identifies strategies nursing managers can use to reduce RN turnover, which may result in improved patient care in the community and reduce medical costs, promoting positive social change (Dunning et al., 2021). Nursing managers face many challenges secondary to RN turnover, including strategic staffing management, quality improvement, and finances based on budgeted hours per patient (Kester, 2020). This qualitative study provides additional information on how the organization's values and the importance of the well-being of the RNs remain essential in providing safety in patient care. Organizational managers can use the findings to identify and develop retention strategies to prevent high nurse turnover rates while reducing organizational costs and providing lower-quality care (see Kester et al., 2022).

Implications for Social Change

This study could promote positive social change and improvement of human social conditions by promoting the worth, dignity, and development of RNs. Recognizing the dynamics that influence RNs' turnover intentions provides solutions to shortages that impact the quality of nursing care (Hampton et al., 2020). The LTC facility could improve nursing orientation and role transitions, impacting employee satisfaction and educating family members about the care provided to their loved ones (Rogers et al., 2020). New graduate preceptor programs (i.e., training programs) can increase employee retention and reduce burnout. Similarly, mentoring programs increase job satisfaction and retention (Brook et al., 2019). Improving the working environment can also positively impact employee satisfaction, burnout, and turnover (Rogers et al., 2020), making it important to reduce extra overtime and eliminate forced overtime (Brook et al., 2019). Developing a shared governance program also gives RNs a voice in planning, workflow, and LTC facility policy. The program can also help create effective and suitable patient care (Rogers et al., 2020). RN managers enable the tools to maintain patient safety by fostering a devoted RN staff through a reward system (Hampton et al., 2020). Other issues include respect for personal safety, zero tolerance for bullying, and beneficial partnerships between LTC facilities providers and RNs remain critical (Hampton et al., 2020).

A Review of the Professional and Academic Literature

The qualitative multiple case study was conducted to explore nurse managers' strategies to increase RN retention. The literature review includes a thorough analysis of

literature regarding the problem of RN turnover. By investigating the concepts of the RNs' turnover and nursing managers' strategies—such as improving nursing orientation and role transitions (Brook et al., 2019) as well as work-life balance, respect for personal safety, and zero tolerance for bullying—the study may reduce RN turnover (Hampton et al., 2020).

Search Strategy

The literature review involved obtaining data from various academic websites, libraries, and books through Walden University's library databases and links to peer-reviewed papers on Google Scholar. The keywords used in the search include the following: *stress among RNs, organizational commitment, managership styles, costs of turnover, registered nurse retention, nursing manager styles, organizational culture, job satisfaction, and work-life balance and social exchange theory*. I structured the literature review on several topics, starting with the effects of supportive managership styles on RN retention.

This study's total number of references included three books and 120 peer-reviewed journal articles. Of the 157 study references, 156 (95%) met the publication requirements within 5 years of the study's approval date by the chief academic officer. Of the 64 literature review references, 63 (98%) were peer-reviewed and published within 5 years of the study's approval date by the chief academic officer.

Task-Centered Model

RNs require support from their managers to effectively complete all tasks. Managers must inspire RNs' energy and enthusiasm to drive staff to accomplish the

expressed objectives of the organization (Liu et al., 2022). The task-centered model refers to the nursing staff's health consequences, including mental and physical effects on the employee, which can impact the organization's reputation (Liu et al., 2022) and RN retention rates (Lee et al., 2021).

Numerous factors contribute to RN turnover; however, managership issues are a significant factor in the resignation of many nurses (Bibi, 2019). Nurses frequently work long hours, suffering from burnout, mental and physical exhaustion, stress, and anxiety (Bibi, 2019). Managers in the LTC facilities industry must recognize this devotion and ensure that nurses are supported and given opportunities for career advancement (Çamveren et al., 2020). Managership styles that recognize the qualities and contributions of nursing staff are more likely to retain RNs (Lee et al., 2021). Through various methods, managership focuses on employee empowerment and motivation in these critical areas: idealized influence, individual consideration, inspirational motivation, and intellectual stimulation (Al Shraah et al., 2022; Çamveren et al., 2020).

Idealized Influence

Successful managers are adept at imparting cognitive awareness to their subordinates. Nursing managers use the dimension of idealized influence by demonstrating selflessness and admiration for the employees (Çamveren et al., 2020). Managers should concentrate on motivating employees toward the success of the organization and increasing productivity (Purwanto et al., 2021). Managers who use the idealized influence dimension effectively cultivate followers' trust and confidence in managers (Bibi, 2019; Le et al., 2021; Purwanto et al., 2021). Followers idealize

managers' managership styles by adapting their visions, core convictions, beliefs, and values (Akkaya & Tabak, 2020).

Individualized Consideration

The managers empower subordinates in a way that may result in recognition and reward. Individual consideration entails empowering and mentoring followers and serving as models for those followers; the characteristics of a leader who inspires, coaches, trains, and motivates subordinates are individualized considerations (Salas-Vallina et al., 2020). Managers serve as coaches for team members by assisting them in achieving the company's stated goals and objectives (Stoller, 2021). Managerial and mentorship can significantly impact organizational employee behavior (Liao et al., 2020). Thus, managers should consider their followers' needs and objectives (Murphy, 2020). Individually directed followers experience happiness and comfort when managers pay attention to them. Nurses require recognition of their personal and professional appreciation and remain in the organization when managers maintain the individual focus of each RN and meet their needs (Liao et al., 2020).

Inspirational Motivation

Inspirational motivation is essential because some employees perform better when they have managers or supervisors they can look up to within the organization. Managers use the inspirational motivation dimension to inspire and motivate their followers to achieve organizational goals and outcomes (Muizu & Sari, 2019). Managers who communicate grand expectations may inspire them to support the organization's vision (Reinke & Gerlach, 2021). Motivation is crucial to LTC facilities because it can influence

performance and client care. Ensuring frontline workers (i.e., bedside) have the responsibility for decisions about the organization is one way nurse managers can accomplish this objective (Qureshi et al., 2020; Robinson et al., 2021). Companies that provide job-sharing opportunities to foster a family-friendly work environment have reported higher levels of job satisfaction (Muizu & Sari, 2019; Qureshi et al., 2020). Managers must inspire RNs' energy and enthusiasm to drive staff to accomplish the expressed objectives of the organization (Sawan, 2020). Inspirational nurse managers should present their subordinates with an unobstructed vision of the future and persuade them to sacrifice their values for the organization's benefit (Khan & Iqbal, 2020). Managers can inspire their followers by demonstrating effective managership through their actions (Qureshi et al., 2020).

Intellectual Stimulation

Nursing managers encourage their employees' intellectual learning and creativity through intellectual stimulation. Intellectual stimulation remains a top priority to raise employees' awareness of how they should work within the organization and values to reach their goals (Bibi, 2019). Nursing managers can create work environments that encourage creativity and use specific strategies to empower and support employees as they work toward achieving their goals (Bibi, 2019). Nursing managers further provide their followers with autonomy and intellectual stimulation and encourage them to discover novel approaches to problem-solving and decision-making (Cahyono et al., 2020; Edmonson et al., 2020). Employees tend to stay with their organizations if they look for opportunities for personal development and more responsibility (Warshawsky et

al., 2020). RN managership could use the motivation to retain RNs because nursing managers who employ mentorship and guidance strategies are more responsive to their followers' needs (McCauley et al., 2020).

Abuse of manager positions in LTC facilities is one of the reasons RN retentions is low. A positive correlation exists between managers, organizational behavior, and employee retention (Magbity et al., 2020). In many cases, the nursing managers in hospitals, taken for granted, experience a heavy workload. Managers' practices result in higher-quality care and lower quit intentions (Seljemo et al., 2020). On the other hand, abusive managership styles can result in the care of a lower quality and robust intentions to leave the LTC facilities. RNs have left due to abusive managership practices (Dzimhiri & Molefi, 2021). It is important for managers to refrain from abusing their managership positions (McCauley et al., 2020). Managership is crucial for assisting RNs in remaining dedicated to their jobs and enduring in their fields (Labraque et al., 2020).

Conceptual Framework

Social Exchange Theory

Intro describing theory. The theory that grounds the study is the social exchange theory (SET). Homans (1958) defined social exchange as the exchange of activity, tangible or intangible and rewarding or costly, between at least two people. The first proposition states that for all actions taken by persons and the frequency of reward, the person can perform that action. The second proposition states that an individual is likely to repeat a response if a previous stimulus or action resulted in a reward and current conditions appear similar. The third proposition is that the more valuable a person's

results in their action, the more likely they are to act positively. Based on these propositions, a person engages in a rewarding social exchange, repeating the deemed beneficial exchanges (Cook & Hahn, 2021).

Reciprocity as part of SET. One aspect of SET is the idea of reciprocity, which asserts that not all exchanges are equal (Stafford & Kuiper, 2021). When one party in the exchange relationship has more resources than the other, the relationship is considered unequal. Employees are likelier to break off the relationship when the costs exceed the benefits (Stafford & Kuiper, 2021). In contrast, employees are likelier to maintain a relationship with their leader if it is fruitful and beneficial to them, according to SET (Shah et al., 2022).

How SET applies to performance and LTC facilities. The SET qualities can also enable workers to dramatically raise performance standards while collaborating for the organization's overall good (Farid et al., 2021). Managers possess qualities enabling workers to dramatically raise performance standards while collaborating for the organization's overall performance (Forde-Johnston & Stoermer, 2022). Team members in an organization require motivation to engage in higher-quality work performance, knowledge sharing, and employee retention through social exchange (Chen & Wei, 2020). Organizational commitment grows when employees perceive positive relationships or social interactions, preventing intentional turnovers (Chen & Wei, 2020; Khan & Iqbal, 2020). Shared objectives, communication, and connections have led to favorable LTC facilities settings (Cook & Hahn, 2021; Forde-Johnston & Stoermer, 2022). Managers' expressions of gratitude, encouragement, and support for clinical staff

reflect the interest in the welfare of all parties involved (King et al., 2021).

Alternative Theories

Transformational Leadership Theory

The transformational leadership theory could be suitable in the study; however, SET encompassed more of the phenomenon. Transformational leaders lack clarity and employ motivational skills to influence followers and engage in unethical behavior. Transformational leadership affects employees' stress and dissatisfaction at higher levels. According to Bakker et al. (2022), transformational leaders impact organizational outcomes like employee commitment to the company and retention. According to the opposing viewpoint, Cahyono et al. (2020) stated that organizational leaders using motivational skills to improve organizational outcomes engage in manipulation. Collins et al. (2020) argued in favor of this viewpoint, arguing that the transformational leadership theory lacked clarity and did not explain the variables correlated with positive work outcomes.

The ultimate objective of a leader is to transform an employee toward organizational commitment without considering other factors Anselmann and Mulder (2020). The factors include the ethical nature of the organizational goals, creating criticism of transformational leadership Collins et al. (2020). Researchers have also contended that the groundbreaking administration hypothesis prompts exploitative conduct concerning pioneers (Cahyono et al., 2020). For example, leaders may influence followers to make decisions that violate company policy. Additionally, Collins et al. (2020) suggested that the absence of precise definitions for the components of

transformational leadership theory makes it challenging to instruct others on how to apply the theory in an organizational setting. Anselmann and Mulder (2020) claimed that leaders with transformational leadership abilities are more likely to misuse authority. According to Collins et al. (2020), employees experience stress and dissatisfaction when pressured to perform at elevated levels. Transformational leadership prioritizes other aspects, such as employee dissatisfaction.

SET, defined by early theorists, examined the costs and benefits of two people interacting (Homans, 1958). According to Khan and Iqbal (2020), team members in an organization motivate employees to engage in higher-quality work performance, knowledge sharing, and employee retention through social exchange. Organizational commitment grows when employees perceive positive relationships or social interactions (Homans, 1958). Employees are more likely to stay with the company if the organization commits, preventing staff turnovers (Zhao & Detlor, 2021). Through SET, nursing managers create a positive atmosphere and understand employees' decisions, notably RNs, to stay or leave their jobs (Zhao & Detlor, 2021). Therefore, I utilized SET for my study's conceptual framework.

Herzberg's Two-Factor Theory

Herzberg's two-factor theory states that commitment decreases when individuals see a social trade as ominous (Herzberg, 1974). Additionally, people tend to avoid repeating interactions that they perceive to be unfavorable (Brook et al., 2019). Based on the theory, power, conformity, status, leadership, and justice significantly determine the relationship between two parties (Herzberg, 1974). According to Brook et al. (2019),

when one party performs a favor for another, the receiving party reciprocates and returns the favor by providing something of equal value to the initially given favor (Thant & Chang, 2021). One aspect of SET is the idea of reciprocity, which asserts that not all exchanges are equal (Thant & Chang, 2021). When one party in the exchange relationship has more resources than the other, the relationship is considered unequal (Zhang et al., 2020).

It is the responsibility of leaders to maintain employee motivation at work. Groundbreaking authority is the capacity to propel and motivate workers. Herzberg's theory of two factors theory, which lends support to the transformational leadership theory, frequently serves as a framework for comprehending motivation in the workplace (Herzberg, 1974). Herzberg (1974) questioned these participants about the aspects of their jobs that they enjoyed and detested. In addition, the participants answered questions about the causes of their satisfaction and whether these feelings affected their performance, relationships, and well-being (Herzberg, 1974). Herzberg (1974) stated the participants used a unique sequence of events to restore the workers' typical attitudes before conducting a second round of interviews with the same participants, asking them to recall and describe instances in which they had highly negative feelings about their jobs and how those negative feelings were related to an event on the job (Zhang et al., 2020). Employees exhibited two feelings: a lower need to avoid pain and deprivation and a higher need to improve their mental health (Zhang et al., 2020).

The motivation-hygiene theory's creators identified five factors promoting job satisfaction and employee dissatisfaction (Bhatt et al., 2022). The five factors that

promote job satisfaction and dissatisfaction include the following: (a) achievement, (b) recognition, (c) work-it-out, (d) accountability, and (e) advancement and development (Bhatt et al., 2022). According to Koncar et al. (2022), the causes of job dissatisfaction include the following: (a) company policy, (b) supervision, (c) interpersonal relationships, (d) working conditions, and (e) salary. Herzberg (1974) noted that job satisfaction and dissatisfaction had distinct effects, which led to a clear division of employees' responsibilities and how they were linked to and supported by the company's policies. For instance, achievement, advancement, recognition, increased responsibility, and the work itself were all factors that contributed to employees' desire to remain employed (Herzberg, 1974).

Herzberg (1974) proposed that the two-factor theory included links between voluntary employee turnover, organizational behavior, job satisfaction, and motivation. (Bhatt et al. (2022) argued that distinguishing between motivation and satisfaction would produce distinct outcomes and that there was no meaningful relationship between the two. Several types of leadership are required for various fields and types of organizations (Koncar et al., 2022). According to Herzberg (1974), achievement, recognition, the work itself, responsibility, advancement, and growth were the satisfiers for the participants (Rai et al., 2021). The two-factor theory contends that factors related to job satisfaction motivate employees, whereas job dissatisfaction factors do not (Herzberg, 1974). In many fields, including nursing, (Rai et al., 2021) demonstrated that employee job satisfaction can influence job retention.

RN Turnover Rate Strategies and the SET

Social acceptance in groups to which a person is attracted to various kinds of instrumental service, and the satisfaction of needs are rewards for the person.

Chen and Wei (2020) explained that social interaction engages team members within an organization for higher quality work performance and knowledge sharing and promotes retention of those employees. Organizational engagement increases when employees perceive relationships and social interactions as beneficial (Khan & Iqbal, 2020).

Supportive Managership Styles on Nurse Turnover

The importance of managership staff's empowerment of nurses and building professional relationships with RNs. The impact of supporting nursing staff and this type of managership has on performance, organizational commitment, intent to pursue other opportunities, and turnover rates (Rawashdeh & Tamimi, 2020). A leader's style and behavior can be related to employee expectations (Rawashdeh & Tamimi, 2020).

Edwards-Dandridge et al. (2020) define job satisfaction as how employees feel about the work environment, conditions, and the job itself. Managers provide clear direction on achieving performance goals, reward employees for those goals, and identify obstacles preventing employees from achieving those goals (Farid, H. et al., 2021).

The nurse leader's role is to ensure that the nursing staff provides safe and effective patient care. Farid, H. et al. (2021) discuss that managership supports RN staff members and leads to higher levels of job satisfaction. When nurse managers employ relationship-style versus control and task-oriented managership, LTC facilities see higher patient care and nurse retention rates (Thomas & Gupta, 2021). SET aligns with the

various managership styles, as evidenced by its foundation (Farid, H. et al., 2021). People involved in interactions rationally seek to maximize their benefits (Adams et al., 2019). Most people's satisfaction comes from others (Farid, H. et al., 2021). People have access to information about their social, economic, and psychological interactions, so they can consider alternative situations that are more beneficial concerning their current situation (Thomas & Gupta, 2021).

Nurse managers ensure employees complete their tasks and roles competently (Zhang & Liu, 2022). The managers find the right paths for individuals, encourage open communication and participation, and motivate staff members to work toward a common goal (Adams et al., 2019). The managership assumes that compelling performances by staff members will follow managers as they are encouraged by their management staff and included in decision-making roles (Bakker et al., 2022). RN staff members perform their roles more effectively by having positions and roles that fit their skills, competencies, and clinical knowledge and understanding (Khan & Iqbal, 2020).

Bakker et al. (2022) discussed a strong correlation between managership style and RN performance and job satisfaction rates. RN staff members performing under a managership style are more likely to perform better and be interested in their position than RNs performing under a transactional leader (Bakker et al., 2022). Poku et al. (2022) found less interest in staying employed at one's organization when there was no praise, recognition, or reward based on performance levels (Poku et al., 2022). Managers must recognize the need and rationale for motivating their staff members and understand how their nursing staff wants to be motivated. Edmonson et al. (2020) stated that

understanding motivation and inspiring employees are vital to practical managership qualities. Managers must understand how to motivate staff members, the crucial goals and practices, and the unit's common goal (Edmonson et al., 2020).

Edmonson et al. (2020) provided evidence regarding supportive ways to identify the needs of nursing staff members to stay within the organization. Edmonson et al. (2020) gave credence to nurse managers in today's LTC facilities settings by trying to drive care outcomes in the face of changing consumer demands. The researchers found that identified perspectives helped nurse managers make better decisions by asking nurses what their needs are in the workplace, using a managership style. They took better action in a rapidly changing LTC facilities environment (Edmonson et al., 2020). Edmonson et al. (2020) stated that varying managership styles influence nursing satisfaction, including staff consent and open communication, leading to better satisfaction rates.

Adams et al. (2019) explained the significance of nurses having supportive work environments, including basic needs for completing tasks and working conditions enabling satisfaction in their position and organization. Poku et al. (2022) stated that nurses who collaborate well with managers retain their jobs. The researchers used multilevel linear regressions to analyze data from 29,742 nurses in 1,228 units of 200 LTC in 41 states to investigate the relationships between RNs and nursing managers (Adams et al., 2019). Al Sabei et al. (2020) found that supportive managers prioritize RNs' professional and personal development and their basic needs, such as adequate wages and breaks.

Poku et al. (2022) claimed that RNs are more likely RNs to leave organizations in search of more supportive environments when they perceive managers as ineffective and unsupportive. Managers must create supportive environments to help nurses and managers build strong working relationships (Bakker et al., 2022). Nurses' intentions to stay in an organization include several factors, including how managers express concern about the RNs' well-being at work (Adams et al., 2019). Labrague (2020) identified connections between RNs' intentions to remain with the organization, supportive work environments, and managership. Clear organizational goals may motivate employees to commit to common objectives and personal and professional development (Ahmadi Chenari et al., 2020). Al Sabei et al. (2020) state that supportive managership styles influence employee retention, job stress, and RN job commitment. Managers eliminate negative factors like job stress and increase positive reinforcements like rewards and job satisfaction (Bakker et al., 2022). Nursing managers may face difficulties in increasing employee retention due to these factors. Al Sabei et al. (2020) noted that managers' behaviors aimed at RNs could result in cost-effectiveness, positive work environments, and improved care delivery quality. Research has shown managers can reduce employee turnover by articulating a clear vision for their organizations and setting clear organizational goals (Poku et al., 2022).

Organizational Culture

An organization's culture includes valued employees to reach a common goal. Managers develop a robust and upbeat organizational culture because employee commitment can be made or broken by the company's culture (Reddy & Scheepers,

2019). By leveraging organizational culture, top management can incorporate managerial actions into strategic organizational outcomes like increased job satisfaction and retention rates (Pedrosa et al., 2021). The organizational culture of current employees and management managers influences the behaviors and levels of commitment (Wei et al., 2023). Reddy and Scheepers (2019) noted organizational culture enables employee retention because it influences employee behavior, promotes strategic organizational values, and creates effective managers within the organization.

A mentor also plays a significant role in nurse retention rates. Generally, new nurses participate in a 13-week program, transitioning from nursing school to the workplace (Pedrosa et al., 2021). The mentorship correlates with other studies using the quadruple-aim approach to improve nurse and patient satisfaction scores (Poku et al., 2022). The quadruple-aim approach directly improves the quality of the work environment, patient safety, satisfaction rates among all stakeholder groups, effective communication, and competencies (Barba et al., 2019). Choe et al. (2022) noted that new nurses who work in an environment that promotes asking questions tend to receive increased satisfaction, competencies, patient safety skills, and retention rates.

The significance of a leader's style in an organization impacts employee satisfaction and overall policies. Pedrosa et al. (2021) argued that a manager's style is essential because it influences an organization's effectiveness and employee retention. Managers help shape and maintain the desired organizational culture. McCauley et al. (2020) noted that the connection between managership and organizational culture is vital to understanding organizational effectiveness, whose values align with theirs. Pedrosa et

al. (2021) noted that the ideal employees had integrated the company's culture into their cognitive and productive makeup. Distinct organizational challenges are associated with attracting and retaining employees, each relying on distinct factors to achieve respective objectives (Choe et al., 2022). The organizational manager must motivate and instill a sense of value in employee performance (Choe et al., 2022). McCauley et al. (2020) remarked that a company's culture attracts and retains employees through incentives for positive performance.

Organizational culture impacts employee morale, performance, commitment, and satisfaction, as well as their intention to stay (Pedrosa et al. (2021). Nursing managers shape organizational culture through vision, practices, and mission (Al Hilali et al., 2020). The effectiveness of organizational culture may influence an organization's turnover rate and individual RN decisions (Al Hilali et al., 2020). Al Hilali et al. (2020) noted that high turnover rates and organizational culture interdependently link attitudes, which drives positive or negative organizational outcomes (Choe et al., 2022). An active culture may increase employee engagement, job satisfaction, and motivation. However, when RNs fail to adapt to the organizational culture, they may be less motivated and more likely to leave (Pedrosa et al., 2021).

Job satisfaction includes job satisfaction, management behavior, and organizational culture to create a positive relationship between the employee and the nursing manager. Çamveren et al. (2020) noted four dimensions of job satisfaction: working partners, rewards and welfare, superior support, and job recognition. Çamveren et al. (2020) further noted the four dimensions of managership behavior: encouraging and

supporting subordinates, providing subordinates with a clear vision, behaving consistently with the vision, and persuading managers to acknowledge the vision. The most critical aspects of an organization include employee orientation, customer focus, and emphasis on responsibility and cooperation (Çamveren et al., 2020). Only two dimensions of managership behavior include providing subordinates with a clear vision and acting consistently with the vision. The essential management behavior towards the RNs relies on reward and welfare (Al Hilali et al., 2020). Pedrosa et al. (2021) noted that a significant positive correlation between job satisfaction and managership behavior leads to a positive organizational culture.

RN managers should share common objectives and acknowledge the value of the employees to foster an influential organizational culture. Çamveren et al. (2020) noted managers rely on the impact of the environment to achieve their organizations' goals because they collaborate closely with their followers and share common objectives. Gensimore et al. (2020) remarked managers should emphasize their organizations' common objectives while ensuring employees know their values. Managers must also acknowledge employees' values to foster an organizational culture. Gensimore et al. (2020) noted the influences of organizational culture on employee retention and turnover. Gensimore et al. (2020) found that employees' failure to comprehend organizational culture harms commitment and retention. Managers and employees alike are affected by organizational culture.

Conversely, cultivating representatives' excellent comprehension of the traditional culture draws in and holds workers (Gensimore et al., 2020). The values and

culture of the organization influenced retention the most frequently. Gensimore et al. (2020) noted that the essential factors affecting RN retention were the lack of managers' support, communication, and feedback. Organizations define every aspect that contributes to the definition of the managerial position. Gensimore et al. (2020) indicated that RN retention correlates with four personal factors. The most important include feeling valued by peers, management, and the organization Gensimore et al. (2020). Nursing managers may comprehend the relationships between organizational culture, managership behavior, and job satisfaction (Gensimore et al., 2020). Additionally, it is essential to the success of an organization for nurse managers to concentrate on strategies for retaining workers by cultivating workplace cultures that foster a sense of belonging among workers.

Organizational Commitment

The significance of organizational commitment in causes of employee turnover and the hypothesis that RNs' organizational commitment may significantly impact their level of job satisfaction, thereby increasing retention. The three types are the dimensions of organizational commitment, and the degree of commitment includes affective, continuity, and normative commitment (Aeknarajindawat & Jermisittiparsert, 2020). Workers given significant levels of responsibility are more scrupulous about their obligations, exhibit more noteworthy contributions to the association, and show less tendency to leave the association (Aeknarajindawat & Jermisittiparsert, 2020). Bell and Sheridan (2020) stated employee commitment precedes and correlates with turnover intentions and turnover. The nursing shortage in LTC facilities currently experiences a

nursing shortage and is expected to continue (Bell & Sheridan, 2020). Wei et al. (2023) noted that LTC facility organizations must maintain a committed workforce.

RNs, valuable assets, are dedicated to their organizations. Their presence ensures a stable, resolute workforce, reduces the need for employee recruitment, maintains low costs for training and development, enhances the community's perception of the organization, and makes it easier to keep skilled, able, and knowledgeable professionals (McCauley et al., 2020). Organizations can reduce employee turnover by maintaining a committed workforce (Wei et al., 2023). Due to the significance of nursing to the public, job retention among (RNs) is a pressing issue. Meeting the demand for high-quality patient care involves recruiting and retaining top talent (Slåtten & Lien, 2022). Bell and Sheridan (2020) remarked that LTC facilities with strategic initiatives increase employee satisfaction and revenue. Organizational performance metrics like productivity, retention, customer service, loyalty, employee retention, and turnover are all related to employee engagement in the workplace (McCauley et al., 2020). Slåtten and Lien (2022) noted employees are more likely to be committed to the organization if they believe their managers and organizations care about them.

Patients and other stakeholders benefit directly and positively from high RN retention rates. Gensimore et al. (2020) found that employees commit to an organization for distinct reasons. The discoveries uncovered massive positive connections between groundbreaking administration and devotees' accomplishment of objectives (Slåtten & Lien, 2022). The accomplishment of objectives by nurses can serve as positive reinforcement for their commitment to remain with their organizations (Gensimore et al.,

2020). Based on the insignificant relationship between managers and RNs' performance, the findings indicate that transactional managership is not associated with followers' achievement of goals.

Gensimore et al. (2020) suggested a statistically significant difference between organizational commitment and RNs' retention, refuting the claim that organizational commitment affected RNs' job retention. Organizational commitment is among the best predictors of RN turnover (Adams et al., 2019). Al Hilali et al. (2020) asserted that there is a negative relationship between organizational commitment and turnover intentions. McCauley et al. (2020) remarked that past specialists had highlighted the significance of fostering the worth of RNs' work to cultivate their inspiration to keep working for their association. Slåtten & Lien (2022) used a correlation matrix to measure RNs' intentions to leave their jobs, organizational commitment, and satisfaction with communication. Communication satisfaction impacts positive relationships with intentions to remain with the organization while creating a significant negative correlation between organizational commitment results in the RN's intention to leave (Adams et al., 2019).

Communication, organizational commitment, job satisfaction, and RN turnover intentions are all linked, the authors, with organizational commitment having the strongest correlation with RN turnover intentions (Bibi, 2019). Adams et al. (2019) concluded that higher job retention positively correlated with organizational commitment, job satisfaction, and commitment. The RNs not committed to the organization's mission tend to leave (McCauley et al., 2020). As a result, nursing managers must encourage employees to participate in the organization's success and support and inspire their

followers to commit to it (Slåtten & Lien, 2022). Nursing managers should comprehend the factors that reduce RN turnover and promote organizational commitment and job satisfaction.

Job Satisfaction

The significance of occupation fulfillment in RN maintenance and investigate whether pioneers who underscore correspondence and worker rewards produce better progress regarding representative work fulfillment and hierarchical achievement. In addition, high-stress levels and poor communication encourage RNs to leave their jobs. Choe et al. (2022) remarked that RN job satisfaction could affect patient safety, productivity, performance, quality of care, employee retention and turnover, organizational commitment, and professional commitment. Success as a nursing leader depends on understanding the significance of employee job satisfaction in retaining staff (Lee & Lee, 2021). Researchers focused on overall job satisfaction to ensure continued progress, produce organizational improvements, increase overall job satisfaction, and explain issues like high turnover (Choe et al., 2022). Lee and Lee et al. (2021) stated that managership styles influence employee job satisfaction.

Evidence shows the significant need for LTC facility organizations to understand the reasons behind high turnover rates and implement practices to improve nurse retention (Brook et al., 2019). To improve nurse retention and job satisfaction, RNs should receive additional pay, benefits, cultural inclusiveness, and an empowering LTC facilities culture (Adams et al., 2019). Low salaries, poor benefits, lack of continuing education, poor communication strategies, managership support, and high nurse-patient

ratios have resulted in high turnover rates among RN staff members (McCauley et al., 2020). In addition, LTC facilities organizations should promote a healthy work-life balance, including additional time off, mental health benefits, support staff, and tuition reimbursement, leading to high job satisfaction among nursing staff (Khan & Iqbal, 2020).

Loft and Jensen (2020) indicated that job satisfaction is crucial to employee retention. Flexible organizations with a participative management style include inspirational managers (Çamveren et al., 2020). The value for communication and employee reward tend to have achieved higher levels of employee job satisfaction and organizational success, according to general research on employee job satisfaction (Huang et al., 2021). McCauley et al. (2020) noted that managers inspire employees to commit to an organization's vision, motivating results in successful healthcare teams and organizations through nursing managers' managership styles. Khan and Iqbal (2020) stated that the managers' style significantly reduced RNs' intentions to leave their organizations and increased job satisfaction among RNs.

Cassie and DuBose (2023) investigated the effect of 137 critical care nurses in LTC facility organizations on commitment levels and job satisfaction. The consequences of the investigation illustrated a connection between authority and occupation fulfillment, authoritative responsibility, and occupation fulfillment (Wei et al., 2023). The researchers found no significant correlations between job satisfaction and critical care nurses' demographic variables (Cassie & DuBose, 2023). Organizational commitment was the best predictor of job satisfaction for critical nurses, indicating that satisfied nurses are

more likely to commit to the organization (Loft & Jensen, 2020).

Parr et al. (2021) conducted a study on the impact of the company's life cycle on job satisfaction by collecting data from 125 industrial sector employees to comprehend the organization's impact on job satisfaction (Parr et al., 2021). According to the researchers, the employees' relationships with their coworkers at work were balanced throughout the company's life cycle (Zhao & Detlor, 2021). During the initial foundation and development stage, when enthusiasm was at its peak, satisfaction with management was highest (McCauley et al., 2020). However, it significantly decreased until the stage of the bureaucracy of developing working procedures (Lee et al., 2021). At the beginning of the process, satisfaction with the reward system was highest but decreased over time. The fact that wages did not increase in tandem with the company's expansion was one factor that contributed to the employees' dissatisfaction (Zhao & Detlor, 2021). Employees expressed dissatisfaction with the reward system at the company's most advanced stages. Lee et al. (2021) concluded that the nature of the work, salary, communication, working conditions, and management all impact employee job satisfaction (McCauley et al., 2020). When devising strategies to increase employee satisfaction, managers should ensure that all aspects ensure examination (Parr et al., 2021).

Xuecheng et al. (2022) investigated the relationship between job satisfaction and a hostile work environment. Xuecheng et al. (2022) used factor analysis to identify the following five aspects of the nursing workplace: management, staffing and resource management, ward practice, professionalism, and relationships with coworkers. Saher et

al. (2021) examined the significant predictors of the intention to leave their present position, productive staffing, and resources as predictors of job satisfaction. Saher et al. (2021) discovered that staffing, unit practice, management professionalism, and employee turnover are essential factors. Saher et al. (2021) noted that many factors contributed to RNs' lower job satisfaction, including inadequate staffing and resources (Iqbal et al., 2022). Iqbal et al. (2022) noted that nursing managers should address these factors to reduce RN turnover and improve the working environment.

Gorsky and Mold (2020) conducted a study with 150 employees from two private companies to assess employee job satisfaction and managership to address the impact of organizational managers on job satisfaction. Gorsky and Mold (2020) remarked on quantifying the connection between job satisfaction and ideal managership to inspire motivation, intellectual stimulation, and idealized consideration. Saher et al. (2021) evaluated the relationships between managers' dimensions and job satisfaction components. Job satisfaction (i.e., the nature of the work and operating conditions) positively correlated with the five dimensions of managership. One managership dimension, employees' job satisfaction with working conditions, was significantly and positively related (Specchia et al., 2021). The findings showed a positive correlation between managership and employee job satisfaction (Uchmanowicz et al., 2020). Managers require to maintain high levels of job satisfaction in the workplace, maintaining satisfied RNs are more likely to remain with the organization (Saher et al., 2021). An organization's culture significantly impacts whether it is a happy and healthy workplace. The company's culture can also affect other things, like whether people are

committed to the company and happy in their jobs (Specchia et al., 2021). Employees' acknowledgment and acceptance of the organization can impact their attitudes and behaviors at work, promoting and communicating this to them (Gorsky & Mold, 2020). When nursing managers interact positively with their staff, employees strive to achieve the organization's goals, have high job satisfaction, and communicate better (Wong et al., 2020).

RNs and Organizational Stress

The factors influencing RN intentions to quit and increase turnover deal with organizational stress. Not only does stress at work harm nurses' health, but it also affects how well they can manage the demands of their jobs (Khan & Iqbal, 2020). Khan and Iqbal (2020) remarked that stress level hinders the effectiveness of health service delivery and the provision of high-quality care. Alizade Fard and Sadatrasoul (2021) and other researchers, nursing is a stressful profession.

Alizade Fard and Sadatrasoul (2021) stress harms individuals' health, well-being, and job satisfaction, negatively impacting organizations regarding absenteeism and turnover and affecting the quality of patient care. Alizade Fard and Sadatrasoul (2021) stated the primary stressors include work overload, role ambiguity, interpersonal relationships, unfair management practices, and a lack of promotion opportunities. Khan and Iqbal (2020) contend that effective managership is critical to the success of LTC facilities organizations because it impacts employees' quality of life. (Wong et al., 2020). Nevertheless, the nursing staff has sufficient mentorship programs and standard direction, proceeding with instruction consistently (Khan & Iqbal, 2020). Groundbreaking initiative

style from the board staff, they are bound to remain inside their association and calling (Wong et al., 2020). Khan and Iqbal (2020) noted that nursing among charge nurses and other managership staff reduces nursing burnout and high turnover rates.

COVID-19 has also significantly impacted compassion fatigue, burnout, and poor nurse retention rates (Alharbi et al., 2020). Alharbi et al. (2020) conducted a recent study, finding that nurses who contracted COVID-19 through patient exposure had many severe pneumonia-like symptoms. COVID-19 created even greater workloads for staff members, causing burnout (Wong et al., 2020). In addition, during this time, there was a lack of personal protective equipment (PPE). Due to staff shortages, RNs become frustrated with the number of patients per nursing staff. Alharbi et al. (2020) stated the effects of Covid-19 on critical care nurses included illness affecting themselves and their families. Labrague and De los Santos (2020) identified frontline nurses' psychological well-being and turnover, creating job losses and the untimely demise of friends and family. The SET influences rewards by increasing compensation for working on the COVID-19 unit (Homans, 1958). However, the RNs' mental health and nurse retention studies found that exposure to the illness increased fear and anxiety (Wong et al., 2020). The anxiety incurred from caring for individuals with the virus and compassion fatigue contributed significantly to poor lifestyle habits among nursing staff (Labrague & De los Santos, 2020).

Staffing and patient care can directly correlate with one another. Broetje et al. (2020) noted that lack of care might negatively impact the patient with inadequate nurse staffing. The negative impact can lead to injury, comorbidities, failure to rescue events,

falls, medication errors, medical errors, and preventable mortality (Blackman et al., 2020). Broetje et al. (2020) identified factors linked to nurses' desire to leave their jobs. The author found that these factors were short staffing, increased patient load related to absenteeism in the facility, lack of adequate resources, and nurse burnout. When these rates are higher, the higher the RN desires to leave (Broetje et al., 2020).

Saher et al. (2021) stated the nursing profession is particularly prone to burnout due to the constant exposure to highly stressful work environments, such as dealing with illness and death. McCauley et al. (2020) stated that supportive managership and a healthy work environment might reduce RN burnout. The effect of burnout on the medical services industry influences RNs and the nature of care for patients. Lee & Lee et al. (2021) noted RNs' intentions to quit, and turnover influenced by their stressors. In contrast, Schaufeli and Tsen et al. (2022) suggested that employee burnout and turnover do not significantly correlate. Tsen et al. (2022) provided examples of employees who endured stress and burnout but continued working for the company throughout their careers. Elevated levels of job-related stress can negatively impact nurses' current job satisfaction (Tsen et al., 2022). Saher et al. (2021) noted that RNs' job satisfaction and organizational commitment remain influenced by job-related stress.

Organizations must educate their managers on implementing effective techniques to eliminate stress. To maximize career retention, managers must reduce employee job-related stress (Saher et al., 2021). Employees subjected to constant stress may have less tolerance for continuing in their current positions (Zagenczyk et al., 2021). Burnout, high absenteeism, lower job satisfaction, and increased turnover are all outcomes of job-

related stress experienced by RNs working in LTC facilities (McCauley et al., 2020). Zagenczyk et al. (2022). I examined RNs and found that one-third of the nurses surveyed reported exceedingly high levels of job stress. Inadequate pay, inequality at work, lack of job security, regular short breaks at work, insufficient employees, excessive workload, lack of management support, lack of promotion prospects, and time pressure were the primary causes of occupational stress (Saher et al., 2021). RN turnover is high due to the stressors placed on them (McCauley et al., 2020). Nursing managers must pay attention to their RNs, acknowledge their contributions, and allow them to participate in the design of the nursing workplace (Saher et al., 2021).

Cost of RN Turnover in LTC Facilities

This section examines the cost of RN turnover and explains the economic and noneconomic causes. Recruiting and attracting high-quality RNs to fill vacancies are just a few initial suggestions (Zeng et al., 2022). Other suggestions include maintaining sufficient RNs on staff and not overburdening the workforce (Jabutay & Rungruang, 2021). In economics, the turnover costs, the loss of nursing talent, and the potential impact on care quality need consideration (Alnajim, 2021). LTC facility organizations frequently face the issue of the cost of RN turnover (Zeng et al., 2022). As a result, it is essential to focus on keeping nurses in an organization's workforce and preventing nurse turnover in nurse retention programs. Alnajim (2021) remarked that managers should examine the high costs of hiring RNs during epidemics and consider improvements to reduce turnover rates.

Decreased nurse retention and high ratios affect all individuals, including patients,

family members, nursing staff, administrative staff, and LTC facilities organizations (Tsen et al., 2022). Low retention rates have significantly increased LTC facility costs for organizations and patients seen at these organizations (Zhao et al., 2020). LTC facilities organizations lose an average of \$5-8 million because of RN turnover. In contrast, RN retention rates save an average of \$370,000 per RN for each career (Xuecheng et al., 2022). The figures may not factor in the costs associated with inadequate quality of care and the issues that result from ineffective care due to poor staffing (Shin & Kim, 2021). Healthcare organizations are responsible for care incurred because of hospital-acquired injuries or infections, and insurance companies often do not reimburse for the charges from the occurrences (Xuecheng et al., 2022). In addition, patients may suffer from long-term damage, comorbidities, pain, and medication usage due to issues incurred in short-staffed facilities (Zhao et al., 2020). Due to the financial impact on all stakeholders, short-staffing, and managership issues, the prevention occurring events affect the care of the patients (Shin & Kim, 2021).

Alnajim (2021) stated that noneconomic and economic factors contribute to these worries. The significant economic factors include recruiting RNs to fill vacancies to provide appropriate patient care. Alnajim (2021) noted that overburdening existing staff with increased workloads and demands may result in additional staff turnover. Economic concerns include the cost of employee turnover, the loss of nursing talent, and the potential impact on care quality (Alnajim, 2021). The high nurse turnover rate may result in a lack of skilled RNs who can most effectively and efficiently meet a patient's needs. Zhao et al. (2020) remarked the loss of productivity and intellectual capital (skilled RNs)

is a significant factor in many organizations' excessive cost of RN turnover. When an RN leaves, the expense for an association goes from \$42,000 to \$64,000 (Xuecheng et al., 2022). Xuecheng et al. (2022) noted replacing one RN will set you back between \$10,000 and \$60,000. Considering the high costs associated with replacement, it is essential to ensure that RNs are motivated and content in training new nurses. Ohemeng et al. (2020) stated organizations might find it challenging to maintain adequate staffing levels because RN turnover in the United States is 20% per year. Nursing programs lack graduating numbers of new nurses to meet the demand for RNs (Ohemeng et al., 2020). Xuecheng et al. (2022) 30% of new RNs quit within the first year of employment. As per McGuire and Kennerly, nursing chiefs are liable for the exhibition and maintenance of RNs (Xuecheng et al., 2022). The administration style is essential to guarantee pioneers meet the two results (Khan & Iqbal, 2020). High work maintenance among RNs should be paramount in every association since preparing new attendants can likewise be exorbitant for the associations and medical clinics (Khan & Iqbal, 2020).

Shin and Kim (2021) noted the organization incurs direct and indirect costs due to the RNs' departure. Improving RN retention provides the organization with competitive compensation (Kester et al., 2022). Being compensated appropriately can improve nurses' perspective and encourage them to stay because they typically work more overtime (Khan & Iqbal, 2020). Overtime expenses for the remaining staff and recruiting inexperienced staff members are two direct costs of the RN turnover work (Khan & Iqbal, 2020). Training and orientation for new employees are examples of indirect costs. Shin and Kim (2021) explained that nursing managers should develop retention strategies

to increase RN retention because they know the excessive costs associated with RN turnover. By improving organizational support, employee engagement, and team cohesion and connecting these improvements to the organization's mission, some strategies should include creating a supportive work environment for employees and preventing RNs from leaving the company (Ren & Ma, 2021). To reduce RN turnover, nursing managers must effectively address staffing levels, job satisfaction, competitive compensation and benefits, professional autonomy, and advancement opportunities (Xuecheng et al., 2022). By providing robust and top-level nursing managership and supportive nursing supervision throughout the organization, nursing managers may reduce the rate of RN turnover (Xuecheng et al., 2022). The decision-making process should include both nursing managers and nurses (Tsen et al., 2022). Regarding the delivery and practice of patient care, establish a safety culture, guarantee safe staffing levels, provide job sharing and flexible work schedules, and raise wages (Tsen et al., 2022).

Effects of RN Turnover

When RNs leave their positions, the additional strain on the remaining staff members leads to an increased number of nurses who are overworked and understaffed. Studies show that over 25% of nurses leave their first position within one year of hire, and over 35% leave the bedside within the first 18 months (Xuecheng et al., 2022). An even more sizable number have contemplated or decided that they are leaving their career within the first 2 years, and these numbers continue to grow annually (Khan & Iqbal, 2020). Khan and Iqbal (2020) found that common reasons for low retention rates among

RN staff members include the following: (a) lack of mentorship, (b) poor managership quality, (c) lack of inclusiveness in the workplace, (d) inadequate staffing; (e) high nurse-patient ratios; (f) stress; (g) fatigue; and (h) burnout. Tsen et al. (2022) noted that lower resources allocated in many LTC facility organizations for nursing positions within the last 5 years created a lack of nursing staff. Many nurses feel that staffing issues cause patient safety concerns (Xuecheng et al., 2022). Many nurses do not feel comfortable caring for patients in these environments. The environment could cause high ratios, and burnout often leads to adverse events, medical errors, sentinel events, and death (Saher et al., 2021). Saher et al. (2021) also stated poor staffing and inadequate mentorship lead to detrimental consequences for the quality of care delivered in LTC facilities.

Meta-analytic reviews agree with the results, as there is a strong correlation between staffing issues and the degradation of health outcomes during inpatient hospitalizations and emergency room visits (Jabutay & Rungruang, 2021). The high RN turnover ratios lead to high mortality rates, urinary tract infections, respiratory infections, emergency respiratory events, poor wound healing, increased inpatient stays, injury, and mental health issues among patients and nursing staff members (Jabutay & Rungruang, 2021). Poor staffing leads to mental health and physical issues for many nurses, including weight gain, injury, chronic pain, needlestick injuries, and falls (Jabutay & Rungruang, 2021).

Nemteanu and Dabija (2021) state that RN turnover in LTC facilities organizations may harm organizational effectiveness, productivity, quality of care, and optimal cost. Therefore, it is essential to comprehend how RN turnover affects

organizations (Nemteanu & Dabija, 2021). LTC facility organizations may experience pressure due to rising operational costs, especially when dealing with a short-staffed organization (Nemteanu & Dabija, 2021). Researchers have linked appropriate staffing levels to patient and nurse satisfaction and patient care quality. The management policies that govern how managers and supervisors treat RNs may influence the rise in operational costs (Reinke & Gerlach, 2021). The literature has given much attention to the connection between RN staffing and patient and nurse outcomes measures, with frequently similar conclusions regarding patient and nursing-related outcomes (Reinke & Gerlach, 2021). Ren and Ma (2021) remarked that the high patient-to-RN ratio stresses the remaining staff when RNs leave the organization. Reinke and Gerlach (2021) stated that RNs who work with the same patients develop personal bonds, which may improve LTC facilities' outcomes. Patient care must be a top priority for the RN to stay with the company; however, the managers must also ensure that the nurses are not always overworked (Nemteanu & Dabija, 2021).

The positive or negative correlation between managership influence and RN turnover remains evident. Reinke and Gerlach (2021) remarked managership styles impact RN turnover intentions. Reinke and Gerlach (2021) noted that nursing managers who served in roles like educators, managers, or clinical experts receive high respect from their staff. The nursing manager's style places essential practices for creating a positive work environment (Poku et al., 2022). Poku et al. (2022) noted a significant positive correlation between RN turnover and nursing managers' style and a significant negative correlation between turnover and the adoption of the managership style. The

correlation between favorable working environments played a significant role in the high employee retention rate, including the RNs in clinics or hospitals (Poku et al., 2022).

Nursing managers should provide the RNs who report to them with support, equity, and trust, thereby reducing RN turnover (Poku et al., 2022). Organizational effectiveness, productivity, and care quality are all impacted by RN turnover, which may also raise operational costs (Parr et al., 2021). Nursing managers who want to build trust, equity, and support enable the lack of RN shortages (Parr et al., 2021).

Transition

LTC facilities managers are experiencing the challenge of retaining qualified RNs. Healthcare managers are experiencing the challenge of retaining qualified RNs. This qualitative multicase study will examine the strategies nursing managers in LTC facilities use to reduce RN turnover. Section 1 includes the foundation of the study to understand the issues and objectives of RN turnover in many organizations. The section consisted of the problem background, the purpose and problem statement, interview questions, conceptual framework, operational definitions, assumptions, limitations, delimitations, and literature review. I explored the relationship between managers and RNs in this study to eliminate employee turnover. With COVID-19 and other medical illnesses, maintaining a committed staff and a positive relationship between the employees and the organization is paramount.

Section 2 covers the following topics: the role of the researcher, participants, research method, research design, population and sampling, data collection instruments, data collection and organization technique, data analysis, the reliability and validation of

the study procedures, and reporting. In Section 3 of the study, I presented the findings, applications to professional practice, implications for social change, recommendations for action, recommendations for further research, reflections, summary, and conclusion. The data collected in Section 3 of the study pertains to reducing RN turnover intentions in organizations, potentially protecting the financial costs, and retaining competent nursing staff.

Section 2: The Project

In this qualitative multiple case study, I researched the effectiveness of health care leadership's managerial strategies in the southwestern United States to help reduce nursing turnover. I collected data from LTC facilities through interviews using open-ended questions. Section 2 of the study addresses the (a) purpose statement, (b) role of the researcher, (c) participants, (d) research and method design, (e) population and sampling, (f) ethical research, (g) data collection instruments, techniques, organization, and analysis; and (h) reliability and validity.

Purpose Statement

This qualitative multiple case study was conducted to explore strategies that nursing managers can use to reduce RN turnover. Each participant required 2 years of experience as a nursing manager in an LTC facility. The study's implications for social change include providing adequate patient LTC facilities and maintaining the RN staff in the healthcare profession (Chambers, 2022). Other nursing managers may utilize the information to improve the strategies nursing managers of LTC facilities develop and implement to reduce RN turnover.

Role of the Researcher

The researcher's comprehensive overview of data design, implementation, and evaluation to answer the research question is important to the study (Stenfors et al., 2020). The qualitative researcher explores how and why the phenomenon of the study impacts social processes. The researcher should choose the appropriate data collection method based on the research questions, identify potential sources of bias, and ensure

quality data (Stenfors et al., 2020).

Researchers require awareness of their biases, experiences, and beliefs concerning the topic and participants, as these can influence their perception of the data collected. The researcher must not conflict with prior knowledge of the subject matter to create a positive relationship with each participant. A researcher's relationship with the topic, participants, or research area can affect the data collection process and the validity of the results (Yin, 2018). If the researcher has prior knowledge of the topic, they may have preconceived notions that could affect the interpretation of the data (Stenfors et al., 2020). As an LTC facility director, I have experience in patient care, scheduling, and communicating with the patients' family members. Additionally, personal relationship with the interviewee may affect the objectivity or trust in the researcher. To minimize the impact of these relationships, researchers should aim for transparency and strive to remain objective throughout the data collection process, eliminating bias (Stenfors et al., 2020).

Further, according to the U. S. Department of Health and Human Services (HHS, 1979), the three core ethical principles specified in the *Belmont Report* include respect for persons, beneficence, and justice. The researcher's role requires following the *Belmont Report* protocol to ensure the ethical principles and guidelines for protecting human subjects (HHS, 1979). The researcher should obtain informed consent from participants, ensure the confidentiality and privacy of participants and participant data, and avoid harm to participants.

To reduce bias, I also followed an interview protocol, providing each participant

with a summary of the case study, the data collection procedure, and the questions (see Appendix B). An interview protocol is a structured set of questions that guides the interview process in qualitative studies (Yin, 2018). The interview protocol provides a framework for the researcher to collect and organize data systems to cover all critical topics (Bergen & Labonté, 2020). The questions should be clear, specific, and open-ended to encourage participants to provide detailed responses (Yin, 2018). I focused on the interview questions that explore nursing managers' strategies to retain RNs in their organization. A standardized protocol helps minimize bias and increase the objectivity of the data collected (Prosek & Gibson, 2021).

Participants

The participants for the multiple case study include five nursing managers of LTC facilities in Hillsborough County, Florida. Each participant required a minimum of 2 years working as a nurse manager. I gained access to the participants for my studies from Medicare.gov until I had four to six participants. I sent the agreement via email regarding the partner organization agreement for the DBA case study. I provided an understanding of the subject of the study, the interview process, and data collection to provide the participants with an understanding of the study's focus on obtaining participants. Upon confirmation to participate in the study, I sent each participant the informed consent form. The informed consent form addressed all the study information, including maintaining confidentiality and privacy.

Establishing a working relationship with the participants included the initial contact with a written communication invitation, noting the interview time. Establishing

trust with participants is crucial to creating a positive working relationship (Dianiska et al., 2021; Prosek & Gibson, 2021). A positive working relationship with participants involves listening actively, expressing clear and concise explanations, and responding to participants' questions and concerns (Dianiska et al., 2021). I remained flexible and accommodated the participants' schedules and needs to help build a positive working relationship (see Dianiska et al., 2021). Treating participants respectfully and with dignity is also essential for establishing a positive working relationship. Respect involves remaining courteous and professional, avoiding disrespectful or dismissive behavior, and recognizing participants' contributions and value to the study (Prosek & Gibson, 2021).

Research Method and Design

Research Method

I selected the qualitative method, aligning the exploration of retention strategies nursing managers of LTC facilities develop and implement to reduce RN turnover. Qualitative researchers explore a social phenomenon, which focuses on a situation, subjective meanings, and motivating actions (Rouleau et al., 2019). The qualitative approach uses multiple data collection sources and provides a better understanding of the phenomenon, presenting a more accurate portrayal of the business problem (Siedlecki, 2022). Qualitative researchers use open-ended questions, whereas quantitative researchers use close-ended questions, logic models, and numeric outcomes, analyzing the relationships among variables (Mohajan, 2020). The mixed method approach provides a cumulative body of knowledge, cutting across several methodologies (Fetters & Molina-Azorin, 2020). The mixed methodology hinges on the research question,

purpose, and context, presenting the findings through quantitative and qualitative research (Mohajan, 2020). Therefore, a quantitative or mixed methods study may not provide an understanding of the experiences and attitudes of an existing problem or a specific phenomenon (Yin, 2018). Thus, I conducted a qualitative, multiple case study with five nursing managers of LTC facilities in Hillsborough County, Florida, who successfully retained RNs.

Research Design

The five qualitative research methods for inquiry include the following: biography, ethnographic, grounded, phenomenology, and case studies (Tomaszewski et al., 2020). Narrative researchers can provide individual stories and shed light on the individual's experiences and how they see themselves (Cassie & DuBose, 2023). The researcher tries to understand an organization in narrative research fully, and the researcher must observe the contextual nature of the individual's work (Tomaszewski et al., 2020). Narrative research did not apply to the study because I examined the organization, the functioning parts, and not an individual's view of their life experiences (see Cassie & DuBose, 2023).

Ethnographic researchers focus on cultural exchange groups (Tomaszewski et al., 2020). The researcher primarily explores shared and learned patterns, behaviors, beliefs, and languages in the context of their cultural group (Tomaszewski et al., 2020). Ethnographic researchers explore the unique dynamics of cultural systems to understand the characteristics of specific groups and the behavior of their members (Tomaszewski et al., 2020). The ethnography research method is not an appropriate design for this study

because it is not necessary to understand the cultural behaviors of the participants.

Phenomenology researchers determine participants' experiences and a common theme in the lived experiences of multiple individuals (Tomaszewski et al., 2020). Phenomenological research designs are used to study lived experiences and beliefs (Prosek & Gibson, 2021). However, I was not focused on the real-world experiences of LTC nursing managers.

A case study as an in-depth analysis of a particular group or individual entity to understand the environment contributing to the phenomenon (Loft & Jensen, 2020). Researchers use a single case study by analyzing multiple data sources such as interviews, records, and personal experiences to understand the phenomenon. The case study method is used to explore a detailed understanding of multiple entities experiencing the same phenomenon in real-world settings (Yin, 2018). The basis of qualitative case studies is an interpretation of an individual's experience of a particular event (Prosek & Gibson, 2021). In a multiple case study, researchers examine multiple entities within a case, such as a nursing home. Using a multiple case study, I collected data through face-to-face interviews, the organization's strategic documents, and field notes.

To reach saturation, I interviewed five nursing managers of LTC facilities. Data saturation occurs when no new themes or codes emerge from collected data (Yin, 2018). Each participant provided data through a face-to-face interview containing open-ended questions. Member checking confirms that the data collected through the interview process remains credible (Prosek & Gibson, 2021). Methodological triangulation of multiple data sources enhances results' reliability and data saturation (Prosek & Gibson,

2021).

Population and Sampling

Within qualitative research, the population includes depth of data rather than frequencies, whereby the selection of participants should consist of the best answer to the research topic (Hennink & Kaiser, 2022). The population for the study is nursing managers in Hillsborough County, Florida. The Florida Healthcare Association 2023 claims that Florida has over 691 nursing home facilities in the state, having over 84,448 beds and 71,000 residents, making the Florida nursing facility occupancy rate approximately 85%. Purposeful sampling involves selecting individuals who exhibit knowledge or experience with the phenomenon (Campbell et al., 2020; Staller, 2021). I recruited participants by obtaining the nursing manager's names and email addresses from LTC facilities in Hillsborough County, Florida, with 2 years of experience. I emailed the partner organization agreement for the DBA case study. The email included the informed consent form to provide all the information about the study. I interviewed five participants (i.e., nursing managers) who have positively implemented strategies to reduce RN turnover and provided information regarding the study's topic. The eligibility of each participant for the study must include nursing managers who have successfully implemented strategies to prevent RN turnover. The participants should willingly share in-depth knowledge and contribute to the business problem of this study.

The appropriate sample size for the qualitative researcher requires structured guidelines for rigor to estimate the sample size (Staller, 2021). The sample size of the participants requires generating focus on information regarding the research question

(Campbell et al., 2020). Notably, the sample size should provide convincing information about the same phenomenon to reach validity and saturation of the data (Campbell et al., 2020). Yin (2018) noted that the sample size depends on the complexity of the study topic and the depth of the data collected. The sample size in a case study can consist of 4-15 participants to reach saturation (Staller, 2021). I planned to interview four to six nursing managers with 60-240 patients with six open-ended questions. Eligible participants for this study include nursing managers who successfully implement strategies and are prepared to participate in a face-to-face interview to contribute their experiences for this study.

Failure to reach data saturation impacts the quality of the research and impedes content validity (Hennink & Kaiser, 2022). To reach data saturation, the researcher must acquire enough information that no further coding is necessary for the study (Staller, 2021). Data saturation occurs when no additional themes or categories arise from the collected data (Hennink & Kaiser, 2022). The researchers' approach to reaching saturation requires maintaining the validity of the study (Yin, 2018). Researchers realize data saturation exists when no new findings are relevant to the purpose of the study (Hennink & Kaiser, 2022). The achievement of data saturation signifies the optimal sample size (Staller, 2021). To reach saturation, while I planned to interview four to six participants, however, I reached data saturation with five participants.

The interview process caters to the interviewees' availability, allowing accurate data collection through open-ended questions and the possibility of follow-up questions to provide clarity and validation for the study (Jones, 2020; Yin, 2018). As the primary

data collection instrument, the researcher collects data in a natural setting (Jones, 2020). A natural setting assists in performing data analysis that is inductive and deductive to establish patterns and themes (Jones, 2020). The face-to-face interview process provides visual clues, such as the loss of nonverbal data, contextual data, and distortion of verbal responses (Dunwoodie et al., 2023). The researcher requires promoting comfortable, natural surroundings to gain the participant's confidence, encouraging the interviewee to contribute knowledgeable and substantial data (Dunwoodie et al., 2023). To ensure an effective interview, a positive relationship between the interviewer and the interviewee is essential (Dunwoodie et al., 2023). In an interview setting, it is vital to allow the interviewee to contribute details about their experiences, expectations, and predicaments about the interview topic by instilling a conversation rather than an interrogation (Dunwoodie et al., 2023). The face-to-face interview provides the human factor and creates a relationship between the interviewee and interviewer (Dunwoodie et al., 2023).

The interview process in the qualitative multicase study could include four participants (Staller, 2021). With the understanding of the shortage of RNs in LTC facilities, the data collected aids in knowledgeable information on the strategies to retain adequate nursing staff (Staller, 2021). I had planned to interview four to six LTC facility nursing managers to gain data on strategies to reduce RN turnover. However, upon recruitment, I interviewed five participants and achieved data saturation. The interview process follows the protocol (see Appendix D) to provide dependability and validity of the study.

Ethical Research

Designing and researching a qualitative multicase study demands ethical standards during several phases of research, including ethical issues regarding participants' sensitive information (Yin, 2018). Approval from the Institutional Review Board (IRB) follows the ethical standards and requirements before collecting participant data. Qualitative researchers deposit anonymized data that meet standardized requirements relating to its format and ethical consent (Goodwin et al., 2020). For example, the researcher requires specific conditions to allow access to their data (Goodwin et al., 2020). After the IRB grants permission to initiate the study, I emailed the partner organization agreement for the DBA case study and the informed consent form (see Appendix A & B), inviting the participation of RN nursing managers.

All interviews with the participants require information on the purpose of the study's subject matter, the data collection procedure, and as found in the informed consent form (see Appendix B). The informed consent form includes details of the study, participant rights, and instructions indicating acceptance to participate in the research. The informed consent form assures the researcher and the participant of the benefits, anonymity, confidentiality of the information provided, privacy, and data security (Dunwoodie et al., 2023). Through email, each participant voluntarily agreed to contribute to the study by replying to the original email of the informed consent form with the words "I consent."

The participant may withdraw from the study without penalty by contacting me via email or telephone (HHS, 1979). If the participant withdraws from the study, I

assured them of the destruction of all documentation outlined in the informed consent form. Participants did not receive incentives or monetary payments for participating in the study and interview process (HHS, 1979). I addressed the ethical standards of the Walden University IRB, following the process to ensure meeting the ethical standards before, during, and after conducting the research. Through the IRB process, I received approval number 06-20-23-1094194 before collecting data.

All participants will receive a code to protect their anonymity with the identification codes P-1, P-2, P-3, P-4, P-5, and P-6. As stated in *The Belmont Report*, the researcher require to follow the three core ethical principles: (a) respect for persons, (b) beneficence, and (c) justice for every participant (HHS, 1979). The correct procedures for collecting the relevant research to conduct the multicase study must meet the same phenomenon's requirements (Dianiska et al., 2021). I filed all forms, field notes, summarized transcripts, and other data collected in a locked box for 5 years and I will destroy them by burning all documentation, the password-protected flash drive, and all other information in a fire receptacle.

Data Collection Instruments

I am the primary data collection instrument in this qualitative multicase study. The primary data collection instrument consists of a semistructured interview. The primary data collection instrument consists of a semistructured interview using an Olympus Digital Voice Recorder, note-taking during the interview, and examination of the organization's documentation., note-taking during the interview, and examination of the organization's documentation. I interviewed five LTC facility nursing managers to

ask six open-ended questions (see Appendix C). The open-ended questions allow the participants to share their experiences and provide a more in-depth understanding of their everyday experiences (Jain, 2021). Each participant shared specific experiences and strategies implemented to retain RNs in the LTC facility. The participants responded to the open-ended questions as they wish, and the researcher may probe their responses (Jain, 2021). The six open-ended questions related to Homans's (1958) SET (see Appendix C) may gain answers to the study's research question. The information obtained from participants can focus on the information of the research questions to provide a convincing account of the phenomenon (Yin, 2018).

The face-to-face semistructured interview and observations with each participant provide data regarding nursing managers' experiences implementing strategies. While conducting the interview, the researcher must remain unbiased by eliminating any personal characteristics (i.e., gender, race, age, personal experiences, and beliefs) to the participant (Jain, 2021). It is essential to note that the researcher must remain bias and objective while conducting an interview (Jain, 2021). A disadvantage of the semistructured face-to-face interview could occur if the question is biased (Yin, 2018). After the interview, I requested any documentation of strategies used to eliminate RN turnovers (See Appendix D).

Researchers analyzing data from archival documents, interviews, and observations reveal patterns and themes (Gorsky & Mold, 2020). Data triangulation strengthens the study's validity by examining company documents, interviews, and observations (Yin, 2018). The data collection instruments aim to obtain essential and

pertinent information from each participant, providing rich, thick data (Gorsky & Mold, 2020). The interview responses from each participant, strategic documentation, and observations provide essential information concerning effective strategies to eliminate RN turnovers.

I conducted each interview similarly to ensure reliability and validity by following an interview protocol (see Appendix D). A case study's reliability should demonstrate the repetition of the same data collection method, achieving the same result (Gorsky & Mold, 2020). To maintain reliability, the researcher must prepare and complete the documentation through the same research steps and procedures and remain constant throughout the study to minimize error and bias (Gorsky & Mold, 2020). I followed the same protocol (see Appendix D) for each interview, maintaining effective notetaking and observation during the interview process.

Member checking is a critical component of qualitative research to assess the accuracy and validity of the participant's data to help eliminate bias (Yin, 2018). Through member checking, the researcher maintains the correctness of all documentation of every participant (Motulsky, 2021). Participants of the semistructured face-to-face interviews received a summary of the transcript responses. Member checking provides accuracy for the researcher and the representation of a participant's subjectivity (Motulsky, 2021). Conducting member checking ensures a study's credibility, dependability, and confirmability (Motulsky, 2021). I used member checking to verify the participant's answers and ensure the accuracy of the data collected. I conducted member checking by emailing a copy of the analysis a week after the initial interview. I set up a follow-up

telephone interviews for verification of the information and asked for feedback on the reported data.

Data Collection Technique

The data collection techniques for this qualitative multicase study include collecting data through four to six nursing managers through a face-to-face interview with open-ended questions. With open-ended questions, the researcher can explore the phenomenon spontaneously, asking additional questions by creating a relaxed atmosphere to develop a conversation with the participant (Lester et al., 2020). (Lester et al. (2020) noted that open-ended questions encourage the participant(s) to provide depth in their responses, which increases the validity of the study by collecting rich data for analysis. I used a handheld recorder with an integrated USB flash drive, allowing connection to my computer for easy transcription. I took the time to understand how the handheld recorder works, enabling successful recordings of the face-to-face interviews with all the participants. I saved each participant's interview on a USB flash drive labeled with the correlating identification code. Recording the interview allows the researcher to focus on the content of the interview, making it easier to transcribe verbatim (Jain, 2021).

Yin (2018) noted that the interview process facilitates consistency, reliability, and unity and requires following the same protocol. It is important to note that the researcher must remain biased and objective while conducting an interview (Roberts, 2020). A disadvantage of the semistructured face-to-face interview could occur if the question is biased (Jain, 2021). Also, the participant may decline to answer a question due to feeling uncomfortable with a recording device (Roberts, 2020). Another disadvantage includes

the comfort level of divulging information and providing incomplete data (Roberts, 2020). One primary advantage of a face-to-face interview includes reflection, observations, and gaining experience in preparing for and conducting interviews, which help strengthen future research in similar settings (Roberts, 2020). The researcher's advantage in strengthening the interview process is obtaining knowledgeable information to strengthen the study's validity (Roberts, 2020).

I converged the evidence through the utilization of methodological triangulation. To promote the convergence of evidence, I included open-ended interview summarized transcripts, organizational documentation regarding managerial strategies implemented, and field notes of observations during the interview processes. Credibility can enhance the study with triangulation, which uses several methods to study one phenomenon (Natow, 2020). Data triangulation strengthens the validity of the study (Yin, 2018). Methodological triangulation provides results supporting data collection reliability and validity (Natow, 2020).

After the transcription of all four to six interviews, I conducted member checking with a complete analysis and confirmed the data collected during the interview process. The researcher requests feedback through member checking from the participants to validate the collected data, promoting accuracy (Motulsky, 2021). The study's validity relies on providing research of correctness in reporting the findings through member checking (Motulsky, 2021). Member checking provides the opportunity to ask further questions as a measure of trustworthiness and establishes credibility (Motulsky, 2021). I conducted member checking by contacting the participant to verify that the data collected

was accurate unless I received an email verifying that the summary was correct. After member checking, I imported the transcribed data into the NVivo programs for coding and finding themes.

Data Organization Technique

The data collection for this qualitative multicase study includes three to six long-term nursing managers of care facilities responding to open-ended questions through a face-to-face interview. I used a handheld recorder with an integrated USB flash drive, allowing connection to my computer for easy transcription. I prepared for the interviews by understanding how the handheld recorder works, enabling successful recordings of the face-to-face interviews with all the participants. I saved each participant's interview on a USB flash drive labeled with the correlating identification code. Recording the interview allows the researcher to focus on the content provided by the interviewee (Saarijärvi & Bratt, 2021). The recording devices allow the data collected for transcription for a summary to complete the member checking process with each participant (Saarijärvi & Bratt, 2021). I used transcription software (i.e., Naturally Speaking Dragon) to save time and review the transcription to promote the correctness of all transcription summaries. Understanding the software enables the successful transcription of all interviews (Saarijärvi & Bratt, 2021). I used transcription software to save time. I saved all information on removable hard drives, one for each participant, to prevent loss of the data collected or technical problems.

After the transcription of the original interview and member checking, the researcher establishes the credibility of the data (Motulsky, 2021). Member checking

maintains the correctness of all documentation of every participant (Yin, 2018). I conducted member checking by sending a copy of the analysis (i.e., one to two-page summary) via email a week after the initial interview. Member checking ensures an ethical and rigorous study, raising critical questions about the researcher's interpretation and trustworthiness of research data to promote validity (Motulsky, 2021). I emailed each participant a copy of the transcribed summary to verify the collected data. Member checking ensures that the data collected through the interview process is accurately recorded and transcribed (Motulsky, 2021).

After performing the follow-up member checking interview (i.e., scheduled phone interview), I imported all documentation into NVivo software. Using computer-assisted tools like NVivo, the researcher can categorize vast amounts of data (Allsop et al., 2022). Using computer-assisted tools like NVivo, the researcher can categorize vast amounts of data (Allsop et al., 2022). Nvivo software analyzes data, comparing codes, themes, and subsequent findings (Allsop et al., 2022). The software offers the process of two outputs: a coded data set and a node system, providing an index of the significant and subsidiary categories of coded data (Allsop et al., 2022). Nvivo software helps a researcher organize data, including interview transcripts and organizational documents (Dalkin et al., 2021). The Nvivo software analyzes data sets, providing insight to help develop conclusions (Elliott-Mainwaring, 2021). I secured all forms, field notes, transcripts, USB flash drives, and data collected in a locked box for 5 years and will destroy the data by burning them in a receptacle and removing all data from my computer.

Data Analysis

Case study research is appropriate for exploring multiple data sources to help determine a phenomenon's foundation (Prosek & Gibson, 2021). Yin (2018) stated that utilizing multiple sources of evidence in a case study allows the researcher to explore a broad range of evidence in lines of inquiry. Yin (2018) noted that analytical techniques enable patterns to emerge and help to strengthen the validity of the study. The researcher should explore three data sources to strengthen a study's validity (Natow, 2020); Yin, 2018). Methodological triangulation incorporates multiple types of data collected to study the phenomenon of the study (Natow, 2020). I used triangulation by collecting data from open-ended interviews, company documentation of strategies, and field notes during the interview process. Triangulation involves the utilization of multiple methods of data collection experiencing the same phenomenon (Natow, 2020).

Data analysis relies on the ability of the researcher to attain enough data to reach saturation (Thorne, 2020). Lester et al. (2020) agree that the general principles of saturation include (a) no new data, (b) no new themes, (c) no new coding, and (d) the ability to replicate the study. While I interviewed the participants, I noted that choosing the most significant participants provided rich and thick data. Data analysis relies on the ability of the researcher to attain enough data to reach saturation (Thorne, 2020). I selected participants who have successfully implemented strategies to prevent RN turnover. To reach data saturation, the researcher needs to collect rich, thick data through appropriate data collection methods (Thorne, 2020). To reach data saturation, I interviewed five participants, who provided no new themes, data, or coding.

The data collection method for the study includes six open-ended questions in a face-to-face interview with five nursing managers (see Appendix C). After completing each face-to-face interview using a handheld Olympus digital voice recorder, I transferred the data from the USB drive into my computer system. I transcribed the interview data using Nuance Dragon Speech Recognition Software. To reach the goal of saturation, I analyzed the face-to-face interviews, the organization's archival strategic records, and interview observations to answer the research question.

Member checking in qualitative research is informative feedback or respondent validation to help improve the accuracy, credibility, and validity of the data received from an interview or another source of information provided by the study participant (Motulsky, 2021). Member checking is a critical component of qualitative research to assess the participant's data's accuracy, reliability, and validity, helping eliminate bias (Motulsky, 2021). I completed member checking of each interview to ensure the validity and creditability of the information gained through the interview process.

I used NVivo computer-assisted software to analyze the data. The tool and guidance help the researcher code data into themes and serve as an able assistant and reliable tool (Dalkin et al., 2021). NVivo software does not provide code data automatically into themes. Researchers use the NVivo software, allowing the researcher to visualize the data and determine common themes (Dalkin et al., 2021). However, the Nvivo software allows the researcher more creativity and relieves the burden of manual coding (Allsop et al., 2022). NVivo offers a coding comparison function to check the consistency and reliability of the coding process (Allsop et al., 2022). After coding all the

data, I explored the prominent themes for further data analysis to identify existing themes.

The key themes from the data correlated to Homans's (1958) SET may offer an understanding of the problems with RN turnover. Organizations have employees and procedures working together to create a thriving work environment and promote the retention of their employees (Çamveren et al., 2020). The routines of nursing managers include involvement in planning, initiating, and implementing change, strategic assessments, and planning (de Farias et al., 2021). The LTC facility's most critical components are the organization's strategies to help RN retention. When examining the data within the SET, the following four themes require examination: (a) organizational policies, (b) work expectations, (c) ethical behavior, and (d) social relationships.

The potential themes correlated with Homans's (1958) SET and the relationship to the research questions enabled me to find the key themes. SET offers an understanding of the influence of the subsystems and the whole system of the organization. Homans (1958) stated team members in an organization are motivated to engage in higher-quality work performance, knowledge sharing, and employee retention through social exchange. SET organization includes people, processes, and working together to achieve a common goal (Stafford & Kuiper, 2021). Stafford and Kuiper (2021) noted that team members in an organization are motivated to engage in higher-quality work performance, knowledge sharing, and employee retention through social exchange.

When examining the data within SET, the following four themes arose: (a) organizational policies, (b) work expectations, (c) ethical behavior, and (d) social

relationships. SET dictates the concept of people, processes, and working together to achieve a common goal (Stafford & Kuiper, 2021). After the first case of COVID-19 was reported in the United States, 60% of the cases affected long-term living facilities (Mills et al., 2020). Furthermore, approximately 5,000 residents in 101 facilities affected by COVID-19 led to stains on the nursing managers and staff (Mills et al., 2020). Long-term living facility challenges include restriction of family visitation, staffing guidelines, transfer policies, hospitalizations, and RN retention (Dobbs et al., 2020).

Reliability and Validity

Reliability

Reliability signifies the replication of the test results, and validity indicates the accuracy of the data (Yin, 2018). Reliability encompasses four criteria: (a) dependability, (b) creditability, (c) transferability, and (d) confirmability (Eldh et al., 2020). Validity involves tests of (a) construct validity, (b) internal validity, and (c) external validity (Eldh et al., 2020). Both reliability and validity in a qualitative study ensure that the data is accurate and trustworthy.

Dependability refers to data stability over time (Stenfors et al., 2020).

Dependability includes four criteria of rigor and trustworthiness (Eldh et al., 2020). The researcher establishes consistency through constructivism and interpretivism (Eldh et al., 2020). The researcher seeks to establish dependability through trustworthiness by accurately reporting the analysis process through the data collection method, sampling strategy, and the selection of data analysis techniques (Stenfors et al., 2020). I used the same research protocol (see Appendix D) and interview notations to explore each

participant's recurring themes. Trustworthiness is essential in all stages of research, including the preparation, organization, and reporting phases (Kyngäs et al., 2020).

Member checking in qualitative research is informative feedback or the interviewees' validation of the provided data (Motulsky, 2021). To help improve the accuracy, credibility, reliability, and dependability of the data received from an interview or another source of information provides reliability in the study's findings (Motulsky, 2021). Member checking is a critical component of qualitative research to ensure the data provided by the participant is dependable and eliminates bias (Yin, 2018). The study with the dependable process of selecting, justifying, and applying research strategies, procedures, and methods remains clearly explained and evaluated efficiently by the researcher (Singh et al., 2021). I conducted member checking by sending a copy of the analysis a week after the initial interview to verify the information and feedback on the reported data.

Validity

For a qualitative study to be credible and trustworthy, the data must be sufficiently descriptive and precisely describe the participants, activities, interactions, and the interview setting (Kyngäs et al., 2020). Researchers and scholars use methodological triangulation to examine data sources, including interview data and organizational documentation, enabling the verification of findings (Yin, 2018). I used methodological triangulation analysis of the face-to-face interviews, the organization's archival strategic records, and interview observations to answer the research question. If the data is consistent, it increases confidence in the credibility of the findings (Stenfors et al., 2020;

Yin, 2018). I ensured the participants I recruit have successfully implemented nursing strategies to instill RN retention.

Knowledgeable interviewees provide valuable information from viewpoints of power and privilege (Stenfors et al., 2020). However, the information may be biased or inaccurate, and researchers must recognize the knowledgeable individuals they interview (Stenfors et al., 2020). Therefore, the use of triangulation using interviews is crucial. Along with methodological triangulation, I conducted member checking with each participant. Member checking ensures the data collected through the interview process is accurately recorded and transcribed (Natow., 2020). To achieve validity, use open-ended questions, behavioral responses, and organizational documentation from nursing managers (see Appendix C). I tested the credibility of the data collected through member checking and methodological triangulation to increase confidence in the credibility of the findings.

Transferability encompasses the findings of a qualitative study that are transferable to other similar settings (Younas et al., 2023). A thick description of the setting, context, people, actions, and events evaluated ensures transferability in qualitative studies (Younas et al., 2023). Furthermore, transferability and the relationship of saturation refer to the categories or themes tested to produce validity, whereby a theory can emerge (Younas et al., 2023). Methodological triangulation is necessary to support the findings from each data collection method (Yin, 2018). I used the interview, observations, and member checking to strengthen the validity and transferability of the study to ensure findings related to my research question. Providing the information may

promote future research about the retention of RNs in the workplace.

Transferability of a qualitative study results if the findings are transferable to other similar settings. The relevance of transferability allows other researchers to expand on the study or develop a new theory (Maxwell, 2021). Through the findings from the study, I provided the nursing managers with information to promote effective strategies to retain the RN staff in their organization.

Confirmability or member checking is based on the analysis of the collected data and explored to confirm the findings to verify with clarity (Eldh et al., 2020). I conducted member checking by sending a copy of the analysis via email a week after the initial interview and setting up a follow-up telephone interview to verify correctness and validity. Confirmability distinguishes how the findings relate to the phenomenon of the research question (Stenfors et al., 2020). To achieve confirmability, member checking of each interview ensures the validity of the research process (Stenfors et al., 2020). Member checking provides the opportunity to ask further questions as a measure of trustworthiness and establishes validity (Motulsky, 2021). Open-ended questions encourage participants (s) to provide in-depth information (Motulsky, 2021).

Member checking increases the study's validity by collecting rich data for analysis (Natow, 2020). Member checking the interview transcriptions confirms the collected data's trustworthiness (Motulsky, 2021). Furthermore, member checking provides the accuracy of the data collected, interpretation, and validation of the data furnished by each participant, which is a critical tool for establishing confirmation and credibility (Natow, 2020). After transcription of the initial interview, I scheduled a phone

interview with each participant to verify the accuracy of the interpreted data and any other pertinent information analyzed.

The validation of the qualitative study is to ensure data saturation. Data saturation provides validity in a qualitative study, like statistical validity in a quantitative study. In a qualitative case study, the researcher asks *how* and *what* questions (Yin, 2018). Failure to reach data saturation impacts the quality of the research and impedes content validity (Mwita, 2022). To reach data saturation, the researcher must acquire enough information, whereby no further coding is necessary for the study (Mwita, 2022). If data saturation does not occur, the study harms the validity of one's research (Yin, 2018). The sample size of the participants should require generating focused information regarding the research question (Hennink & Kaiser, 2022).

Furthermore, the sample size should provide convincing information about the same phenomenon to reach validity and saturation of the data (Hennink & Kaiser, 2022). Furthermore, qualitative research must understand the concept of the *personal lens* to enable data saturation (Mwita, 2022). Understanding the participant's information is imperative; the researcher is the data collection instrument (Mwita, 2022).

Purposeful sampling for the qualitative researcher requires selecting information-rich data from participants with experience and knowledge of the phenomenon of interest to promote data saturation (Staller, 2021). I recruited five nursing managers who successfully implemented strategies to reduce RN turnover. The importance of these elements and the willingness of the participants to provide information-rich data should promote data saturation (Hennink & Kaiser, 2022).

Another method to reach data saturation for the qualitative researcher is the interview process and the number of interviews (Mwita, 2022). Furthermore, structuring the interview questions and asking the same questions for all participants is essential to reach data saturation (Yin, 2018). As listed in Appendix C, I asked six open-ended questions to each of the participants. Furthermore, I used an interview protocol (see Appendix D) to conduct each interview similarly.

Transition and Summary

This qualitative case study explores nurse managers' strategies in four to six LTC facilities in the southwest region of Florida to reduce RN turnover. I collected data from LTC facility nurse managers by conducting interviews containing open-ended questions from four to six participating organizations. Understanding nursing managers and their experience with the strategies to retain RNs may aid in creating effective strategies to reduce turnovers in their organization. Before data collection, I completed my oral defense and obtained permission from the IRB to begin the research.

Section 2 of the study provides the case study research information, including the following: (a) the role of the researcher, (b) participants, (c) the research method, (d) the research method and design, (e) population and sampling, (f) ethical research, (g) data collection instruments and techniques, (h) data analysis, and (i) the reliability and validity of the study. Section 3 of the study presents the findings, applications to professional practice, implications for social change, recommendations for action, further research recommendations, reflections, summary, and conclusion. The data collected in Section 3 of the study pertains to nursing managers' strategies to retain RNs in LTC facilities.

Section 3: Application to Professional Practice and Implications for Change

Introduction

The purpose of this qualitative multiple case study was to explore strategies RN nurse managers can utilize to reduce RN turnover in LTC facilities. The target population was six nurse managers from Hillsborough County, Florida. I used semistructured, open-ended interviews with five nurse managers from various LTC facilities to discuss RN turnover and retention strategies. I transcribed each interview, took notes, and performed member checking. The cost of turnover represents a financial impact on the organization's retention. The study's implications for social change include providing adequate patient LTC facilities and maintaining the RN staff in the healthcare profession (Chambers, 2022).

Presentation of the Findings

The overarching research question for this study was "What retention strategies do nursing managers of LTC facilities develop and implement to reduce RN turnover?" The participants consisted of five RN managers of LTC facilities in Hillsborough County, Florida. The five managers who had at least 2 years of experience in RN management answered six open-ended questions. The thematic analysis, based on the information provided, supported the research question. Four themes emerged from the interviews: (a) RN performance and organization standards, (b) RN recognition, (c) turnover rate and conflicts, and (d) strategic objectives with management.

The findings validate, disconfirm, or extend knowledge. In the following sections, I connect the findings with the literature and the conceptual framework used for this

study, Homans's (1958) SET. The participants' responses aligned with some of the outcomes of this framework, as evidenced by discussions surrounding employee satisfaction, performance, motivation, and intent to stay.

Theme 1: Practice Standards

All five participants mentioned performances during the interview process (see Table 1). The standards of professional nursing practice accompany the scope of the individual's responsibilities in the workplace. Practice standards describe levels of competency in nursing, including assessment, diagnosis, determination of outcomes, planning, implementation, and evaluation (Cumyn et al., 2019). Accordingly, the nursing process includes vital actions RNs perform and provides the basis for nurse decision-making. Standards take place through authoritative statements of tasks that all RNs, regardless of role, population, or specialty, are expected to perform competently (Cumyn et al., 2019). Organization standards may change based on the dynamics of the nursing profession as new professional practice models are developed and accepted by the nursing profession and the public. In addition, specific conditions and clinical circumstances may also influence the application of standards at a given time, such as during natural disasters or epidemics.

Table 1*Theme 1: Practice Standards*

Participants	Participant's comments
P-1	I think the biggest problem that we experience is dealing with the ones that are set in their ways. You might have an LPN who has been there for 15 years, and you bring in a new RN who is either fresh out of school or, maybe, has a year of experience anywhere. Technically, by all rights, the RNs are above them, but you have the LPNs set in their ways and do not want to recognize that leadership. And so that is when we fall back on that effect of communication—making sure that they all feel assisted by those who are not being treated better than the others and that they understand why the roles are the way that they are. I think that part of what helps with it is in our facility, specifically when we get a new nurse, whether the new employee is an RN or an LPN. Regardless of what their role is, we will put them in one of our lesser stressful areas so that they can get to know the other nurses around them, the other residents, the policies, and get comfortable with the things that they do before we put them in more of the leadership or roles, even if doing or anything. So that, you know, that season 15-year LPN can get to know them better. First, before we introduce this new RN with little to no experience, we will say she is in charge due to the higher degree. We even have the LPNs train the RNs regardless of what they are going to be doing. Like when I oriented with an LPN. Because in that setting, there is not much of a difference in our role. In our facility, the LPN receives certification in Administering IV medications. So, technically, I would still have a higher degree over them. They can do a lot of the same stuff that I can in those roles. Most of them will not stick to a patient to put an IV in or something like that. That is where a lot of the differences occur, but then, my knowledge of medicine is a lot more in-depth.
P-2	They love it. They still supported me. Many times, I hear at my facility that my employees say this feels like family because they have me. I give them my cell phone number on day one, and I tell the employees that I have an open door policy; I let them call me whenever they need to ask me questions. I let them know that it is okay to ask questions, and I actually prefer that they ask questions where they are not sure. Specifically, the mentor because I have done that, which ended up being that the staff really starts supporting each other. They see how they are doing, and it is not a manager. So, their actions are contagious. So, when you see one person doing it, then I have the mentor praise them when they do something correctly, using words of affirmation because nurses want recognition. I feel that in our atmosphere, there is probably many nursing everywhere. There is a lack of appreciation. If morale is up, there is more smiling and little banter that you do that fun stuff that you like; nursing is stressful. So, when you have those moments of laughter and stuff like that, I even see some of my staff hug in the morning when they get to work.
P-3	The number one problem I would run into is a shortage of staff. It wears you down. It makes you feel like I do not want to go back to work. You feel like you do not want to go back to work when there is a shortage of staff. It takes a lot, let me say, shortage of staff, and it is one of the problems, one of the biggest problems. Furthermore, another thing I can say is that with a family member conflict. Sometimes, there are issues with the family members when they come to the facility. They do not want to listen to what you want to tell them. Especially if they have, if they have a minor medical background, carry it and come into the facility. Nevertheless, they do not know that the facility has its own policies. They have the way they want things done. They are confronting you based on what knowledge they have. They do not want to follow the Doctor's orders. They want it done the way they want it done, even though the Doctor informs the facility how to take care of the patient.
P-4	Our motivation techniques are handled in different ways. Sometimes you have a, depending on what it is, because there is a lot of nurse burnout going on. So, if they are tired, there is a nurse who is constantly picking up and doing other things to help. Our strategies may not work well for them in concepts of motivation by pushing them to do better. However, by trying to help out, they do not see it as much because they are so tired and burnt out because of working so much due to having so many patients and everything like that.
P-5	The motivations are responded to well. They respond well. However, the techniques do not last. Get them excited. You get them excited, and you say we are going to do this, but then they fade away. You get them excited; you get them excited, and then the techniques go away. You have to, to, to make them stick. If you are going to do something, play it out. I promise you that if you do a technique and you make it work, other people are going to bring other RNs. You are not going to have a problem getting other RNs. You have hospitals that have nurses that do not want to leave. You can have long-term care facilities the same way. If you have a long-term care facility, you have a few that are so good that nurses get there and do not want to leave, and that is because they are doing it right. You have some that are not, and they do not mind the high turnover, but that is not continuity of care for the patient either. Every time people think about the type of people that we have in these long-term care facilities. They wonder why these patients are not getting better care in these long-term care facilities. I am an old-school nurse; I think about the whole patient. So, you have a patient that has a different nurse. Single time. And then the way these long-term care facilities are putting a band-aid, instead of motivating a nurse, we just going to hire agency nurse, we going to an agency nurse. Because of the experience that I have, I am thinking about the whole picture. They do not have to pay an agency nurse insurance. They do not have to pay an agency nurse overtime. The motivation thing goes away because as soon as I try to motivate you. For example, if someone calls in, then I need to work a double, and motivation does not mean bringing me donuts and coffee in the morning.

Theme 2: RN Recognition

Each participant agreed that a healthy work environment remains vital in maintaining the RNs' commitment to the organization (see Table 2). The theme aligns with my conceptual framework, SET, as evidenced by discussing employee satisfaction and rewards. A healthy work environment starts with recognizing team members for the value they bring to your organization. Although nursing is one of the most rewarding careers, it can also be one of the most challenging. Establishing systems to recognize nurses in a personalized and meaningful way can help give them the recognition they deserve and reinforce their sense of worth, thereby providing higher fulfillment for nurses (Ann & Blum, 2020). The LTC organization has a comprehensive system of formal processes and structured forums that ensures a sustained focus on recognizing all team members for their contributions. An LTC organization's recognition system extends from the bedside to the boardroom, ensuring individuals receive the recognition that aligns with their definitions of meaning, fulfillment, growth, and advancement at each stage of their professional career (Ann & Blum, 2020). LTC organizations regularly evaluate their accreditation systems, ensuring effective programs help the organization move toward a sustainable culture of excellence.

Table 2*Theme 2: RN Recognition*

Participants	Participant's comments
P-1	I think one of the biggest things is making sure that they know that we are valued. You cannot just run a long-term facility off of just LPNs. They need us because if you have a bunch of LPNs who cannot perform inserting IVs for some reason and need our leadership to assist them in providing guidance and expertise to help. RNs provide assessment skills, which we train to do. So, you needed to feel valued from the get-go in order to stay. Furthermore, that all goes back to the very first part of our communication: knowing who works above you, having those open lines and willingness to talk, and being able to be upfront when you are frustrated because those who have worked in the facility for around for 20 years, does not want to listen to new you.
P-2	Every single time a staff is there for one more year on their annual, I recognize them. So, in our all-staff meeting. Two years, three years ago, I set alerts on my calendar, which employee is hitting their one-year mark. I have an all-staff meeting every month, and everybody who completed the annuals that month receives recognition. Moreover, it is something as simple as a coin, some pins, and a little goody bag. It is just something to thank them for their commitment to retaining their employment with the facility and with the other staff. They are all on my calendar for their birthday. So, I would mail a birthday card to their house. It is a lot, but it is once a month I have it organized, so I only have to sit down once a month and do it. That little bit of time that I am investing in my nurses keeps me from working on the weekend. The extra work (thoughtfulness) keeps me from working the medication cart on the weekend or working overnight because they are not calling in, and they are happy.
P-3	I am looking to put together a plan to implement and try a pilot program called self-scheduling. The board contains all the positions that I need to be filled for the month. I am letting my full-time staff go in first. They sign up for their full-time schedule. There are going to be rules. You have to pick up a certain amount of weekend days. Time staff follows and fills in their days. Then, I really only have three as needed because I do not particularly appreciate having them as needed. I will definitely get rid of them if I do this self-scheduling because, basically, everyone will be able to pick their schedule. Finally, I will let my part-time nurses pick up the schedules. Then, I review the month of the schedule. Then I talked to some of the staff to see if I could get people to do a little switching and stuff like that. Once the monthly schedule is made, I post the completed schedule. I have looked at the statistics of the people who have already tried it. The call-ins decreased significantly. That is the most significant difference I see. The call-ins and the staff are able to schedule small little things to do with their families. So, I have to get all the details put together and get it all in a plan before I roll it out. Nevertheless, I am going to do a pilot program of that type of scheduling. The more autonomy they have, the more employees feel that they have more control of their life and their jobs not controlling them. You know, we give people a set schedule. Every other Thursday, I can never do anything. I do not know how it is going to play out, but I am just going to try it. Because this is one of the requests that the staff say they try. That is why people go to a staffing agency. It is not just the money; it is the flexibility. I think the other problem with nursing and long-term care facilities is the caseload, which is not something I can control, you know, state and Center for Medicare/Medicaid services guidelines at the profit margins, they are not very high. Our Center for Medicare/Medicaid services, our reimbursement is not going up even though inflation is going up, which means nurses would like more pay. However, our reimbursement is not going up. So, companies, it is not like they do not want to; they are literally having a hard time doing it because it is still a business. In nursing homes, if something has to change, whether the reimbursement from the Center for Medicare/Medicaid services has to change, they have to understand that the cost of everything is going up. So, the cost of healthcare is going up, so the reimbursement Center for Medicare/Medicaid services should go up.
P-4	Well, how they will respond is when they give their ideas together, everybody will bring the ideas together. This way, everyone's idea is noted. We must choose an idea that would benefit everybody. Bringing ideas together is very important.

The strategies we try to do a lot of motivational-type things. We try to give bonuses when we can. We can give them an extra day off. Like today, nurse burnout does not happen. We do try to help out as much as possible with the stuff that we can do to help them manage their floor and their patience better by helping to take some of the pressure off of them.

Participants	Participant's comments
P-5	<p>What they need to do in long-term care facilities is not hospitals, but I think they need to adopt some things that hospitals instill. They need to have better onboarding. You know onboarding is At a long-term care facility? Well, this is Hall A to the left, this is all A, Hall B to the right, go for it, this is your medication cart, that is the other mad cart, this is the supply room, that is the mad room. That is not good. They need to have better orientations. They need to have better staff support. They need to have better staffing. They need to have better training. They needed to have better benefits. They are getting the staff that they get because of what they have and what they are offering and they are not offering much, hence all of the staffing agencies that they are hiring. If you offered a lot, you would have a lot; if you are not offering much, you are not going to have much, and if your staffing is staffing agencies, that is your staffing for your facility. What does that say about your facility, is that okay? Nevertheless, I am going to leave you with this. These are the long-term care facilities that we have out here, and they are one on every single corner. There are more of those than the goat ones. I do not want to make sure; I do not want to make it sound like there are just horrible long-term care facilities, and there are no good ones. There are some good ones, but we have way too many of the ones that, like that long-term care facility, were operating off of staffing agencies. I mean, it was operating office staffing agencies.</p>

Theme 3: Turnover Rate and Conflicts

The turnover rates in the LTC organizations represented by the participants averaged at least 80% within the first year (see Table 3). The conflicts stemmed from some miscommunication between the RN managers and the RNs. The other conflicts stemmed from high staffing ratios, lack of compassion, and low wages (Lown et al., 2020). Participant 2 suggested that she try a new idea that involves self-scheduling. She thought that it would give the RNs a chance to take control of their schedules based on their lives outside of work. The other participants mentioned work-life balance. All the participants agreed that the RNs were overworked. Flexible organizations with a participative management style include inspirational managers (Çamveren et al., 2020), which can increase job satisfaction and employee retention (Loft & Jensen, 2020).

Table 3*Theme 3: Turnover Rate and Conflicts*

Participants	Participant's comments
P-1	I know it is high; I would honestly throw out probably at least a 90%, but I do not. I know it is high, so I have seen many people that get overwhelmed easily. If they cannot adapt to the change from a hospital to this setting, it is like night and day in the difference. I would go from having anywhere from six patients at night to now having 30 at night, and just the whole routine and everything is super overwhelming if you cannot adapt and adjust. So that is where a lot of the turnover comes from, I believe. Well, part of it has to do with overall staffing levels because of our facility. We do at least three shifts of orientation. Of course, it is more, if need be, depending on your experience level, comfort, and stuff like that. Suppose the person going through orientation feels like they need more time than we provide it. Then, once you are off of the orientation, make sure that you work with a stronger support system and start them out with easier assignments and fewer responsibilities. The new employee should not automatically be thrown into the responsibility of the charge nurse role if they can be given a minor assignment. Back in the day, when I first got hired, ideally, it was on our ground floor, with three nurses during the day to help because the ground floor is the skilled area, so it is physical therapy and wound. We lost a significant amount of people, both RNs and LPNs, to where we could not handle it. It usually has two people, so you still have to do the work. It can be stressful and overwhelming if you are new to it; instead of starting with 20 residents, you start with three, and then you have 30. Our systems allow us to. Sign off on medications an hour before or an hour after before you are in trouble for being late. Sometimes, people-oriented want to do the stuff and show you to save time; instead of wasting time, you do it yourself. For example, when explaining to a new nurse how to complete a task because of the focus on that time limit, you end up doing it yourself. So, it really makes it hard once your three shifts are over. You do not feel like you are okay; it makes it hard for you to have good timing because then you kind of panic when you get close to that two-hour mark. smaller assignments make a huge difference.
P-2	75% presently. In skilled nursing and long-term care, we have not done enough (55 to 75%) steadily incline since the seventies. So, something needs to happen. What I have done at my building right now is instill a standard orientation. It has been pretty consistent since the seventies in skilled nursing, longer for long-term care if you look at statistics. It had a very high turnover rate even before COVID-19. When the COVID pandemic occurred, I saw it sometimes go all the way to 100% of some of the hires. I would hire a whole class of people, and every one of them would be gone. Retention is a tough one. You have to stay competitively waged. You have to stay up-to-date with other facilities. You have to know what people are doing all around, not just in your small area but all around the area. And then I am hiring people, and if you cannot, you have to have a standard pay scale, do a wage analysis in order to bring people in, and they are making more. You cannot have them coming in and somebody making more than someone who has been there for a really long time.
P-3	The turnover rate at this facility is 70 to 80%. The number one problem I would run into is a shortage of staff. It wears you down. It makes you feel like I do not want to go back to work. You feel like you do not want to go back to work when there is a shortage of staff. It takes a lot, let me say, shortage of staff, and it is one of the problems, one of the biggest problems. Furthermore, another thing I can say is that with a family member conflict. Sometimes, there are issues with the family members when they come to the facility. They do not want to listen to what you want to tell them. Especially if they have, if they have a minor medical background, carry it and come into the facility. Nevertheless, they do not know that the facility has its own policies. They have the way they want things done. They are confronting you based on what knowledge they have. They do not want to follow the Doctor's orders. They want it done the way they want it done, even though the Doctor informs the facility how to take care of the patient.
P-4	I am going to say it is a reasonable 75% turnover rate because if you are not used to this setting, it could be too much. It could be a bit heavy because, at the hospital, you have fewer patients. Here, you are taking care of eighteen to 21 patients, and that is a lot when they have different diagnoses, and some of them are just coming out of surgery. Hence, they require more care. The conflicts dealt with mainly are the nurses having too many patients. Many times, it can be family members trying to foster the care more than the patient. So, it becomes that we are taking care of the family more than we are the patients. Many times, it has to do with the doctor's response time for us. The doctors are not returning calls in a timely manner, and the patients do not really have a good rapport with their doctors. So, they do not know what the next step is. We are trying to tell them, but they do not understand. They want to hear more from the doctor. Furthermore, many times, the hospitals are throwing them out earlier than they should. So we get many patients who are not ready for this type of setting when they should be in a more acute setting, but we are still trying to manage them in this setting.

Participants	Participant's comments
P-5	<p>At this facility, we have a 94% turnover rate and have many being run by staffing agencies. The only continuity in a long-term care facility is usually the management, and that is because they are not out there on the floor. The conflicts, like I said, these questions are going to run together. The conflicts are if they do not last; they come and go; they are up and down; they are in and out. They do not last; it is like a band-aid. Why do you, why do you think so many, so many facilities? I know this is going off the rails, but why do you think so many strikes are happening? It is the same thing. Instead of these long-term care facilities, putting the energy into their people, into their nurses, and helping their RNs and get better staff. Through Long-term capabilities, I take them (students) in Nursing fundamentals, I take them into these long-term care facilities, and when they go in one week, they are excited. When they go back the next week, they are like, where so and so? She is not here anymore. A better question is, why would I want to put my family members in a facility that has many people that come in and come out, like a shopping mall? Someone, a brand new person who is taking care of my mom, my dad, my grandmother, my sister, and my aunt every single day. A brand new person is taking care of my family members every single day. That is a problem.</p>

Theme 4: Job Satisfaction

Strategic goals to promote employment, improve working conditions, and retain nurses rely heavily on identifying the factors that contribute to their turnover. The results of many international studies show that the number of nurses expressing their intention to change jobs has increased significantly. Strategic objectives promote employment, improve working conditions, and retain RNs. Chen and Wei (2020) explained that social interaction engages team members within an organization for higher quality work performance and knowledge sharing and promotes the retention of employees.

Job satisfaction includes job satisfaction, management behavior, and organizational culture to create a positive relationship between the employee and the nursing manager. Çamveren et al. (2020) noted four dimensions of job satisfaction: working partners, rewards and welfare, superior support, and job recognition. Each participant supported the strategic goals of the LTC facilities. Pedrosa et al. (2021) argued that a manager's style should occur because it influences an organization's effectiveness and employee retention. Managers help shape and maintain the desired organizational culture.

Table 4*Theme 4: Job Satisfaction*

Participants	Participant's comments
P-1	<p>I think the first strategy would be to pull on the heartstrings of the nurses because working in a long-term care facility, the post-acute facility, has received a negative image for a lot of RNS because they are so used to hearing when you are in school, go to the hospital, work in a hospital, and which I have done from the start. I was a cardiac nurse, but you get to pull on their heartstrings by showing them, you see the people at the hospital, maybe three of your shifts, and then they are discharged out somewhere. While on long-term facilities, you actually get to see a vast improvement. You know, you get to see when they first had their surgery and could not walk. Three weeks later, you grow the rapport with the patients or the residents. The nurses need to understand the different feelings of the progression and to pull on the heart and strengths of the RNS and show them much more satisfaction. It is to see the residents progress and get better and go home, which you see when they are in the hospital, but you do not see them improve, meaning the go-home moment. In the hospital, you do not get to know your patients, but here you do. Thus, we need to play on the emotions of the nurses. You actually get to know the people. Communication is going to be the most significant part because not knowing from day one who you deal with by name and face and having their phone numbers and texting and having them tell you from day one if you need anything at all, let me know. That is a definite motivator because you feel like you are not alone. If you know the people that you are working with are not very helpful, you at least reach out to your supervisor, and they are always accessible. I think that is one of the biggest things that helps. Not necessarily. It is probably because the facility is smaller and more close-knit. However, to help you succeed, there are fewer layers of leadership, so your leadership is actually more accessible. Furthermore, that is one thing that I make sure that I do when I am working with people. I make sure that they have my cell phone if you know you have a problem. I am on the cart that day. For example, if you need to get a hold of me, call me or text me because we do not always have someone at the desk to answer the phone. I will gladly give you my medicine late to help you with your problem, so having that accessibility with leadership really helps. It makes a difference. When I am managing all of the nurses on the floor that day, they all have my cell phone number so that I am always reachable and accessible. Even if I am on my lunch, they know they can call me, or they can text me. We try to stay in the trenches with them, which is one of the big things. You know, if they get assistance, if someone gets three new admissions. I do not have to help them, but I do. We make sure that the work is distributed evenly. If it is something that I cannot help them with, I make sure that someone else is able to help them. Or if they have a question about the new admission or how to do something. I am not going to lie to them; I am honest and upfront and tell them I am not sure, but let me find out, and I will make a posted note or something so that I can remember to get back to them. So, it does not get lost in the 20 million things that happen. So, I think that that follow-up showing the support really helps motivate.</p>
P-2	<p>They have three days in the classroom, and then we explain how to complete the duties three days on the floor. I have changed that. I talk to each one individually about their experience and what they know about our computer system Gauge. Next, I tell them that after your first two days of orientation, I am going to have a meeting with you. We talk about what their weaknesses are, what they think their weaknesses are, and what their strengths are. I talk to them about what I think about their performance, and then we gauge from that point. I give them as many days as they need, especially with brand-new nurses. They had twelve days of orientation. So, I am spending more money on training. They are not getting overwhelmed. They are not quitting because they are not overwhelmed. I am showing them that I appreciate them. On-boarding (hiring the employee), an employee is around one-third of their annual salary. Suppose I waste one-third of their annual salary and training. In that case, they are given their patients' assignments (20 to 30 patients) with no assistance. The nurse becomes overwhelmed, which guarantees them to quit due to the expected overload. There are so many assessments to document if anything happens. Odd behavior changes and conditions fall where someone, the hospital, All kinds of stuff. So, it is on a newer nurse. It becomes very stressful, which is too much. Furthermore, I can make my assignments different by giving them a smaller caseload. I have an extracart in my building, and I create an orientation cart, so that is when I have my people who are on orientation. So, they have gotten how many days they needed with a mentor. Then, they are assigned a mentor. So, the mentor that they are assigned to follow up with them. They will call them and ask them how they are feeling, stuff like that. Then, when they do say, Okay, I am ready to try one by myself to see where I am at, they will get the smaller card. My acute care because I feel like if you can conquer acute care, the skill, then you will be Okay with the long-term. For me, a lot with my turnover rate.</p> <p>On the floor, a lot. I do many of my management duties at home. The things that can be done at home so that my face is on the floor. I concentrate on nurses' health and their well-being. I make that a priority. I sometimes know I do disciplines. I am not saying I do not do discipline, but I use it as an education moment. So, instead of going straight to a write-up that goes in the file, I have created a one-on-one coaching. My 1st step is to let them know that this is not a punishment; it is not nothing. I literally tell them this is just coaching time because I want to help them not make the same mistakes over and over and print out the instances that they do like; if they click the PRN (not needed), I click off. I gave a PRN in med, but they did not clock it off in the bar, and I explained the "and" and the "why" and what could happen. Because if they know the whole story, education is vital. It has to be a good education. We needed to strengthen our education in this atmosphere. They tend to be more accepting of the critiques that I am giving them—an education moment instead of discipline. RNs feel more valued and secure and</p>

- trust in their leaders.
- P-3 They need to have incentives and flexibility. It will motivate them to do the work. Call the RNs and ask them what is working for them, including what schedule best fits their lives. Show appreciation to the individual. Let them know that you appreciate what they are doing.
- P-4 I try to help out as much as possible, try to take as much off of the nurses on the floor as I can. Whatever I can do, you know, to make them feel comfortable on the floor and to give them more time to get caught up. I try to do that. Answer call wise, talk to families, do not interrupt them while they are doing their mad paths, try to answer most questions, communicate with doctors, you know, as much as I can for them while they are working the floor. We try to give out bonuses when we can afford it. We use this system, called coins, where we give them these tickets that they can use. We have a little gift shop; it has things like blood pressure monitors, just things that they may use. And then we also have things that they may need to use at home as well as things they can use. Try to do pretty much anything. We try to concentrate on the things that they are doing well instead of not doing so well. So, they will feel more comfortable and confident in what they are doing. And then the, the, the patient to staff ratio, we try to try to get that together a little bit cause it, it could be a little while sometimes.
- P-5 Strategies that we utilize in long-term care facilities it is hard in long-term care facilities to keep RNs as it is because they have such a responsibility to carry. They are responsible for the medication. They are mainly responsible for the assessment of the patients. They are responsible for the staff. If they have and are in on the staff, they usually have two. If they have three, one is in a management position, so. With two Ins and or three RNs Ins on staff and one being in a management position, you usually see one on one and one on the other. As soon as they start giving medications or finish giving medications for one, they start over for the other. That is a lot. Thus, it is like a cycle. I used to teach. I taught nursing fundamentals, and the nursing students started in long-term care facilities. I saw the high turnover rate, and the high turnover rate was because of the responsibility of the nurses. Furthermore, what I often heard was nurses saying it is like a rat race, spending time with the patients and then dealing with the families. They do not get to answer the proper questions simply because they do not get to spend the proper time when you are a medication nurse. Furthermore, that is not what nurses come into the profession to do. I would often tell my nurses that when they become a nurse, a nurse in a long-term care facility is not their first stop. It should never be your first stop because you will lose many skills. That is one of the things that they say that they feel like they are losing many of their skills. They thought it was going to be an easy road, but not for what they were really losing. The strategies that they can use to motivate the RNs are to give them help and stop making them feel like they are machines. These nurses feel like they are a medication machine, and that is it. They know that is why they are there. They know they have the license and know what they can do, but still, give them the help. They do not have enough technicians or CNAs. Let us say we do not have enough CNAs, and they need to have enough staff. The nurse ends up being the CNA, the nurse, the cleaning people, and the dietitian, making them experience work overload. If the facility is not going to give them a proper staff, you are not going to keep the staff. So that is if all these questions are going to run into the next question, the next question, the, the, the, the facilities are not giving the RNs the proper staffing that they need in order to be successful. If you do not give any employee the tools to be successful, it is not going to work. They are not giving their RNs the tools to be successful. The managers need to give them more CNAs. One of the biggest things is they do not want to pay them. You can pay someone who is just coming out of school \$23 an hour. I just came out of the military, and I have 23 to 25 years of nursing experience. I walked into your facility for a job, and you want to pay me \$20-\$23 an hour, which is not going to work.
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Applications to Professional Practice

The purpose of this qualitative, multiple case study was to explore managerial strategies RN managers used to decrease RN turnover. These findings can be helpful to most or all LTC facilities challenged with a high RN turnover rate. RN managers may apply the recommendations in this study to help improve RN retention by developing a culture of effective communication, employee recognition, better staffing ratios, competitive compensation, and proper onboarding.

Develop a Culture of Effective Communication

The participants discussed the importance of communication. According to the RN managers, communication remains the most essential aspect of the RNs because it allows successful teamwork and an understanding of the expectations. Through positive communication, managers should remember to use their words wisely, whether written or spoken, including tone and body language. Clear and concise communication helps with reducing RN turnover since the RNs know their expectations, but also the importance of listening to the concerns of RNs. Effective communication helps to build relationships between the RNs, management, and patients.

Employee Recognition

Per my discussion with the participants, they brought up the concept of employee recognition. RNs appreciated feeling like family at work. It did not take much for managers to recognize RNs for a job well done. The participants believed that recognizing milestones of service influenced the nurses' desire to stay at the current organization. Recognized employees include aspects that influence their lives, such as

public, private, monetary, and promotional. One of the participants indicated that she wrote out handwritten birthday cards, thank you cards, and work anniversary cards. The handwritten cards influenced the RNs to stay with the organization.

Application 3. Instill Better Staffing Ratios

Although many factors influence RN turnover, the participants all agreed that proper staffing ratios are not only for the good of the RNs but also for the patients they care for in the LTC facilities. The RN managers mentioned that it was very challenging for the RNs to care for more than 10-15 patients at one time. Most LTC facilities have their RNs care for 20-40 patients at a time. Patient overload remains one of the many factors that contributed to the high turnover rate, including RNs who were in their first year of nursing (Hawk et al. 2022). Better staffing ratios support job satisfaction (Dzimbiri & Molefi, 2021). Achieving proposed minimum staffing ratios may help with RN retention efforts, especially since the COVID-19 pandemic. Creapeau et al. (2022) mentioned that instilling proper RN-to-patient ratios enables less stress and fair treatment and supports employees in creating a positive organizational environment to improve the lack of RN turnover.

Offer Competitive Compensation

Homans (1958) discussed rewards as they relate to relationships between people. If the organization offers a competitive compensation package to the RNs, the probability of them remaining with the organization may prove evident. The participants mentioned that competitive compensation for RNs remains a top priority to keep their staff, including delivering what their promises to the RNs, which may result in aggressive

behavior and poor performance in the organization and patient care.

Foster a Proper Onboarding

Proper onboarding is the first impression of what is to come, per multiple participants during the interview. Onboarding includes instructions on what the organization's missions and values are, as explained by one of the participants. The participants agreed that proper onboarding paves the way for a good start for the RNs. Ohr et al. (2020) talked about the onboarding process for new graduates as they enter the nursing profession. Ohr et al. (2020) continued to say that onboarding will increase the RNs' professional knowledge and confidence, which increases their ability to deliver safe, quality healthcare. High turnover rates demonstrate the need to streamline the induction process to provide new graduates with more significant opportunities to develop and maintain professional networks and working relationships regardless of their location (Ohr et al., 2020). The need to develop effective onboarding and policy practices may aid in contributing to better organizational socialization, especially resource allocation and better use of training, time, and support.

Implications for Social Change

If implemented, the results of the doctoral study could improve the lives of RNs and increase patient satisfaction. RN managers should implement the strategies discussed by the participants of my study, as they talked about compassion in the nursing care field. LTCs could improve the working conditions of nurses by promoting the value of each RN (Su et al., 2020). The results of the study may improve social change by improving the retention rates of the RNs. The nursing practice environment supports excellence and

sustainability, including the influence needed to attract and retain a quality nursing workforce (Gormley et al., 2019). Appreciating the drivers that influence RNs' turnover intentions offers reasonable solutions to the challenges of nursing shortages, which directly impact the quality of care. (Su et al., 2020). The most critical aspect of social change includes instilling proper RN-to-patient ratios, enabling less stress and fair treatment, and supporting employees in creating a positive organizational environment to improve the lack of RN turnover. The importance of effective management may create social change through positive managerial strategies for RN retention, patient care, and effective communication with family members.

Recommendations for Action

Based on the themes that emerged from this study, I recommend that nursing managers utilize effective communication, promote a strong onboarding orientation, and support a healthy working environment for their RNs. Nurses respect a leader who can be clear and concise in their daily communication (Chen & Wei, 2020). RNs feel appreciated when they voice concerns or strategies to correct ongoing problems. Many times, RNs may understand how to improve the working conditions in their units more than the RN managers. Allowing suggestions by RNs enables a positive response to teamwork. RN managers should pay attention to the suggestions of their nurses, eliminating an unhappy work environment and a constant battle between nurses, supervisors, and administrators to create positive change. The importance of open channels may help to express worries about disputes and extreme emotions of stress or weariness, which involves paying attention to any staff safety issues and responding to

significant situations.

Additionally, nurse managers must be approachable, available, and show a sincere interest in their personnel. An open-door policy for nurse managers encourages stronger connection and communication (Chen & Wei, 2020). The entire patient experience and the long-term performance of your team depend on your team's ability to retain nurses. The importance of enhancing a positive working environment may transpire the employees with a sense of appreciation and worth, creating a reliable, committed staff in the organization. The results of effective communication may materialize through literature, conferences, and staff training.

The second recommendation may promote a strong onboarding orientation. RN managers should pay special attention to the onboarding process because this is the process of welcoming nurses into their new employment, educating them on expectations and protocol, and introducing them to key individuals who will play crucial roles in their work. Providing new workers with the resources they need to thrive; the nurse onboarding process also aids healthcare businesses in getting the most out of their new employees. Orientations, meetings with essential staff members, and training sessions can all be part of the nurse onboarding process. Giving them a tour of the LTC facility, offering them coffee when they come for orientation, or allowing the individual to observe experienced nurses perform their duties for the patients.

Recommendations for Further Research

The purpose of this study was to help identify strategies that RN managers at LTC facilities find strategies to help reduce RN turnover. I conducted five interviews with RN

managers with two or more years of experience in Hillsborough County, Florida. I would recommend organizations develop task forces, including some of the bedside RNs, so they can add input suggestions to help them maintain a healthy work-life balance, thus reducing the RN turnover. One limitation included the participants' time constraints, conflicting schedules, and overcoming barriers to accessing the data. To find a trouble-free way to obtain organizational data from LTC facilities, I requested the documentation emailed to me. Future researchers could obtain a database to examine the abundance of RN retention in the United States (U.S.), which may help a researcher conduct a mixed study. Furthermore, the information provided by the different states across the U.S. could offer a view of the managerial strategies used to combat the problems associated with healthcare problems and RN retention in LTC facilities. The importance of the data may provide other managerial strategies for RN retention, patient care, and communication with family members.

Reflections

This journey was a long but rewarding one. When I first started the program, I felt overwhelmed. I wanted to get through it as quickly as possible. However, as time passed, I realized that if I took my time and really tried to grasp each concept, I would receive more information by experiencing the issues at a slower and steady progress. As an RN, I made sure to stay mindful of any personal biases or preconceived ideas and values that I experienced in the field. I was fortunate to have access to an abundance of resources, courtesy of Walden University, such as the library, the writing center, access to my chair, and my student advisor.

Conclusion

The general business problem is that the RN shortage negatively affects the work environment for RNs and results in higher turnover. The specific business problem is retention strategies nursing managers of LTC facilities develop and implement to reduce RN turnover. Four themes emerged from this study: (a) RN performance and organization standards, (b) RN recognition, (c) turnover rate and conflicts, and (d) strategic objectives with management. I conducted five semi-structured interviews. The participants consisted of nurse managers with two or more years of experience. The results aligned with the conceptual framework of Homans (1958) regarding the SET. Communication was one of the topics discussed. Pedrosa et al. (2021) argued that the style of the managers influences the organization's effectiveness and employee retention. Managers help shape and maintain the desired organizational culture through communication in a respectful manner, including positive interaction with employees, patients, and family members.

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Appendix A: The Six Open-ended Interview Questions

The method of collection of data from the study includes six open-ended questions in a face-to-face interview with four to six RN managers to gather the data:

1. What strategies do nursing managers utilize in LTC facilities to reduce RN turnover?
2. What strategies do nursing managers use in LTC facilities to motivate RNs?
3. How do the RNs respond to the different motivation techniques in LTC facilities?
4. What conflicts do the RNs experience in LTC facilities with the motivation techniques?
5. What turnover rate in LTC facilities of the RNs occurs in the first year?
6. What changes in the strategies do nursing managers utilize in LTC facilities to keep RNs employed at the medical facility?

Please note: The researcher plans to take notes of observations during the interview.

Appendix B: The Interview Process Protocol

The semistructured face-to-face interview includes the following process:

1. Introduction of the research topic as stated in the “Informed Consent” form and provide a copy of the form;
2. Presentation of the recording device to the participant;
3. Assure the participant of confidentiality;
4. Confirm the interview process will take no longer than 30-45 minutes;
5. Encourage the participant to answer the questions to their best ability;
6. Note any expanding questions for future interviews to maintain reliability and validity in the collection of data;
7. Note any observations during the interview;
8. Thank each participant at the end of the interview;
9. I will inform the participant that I plan to transcribe the interview from the audio recording and email them a one to two-page summary of the interview in a process called member checking, where they approve the data collected for analysis;
10. I plan to schedule a follow-up interview via telephone call if necessary to verify that the data collected is accurate unless I receive an email verifying the summary is correct; and
11. Collect the organization’s documentation of strategic procedures to prevent RN turnover rates, if available.