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Effective Strategies to Reduce Registered Nurse Turnover in Hospitals

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Walden University
2024

Abstract

Effective Strategies to Reduce Registered Nurse Turnover in Hospitals

by

Adrienne Cozart

MS, Regis University, 2019

BS, North Carolina Agricultural and Technical State University, 1997

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Business Administration

Walden University

April 2024

Abstract

Registered nurse (RN) turnover remains a problem for many healthcare organizations. Hospital nurse leaders are concerned with RN turnover because of its negative effect on the profitability of hospitals. Grounded in transformational leadership theory, the purpose of this qualitative multiple case study was to explore the strategies that hospital nurse leaders use to reduce RN turnover. The participants were four hospital nurse leaders who reduced RN turnover in two hospitals in Texas. Data were collected using semistructured interviews and a review of organizational documentation. Thematic analysis of the data resulted in three themes: turnover reduction strategies, barriers or challenges to implementing retention strategies, and benefits of implementing retention strategies. A key recommendation is for hospital nurse leaders to reduce RN turnover by maintaining competitive nurse wages. The implications for positive social change include the potential to provide safe and quality health care to community residents. The money saved from reducing turnover could also allow hospital nurse leaders to give back to the community by donating more money and resources.

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Dedication

I dedicate this dissertation to my deceased mother. As a single parent, my mother made sure I had the best life. She worked in the field of IT when you did not find a lot of women during the 1960s and 1970s. My mother taught me that you can achieve any of your goals with hard work. Higher education was also a family must-do. Doctors, lawyers, business owners, and educators are just a few of many academic family member achievements. Therefore, my ambition to achieve a doctoral degree stems from my mother's and my family's accomplishments. I reached my academic goal with inspiration from my mother and God's blessing. Mommy, George made it.

Acknowledgments

I want to thank several people who helped me throughout my doctoral academic journey. First, I want to thank Dr. Gaytan. Dr. Gaytan took time to thoroughly review and correct every part of my dissertation. He understood my journey and took a real interest in making sure that I reached my academic goal. I had several chairpersons in my journey, but Dr. Gaytan was the only one to pick up the phone and talk to me. He genuinely showed concern and was very supportive to ensure I met all the academic requirements.

Second, I want to thank my daughter and son-in-law, Takisha and Reggie Dial. They have been my motivators and encouragers. When I felt like giving up, they told me to stick with it because I worked too hard to stop. They did not always have the answer, but they listened. I wanted to show them that no matter where you are in life or whatever tough hills you face, you can achieve your goals. My academic achievement is also an example for my granddaughter, ReAndra Dial.

Lastly, I want to thank my family, friends, colleagues, and others I met during my academic journey. They helped review documents, listened to my complaints, gave encouraging words, and celebrated my milestones. I knew that I could rely on them for their support. Thanks to everyone who helped me to reach my doctoral academic goal.

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Section 1: Foundation of the Study

The loss of registered nurses (RNs) in hospitals continues to be a challenge nationwide (Bae, 2023). Before the COVID-19 pandemic, nursing leadership faced a difficult time trying to retain hospital RNs due to job dissatisfaction, retirement, burnout, organizational cultural changes, poor communication, and low compensation pay and incentives. The RN turnover problems continued to increase during and after the pandemic, forcing nursing leaders to develop and implement more comprehensive retention strategies to increase RN retention and decrease turnover. In this study, I explored the successful strategies that nursing leaders used to increase RN retention and reduce RN turnover. The successful strategies discovered and reported in this study may serve as a resource tool for other nursing leaders with the same RN retention challenges.

Background of the Problem

RNs are one of the most important employee groups in the health care workplace because they are responsible for caring for and servicing the patients. When an RN leaves their organization, the quality of nursing care suffers, replacement cost increases, and the loss creates other financial burdens (Yoon, 2020). RNs have a high tendency to leave their organization because of stress, burnout, lack of job satisfaction, and engagement (Sabri, 2022). Nursing leadership has made attempts to implement strategies to reduce turnover, but RN turnover continues to be a problem for health care organizations across the country. Despite the decrease in nurses leaving the workplace during the COVID-19 pandemic, nursing turnover remains high every year (NSI Nursing Solutions, Inc., 2022). The NSI Nursing Solutions, Inc.'s (2022) Health Care Retention & RN Staffing report

showed that RN turnover was 27.1% in 2022, an increase of 8.4% over 2020. The average cost of RN turnover is $90,000 or $8.5 million in total replacement costs (Kelly et al., 2021). If nursing leaders implement successful retention strategies, they can save their organization over $270,000 annually (Moran et al., 2020). Therefore, the constant increase in RN turnover puts pressure on nursing leaders to continue developing robust strategies to reduce the turnover. Nursing leaders must try to retain one of health care's essential employee groups.

Leadership plays a critical role in reducing RN turnover. According to Wang et al. (2021), leaders who use transformational leadership qualities to manage employees can influence them to stay with their organization. Transformational leaders can develop positive and encouraging strategies that can help to reduce turnover, including being more accessible, having open communication, and taking an interest in RNs to ensure that they are successful and remain with the organization (Bergstedt & Wei, 2020). Other strategies include increasing job satisfaction, retention, and engagement as well as implementing different techniques that decrease job burnout and stress (Robbins & Davidhizar, 2020). The results from creating and using these or other strategies can lead to quality patient care, loyal and committed employees, and better organizational outcomes (Bergstedt & Wei, 2020). Reducing RN turnover is a challenge in the health care industry and that is why there is a need for further research. The focus of this study was on exploring successful strategies nursing leaders used to reduce RN turnover.

Problem Statement

RN turnover is a costly problem resulting in profit losses for hospitals (W. Yang, 2021). In 2022, the average RN turnover rate was 27% per hospital in the United States, and the estimated annual cost associated with RN turnover was over $5.1 million per hospital (Bae, 2023). The general business problem is that the cost of high RN turnover has a negative effect on the profitability of hospitals. The specific business problem is that hospital nurse leaders lack strategies to reduce RNs turnover.

Purpose Statement

The purpose of this qualitative multiple case study was to explore the strategies that hospital nurse leaders used to reduce RN turnover. The targeted population consisted of four nurse leaders who implemented successful strategies to reduce RN turnover in two health care organizations in Texas. The implications for positive social change include the potential to create a work environment where nursing leaders reduce RN turnover and retain skilled RNs. Reducing RN turnover may benefit society by providing safe and quality health care to those seeking medical services. Other benefits include using potential organizational growth and profitability to provide health care to more community members and create new job opportunities. The money saved from implementing RN turnover reduction strategies could also allow hospital leaders to give back to the community by donating more money and resources.

Nature of the Study

The three research methods are qualitative, quantitative, and mixed (Strijker et al., 2020). For the purpose of this study, I selected the qualitative research method because

researchers can use the approach to explore a phenomenon in a natural setting (see Tomaszewski et al., 2020). Qualitative researchers can also explore human experiences and perceptions about real-world situations and gain in-depth knowledge about the meanings, reasons, and patterns individuals associate with lived experiences and realities (Tomaszewski et al., 2020). Quantitative research is a systematic approach to examining the relationships between two or more variables (Smith & Hasan, 2020). Researchers conduct a quantitative study to examine the differences between variables, relationships, or groups by testing statistical hypotheses (Barroga & Matanguihan, 2022). The quantitative method was not suitable for the current study because using statistical analysis to test a hypothesis was not needed to address the purpose of this study. Researchers conducting mixed methods combine qualitative and quantitative research methods in one study (Fetters & Molina Azorin, 2019). The quantitative component of mixed methods involves statistical analysis, which was not needed to address the purpose of this study.

I considered several qualitative designs for this study, including a case study, ethnography, and phenomenology. I selected the qualitative case study design because it allows researchers to investigate current, real-life experiences (see Yin, 2018). The case study design is the most suitable design for understanding the complexities of human behaviors (Yin, 2018). A researcher can conduct either a single or multiple case study (Priya, 2021). I selected the multiple case study research design because it allows researchers to conduct a comprehensive data collection involving multiple information sources (see Sibbald et al., 2021). Interviewing individuals from two different businesses

in the same industry (i.e., multiple cases) helped me identify and explore strategies that hospital nurse leaders used to reduce RNs turnover. An ethnography is a study about culture (Celikoglu & Hamarat, 2022). This design was not appropriate for the current study because my intention was not to describe or interpret culture in a real-life setting. Researchers use the phenomenological design to understand the personal meanings of participants' lived experiences with phenomena (Neubauer et al., 2019), which did not align with this study's purpose.

Research Question

What strategies do hospital nurse leaders use to reduce RNs turnover?

Interview Questions

1. Based upon your organization's experience, how has RNs turnover affected the organization as a whole?

2. What strategies have you used to reduce RN turnover?

3. How do you assess the effectiveness of RN retention strategies?

4. What are some of the benefits of implementing your organization's successful strategies to reduce RN turnover?

5. What strategies were the most effective in reducing turnover?

6. What strategies, if any, were the least effective in reducing turnover?

7. What key barriers, if any, did you encounter when you implemented strategies for reducing RN turnover?

8. How did you resolve any key challenges during the implementation of the strategies for reducing RN turnover?

9. What additional information would you like to share about strategies your organization implemented to reduce RN turnover?

Conceptual Framework

I used transformational leadership theory as the conceptual framework for this study. James Burns introduced the concept of transforming leadership and later created the theory called transformational leadership (Jensen et al., 2019). In 1985, Bernard Bass expanded Burns' work by introducing four dimensions of transformational leadership behaviors: (a) individualized consideration, (b) intellectual stimulation, (c) inspirational motivation, and (d) idealized influencer (Jensen et al., 2019). The transformational leadership theory provided a lens through which I explored participating organizations' approaches and experiences related to reducing employee turnover.

Previous researchers have also utilized transitional leadership theory to study RNs turnover. Liu et al. (2023) used transformational leadership theory to examine the role of nurse emotional intelligence on the relationship between transformational leadership and reducing RNs turnover and increasing a nurse's intent to stay. Liu et al. emphasized that the transformational leadership theory correlates to nursing leadership's ability to use nurse emotional intelligence to reduce turnover and increase retention. The theory together with emotional intelligence can predict a nurse's intent to stay, and the authors concluded that it accounted for a 34.3% variance in an RN's intent to stay (Liu et al., 2023). Therefore, Liu et al. showed that transformational leadership theory relates to reducing RNs turnover.

Operational Definitions

Nurse leader: A nurse manager or an executive nurse officer responsible for the supervision and management of RN staff (Ulep, 2018).

RNs: Medical professionals who assess, diagnose, monitor, and coordinate patients' health care needs (U. S. Department of Labor, Bureau of Labor Statistics, 2019).

Retention: The employees who choose to stay working in their organization (Squellati & Zangaro, 2022).

Turnover: One's choice to leave (i.e., voluntarily), such as retirement, or being forced to leave (i.e., involuntary) an organization (Kurnat Thomas et al., 2017).

Assumptions, Limitations, and Delimitations

Assumptions

Assumptions are things that researchers assume to be true but are not verifiable (C. Yang et al., 2018). I made three assumptions for this study. The first assumption was that the nursing leaders would answer all the interview questions honestly. I also assumed that leaders influence employee behaviors. Leaders can increase employee engagement by creating a work environment where employees feel appreciated (Yan et al., 2023). Increasing employee engagement helps to improve retention, thereby reducing turnover (Al-Suraihi et al., 2021). My final assumption was that a qualitative case study was an appropriate approach for answering the research question.

Limitations

Limitations are the potential weaknesses in a study (Tomaszewski et al., 2020) and are beyond the researcher's control (Yin, 2018). I identified three limitations in this

study. The first limitation was the inability to generalize the findings. Case study findings are not generalizable because of the small population (Staller, 2021). Sound generalizability requires data from large populations like those used in quantitative studies (Carminati, 2018). The second limitation was researcher bias. When conducting a case study, researcher bias can occur during data collection and analysis (Baldwin et al., 2022). Researcher bias negatively impacts the validity and reliability of findings from the study (Baldwin et al., 2022). The third limitation was the transferability of the findings to a different setting or group of people. Researchers provide a detailed description of their study so that readers can decide whether the findings are transferable (Staller, 2021). Even though I provided a detailed description of the research process, this study's findings may not be transferable to all populations, groups, and settings.

Delimitations

Delimitations are choices researchers make to define the boundaries of the study (Theofanidis & Fountouki, 2019). This study had four delimitations. The first delimitation pertained to the industry type. The participating organization was in the health care industry. The second delimitation was that I interviewed four nursing leaders who implemented successful strategies to reduce RN turnover. The third delimitation pertained to the participants' experiences. Only nursing leaders with 3 or more years of experience in a department director or executive nursing position participated in this study. The fourth delimitation was the geographical location, which was Texas.

Significance of the Study

The need to reduce RNs turnover is a serious problem for hospitals because the cost of turnover negatively affects profitability (Bae, 2023). RN retention is critical to the success of hospitals because a stable RN workforce increases profit margins (Weston, 2022), which enables hospitals to enact social change to positively affect their communities. A discussion of the contributions to business practice and the implications for positive social change follows.

Contribution to Business Practice

The hospital industry continues to experience high RNs turnover rates (Bae, 2023). De Kok et al. (2022) indicated that RN turnover affects the health care industry sectors worldwide. Previous researchers demonstrated that RN turnover has an adverse effect on a organization's profitability (Weston, 2022). Health care organizational leaders spend between $5.2 million to $8 million annually to replace RNs (Kelly et al., 2021). Although previous researchers have explored RN turnover, nursing leaders continue to struggle to retain RNs (Enwereuzor et al., 2018). In this study, I found new insights into effective strategies that can help nursing leaders reduce RN turnover to increase a hospital's profitability. Therefore, the findings of this study contribute to business practice by revealing new RN retention strategies that can lead to improving an organization's operational and financial performance.

Implications for Social Change

Successful hospital organizational leaders create opportunities to bring positive social change to the communities they serve (Xu et al., 2022). Hospitals are a force of

social change in several ways, such as creating jobs, providing safe and quality health care, and donating to programs and activities to benefit entire communities (Weston, 2022). RN turnover threatens a hospital's profitability and sustainability, which affects the hospital's ability to contribute to their communities (Weston, 2022). RN turnover also reduces a hospital's profit margins and decreases revenues intended for other organizational activities, such as expansion, medical equipment updates, and future investments (Xu et al., 2022). By reducing RN turnover, leaders can build a work environment that promotes positive social change through improving organizational growth, profitability, and sustainability.

A Review of the Professional and Academic Literature

The literature review begins with an introductory objective that includes information about collecting the literature, keyword and location searches, and the percentage of peer-reviewed articles included in the study. The literature review continues with a review of the purpose of the study followed by a presentation of the conceptual framework, the transformational leadership theory, and a contrasting theory named transactional leadership theory. Next, I explain Herzberg's two-factor and contingency theories that support transformational leadership. The subsection also contains a discussion of the themes related to RN turnover, including job satisfaction, job burnout, employee engagement, and RN turnover itself. Throughout this literature review, I critically analyze and synthesize various sources.

The objective of this qualitative case study was to explore strategies nursing leaders used to reduce RN turnover. I found that health care organizations continue to

face RN retention issues. Hu et al. (2022) stated that hospitals and health care facilities, on average, face a 14% turnover in nurses at the bedside and 24% for nurses who work in medical-surgical units. When writing this literature review, the purpose statement and research questions served as the basis for exploring nursing leadership and RN turnover.

For this study, I used literature primarily from peer-reviewed journals. The keyword searches concentrated on nursing in the subject areas of *storage, turnover, institutional cost, retention, skills, age, burnout, engagement, job satisfaction, quality of care*, and other workplace issues that impact RN retention. Different keyword searches were conducted for *transformational leadership, transactional leadership, Herzberg's two-factor theory*, and other leadership theories. I searched various business, management, and academic databases and search engines, including the ABI/INFORM Collection, EBSCOhost, Emerald Management Insights, Google Scholar, OVID Nursing Journals, ProQuest, Sage Premier, ScienceDirect, and the Walden University Library holdings. The 250 total references that the study contains include 235 scholarly, peer-reviewed articles, representing 94% of the total; nine non-peer-reviewed articles, representing 3.6% of the total; two government websites, representing 0.8% of the total; and five books, representing 2% of the total. The total number of references in this study published within the 2019–2023 period is 186, which is 74% of the total number. The literature review contains 100 references, with 73 references published within the 2019–2023 period, representing 73% of the references in the section, and 95 references from scholarly, peer-reviewed sources, representing 95% of the references in the section.

Purpose of the Literature Review

The purpose of this literature review was to conduct an exhaustive review of the existing literature that focused on this study's research question regarding reducing RN turnover. Nursing leadership still struggles with reducing RN turnover. According to Hu et al. (2022), RN turnover is a worldwide problem. Factors, such as nursing shortage, patient load, poor leadership, an aging workforce, and other workplace issues, influence RN turnover (Bae, 2023). The nursing shortage has a major impact on RN turnover. A nursing shortage can impact patient quality and place a financial burden on these institutions to replace these nurses (Hoeve et al., 2019). Therefore, nursing leadership is under pressure to develop and implement strategies to reduce the factors contributing to RN turnover (Joseph et al., 2021). Price et al. (2018) stated that some RN turnover reduction strategies can include (a) creating the right work environment that increases employee trust and loyalty, (b) addressing workplace safety, and (c) developing a workplace culture where nurses feel appreciated and motivated because they know that the leaders care about them. Overall, in this literature review, I discuss the leadership theories and themes impacting reducing RN turnover.

Transformational Leadership Theory

Nursing leadership uses leadership theories to develop and implement nurse retention strategies. I used the transformational leadership theory as the conceptual framework in this study. Nursing leaders who adopt the transformational leadership theory concepts are more likely to have successful nurse retention strategies (Joseph et al., 2021).

Transformational leadership is a relationship theory involving inspiring others to achieve their goals and ideas far beyond the expected results. Inspiration comes from enhancing the values, beliefs, and attitudes of individuals and groups to motivate followers to get the job done (E. Collins et al., 2020). The transformational leadership theory focuses on leaders inspiring followers by being a change agent (Benmira & Agboula, 2021). Under the transformational theory, transformational leaders encourage and inspire their followers to go beyond expectations to achieve the organization's mission and objective. These inspirational leadership traits are necessary to transform RN turnover.

Burns (1978) created transformational leadership theory when researching how to transform political corruption. Burns' research on transformational leadership was also an attempt to help politicians work together to solve problems. The transformational leadership theory focuses on a team-oriented vision and the beliefs, needs, and values of their followers (Deng et al., 2022). While developing the transformational leadership theory, Burns, along with other researchers, felt that transformational leaders could make a positive organizational change by inspiring their followers to help them (Lai et al., 2020). Burns' developed the theory about transformational leadership based on how leaders use their power to influence their followers.

Burns' (1978) leadership research also included reviewing the transactional leadership theory. Transactional leadership is a form of leadership where leaders promote a different type of exchange between leaders and followers (Dong, 2023). A transactional leader engages their followers by getting them to do tasks with limited leadership

guidance and direction. Transactional leadership emphasizes that leaders use reward and punishment strategies to get followers to comply with organizational goals (Deshwal & Ali, 2020). These leaders reward followers who have good job performance and use sanctions for low performers. Contingent rewards range from bonus pay to giving a pat on the back, while written performance counseling is an example of a sanction (Jensen et al., 2019). Burns believed that transactional leaders provide a distinct reward for hard work and loyalty. Similar to transformational leaders, transactional leaders want their followers to achieve the organization's goal.

After researching both leadership styles, transformational leadership became Burns' (1978) primary leadership philosophy. Burns believed that transformational leadership focuses on values, such as liberty, justice, and equality. Burns tried to persuade leaders to move from a dictatorship-like transactional leadership to a collaborative leadership approach like transformational leadership (Lai et al., 2020). Burns based transformational theory on the philosophy that when more than one person works together to solve a problem, they can motivate each other and have better business outcomes. Burns' focus on transformational leadership led other researchers, such as Bass and Avolio to continue researching this theory (Bass, 1990).

Bass (1990) expanded Burns' (1978) transformational leadership theory. Bass found that transformational leaders work hard to motivate their followers (E. Collins et al., 2020). Other researchers agreed with Bass that transformational leaders focus on strategies that inspire follower engagement, innovation, and increasing work productivity (Farahnak et al., 2019). Bass also believed that transformational leaders inspire their

followers to accomplish the job task (E. Collins et al., 2020). Transformational leaders positively affect their followers by being role models, coaches, and nurturers (E. Collins et al., 2020). The transformational leadership theory became the cornerstone of leadership research and has led other researchers to continue exploring this theory.

Bass and Avolio (1990) expanded the definition of transformational leadership using four dimensional characteristics: (a) individual consideration, (b) intellectual stimulation, (c) inspirational motivation, and (d) idealized influence (E. Collins et al., 2020). These characteristics are the key attributes for understanding transformational leadership. Transformational leaders use these attributes to stimulate followers to go beyond their capabilities for exceptional performance outcomes.

Individual Consideration

Individual consideration occurs when leaders listen to and support each follower's needs and problems. Leaders provide empathy, support, and skills development to their followers (E. Collins et al., 2020). Leaders who use individual consideration are admired, respected, and considered role models (Ystaas et al., 2023). Followers are coached, advised on achieving their goals, and are valued.

In health care, transformational leaders, like nursing leaders, are thought of as servant leaders who listen to their employees, and these leaders should serve as strong positive influencers to implement strategies to increase nurse job satisfaction (Boamah et al., 2018). Nursing leaders need to spend time mentoring and nurturing self-determination attributions that treat followers as individuals and not as a group. According to Shafi et al. (2019), leaders using the transformational leadership style create nurse retention

strategies that can encourage followers to give feedback, create intrinsic motivation, and promote job satisfaction approaches. The transformational nursing leader uses individual consideration support and encourages RNs to achieve individual and organizational goals.

Intellectual Stimulation

Intellectual stimulation promotes followers to be creative when participating in the decision-making process. Intelligent thinking and independent problem solving are factors that can stimulate leadership behavior (E. Collins et al., 2020). Leaders using intelligence stimulation behaviors support followers taking the initiative to solve organizational challenges (Burns, 1978). Transformational leaders use intellectual stimulation to encourage followers to rethink the traditional method and use out-of-the-box thinking to create new technologies. Leaders use creativity to increase follower learning, especially in unusual circumstances during the decision-making process.

In health care, nurse leaders use intellectual stimulation by challenging their followers to develop ideas and strategies to improve RN work engagement. Empowering and engaging nurses in the decision-making process gives them job ownership, thereby improving job satisfaction and retention (E. Collins et al., 2020). According to Enwereuzor et al. (2018), work engagement helps all leaders and their followers contribute to developing creative ideas that will increase job satisfaction and nurse retention. Transformational nursing leaders using intellectual stimulation can help RNs in the decision-making process to develop new ways of solving departmental and organizational problems, such as job retention.

Transformational leaders use intellectual stimulation behaviors and skills to encourage followers to help solve organizational problems. Transformational leaders in any organization who inspire and stimulate followers can also increase job satisfaction and productivity as well as reduce turnover (Enwereuzor et al., 2018). Researchers have agreed that when leaders increase job satisfaction, they reduce employee turnover (Rodriguez Garcia et al., 2020). Overall, the literature indicated that followers whose leaders use intellectual stimulation could incorporate decision-making planning skills to develop effective and successful business strategies to reduce employee turnover and increase job productivity.

Inspirational Motivation

The inspirational motivation characteristic comprises leaders using effective communication skills. Leaders need to communicate the vision, future goals, and the meaning of each job task, and transformational leaders using inspirational motivation challenge followers' work by employing inspiring messages to arouse emotions and creative ideas (Lai et al., 2020). These leaders can increase followers' motivational levels to reach their highest potential by building followers' trust to increase successful solutions to organizational issues and think creatively about different workplace problems (Shafi et al., 2019). Transformational leaders who use inspirational motivation stimulate followers by communicating the organization's message.

Nurse leaders use the inspirational motivation characteristic to articulate clear visions, set meaningful goals, and give clear directions about the future. Nurse leaders with inspirational skills motivate and inspire nurses by using enthusiasm and optimistic

instructions to simulate teamwork and positive results (Shafi et al., 2019).

Transformational leaders using inspirational motivation to lead have visions that allow

them to develop and implement effective retention strategies. Nurse leaders can use

inspirational motivation to encourage and inspire RNs to be excited about working

together to build their organizations for future growth (Lai et al., 2020). Transformational

leaders can convince followers to set their visions about solving potential future problems

when using inspirational motivation.

Transformational leaders use their inspirational skills to motivate followers to

accept the communicated business strategies. These leaders use the characteristic of

inspirational motivation to promote teamwork and stimulate followers to achieve

organizational goals (E. Collins et al., 2020). When leaders do not have these positive

characteristics, followers may leave the organization because of ineffective, poor

communication and a lack of motivational leadership skills.

Idealized Influence

Idealized influence focuses on leaders' ethical behavior, charm, and positive

attitude, and these characteristics describe the behaviors of a charismatic leader. Idealized

influence characteristics allow leaders to create an atmosphere of trust, respect,

confidence, and pride (Shafi et al., 2019). With idealized influence, leaders display values

that followers want to use for themselves. When leaders are amiable, charismatic, and

trusting, followers believe these leaders are competent and can reach the goals based on

their mission and vision (Deng et al., 2022). According to Farahnak et al. (2019),

transformational leaders use idealized influence, ethical principles, and values to lead

their followers, and followers view transformational leaders with idealized influence skills as capable, persistent, and determined to succeed and improve work productivity. The followers admire leaders with skills because of their convictions, beliefs, values, and broad vision (E. Collins et al., 2020). Nursing leaders who are transformational leaders with idealized influence skills use ethical behavior, charm, and positive attitude to bring out their followers' best attributes. RNs see these individuals as charismatic leaders.

Transformational leadership plays a vital role in organizations. A transformational leader uses the four dimensions' characteristics to increase a follower's job performance and overall commitment and dedication to the organization (Shafi et al., 2019). Park and Pierce (2019) stated that transformational leaders use the four-dimensional characteristics to influence followers' self-interests by motivating them to reach their highest job performance potential. According to Boamah et al. (2018), Burns (1978) stated that transformational leaders use four-dimensional behaviors to explain to their followers the importance of achieving successful outcomes, valuing teamwork, accomplishing goals, and seeking all available job advancement opportunities. Idealized influence, intellectual stimulation, inspirational motivation, and individual consideration help leaders be better communicators, have ethical behaviors, stimulate creativity, and be good listeners (E. Collins et al., 2020). In health care facilities, nurse leaders can use these transformational leaders' four-dimensional characteristics to create an atmosphere where RNs are satisfied with their jobs and remain in the workplace. Having transformational leaders in the workplace plays a vital role because they can help motivate followers or RNs to stay in the workplace and help organizations reach their mission and vision.

Individuals use transformational leadership theory to obtain a leadership road map of leader behaviors and characteristics that leaders, such as nurse leaders, can follow to make changes in their organizations. With this study's focus on RN turnover, the transformational leadership theory best fits the philosophies nursing leaders need to address the reasons RNs leave an organization. Some of the reasons are low employee engagement, motivation, poor work attitudes, burnout, low-job performance, and low-job satisfaction (Liu et al., 2023). Xu et al. (2022) stated that transformational leaders have emotional stability and intelligence, humility, and self-efficacy; therefore nursing leaders can use these leadership qualities to find the root causes of RN turnover. Health care organizations need nursing leaders with transformational characteristics (Boamah et al., 2018). According to Deng et al. (2022), without transformational leaders to retain RNs, patient care quality can decrease and business costs to replace them can increase. Health care organizations spend more than $5.2 million dollars replacing a nurse (Xu et al., 2022). Nursing leaders with transformational leaders can build a culture where nurses want to work and remain in the workplace. RNs working with a transformational leader can expect to experience higher job satisfaction, improve wellness, and decrease burnout and turnover (Xu et al., 2022). In turn, with transformational nurse leaders, health care organizations can reduce costs and increase the quality of patient care services. Overall, transformational leadership is the relationship theory that inspires all leaders and followers to work together to achieve personal and organizational goals.

Criticism of Transformational Leadership Theory

A transformational leader offers positive attributes that work well within organizations. Bass (1985) described transformational leaders' characteristics as someone who inspires, motivates, and encourages employees to achieve organizational goals (Khan et al., 2020). These leaders are visionary, charismatic, and have magnetic personalities. Transformational leaders serve as role models for employees (Farahnak et al., 2019). Employees respond to these leaders by showing loyalty, respect, and admiration.

Despite scholars' support for transformational leadership theory, others criticize this theory. Researchers' key criticisms about this theory are unskilled theory practitioners, unethical and deceptive behaviors, and lack of conceptual clarity (Benmira & Agboula, 2021). If individuals using transformational leadership do not have the skills and knowledge to lead their employees, they can destroy their organizations by not having successful outcomes (Chen et al., 2019). Without appropriate knowledge or skill, transformational leaders cannot engage, encourage, provide a clear vision, and motivate employees (Deng et al., 2022). Leaders will have little impact on work engagement, employee turnover, and productivity. Literature shows that there is not much criticism written about the transformational leadership theory because more literature is written about positive behaviors instead of negative outcomes.

Unethical and deceptive behaviors are other specific criticisms of transformational leadership theory. Researchers stated that transformational leaders with unethical and deceptive behaviors lead to negative consequences. Unethical

transformational leaders are also called pseudo transformational leaders (Benmira &

Agboula, 2021). A pseudo leader lacks morals and masquerades as a transformationalist

(Benmira & Agboula, 2021). Transformational leaders work hard to gain trust, influence

work behaviors, and drive outcomes. However, pseudo transformational leaders are one-

sided thinking, self-centered, deceptive, and thrive for power. Bass (1985) described

these leaders as having narcissistic interests (Tian et al., 2023). Pseudo leaders make

everyone believe that they are doing the right thing but fail because of their narcissistic

behaviors. Saddam Hussein, Adolph Hitler, and Jim Jones are pseudo leaders (Tian et al.,

2023). Tian et al. (2023) stated that self-consumed, persuasiveness, power-oriented, and

warped moral values describe their unethical and deceptive behaviors. These leaders

draw followers or employees into believing in their goals, visions, and leadership styles

suitable for the community or organization (Deng et al., 2022). Unfortunately, unethical

and deceptive leadership behaviors can increase turnover, mistrust, low work quality,

financial problems, illegal activity, and devastation to these leaders.

Conceptual clarity is another criticism. Conceptual clarity focuses on the four

dimensions of transformational leadership. The four dimensions are (a) idealized

influence, (b) individual consideration, (c) inspirational motivation, (d) and intellectual

stimulation (Xu et al., 2022). Researchers criticized these dimensions because leaders

cannot interchange one leadership dimension with the other. The dimensions are

conceptually distinct (Xu et al., 2022). For example, inspirational motivation focuses on

communicating a vision, while idealized influence centers on ethics and being a role

model for employees. Moon et al. (2019) argued that the four components have no

additive effects on organizational outcomes. Moon et al. showed that employee turnover increased when using these dimensions because of the distinct features. If a leader simultaneously uses the four transformational leadership components, factors like ambiguity, indistinctness, and delimitation can impede a leader's success. Therefore, there is a lack of conceptual clarity when leaders attempt to implement all four dimensions simultaneously.

The last criticism is Bass' (1985) concern about how Burns (1978) differentiates between transformational and transactional leadership. Bass renamed Burns' transactional leadership theory to transformational leadership (Den Hartog, 2019). Bass' criticism of transactional leadership was the lack of concentration on building individual leaders and relationships. Literature showed transactional and transformational leadership differences were (a) transactional leadership works without changing structure or systems and (b) transformational works with soliciting new systems (Lai et al., 2020). Transactional leaders look at the past to solve problems, while transformational leaders look at the future to create new problem-solving ideas. Transactional leadership involves top-down leadership and does not build a relationship (Lai et al., 2020). Transformational leadership may have traditional top-down leadership, but these leaders build relationships by coaching, encouraging, and mentoring their followers (Liu et al., 2023). Regardless of the differences, the contrast between the leadership theories works well together in the workplace. Each leader brings different skills to create a positive work environment where everyone can achieve the organizational goals.

Criticisms about transformational leadership can negatively impact an organization if they do not promote or support this leadership style. The organization's leadership must be receptive to transformational leaders (E. Collins et al., 2020). The transformational leadership style can help managers become successful leaders that produce positive outcomes. A transformational leader cannot work in a bureaucratic structure or with no organizational structure (Xu et al., 2022). When leaders have several members providing individual or team-member motivation and support then transformational leaders can have adverse outcomes. Unmanaged challenges can lead to exhaustion and decreased self-efficacy (Xu et al., 2022). Organizations must be aware of the challenges, demands, and obstacles that can change transformational leadership behaviors.

Notwithstanding the criticism, scholars believe that transformational and transactional leadership can and should operate in the same workplace (Xu et al., 2022). Transformational and transactional leaders can influence organizational innovation by creating new business ideas (Mekonnen & Bayissa, 2023). Overall, both leadership styles can work together to help organizations achieve corporate goals, such as reducing employee turnover, increasing engagement, and improving employee performance.

Contrasting Theory: Transactional Leadership Theory

An opposing leadership theory to transformational leadership is transactional leadership. Both transactional and transformational leadership motivate employees to achieve organizational and personal goals but in different ways (Sirin et al., 2018). According to Mousa et al. (2020), leadership is a process where leaders influence a group

individually. Transactional leaders focus on influencing their followers by the exchange of favors to achieve goals. Researchers stated that transactional leaders use a simple mutual exchange of ideas between leaders and followers to achieve goals (Durmus & Kirca, 2019). However, in the business world, transactional leaders emphasize the importance of the leader gaining a mutual advantage over the employee when getting followers to complete job tasks (Dong, 2023). Transactional leaders in organizations use various stimulation methods and incentives to gain followers' support (Sirin et al., 2018). After obtaining follower support, transactional leaders motivate followers by appealing to their interests to ensure everyone meets the organizational goals. Transactional leaders engage their followers in a different manner than transformational leaders.

Transactional leaders concentrate on everyone following rules when working with followers on work ethics, guidelines, and the use of authority (Nsom et al., 2019). Work ethics covers positive work behaviors. Bocean et al. (2022) believed ethical work behaviors are rooted in total job commitment and are the foundation of true business success. When transactional leaders focus on work ethics, honesty, responsibilities, and reciprocity, they can guide their followers to positive work behaviors (Bocean et al., 2022). Transactional leaders set work guidelines that may not change the future of the organization but can maintain the current workplace successes. Transactional leaders' use of authority entails contingent rewards and sanctions to make followers pursue their self-interests (Jensen et al., 2019). When transactional leaders work with followers, they reward or sanction followers when they attain organizational goals. Job performance, employee engagement, and morale decrease when leaders use authority to punish and

correct workplace behaviors (Jensen et al., 2019). Despite the stern leadership style, transactional leaders are necessary for the workplace by providing guidance and direction to followers.

Other researchers have provided a deeper insight into the history of transactional leadership. The history of the transactional leadership theory began with founder Max Weber. In 1947, Max Weber introduced the rational-legal leadership theory and later called it transactional leadership (Kabeyi, 2018). Weber believed that leaders control the work environment because of their knowledge and experience. With transactional leadership, followers must complete job tasks without little input into business operations. Weber felt that transactional leaders work best in a structured bureaucratic environment. Burns (1978) further defined transactional leadership as individuals who exchange tangible rewards to incentivize followers to work and build loyalty (Sirin et al., 2018). Burns agreed with Weber that transactional leaders use rewards and punishment to motivate their followers. Researchers continued to expand on the history of transactional leaders.

Bass (1990) expanded on Burns' (1978) theory about transactional leadership behaviors. Using previous researchers' ideas and concepts, Bass agreed that the transactional leader's concept is to satisfy followers' needs by gaining job satisfaction through reward and punishment leadership actions (Alghamen et al., 2019). The work environment is in trouble when these leaders only use the reward and punishment leadership actions to manage and increase job performance. These leaders use getting extra vacation time, money, and free lunch as positive reward devices to get followers to

obey the rules (Hyland et al., 2018). Punishing followers for poor job performance is a negative reward device. When transactional leaders use punishing behaviors, they can deplete an employee's self-confidence and lower morale (Hyland et al., 2018). Overall, Bass and other researchers used a variety of different descriptions to illustrate transactional leaders. Transactional leaders do not change the future but want to maintain the current work environment (Kabeyi, 2018). Sometimes, these leaders produce negative outcomes that influence work productivity because they do not want to change or look at new business ideas. Transactional leaders motivate employees by appealing to their immediate self-interest and teamwork to increase employee engagement (Kabeyi, 2018). Employment engagement occurs through a bureaucratic approach. Under the bureaucratic approach philosophy, transactional leaders are influential leaders when the organizational chart and chain of command are clear.

Bass (1990) expanded his research by developing and conducting a questionnaire to further the study of transactional leadership theory. Three transactional leadership behavior attributes emerged from the study. The behaviors were contingent reward, management by exception (active), and management by exception (passive; Sirin et al., 2018). Leaders use these behaviors to get followers to cooperate and follow the rules to accomplish their job responsibilities. Positive reinforcement is a behavior leaders use to reward follower performance.

Contingent Reward

The first transactional leadership behavior was contingent reward. Leaders use contingent rewards to clarify expectations on how to complete tasks and goal

achievements (Kwapisz et al., 2019). When leaders use contingent rewards, followers receive clear direction about job assignments, goals, objectives, and expected performance criteria. Followers try to make every effort to achieve a variety of job outcomes and rewards (Ystaas et al., 2023). Leaders give nonmonetary rewards for accomplishing and meeting job outcomes. Nonmonetary rewards include paid time off, extended vacations, longer lunch breaks, praise at meetings, flexible work schedules, and other group and individual recognitions (Ystaas et al., 2023). Followers prefer when leaders use contingent awards to recognize and reward when achieving specific performance targets (Kwapisz et al., 2019). Leaders found that employees avoid poor performance when leaders use positive contingent reinforcement.

Management by Exception (Active)

The second transactional leadership behavior was management by exception (active). Leaders are the source responsible for enhancing or destroying follower performance (Kalsoom et al., 2018). Leaders using active management by exception ensure followers have clear job expectations and an understanding of organizational expectations. Deshwal and Ali (2020) stated that transactional leaders are quick to give immediate feedback when a follower's performance does not meet job expectations. Paying too close attention can decrease follower morale. Leaders may spend too much time observing follower job performance for deviations to address errors (Kalsoom et al., 2018). Another positive leader's active management by exception action includes anticipating problems so the leader can make corrections and resolve the problem. When

leaders use management by exception behaviors, followers understand the job

expectations, thereby increasing job productivity.

Management by Exception (Passive)

The third transactional leadership was management by expectation (passive).

When leaders use passive management by expectation, job performance does not become

an issue unless there is a serious problem. Kwapisz et al. (2019) stated that these leaders

do not immediately intervene to help improve an employee's performance when mistakes

occur. Punishment and corrective action are not taken until an employee makes a

substantial mistake or does not meet all the job expectations (Almedia et al., 2022). If a

leader does not address or try to avoid handling serious employee problems, there are

delays in obtaining and achieving organizational goals. When leaders use management by

exception, they inspire followers by addressing follower job performance before an issue

becomes a problem.

In contrast, transformational leadership is different from transactional leadership.

Bass (1990) stated that transformational leaders motivate, inspire, and encourage

employees to increase their performance. Transactional leaders use rewards and

punishment to increase employee performance. These leaders punish employees for poor

job performance and reward positive work outcomes (Dong, 2023). Lin et al. (2020) felt

that transformational leaders work with employees to identify needed changes to improve

performance, while transactional leaders wait until a problem occurs before addressing

employee job performance. Transactional leaders closely monitor employees' work to

ensure employees follow the rules and regulations to achieve the job tasks. Researchers

identify transformational leadership as having more effective leadership qualities. These leaders work well together in organizations because of attempts to motivate employees to achieve their goals. Puni et al. (2018) stated that transformational leaders want employees to first think about the organization's goals. However, transactional leaders want employees to first think about their interests (Kalsoom et al., 2018). Transactional leaders work well in organizations with defined and clear goals. Therefore, these leaders improve their organizations by following well-defined policies and procedures (Kalsoom et al., 2018). Transformational leaders think beyond defined structured work environments to create new goals, objectives, and policies and procedures for their employees and organization. Even though transactional and transformational leadership theories have contrasting behaviors, leaders can use both behaviors to manage followers in any work environment.

Transformational and transactional leaders can work together in a clinical setting to enhance job satisfaction, improve job performance, and increase employees' willingness to work harder. For health care organizations, RNs prefer transformational leaders rather than transactional leaders (Iqbal et al., 2019). Transformational leaders promote RN job satisfaction, engagement, and retention. A transformational nurse leader is key to increasing RN morale and getting organizational commitment. These behaviors can improve job performance and reduce RN turnover (Ystaas et al., 2023). A transformational nurse leader can positively impact organizational commitment more than a transactional leader (De Kok et al., 2022). Therefore, transformational leadership was the leadership theory for this study. The transactional leadership theory was not a

match for this study because leaders use punishment and lack teamwork to motivate employees. These leaders provide less encouragement and inspiration and do not serve as strong role models for reducing RN turnover.

Other Leadership Styles

Herzberg's Two-Factor Theory

A leadership theory that supports the transformational leadership theory is Herzberg et al.'s (1959) two-factor theory. Researchers used common workplace factors to study transformational leadership and Herzberg et al.'s two-factor theories (Rai et al., 2021). Employee motivation and job satisfaction are two key factors researchers use to study these theories. The concept of motivation connects theories based on job satisfaction and motivation and serves as a primary model for measuring workplace satisfaction (Chiat & Panatik, 2019). Herzberg et al.'s two-factor theory supports the satisfaction and motivation concepts and justifies why transformational leadership theory was appropriate for this study.

The history of Herzberg et al.'s two-factor theory began in 1959 when researchers Herzberg, Mauser, and Synderman developed the motivation-hygiene theory called the two-factor theory. Herzberg et al. (1959) stated that the theory closely relates to Maslow's (1954) hierarchy of needs, which stresses the importance of a process that begins obtaining extrinsic factors and then moves up the pyramid toward intrinsic factors. The researchers began their study by asking participants to respond to what they liked and did not like about their jobs. The research study results showed that employees have two distinct sets of needs. The first set of needs findings showed that individuals' lower-

level needs are avoiding pain and deprivations (Herzberg et al., 1959). The second set of

needs findings showed that individuals' high-level needs to grow psychologically

(Herzberg et al., 1959). Later, Herzberg et al. conducted a separate study using

accountants and engineering factory workers to determine what causes job satisfaction

and dissatisfaction. From Herzberg et al.'s theory, numerous studies grew to be the two-

factors called the motivation and hygiene factors. These factors affect job satisfaction.

Motivation and hygiene factors have contrasting factors. Researchers described

the factors using positive and negative examples. The motivation factors included

achievement, advancement, recognition, work, and growth. These factors can lead to job

satisfaction but may not reduce dissatisfaction (Vo et al., 2022). The motivation factors

can drive someone to do something different. Herzberg et al. (1959) agreed that the

motivation factors can increase job satisfaction (Rai et al., 2021). Under the motivation

factor is the achievement factor. The achievement factor focuses on getting the job done

by achieving your goals/tasks. Satisfaction comes from being able to accomplish

workday tasks (Chiat & Panatik, 2019). There are also positive and negative

achievements. Positive achievement means achieving job success. Negative achievement

is the opposite of positive achievement. The next motivation factor is advancement.

Advancement occurs when an employee needs to change their job or employer (Chiat &

Panatik, 2019). Positive advancement means upward position movement. Negative means

negative position movement. Recognition is the next motivation factor. With recognition,

employees want to be treated equally in the workload. Low job satisfaction occurs when

high performers receive the same recognition as low performers. When employees

receive positive recognition, they receive praise and rewards for achieving workplace goals (Rai et al., 2021). Negative recognition management blames their employees for workplace errors. The motivation work factors deal with job and task assignments. Employees want to have straightforward and understandable job and task assignments. Employees do not want to waste time with meaningless assignments. Work assignments that are too easy or hard can increase or decrease job satisfaction (Rai et al., 2021). The last motivation factor is growth. Personal growth is what keeps employees satisfied or dissatisfied in the workplace (Rai et al., 2021). Employees want to learn new tasks and have training opportunities to grow and experience new work opportunities. Leaders who use the motivation factors to encourage employees can increase job satisfaction, which can reduce employee turnover.

The hygiene factor is the other part of Herzberg et al.'s (1959) two-factor theory. Herzberg et al.'s hygiene factor research focuses on factors about doing the job. These factors help reduce job dissatisfaction, whereas motivation factors focus on increasing job satisfaction (Ozsoy, 2019). The hygiene factors are meant to look at the workplace environment that can cause dissatisfaction. The hygiene factors are policies and administration, salary, working conditions, supervision, work relationships, and job security. Organizational policies and structure are parts of the policies and administrative factors. Positive policies and administrative factors include having clear and well-written policies and procedures (Busatlic & Mujabasic, 2018). Again, the negative aspects are opposite items. Employees need a clear understanding of the organizational structure, so they know the workplace's authority lines (Busatlic & Mujabasic, 2018). Salary is

another hygiene factor. Salary includes wages and pay such as bonuses and are what an employee earns for doing their job (Busatlic & Mujabasic, 2018). Positive salary factors are pay increases for meeting the job requirements. Negative factors do not have clear policies and procedures to determine who can earn a pay increase. The next hygiene factor is working conditions. Working conditions focus on the physical surroundings of the workplace (Busatlic & Mujabasic, 2018). An employee's job satisfaction and dissatisfaction can change based on workplace tools, temperature, technology, safety, commuting, and work-life balance (Chiat & Panatik, 2019). Positive working conditions are when employees have the necessary tools and equipment to do their job. A negative condition is poor safety regulations (Chiat & Panatik, 2019).

A more recent negative work condition for the millennial workforce is not finding a balance between work and family life. Supervision is another hygiene factor. Employees want competent leaders who are fair, can delegate, and train their employees (Rai et al., 2021). These positive supervisor attributes increase job satisfaction. Low or negative supervisor factors like poor work leadership work relationships can have the opposite effect on job satisfaction. The last hygiene factor is job security. Job security had the least impact on job satisfaction or dissatisfaction (Vo et al., 2022). Employees are willing to leave and find another job if they feel that hygiene factors do not meet their needs. Overall, the hygiene factors are about the work environment and can lead to job satisfaction but may not sustain employee satisfaction in the workplace (Suifan, 2019). There were numerous studies about job satisfaction and motivation, but most researchers used Herzberg et al.'s two-factor theory for their studies.

Herzberg et al.'s (1959) two-factor theory applies to different industries and leadership styles. In this study about RN turnover in the health care industry, hospital management needs to pay close attention to hygiene factors to help avoid dissatisfaction while using the motivation factors to stimulate and increase job satisfaction in the workplace (Alrawahi et al., 2020). Transformational leadership involves using motivation, engagement, and teamwork strategies to increase job satisfaction and employee retention. Under transformational leadership, the four dimensions have the same leadership roadmap as the motivation and hygiene factors. Skills development, job ownership, work relationship, recognition, advancement, and work conditions are the same shared factors in transformation leadership and Herzberg et al.'s two-factor theories. Herzberg et al. conferred that human resources professionals and management, like nurse leaders, play a significant role in work motivation and job satisfaction. Nurse leaders use specific factors like pay and financial benefits, promotion, contingent rewards, empowerment, and engagement to affect RN workplace motivation (Baljoon et al., 2018). All these professionals and leaders use different motivation and job satisfaction factors to decrease employee turnover and increase overall productivity. If satisfied employees feel motivated and empowered when they have the resources, training, and necessary tools to do their jobs, leaders can decrease turnover (Suifan, 2019). As this study showed, the Herzberg et al.'s two-factor theory supports transformational leadership.

Contingency Leadership Theory

Leadership is a topic of interest for many researchers. For centuries, researchers have continued to study various leadership theories that impact people and organizations. The contingency theory was another supportive leadership that matched well with the transformational leadership theory. Fiedler (1964) began the history of this leadership theory. Fiedler's contingency theory is a leadership theory that researchers used to look at earlier organizational leadership theories (Suharyanto & Dwi Lestari, 2020). The contingency leadership theory focuses on the leader's ability to handle different situations effectively. Situational leadership factors like coaching, delegating, integrity, and flexibility describe this theory's fundamental elements (Aslam et al., 2022). With the contingency theory, there is no one-way approach to leadership management. The contingency theory enables leaders to examine various strategies to help organizations solve problems (Yu et al., 2020). Leaders who use the contingency theory have a strong knowledge of leadership because of their flexibility in handling various leadership styles (Omazic et al., 2023). Early research shows that the contingency theory uses various environmental and internal contingencies to have good managerial outcomes. The history of the contingency theory will show the many multifaceted factors of the leadership approach.

Fielder (1964) created the contingency theory to illustrate leadership relationship dynamics, the different contexts incorporating versatility, and the assistance of leadership style in measuring various leadership styles. Fielder established the contingency by observing and studying strategies, relationships, and styles of leaders. While gathering

numerous amounts of data, Fielder thought a generalization of leadership styles is influential in building an accomplished organizational strategy (Huihui, 2018). Researchers argued that the contingency theory presents the leader's importance for accomplishing successful leadership strategies (Yu et al., 2020). However, Von Krogh et al. (2012) did a case study about leadership's organizational framework and explained the challenges with gaps in the contingency theory. Organizations that struggle with internal and external concepts can alter leadership engagement strategies. Other researchers felt there are limited views about how the contingency theory can increase leaders' skills (Huihui, 2018). The limitation impedes the growth and expansion of the leader's ability to create engagement strategies that motivate employees and increase productivity. Employee morale and team productivity are what contingency leaders can try to accomplish in the workplace (Fielder, 1964). Despite the negative concepts of this theory, the contingency theory's positive concepts can help leaders become better coaches, delegators, and leaders with integrity and flexibility.

The contingency theory serves as an essential guide to organizational performance outcomes. Leeman et al. (2019) suggested that leaders' organizational strategy approaches to performance management under a transformational leader are more complex than transactional leaders' simple approach. Leaders seek innovation and stable approaches to continually stimulate enhanced strategies to increase employee motivation, job satisfaction, and productivity (Suharyanto & Dwi Lestari, 2020). Researchers discovered that leaders can effectively develop organizational performance outcomes in

different situations with proper training and leadership development with the contingency theory.

Researchers criticize contingency theory because Fielder (1964) failed to include other leadership styles during his studies. Researchers felt Fielder did not accurately account for a leader's abilities (Leeman et al., 2019). Under the contingency theory, building relationships or task-oriented leadership are valuable components when directing followers' behaviors in the workplace. The theory neglects to consider the leader's motivation to pursue the tasks that secure the best follower performance. A leader's motivation comes from their leadership style and indicates how the leader can create effective business strategies and strong follower relationships (Suharyanto & Dwi Lestari, 2020). Building follower relationships is not influential in every situation, especially when the leader has no control over the circumstances. Boles (2019) stated that Steven Waters thought the contingency theory did not assess a leader's abilities to handle sensitive and delicate situations. Overall, critics of the contingency theory believed that Fielder's research lacks foundation and complexity about how leaders can build strategies for increasing follower engagement, satisfaction, and productivity. The contingency theory was an earlier organization leadership theory discovery that focuses on the leader and the situation rather than the follower (Baernholdt et al., 2020). In later studies, the researcher focused more on building a relationship between the leader and employee, like the transformational leadership theory.

There are several nursing factors found during the preparation of the literature review. The significant factors were job satisfaction, burnout, engagement, and RN

turnover. Each factor focused on what nursing leadership must consider when developing, implementing, and managing RN turnover strategies.

Job Satisfaction

Job satisfaction covers the feelings employees have about their work or work environment. Job satisfaction was an important factor in numerous research studies (Donley, 2021). These job satisfaction studies focus on how job satisfaction affects many organizational and individual factors. Other factors include job security, loyalty, work environment, leadership, pay and benefits, and motivation (Donley, 2021). Job satisfaction also involves the personal fulfillment that the job provides to workers and the relationship between the employer and employee (Chen et al., 2019). Leaders play a significant role in helping employees achieve their personal goals by building better teamwork and worker relationships (Rahmat et al., 2019). Employees think satisfaction is job fulfillment and what makes the job enjoyable, challenging, satisfying, and a quality work environment. All these job satisfaction factors help to improve the work environment and how employees feel about the workplace.

Job satisfaction factors in the RN work environment include the work assignment, working conditions, pay, communication, organizational structure, culture, and leadership. Space, temperature, lighting, safety, workload, and work schedules are working condition factors that can motivate and increase RN job satisfaction (Dilig Ruiz et al., 2018). RNs want fair pay and leaders who communicate clear work objectives and goals, promote superior performance, and increase job satisfaction (Rahmat et al., 2019). RNs want an organizational structure that promotes training and growth (Chen et al.,

2019). Nursing transformational leaders play an essential role in creating a culture and work environment to increase job satisfaction. Improving job satisfaction can help transformational nursing leaders promote organizational stability and change the workplace environment factors that can improve overall health care organization.

The lack of job satisfaction contributes to employee turnover. Employee turnover is the measurement of the number of employees who leave their organization (Al-Suraihi et al., 2021). Low job satisfaction, lack of communication and organizational commitment, and inadequate leadership are reasons employees leave organizations (Dilig Ruiz et al., 2018). For this study, the focus was on RN turnover. RNs not satisfied with their work are more likely to have poor job performance, low productivity, and leave their job, eventually. High employee turnover impacts employee morale, productivity, and, eventually, organizational finances and services (Pascoe et al., 2021). Reducing job dissatisfaction is a way to prevent RN turnover. Employees, including RNs, will stay on the job when leaders meet their workplace needs by increasing job satisfaction.

An increase in job satisfaction can cause high job stress in the workplace. Workplace job stress is an international problem that impacts all professions (Jarupathirun & Gennaro, 2018). According to Jarupathirun and Gennaro (2018), one third of RNs experience job stress and is the leading cause of employee turnover. For RNs, job stress leads to burnout, job dissatisfaction, and why RNs leave their organizations (Jarupathirun & Gennaro, 2018). Workplace stress can cause low employee morale, productivity, and health problems. Job stress can also create employee physical and psychological problems (Sazili et al., 2022). An employee's emotional and thinking

processes are other effects of high job stress. RNs with high job stress can impact patient care services. When nurses are under stress, the quality of patient care services decreases. Unhappy nurses intend to give poor nursing care or decide not to stay, leaving fewer nurses to care for the patient. Sazili et al. (2022) stated that management, professionalism, organizational support, a coworker relationship, and staffing are important workplace factors that help reduce job stress and reduce an RN's intention to leave the organization. Nursing leadership plays a vital role in reducing workplace stress and creating a workplace environment where nurses want to work (Baljoon et al., 2018). When leaders address job stress in the workplace, they can reduce employee turnover and increase job satisfaction.

Nursing transformational leaders play a critical role in increasing job satisfaction. Like all transformational leaders, they prioritize supervising, organizing, assigning, controlling, and monitoring employee performance to reduce employee turnover (Jankelova & Joniakova, 2021). The four transformational leadership dimensions, idealized influence, inspirational motivation, intellectual stimulation, and individualized consideration, strongly influence job satisfaction (Eliyana & Muzakki, 2019). Researchers stated that job satisfaction is a standard workplace behavior that relies on employee awards and recognition to reduce the workplace environmental factors (Dilig Ruiz et al., 2018). Job satisfaction increases when employees receive awards and recognition (Eliyana & Muzakki, 2019). Nursing transformational leaders use reward and recognition to increase job satisfaction. A positive correlation exists between the constructs of transformational leaders and employee job satisfaction. Therefore, nursing

transformational leaders who maintain high job satisfaction levels will have fewer RNs leaving their organizations, contributing to decreasing RN turnover.

Job Burnout

Job burnout occurs in many professions, especially those in the health care field. Scholars define job burnout as emotional exhaustion that impairs an employee's physical and emotional state, resulting in detachment from work tasks and the environment (Nabizadeh Gharghozar et al., 2020). Other scholars believe that job burnout is a specific disorder resulting from high job demands resulting from various work environment deficiencies (Nabizadeh Gharghozar et al., 2020). Some of the deficiencies included heavy workloads, stressful work situations, and negative employee work relations. The outcomes of these deficiencies can cause job dissatisfaction, increase turnover, ineffective communication, loss of empathy, lack of compassion for the job and organization, poor customer service, inadequate staffing, and poor employee health. In health care, RNs experience high job burnout. In the United States, 45% percent of nurses face some type of job burnout (Nabizadeh Gharghozar et al., 2020). Van der Heijden et al. (2019) stated that nurses experience job burnout because of the high-stress health care work environment elements such as dealing with death and sickness, number of patients, long shifts, and lack of leadership support. When nursing leadership improves job satisfaction, they help reduce RN job stress.

Many adverse factors can occur when nurses experience job burnout. One factor is the quality of patient care. Burnout in health care affects how a nurse provides patient care (Nguyen et al., 2018). Poor quality care happens when a nurse experiences

exhaustion. Long work hours, low staffing, stress, and lack of commitment are elements contributing to why a nurse would give poor quality patient care (Molina Mula & Gallo-Estrada, 2020). Poor quality patient care can result in patient death, low patient satisfaction, and increased organizational financial costs (Dall'Ora et al., 2022). Job stress and employee turnover are other factors that occur when a nurse experiences job burnout.

Job stress is a factor leading to job burnout. According to Nguyen et al. (2018), job stress relates to an individual's physiological and psychological behavior. The nursing profession is a high-stress job (Perez Fuentes et al., 2019). Job stress can lead to high job dissatisfaction and a lack of organizational commitment. In addition, job ambiguity and work overload can contribute to job stress. Some nurses' inability to cope with stress can lead to high turnover. Researchers suggested that job stress is a determining factor in why employees leave their jobs or professions (Sabei et al., 2019). When nursing leadership lowers job stress and creates a favorable work environment, job burnout, and turnover are controllable in health care.

Nursing job turnover is another cause of job burnout. Research shows that job burnout contributes to high turnover. However, some researchers stated that there is no relationship between burnout and turnover (Nabizadeh Gharghozar et al., 2020). Nabizadeh Gharghozar et al. (2020) felt that employees might stay on the job regardless of burnout, producing adverse outcomes to their job performance and the organization. Other researchers felt that job burnout influences employee turnover, especially in nursing (Van der Heijden et al., 2019). One key influence job burnout has on RN

turnover is the cost of turnover. The cost of nursing turnover due to job burnout costs more than 150% of a nurse's annual compensation (Tavakoli et al., 2018). Nursing leaders who want to reduce turnover need to identify what causes job burnout in their organization. Therefore, nursing leaders need to find ways to reduce burnout to increase employee performance and reduce turnover.

Job burnout also happens with nursing leaders. When a nursing leader resigns, the cost of hiring a temporary replacement can cost more than $180,000 for a 5-month contract (Ramseur et al., 2018). Work-family balance, organizational stresses, constant changes in patient care delivery method and technology, and other personal issues are factors that can lead to nursing leadership burnout and turnover (Squellati & Zangaro, 2022). The impact of nursing leadership burnout puts stress on frontline nursing, patient care, and organizational success. Being a transformational leader in the workplace can help nursing leaders reduce job burnout and decrease their intention to quit (X. Wu et al., 2020). When leaders rely on teamwork, job satisfaction, transformational leadership skills, engagement, and reducing emotional exhaustion, leaders can reduce job stress and burnout and increase self-satisfaction.

Health care facility leadership can implement training initiatives to help reduce job burnout. Implementing teaching programs helps employees learn how to adjust to adversity and mitigate potential damage due to stressful work environments (Guo et al., 2018). Guo et al. (2018) stated that organizations can use resilience training to minimize job burnout with frontline nursing staff and leaders. Resilience training can help to increase leadership skills on both levels. For leaders, resilience is a protective feature to

help with a leader's physical and emotional health (Nguyen et al., 2018). Nurse leaders

and nurses can use resilience training to build self-awareness, learn flexibility, and move

from task centered to person-centered thinking (Sabei et al., 2019). An individual's

physiological and psychological behavior can improve with resilience training. Another

training program is online training programs on how to cope with job burnout. Zhang et

al. (2020) suggested that implementing online programs that can reduce job burnout can

improve stress, anxiety, resilience, and on-the-job happiness. Organizational health care

leaders can reduce job burnout by providing training programs.

Health care organizations with high job burnout face RN and nursing leadership

absenteeism, decreased productivity, low job satisfaction, poor patient care services, and

increased turnover. Molina Mula and Gallo-Estrada (2020) stated that job burnout results

from prolonged exposure to stress, characterized by emotional exhaustion,

depersonalization, and a feeling of decreased personal accomplishment. Researchers

suggested that nursing leaders need to increase employee engagement and other practical

strategies to reduce burnout and promote employee well-being (Perez Fuentes et al.,

2019). Resilience training and using transformational leadership skills and knowledge are

factors nursing leaders can use to reduce job burnout (F. Wu et al., 2020). Leaders in

every industry, especially in the nursing profession, must create a work environment that

improves all the factors contributing to job burnout.

Employee Engagement

Another theme found in the literature was employee engagement. Employee

engagement is one of the growing concerns for executives across all industries (Pincus,

2022). Executives show concerns about employee engagement because lost engagement can impact organizational outcomes such as economic performance, customer service and loyalty, profitability, and employee safety (Pincus, 2022). Executives feel that employee engagement varies with the work environment, occupation, leadership, seniority, personality, and work environment (Schaufeli, 2021). The specific industry for this literature review is health care. Employee engagement, specifically with RNs in the health care industry, is the key focus. There are various strategies found in the literature that can increase RN engagement and reduce turnover in this profession. The strategies included improving work engagement, understanding the organization's mission, vision, and services, engaging the experienced and newer/younger RNs, increasing learning and development opportunities, having rewards programs, and balancing work and family life.

Health care is a complex and continuously changing industry, especially regarding patient care. Patient care in health care provides outstanding and quality care (Wang et al., 2021). Without delivering quality care, health care organizations face problems with business performance, customer service, profitability, and, most importantly, nursing employee engagement and retention (Ulep, 2018). Nursing employees are vital to successful patient care services because they are the hospitals' leading health care service providers. The demand for nurses is outpacing the market availability (Ulep, 2018). Therefore, health care leaders must examine every opportunity to ensure they keep engaged nurses to avoid high nursing turnover. Nurses with high engagement are more satisfied with their jobs and are less likely to leave their

organizations (Contreras et al., 2020). Engagement is a choice that depends on an

individual's consideration of what they presume is a critical or essential investment

(Wang et al., 2021). For nurses and other employees, the work environment, leadership,

training and development, communication, and other workplace initiatives impact

employee engagement. Health care leaders, especially in nursing, need to create a work

environment that supports engagement if they want to reduce RN turnover.

Nurse engagement works like work engagement. Work engagement is a state of

well-being and affective, motivational commitment to work (Contreras et al., 2020).

Researchers considered work engagement as the positive work-related state of mind

characterized by feelings in three categories: vigor, dedication, and absorption (Wang et

al., 2021). Vigor refers to high energy and mental resilience while working and the

willingness to invest in work when having difficult times (Breaugh, 2020). Dedication

refers to having strong involvement in work, enthusiasm, inspiration, pride, and

willingness to accept challenges about one's work (Wang et al., 2021). Individual

recognition for completing a task is important to employees. Work engagement

absorption centers on how employees concentrate on their work (Wang et al., 2021).

Absorption occurs when employees take a strong interest in their jobs by plunging

themselves into their work. Some employees may not want to pull themselves away from

their work. Researchers used the job demands and resources model to explore work

engagement. The job demands and resources model uses employees who are high energy

and love their work (Schaufeli, 2021). These employees have levels of vigor, dedication,

and absorption. However, in a demanding job like nursing, work engagement can

diminish and result in high RN turnover (Schaufeli, 2021). The high job demands take away a nurse's energy to provide quality patient care services. When nurses have low engagement, organizational goal attainment is low. Nurses leave their organizations because of work disengagement, job dissatisfaction, poor attitudes, and poor job outcomes (Schaufeli, 2021). Nursing leadership plays an important role in increasing nurse work engagement by reducing these factors. Therefore, nursing leaders must engage nurses if they want to increase high work engagement and reduce RN turnover.

Leaders can stimulate positive employee engagement and attitudes in any industry by creating a work environment that meets their employees' needs. When leaders like nurse directors or executives engage nurses, nurses believe in the organization's mission, vision, and services (Contreras et al., 2020). Promoting nursing well-being helps increase RN productivity and resilience to pursue organizational goals and objectives while encouraging excellent work ethics and teamwork. Nursing leadership plays an essential role in creating a healthy work environment (Contreras et al., 2020). Leaders must also be engaging themselves if they want to lead a winning team. Engaged nursing leaders can create the appropriate work environment and support nurse satisfaction, retention, and positive patient care (Schaufeli, 2021). Good coaching, mentoring, and allowing nurses to participate in the decision-making process are appropriate corporate initiatives to increase nurse engagement. Researchers found that the emotional connection employees feel toward their organization affects their actions to fulfill the organization's mission, vision, and overall success (Carthon et al., 2020). With these strategies, nurses know their leaders and the organizational expectations. When there is engagement, nurses express

their organizational engagement through accountability, enthusiasm, care in the workplace, and productivity (Carthon et al., 2020). Nursing leaders stimulate nurse engagement by creating a work atmosphere where there are strong nurse engagement efforts.

Nurses with more experience are likely to have less engagement than younger nurses. Several recent studies indicated that experienced nurses have a 4:45 ratio to leave their job (Wang et al., 2021). Wang et al. (2021) also stated that 35.9% of experienced nurses wanted to leave their current health care organization. When a hospital loses an experienced nurse, they lose years of RN clinical knowledge, practical expertise, and role model skills, which are valuable assets for the newer/younger nurses. The cost to replace an experienced nurse is much higher than a new nurse (Woodward & Willgerodt, 2022). High experience nurse turnover can impact the quality of patient care. Nursing leaders face struggles when trying to reduce experienced nurse turnover. These leaders will need to implement strategic strategies to engage the experienced nurse, reduce turnover, and tackle the nursing shortage (Wang et al., 2021). All these factors are reasons why nursing leaders need to engage and retain experienced nurses.

The younger nurse does provide value to the health care industry. These nurses are the next generation as the baby boomer nurses retire. Therefore, nursing leaders must also engage and retain the younger nurses. Millennials and younger RNs are a growing nurse population in health care (Ulep, 2018). These groups of nurses outnumber the baby boomer generation. Ulep (2018) stated that nurses younger than 35 are growing more than one-third nationally. Unfortunately, younger nurses, especially millennials, are

leaving the workplace sooner than experienced nurses. These nurses leave in the first and second years of employment because it is not for them. The long work hours and patient load cause burnout (Kelly et al., 2021). All these issues cause a lack of RN engagement. Nursing turnover is costly regardless of work experience and can impact patient outcomes and satisfaction (Woodward & Willgerodt, 2022). Nursing leaders have the difficult task of maintaining engagement. Inspiring, coaching, and empowerment are tactics nursing leaders can use to leverage retention efforts for younger and experienced nurses (White et al., 2019). Expanding mentorship, professional growth opportunities, cultivating a healthy work environment, and reducing burnout are specific items nursing leaders can do to retain all nurses.

Engaged employees display many behaviors. Positive behaviors include going the extra mile, speaking favorably about their organization, collaborating with others, proactive problem solving, staying late to complete a project, and sharing knowledge (Pincus, 2022). Other behaviors include assisting co-workers and contributing creative ideas that will increase business services. Creative behaviors can increase innovative behaviors (Vithayaporn & Ashton, 2019). Employees' innovative behaviors are vital to an organization's success because their behavior creates the next great business ideas. When employees can express their ideas and influence business operations, employee engagement and organizational trust increase (Jena et al., 2018). Pincus (2022) stated that positive behaviors increase engagement with productivity, job performance, profitability, enhanced safety, and customer loyalty and satisfaction. Leaders can use employee behaviors to implement effective strategies to improve employee engagement.

Implementing an effective employee engagement strategy is critical in the nursing profession. Engaged nurses are the most important resources to health care organizations (White et al., 2019). Nursing leaders agree that the success of an organization depends on the leader's ability to engage nurses. Using learning and development opportunities is an important engagement strategy. Researchers found that learning and developing leadership strategies increases nursing engagement and increases productivity (Pincus, 2022). Some researchers believe that nurses enjoy having learning and development opportunities that can lead to career advancement (Van der Heijden et al., 2019). Creating learning and development engagement strategies plays a crucial role in addressing gaps in nursing skills. Nursing leaders can build training programs based on filling those learning gaps. Attitudes toward learning and development strategies profoundly affect the way nurses perform and the positive nurses' experiences while in the workplace (Jena et al., 2018). Engagement is high when nurses feel there are opportunities for them to advance their careers (Jena et al., 2018). Researchers stated that nurses with supportive nurse leaders experience a higher level of job satisfaction (Specchia et al., 2021). Nursing leaders that did not implement learning and development strategies had low nurse engagement and productivity. Overall, nurses who have avenues to learn and develop have job satisfaction and high engagement.

Another strategy to help nursing leaders with employee engagement is using rewards programs that acknowledge employees for their accomplishments. Studies indicate a positive relationship between professional recognition and nurse engagement (Carthon et al., 2020). When nursing leaders reward nurses for superior performance,

nurses' organizational commitment increases, resulting in a more engaged nurse. Specchia et al. (2021) stated that a reward program was an essential component of an effective organizational employee engagement strategy. In addition, implementing a rewards program can influence employees to be more productive, which improves job satisfaction and reduces the cost associated with nurses that lack engagement (Carthon et al., 2020). Professional recognition for work accomplishments is a viable employee engagement strategy.

Helping nurses to balance work and family life is another engagement strategy. Providing nurses with well-being initiatives allows nurses to be flexible with work arrangements. When nursing leaders can educate employees on how to integrate work and family life, leaders can help prevent employees from working unnecessary overtime hours, which can lead to employees having a more well-balanced work and personal lifestyle. Researchers also stated that employers with wellbeing initiatives allow employees more personal time to spend with their families (Ulep, 2018). Well-being initiatives can reduce work and family stresses. Nursing leaders that implement wellbeing programs can increase nurse employment engagement and increase productivity. Overall, all these employee engagement strategies can help all leaders, especially nursing leaders, reduce employee turnover.

Transition

This qualitative multiple case study aimed to explore the strategies that nursing leadership uses to reduce RN turnover. Section 1 included a discussion on the foundation of the study, the background of the problem, the problem statement, the purpose

statement, the nature of the study, the research questions, and the interview question. Other items in this section included the conceptual framework, the operational definitions, the assumptions, the limitations, the delimitations, and the significance of the study. Section 1 ended with a review of the professional and academic literature. The literature review included an exhaustive review of leadership styles that influence RN retention. The review also included a discussion about a contrasting leadership theory, which is transformational leadership. Job satisfaction, job burnout, and employee engagement were also discussed. The review concluded with strategies that nursing leaders are using to reduce RN turnover.

Section 2 contains several components. The role of the researcher and the ethical assurance guidelines are set for this study. The participants' section includes a description of the interviewees. For this qualitative study, the case study was the most suitable research design. The participants, research method and design, population and sampling, data collection instruments, data collection techniques, data organization technique, data organization technique, data analysis, and reliability and validity are other components that lay the foundation for completing this study. I conclude Section 2 with a transition and summary.

In Section 3, I will present the study findings from the data collection and analysis processes. I will also present strategies nursing leaders use to reduce RN turnover. Other components include presenting the application to professional practice and the associated implications for positive social change. I will also state several recommendations for

action and further research, provide my reflections about the study, and write the

conclusion.

Section 2: The Project

RN turnover is a costly problem impacting hospitals (W. Yang, 2021). In this qualitative multiple case study, I explored the strategies that hospital nurse leaders use to reduce RN turnover. The knowledge gained may help other nursing leaders with strategies to improve their RN turnover rate and reduce related costs. Section 2 begins with the study's purpose statement. In the following subsections, I describe the role of the researcher, participants, research method and design, population and sampling, and ethical research considerations. The section also includes discussions about the data collection instrument and technique, data organizational technique, data analysis, and validity and reliability.

Purpose Statement

The purpose of this qualitative multiple case study was to explore the strategies that hospital nurse leaders use to reduce RN turnover. The targeted population consisted of four nurse leaders who implemented successful strategies to reduce RN turnover in two health care organizations in Texas. The implications for positive social change include the potential to create a work environment where nursing leaders reduce RN turnover and retain skilled RNs. Reducing RN turnover can benefit society by providing safe and quality health care to those seeking medical services. Other benefits include using potential organizational growth and profitability to provide health care to more community members and create new job opportunities. The money saved from implementing RN turnover reduction strategies may also allow hospital leaders to give back to the community by donating more money and resources.

Role of the Researcher

The role of the researcher in a qualitative study is to collect, organize, transcribe, and interpret data generated from interviews and documentation (C. E. Collins & Stockton, 2022). The researcher is responsible for safeguarding the participant during the data collection process (Taquette & Borges de Matta Souza, 2022). In this study, I was the primary data collection instrument and responsible for identifying and recruiting the participants who implemented successful strategies to retain RNs. The data collection process included conducting semistructured interviews, as recommended by several researchers (see McGrath et al., 2019). I interviewed participants by asking open-ended questions. I transcribed the interviews and interpreted the transcripts. I gave my interpretation of participants' answers to interview questions to the participants and asked them to validate my interpretation of their answers. Qualitative researchers must be transparent about their role in data collection, analysis, and interpretation to enhance their research credibility (Kapiszewski & Karcher, 2021). With over 30 years of health care and human resource executive experience, I was excited to identify nursing leaders' effective and successful strategies for reducing RN turnover in their organizations. Reducing turnover is vital to hospitals because nursing turnover continues to be a major business issue for hospitals across the country (Wei et al., 2019).

In this study, I adhered to the ethical protocols outlined in *the Belmont Report*. *The Belmont Report* is the standard for ethics or moral conduct when conducting research involving human subjects (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1979). The three principles outlined in *the Belmont*

Report are respect for others, beneficence, and justice (Miracle, 2016). Niemczyk and

Ronay (2022) suggested that the respect of others principle means participants in research

studies are autonomous agents and have the freedom to give their viewpoints without

judgment from others. The beneficence principle highlights maximizing benefits and

minimizing the risks of the research study (Niemczyk & Ronay, 2022). The justice

principle addresses what is fair and equitable when recruiting research study participants.

Recruitment does not solely consist of obtaining individuals who are less likely to decline

participation (Niemczyk & Ronay, 2022). To meet the principles and respect the

participants' rights, I created an atmosphere where the participants felt empowered and

safe to answer the interview questions. All participants signed an informed consent form

that outlined the purpose of the study, the role of the participants, the interview process,

and what would happen with their responses to the interview questions. I ensured that the

research design did not create situations or settings that caused physical or emotional

harm and that were consistent with the principle of beneficence. I respected both

organizational and individual participant needs regarding privacy and confidentiality

while I conducted my research and ensured the fair administration of interviews to

maintain human justice. The Walden University Institutional Review Board (IRB) for

ethical research also required me to protect the study participants. The Walden University

IRB (2019) also set guidelines for participant privacy and confidentiality.

My health care business connections with one or more of the local nurse leaders

could have resulted in biases that could have compromised the credibility of this study;

therefore, I used several strategies to mitigate the risk of my biases affecting the research

quality. Peterson (2019) stated that bias, which is showing prejudice toward something or someone, occurs in qualitative research, but the role of the researcher is to avoid bias. Techniques, such as triangulation, peer review, collaboration, data validation, respondent validation, and persistence, are tools that can help the researcher reduce bias (Yarborough, 2021). Triangulation provides the ability to look at data from multiple perspectives and look at a phenomenon in different ways, which helps to reduce researcher bias (Yarborough, 2021). A case study with at least two data collection methods is an example of methodological triangulation (Moser & Korstjens, 2018).

The interview protocol is a tool the researcher uses to set interview guidelines. (Yarborough, 2021). The interview protocol is a guideline that consists of pre- and postinterview instructions (Yin, 2018). An interview protocol contributes to the objectivity and trustworthiness of studies (Adler, 2022). The implementation of an interview protocol can increase consistency between interviews and conducting the interviews in a similar manner (Jimenez & Orozco, 2021). The interview questions are developed to align with the research question (Phillips & Mrowczynski, 2019). As the researcher, I reviewed the protocol guidelines to ensure timely, efficient, and consistent interviews.

Participants

In qualitative research, researchers use the credibility and dependability of a study for selecting participants. According to Yin (2018), a participant is a person who provides data to the researcher. Setting the eligibility criteria is an essential aspect of selecting the participants, and qualitative researchers set specific participant eligibility criteria for their

study by identifying the primary characteristics implied by the research questions (Yin, 2018). Yin stated that researchers should explain the eligibility criteria for being a research participant. The selection criteria for the current study included (a) holding a nurse leader position for more than 3 years, (b) working in a hospital in the West Texas region, and (c) being a nurse leader who had strategies that increased RN retention and decreased turnover.

A qualitative researcher's goal is to gain access to participants who understand the study. Gaining access to participants is necessary for the researcher to conduct their study (Riese, 2019). Researchers use direct outreach communication techniques to access research participants by calling or visiting organizations, mailing letters, and emails (Riese, 2019). Researchers can contact or visit organizational leadership to provide comprehensive information about the study and obtain participant names (Riese, 2019). After receiving the participant names, the most convenient way to accessing participants is using a direct outreach technique, which is emailing participants (Peticca Harris et al., 2016). Email does not cost money, and participants respond faster. I mailed letters to the local and regional hospital presidents and chief nuring executive officers about the study to obtain participant names. After obtaining those names, I used email to connect and gain access to local and regional nurse leaders who were the study participants.

After gaining permission from hospital leadership and contacting the participants, to have a successful study it was critical that I build relationships with the participants. When researchers develop positive relationships with the participants, the interviews become a smoother process (Peterson, 2019). The relationship-building process begins

with phone conversations or in-person interactions with the participants (Subrahmanyam et al., 2020). Initially, I called each participant and told them about the purpose of the study. Then I had in-person conversations with the participants where I gave them written documentation about the study and the informed consent form. Researchers utilize the informed consent form to explain the participants' rights and help protect the participants from harm and risk (Yin, 2018). Yin (2018) stated that written correspondence, informed consent forms, phone calls, and introductions are ways of establishing a relationship with the study participants. I built a positive relationship with the participants by conducting in-person conversations, ensuring that each participant understood the interview process, using the informed consent form, and explaining the participants' rights.

Research Method and Design

Research Method

There are three predominant research methods, qualitative, quantitative, and mixed methods, and researchers use these research methods to collect, analyze, and interpret data (Barroga & Matanguihan, 2022). The qualitative research method allows researchers to explore human perceptions of real-world situations (Tuckerman et al., 2020). Researchers use the qualitative research method to identify problems that derive from conducting participant observations, interviews, and group discussions (Phillippi & Lauderdale, 2018). Qualitative researchers collect narrative data from participant responses to the research questions then analyze the data to discover emerging themes and challenges (Yates & Leggett, 2016). Conducting a qualitative research study lets the researcher explore social and human problems, such as health care RN retention

strategies. Based on these reasons, the qualitative approach was the appropriate research method for the current study of strategies for reducing RN turnover.

While the qualitative research method focuses on understanding beliefs, values, and social behavior, the quantitative method is used to examine the relationship among measurable variables (Tuckerman et al., 2020). The quantitative method is a conceptual model used to understand relationships by measuring the opinions and viewpoints of a group (Tuckerman et al., 2020). Quantitative researchers use statistical and numerical calculations to collect and analyze data (Crane et al., 2018). Using statistical or numerical calculations can limit a researcher's ability to gather in-depth data involving the meaning and interpretation of perceptions and experiences (Nelson, 2016). For this study, I collected data about the participants' perceptions and experiences; therefore, the quantitative method was not appropriate for this study.

The mixed-method approach connects the features of both qualitative and quantitative methods (Oliver, 2017). The benefits of using mixed methods include the ability for researchers to use large and small group analysis and combining statistical and narrative data analysis (Sligo et al., 2018). However, when using the mixed-method approach, researchers may not achieve the expected results because of the complexity and length of time needed to conduct a study using both methods (Morse, 2017). The quantitative feature of the mixed-method approach did not apply to the current study because of the need to understand the experiences and strategies that nursing leaders use to reduce RN turnover. Overall, the qualitative research method was more suitable for this study rather than mixed-method or the quantitative method because of the

impossibility of using these other approaches to conduct a study about a complex phenomenon.

Research Design

Researchers use a research design to learn how to solve a research problem. Planning the data collection and analysis process are important research design features. Because the current study was qualitative in approach, I chose among four qualitative research designs: case study, ethnography, narrative, and phenomenological (see Pavlovich et al., 2016). The first research design was a case study. Case studies are empirical studies that allow researchers to investigate today's real-life phenomenon, and they are employed when the evidence is hard to understand (Rashid et al., 2019; Yin, 2018). Yin (2018) stated that a case study offers insight into the complexities of human behaviors, and the design is used to answer *how, what*, and *why* questions. I selected the case study design method to address the real-life complexities of RN leadership behaviors in this study.

A case study is used when investigating several factors in single or multiple cases. Critical, unusual, common, revelatory, and longitudinal are the rationales used in a single case study (Yin, 2018). These rationales do not apply to a multiple-case study. Another name for multiple-case studies is the replication design because researchers perform two or more experiences in one study (Yin, 2018). Researchers replicate their experiences to achieve a thorough and more robust study (Yin, 2018). Using the multiple-case study design, I collected data from various nursing leadership levels about their RN retention strategies.

The second research design I considered was an ethnography. Ethnography is a research design that is focused on exploring a group's culture (Waring & Jones, 2016). Researchers conduct an ethnography to investigate cultures through observing participants, collecting their life history events, analyzing documentation, and talk with participants about their experiences and impressions (Viet-Thi et al., 2017). Abstract occurrence is a feature of the ethnographic design method (Viet-Thi et al., 2017).

The third research considered for this study was the narrative design. Researchers use the narrative design to tell a story about life events (Boddy, 2016). A story can be written in sequential order when utilizing the narrative research design (Rashid et al., 2019). With the narrative design, the narrator emphasizes the parts of the story that are important to them.

Phenomenology was the fourth research design I considered for the current study. Phenomenology is a design method that uses an individual's perceptions to understand a life occurrence (Adams & Van Manen, 2017). Researchers use phenomenology to explore an individual's past life experiences and apply the case study research design to look at current real-life experiences to understand the research probe, purpose, and question (Luborsky & Lysack, 2017). Tomaszewski et al. (2020) stated that the founder of phenomenology created this research design so that researchers could study life activities and experiences differently. Based on the above descriptions, the ethnography, narrative design, and phenomenological design were not suitable for the current study.

Data saturation, the point when theme and finding redundancy confirm that data collection can stop, is a critical factor in qualitative research (Yin, 2018). Researchers

need to collect enough data to answer the research question until there are no new themes or findings (Yin, 2018). I continued to collect data until I reached data saturation and there were no additional themes or findings.

Population and Sampling

Before selecting the study population, the researcher needs a clear strategic objective for choosing the study location and participants. Twining et al. (2017) confirmed that qualitative researchers must describe the criteria for the study location, the participant's characteristics, and the selection processes. For the study location, the population consisted of leaders that worked in health care organizations in the West Texas region. The health care organizations employed more than 1,000 nurses. I selected four nurse leaders. The nurse leaders' characteristics included having more than three years of work experience in a nursing leadership position and having successful RN turnover reduction strategies. Nursing leadership is responsible for reducing RN turnover (Kester, 2020). Therefore, the best group to answer the research question was nursing leaders.

Purposeful sampling, convenience, and snowball are different types of qualitative sampling methods. Researchers use purposeful sampling to think about or designate their sample population (Benoot et al., 2016). Convenience sampling is where the sample population selection process is not clear to the researcher (Jager et al., 2017). Snowball sampling is not random, and the population process consists of using referrals or the researcher's friends (Cassell et al., 2018). Therefore, I selected purposeful sampling for this study. Purposeful sampling allows researchers to select participants with the

knowledge and experience to answer the research questions (Abrahams, 2017). This study's population was nurse leaders who had the knowledge and expertise about strategies for reducing RN turnover.

Qualitative sample sizes are small. However, researchers need to continue increasing their sample size until achieving data saturation. Yin (2018) stated that the researchers should continue to increase the sample size until receiving the same answers. Data saturation occurs when data collection produces no new data (Tomaszewski et al., 2020). Achieving data saturation provides credible and reliable data (Tomaszewski et al., 2020). For this study, the sample size was four nurse leaders from health care organizations.

Data saturation can vary in each study. For this study, I conducted interviews with four nurse leaders. Researchers gain insight into different life experiences when conducting qualitative interviews (McGrath et al., 2019). I conducted interviews with nursing leaders who implemented leadership strategies that reduced RN turnover. I conducted face-to-face interviews. I continued asking participants questions until no new information or themes emerged. I ensured the location or other interview options were free from noise and interruptions to record the interviews. I interviewed participants in a setting where the participants felt comfortable providing open and comprehensive responses to the interview questions.

Ethical Research

Researchers must provide ethical assurance that ensures the protection of the study participant from harm, including unethical behaviors, physical or mental stress, and

threats. Ethical concerns are inherent in human study participation (Marshall & Rossman, 2016). *The Belmont Report* dictates a research study participant's ethical rights (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1979). *The Belmont Report* focuses on ethical principles that provide researchers with guidelines to use in human studies. The guiding ethical principles are respect for persons, beneficence, and justice (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1979). I adhered to the three principles contained in *The Belmont Report*. Before starting the data collection process, Walden University's doctoral students need to ensure compliance with all ethical standards. Researchers also need to request approval from Walden University's IRB and seek permission from the study participants using a consent form. The consent guarantees confidentiality for the participants and collected data (Yin, 2018). According to Yin (2018), the consent form protects the participant from deception, lack of privacy, and inequitable participant selection. I explained the consent form then had each participant sign the form.

Participants have the right not to be a part of the study. Participants can withdraw from the study at any time (Reid et al., 2018). I followed directives and informed the participants of their rights to participate and withdraw from the study. No one withdrew from participating in this study; however, withdrawal could have occurred by informing me by phone, email, text, or any other communication method. I ensured that the participant understood all their ethical rights as outlined in the consent form.

Researchers can offer incentives. Gift cards, vouchers, and other monetary valued items are types of incentives. Holland (2017) recommended that researchers should not offer incentives for participating in a study. Incentives can reduce the freedom to participate in the study, lead to dishonesty, and lessen objectivity (Kelly et al., 2021). This study did not have incentives. I informed the participant that there were no incentives. However, at the end of the study, I will send a note to the participants expressing my appreciation for sharing their RN reduction strategies.

The researcher must protect the collected data, data analysis and have a secure place to store the data (Yin, 2018). I will encrypt the collected data and store the data in a secured location for 5 years. I will protect the participants' names. I will password-protect all files and will use a USB flash drive as a second secured device. After 5 years, I will destroy all files by shredding paperwork and removing the information on the flash drive. Researchers should use every method to protect the participants' privacy, anonymity, and confidentiality (Shaw Phillips et al., 2017). I ensured that all safeguards were in place to protect all the data, the participants, and the overall study. The IRB approval number for this study is 03-01-22-0981300.

Data Collection Instruments

In a qualitative study, the researcher plays a significant role in the data collection process. The researcher is the data collection instrument in the data collection process (Tomaszewski et al., 2020). As the researcher for this study, I was the primary data collection instrument. I was responsible for identifying and recruiting the study participants, as recommended by several researchers (Taquette & Borges de Matta Souza,

2022). Other responsibilities included obtaining, coding, analyzing, and verifying the data collected from the participants.

Qualitative researchers use multiple data methods to provide reliable and valid research data. Yin (2018) stated that qualitative researchers use multiple data methods that include conducting semistructured interviews, observing participants, and reviewing current and archived documents. Researchers utilize the semistructured interview format as an interviewing guide to improve the quality of the collected data (Phillippi & Lauderdale, 2018). During the semistructured interviews, the researcher observes a participant's behavior. When conducting semistructured interviews, the researcher uses open-ended interview questions. Researchers can learn more about the current topic when applying open-ended interview questions (Adler, 2022). A type of semistructured interview that consists of open-ended interview questions is face-to-face interviews. Face-to-face interviews are the most common way to collect participant information in qualitative studies. The interviews set the stage for a conversation between the researcher and the participant (Moser & Korstjens, 2018). Flexibility and openness are features in face-to-face interviewing that allow participants to reveal their thoughts when answering the interview questions. Using face-to-face interviews enables the researcher to delve further into the participant's responses by asking follow-up questions (Adler, 2022). Overall, semistructured interviews with open-ended questions provide consistency during data collection. As the primary data collector for this study, I used multiple data collection methods to ensure the validity and reliability of the data.

Another data collection method involves reviewing current and archived documents. For this study, the document review activity included looking through organizational documents related to nursing leadership strategies for reducing RN turnover. Reviewing documentation also included obtaining materials that will increase the researcher's knowledge and stipulate helpful insights into the study (Yin, 2018). Using multiple data sources in a study, the researcher achieves data saturation, validity, and trustworthiness (Yin, 2018). For this study, I used current and archived documents.

Researchers use an interview protocol as a framework for developing an instrument used for conducting semistructured interviews. An interview protocol helps to improve data quality and contributes to building trustworthiness in the study. The protocol defends the reliability, transferability, and validation of collected data (Yin, 2018). Phillips and Mrowczynski (2019) offered guidelines that researchers should consider when building an interview protocol that included (a) determining straightforward interview questions that align with the research questions, (b) having a review of the interview questions by experts, and (c) conducting a pilot test of the protocol before beginning the interviews. Recalling the purpose and process of a study while using the interview protocol helps build participants' confidence. Researchers use the interview protocol to build rapport and facilitate better question responses. Interview protocols are useful tools that can improve the researcher's interview skills and keep them focused on the research study (Yin, 2018). I used an interview protocol when interviewing and collecting data from the study participants.

Walden University requires IRB approval before starting the data collection process. IRB approval ensures the ethical protection of the study participants. Any research study involving human subjects requires IRB approval (Friese et al., 2017). Complying with the IRB and Walden University's requirements also means following U.S. federal regulations to reduce risks. I completed the National Institute of Health web-based training course titled *Protecting Human Research Participants.* The web-based training course enhanced my skills and abilities needed to protect the study participants.

Researchers should use various methods to enhance the reliability and validity of a study. Besides using interview protocols and validating the interview questions, recording the interviews is a method for ensuring the researchers can accurately transcribe the participants' responses (Benlahcere & Ramdani, 2021). Member checking is a method researchers utilize to ensure that the data collection process is credible, honest, and trustworthy (Hadi & Closs, 2016). Member checking is a tool known as participant validation. Researchers use this tool to increase the credibility of the data results (Birt et al., 2016). For understanding the phenomena, researchers use methodological triangulation (Gibson, 2016). Arias Valencia (2022) stated that methodological triangulation is the use of more than one method of data collection. I conducted methodological triangulation by comparing the data collected from conducting semistructured interviews with data collected from reviewing organizational documentation and artifacts and found that data alignment had occurred. For this study, I conducted participant interviews. I transcribed the interviews and interpreted the transcripts. I gave my interpretation of participants' answers to interview questions to the

participants and asked them to validate my interpretation of their answers. For each interview, I asked the same questions and kept the same time duration. Overall, I used semistructured interviews, reviewed current and archived documents, used interview protocols, and conducted member checking and methodological triangulation to address the reliability and validity of this study.

Data Collection Technique

Researchers use a combination of different data collection techniques to obtain conclusive responses that can answer the research question. One of the most common and frequently used data collection technique method in qualitative research studies is semistructured interviews (Oltmann, 2016). Researchers use semistructured interviews because of the flexibility to use interview protocols and the ability to ask follow-up questions when collecting research data. Dejoncheere and Vaughn (2019) stated that researchers used semistructured interviews to (a) collect open-ended data; (b) explore participants' thoughts, feelings, and beliefs; and (c) get a more in-depth perspective about personal and sensitive issues. The primary data collection technique method I used to collect participant data for this study was face-to-face interviews using open-ended interview questions. The interview process followed the interview protocol found in the Appendix. I also used other data collection techniques that included reviewing and collecting archival documents and journal resources. The documents consisted of written employee comments from satisfaction surveys, workplace awards and recognitions, and organizational and journal materials that supported reducing RN turnover.

There are advantages and disadvantages of using face-to-face interviews and reviewing archival documents. Some of the benefits include (a) getting a broader picture of the phenomenon, (b) helping to build a rapport to gain the participant's trust, and (c) allowing observation of nonverbal communication (Oltmann, 2016). Time and financial costs are disadvantages of face-to-face interviews (Saarijarvi & Bratt, 2021). Travel cost is a significant financial burden if the researcher must fly to interview a study participant. Therefore, researchers may choose to select participants from either local geographical areas or decide on an alternative interviewing method like virtual video conferencing applications such as Zoom. The first advantage of reviewing company documents and other archival documents and resources is the ability to validate participant information collected during the interview (Yin, 2018). A second advantage of gaining access to official company documents is that the researcher does not have to pay for the data (Fobosi, 2019). A disadvantage is that the company may feel uncomfortable sharing official documents with a nonemployee (Fobosi, 2019). Another problem is that companies can manipulate the data, which can cause inaccurate information (Fobosi, 2019). I requested permission to review company documents from executive nursing leadership that supported and validated the data collected from conducting semistructured interviews regarding the organization's strategies to reduce RN turnover.

After transcribing the collected data, I used member checking to authenticate the participant's responses. Birt et al. (2016) stated that member checking is best known as participant validation. In this study, I transcribed the interviews and interpreted the transcripts. I gave my interpretation of participants' answers to interview questions to the

participants and asked them to validate my interpretation of their answers. Member checking is another way of increasing the integrity of the data by creating trustworthiness in a qualitative research study (Birt et al., 2016).

Data Organization Technique

Researchers rely on data organization techniques to create a categorizing plan for data collected from participant interviews and other resources. Yin (2018) stated that case study researchers should create an orderly compilation of all collected data. The process of organizing data derives from using different collection resources vital to research study outcomes. Other organizational techniques are also necessary for any study because of the large amount of data obtained during data collection (Tomaszewski et al., 2020). Various data organization techniques include cataloging, labeling, coding, and organizational formatting (Tomaszewski et al., 2020). Researchers use these techniques during and after data collection. Cataloging and labeling involve placing interview recordings and documents into a database so the researcher can later access, retrieve, and inspect the data (Staller, 2021). Another organizational technique that involves categorizing participant data is called coding (Staller, 2021). In a qualitative case study, researchers can explore various coding systems to identify emerging themes and patterns from the data. I developed a coding system to separate the collected data into subtitles, notes, categories, and dates. I also used data organization techniques to protect the study participants' confidentiality rights and data responses.

A critical factor when conducting a research study is implementing a data storage strategy. In a qualitative study, having a data storage strategy is a valuable tool for

organizing collected data (Tomaszewski et al., 2020). One strategy is using a data storage process with multiple storage options. Watkins (2017) stated that Microsoft Word and Excel software are perfect tools for organizing data. Researchers use these software tools to save the coded data in folders and then place the data in a secured electronic device (Watkins, 2017). I stored the interview transcripts in separate folders with unique identifiers using Otter.ai. and kept the data on a password-protected computer. Some scholars recommend that researchers use a second storage source (Twining et al., 2017). I used an external hard drive as backup storage. I stored the paper files and the backup drive in a locked cabinet. I will keep all data for 5 years and then destroy the data by shredding documents and deleting the electronic files.

Data Analysis

Researchers analyze the data collected to obtain results. Ross and Bibler Zaidi (2019) described the data analysis as the process researchers use to interpret collected research data to discover the themes, patterns, and descriptions to answer the research questions. There are several stages in the data analysis process for converting qualitative data from interview responses into meaningful information. The stages are (a) compiling data, (b) disassembling data, (c) reassembling data, (d) interpreting data, and (e) drawing conclusions (Yin, 2018). When conducting semistructured interviews, a researcher asks questions to obtain responses about a participant's real-life experiences. The researcher can then use Yin's (2018) data analysis stages to process the responses and collect relevant documents, such as organizational policies and training materials. I used Yin's

data analysis process to find themes and patterns related to nursing leadership strategies for reducing RN turnover.

Another data analysis process is triangulation. Renz et al. (2018) explained that triangulation is an analysis process where researchers connect data from multiple sources. Using triangulation in the data analysis process promotes legitimation in qualitative research. Researchers state that legitimation can enhance the data's trustworthiness and creditability when using several data analysis tools (Renz et al., 2018). Methodological, investigator, theoretical, and data are types of triangulations (Arias Valencia, 2022). For this study, I conducted methodological triangulation by comparing the data collected from conducting semistructured interviews with data collected from reviewing organizational documentation and artifacts and found that data alignment had occurred. Researchers use methodological triangulation to explore and get a better understanding of the phenomenon from different perspectives (Yarborough, 2021). Methodological triangulation means using more than one method of collecting data to increase the validity, comfortability, credibility, and trustworthiness of the research study results (Arias Valencia, 2022).

After collecting the data for this study, I used the thematic analysis to identify themes and patterns. Thematic analysis is the most common analysis method in a qualitative research study (Javadi & Zarea, 2016). Microsoft Excel and NVivo software are reliable data analysis tools (Yin, 2018). I used NVivo to store, organize, and categorize collected data into themes, labels, and patterns. While coding the interview responses, I looked for similar themes among the data collected. I also used

methodological triangulation to help verify the themes developed from the thematic analysis process.

Finding themes is an essential part of the research study. According to Javadi and Zarea (2016), researchers can identify themes by looking for commonly used words, find subthemes, and linking the themes to the research question. After defining the themes, I continued to refine the themes until I identified all the themes and subthemes. The final step in the data analysis process is the conclusion. While preparing the conclusion, researchers use the data analysis process results to report the findings and answer the research question (Twining et al., 2017). After analyzing all the data collected, I formed the conclusions.

Reliability and Validity

In a qualitative study, reliability and validity are the essential functions necessary to legitimize the collected data. According to Cypress (2017), researchers should consider reliability and validity throughout the data collection process. Some of the data collection processes range from identifying and contacting the participants, gaining access to the interview site, getting consent, and building and keeping participant trust. A researcher's study is reliable when other researchers can repeat their study (Yin, 2018). Researchers achieve reliability and validity when addressing the four aspects of trustworthiness called (a) dependability, (b) credibility, (c) transferability, and (d) confirmability in their study (Hennick et al., 2017). I used member checking and methodological triangulation to establish and achieve reliability and validity in this study.

Reliability

In qualitative studies, reliability means adopting a research method that validates the ways of collecting and analyzing data (Collingridge & Gantt, 2019). Researchers need to ensure that their studies meet the reliability criteria. A study passes the reliability test when there is no bias and when other researchers can repeat the study to achieve similar results consistently (Gaikwad, 2017). Dependability helps the researcher establish that the study findings are consistent and repeatable so that other researchers can replicate the study. I used member checking and methodological triangulation to ensure dependability in this study. Member checking is a way of increasing the integrity of the data by creating trustworthiness. Member checking is also a tool used for the reliability and dependability of a study. Yin (2018) stated that member checking validates the participants' opinions and reduces bias during the collection, interpretation, and analysis of the data. I transcribed the interviews and interpreted the transcripts. I gave my interpretation of participants' answers to interview questions to the participants and asked them to validate my interpretation of their answers. I also increased reliability by conducting methodological triangulation. I conducted methodological triangulation by comparing the data collected from conducting semistructured interviews with data collected from reviewing organizational documentation and artifacts and found that data alignment had occurred.

Validity

In qualitative research, validity refers to the appropriate research instrument that measures what a researcher decides to measure coherently and justifiably (Morse, 2017).

Cypress (2017) stated that an instrument used to collect data is valid if the data is credible, transferable, and confirmable. The instruments I used in my study were semistructured interviews and organizational documentation and artifacts. After collecting the data, methodological triangulation and member checking were the tools that I used to establish the validity of the collected data. I conducted member checking where I transcribed the interviews and interpreted the transcripts. I gave my interpretation of participants' answers to interview questions to the participants and asked them to validate my interpretation of their answers. I also increased reliability by using methodological triangulation. I conducted methodological triangulation by comparing the data collected from conducting semistructured interviews with data collected from reviewing organizational documentation and artifacts and found that data alignment had occurred. Validity is dependent on the researcher's trustworthiness (Tomaszewski et al., 2020).

Credibility

Credibility is an aspect that creates trustworthiness in a qualitative research study. In the data collection and analysis process, researchers achieve credibility by having the participants review the researcher's interpretation of their responses to the interview questions (Cypress, 2017). I conducted member checking and methodological triangulation to increase the credibility of this study. Member checking is a way of increasing the integrity of the data by creating trustworthiness. Member checking is also a tool used for the reliability and dependability of a study. I transcribed the interviews and interpreted the transcripts. I gave my interpretation of participants' answers to interview

questions to the participants and asked them to validate my interpretation of their answers. I also increased reliability by using methodological triangulation. I compared data collected from conducting semistructured interviews with data collected from reviewing organizational documentation and artifacts and found that both sets of data aligned. Methodological triangulation means using multiple methods of data collection (Moser & Korstjens, 2018).

Transferability

Transferability enables a future researcher to replicate the research study. Moser and Korstjens (2018) highlighted that researchers need to provide substantive information about the participants, data collection, and the analysis process, so other researchers can determine if the study is transferable to their study. I provided a clear description of this study to ensure future researchers can replicate this study. Researchers need to provide a clear description of the study for transferability to occur (Saunders et al., 2016). I also used member checking, methodological triangulation, and data saturation to ensure the data were transferable to other studies. In this study, transferability occurred by ensuring the accuracy of participant responses, using multiple data collection methods, and determining that there were no new emerging themes or data. Moreover, because the purpose of my study was to explore successful strategies nursing leaders used to reduce RN turnover, the study should entice other nursing leaders and researchers to adopt or expand on similar strategies, which constitute transferability.

Confirmability

The researcher needs to have participants review and certify that the collected data are accurate before completing the analysis process (Nelson, 2016). Researchers should compile the participants' responses and interpret the data results using a bias-free perspective (Cypress, 2017). Confirmability occurs when the study participants can concur with the outcomes and findings after reviewing the study (Cypress, 2017). Once more, I used member checking and methodological triangulation to support confirmability in my study. I also developed a good working relationship with the study participants before and after the interview process to encourage confirmability. Building a strong relationship increases participant trust and creates better interviews, member checking processes, and reduces researcher bias (Cypress, 2017)

Data Saturation

Researchers achieve data saturation when no new themes and codes emerge during the data collection process. Data saturation is core in qualitative studies because researchers can determine whether there is adequate data to provide a valid understanding of the phenomenon (Hennick et al., 2017). In this study, I continued to interview participants until no new themes or information emerged.

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Transition and Summary

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In Section 2 of this study, I stated the purpose of the study, explained my role as the researcher and the eligibility requirements for study participants. I described the research method and design for this case study. I discussed the process for choosing the population and sampling method. I explained the ethical standards used to ensure the

protection of the study participants. In addition, I talked about the data collection

instruments, data organization, data collection techniques, and data analysis. I provided

the data validation sources that I used to establish and achieve the reliability and validity

of this study. Finally, I achieved reliability and validity by adopting the trustworthiness

standards of (a) dependability, (b) credibility, (c) transferability, and (d) confirmability. I

obtained IRB approval and started the data collection process. In Section 3, I will provide

an introduction, present my findings, and state the application of the study to professional

practice and the implications for social change. Lastly, I will end Section 3 by providing

the recommendations for action and further research and the conclusions.

Section 3: Application to Professional Practice and Implications for Change

In this section, I provide an overview of the purpose of the study, state the research question, and present the findings. I also include the applications to professional practice, implications for social change, recommendations for action and further study, and reflections. Lastly, the conclusion encompasses the closing statement for this study.

Introduction

The purpose of this qualitative multiple case study was to explore the strategies that hospital nurse leaders used to reduce RN turnover. I conducted face-to-face and Zoom interviews with four nursing leaders from two different hospitals in West Texas who had implemented successful strategies to reduce RN turnover. Other data sources used in this study were internal reports, Facebook and Twitter posts, the President's daily health system report, policy and procedures, and employee satisfaction survey results. The data analysis resulted in three themes: (a) turnover reduction strategies, (b) barriers or challenges to implementing retention strategies, and (c) benefits of implementing retention strategies. The first two themes also included subthemes. In the interviews, nursing leaders described various methods to increase RN retention and measure the strategies' effectiveness.

Presentation of the Findings

The research question for this qualitative multiple care study was: What strategies do hospital nurse leaders use to reduce RN turnover? I conducted in-depth, semistructured interviews with four nursing leader participants from two hospitals in West Texas. The four participants were either a nursing executive or a nursing director. I

conducted methodological triangulation by comparing the data collected from the semistructured participant interviews with data collected from reviewing organizational documentation and artifacts and found that data alignment had occurred. The findings from these interviews and review of organizational documents allowed me to understand the participants' successful retention strategies and the ways they determined the strategies' effectiveness.

Theme 1: Turnover Reduction Strategies

The first theme that emerged from the data analysis was the turnover reduction strategies. These strategies were successful organizational initiatives the four nursing leader participants (i.e., NL1, NL2, NL3, and NL4) used to retain RNs. I discovered several overall strategies during data analysis; however, the top four comprehensive strategies shared by all the participants and ranked by frequency were (a) improving employee communication, (b) motivating RNs by making them a priority, (c) improving organizational culture, and (d) maintaining competitive wages.

Improving Employee Communication

The highest-ranked strategy under Theme 1 based on frequency was improving employee communication. The analysis of the participants' responses revealed that improving communication increased RN retention. J. Lee and Varon (2020) indicated that employee retention increases with improved leadership communication. The four participants in the current study confirmed that improved communication was essential to retaining RNs. Nursing leaders used effective communication to motivate and encourage employees to have the best outcome. NL1 stated that "communication is key and vital to retention . . . nursing leaders continue to let staff know that they have an open-door policy to listen to staff." All four participants had communication networks where executives to first-line supervisors practiced open-door communication to encourage employees to give feedback about nursing practices and other items impacting the workplace and employee satisfaction. Listening was an important part of the communication network for all four participants. A common listening technique that emerged from the data was one-on-one meetings, referred to as O3. Surprisingly, the four participants used O3s to listen and learn about RNs' concerns, expectations, and desires.

All four participants acknowledged, and hospital policy documentation confirmed, that an O3 meeting is a 30-minute conversation between an employee and their immediate supervisor during which they talk about personal and nonpersonal matters. The meetings occur at a minimum of twice monthly. In the first 15 minutes, the employee gets to talk about whatever the employee wants, and the last 15 minutes are for the supervisor. The supervisor follows up on items discussed at the last meeting and any

new items. The supervisors may ask questions, such as: What can the organization or I do to keep you here? What is one change you would like to see in the department/unit or organization? I asked each participant to give their employees' top response to these questions. NL1, NL2, and NL3 had similar responses that RNs wanted recognition for their hard work because of the nursing shortage. NL4 shared the importance of the O3 meetings to the organization. Their organization asked about the effectiveness of the O3 meetings in the 2022 Employee Satisfaction Survey, and the results included a revealing statistic, which was that out of 3,700 respondents, 80% of employees felt they had an average or above average O3 meeting in terms of effectiveness. The other employees either skipped the question or rated their O3 meetings as below average. Nursing leaders can improve job satisfaction, engagement, and retention by improving RN communication and understanding and valuing the RN perspective (Waltz et al., 2020). Overall, all four participants acknowledged that having one-on-one communication with each employee was the best way to determine employees' wants, desires, and concerns. All four study participants used the information collected from O3 meetings to find solutions for improving the workplace and retaining RNs.

Regular communication networks, such as O3, department, and committee meetings similar to unit-based councils, are resources nursing leadership used to collect employee concerns, wants, and desires about nursing care practices, job satisfaction, and retention initiatives. Nursing leaders used the findings from these meetings to develop and implement RN turnover reduction strategies. Unit-based council meetings are common in hospitals. NL1 defined a unit-based council as follows:

Unit-based is where bedside RNs collect ideas from their peers about what

nursing processes will make work more enjoyable and easier . . . practice nursing

autonomy . . . increased fulfillment when an individual has a say in their practice

and environment.

L1 and L3 used unit-based councils to collect retention information from front-line RNs. When the RN shortage increases, NL3 works as a front-line RN. NL3 used this work time to talk to RNs about workplace concerns, expectations, and desires. NL3 used the feedback to implement retention programs that improved employee relationships, job satisfaction, and reduced RN turnover to zero. NL3 said, "when executives work on the front lines when there is a shortage or increased patient flow . . . the RN gives first-hand information on what works and does not work." NL4 also used unit-based councils but added that they "have more avenues than smaller hospitals to seek RN feedback, make changes from the feedback, and communicate the results." Communication is an organization's dominant action to build a relationship with its employees (Men & Surg, 2022). Current study participants had access to many communication tools for building trust and increasing employee engagement, recognition, and retention. The four participants confirmed having communication policy standards that require leaders to be open and transparent when collecting and transmitting business strategies, especially retention and recruiting strategies. NL3 and NL4 agreed that nursing executives must be transparent when having an open-door policy because employees will become frustrated if immediate access is not available. A frustrated employee can be unhappy and ready to leave. NL3 and NL4 claimed that nursing leaders can develop and implement successful

RN retention strategies after listening to RN concerns, wants, and desires. The organizational websites, newsletters, meeting agendas, policies, and other artifacts from the four participants confirmed the importance of communication between nursing leaders and RNs. NL3 and NL4 stated that when nursing leadership use different communication networks and listening techniques, RNs do not want to leave these organizations, resulting in an increase in RN retention and a decrease in RN turnover.

The COVID-19 pandemic forced hospitals and nursing leaders to again place the development of effective communication networks at the forefront of their agendas. The nursing shortage grew larger during the pandemic; therefore, if nursing leaders were going to retain or recruit replacement RNs during this worldwide crisis, nursing leaders had to redesign or create new communication networking strategies. Improved communication networking strategies were necessary for addressing job stress, identifying additional job training, and relaying the constant changing patient care instructions during the COVID-19 pandemic (Lake et al., 2022). All four participants realized that utilizing different communication networking strategies was necessary for maintaining a sufficient number of RNs to deliver safe patient care.

All four participants used various communication networking strategies to collect RN feedback and deliver important information, including using governance committees, newsletters, departmental communication boards, and town hall meetings. These communication networking strategies allowed the four participants to listen to RNs' concerns, desires, and expectations. The four participants also used these strategies to explain operational and program changes because of the RN feedback and COVID-19

pandemic requirements. When nursing leaders involve RNs in the decision-making processes to redesign their communication platforms, RN retention increased because RNs felt their opinions counted in the decision (Lyman et al., 2021). Organization and RN unit-specific documents showed the four current study participants involved RNs in the daily nursing decision-making processes. Using RNs in the decision-making process builds trust, increases employee engagement, and increases retention (Men & Surg, 2022). Overall, all four participants in the current study were forced to develop and implement more effective communication networking strategies to increase RN job satisfaction, reduce RN turnover, and attract new RNs because of the extensive RN shortage caused by the COVID-19 pandemic.

Motivating RNs by Making Them a Priority

The second strategy under Theme 1 was motivating RNs to stay in the workplace by making them a priority. I found that hospitals had to make a concerted effort to retain and recruit RNs when the COVID-19 pandemic and increased RN resignations occurred. Nursing leaders faced an RN staffing crisis because of the massive exit of RNs across the country, and without RNs, hospitals would not be able to provide safe patient care (Lyman et al., 2021). The four current study participants felt that the only way to motivate and stop RNs from leaving is to make them a higher priority. Lopez et al. (2022) reported that nursing leaders must make RN retention a priority during the COVID-19 pandemic. All four participants in the current study began making RNs a priority by creating a more positive and motivating workplace where RNs are not only heard but feel wanted and satisfied with heavy patient workloads. Hospitals with a positive work

environment have increased job satisfaction and decreased burnout and intentions to leave (Rutledge et al., 2021). NL2 said, "we continue to motivate RNs by letting them have input into their job . . . let the RN feel like they play a critical role in the organization." The four participants in the current study expressed that despite the successful implementation of strategies to making RNs a priority, coming up with new strategies was a challenge.

During the first year of the COVID-19 pandemic, hospitals reached and exceeded their patient capacity; RNs worked long hours, had more patients, and sicker patients; and there were fewer RNs to provide care (Lyman et al., 2021). RNs wanted to feel appreciated for the increased workload they were taking on (Lyman et al., 2021). The four current study participants chose to show RNs more appreciation for their hard work by implementing more recognition programs. The participants used these individual and team recognition programs to show appreciation and put an emphasis on making RNs a priority. All four participants used the same individual recognition programs: the Daisy Awards, Nurse of Unit, Nurse of the Year, and Years of Service awards. NL1, NL2, and NL4 used other individual and team recognition programs as well to recognize nursing departments for having excellent customer service scores. Individual and team recognition rewards were pizza parties, buying needed office furniture, and giving employees additional vacation time. All four participants agreed that showing appreciation can be a low-cost budget item. NL2 stated, "some departments showed appreciation by doing simple things like giving wooden coins that say, 'best of luck' or 'have a great day.'" Another recognition program initiative used by all four participants

was caring about the nurses' mental health. NL2 said, "nurses want a better work-life balance that considers their mental health." NL2 also shared that a way the hospital addressed the mental health needs of RNs and other employees was by creating a tranquility room. The onsite room is a quiet place for employees to go if they are having a hard day. During the interview, NL2 gave me a tour of the room, and it had low lighting and two oversized massage chairs where the employee can select what they want to be massaged, such as the back, arms, legs, and hands, with or without heat. Employees can also have a cold or hot beverage. Each visit to the tranquility room is 15 minutes in length. If needed, employees could make an appointment with a psychologist who is stationed in the room for employee counseling. NL2 reported that employees enjoy the room and feel the service provides a way for them to balance their work-life concerns. Employees look at the work environment and decide to stay or leave the organization (Smokrovic et al., 2022). Hospitals with positive RN recognition programs have a motivated workforce and are more likely to reduce RN turnover (E. Lee & Jang, 2019). Hospitals without these programs have low motivation, stressful workplaces, and higher RN turnover percentages (Smokrovic et al., 2022); therefore, the four participants and other nursing leaders need to find diverse ways to motivate and make RNs a priority.

Improving Organizational Culture

The third strategy under Theme 1 was improving organizational culture. Analysis of the data showed that the four participants developed and continued to build a diverse, equitable, and inclusive organizational culture where everyone was appreciated for the skills and talents brought to the workplace. An organization's culture influences an

employee's behavior, attitude, and performance (Spicer, 2020). I found that

organizational culture determined whether an employee wants to work for or stay with a

company. Nursing leaders can address employee emotional fatigue, job satisfaction, job

stress, and other reasons why employees want to stay or leave an organization if they

have a positive organization (E. Lee & Jang, 2019). L3 stated, "building a culture where

employees feel like they make a difference makes nurses travel far to work for their

organization." All four participants agreed that employees must buy into their

organization's culture and behavioral requirements. Employees in the four participants'

organizations sign a statement agreeing to abide by the organization's culture and

behaviors. NL1, NL3 and NL4 shared their organizations' agreements. All four

participants had the same organizational behaviors of attitude, communication, respect,

responsiveness, compassion, teamwork, ownership, and safety. The hiring supervisor

covers the agreement with the employee during the job interview stage of being hired.

The employee signs the agreement when hired, and a performance assessment occurs at

the 90-day period and annual performance evaluations.

Culture helps to create an excellent work environment (Banaszak Holl et al.,

2015). The four participants agreed that health care organizations with a robust and

diverse organizational culture foster a healthier work environment, and like in their

organizations, can lower RN turnover from 2% to 3%. Job autonomy, job satisfaction,

and job behaviors influence organizational culture. An employee's perception of fair,

diverse, equitable treatment from their employer results in positive work behaviors and

increased engagement (Noronha, 2020). After collecting data from the four participants

in the current study and reviewing organizational information, such as websites, meeting minutes, and other written documents, I found that organizations with a positive inclusive culture care about their employee's success. Specifically, NL1, NL2, and NL4 expressed that when nursing leaders focus on an employee's success by recognizing them for their skills, talents, and knowledge brought to the workplace, employees are more likely to commit to the hospital's mission, vision, and organizational behaviors and are less likely to leave. These participants shared their 2021 overall employee satisfaction scores. Having scores above the 90th percentile, NL1, NL2, and NL4 stated their high scores mean they have a strong culture and committed employees.

Maintaining Competitive Wages

The fourth strategy for Theme 1 was maintaining competitive wages. NL1, NL2, and NL4 agreed that organizations must maintain competitive pay and incentive programs to attract and retain RNs. NL4 stated, "organizations need to constantly monitor the fast-changing marketplace regarding compensation and benefits plans if they want to attract and retain RNs." A major reason for the constant compensation review is hospitals' use of agency or travel RNs. All the study participants experienced a small nursing shortage before the COVID-19 pandemic. However, during and after the pandemic, NL1, NL2, and NL4 reported that more than 15% of their nursing staff left the workplace. U.S. hospitals used agency or travel RNs to substitute for the loss of RNs working at the bedside (Resnick et al., 2022). The agency or travel RNs received a higher wage than hospital-employed RN, which caused hospitals financial difficulties trying to match the higher wages (Fraser, 2022). The four participants confirmed that they faced

the same difficulties. Each of the participants revised their alternative compensation programs such as added paid incentives and additional benefits options to be competitive in the marketplace.

The paid incentives and additional benefits are essential compensation methods all four participants used to reduce wage gaps. After analyzing the data collected, I found that the four participants used compensation methods, such as tuition reimbursement, sign-on bonuses, and preceptor pay to supplement the lower wages paid to the hospital-employed RN. All four participants used preceptor pay to encourage RNs to be teachers, conduct skill assessments, and serve as a role model to new and current RNs who need one-on-one job coaching. Tuition reimbursement is an incentive payment used to help employees with financial expenses while pursuing higher education. In a tuition reimbursement program, RNs can receive advance payments or receive a reimbursement (Chervoni Knapp, 2022). Employees pursue higher education because of job requirements or to receive a promotion with higher pay. NL4 said, "paying for educational costs encourages RNs to increase their knowledge and be eligible for promotional opportunities and higher pay, for example, BSN to MSN." NL3 stressed the importance of incentives by stating "implementing competitive pay incentives attracts and retains RNs."

Sign-on bonuses were another pay incentive found from the data analysis. Sign-on bonus incentive payments fluctuate depending on the marketplace competition. Sign-on bonuses are not offered when the marketplace competition is low. However, during highly competitive times, such as the COVID-19 pandemic, the four participants used

sign-on bonus payments to supplement wages. Sign-on bonuses are payments given to prospective new hires for agreeing to accept an organization's job offer (Duru & Hammoud, 2022). NL4's organization used sign-on bonuses. NL4 stated: "increase sign-on/hiring bonuses and can include tuition reimbursement monies . . . helps RNs pay outstanding education costs before starting work." Hospitals also use sign-on bonuses for employed RNs (Chervoni Knapp, 2022). The bonuses are called stay bonuses. NL1, NL2, and NL4 used stay bonuses to incentivize RNs at the bedside to remain with the hospital. During COVID-19, the stay bonuses were critical compensation methods for retaining RNs. Other incentives used by the four participants included payments for shift work and certifications. The four participants thought RNs felt appreciated for the long work hours, high patient census, and obtaining additional certifications when receiving these incentive payments. For RN recruitment and retention efforts, organizations use various incentives and salary structures to reward hospital-employed RNs (Jarosinski et al., 2021). Flexible compensation, pay incentives, and benefit methods were methods the four participants used to reduce RN turnover, but did have a financial cost.

Correlation to the Literature

Theme 1 aligned with the findings of Hu et al. (2022) in that RN turnover is critical because turnover continues to increase, and nursing leaders must continue to develop and implement various RN retention strategies to reduce turnover. Furthermore, Duru and Hammoud (2022) noted that nursing leaders should focus on expanding proven successful retention strategies, such as establishing effective communication networks and having competitive compensation and benefits programs and employee recognition

programs. These retention strategies were in Theme 1. Other researchers suggested that nursing leaders should address RN burnout, a significant reason for RN resignations (Muir et al., 2022), and create strategies that stimulate positive job satisfaction and decrease RN turnover (Hu et al., 2022).

Before the COVID-19 pandemic, nursing leaders focused more on delivering safe and quality patient care and less on recruiting and retaining RNs. After the pandemic, nurse leaders must focus more on keeping RNs and less on patient care because the nursing shortage is 18% higher than the already high shortages (Weston, 2022). Weston (2022) also asserted that RN burnout increased usage of travel/agency forced early retirements, and increased RN resignations, which are complex challenges impacting RN retention and turnover. These challenges matched the findings in Theme 1. Nursing leaders must continue to find innovative and successful retention approaches to retain RNs and reduce turnover.

Correlation to the Conceptual Framework

Theme 1 related to Burns' (1978) framework of transformational leadership in that the retention strategies nursing leaders use to influence RNs' job satisfaction can lead to higher retention and low turnover. Transformational leaders influence positive work behaviors that increase job satisfaction (Wei et al., 2020). Reinhardt et al. (2022) stated that nursing transformational leaders support using employee retention strategies to reduce RN turnover. Within the transformational leadership conceptual framework, nursing leaders are influencers who try different RN retention strategies to motivate and encourage RNs in the workplace to increase job satisfaction and retention (F. Wu et al.,

2020). Improving communication networks, building an inclusive organizational culture, and establishing competitive wages and benefits programs are effective employee retention strategies for reducing turnover (Alam & Asim, 2019). Faeq and Israel (2022) also confirmed that these strategies could help nursing leaders improve RN retention and reduce turnover. Wei et al. (2020) stated that competent transformational leaders who empower and promote nurse engagement could create a healthy work environment where few employees will not want to leave their organizations.

Theme 2: Barriers or Challenges to Implementing Retention Strategies

The second theme that emerged from the analysis of data collected was the barriers or challenges to implementing RN retention strategies. The barrier or challenge was an obstacle the four participants faced when trying to implement their RN retention strategies. The predominant barrier or challenge was the COVID-19 pandemic crisis. The four participants agreed that the pandemic was the worst workplace barrier or challenge they had experienced in their nursing careers. The effects of the COVID-19 pandemic impacted everyone and the type of business across the country (Sharma & Xu, 2022). Health care, specifically the hospital's workforce, had the most complex impact that ranged from burnout, lack of PPE, mental health stresses, increased nurse shortage, high patient volumes, and numerous deaths (Chan et al., 2021). The four participants reported that 3 years after the COVID-19 pandemic, they still have higher turnover rates and must try harder to develop and implement new retention strategies to motivate and keep their nursing staff.

COVID-19 Pandemic Crisis

The predominant barrier or challenge was the COVID-19 pandemic crisis. The four participants shared that the loss of RNs was a major barrier or challenge during the COVID-19 pandemic. Information extracted from the four participants' organizations showed that the RN turnover rates increased on average between 30% to 60%. Before the pandemic, the four participants reported turnover rates ranging from 2% to 8%, far below the marketplace data turnover rates. The average hospital turnover rates ranged from 25% to 37% across the country during the COVID-19 pandemic (Sharma & Xu, 2022). The four participants' organizations matched the countries' COVID-19 turnover rates. NL1 stated, "prior to COVID-19, turnover was low." NL4 said, "RN turnover was low before COVID-19, and it was easier to keep RNs." The four participants did not experience a nursing shortage or high turnover before the COVID-19 pandemic, as shown in the data analysis. NL2 said, "COVID-19 had a crucial impact on why RN turnover remains high today."

The COVID-19 pandemic changed health care and RN retention worldwide (Falatah, 2021). Falatah (2021) reported that the COVID-19 pandemic increased the RN workload, demand for more RNs, and retirements, contributing to the preexisting nursing shortage. The four participants reported losing RNs during the pandemic and continued seeing RNs leave the workplace 3 years later. NL1 said, "it [turnover] continues to grow after COVID." NL2 stated that COVID has changed RN staffing nationwide by increasing turnover rates." NL4 said, "COVID has a crucial impact on why RN turnover is high today." NL1, NL2, and NL4 felt the nursing shortage caused by COVID-19 grew faster than hospital nurse leaders anticipated. In 2021, over 66% of the RNs left hospitals

to pursue other opportunities (Y. T. Yang & Mason, 2022). RNs were leaving their jobs and profession for higher wages, less job stress, and no job burnout, and were afraid of contracting COVID-19 and taking the disease home to family members (Y. T. Yang & Mason, 2022). The four participants explored several RN strategies to secure enough staffing pre/post the COVID-19 pandemic. Strategies included improving communication, making RNs a priority, maintaining competitive wages, and using agency/traveling RNs.

The four participants' most proven and effective strategy to address the loss of RNs was hiring agency/traveling RNs to fill vacant RN positions. Nationally, hospital nursing executives increased the usage of agency/traveling RNs nurses to ease the RN shortage caused by the pandemic (Hansen & Tuttas, 2022). The four participants stated they stopped using agency/traveling RNs pre-COVID-19. However, the COVID-19 pandemic forever changed the nursing workforce (Weston, 2022). The four participants reintroduced hiring agency/traveling RNs into their organizations. The agency/traveling RNs filled the nursing shortage and effectively reduced RN job burnout and other workplace stresses (Weston, 2022).

The four participants agreed that using the agency/traveling RN was necessary to provide safe patient care and reduce nurse-to-patient ratios, stabilizing the RN workforce. These study participants also discussed that using agency/traveling nurses to fill the nursing shortage had positive benefits but came with a large price tag. The agency/traveling RN cost rose quickly to quadruple above pre-COVID prices (Odom-Forren, 2022). The pricy business decision to hire agency/traveling RNs caused a

financial burden for most hospitals (Hansen & Tuttas, 2022), including the participants' hospitals. NL4 stated, "hiring/using agency RNs to fill vacant RN jobs is costly." NL1 expressed, "financial constraints occur when replacing RNs include the cost to hire agency nurses to fill vacant RN positions. Replacing RNs who left to be travel/agency nurses is a financial constraint because it caused a nursing shortage."

Y. T. Yang and Mason (2022) agreed with the literature that despite the financial burden hospitals incurred for using agency/traveling RN, hospitals could not meet their patients' needs without these nurses to replace the vacant nursing positions. The hospitals' budgets collected from the four participants showed some negative cost differences for these workers, but the hospitals remained financially sound overall. The cost differences did not disrupt the four participants' ability to develop and implement successful recruitment and retention strategies. After collecting data from the four participants and from organizational information, such as websites, meeting minutes, and other written documents, I found that the four participants continued to recruit and hire permanent nurses. After reviewing the 3rd quarter new hire report for participants NL1, NL2, and NL4, the permanent number of new hires per month stayed constant at 10. However, participants NL1, NL2, and NL3 stated that the number of new hires and current nursing staff was insufficient to maintain quality patient care. The three participants continued to use agency/travel to fill the gap.

The initial COVID-19 pandemic is over; however, other COVID-19 variances are a barrier or challenge plaguing hospital nursing executives, causing hospitals to continue using agency/traveling RNs (Weston, 2022). The four participants felt that hiring

agency/traveling RNs was an effective solution for retaining RNs. These nurses helped reduce the nursing shortage and provided staffing relief for the overworked permanent RNs. NL3 stated, "higher usage of agency nurses is needed to fill the RN vacancies across the hospital." All three participants in this study agreed that hiring agency/traveling RNs will be a regular business practice operation because COVID-19 and the variances remain a health care problem. NL1 stated, "agencies are still being used for filling regular RNs positions and the difficult-to-recruit specialty nursing position." NL2 explained the continued use of agency/traveling using the following words:

> Continued RN shortage because RNs are not returning to their former position after completing their travel/agency nurse assignments . . . having a low number of available nurses will be around for a while, which causes my organization to continue using travel/agency nurses . . . experience a permanent worldwide loss of RNs.

RNs who worked through the hectic days of COVID-19 and stayed are now tired, stressed, unhappy, and ready to leave or have left the nursing profession (Hooper, 2023). NL1 said, "nurses love the organization but not the workload." The four participants' organizational historical data records, such as their turnover and vacancy rates, time-to-fill jobs, and agency staffing usage, showed their struggle with recruiting and retaining RNs. There was a clear need for using agency/traveling RNs. The higher wages paid for agency/traveling RNs made it easier for the four participants to successfully hire these RNs to fill the vacant RNs temporarily and to retain the existing RN staff.

The high usage of agency/traveling RNs in the workplace brought another problem besides being an organizational financial burden. The four participants spoke about the higher wages paid to the agency/traveling RNs and how that became a problem for retaining permanent nurses. NL2 stated, "RN morale is lowered because their wages are lower than agency RN performing the same job responsibilities." NL3 stated, "improving the wage program to levels somewhat compatible with the agency/traveling nurses is needed to retain RNs." NL1 said, "most try to maintain compatible wages, especially with agency/travel nurses . . . however, we may not be able to match the higher wages, but we can try to have competitive wages with the marketplace for our region." Given the financial burden associated with COVID-19 and the cost of hiring agency/traveling nurses, the four participants stated they could not afford to match the higher wages. The four participants shared organizational compensation program documents about the various incentive pay programs they used to supplement wages and have more competitive marketplace wages. The incentive pay programs included tuition reimbursement, sign-on bonuses, preceptor pay, shift differentials, stay bonuses, working extra shifts, free lunches, and extra paid time off. The four participants agreed that these types of incentive pay programs did help to recruit and retain RNs.

The four participants faced barriers and challenges while implementing their successful RN retention strategies. A review of their organizational documents, records, and the data collected directly from the participants' organizations showed the COVID-19 crisis as the predominant barrier or challenge to implementing their RN retention strategies. Again, the specific barriers or challenges found in these documents included

the inability to retain nurses, increased nurse shortages, higher usage of agency/traveling

nurses, and wage competitiveness. Hooper (2023) felt these COVID-19 barriers and

challenges placed a financial burden on hospitals. The organizations' financial statements

used in this study financial records confirmed the financial difficulties they faced during

the COVID-19 crisis. Despite these difficulties, the four participants developed and

implemented various innovative and creative strategies to inspire and motivate RNs to

remain in the workplace. One of the strategies was to hire agency/traveling RNs to fill the

vacant nursing positions lost during COVID-19. Hiring agency/traveling RNs placed a

financial strain on hospital finances (Weston, 2022). However, with the nursing

shortages, the four participants had to use the agency/traveling RNs to maintain patient

safety and to reduce the workload for the permanent RNs. Another strategy was creating

innovative compensation programs for increasing employee engagement, retention, and

recruitment of RNs.

Again, the COVID-19 pandemic transformed the world and every industry, but

the hardest industry affected was health care (Wei et al., 2019). The permanent RN

threatened to leave the workplace to be an agency/traveling RNs to earn a higher wage

(Pulcini & Rambur, 2022). The four participants used competitive salary and benefits

programs to address low RN salaries. The data analysis included successful strategies that

the four participants used, such as using open communication, having transparency,

building RN trust, and improving engagement and work-life balance for mental and

emotional disorders to retain RNs. Despite all the barriers and challenges found in the

data, organizational documents, and artifacts, the four participants will continue to explore new strategies to recruit and retain RNs.

Correlation to the Literature

Theme 2 aligned with Shahin and Alabed's (2023) findings that the COVID-19 pandemic brought unprecedented barriers and challenges to the health care industry. The barriers and challenges ranged from the increased demand for medical equipment to protective equipment, but the great challenge was retaining RNs (Shahin & Alabed, 2023). Hospitals faced their largest nursing shortage during the COVID-19 pandemic, which was confirmed in the literature and data analysis. X. Peng et al. (2023) stated that nursing reports showed RN turnover rose 30% in 2021. Increased patient volume, communication confusion, job stress, fear of catching COVID-19, and early retirement were factors causing the RNs to leave the workplace (X. Peng et al., 2023). The four participants stated and literature along with the data analysis conferred that RNs also left to become agency/travel nurses because of the higher paid salaries. Nursing leadership's biggest barrier and challenge was to find RNs (Pulcini & Rambur, 2022). As shown in Theme 2, nursing leadership had to fill the vacant position and used agency/travel RNs to fill those positions temporarily. When nursing leadership was presented with ways to resolve the turnover and retention barriers and challenges, they decided to hire the pricey agency/travel nurses. The cost of hiring these nurses puts a strain on hospitals' decreasing finances (Lavoie-Tremblay et al., 2021). However, in this study, the delivery of quality patient care and high RN turnover left nursing leaders to hire the most available nursing group, the agency/travel nurse.

The COVID-19 crisis brought more barriers and challenges to hiring agency/travel RNs. Permanent RN staff did not like working beside the agency/travel RNs because of salary disparity (Hooper, 2023). The agency/travel RNs' salaries were at least twice as high as that of the permanent RNs (X. Peng et al., 2023). The permanent RN in this study wanted the same amount of money for the same work. As discussed in the literature, nursing leadership adjusted salaries and implemented various pay incentive programs to address the differences.

The COVID-19 crisis created many barriers and challenges for health care across the country. However, nursing leadership accepted the challenges and took collaborative and innovative approaches to solve the issues. RN retention was, and continues to be, a major barrier and challenge for nursing leaders. Training, education, compensation, benefits, and communication improvements are strategies leaders use to motivate and retain RNs. Specifically, 59% of the nurses reported that their nursing leadership uses various retention strategies to keep them in the workplace (Shahin & Alabed, 2023).

Correlation to the Conceptual Framework

Theme 2 correlated with the Burns' transformational leadership concept in 1978. Throughout the years, there have been numerous literature documentation about transformational leadership having a positive impact on motivating and changing people's attitudes and behavior (S. Peng et al., 2019). Transformational leadership effectively influences employees to commit to their organizations (Santoso et al., 2022). COVID-19 pushed transformational leaders to play a more key role in hospitals. These

leaders had to be more innovative, creative, and flexible to find solutions to the many barriers and challenges caused by COVID-19 (Hooper, 2023).

During COVID-19, transformational nursing leaders became active listeners, quick decision makers, good communicators, accepting advice and critiques from employees and encouraging the attraction and retention of RNs (Yucel, 2021). These nursing leaders were pushed to address productivity and patient safety, drive innovation, and increase employee satisfaction and engagement during the pandemic. The four participants in this study displayed resilience, tenacity, ambition, communication, and encouragement during COVID-19. The four participants in this study developed and implemented various strategic programs to recruit and retain RNs. Organizational documents confirmed the participants' successful efforts to survive the devastating barriers and challenges caused by the COVID-19 crisis. Retention is still challenging after COVID-19; however, documents and literature showed RNs are not leaving to become agency/travel nurses. RNs feel more valued by their organization, which is a critical factor for RNs to remain in the workplace (Shahin & Alabed, 2023).

Theme 3: Benefits of Implementing Retention Strategies

The third theme that emerged from the data analysis was the benefits of implementing retention strategies. After reviewing collected data from the four participants and organizational information, such as websites, meeting minutes, and other written documents, I found the four participants experienced outstanding benefits from implementing their successful retention strategies despite major challenges to retain RNs. A recap of those challenges noted in the above themes were first the COVID-19

pandemic's profound impact on the workforce, which created a more significant nursing shortage. The second challenge was the high utilization of agency/travel RNs to replace the RNs who left the workplace, which financially burdened the four participants' hospitals. Nursing executives across the globe faced the same RN retention challenges (Wei et al., 2018). Rose et al. (2023) said that nursing retention continues to be a major challenge for nursing executives. As shown in the turnover reports from the collected organizational documents, each participant worked past the challenges to reduce turnover. The average RN turnover rate for the four participants was reduced by a minimum of 5%. NL3 stated, "our hospital had no RN turnover in 2022." The four participants' successful RN retention initiatives set the roadmap for future recruitment and retention initiatives, as discussed in Theme 1. The turnover reduction was a benefit from implementing retention strategies.

The four participants gained several long-term benefits from implementing other RN retention strategies. The top benefits of implementing their retention strategies were (a) having flexible work scheduling, (b) establishing improved communication where front-line RN staff are invited to and heard at the decision-making table, (c) improving patient safety, and (d) having more available educational and training opportunities. After reviewing the four participants' turnover reports, internal newsletters, public websites, recruitment initiatives, employee survey results, financial records, and other collected data, the benefits of implementing these retention strategies resulted in lower recruitment costs, higher employee satisfaction scores, increased employee morale and engagement, reduced patient workload, and increased RN involvement in daily nursing operations. RN

involvement in the daily nursing operations and processes can increase RN retention because the RN feels a part of improving health care services (Robinson et al., 2022). NL2 stated, "listening to and involving RNs nurses at all levels increased employee teamwork, satisfaction, and better physician interactions." The top four benefits found in the study are discussed below.

Having Flexible Work Scheduling

The first benefit that emerged from the four participants' implemented retention strategies was having flexible work scheduling. The four participants shared their 2020 and 2021 RN employee satisfaction survey results and RN feedback from the open-ended questions. All four participants used the Press Ganey employee satisfaction survey tool. Surprisingly, the most concerning outcome was that the four participating organizations' RNs wanted a better work-life balance by having more control over their work schedule. The four participants had flexible work schedules, but never used a self-scheduling system. Standard flexible work schedules found in the literature are 3- or 4-day work weeks, 7 days every 2 weeks, the Baylor plan, and self-scheduling that is the most popular (Ongaki, 2019). The four participants used these standard work scheduling systems. After researching and talking with their RNs, the four participants decided to include self-scheduling into their flexible work schedule system. Bowie et al. (2022) shared that today's nursing leaders are using RN flexible self-scheduling systems. The self-scheduling system was the best benefit resulting from the implementation of retention strategies for the four participants because RNs had the most flexibility to work shifts that met their work-life needs. NL1 stated, "we use a self-scheduling system that

gives RNs more flexibility to have a better work-life benefit." NL2 stated, "my organization also implemented a self-scheduling software and program." Flexibility is one of the most sought-after benefits nurse leaders can offer to attract and retain RNs (Bowie et al., 2022). The four participants stated that RNs could select their schedules without worrying about the first come, first-serve basis to get the best work schedule. NL4 said, "what a great retention and recruiting tool."

Other benefits of a flexible work scheduling system, such as self-scheduling, include having an autonomous work environment, low absenteeism, better time management, higher employee satisfaction, and improved RN recruitment and retention (Wynendaele et al., 2021). RNs enjoy shorter shifts and nonconventional start times under the flexible work scheduling systems (Wynendaele et al., 2021). Shift trading and taking extra shifts are other options RNs have in a flexible work scheduling work environment.

Establishing Improved Communication

The second benefit that emerged from the four participants' implemented retention strategies was establishing improved communication, where frontline RN staff are invited to participate and be heard at the decision-making table. As a result of the data analysis, I found the four participants discussing their frustrations with finding the right strategies to increase RN retention and reduce turnover. NL4 stated, "nursing administration struggled and still does, but not as much today trying to find successful RN retention strategies." NL3 stated, "I had also had difficulties finding RN retention

strategies that decrease turnover." Improving communication was one clear and effective strategy used by the four participants to reduce and retain RNs.

The four participants' use of employee satisfaction surveys was a common strategy. The surveys were used as a way for employees to communicate their needs and for the four participants to measure employee satisfaction. Health care organizations use employee satisfaction surveys to give employees a voice, drive the meaningful exchange of information, build employee trust if leadership quickly acts on the feedback, and build leadership accountability (Karaferis et al., 2022). In health care, when RN satisfaction increases, patient satisfaction also increases (Karaferis et al., 2022). NL2 stated, "we use employees satisfaction surveys to confirm what RNs like and their concerns." NL4 said, "employee satisfaction surveys help us to measure employee satisfaction and address concerns."

Surprisingly, the four participants had similar comments from their shared employee satisfaction survey results. I found that the RNs wanted to be invited to the decision-making table, and when at the table, leadership must listen and address their concerns. The overall summary of the four participants' survey results was that RNs wanted more open two-way communication with nursing leadership. The COVID-19 pandemic also highlighted communication gaps in nursing leadership (Daly et al., 2020). Daly et al. (2020) reported that patient care and organization operations rapidly changed during this period, forcing nursing leadership to improve RN communication. The four participants shared ways used to improve communication by getting RNs to the decision-

making table, listening, and acting on their feedback. NL1 talked about different ways of

communicating with RNs using the following words:

I used the employee voice to measure the effectiveness of retention initiatives.

Walking the units is an excellent way to interact with staff at the bedside and hear

their feedback. I used O3 meetings to get real-time feedback. I ensure RNs give

open and honest feedback by showing that nursing administration is willing to

listen and want them to speak up. Our organization set up communication

networks, like governance and unit-based committees, nurse director council, and

skip-level meetings. These networks also meet with hospital administrators and

nursing leadership. Our RNs are encouraged to give feedback using any of these

communication networks. I believe that constant communication, being open to

listening, and being receptive to staff feedback increases engagement and

retention.

NL2 said, "using feedback from O3 meetings and governance and unit-based nursing

councils are excellent ways to get new ideas and measure the strategy's effectiveness."

NL3 stated different methods of finding out what RNs want:

I can get firsthand information about what RNs want through O3 (one-on-one)

meetings and unit-based and governance councils. I also get out of my office and

go to the patient floors to talk to staff. I talk about them and not about business –

giving it a personal touch. Nursing leadership must have more open

communication avenues for RNs to tell us what works and does not. It creates an

environment where RNs feel comfortable to speak up. Happy nurses make them want to stay with your organization.

NL4 said,

Leadership must talk to and work with the RNs. When feedback is given, it is important to make changes and improvements. Use popular communication methods like O3s and various council meetings to collect RN feedback. Our RN retention increased, and turnover decreased when we improved communication and gave RNs a seat at the decision-making table.

O3 meetings, governance, and unit-based councils were unanimously the four participants' most effective methods to improve communications and bring RNs to the decision-making table to hear the RNs' voices. Daly et al. (2020) expressed that organizations with work environments where RNs feel valued and encouraged to give feedback and leaders who respect employees' values and beliefs have higher productivity, lower turnover, and higher retention. Overall, the benefit of implementing retention strategies is that it helps improve RN communication.

Improving Patient Safety

The third benefit that emerged from the four participants' implemented retention strategies was improving patient safety. The four participants discovered that the number of RN patient safety concerns fluctuated based on increased or decreased nursing satisfaction and engagement. RN retention also caused fluctuation. All four participants agreed that patient safety was not a concern when RN satisfaction, engagement, and retention increased. However, patient safety becomes a major concern when these three

factors decrease. NL1 stated, "when our patient safety concerns increased, nursing leadership also saw a decrease in RN satisfaction," and "We addressed the concerns by soliciting RN feedback, using them to help find the solutions, and then communicating the outcomes after implementation."

NL4 stated, "good hospitals with good leadership and staff have great patient services, including keeping a focus on patient safety." NL1 shared their employee satisfaction survey RN comments. For example, "patient safety suffers when turnover is high" was a frequent nursing comment. NL1's nurses also wrote that when RNs leave the hospital, they are given more patients and have higher levels of burnout and stress because of the increased workload. RNs prioritize patient safety when they do not have work problems (Mihdawi et al., 2020). Mihdawi et al. (2020) found that patient safety is not compromised when hospitals have adequate staffing and resources. Health care workers working long hours and having many patients cannot provide safe patient care and may cause more harm to the patient and themselves (Garcia et al., 2019). The four participants implemented several successful retention strategies that helped to reduce burnout, stress, and the number of patients per RN. These strategies also helped to increase patient safety.

Creating a patient safety slogan was NL4's strategy to keep patient safety at the forefront when RNs face difficulties, such as having too many patients. Patient safety became a top priority at NL4's organization. NL4's slogan was "Patient Safety Comes First." NL4 said, "if patient safety comes first, then there are fewer patient safety errors,

and we have happier patients." NLI, NL2, and NL4 implemented strategies to increase engagement and satisfaction and reduce burnout and stress. NL1 said,

I implemented a strategy not to disturb staff when they are off work. Staff and management understand that they will not receive texts or phone calls when off because there is someone on the job who can handle the issue. This strategy helped my organization to reduce burnout and increase satisfaction and engagement.

NL2 said,

I used self-scheduling and watched the work hours to ensure RNs rest properly. I also quickly reduced the number of patients by bringing in agency nurses when the census got too high. My organization was able to relieve RN job stress and burnout.

NL3 said, "I used self-scheduling, agency nurses for the high census, and encouraged staff to use the employee tranquility room. The room is a place where employees can relax and destress." NL4 said, "they used agency nurses and self-scheduling to reduce burnout and stress and decrease the number of patients per RN."

The four participants agreed that RNs always want to provide safe patient care. However, in the employee satisfaction survey submitted by NL1, the RNs said that burnout, stress, and too many patients are reasons patient safety becomes less of a priority. The nurses also said that they are overwhelmed with performing the required patient care services because there is not enough time to prioritize delivering safe patient care.

The patient satisfaction survey was another shared organizational document. The four participants' satisfaction surveys measured the level of patient satisfaction with their total care received, including if they received safe patient care. The four participants' average patient satisfaction scores for total care increased by 20%, and 97% of the patients felt they received safe care. The four participants confirmed that they continue to face RN retention challenges and are constantly developing and implementing strategies to resolve them. After reviewing organizational documents, websites, newsletters, and TV commercials, I saw the outcomes of the four participants' implemented retention strategies. They successfully increased RN satisfaction, engagement, and retention and ensured RNs provided safe patient care.

Having More Available Educational and Training Opportunities

The fourth benefit that emerged from the four participants' implemented retention strategies was having more available educational and training opportunities. The four participants discussed the manner in which the COVID-19 pandemic changed patient care. These participants frequently faced changing federal and local health care laws and regulations regarding care for patients. The pandemic has forever shifted the education landscape by increasing the demand for highly trained nurses to care for a fast-growing aging population (Dewart et al., 2020). RN education and training became a priority for the four participants during the pandemic because nurses needed to learn to protect themselves and the patients while giving care. The four participants shared some federal and local public health department regulatory changes and the educational and training courses provided to RNs to meet the requirements. Besides providing the required

education and training, the four participants wanted to know if RNs wanted more education and training. These participants used a combination of one-on-one (O3) discussions, unit-based meetings, governance councils, and employee satisfaction survey results to learn that RNs want more educational and training opportunities. NL1 stated,

When I have staff O3 meetings, I can find out what they want. Having more education and training opportunities was a top job satisfier for RNs. RNs felt that having continual learning opportunities helps them to improve their job performance and allows them to grow professionally.

The four participants discovered that keeping nurses intellectually motivated and trained was a strong strategy for retaining RNs. NL2 said,

My organization offers all nursing staff paid tuition if they attend a higher education institution. We saw our RN retention rate increase when my organization began offering tuition reimbursement to all nursing levels. For example, LVNs can receive tuition reimbursement when taking courses to become an RN. RNs seeking to become an advanced practice nurse and those seeking a Doctor of Nursing degree are eligible for tuition reimbursement.

The four participants agreed with Sumpter et al. (2022) in that nursing education and training are motivation tools to retain RNs. Health care organizations can reduce RNs' desire to leave when nursing leaders collaborate with internal and external educational institutions to develop nursing courses desired by RNs, as revealed in the data analysis.

The four participants shared some educational and training opportunities offered to their RNs. The opportunities included medical procedures, equipment usage, team

building, and governance training. Other training and educational opportunities were on-the-job learning in another specialty unit, internship programs, leadership workshops, and online and classroom education and training classes to meet the nursing board and other legal entity requirements. NL1, NL2, and NL3 offered up to 80% tuition reimbursement to encourage RNs to continue their education. The RNs received what they wanted. As a result of these changes, the four participants saw nurse turnover rates decrease and retention percentages increase. NL1 said, "nurses with multiple skills can work in more than one patient care unit." NL2 said, "when you encourage RNs to train in more than one unit, RNs can earn a higher pay differential." NL3 said, "my organization encourages nurses to read books and articles on diverse non-nursing topics like reducing work stress or time management. We want them to take care of their personal lives."

Due to the RN shortage, I found that nursing leadership must continue to provide a work environment where RNs can continue to learn the essential skills needed to provide safe patient care. Health care is constantly changing, placing a greater demand on RNs to provide excellent patient care (Sumpter et al., 2022). The four participants' organizational documents, recruitment efforts, and business structures showed that having a variety of education and training opportunities are vital benefits that arose from implementing successful retention strategies.

Correlation to the Literature

Theme 3 aligned with McClain et al. (2021) findings that nursing executives must implement various RN retention strategies to retain their nurses. Research from the U.S. Department of Labor, Bureau of Labor Statistics (2019) projected that in 2022, the health

care industry needs 1.05 million new nurses to care for a population that is living longer (McClain et al., 2021). Data collected from current literature, organizational archives, websites, and recruitment initiatives confirmed that the need for new nurses continues to grow, and the nursing shortage is also increasing nationwide. Therefore, the four participants' benefits from implementing successful RN retention strategies increased job satisfaction and fewer RNs wanting to leave their organization. Nurdiama et al. (2019) agreed with other researchers that nursing leaders implementing appropriate retention strategies could increase job satisfaction and performance, decrease work stress and burnout, and reduce RN turnover.

The benefits the four participants gained from implementing their successful retention strategies also matched the literature. The benefits were (a) having more educational opportunities for individual career and wellness enhancement, (b) having better communication networks where RNs' voices can be heard, (c) having flexible work scheduling give RNs a better work/life balance, and (d) having a positive work environment and culture make satisfied nurses who want to deliver quality patient care (Weston, 2022). With the increased number of RNs leaving their position, nursing executives faced the challenges of using travel nurses and hiring less experienced RNs to fill the vacancy (Dall'Ora et al., 2022). The four participants facing retention challenges gained tremendous benefits from developing and implementing successful RN retention strategies. Nursing leadership must continue to create a work environment that meets RNs' needs, increases retention, and reduces turnover because, as shown in the literature, the nursing shortage is not slowing down.

Correlation to the Conceptual Framework

Theme 3 also correlated with the transformational leadership theory founded by Burns in 1978. Transformational leadership is the most effective style of health care leaders (S. E. Moon et al., 2019). S. E. Moon et al. (2019) stated that nursing transformational leaders have a clear vision, motivate others, empower others, and recognize staff needs. Nursing leaders in this study with these qualities were energized to implement strategies that increase RN retention and reduce turnover. Transformational leaders also help employees unleash innovative talents that inspire organizational change (Jun & Lee, 2023). The four participants' transformational leadership style set the standards for listening to their employees' needs by inviting the RNs to the decision-making process. Collectively, these four leaders worked with RNs to develop and implement strategies for reducing turnover and increasing retention. With this collaboration, the four participants' retention strategies successfully reduced turnover and retained RNs, and these outcomes were confirmed in the data analysis.

The four transformational leadership participants' retention strategies produced significant organizational benefits. The benefits were (a) establishing better communication, (b) improving patient safety, (c) increasing educational and training opportunities, and (d) maintaining competitive salaries. Nursing transformational leaders can think beyond themselves and work to build a trusting work environment where RNs welcome these benefits (C. C. Lee et al., 2023). Retention will continue to be an ongoing problem as the population ages and the need for quality health care increases (McClain et

al., 2021). The four participants must continue to modify, develop, and implement retention strategies to retain existing RNs and recruit new nurses.

Applications to Professional Practice

Nursing leaders nationwide can apply the successful retention strategies found in this study. RNs have more job opportunities because of the nursing shortage; therefore, health care organizations offer different career opportunities and competitive compensation and benefits packages to attract new and experienced nurses. Today, RN retention remains a critical problem and continues to contribute to the nursing shortage (E. Lee & Jang, 2019). Chan et al. (2021) showed that the nursing shortage was high before COVID-19, but the shortage was larger after the pandemic. By 2030, the nursing profession will need over one million nurses (Chan et al., 2021). Besides the shortage, nursing leaders must address RN concerns. Nurses desire to work for employers who care about them, and the care begins with the recruitment process, followed by onboarding and training to meet their work/life balance needs (Jarosinski et al., 2021). In this study, the most important reasons why RNs leave their employers were (a) RNs want to be considered a priority or essential staff; (b) RNs want leaders who communicate, listen, or take prompt action on serious matters like safety; (c) RNs want a voice in patient care plans or policies; and (d) RNs want competitive wages and benefits. The findings are relevant to improving business practice. If these are not a precedence, health care organizations face higher employee turnover, low retention, burnout, stress, poor patient outcomes, low employee engagement and satisfaction, and low financial stability.

Being a Priority or Essential Staff

RNs want to feel they are a priority or essential staff. The growing need for RNs has made nursing a highly sought-after job in the health care marketplace (Godsey et al., 2020). In this study, RNs realized their sought-after value is needed to deliver quality health care. They wanted leadership in their organizations to value them by making them a priority or essential staff and giving them a voice. RNs felt they were overlooked, underutilized, and unrecognized in the nursing decision-making process, and for these reasons, they left or wanted to leave their organizations. Sarikose and Goktepe (2021) stated that RNs wanted to be involved in shared governance decisions regarding shift hours, technology, patient loads, education opportunities, and the general work environment. In 2023, nursing leadership continues to be under pressure to prioritize RNs and give them a voice in the decision-making process (Hawkins et al., 2023). Therefore, the successful RN retention strategies found in the studies can be applied to the nursing professional practice.

Improving Leadership Communication

Effective communication is an essential and necessary element in nursing leadership, if nurse leaders expect to increase RN motivation and retention (Qtait, 2023). In the workplace, communication is an internal process consisting of different techniques that employees use to express their viewpoints on issues concerning their work (Lehmberg & Tangpong, 2020). RNs want influential leaders with strong communication skills and techniques, according to the data found in this study. Nurses want and expect their nursing leaders to adjust how they communicate with their multiple RN units and

different nursing levels. Nursing leaders used various communication techniques in the study to communicate with RNs. The nursing leaders used one-on-one meetings, governance committees, employee satisfaction surveys, and other decision-making platforms to listen, collect, and implement various retention initiatives. When nursing leaders listened, implemented, and communicated the outcomes, they successfully built a work environment where RNs feel respected, trusted, valued, motivated, and satisfied (Farghaly Abdelaliem & Abou Zeid, 2023). Increasing RN retention and decreasing RN turnover applies to the current nursing market across the country (Lehmberg & Tangpong, 2020).

Transformational nursing leaders use calming and respectful voice tones when communicating with staff (Fowler, 2023). These leaders cultivate a positive work environment by reducing miscommunication and promoting open communication. When nursing leaders use efficient collaboration to reduce workplace errors and mistakes, they increase RN trust. RNs will struggle with sharing important job information if there is poor communication. Effective nursing leadership communication skills were a concern in the study and continue to be a concern in the nursing profession.

Having Competitive Wages

If nursing leaders expect to increase RN retention and decrease turnover, they must offer competitive wages. The COVID-19 pandemic, the nursing shortage, and the traveling nurse program have caused RN wages to increase (Dewart et al., 2020). All these factors drove nursing wages 2–3 times higher than pre-COVID-19 pandemic (Pappas et al., 2023). Today, salary remains a top nursing leadership concern because

RNs continue to leave their organization for more money. The competitive RN marketplace requires nursing leadership to adjust salaries that will retain and attract RNs constantly.

Some RN turnover is expected, but nursing leaders can prevent high turnover by reducing physical and emotional exhaustion, increasing job satisfaction, and having competitive wages. Nursing is still a sought-after profession. Graduate RNs are earning more than before the COVID-19 pandemic. Over the last 3 years, RN salaries increased by more than 15% (Bae, 2023). New RNs, RNs with higher degrees, and RNs in specialty nursing also earn more money. Hospitals are decreasing the use of travel nurses. As a result, hospital administrators have more dollars to put toward increasing RNs' salaries (Pappas et al., 2023). Nursing leadership must constantly examine new ideas or revise existing plans to make RNs a priority, improve communication, and have competitive ways to increase retention and decrease turnover.

Implication for Social Change

Successful hospital leaders create opportunities to bring positive social change to the communities they serve (Xu et al., 2022). Hospitals are a force of social change in several ways, such as creating jobs, providing safe and quality health care, and donating to programs and activities to benefit entire communities (Weston, 2022). RN turnover threatens a hospital's profitability and sustainability and affects its ability to contribute to their communities (Weston, 2022). RN turnover also reduces a hospital's profit margins and decreases revenues intended for other organizational activities, such as expansion, medical equipment updates, and future investments (Xu et al., 2022). By reducing RN

turnover, leaders can build a work environment that promotes positive social change by improving organizational growth, profitability, and sustainability.

In this study, I found that when hospital nurse leaders reduce RN turnover, there was an organizational cost-saving benefit. The cost savings allowed their organizations to create positive social changes in their communities and internally with employees. The average cost of turnover is more than $46,100 per nurse or $5.2 million annually (X. Peng & Ye et al., 2023). For every RN turnover percentage point increase or decrease, hospitals can lose or save $360,600 annually year (X. Peng & Ye et al., 2023). When hospital leaders use the savings to make a small investment in a community, the money goes to providing quality and safe health care. Hospitals are also pooling their savings together with community businesses to increase access to health care services (Berry et al., 2023). Based on the study findings, hospital leaders expanded health care beyond the traditional single acute-care hospital facility to increase organizational growth. These hospital leaders created outpatient clinics, surgical centers, and health and wellness facilities to bring health services closer to the community. Medical providers in these facilities offered health coaching, testing, health monitoring, wellness checks, physical therapy, rehabilitation, and other health services for adults and children, as found in this study. The money and resources health care leaders used in their communities helped to improve and sustain quality patient care, spawn innovative technology platforms, and address community social needs (Kreuter et al., 2021). The social structure is essential in creating a culture of health and wellness for communities. However, the momentum to address the social need for health care is not always visible in every community,

especially rural communities (Kreuter et al., 2021). Leaders are slow to address the social health needs in these communities because of the lack of communication networks (S. E. J. Moon et al., 2022). In this study, the implications for positive social change had beneficial consequences for the community and the organizations providing the services.

Again, the turnover cost-savings allow hospital leaders to make social change differences by reducing or eliminating disparities in community health care. However, positive social changes occurred when hospital nurse leaders used RN turnover cost savings on their employees, as found in this study. Hospital leaders in this study used the savings to reinvest in increasing RN salaries, jobs, benefits, and health/welfare initiatives and implementing better retention programs. The nursing leaders in this study showed that retention increases when hospitals invest in their RNs. Nursing is a demanding and stressful position because of challenges, such as workload, staffing shortage, and constant death (Naholi et al., 2023). These factors contribute to RNs leaving their jobs, increasing nurse turnover. From a social change perspective, using the cost-savings toward RN retention can increase RN motivation, loyalty, productivity, and the recruitment of RNs from the community (Yan et al., 2023).

In this study, nursing leaders listened to their RNs' requests for better communication and used feedback and cost-saving dollars to meet their needs. These leaders implemented comparable pay structures, improved the organizational culture for recognizing and appreciating RN accomplishments, and motivated RNs by making them a priority. The leadership and RN collaboration build trust, respect, and engagement. Excellent communication between leaders and employees allows everyone to talk about

similarities and differences, and the positive social exchange of information makes employees feel that the organization is willing to invest in them and value their opinions (Waltz et al., 2020). Nursing huddles, one-on-one meetings, collaboratives, and unit-based councils were different communication networks found in this study. Quality and safe patient care improves when nursing professionals use these and other communication networks (Yan et al., 2023). The community benefits when hospitals offer quality and safe patient care. In health care, social change has beneficial consequences for the community and hospital operations, as shown in this study.

Recommendations for Action

The objective of this study was to explore the strategies that hospital nurse leaders used to reduce RN turnover. The need for RN retention was critical before the COVID-19 pandemic and continues to be a concern today. Nursing turnover rose 30% in 2021, as well as the cost to replace an RN (X. Peng et al., 2023). Nursing leaders in this study used four key successful strategies to retain RNs, which included (a) improving employee communication, (b) motivating RNs by making them a priority, (c) improving organizational culture, and (d) maintaining competitive wages. Nursing leaders in hospitals and other health care facilities could reduce RN turnover by implementing successful retention strategies.

The first recommendation for action is for nursing leaders to create a work environment where RNs are heard. Having effective communication networks allows leaders to listen and RNs to have an opportunity to express their concerns, expectations, and desires. Employee recognition, respect, job satisfaction, and engagement derive from

having effective communication (Waltz et al., 2020). RNs desire honest, transparent, and open communication when focusing on daily business operations. RNs would like to have a say in patient care. Nursing leaders should understand the professional and personal side of their RNs if they wish to retain them. Effective communication strategies can be an important reason RNs stay with their hospitals.

The second recommendation for action is for nursing leaders in hospitals to offer competitive and comparable salaries and flexible scheduling. With the nursing shortage, new and especially experienced RNs are in high demand. Nursing leaders should consider having salary and scheduling programs that will retain RNs and reduce turnover. In this study, RNs want to be heard, recognized for their accomplishments, and be paid a comparable salary. Based on operational budgets, comparable salaries can be supplemented with other incentives and benefits such as tuition reimbursement, pay for higher education achievements, preceptor pay, and bonuses (Bowie et al., 2022). Nursing leaders must invest in a variety of different pay and benefits programs to avoid inflating hospital budgets. RNs' decision to stay with a hospital could be based on how leaders manage these programs. Another strategy nursing leaders could use is flexible scheduling. RNs desire flexibility and having a better work-life balance (Wynendaele et al., 2021). Self-scheduling is hospitals' most popular work-life balance tool (Ongaki, 2019). Self-scheduling benefits are autonomy, low absenteeism, and improved time management. Nursing leaders should consider implementing or modifying their flexible scheduling system for RN retention and recruitment.

Finally, I will disseminate a summary of the study results to the four participants. I may also make available the study results through nursing and health care journals, human resources publications, and other non-health care publications that deal with hiring or retaining the workforce. Lastly, I will disseminate a summary of the study results as a training and resource tool for my human resource consulting firm.

Recommendations for Further Research

I identified three areas for further research. The initial recommendation for further research is for other researchers to focus on other areas of the country using a different research method. Because there are several research studies on reducing RN turnover, researchers should explore reducing turnover on other difficult-to-retain health care professionals, such as pharmacists, respiratory therapists, and radiology technologists. The loss of employees in these professions can have a devastating impact on hospitals. A pharmacist can only fill hospital medication. A respiratory therapist and radiology technologist can only perform special breathing applications and radiology testing. Therefore, researchers should consider exploring the strategies found in this study or other discovered innovative approaches that can be used to retain nonnursing professionals.

The second recommendation for further research is for researchers to conduct a targeted qualitative study on whether it is more challenging to reduce turnover for a bedside or specialty nurse in the emergency room, a medical-surgical unit, and an operating room. The researchers could focus on studying these two nursing groups by learning their concerns, desires, and expectations to retain them. The themes that

emerged from this study can add to already identified successful turnover and retention strategies.

The third recommendation for further research is for researchers to perform a quantitative research study on identifying the top effective RN retention strategies using a numerical approach. The researchers could conduct a survey to collect data on how to reduce RN turnover from nursing leaders and RNs. The researchers could compare the top data results with other qualitative study results and provide a more comprehensive analysis, approach, and recommendations for reducing and retaining RNs.

Reflections

I gained experience in how to conduct a qualitative research study and document the results during my academic journey. I learned that I must be devoted to reaching my goal. Dedication, determination, and tenancy are required for such a rich learning process, especially one that is an entirely online process. Being a former health care professional, I never imagined that hospitals were not open to talking about their strategies for reducing RN turnover. However, after several closed doors, I interviewed four nursing executives and was educated about their successful strategies. Nursing leaders could learn new retention strategies or be able to confirm that they were using the same successful strategies to reduce RN turnover. I discovered an interview software called Otter.ai for real-time transcription and used the software to transcribe the interviews. NVivo, the data analysis software, worked well with Otter.ai. application and allowed me to complete my research and analysis work. Overall, I learned that reducing RN turnover is a daily challenge for nursing leaders. However, by improving

communication, motivating RNs and making them a priority, changing the organization's culture, and maintaining competitive wages and benefits, leaders could achieve this ongoing challenge.

Conclusion

The purpose of this qualitative multiple case study was to explore the strategies that hospital nurse leaders use to reduce RN turnover. The targeted population consisted of four nurse leaders who implemented successful strategies to reduce RN turnover in two health care organizations in Texas. Improving employee communication, motivating RNs by making them a priority, improving organizational culture, and maintaining competition wages were the top comprehensive strategies shared by the four nursing participants. The first key outcome derived from the implemented strategies was increased RN job satisfaction and motivation. The second outcome was more RN involvement in the nursing hospital's decision-making process, especially in the care of the patient. The third outcome was how nursing leaders and RN improved their daily communication techniques, like using one-on-one meetings. These meetings lead to a better organizational culture where RNs receive more recognition for their skills and abilities. The fourth outcome was implementing competitive pay structures.

Nursing leaders in hospitals desiring to reduce RN turnover must continue to address RN burnout. With staffing shortage still a significant concern, RN burnout can quickly occur when turnover is high. Using flexible work schedules, improving patient safety, getting RN feedback, and having more available educational and training opportunities are benefits that can help nursing leaders reduce RN burnout. Successful

hospital administrators must create a positive work environment where RNs can grow and feel like they are a vital part of the organization. RNs desire trustworthy and respectful employers and leaders genuinely interested in RNs' well-being.

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Appendix: Interview Protocol

What you will do	**What you will say-script**
Introduce the interview and set the stage.	Thank you once more for agreeing to this interview. As per the signed consent form, please confirm once more that I have your permission to record this interview and take notes. Today, we discuss nursing leadership strategies for reducing RN turnover. Please relax because this is a conversation between hospital professionals. I will ask nine questions and may ask follow-up questions when necessary. Do you have any questions before we start? Let us get started with our conversation.
• Say the participant code before interview questions. • Write the participant code at the top of the note sheet. • Watch for non-verbal queues. • Paraphrase as needed.	1. Based on your organization's experience, how has RN's turnover affected the organization? 2. What strategies have you used to reduce RN turnover? 3. How do you assess the effectiveness of RN's retention strategies? 4. What are some of the benefits of implementing your organization's

• Ask follow-up probing questions to get more in-depth	successful strategies to reduce RN turnover? 5. What strategies were the most effective in reducing turnover? 6. What strategies, if any, were the least effective in reducing turnover? 7. What key barriers, if any, did you encounter when you implemented strategies for reducing RN turnover? 8. How did you resolve any key challenges during the implementation of the strategies for reducing RN turnover? 9. What additional information would you like to share about strategies your organization implemented to reduce RN turnover?
Wrap up the interview by thanking the participant	Thank you again for agreeing to the interview and for your candid responses to my questions.

Schedule follow-up member checking interview	The next step in the process is for me to send you a transcript of this interview. I would be grateful if you would carefully review the transcript for completeness and make any additions or deletions where necessary. Is it okay if I email the transcript to you? In addition, can I contact you if I have follow-up questions?