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Effective Strategies Respiratory Managers Use to Reduce Burnout and Retain Respiratory Therapists

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Walden University

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Walden University

College of Management and Human Potential

This is to certify that the doctoral study by

Candi Tucker

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

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Walden University
2024

Abstract

Effective Strategies Respiratory Managers Use to Reduce Burnout and Retain

Respiratory Therapists

by

Candi Tucker

MBA, Anderson University, 2018

BHA, Columbia Southern University, 2012

Research Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Business Administration

Walden University

August 2024

Abstract

Respiratory therapists (RTs) have one of the highest organization turnover rates in the healthcare industry. Turnover is important to RT managers because they often lack strategies to retain therapists. Grounded in the job embeddedness theory, the purpose of this qualitative, pragmatic inquiry study was to identify and explore strategies that healthcare managers use to reduce burnout and turnover to facilitate the retention of RTs. The participants were five respiratory managers in five acute care hospitals in an eastern U.S. state. Data collection included semistructured interviews and the review of publicly available data from the hospitals' websites. Data were thematically analyzed, and three themes emerged: flexible scheduling, work-life balance, and workload management. One key recommendation is for healthcare leaders to take the lead in developing and implementing retention strategies for flexible scheduling, promoting work-life balance, and managing the workload for respiratory therapy employees. The implications for positive social change include healthcare managers adapting retention strategies to maintain an adequate workforce, provide safe and quality patient care, and promote a sustainable healthcare system.

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Dedication

I dedicate this to my mother and father with love. My mom and dad were hard workers who taught me morals, values, and ethics. Neither of my parents had a college degree, but that did not keep them from providing for my brother, sister, and me. They always ensured we had what we needed or wanted and that we got the very best. It was not until I was older that I realized how hard my parents had to work to give us the best of everything. My father taught us honesty, loyalty, integrity, and standing up for what is right. My mother taught us about God, being faithful, and loving one another. Because of my parents' teachings, I have made so many sacrifices in life to be successful. My father died a few years after I became a respiratory therapist. He was proud of my profession and grateful I could use my knowledge to care for him in his last days. When I told my mother I was returning to school to work towards obtaining my doctorate, she was very encouraging and excited for me. Unfortunately, my mother passed away not long after I began my doctoral journey. My mother was my rock, the person I turned to when life got hard. I almost gave up but remembered that my parents did not raise a quitter. I remember my mother's pride when I told her I was returning to school. I will be the first in my family to have a doctorate. I will receive my degree in honor of my mother and father, who taught me to persevere toward my goals despite challenges.

Elizabeth (Libby) Nelson (October 28, 1952-August 19, 2022)

Michael (Buddy) Nelson (April 2, 1953-August 27, 2008)

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Section 1: Foundation of the Project

Background of the Problem

The high turnover of health care employees affects the quality of care and patient safety, impacts health care professionals' workload, and leads to health care organizations experiencing substantial financial losses (Mathisen et al., 2021). Low job satisfaction and elevated stress levels are related to increased turnover rates of health care employees (Mathisen et al., 2021). Rosenstein et al. (2023) indicated that burnout is a significant factor associated with the high turnover of health care workers across all disciplines and continues to rise. According to Burr et al. (2022), burnout influences patient outcomes, organizations, and individuals. Burnout has become a substantial issue for a sustainable health care system in the United States. Organizations can reduce the turnover rates among health care workers by improving the psychological work environment (Mathisen et al., 2021). Respiratory therapists (RTs) are among the critical care health care providers experiencing the highest burnout (Mehta et al., 2022). Developing effective strategies to decrease burnout and increase job satisfaction could reduce turnover rates among RTs. The purpose of this qualitative, pragmatic inquiry study was to identify and explore effective strategies some health care managers use to minimize workplace burnout and increase the successful retention of RTs.

Health care workers are essential to providing high-quality care to patients. Data showed a critical shortage of hospital employees despite an increasing demand for health services (American Hospital Association, 2021b). By 2026, most hospital systems expect a crucial shortage of over 3 million employees (American Hospital Association, 2021b).

Poon et al. (2022) argued that health care staffing shortages had caused major downfalls in health care systems globally since the COVID-19 pandemic and could continue to deteriorate due to tremendous pressures placed on the health care workforce. The COVID-19 pandemic caused hospitals to struggle with wage increases, leading to significant resources being used to retain and recruit staff (American Hospital Association, 2021b). Labor costs incurred since the pandemic have only exacerbated financial hardships that already existed in hospitals (American Hospital Association, 2021b). Hospitals sustained \$24 billion in costs due to staffing shortages and \$3 million for purchasing personal protective equipment (American Hospital Association, 2021b). Labor expenditures comprised half of a hospital's total expense, making it the most significant expense category for hospitals (American Hospital Association, 2021b).

At 31%, RTs have one of the highest turnover rates among healthcare providers, surpassing nursing vacancies at 30% (American Hospital Association, 2021b). RTs play an essential role in the care of critically and chronically ill patients (American Hospital Association, 2021b). RTs also played a vital role during the COVID-19 pandemic through technology, bedside care, new initiatives, and unique skills and knowledge (McClurg et al., 2020). According to the U.S. Bureau of Labor Statistics (2023), the aging population has resulted in a rise in chronic illnesses, such as pneumonia, chronic obstructive pulmonary disease, and other diseases affecting the function of the lungs. More RTs are needed to keep up with the increased need for services, and RTs need to be produced faster because of attrition, transfers, and retirements (U.S. Bureau of Labor Statistics, 2023).

Shortages of RTs could jeopardize access to health care for citizens in the community (American Hospital Association, 2021a). Dubois et al. (2021) argued that RTs bring value to health care organizations and patients through their technical skills, training across health care settings, strategic knowledge, tools to influence capacity, and the continued need for the growth of the respiratory profession into the future. According to Chatburn et al. (2021), RTs demonstrate their value through their involvement in respiratory-driven safety, quality, and cost-related outcomes, such as:

- decreasing patient readmission rates
- improving patient satisfaction
- increasing compliance with vaccinations
- improving intervention associated with smoking cessation
- reducing hospital length of stay
- decreasing patient length of time on mechanical ventilation
- cutting patient time in the intensive care unit
- decreasing costs per patient case
- decreasing ventilator-associated events
- reducing infection rates
- performing roles that allow for more effective utilization of nurses
- embracing roles that support physicians in managing patients efficiently

A sparse amount of research has focused on strategies to reduce the turnover of RTs in hospitals. Exploring strategies for reducing the turnover of RTs could be

financially beneficial to health care business practices and individuals in the community who need increased access to health care.

Business Problem Focus and Project Purpose

The specific business problem was that some health care managers lacked effective strategies to recognize and reduce workplace burnout and increase the retention of RTs. The purpose of this qualitative, pragmatic inquiry study was to identify and explore effective strategies health care managers use to successfully reduce workplace burnout and increase the retention of RTs employed at various acute care hospitals in South Carolina.

The targeted population consisted of five purposefully sampled RT managers at five acute care hospitals who successfully used strategies to address workplace burnout to reduce the turnover of RTs. Data sources for this project consisted of the following:

- semistructured interviews
- public data, such as publicly disseminated reports and public websites
- literature, such as books and peer-reviewed articles
- Other bodies of written knowledge that communicate substantive research findings about practices relevant to the topic under study

I used the job embeddedness (JE) theory developed by Mitchell and Lee (2001) as the conceptual framework of this study. The JE theory provides a means for understanding employee retention, helping organizations apply the concept of job embeddedness and reducing employee turnover by understanding the model's constructs.

Research Question

What effective strategies do health care managers use to successfully reduce workplace burnout and increase retention of RTs?

Assumptions and Limitations

Assumptions

Believing something is true without having proof is an assumption. Research is vital in challenging assumptions and seeking evidence (Northway, 2019). Without assumptions, individuals' decision-making ability would severely compromise their daily lives (Northway, 2019). Research disrupts what is already known and challenges assumptions by revealing new information. For research to be impactful, the research results must be accessible and utilized for practice (Northway, 2019). The first assumption was that the participants, being RT managers, represented the population faced with the challenges of this study. I also assumed that the participants in this study would answer the questions honestly to the best of their ability and that they would not be subject to external influence. My final assumption was that different skills or strategies were needed to address the turnover problems of RTs effectively. Assumptions carry risk, and validation mitigates those associated risks, which vary by study (Ross & Zaidi, 2019). I attempted to mitigate these assumptions during the interview process and throughout the study.

Limitations

Weaknesses symbolize limitations and affect the study's outcomes (Ross & Bibler Zaidi, 2019). Limitations allow the researcher to communicate the significance of the

study in its entirety (Ross & Bibler Zaidi, 2019). This qualitative, pragmatic inquiry study included only the factors in this study involving RTs and their issues with burnout, turnover, and retention to stay or leave, and any unwillingness of the participants to share the full extent of the challenges and obstacles faced when dealing with these issues and problems could have posed a limitation. Another limitation was that RT managers in acute hospital settings may use specific strategies to remain sustainable and may not have represented other strategies used by different departments in the same acute hospitals. The brief specified period of the face-to-face interviews and the brevity of the study are limitations experienced in many qualitative studies, and this study was no different. This study included the experiences and knowledge of the participants; therefore, only some instances and experiences may be covered. The final limitation identified was that the geographical area of the study may not apply to other regions with different economic challenges, levels of employment, and opportunities. A more extensive study with various cases and regions could yield a more thorough analysis of the phenomenon being studied. I made all efforts to assess and eliminate bias among the participants and myself because this issue could also be a study limitation.

Transition

In Section 1, I defined the background of the problem and presented the problem statement. The section also included a discussion of the purpose of this study, research question, assumptions, and limitations. In Section 2, I will review the professional and academic literature and identify the conceptual framework of the theory and its supporting theories. As part of the literature review, I will also discuss articles on

reducing burnout and retaining RTs in health care organizations to identify themes and strategies included in previous studies on the research topic. In Section 3 of this study, I will describe the research project methodology, and Section 4 will include a presentation of the conclusions, findings, and recommendations.

Section 2: The Literature Review

A Review of the Professional and Academic Literature

The purpose of this qualitative, pragmatic study was to identify strategies respiratory managers need for reducing burnout and retaining RTs. Data were collected from interviews with respiratory managers in acute care hospitals in an eastern U.S. state. I provided a thorough summary of the research topic in the literature review, including the strategies of respiratory managers and other health care leaders for improving employee retention. As the conceptual framework of the study, the JE theory grounded the literature review. I also described the relationship between the conceptual framework, employee retention strategies, and supporting and alternative theories. The following research question guided this study: What effective strategies do health care managers use to successfully reduce workplace burnout to increase retention of RTs?

The literature reviewed consisted of peer-reviewed articles and other public publications and documents. The following databases and journals were searched with a priority placed on sources published between the dates of 2019 and 2024: ScienceDirect, *North American Journal of Psychology*, *Chest*, *Journal of Nursing and Health Science*, *Journal of Health Medicine*, National Institute of Health, National Library of Medicine, *Human Resources for Health*, *Respiratory Care Journal*, EBSCO, Academic Search Complete, Business Source Ultimate, Global Health, Health Source, and Frontiers. The following keywords and phrases were used to locate peer-reviewed articles: *respiratory therapist retention strategies*, *respiratory therapist turnover*, *respiratory therapist job satisfaction*, *respiratory therapist job motivation*, *respiratory therapy turnover intent*,

importance of respiratory therapists, respiratory therapists' role in hospital profitability, quantitative studies of respiratory therapist turnover, respiratory therapist job motivation, turnover of RTs, respiratory care practitioner turnover, respiratory care practitioner role in-hospital outcomes, respiratory care practitioner role in hospital profitability, respiratory therapists and hospital reimbursements, respiratory therapist turnover intent related to job satisfaction, job motivation, respiratory therapist demand, respiratory therapist shortage, respiratory therapist burnout, retention of healthcare workers, shortage of healthcare workers, and burnout level of respiratory therapists. I used Ulrich's Periodicals Directory to verify that they were peer-reviewed.

The literature review consisted of 61 articles. Of the 61 articles in the literature review, 59 were peer-reviewed (96.7% of the total reference materials), and 54 were within the 5-year publication range of 2019–2024. Two other sources (3.3.% of the total sources) were government websites and professional organizations published within the 5-year range. 54 (88.5%) of the total sources were within the preferred 5-year publication period.

Conceptual Framework

JE Theory

The conceptual framework that grounded this study was the JE theory. Mitchell and Lee (2001) introduced the JE theory to provide a means for understanding employee retention, helping organizations apply the concept of JE and reducing the turnover of employees through an understanding of the model's constructs. A variation of both on- and off-job factors can cause individuals to become embedded in their jobs, and JE

highly influences an employee's decision to stay with their organization. (Lee et al., 2004). The JE framework was supported by research as a valuable strategy for corporations to use for employee retention (Lee et al., 2004). Organizational leaders who understand the complexity of the lives of their employees can create a work environment in which individuals feel valued, thereby remaining with the company longer and being more productive (Holtom et al., 2006). The underlying constructs of JE theory include three components: (a) fit, (b) links, and (c) sacrifice (Shah et al., 2020). Links define an employee's connection to an organization that influences their decision to stay with the company, while the fit is when the employee is compatible with the organization and surrounding community, and sacrifice is what an employee loses when leaving an organization. JE is essential for addressing employees' voluntary turnover and attitudes (Yoon et al., 2022). Psychological empowerment and learning orientation positively relate to organizational JE (Yoon et al., 2022).

JE is crucial to employee retention (Shah et al., 2020). Employee satisfaction, turnover intention, and commitment are the essential job outcomes measured by organizational JE (Shah et al., 2020). JE increases employee performance and decreases organizational voluntary turnover (Shah et al., 2020). According to Kiazad et al. (2020), a significant positive relationship exists between JE and career success within an organization. Employees who are embedded in their jobs and successful in their careers are less likely to leave (Kiazad et al., 2020). A motivational variable that aids health care managers in retaining staff is JE. Health care staff who have received adequate support

from their management increase job JE, which makes them less likely to be poor performers (Karatepe & Avci, 2019).

I used the JE theory's combined constructs to help health care managers understand why RTs choose to stay with their organization and how to apply the theory to assist them in developing successful strategies to retain RTs. The JE theory aligned with the purpose of this study, which was to identify and explore effective strategies some health care managers used to reduce workplace burnout and increase RT retention.

Contrasting Theories

Vroom's Expectancy Theory

Vroom's expectancy theory (VET) has also been used to research the factors influencing employee retention rates. VET is a supporting theory that could be useful for assessing employee retention. Hospitals have been found among the service industries with the highest employee turnover rates (Gyepi-Garbrah et al., 2023). Vroom developed the expectancy theory in 1964 (Value-Based Management, 2019). Expectancy, instrumentality, and valence are the beliefs of VET: Expectancy is the probability of an individual's efforts leading to good performance; instrumentality is a good performance, leading to preferred outcomes; and valence is the value a person places on rewards (Gyepi-Garbrah et al., 2023). In VET, it is assumed that the behavior of individuals is the result of choices made intentionally to increase satisfaction and reduce discomfort (Gyepi-Garbrah et al., 2023). Character, competence, expertise, and capabilities are individual elements of employee performance (Value-Based Management, 2019). Respiratory managers could apply VET to aid in creating employee retention strategies.

Herzberg Two-Factor Theory

In 1959, Herzberg's two-factor theory of motivation and satisfaction was introduced (Sanjeev & Surya, 2016). According to Karaferis et al. (2022b), poor work motivation is the second most significant challenge in the health care sector around the globe (Karaferis et al., 2022b). The motivational factors associated with job satisfaction are studied using the Herzberg two-factor theory of motivation (Alrawahi et al., 2020). Herzberg's two-factor theory focuses on motivational factors called satisfiers and dissatisfiers (Alrawahi et al., 2020). Satisfiers are motivators that influence job satisfaction, including (a) accomplishments, (b) recognition, (c) accountability, and (d) job development, while dissatisfiers are hygiene factors that result in job dissatisfaction, including (a) work relationships, (b) work environment, (c) pay, (d) organizational policies, and (e) management (Alrawahi et al., 2020). According to Alrawahi et al. (2020), employees can feel satisfied and dissatisfied as motivational elements and hygiene factors do not work in the same sequence. An employee's satisfaction cannot be increased or decreased by dissatisfiers (i.e., hygiene factors), and hygiene factors must correspond with satisfiers (i.e., motivators) to increase job satisfaction (Alrawahi et al., 2020). Unlike Herzberg's two-factor theory, Maslow's theory of motivation (TOM) focuses on driving motivation by meeting the needs of individuals (Navy, 2020),

Maslow's TOM

Maslow developed the theory of human motivation in 1943 (Navy, 2020). According to Navy (2020), in the TOM, Maslow proposed that meeting the needs of individuals drives human motivation. Maslow's TOM categorized five human needs that

drive human behavior: (a) physiological, (b) safety, (c) love and belonging, (d) esteem, and (e) self-realization (Rojas et al., 2023). The physiological needs include basic needs, such as food, water, and shelter, while the safety need stresses the need to feel safe and protected. Love and belongingness emphasize the need for family or a partner. Self-esteem needs are obtained through personal achievements, whereas self-actualization is achieved through professional growth (Rojas et al., 2023). With Maslow's TOM, new needs emerge when other needs have been satisfied. Rojas et al. (2023) explained that Maslow did not consider all needs equally important, as proven by the belief in lower- and higher-level needs. Benson and Dundis (2003) argued that health care organizations could apply the concepts of Maslow's TOM to meet the needs of health care professionals and make them feel more vital, appreciated, and secure in their professions.

Health Care Environment: Factors Contributing to Turnover

In the United States, the health care climate has many stressors, increasing the burnout level of health care employees (Valipoor & Bosch, 2021). Focusing on the mental and physical needs of health care workers promotes quality care and improved patient safety (Valipoor & Bosch, 2021). Health care professionals are susceptible to increased levels of stress due to long work hours, heavy work assignments, high patient volumes, a lack of resources, social interactions with coworkers and customers, and being understaffed (Valipoor & Bosch, 2021). RTs are among health care professionals with a high prevalence of occupational stress and burnout, even higher than nurses (Bai et al., 2023).

Stress

Health care employees' mental health and well-being are essential for efficient, well-organized, compassionate care (Strauss et al., 2021). Health care workers often have higher stress levels than other professions (Strauss et al., 2021). The high stress levels and poor mental health of health care professionals result in negative personal and financial consequences (Strauss et al., 2021). Poor patient care and increased patient safety issues are associated with high stress levels, making it vital for health care leaders to find effective strategies to reduce staff stress levels and improve their well-being (Strauss et al., 2021). During the COVID-19 pandemic, RTs worked in high-stress environments, such as critical care units, which caused high levels of burnout (Spirczak et al., 2022).

The respiratory profession faces more significant challenges and stress levels in the United States when caring for critically ill patients. Higher compassion satisfaction was discovered in RTs who held leadership positions, worked overtime, worked in research, had higher salaries, and worked in departments that managed staff stress (Spirczak et al., 2022). Spirczak et al. (2022) explained that RTs with less experience and who have been on the job for a short time experienced burnout. Organizational, job, and personal factors are also associated with compassion satisfaction and compassion fatigue of RTs, which are known to affect the retention and turnover rates of RTs (Spirczak et al., 2022). Prolonged occupational stress leads to workplace burnout syndrome, negatively affecting health care providers (Strauss et al., 2021).

Workplace Burnout

Burnout is a growing concern for health care organizations, professionals, and society (Strauss et al., 2021). Strauss et al. (2021) argued that burnout syndrome damages an individual's emotions, attitudes, and reasoning processes, which can lead to negative behaviors. The three components of burnout are emotional exhaustion, depersonalization, and a diminished sense of personal achievement (Strauss et al., 2021). In the United States, burnout in RTs is nearly 80% related to poor leadership in the respiratory department, ineffective staffing, heavy workload, and not being in a leadership position (Miller et al., 2023). According to Mehta et al. (2022), RTs are among the critical care health care providers experiencing the highest burnout.

Workplace burnout significantly impacts health care organizations, and implementing strategies to reduce burnout is necessary (Bai et al., 2023). According to Edú-Valsania et al. (2022), the conditions that trigger burnout are (a) organizational and (b) individual factors. Organizational factors include (a) workload, (b) emotional labor, (c) lack of autonomy, (d) role conflict, (e) lack of social support, and (f) poor working hours. Individual factors consist of (a) personality traits, (b) sociodemographic variables, and (c) coping methods. Suffering from mental and physical health could be a consequence of experiencing workplace burnout (Edú-Valsania et al., 2022). An organization could be affected by the burnout of an employee or employees creating a poor work environment (Edú-Valsania et al., 2022). Workplace burnout is also a significant contributing factor to health care staffing shortages (Poon et al., 2023).

Health Care Staffing Shortage

Employee turnover has become a significant concern due to the persistent health care worker shortage (De Vries et al., 2023). The COVID-19 pandemic has caused the turnover and retirement rate of U.S. health care employees to increase, with nearly 20% of the health care workforce leaving the field due to the pandemic (De Vries et al., 2023). As the workforce ages, the retirement rates will remain high over the next decade all while unappealing salaries and job positions have dampened the recruitment of a younger generation of health care providers (De Vries et al., 2023). High health care employee turnover rates result in decreased patient satisfaction, poor patient outcomes, a decrease in quality of care, increased length of stay in the hospital, a disruption in the continuity of care, decreased employee satisfaction and morale, reduced staff productivity, and an increase in costs for health care organizations (De Vries et al., 2023). Multiple interventions are needed in the health care industry to improve employee retention rates (De Vries et al., 2023; Miller et al., 2021). The number of RTs and aspiring RTs is decreasing; however, the demand for RTs continues to increase, and a critical profession shortage persists (Groninger, 2021).

Work-Life Imbalance

Working adults' work, family, and social life can be difficult because of responsibilities with family, work deadlines, and financial commitments (Mensah & Adjei, 2020). Poor mental and physical health can also affect work-life balance. A person's well-being can be affected by work-life balance conflict (Boamah et al., 2022). Work-life imbalance can result in burnout, negatively impacting an individual's mental

and physical well-being (Boamah et al., 2022). Boamah et al. (2022) explained that work-life imbalance and burnout negatively affect organizational employee satisfaction and retention. The employees' work-life balance impacts an organization's success, which is why the well-being of employees is essential in improving work performance (Wong et al., 2020). Wong et al. (2020) described common types of work-life balance such as (a) family-friendly policies, (b) flexible working hours, (c) incentive programs, (d) health programs, and (e) work-life balance programs. Family-friendly policies included child daycare and parental and maternity leave. Flexible working hours allow employees to adjust their work schedules to meet their personal needs. Incentive programs include recognizing employees for accomplishing organizational goals by rewarding them with monetary or nonmonetary rewards. Health programs promoted the health and safety of employees through health insurance coverage, mental health service coverage, and discounts for participating in health and fitness programs. Work-life balance *programs* included several initiatives, which include assisting working mothers (Wong et al., 2020). Milo et al. (2023) argued that healthcare professionals risk burnout and stress if they do not practice self-care. Increased levels of work-related stress, anxiety, and burnout were associated with poor work-life balance, which decreases job performance and causes substantial costs for organizations (Leitão et al., 2019).

Professional Growth and Development

An employee experienced driver associated with engagement and well-being is the sense of belonging (Burke et al., 2022). In 2022, an annual Gallup Employee Engagement Survey was sent to all respiratory therapists around the globe (Burke et al.,

2022). Gallup is a global analytics and advisory firm that conducts surveys to aid their clients in engaging employees and improving their organization (Gallup, 2023).

According to Burke et al. (2022), nearly 90% of millennials rated professional growth and development as one of the top three influences in employee retention and an essential factor in job satisfaction. Gallup survey results from 2022 showed that professional growth opportunities for RTs increased staff engagement and sense of belonging (Burke et al., 2022). Jun and Ming (2022) explained that professional growth and development positively influence job and organizational engagement, employee engagement, and emotional commitment. Methods of employee development practices include (a) tuition reimbursement, (b) paying membership fees, and (c) covering travel costs (Dachner et al., 2019).

Health Care Environment: Factors Contributing to Retention

Employee retention is crucial to maintaining a competitive market and for the sustainability of a healthcare organization (Xuecheng et al., 2022). Poor retention of employees could result in various issues for healthcare organizations due to the inability to operate at full effectiveness. Issues arising from low employee retention are (a) costs of training and recruiting staff, (b) disturbance of organizational processes, and (c) health care professionals needing more skills and knowledge (Xuecheng et al., 2022). According to Xuecheng et al. (2022), job satisfaction, work environment, and training and development positively correlate with employee retention, with training and development having the highest impact on retention rates. According to Groninger (2021), the

changing dynamics of hospitals make it challenging to retain healthcare professionals such as respiratory therapists.

Employee Engagement

Employees are the most critical asset in an organization (Schaufeli, 2021). Healthcare organization outcomes are improved when employees are more engaged (George & Massey, 2020). Work engagement pertains to an employee's psychological state while at work (Lai et al., 2020). Highly engaged employees are fully present in body and mind and focused on their job tasks. However, employees who are not involved exhibited retracted and defensive behavior (Lai et al., 2020). However, it could be challenging for healthcare leaders to engage staff.

A highly engaged health care workforce promotes more patient-centered care (George & Massey, 2020). Employee engagement decreases health care worker burnout and turnover intent (Apaydin et al., 2023). According to Janes et al. (2021), engaged health care professionals' performance is 20% higher than employees who are not involved. More engaged health care staff improves patient safety, quality of care, mortality rates, and medical error reporting (Janes et al., 2021). Increased staff engagement is also related to decreased employee turnover and absenteeism (Janes et al., 2021). Engaging RTs by allowing them to practice to the full extent of their licensure and training is crucial for retaining RTs (Acevedo et al., 2023).

Job Satisfaction

With the increased flexibility of the labor marketplace, rapidly changing working conditions, advancements in technology, and evolving workforce characteristics, it is

increasingly challenging to ensure job satisfaction in the healthcare sector (Di Tecco et al., 2020). Health care workers have higher stress levels than other professions due to higher work demands, work intensity, and exposure to complex social behaviors.

Managing the psychological risks to improve the well-being of health care workers could positively affect working conditions and job satisfaction (Di Tecco et al., 2020). Job satisfaction affects health care costs, productivity, quality of patient care, effectiveness, and turnover of employees (Karaferis et al., 2022a). Job satisfaction is vital to the sustainability of health care organizations and plays a crucial role in organizational operations and performance. Patient satisfaction positively correlates with employee satisfaction, which makes it essential in healthcare to increase job satisfaction, thereby increasing the quality of patient care (Karaferis et al., 2022a). Poor job satisfaction could result in negative behaviors such as absenteeism, stress, turnover, complaints, decreased morale, poor staff-to-patient ratios, increased wait times, medical errors, and psychological distress (Karaferis et al., 2022a). According to Karaferis et al. (2022a), the Job Satisfaction Survey is a reliable and valid tool for measuring employee satisfaction, which measures nine dimensions of job satisfaction:

1. Pay and compensation.
2. Promotion opportunities.
3. Monetary and nonmonetary fringe benefits.
4. Recognition for good work.
5. Supervision
6. Operating procedures and policies.

7. Co-workers.
8. Job tasks.
9. Communication within the organization.

Effective communication, managerial support, fast conflict resolution, teamwork and collaboration, employee empowerment, professional growth opportunities, recognition, and rewards are recommended to improve job satisfaction (Karaferis et al., 2022a). According to Goodfellow (2022), respiratory leaders should address the factors contributing to RT job dissatisfaction for the profession to survive and have adequate staff to care for patients needing the specialized services they provide.

Leadership

One of the primary responsibilities of a leader is to motivate their employees to perform well on the job (Schaufeli, 2021). Health care leaders must understand processes to encourage employees to be good performers (Lai et al., 2020). The behavior of leaders directly impacts the behaviors of followers. According to Lai et al. (2020), transformational leadership is an established leadership style that can promote staff behavior change and increase performance expectations. The four behaviors of transformational leadership are (a) idealized influence, (b) inspirational motivation, (c) intellectual stimulation, and (d) individualized consideration (Lai et al., 2020). When followers identify leaders' attributes such as value, confidence, morals, and ethical character, it defines idealized influence—inspirational motivation describes how leaders articulate ideas and concepts to encourage followers to reach goals and objectives. Intellectual stimulation is when leaders inspire followers to challenge assumptions and

search for creative solutions to problems. Last, individualized consideration consists of leaders providing psychological support to followers (Lai et al., 2020). Schaufeli (2021) argued that engaged leaders satisfy employees' needs, decrease job demands, and increase job resources, positively affecting individual employees and teams in the workplace. Leadership in respiratory care is a valued asset, with poor leadership being a pivotal contributor to RTs experiencing burnout and decreased job satisfaction (Goodfellow, 2022). Leadership impacts the clinical and financial processes and outcomes of a healthcare organization. Effective leadership correlates with better team performance, more effective patient care, increased employee and patient engagement, enhanced quality, and improved financial outcomes (Volsko, 2023).

Rewards and Recognition

For organizations to reach goals, they need motivated employees to perform to their true potential (Manzoor et al., 2021). A tactic frequently used by organizations to motivate employees is a reward management system—the ability to motivate involves the ability to promote behavior change (Manzoor et al., 2021). Rewards management systems consist of intrinsic and extrinsic rewards. Employee actions drive internal and external motivations (Morris et al., 2022). Intrinsic motivation pertains to motivated behaviors that depend not on external enticements but on activities done for one's satisfaction (Ryan & Deci, 2020). Intrinsic rewards are psychological in that they motivate employees by stimulating a positive emotional reaction, which inspires them to do well.

Some examples of intrinsic motivators are (a) pride in oneself, (b) feeling respected, (c) experiencing personal growth, (d) feeling accomplished, and (e) increasing

competence (Manzoor et al., 2021). Job satisfaction and intrinsic rewards have a direct positive correlation. Improved employee performance had the most substantial effect on employee motivation (Manzoor et al., 2021). Financial needs, peer influences, rewards and incentives, work environment, and social standards influence extrinsic motivation (Shkoler & Kimura, 2020). Shkoler and Kimura (2020) argued that work engagement positively correlated with intrinsic and extrinsic motivation.

Work Motivation

Work motivation is vital to the sustainability of an organization because it promotes efficient worker performance (Vo et al., 2022). According to Jain et al. (2019), the seven types of work motivation are:

1. Intrinsic motivation
2. Extrinsic motivation
3. Positive motivation
4. Negative motivation
5. Reward-based motivation or incentive motivation
6. Fear-based motivation
7. Achievement-based motivation

Being motivated by internal wants and needs is intrinsic motivation. On the contrary, extrinsic motivation involves being motivated by external desires. Positive motivation encourages individuals to do their best. Negative motivation could make the workers dread doing their assigned work. Reward-based or incentive motivation is the employee receiving a reward for accomplishing goals. Fear-based motivation encourages

an individual to be accountable and motivated to achieve goals due to fear of disappointment. Achievement-based motivation includes being motivated by job titles and positions (Jain et al., 2019). Employee motivation resulted in job satisfaction, which yielded high work performance and low employee turnover. There were two categories of employee motivating factors: (a) internal factors and (b) external factors (Jain et al., 2019). According to Jain et al. (2019), the internal factors include:

- Self-actualization
- Innovativeness
- Self-affirmation
- Conviction
- Inquisitiveness
- Well-being
- Personal growth
- The need for communication

Money, career, status, reputation, and the ability to travel made up the external motivation factors. Motivated workers could help sustain their organizations through efficient and effective work performance (Jain et al., 2019).

Work Environment

Employees' work environment influences their motivation, performance, and efficiency, and a positive work environment correlates with increased employee performance (Zhenjing et al., 2022). Health care managers are essential in creating and supporting a work environment that fosters employees' physical and mental well-being

(Donley, 2021). The job roles of health care professionals could be physically and mentally demanding, which is why a healthy work environment is necessary to support productivity (Donley, 2021). Donley (2021) stated that an unhealthy work environment can impede productivity. A toxic work environment can result in employee burnout, stress, decreased satisfaction, and decreased employee engagement. Health care leaders must implement strategies to support a safe and healthy work environment (Donley, 2021).

A stressful work environment is associated with health-related issues, such as mental health disorders, cardiovascular disease and deaths, musculoskeletal disorders, and behaviors that increase health risks (Lukan et al., 2022). Rasool et al. (2021) argued that a toxic work environment could spread negativity between co-workers. According to Wang et al. (2020), a toxic work environment could negatively impact project success. Organizational leaders influence a healthy work environment, so it is vital to have confident, responsible, and trustworthy leaders (Vidman & Strömberg, 2020). Work environments that promoted teamwork, safety, and innovation also encouraged positive change (Brubakk et al., 2021). Factors that could affect an individual's perception of their work environment are leadership, competence, training, climate of patient safety, and the ability to report safety incidents without being retaliated against (Brubakk et al., 2021).

According to Maassen et al. (2021), hospital-acquired infection rates, hospital mortality rates, hospital readmissions, and adverse events decrease when a positive hospital work environment exists. Elements that are essential for creating and supporting a positive work environment in the hospital are (a) autonomy, (b) career growth and

development, (c) work that is demanding and exciting, and (d) control over the practice setting (Maassen et al., 2021). Regardless of occupation, a poorly created and managed work environment results in employee burnout (Schlak et al., 2021). Organizations could improve the health of patients and staff by cultivating a safe and supportive work environment (Lu et al., 2022).

Transition

In Section 2, I reviewed the professional and academic literature and the identified conceptual framework, JE theory. I also discussed alternative theories, including (1) VET, (2) Herzberg's two-factor theory, and (3) Maslow's TOM. As part of the literature review, I researched articles on reducing burnout and retaining respiratory therapists in healthcare organizations. Section 3 will include a detailed review of (a) research project methodology, (b) project ethics, (c) nature of the project, (d) population, sampling, and participants, (e) data collection activities, (f) interview questions; (g) data organization and analysis techniques; (h) validity; (i) reliability; and (j) trustworthiness. In Section 4, I will cover the study's findings, the themes and strategies, how they relate to the conceptual framework, and the literature review. I will also provide my recommendations for action, recommendations for other researchers, reflections on the study, and conclusions.

Section 3: Research Project Methodology

A qualitative research approach with a pragmatic inquiry design was the most appropriate method for exploring the specific business problem in this study. This method allowed me to answer the following research question: What effective strategies do health care managers use to successfully reduce workplace burnout to increase retention of RTs? Data were collected through semistructured interviews, frequently used in qualitative research. Semistructured interviews allowed for open-ended questioning, which aided in learning the view of each participant as it related to the retention strategies of RTs in their organization (see DeJonckheere & Vaughn, 2019).

Researchers can gain a deeper understanding of real-life issues using the qualitative approach (Tenny et al., 2022). The quantitative method was not suitable for this study because the study required “how” and “why” answers instead of “how many,” which quantitative research uses (Barroga & Matanguihan, 2022). Learning the perceptions and behaviors of individuals is a strength of qualitative research (Tenny et al., 2022). Using the qualitative method, researchers can derive themes and patterns from data provided by study participants (Mishra & Dev, 2022). The qualitative research method can be used alone or in conjunction with the quantitative method (i.e., mixed methods; Tenny et al., 2022).

The most common types of qualitative research designs are (a) case studies, (b) ethnography, (c) narrative, and (d) phenomenology (Tomaszewski et al., 2020). A pragmatic inquiry design was the most appropriate for this study because it helped study organizational processes (see Kelly & Cordeiro, 2020). The three principles of a

pragmatic inquiry design are (a) focusing on actionable knowledge, (b) identifying the interrelation between experiences, and (c) inquiry is an experimental process (Kelly & Cordeiro, 2020). Focusing on actionable knowledge involves researching to find helpful knowledge that can aid in finding solutions to problems (Kelly & Cordeiro, 2020). Identifying the interconnectedness between experiences allows the organizational processes to be understood and detect emerging themes and issues. Inquiry as an experimental process suggests that all people assess situations before making decisions (Kelly & Cordeiro, 2020).

Project Ethics

As the primary data collection instrument, I interviewed respiratory managers in an eastern U.S. state. It is important to note that I did not have professional or personal relationships with any of the participants in this study. However, my unique perspective as an RT for nearly 19 years and as a respiratory manager for 15 years, during which retention of RTs was always an issue, allowed me to bring valuable insights to this research.

Adverse ethical dilemmas can occur during qualitative research (Taquette & Borges da Matta Souza, 2022). Therefore, I adhered to the ethical guidelines put forth in *the Belmont Report* to protect the rights of participants (see Office for Human Research Protections, 2022). According to Drolet et al. (2023), ethical issues that could arise in research include (a) research integrity, (b) conflicts of interest, (c) respect for research participants, (d) lack of regulation and power imbalances, (e) individuality and performance, (f) insufficient ethical guidance, (g) social biases, (h) distributive injustices,

(i) epistemic injustices, and (j) ethical distress. The Office for Human Research Protections (2022) protects the rights and well-being of participants by guiding informative materials, maintaining regulatory oversight, and counseling on ethical and regulatory issues. As the primary data collection instrument, I maintained participant privacy in alignment with Walden University Institutional Review Board (IRB) guidelines. Without ethics in research, there is no value in the data collected (Taquette & Borges da Matta Souza, 2022). The researcher's ethical mindfulness ensures quality research while respecting the dignity of participants. Self-awareness, reflexive action, and continual consent during the process are the main factors to be achieved by the researcher (Taquette & Borges da Matta Souza, 2022). I obtained approval from the Walden University IRB before collecting data (IRB Approval No. 03-15-24-1178014).

Nature of the Project

The three types of research methodologies are qualitative, quantitative, and mixed methods. (Renjith et al., 2021). Using the qualitative method with a pragmatic inquiry design was appropriate for this study because it allowed me to combine analytic approaches and procedures. The qualitative method provides in-depth insight into individuals' experiences, thoughts, and feelings (Renjith et al., 2021). Qualitative data can aid in understanding the factors that affect individuals' actions and choices.

Researchers often use pragmatic inquiry design to study organizational processes (Kelly & Cordeiro, 2020). One of the principles of pragmatic inquiry is that research produces practical, action-oriented results designed to solve a business problem (Kelly & Cordeiro, 2020). The pragmatic inquiry design also offers a balance of participant

perspectives, increases efficiency, broadens the scope of the research, and promotes high-quality study results (Ramanadhan et al., 2021). The design was appropriate to meet the goals of this study, which were to identify and explore effective strategies some health care managers use to successfully reduce workplace burnout and increase retention of RTs.

Qualitative researchers use case-based models, unlike quantitative research, in which more variable-based models are used (Borgstede & Scholz, 2021). Quantitative research consists of random population sampling using a top-down generalization approach; in contrast, qualitative research uses a bottom-up generalization strategy for field exploration (Borgstede & Scholz, 2021). Quantitative research uses numerical values to validate an experimental phenomenon (Borgstede & Scholz, 2021). In quantitative research, a hypothesis is developed and tested (Barroga & Matanguihan, 2022). As a form of hypothesis, qualitative researchers investigate answers to “how” and “why” questions using a written research question (Barroga & Matanguihan, 2022). Mixed-methods researchers use both qualitative and quantitative methods in the same study (Borgstede & Scholz, 2021). I did not need to compare variables using numerical data or conduct hypothesis testing for this study, so I found the qualitative method most appropriate. Since I did not need a combination of quantitative and qualitative data to explore my research problem, the mixed-methods research methodology was unsuitable for this study.

Population, Sampling, and Participants

Through personal and professional networks, I identified and recruited five hospital respiratory care managers from five acute care hospital facilities in an eastern U.S. state. Purposive sampling was used to choose participants to improve the reliability of the study. Credibility, transferability, dependability, and confirmability are the characteristics of purposive sampling (Campbell et al., 2020). I recruited those who had successfully developed and used strategies to reduce burnout and increase the retention of RTs. The requirements for the participants to be eligible for the study were that they were:

- respiratory managers
- work at acute care hospitals
- are in upstate South Carolina
- have hiring responsibilities
- have been successful at retaining RT employees

I did not apply criteria for participation, such as age, race, religion, sex, or gender. I conducted interviews at a feasible place and time for the participants, and the interviews did not take place in the participants' places of employment. Social media, email, and phone calls were used to contact participants. I explained the purpose and process of the study to the participants, ensured that their participation was voluntary, obtained informed consent, and informed them that they could withdraw from the study at any time. The study participants expressed their challenges and experiences related to retaining RTs. Findings from this study may serve as a foundation for improving

retention in the respiratory care sector of the health care industry. Respiratory managers may experience a continuous workforce by enhancing the retention of RTs.

Data Collection Activities

Once I received IRB approval, I emailed the participants a study summary, inviting them to participate voluntarily. To build a good rapport with participants, I explained the interview process (see Appendix), the study's purpose, and the value of the findings. The interviews were audio recorded with the participant's approval. The data sources included participant interviews, audio transcriptions, and notes taken during the interviews. Audio recording and transcribed interviews enhanced the accuracy of the data. After each interview, I wrote down my thoughts and any feedback offered by the participants about the interviewing process or questions. Member checking was performed by providing each participant with a transcript summary that includes only the content of their interview.

I conducted face-to-face interviews or video meetings and phone interviews for those who could not meet face-to-face. In the interviews, I asked open-ended questions conducive to qualitative research (see Neuert et al., 2023). Open-ended questioning does not influence the answers of respondents (Neuert et al., 2023). Asking open-ended questions aids in obtaining additional information, if any (Neuert et al., 2023). The interview questions compiled for this study were easy to understand and pertained to the experiences respiratory managers have had with practical strategies for retaining RTs at their facility. I developed the interview questions to guide the arrangement, organization, and conduct of interviews with the participants. I also collected publicly available

documentation on health care managers' effectiveness and processes to reduce burnout and retain RTs. Using questions with the same characteristics for each participant enhances the reliability of the study (Tourangeau, 2020). I conducted interviews professionally using the strategies provided by Walden University's (2024) interview guide.

Three types of interviews are (a) structured, (b) unstructured, and (c) semistructured (Smit & Scherman, 2021). I chose semistructured interview questions to ask follow-up questions when additional information was needed after the respondents had answered. Semistructured interviews use predetermined, standardized interview questions, allowing for more flexibility with how to word questions and in what order to ask them (Smit & Scherman, 2021). Structured interview questions can restrict a clear understanding of the participant's perspective and do not allow follow-up questions to receive a clear response (Robinson, 2023). Unstructured interviewing would not have been appropriate because it does not require a set of predetermined questions, which could have yielded answers that do not relate to the research topic (see Smit & Scherman, 2021).

Member checking, a way of achieving validity, was conducted after completing the interview transcript summaries (see Caretta & Pérez, 2019). Mckim (2023) argued that validity is vital to any qualitative research. I performed member checking to ensure the credibility of the research data. Each participant was provided with their interview transcript so they could perform member checking (see Mckim, 2023). I allowed participants enough time to read over the interview summaries. Through member

checking, researchers can strengthen their relationships with participants, confirm that the data accurately reflects the encounters and experiences reported by the participants, and maximize the knowledge presented (Mckim, 2023).

Interview Questions

1. What is the main reason you receive when an RT leaves your organization?
2. What strategies did you use to reduce the turnover rate among RTs?
3. What challenges did you face when implementing strategies to reduce turnover?
4. How did you overcome the obstacles?
5. How did you assess the effectiveness of the strategies to reduce turnover?
6. Which strategy did you feel worked best?
7. How, if at all, did your strategies improve job satisfaction or working conditions for RTs?
8. Are any professional growth and development opportunities offered to RTs?
9. Do you offer tuition reimbursement?
10. What information can you add regarding strategies for reducing RT turnover that I have yet to ask for?

Data Organization and Analysis Techniques

I utilized ATLAS.ti (2024) software to organize and analyze the collected data using the software guide for qualitative research and analysis. This guide taught me the essential building blocks of qualitative research using ATLAS.ti software. Part 1 of the guide described (a) how qualitative and quantitative research differ, (b) gave an overview

of qualitative research data collection methods, and (c) provided best-practice standards for performing ethical research (ATLAS.ti., 2024). Part 2 of the guide included instructions for (a) transforming raw data into organized and coded data sets to prepare for Yin's (2018) thematic analysis, (b) providing different approaches for analyzing the data, and (c) describing how to streamline the data analysis process. Part 3 of the guide contained advice on (a) effective data visualization techniques, (b) guiding the researcher in writing the research paper, and (c) providing ways for the researcher to ensure transparency, quality, and rigor (ATLAS.ti., 2024).

I used ATLAS.ti software to transcribe, code, and analyze the textual, verbal, and visual data obtained to identify themes and strategies from the interview data. Smit and Scherman (2021) explained how ATLAS.ti can assist researchers with organizing and tracking search terms, databases, journals, researchers, and management systems by adding documents from any database. The purpose of using ATLAS.ti is to concentrate on the meaning and analysis of the information found in the articles or the participant interviews (Smit & Scherman, 2021). ATLAS.ti has functions, such as word banks that aid in identifying frequently used words in journal articles and searching for the most used concepts and keywords, which helps to quickly identify keywords in a specific area of text within the literature and choosing which article would be most beneficial to select (Smit & Scherman, 2021).

Interviews were organized by assigning each participant their identifier, which will maintain privacy. I utilized the ATLAS.ti word cloud function to visualize data for quick illustration. Visualizing the word cloud can also determine critical perceptions from

interviews (Smit & Scherman, 2021). Using codes to define criteria is essential for researchers to see the data relevant to the research (Smit & Scherman, 2021). Qualitative research must provide valid and reliable contributions to understanding the phenomenon being researched (ATLAS.ti., 2024). The interview data were securely stored in a locked safe in my home, where it will remain for 5 years.

In this study, I used the JE theory as my conceptual framework because it aligned with the purpose of this study to identify and explore effective strategies some healthcare managers use to successfully reduce workplace burnout to increase retention of RTs. In my literature review, I found examples of intrinsic and extrinsic motivators that can be used to decrease workplace burnout and increase retention. Some examples of intrinsic motivators were (a) pride in oneself, (b) feeling respected, (c) experiencing personal growth, (d) feeling accomplished, and (e) increasing competence (Manzoor et al., 2021). Some examples of extrinsic motivators were: (1) money, (2) career, (3) status, (4) reputation, and (5) the ability to travel. Many of these examples may appear as themes and strategies from the interviews with my participants. Other research has found that motivated workers can help sustain their organizations through efficient and effective work performance. Motivated workers can help sustain their organizations through efficient and effective work performance. (Jain et al., 2019).

Reliability and Validity

Three strategies are necessary to produce trustworthy results in qualitative research: (1) credibility, (2) validity, and (3) reliability (Yadav, 2022). A research study is only relevant if it is trustworthy (Adler, 2022). Qualitative research focuses on finding

the meaning of words and behaviors. Qualitative research is considered less trustworthy than quantitative research, which has a more systematic process of finding correlations between numbers (Adler, 2022).

Reliability

Researchers must demonstrate how they translated their data into discoveries so that the reader has confidence that the study accurately represents the studied phenomena (Cole, 2023). Research is only valuable with rigor. Reliability refers to the consistency of operational measures and provides confidence in the data collection and analysis method. The data coding must be reliable for the data analysis to be trustworthy. Reliability is when a research study's processes are repeated, and the same results are achieved (Cole, 2023). To ensure trustworthiness in my study: (a) I clearly defined the research method and design, (2) I identified the research question, (3) I standardized a list of interview questions, (4) participants who are relevant to the research topic were selected, (6) I conducted member checking to ensure participants responses were recorded accurately, and (7) the data collection and analysis process was identified and defined.

Validity

Validity in a qualitative study involves checking for the accuracy of the research findings (Rose & Johnson, 2020). Techniques associated with the issue of validity include (1) triangulation, (2) thick description, (3) peer debriefing, (4) prolonged engagement, and (5) an audit trail (Rose & Johnson, 2020). Triangulation is the idea that a phenomenon can be more precisely discovered by tackling a given situation from different directions. Thick description involves the researcher providing detailed data that

can be obtained from the quotes, insights, and stories of participants to offer a more profound sense of understanding for the audience. Peer debriefing contributes to the quality of the research by allowing the researcher to receive feedback from one or more peers who are not embedded in the research topic. In peer debriefing, a peer or peers assess the provided transcripts, methodology, and results to provide constructive feedback to the researcher. Prolonged engagement is believed to increase validity and rigor through extended exposure to the phenomenon being studied, aiding the researcher in gaining a more thorough understanding. Lastly, external auditing is when an external party is unfamiliar with the research topic, or the researcher examines aspects of the research project to ensure the data supports the study findings (Rose & Johnson, 2020). Researchers who enhance their studies' validity can also enhance their work's trustworthiness.

Trustworthiness

Credibility, dependability, confirmability, and transferability are used to describe the trustworthiness of qualitative data (Elo et al., 2020). Credibility is the belief in the truthfulness of the research results (Korstjens & Moser, 2018). Strategies used to ensure credibility in qualitative research are (1) member checking, (2) triangulation, (3) prolonged engagement, and (4) continuous observation. Transferability is the ability to apply the research results to other settings of other respondents. A strategy for ensuring transferability is providing a thick description of experiences so that they can be meaningful to others. Dependability is the consistency and stability of the findings over time, described by describing each step of the research process from beginning to end.

Confirmability is the ability of other researchers to confirm the research findings, which requires the researcher to ensure that data supports the analysis. Keeping records of the research process throughout the study is an audit trail, an essential aspect of dependability and confirmability (Korstjens & Moser, 2018).

Transition and Summary

In Section 3, I defined the research project methodology for developing retention strategies. I discussed how ethics play a role in research and described the nature of the project. I included information about the population, sampling, and participants' process to ensure the information collected was pertinent to the research. I described data collection activities, organization, and analysis techniques, such as the ATLAS.ti software. I explained member checking. I compiled a list of interview questions that relate to effective strategies for retaining respiratory therapists. Last, I discussed the importance of the research's validity, reliability, and trustworthiness. In Section 4, I will cover the study's findings, the themes and strategies, how they relate to the conceptual framework, and the literature review. I will also provide my recommendations for action, recommendations for other researchers, reflections on the study, and conclusions.

Section 4: Findings and Conclusions

Presentation of the Findings

The purpose of this qualitative, pragmatic inquiry study was to identify strategies respiratory managers use to reduce burnout and retain RTs. The overarching research question for this study was: What effective strategies do health care managers use to successfully reduce workplace burnout to increase the retention of RTs? High turnover and burnout rates among clinicians are significant challenges in health care (Willard-Grace et al., 2019). According to Willard-Grace et al. (2019), healthcare leaders must recognize the various causes of turnover among health care clinicians to effectively develop and implement retention strategies. I began data collection after receiving approval from the Walden University IRB and informed consent from each participant. The participants were informed that participation was voluntary and that they could withdraw from the study at any time. Each participant agreed to be audio recorded. I used the interview protocol (Appendix) to guide the interview process. Each participant was asked the same interview questions in the same order so that answers could be easily compared and contribute to the validity and reliability of the study. The identities of the organizations and participants were protected and kept confidential throughout the data collection and analysis process.

After each interview, I transcribed the interview audio recordings into documents using the Microsoft Word transcribe feature. I listened to the recordings and compared them to the documents for accuracy. Each participant received an email copy of the interview transcript for member checking to ensure the accuracy of the collected data. I

asked the participants to check for accuracy and that they could add, omit, or edit responses.

I answered the research question regarding respiratory managers' strategies to reduce burnout and retain RTs in acute care hospitals in an eastern U.S. state by collecting data from semistructured interviews. I confirmed data saturation after the completion of Interview 5. The participants provided information on strategies to successfully retain RTs in their organizations. Each interview was conducted by phone, video chat, or in person, in a quiet location, free from distractions, and lasted no longer than 30 minutes. The participants remained anonymous, and I labeled each as P1–P5, where P1 refers to Participant 1.

The JE theory was the conceptual foundation of this research study. According to Shah et al. (2020), researchers have found that JE significantly contributes to organizational job satisfaction, turnover, and performance. Some essential elements the participants acknowledged to help retain RTs were listening, open communication, work-life balance, workload management, flexible scheduling, and professional development. P1 indicated that implementing a second RT staffing model was essential to improving the workload. The staffing model consisted of utilizing (as needed) staff who only work when full-time and part-time employees are not available or when volumes would increase to reduce the workload for those RTs. P1 also mentioned that (as needed) staff would be utilized so that full-time staff could participate in team gatherings or have time off from work. P1 used the second RT staffing model to support work-life balance and team building. Respiratory managers could utilize the study results to assist in

developing, implementing, or adjusting strategies to improve the retention of RTs. The three themes that emerged in the findings have a direct connection to the study's conceptual framework of JE theory: (a) flexible scheduling, (b) work-life balance, and (c) workload management (see Table 1).

Table 1

Emerging Themes

Theme	Frequency mentioned
Flexible scheduling	39
Work-life balance	36
Workload management	32

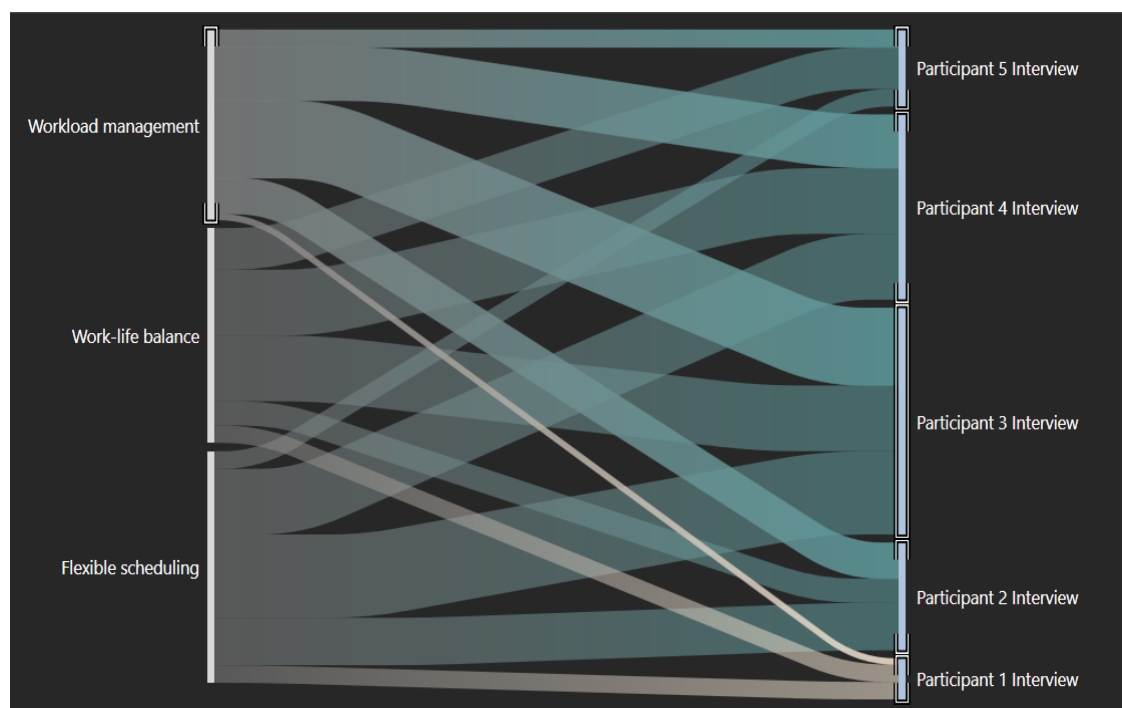
Theme 1: Flexible Scheduling

Flexible scheduling emerged from participant responses to Interview Questions 2, 6, and 7 (see Figure 1). P5 mentioned that self-scheduling offered flexibility for staff members to work half of their shift so they could attend their child's award ceremony or leave early for a doctor's appointment. P4 was adamant that employees would never be denied vacations and advocated for time away from work to decompress. P3 was proud to say that PTO paid time off had not been denied to any employees over the previous two years. P2 explained how staff were a part of the decision-making process with holiday scheduling because the employees' opinions on their work schedule are valued by management. P1's strategy was flexible scheduling, whereas staff could play around with the schedule and work it out to their liking. For example, employees could get an

extended weekend and put in a holiday rotation so that the people know which holidays they are expected to cover in the future.

Figure 1

Emerging Themes Sankey Diagram



Worker well-being, job satisfaction, and stress can be affected by work flexibility (Ray & Pana-Cryan, 2021). According to Ray and Pana-Cryan (2021), work location, time off, and the ability to change work hours are the most common types of flexibility among workers in the United States. Workers are not the only individuals affected by work schedule flexibility. Families, employers, and society are also affected, whether it be positively or negatively, by work flexibility (Ray & Pana-Cryan, 2021). Ray and Pana-Cryan argued that there are several benefits for workers with access to flexible work schedules, such as:

- alleviating pressures concerning time
- reducing conflicts imposed by home-life responsibilities
- allowing time to address personal family needs
- allowing for schooling, health care needs, eldercare, and childcare

Work flexibility increases employee engagement and job satisfaction and improves well-being (Ray & Pana-Cryan, 2021). P2 stated that overtime is not mandated for employees, and management tries to limit the number of times RTs are required to take calls, which means the RT would be on standby for emergencies and could be called to come to work at any time during set call hours.

Theme 2: Work-Life Balance

Work-life balance emerged from participant responses to Interview Questions 2, 6, and 7. P5 explained that management would come in and work a shift or half of a shift so that an employee could make it to a child's award ceremony, sports event, or an important meeting with their parent's physician. Whatever the need, managers would do their best to accommodate the employees because they understand employees have responsibilities outside of the organization. Employees need adequate time to fulfill their personal and professional commitments (Susanto et al., 2022). Susanto et al. (2020) explained that there was a positive correlation between a healthy work-life balance and job performance and job satisfaction; however, having a perfect work-life balance is an impossible goal. According to Annamalai (2024), work-life balance requires making sacrifices along the journey to achieve goals. Personal and professional goals can be achieved by being resilient, adaptable, and pursuing happiness (Annamalai, 2024).

Theme 3: Workload Management

Workload management emerged from the participant's responses to Interview Questions 2, 4, and 5. P2 explained that adding another staff member reduced employee workload and stress. P5 stated that if the workload is heavier, the manager would come in and assist staff. P3 explained that staff feedback was positive because extra staff minimized the workload, and that management would come in at night and on weekends and not leave staff drowning with heavy workloads. P4 reported that managers get in there, “get their hands dirty,” and help staff when busy. Workload is one of the main complications in the health care system (Carayon & Gurses, 2018). Heavy workloads can affect patient care by increasing the risk of safety issues, decreasing patient outcomes, decreasing the quality of care patients receive, prolonging patients' length of stay, and increasing mortality rates (Carayon & Gurses, 2018).

Themes in Relation to the Conceptual Framework of JE Theory

Employees' decisions regarding turnover intention are affected by JE, which has been a significant issue in the health care industry (Shah et al., 2020). According to Shah et al. (2020), job outcomes are measured by on- and off-job-related embeddedness: On-job pertains to the organization, and off-job pertains to the community. The JE theory highlights job outcomes, such as employee engagement, job satisfaction, organizational commitment, and turnover intention, that may be directly related to on- and off-job issues (Shah et al., 2020).

The three emergent themes (i.e., flexible scheduling, work-life balance, and workload management) directly connect to the conceptual framework of JE theory.

Flexible scheduling, work-life balance, and workload management were organizational factors for on-job-embeddedness identified in the study, which improved perceived organizational support (Miller et al., 2023). Perceived organizational support improves job outcomes, job satisfaction, and employee commitment (Miller et al., 2023). Turnover intention is then reduced when employees are embedded in their organization and satisfied with their jobs.

Themes in Relation to the Literature Review

Reflecting on the literature review, the contributing factors for employee turnover in the health care environment were stress, workplace burnout, work-life imbalance, health care staffing shortage, and professional growth and development. RTs were health care clinicians affected by stress, workplace burnout, work-life imbalance, staffing shortages, and professional growth and development opportunities, as mentioned in the literature review and confirmed by the current study findings. Employee engagement, job satisfaction, leadership, rewards and recognition, work motivation, and work environment contribute to employee retention in the health care environment (Miller et al., 2023). In alignment with the literature, the current study findings confirm that flexible scheduling and work-life balance contribute to the retention of RTs. The findings also confirmed that workload management contributes to the retention of RTs and addresses a gap in the literature.

Business Contributions and Recommendations for Professional Practice

The study's results provided strategies to reduce workplace burnout and improve the retention rate of RTs. De Vries et al. (2023) stated that a critical shortage of health

care workers is an ongoing global issue. To improve employee retention, health care leaders must understand why employees leave (De Vries et al., 2023). Sustainability is significant for health care systems and depends on the well-being of health care employees (Molero et al., 2021).

I used the JE theory developed by Mitchell and Lee (2001) to guide this research study. The specific business problem was that some health care managers lacked effective strategies to successfully recognize and reduce workplace burnout to increase the retention of RTs. The results from the study may assist health care leaders in identifying strategies for flexible scheduling, work-life balance, and workload management that could be implemented to avoid employee turnover in respiratory departments. The research findings may also help health care leaders increase their employees' levels of job satisfaction and avoid RT turnover intentions. Health care leaders can use the JE theory to aid in sustaining profitability and when adopting changes within the institution to retain RTs and develop a more enjoyable work environment. Through incorporating successful retention strategies, health care managers can improve employee satisfaction and productivity, patient care, and the organization's profitability.

Implications for Social Change

The results from the research study can be used to help implement strategies to retain RTs within health care organizations. As healthcare managers identify and successfully implement retention strategies, the work environment improves, improving patient care. Retaining skilled and knowledgeable health care staff enhances the health care provided to the community (Miller et al., 2023). The results of this study could

contribute to positive social change by aiding respiratory managers in retaining an adequate number of RTs to provide quality and safe care to patients, promote more affordable health care, and deliver better quality services and education to the community.

Recommendations for Actions

My recommendations for health care managers are to provide employees with (a) flexible scheduling, (b) a healthy work-life balance, and (c) safe and manageable workloads. The study findings indicate that health care managers could improve RT employee retention by implementing these strategies based on the JE theory. Health care leaders could utilize the results of this study as a guide to understand why employees are leaving and identify and implement effective strategies to improve the retention of RTs in their organizations. The retention strategies revealed in this study could benefit health care leaders in varying organizations and over different clinical staff. Improving the retention of health care staff is vital to safe patient care, employee well-being, and the sustainability of health care organizations.

I plan to disseminate the findings from this study through various methods. Participants received a copy of this study to share with their colleagues. The results will be published online in the ProQuest and Scholar Works Dissertations and Theses Database for review by other scholars and researchers. I have also made plans to attend seminars, conferences, and leadership meetings and hope to have the study published in health care-related journals.

Recommendations for Further Research

Further research on strategies for reducing workplace burnout and improving the retention of RTs is recommended. I recommend that future researchers repeat the study to include other geographical areas and expand it to other organization types. Other geographical regions may have different economic challenges, levels of employment, and opportunities. A study conducted over a more extended period, with various cases and regions, could yield a more thorough analysis of the phenomenon being studied.

Reflections

As I reflect upon my doctoral journey, I realize that I chose my research topic based on experience. As an RT of 19 years and an RT manager for 15, I knew firsthand how hard it could be to reduce workplace burnout and retain RTs. I experienced workplace burnout and voluntary turnover. In my experience, some of the reasons colleagues chose to leave the organization were the same as those identified in the literature review and later in the data collection process. Issues with communication, workload, work-life balance, feeling valued, and the lack of professional growth and development were identified. The findings of this study validated my initial thoughts; however, since being an RT, I maintained objectivity and mitigated personal bias by employing member checking so I would not assume or incorrectly interpret subject responses.

Walden University offered a variety of tools and resources that helped me succeed. The tremendous support I received from my mentor, professors, peers, family, and friends was invaluable. The journey would not have been possible without a solid

support system. My support system reminded me that my hard work, dedication, and perseverance would pay off. I have no complaints; this journey was a wonderful and enlightening experience.

Conclusion

The purpose of this qualitative, pragmatic inquiry study was to identify and explore effective strategies health care managers use to successfully reduce workplace burnout and increase the retention of RTs who were employed at various acute care hospitals in South Carolina. Semistructured interviews were conducted via video chat, phone, or in person. The emergent themes were (a) flexible scheduling, (b) work-life balance, and (c) workload management. To retain employees, I recommend that health care leaders take special notice of flexible scheduling, work-life balance, and the workload of employees, which were the most frequently mentioned retention strategies during the participant interviews. Employees with a healthy work-life balance and reduced workload are less likely to develop stress and burnout. A healthy work-life balance and a manageable workload promote job satisfaction, increased productivity, and improved well-being, creating more committed employees to their organization. Health care leaders who follow these strategies can improve patient care quality and increase profitability. The findings of this study also filled a gap in the literature regarding effective strategies that can be used to mitigate burnout by workload management to reduce RT staff turnover.

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Appendix
Interview Protocol

The interview protocol will contain of the following steps:

1. An opening statement.
2. Start the recording device.
3. An opening statement.
4. Begin semistructured interview questioning.
5. Probing questions.
6. A recording of reflective notes
7. A closing statement.