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Hospital Unit Leaders' Strategies in Maintaining Safe Work Environments

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Walden University

College of Management and Human Potential

This is to certify that the doctoral study by

Karen Jeffrey

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.

Review Committee
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Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
2025

Abstract

Hospital Unit Leaders' Strategies in Maintaining Safe Work Environments

by

Karen Jeffrey

MBA, University of Phoenix, 2015

BSN, University of Wisconsin - Milwaukee, 2001

Research Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Business Administration

Walden University

June 2025

Abstract

Unsafe working conditions in hospitals can lead to increased turnover among nurses, which can disrupt patient care and the overall stability of the organization. This is a pressing issue for hospital executives, leaders, and nurses on the front lines, as workplace safety is essential for keeping staff, controlling costs, and ensuring high-quality care. Grounded in the job demands-resource theory, the purpose of this qualitative pragmatic inquiry study was to explore strategies hospital unit leaders use to create a safe work environment. The participants were six hospital unit leaders from different hospitals in the United States. Data were collected through semistructured interviews, related public records, and previous reviews. Through thematic analysis, four themes were identified: (a) challenge identification, (b) supportive environment, (c) security, and (d) communication and training. Hospital unit leaders can use these identified strategies to create a safe work environment for nurses. The implications for positive social change include the potential for hospital leaders to retain nurses, reduce turnover costs, and ensure sustained healthcare access for the community.

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Dedication

I dedicate this research to nurses everywhere who walk into work facing uncertainty and know there is a better way. The nurse who perseveres and goes to work and cares for patients and their families. My desire is for the nurses to understand that self-care is essential and must be preserved to allow them to care for the patients they desire to help.

I dedicate this to my family, my husband David, my daughters Megan, Rachel, Hannah, Hannah, and Lauren, and my son-in-law Jeff, and grandchildren River and Milo. Please know you can accomplish any goal! I desire you all to take care of yourselves first. Please know how much your love and support mean to me and how much I love each of you!

Acknowledgments

I want to acknowledge my family. First, my husband, David, for his unwavering support, encouragement, trust, and patience. Without David, I would never have started or been able to accomplish my goal. My daughter Megan, thank you for your excitement and understanding as I pushed through the doctoral process. My daughter, Rachel, for her knowledge and willingness to read papers written by her mom and offer constructive feedback. My daughter, Hannah, for her patience and support, and desire to see me through to the end, knowing this will make a difference for our profession. My daughter, Hannah E., for her understanding and patience as I work through the process. My daughter, Lauren, for her support and checking in to see how everything is going. My son-in-law, Jeff, for his sarcastic remarks, yet love, support, and encouragement. My grandsons, River and Milo, thank you for being there and allowing me to reconnect to my purpose when things got hard throughout the doctoral process. My dad, Lawrence "Larry" McNaughton, for instilling in me a sense of accomplishment and self-worth, knowing how proud he would be at this moment. My sister, Lisa, brother-in-law, Dave, and my nieces, Kassi and Gabbie, thank you for checking in on me and encouraging me along the way. My brother Steve, with our competitiveness, pushed me to completion. My neighbors, Debbie and Bob, constantly checking in on me and showing their pride in my accomplishments.

Importantly, I want to acknowledge my chair, Dr. Patsy Kasen, whose guidance and support made me persevere. Dr. Kasen encouraged me when I was frustrated and supported me when I did not know what to do next. She will always hold a special place

in my heart. Dr. James Glenn, my instructor in another class, took the time to hear the subject of my study and why I chose the topic. Dr. Glenn supported me through this process, and his guidance has been invaluable. I have learned so much from him.

People say it takes a village, it truly does, and I am so thankful for my village. I genuinely love each of you and thank you sincerely for all you have done to help me. Let us all go out and make a difference in this world!

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Section 1: Foundation of the Project

Background of the Problem

The healthcare industry in the United States is grappling with a critical nursing shortage projected to escalate beyond 2030 (Boston-Leary & Stone, 2022; Haddad et al., 2023; HRSA Health Workforce, 2024). The nursing shortage particularly impacts acute care facilities struggling to maintain adequate nurse-to-patient ratios (Hoover et al., 2024). The shortage compromises patient care quality, exacerbates healthcare costs, and reduces revenue streams (Bellon, 2023; Hoover et al., 2024). Rural healthcare facilities, already vulnerable, face heightened risks of closure due to financial strain and declining care standards linked to the shortage (Cass, 2023; Center for Healthcare Quality and Payment Reform, 2024; Hoover et al., 2024). Hospital unit leaders need to understand the causes of the shortage and create strategies to retain nurses.

As nurses exit the hospital setting, patient outcomes decline, hospital revenue declines, and nursing workloads increase, leading to further turnover (Bellon, 2023; Hoover et al., 2024). Effective retention of nursing staff emerges as a pivotal solution to mitigate the adverse impacts of nursing turnover. Retention of nurses requires hospital unit leaders to implement and sustain robust strategies that enhance workplace safety, employee engagement, well-being, and job satisfaction (Al Yahyaei et al., 2022; Bellon, 2023; Wang et al., 2023; Wei et al., 2023). Unsafe work environments significantly contribute to nurse turnover, underscoring the urgent need for hospital unit leaders to prioritize creating safe work environments (Al Yahyaei et al., 2022; Haddad et al., 2023).

Despite acknowledging some unsafe work environments in hospitals, there remains a gap in understanding and implementing comprehensive strategies that effectively safeguard nursing staff (Lim et al., 2022). Current research indicates the necessity for further studies that align leadership strategies with nursing safety initiatives to reduce turnover costs associated with unsafe working conditions (Al Yahyaei et al., 2022; Cardiff et al., 2023; Emmerling et al., 2024). Now that I have identified the background of the problem, the focus will shift to the problem statement.

Business Problem Focus and Project Purpose

The specific business problem is that some hospital unit leaders in the United States lack effective strategies to maintain safety in the work environment, contributing to higher nursing turnover costs. The purpose of this qualitative pragmatic inquiry study was to identify and explore the effective strategies that some hospital unit leaders in the United States use to successfully maintain safety in the work environment to decrease nursing turnover. The targeted population comprised six hospital unit leaders who have worked in hospitals within the United States and successfully implemented strategies for a safe work environment and decreased nursing turnover. The planned participant recruitment strategy was a multifaceted sampling procedure involving purposive and snowball sampling. I used semistructured interviews, publicly available organizational documents, and related public records/previous reviews to assure reliability through data triangulation methodology. The implications for positive social change include nurses experiencing increased work engagement and a greater sense of well-being, hospitals retaining employees, reducing turnover costs, and the community continuing to have

access to healthcare. Healthcare organizations and hospital unit leaders must invest in providing a safe work environment to retain nurses. By maintaining nurses on the job, healthcare organizations will not have the costs associated with turnover, providing the organizations the funds to remain in business and the staffing levels to continue providing access to care for the community.

I chose the job demands-resources (JD-R) theory for the conceptual framework of the study. This theory provides a lens through which leaders can understand participants' effective strategies to prevent/mitigate nurses' burnout and turnover intention and increase employee well-being (Bakker & Demerouti, 2017). Demerouti et al. (2001) developed the job demands-resource model to explain the relationship between job demands and job resources related to employee burnout.

Demerouti et al. (2001) created the job demands-resource model to expand on the 1979 job-demands-control model and the 1988 demand-control-support model (Johnson & Hall, 1988; Karasek, 1979). The job demands-resource model evolved into a theory in 2011 focusing on employee well-being (Bakker & Demerouti, 2017). The theory states that as job resources increase, job demands decrease, and employee well-being increases, subsequently decreasing turnover. Providing job resources increases employee engagement, positive personal resources, and enhanced well-being while decreasing burnout (Bakker & Demerouti, 2017). The theory complements my study as nurses need resources to mitigate the job demands of feeling overworked, perceived lack of support, and physical demands, which will enhance employee well-being and decrease nursing turnover (Pariona-Cabrera et al., 2023).

Research Question

What effective strategies do hospital unit leaders in the United States use to maintain safety in the work environment to decrease nursing turnover?

Assumptions and Limitations

Assumptions

Assumptions are a researcher's expectations they accept as accurate and true without research verification (Clarke, 2021). The first assumption in the study was that hospital unit leaders would be able to correlate the implementation of a safe work environment with decreasing nursing turnover. The second assumption was that the participants would be forthcoming with information and strategies to create a safe work environment. The third assumption was that through the semistructured interviews and data triangulation, the study would successfully provide effective strategies to create and maintain a safe work environment for nurses and decrease turnover.

Limitations

Limitations are potential restrictions placed on research that can cause the researcher not to uncover all pertinent data related to the topic of research (Clarke, 2021). Some potential limitations of the study relate to participants, their inherent biases, the participants' availability for interviews, and the need to be a healthcare unit leader who has successfully implemented strategies to maintain a safe work environment and decrease nursing turnover. Another limitation of the study was that I also needed to remove any self-reflexivity biases, personal assumptions, and preconceptions that I may have due to being a healthcare unit leader myself.

Transition

The aim of this research project was to identify and explore the practical strategies that some hospital unit leaders in the United States use to successfully maintain safety in the work environment and decrease nursing turnover. In this section, I presented the background of the problem, explained the business problem focus and project purpose, presented the research question, and discussed the assumptions and limitations. In Section 2, I will review professional and academic literature. Section 3 will explore project ethics, the nature of the project, data collection and analysis, and reliability and validity. In Section 4, I will discuss the study's findings and present the implications for business practice, the positive social change enabled by the research, and future research suggestions.

Section 2: The Literature Review

A Review of the Professional and Academic Literature

Nurses enhance the healthcare economy by impacting patient outcomes and decreasing costs associated with patient care (Yakusheva et al., 2024; Zaranko et al., 2023). Creating a safe and healthy work environment for nurses reduces turnover and increases interest in new nurses joining the organization (Al Yahyaei et al., 2022; Haddad et al., 2023; Yakusheva et al., 2024). Quality nursing care increases healthcare volumes and revenues (Yakusheva et al., 2024). Decreasing nursing turnover is needed in the healthcare industry, requiring hospital unit leaders to implement and sustain robust strategies that enhance workplace safety, employee engagement, well-being, and job satisfaction (Al Yahyaei et al., 2022; Bellon, 2023; Wang et al., 2023; Wei et al., 2023; Yakusheva et al., 2024). Unsafe work environments significantly contribute to nurse turnover, underscoring the urgent need for hospital unit leaders to prioritize creating safe work environments (Al Yahyaei et al., 2022; Haddad et al., 2023).

This qualitative pragmatic inquiry study aimed to identify and explore the effective strategies that some hospital unit leaders in the United States used to successfully maintain safety in the work environment to decrease nursing turnover. The research question defined for this study was: “What effective strategies do hospital unit leaders in the United States use to maintain safety in the work environment to decrease nursing turnover?” Through this literature review, I aimed to provide a comprehensive review exploring successful strategies that hospital unit leaders used to maintain a safe work environment to decrease nursing turnover. The literature review was organized into

seven subsections. The first subsection defined the literature search strategy. Subsections two through six synthesized literature from journals and public documents to provide information on a safe work environment, safety culture, psychological safety and personal resources, leadership support, and turnover intention. The seventh subsection provided information on the conceptual framework of the JD-R theory as the theory relates to a safe work environment to decrease nursing turnover.

Search Strategy

For the literature review, I used the following databases: APA PsycInfo, Business Source Complete, CINAHL Plus with Full Text, Complementary Index, Directory of Open Access Journals, MEDLINE with Full Text PubMed, Open Access Journals, ProQuest, ScienceDirect, Social Sciences Citation Index. The following keywords were used*: hospital workplace safety, nurse safety, nursing retention, nursing turnover, cost of turnover, healthcare leadership safety strategies, nurse manager role, and responsibilities, hospital unit leader role and responsibilities, effective strategies for a safe work environment, and safe work environment related to turnover intention*. The study includes at least 85% of peer-reviewed resources published within 5 years of the anticipated approval date from the chief academic officer.

Safe Work Environment

Nursing turnover remains a challenge for healthcare systems worldwide, with profound consequences that affect the quality of patient care and the overall functioning of healthcare institutions (Bellon, 2023; Hoover et al., 2024; Yakusheva et al., 2024; Zaranko et al., 2023). High turnover rates contribute to increased recruitment and training

costs, diminished team cohesion, increased adverse patient outcomes, and overall destabilization of the workforce (Bae, 2022; Pressley & Garside, 2023). To minimize the impact of nursing turnover, hospital unit leaders need successful strategies to retain nurses (Pressley & Garside, 2023).

Effective strategies to maintain a safe hospital work environment increase nursing retention. One of the most effective strategies to mitigate nursing turnover is creating a safe hospital work environment that addresses nurses' physical and psychological needs (Horvath & Carter, 2022). Evidence from recent studies supported the idea that a work environment that prioritizes nurse safety can significantly improve job satisfaction, reduce burnout, and, in turn, decrease turnover rates (Othman, 2022; Pressley & Garside, 2023). A safe hospital work environment influences nursing retention, emphasizing physical safety, psychological well-being, leadership practices, organizational culture, and work-life balance (Horvath & Carter, 2022; Othman, 2022; Pressley & Garside, 2023).

A safe work environment for nurses begins with ensuring physical safety. Nursing is physically demanding, and nurses are at heightened risk for workplace injuries from lifting patients and long hours on their feet, as well as from aggression from patients and families (De Raeve et al., 2023; Grinberg et al., 2022; Havaei et al., 2023). Physical safety is essential in reducing burnout and turnover among nurses (Grinberg et al., 2022; Havaei et al., 2023). Al Yahyaei et al. (2022) identified that hospital unit leaders who provided adequate staffing levels, appropriate ergonomic equipment, and a focus on workplace safety experienced lower rates of nursing injuries and turnover. Hospital unit

leaders who prioritize the physical well-being of nurses through appropriate workspaces and the provision of safety tools, training, security alarms, and patient care devices, reduce injury and improve nurses' overall satisfaction and retention (Havaei et al., 2023; Khan et al., 2021). Nurses who feel physically safe and supported at work are likelier to stay in their roles, contributing to a more stable workforce (Grinberg et al., 2022; Havaei et al., 2023).

In addition to physical safety, psychological safety aids in nurse retention. Nurses who feel unsafe in the work environment, whether due to verbal or physical abuse, high stress, or lack of support, are more likely to experience burnout and eventually leave the profession (Balducci et al., 2024; Dean et al., 2021; Eriksson et al., 2022; Ferreira Aydogdu, 2023; Forde-Johnston & Stoermer, 2022; Galanis et al., 2024; Kohnen et al., 2024). Arnetz (2022) highlighted the significant impact of workplace aggression on nurse retention, noting that both patient and peer aggression can lead to severe psychological distress, including anxiety and depression. The emotional toll of working in an unsafe environment decreases psychological safety and erodes job satisfaction, contributing to higher turnover rates (Arnetz, 2022).

Psychologically safe work environments, where nurses feel supported by colleagues and management, aid in nursing retention (Balducci et al., 2024; Dean et al., 2021; Eriksson et al., 2022; Ferreira Aydogdu, 2023; Forde-Johnston & Stoermer, 2022; Galanis et al., 2024; Kohnen et al., 2024). Hospital unit leaders who implement anti-violence policies, provide de-escalation training and ensure accessible reporting systems for workplace aggression foster a sense of security for nurses (Havaei et al., 2023).

Bagnasco et al. (2024) found that when the work environment is psychologically safe, nurses experience lower stress levels and are less likely to consider leaving their positions.

The role of leadership in fostering a safe hospital work environment can decrease turnover (Wibowo & Paramita, 2022). Effective leadership practices shape nurses' physical and psychological safety (Lee & Min-Ho, 2023; Othman, 2022). Leaders who promote open communication, emotional support, and a culture of respect significantly reduce the likelihood of nurse burnout and turnover (Fricke et al., 2023; Othman, 2022; Schaechter et al., 2023). De Raeve et al. (2023) found that hospitals with supportive leadership, characterized by approachable, empathetic, and transparent leaders, experienced lower turnover rates, particularly in environments where hospital unit leaders actively listen to nurses' concerns, address emotional distress and ensure that safety policies are effectively implemented (Mento et al., 2020; Sari et al., 2023; Shao et al., 2023).

Leadership that fosters open dialogue and demonstrates a commitment to nurse well-being creates an environment where nurses feel valued and secure, directly influencing retention. Capozza and Falvo (2023) emphasized that transformational leadership, prioritizing nurse engagement, trust, and support, are particularly effective in improving nurse job satisfaction and reducing turnover. Such leadership practices foster a culture of psychological safety, where nurses feel empowered to voice concerns, make decisions, and report safety issues without fear of retaliation (AL-Ghwary et al., 2024; Cardiff et al., 2023).

In parallel with leadership, the broader organizational culture helps to establish a safe work environment. Shirey et al. (2010) argued that hospitals with a strong culture of safety that promotes respect, teamwork, and open communication tend to have lower nursing turnover rates. A culture that values safety regarding physical hazards and psychological well-being creates a supportive atmosphere where nurses feel more secure and more likely to remain in their positions (Lou, 2022).

Lim et al. (2022) noted that hospitals with robust safety protocols, precise reporting mechanisms, and regular safety training programs were better able to create environments where nurses felt physically and emotionally safe. An organization's culture can profoundly affect nurse retention, as nurses who feel supported by the hospital's values and policies are more likely to be engaged and committed to their work (Rothbart et al., 2024). A hospital policy that can contribute to nursing retention is one that addresses safe and adequate staffing levels (Pressley & Garside, 2023).

Ensuring adequate staffing levels and excessive workloads do not overburden nurses, contributes to maintaining a safe hospital environment (Irshad et al, 2021; Pressley & Garside, 2023). When hospital unit leaders assign too many patients or require nurses to work excessive hours without sufficient support, the risk of physical injury and burnout increases significantly (Pressley & Garside, 2023). Irshad et al. (2021) found that adequate staffing improves patient care quality, enhances nurse satisfaction, and reduces stress. In hospitals where nurse-to-patient ratios are appropriate, nurses experience lower stress levels and can better perform their duties without feeling overwhelmed (Pressley & Garside, 2023).

When nurses feel adequate time and support to complete their tasks is present, the perception of the work environment as safe and manageable is strengthened, reducing turnover (Bellon, 2023; Pressley & Garside, 2023). Staffing support, using float nurses during peak hours or providing temporary staff during critical shortage periods, helps prevent burnout and ensures that nurses can maintain a healthy work-life balance (Bellon, 2023).

Work-life balance encourages a safe and supportive hospital environment (Slusser et al., 2022; Watson, 2024). Nurses often face long shifts and high stress, leading to burnout when adequate time to recover and care for themselves outside of work is unavailable. Hospital unit leaders who provide flexible work schedules, mental health services, and family support programs to help nurses manage stress and reduce burnout demonstrate a commitment to nurses' well-being (Lundmark et al., 2024). Yu et al. (2024) also found that nurses who achieve a healthy work-life balance are less likely to experience fatigue, emotional exhaustion, and, ultimately, turnover.

By fostering an environment that allows personal time and recovery, hospital unit leaders can improve retention and reduce the risk of burnout, a major contributor to nursing turnover (Demerouti, 2018; Eriksson et al., 2022; Ose et al., 2023). An environment that fosters personal time and recovery will also allow nurses to improve skills through professional development, further decreasing nursing turnover (Kohnen et al., 2023; Phillips & Priddy, 2023).

Professional development and training are additional integral components of a safe hospital work environment (Phillips & Priddy, 2023). Hospital unit leaders who give

nurses opportunities to improve their skills through continuing education, leadership training, or specialized certifications make nurses feel more competent and engaged (Kohnen et al., 2023; Phillips & Priddy, 2023). Irshad et al. (2021) found that nurses report higher levels of job satisfaction and lower turnover intention when hospital unit leaders invest in ongoing education and training.

Professional development makes nurses feel empowered and confident in handling the profession's challenges (Cardiff et al., 2023). Career advancement opportunities can help nurses see a future within the organization, making them more likely to stay long-term (Skela-Savič et al., 2023). Professional development and training that includes safety training contributes to a safe hospital work environment and increases nurses' sense of job satisfaction (Kohnen et al., 2023; Phillips & Priddy, 2023).

A safe hospital work environment reduces nursing turnover (Livanos, 2023). Creating such an environment involves ensuring physical safety through proper staffing and equipment and addressing psychological safety by fostering a culture of respect, support, and open communication (Havaei et al., 2023; Zhang et al., 2023). Hospital unit leaders prioritizing nurse well-being and an organizational culture that values safety and teamwork contribute to a sense of security that encourages nurses to stay in their positions (Galanis et al., 2024).

Providing adequate staffing, promoting work-life balance, and supporting professional development enhance job satisfaction and retention (Kohnen et al., 2023; Irshad et al, 2021; Pressley & Garside, 2023; Phillips & Priddy, 2023; Slusser et al., 2022; Watson, 2024). By investing in a safe work environment, hospital unit leaders can

create a more stable workforce, improve patient care, and reduce the significant costs associated with nursing turnover (Lou, 2022). Creating a safe environment for nurses is a regulatory obligation and a strategic approach that ultimately benefits hospitals, nurses, patients, and the community (Vernaglia & Pamperin, 2023).

Safety Culture

Safety culture has garnered significant attention recently due to its role in ensuring nursing well-being and organizational performance (Chang et al., 2024; Kim et al., 2023; Ystaas et al., 2023). Safety culture refers to the shared values, beliefs, and practices that prioritize safety across all levels of an organization, fostering an environment where safety is seen as a fundamental aspect of work (Kim et al., 2023). The literature emphasizes several core components of a safety culture, including leadership commitment, employee involvement, clear communication, and the management of workplace hazards (Galanis et al., 2024; Mossburg & Himmelfarb, 2021; Shirey et al., 2010).

One key theme in the literature is leadership's role in shaping a safety culture. Hospital unit leaders who commit to safety and actively model safe behaviors cultivate a culture where safety is prioritized (Galanis et al., 2024). Hospital unit leaders' involvement in safety initiatives, from regular safety meetings to visible commitment to safety protocols, directly impacts the hospital safety climate (Arnetz, 2022; Bagnasco et al., 2024; Shirey et al., 2020). The hospital unit leader's proactive role in promoting safety prevents accidents and fosters an environment of trust and open communication

regarding safety concerns, increasing nursing engagement and involvement (Al Yahyaei et al., 2022; Ferracuti et al., 2022).

Safety outcomes improve when nurses feel empowered to report safety concerns and actively participate in safety-related decision-making (Hou et al., 2024; Kafle et al., 2022; Wei et al., 2023). When nurses perceive that contributions are valued and hospital unit leaders address safety concerns promptly and effectively, safety outcomes improve (Su & Lee, 2023). As Irshad et al. (2021) described, involving nurses in safety committees or task forces enhances a sense of ownership over safety initiatives and encourages a collective responsibility for maintaining a safe work environment. The active participation of nurses in safety programs leads to a greater awareness of potential hazards and the development of preventive measures, contributing to overall workplace safety (Hou et al., 2024; Irshad et al., 2021; Kafle et al., 2022; Wei et al., 2023).

Developing a safety culture also hinges on clear communication and consistent reinforcement of safety protocols (Arnetz, 2022; Galanis et al., 2024). Clear and transparent communication regarding safety expectations and the consistent reinforcement of safety policies are essential for embedding a safety mindset throughout the hospital (Emmerling, et al. 2024; Press Ganey, 2024; Shao et al., 2023). Effective communication helps ensure that safety procedures are well understood and encourages an open dialogue where nurses feel comfortable voicing concerns without fear of retaliation or dismissal (Arnetz, 2022; Bagnasco et al., 2024). Hospital staff require openness due to the complex and high-stakes environments, where the risks of overlooking safety issues can be severe (Yalçın et al., 2022; Yang et al., 2024).

Implementing comprehensive safety training and continuously evaluating safety practices are fundamental to fostering a robust safety culture (Adile et al., 2023; Christensen et al., 2022; Jakobsson et al., 2022). Training programs tailored to specific workplace risks and continuously updated in response to new hazards or regulations are essential to keep safety at the forefront of hospital priorities (Adile et al., 2023). The continuous improvement of safety practices through feedback loops and regular evaluations contributed to a dynamic safety culture that adapted to changing work conditions and emerging risks (Lundmark et al., 2024; Meese et al., 2024). Integrating safety into daily operations, rather than treating it as a separate or secondary concern, was key to ensuring sustained importance across the organization, ensuring employee well-being through the created safety culture (Adile et al., 2023; Christensen et al., 2022).

The relationship between safety culture and employee well-being is another recurring theme in the literature (Chang et al., 2024; Shirey et al., 2010). A positive safety culture reduces workplace injuries, decreases stress levels, and increases overall job satisfaction (Chang et al., 2024). When nurses perceive the workplace as safe, they experience lower anxiety and stress levels, leading to better mental health and higher job satisfaction (Vernaglia & Pamperin, 2023; Zhang et al., 2024). Conversely, a weak safety culture, where safety is not prioritized or where nurses feel unsupported in reporting hazards, is linked to higher stress levels, burnout, and even physical harm (Bakker & Demerouti, 2024; Yalçın et al., 2022).

Safety culture is also intricately linked to the broader organizational culture, highlighting the role of organizational values and norms in shaping attitudes toward

safety (Jacob et al., 2022; Lim et al., 2022). In organizations where safety is integrated into core values and practices, safety becomes a priority and a shared responsibility embedded in every aspect of work (Jacob et al., 2022; Lim et al., 2022). The integration creates a proactive safety culture where safety concerns are anticipated and addressed before incidents occur (Jacob et al., 2022; Lim et al., 2022).

Developing and maintaining a strong safety culture is a dynamic process that requires ongoing effort across multiple dimensions (Jacob et al., 2022). Leadership commitment, nurse involvement, clear communication, continuous training, and integration of safety into hospital norms are all components of a robust safety culture (Desharnais et al., 2023; Kim et al., 2023; Spencer et al., 2023). Hospitals that prioritize safety reduce the risk of workplace accidents and injuries and foster a supportive environment with enhanced nurse well-being and optimized organizational performance (Adile et al., 2023). The growing body of research on safety culture underscores the importance of a holistic, proactive approach to safety that involves all organization members in the continuous effort to create a safer, healthier workplace (Adile et al., 2023; Desharnais et al., 2023; Kim et al., 2023; Spencer et al., 2023).

Psychological Safety and Personal Resources

Psychological safety and personal resources influence employee well-being, performance, and organizational effectiveness (Eley & Hassmen, 2023; Osei et al., 2023). Psychological safety is an environment where nurses feel safe to take interpersonal risks, express ideas, ask questions, or admit mistakes without fear of judgment or retribution (Osei et al., 2023). Conversely, personal resources encompass the psychological and

emotional assets nurses draw upon to cope with challenges, resilience, self-efficacy, optimism, and social support (Eley & Hassmen, 2023). The literature underscored the importance of psychological safety and personal resources in promoting a productive, safe, healthy workplace (Bagnasco et al., 2024; Irshad et al., 2021; Osei et al., 2023).

A central theme across the literature is the role of psychological safety in enhancing nursing engagement, learning, and performance. In work environments where psychological safety is prioritized, nurses are prone to share innovative ideas, seek feedback, and collaborate openly (Bagnasco et al., 2024; Callier, 2021). Instilling psychological safety fosters a learning and continuous improvement culture where nurses feel empowered to experiment and take calculated risks without fear of failure (Osei et al., 2023). Irshad et al. (2021) further highlighted that psychological safety is needed in healthcare, where effective communication and teamwork contribute to individual and organizational success. Similarly, Bakker and Demerouti (2017) argued that psychological safety supports the development of positive work behaviors, including greater initiative, proactivity, and job satisfaction.

Psychological safety is intrinsically linked to personal resources, as the presence of psychological safety enables nurses to utilize and develop personal resources more effectively. Personal resources, emotional stability, confidence, and coping strategies help nurses manage stress and overcome challenges in the workplace (Bakker & Demerouti, 2024; Demerouti, 2018; Eley & Hassmen, 2023). Nurses with high personal resources are better equipped to handle job demands and maintain motivation, even during adversity (Bakker & de Vries, 2021). Psychological safety enhances nurses' belief

in their ability to influence outcomes, contributing to a sense of self-efficacy, a key personal resource that drives resilience and well-being (Akbolat et al., 2021). A safe and supportive work environment allows nurses to apply resources meaningfully, improving overall performance and well-being (Bakker & Demerouti, 2024; Demerouti, 2018; Eley & Hassmen, 2023).

The interaction between psychological safety and personal resources is particularly evident in studies examining workplace stress and burnout (Chang et al., 2024; Eley & Hassmen, 2023; Ferracuti et al., 2022). High levels of psychological safety can buffer the negative effects of work-related stress by giving nurses the confidence to seek help, share their concerns, and receive support from colleagues and supervisors (Cha & Lee, 2023; Ferracuti et al., 2022). Psychological safety and personal resources prevent burnout, as nurses with access to psychological safety and adequate personal resources are less likely to experience emotional exhaustion or disengagement (Eley & Hassmen, 2023). Conversely, when psychological safety and personal resources are lacking, nurses may feel isolated, unsupported, and hesitant to express their concerns, leading to higher stress levels, burnout, and decreased job satisfaction (Shao et al., 2023).

The role of personal resources in maintaining psychological well-being is another key area of focus in the literature (Bakker & Demerouti, 2024; Demerouti, 2018; Jose et al., 2024; Pariona-Cabrera et al., 2023). Personal resources, resilience, optimism, and self-efficacy are protective factors against workplace stressors and contribute to greater nursing engagement and satisfaction (Kafle et al., 2022; Lim et al., 2022; Zhang et al., 2024). The resources enable nurses to cope effectively with job demands, recover from

setbacks, and remain motivated even in challenging circumstances (Eley & Hassmen, 2023). Meese et al. (2024) further demonstrated that nurses with high personal resources are more likely to maintain a positive outlook and persevere in the face of difficulties, enhancing overall work performance. Personal resources also play a role in fostering a sense of psychological safety within teams (Jacob et al., 2022; Monte-Amor et al., 2021).

According to Jacob et al. (2022) and Monje-Amor et al. (2021), nurses with substantial personal resources are more likely to contribute to a positive and supportive team environment, enhancing psychological safety for all members. For example, nurses with high levels of emotional intelligence can better navigate interpersonal conflicts, communicate effectively, and support others, fostering trust and a sense of psychological safety within the team (Soriano-Vázquez et al., 2023). Creating a virtuous cycle where psychological safety enhances personal resources and the availability of personal resources strengthens psychological safety for the nurse and the team (Jose et al., 2024). The personal resource of social support can support nurses with lower levels of emotional intelligence, enhancing psychological safety and well-being (Soriano-Vázquez et al., 2023).

Social support is a key personal resource linked to psychological safety and well-being. Wang et al. (2023) and Yalçın et al. (2022) highlighted the importance of a supportive network of colleagues, supervisors, and mentors who can offer emotional, informational, and instrumental support. Social support gives nurses the confidence and resources needed to navigate challenges while contributing to a sense of belonging and safety within the hospital (Callier, 2021; Dijkshoorn-Albrecht et al., 2024). Work

environments with strong psychological safety empower nurses to seek and receive social support, reinforcing the sense of security and bolstering personal resources (Callier, 2021; Dijkshoorn-Albrecht et al., 2024).

The connection between psychological safety and personal resources has implications for the hospital outcomes of innovation and performance (Pariona-Cabrera et al., 2023; Wibowo & Paramita, 2022). Hospital unit leaders prioritizing psychological safety and supporting personal resource development see higher levels of creativity and innovation (Pariona-Cabrera et al., 2023; Wibowo & Paramita, 2022). Nurses who feel safe to propose new ideas and take risks are more likely to engage in creative problem-solving and contribute to organizational growth, particularly in hospital settings where innovation maintains competitiveness and adapts to change (Wibowo & Paramita, 2022).

Psychological safety and personal resources are deeply interconnected and contribute to a healthy, productive, and innovative work environment Osei et al., 2023). Psychological safety provides the foundation for nurses to utilize their resources effectively (Osei et al., 2023). In contrast, personal resources enhance nurses' ability to cope with stress, engage with challenges, and contribute to a positive hospital culture (Eley & Hassmen, 2023; Jacob et al., 2022; Monje-Amor et al., 2021). The interaction between psychological safety and personal resources is essential for fostering well-being, preventing burnout, and promoting nursing engagement (Kafle et al., 2022; Lim et al., 2022; Zhang et al., 2024). Hospital unit leaders who cultivate psychological safety and personal resources will likely experience improved performance, higher job satisfaction, and more significant innovation, making the concepts a focus for researchers,

organizations, and hospital unit leaders (Eley & Hassmen, 2023; Kafle et al., 2022; Lim et al., 2022; Zhang et al., 2024).

Leadership Support

Leadership support shapes nursing well-being and organizational outcomes (Alluhaybi et al., 2023). Leadership support refers to hospital unit leaders' tangible and emotional assistance provided to nurses, fostering a work environment that enhances motivation, job satisfaction, engagement, and performance (Alluhaybi et al., 2023; Mudallal et al., 2023). The literature revealed a strong connection between leadership support and various workplace outcomes, reduced stress, improved job performance, greater job satisfaction, and enhanced team dynamics (Galanis et al., 2024). The multifaceted role of leadership support affects nursing well-being, work outcomes, and organizational effectiveness (Alluhaybi et al., 2023).

A theme across the literature was the relationship between leadership support and employee well-being (Alluhaybi et al., 2023; Galanis et al., 2024; Mudallal et al., 2023). Studies demonstrated that supportive leadership reduces stress, burnout, and emotional exhaustion (Kohnen et al., 2024; Zhang et al., 2024). For instance, leaders who provide clear communication, emotional support, and constructive feedback help mitigate job stressors (Al Yahyaei et al., 2022; Irshad et al., 2021; Shirey et al., 2010). In healthcare, leadership support buffers the negative effects of work demands (Kohnen et al., 2024). Nurses report that the outcomes when hospital unit leaders are supportive are lower levels of burnout, greater job satisfaction, and improved psychological health (Bagnasco et al., 2024; Ferracuti et al., 2022). When jobs are emotionally demanding with high workloads

and interpersonal challenges, supportive leadership fosters resilience, increases employee engagement, and provides security, decreasing nursing turnover (Irshad et al., 2021; Kohnen et al., 2024; Shirey et al., 2010).

In addition to well-being, leadership support is closely linked to employee engagement and performance (Bakker & Demerouti, 2017; Lundmark et al., 2024; Meese et al., 2024). Supportive leadership enhances employee engagement by promoting psychological safety and empowerment (Bakker & Demerouti, 2017; Lundmark et al., 2024; Meese et al., 2024). When hospital unit leaders are responsive, approachable, encourage autonomy, offer resources, and acknowledge nurses' contributions, nurses are more likely to invest in their work, leading to higher motivation and performance (Cardiff et al., 2023; Irshad et al., 2021; Shirey et al., 2010).

When nurses perceive hospital unit leaders as approachable and responsive, the result is an environment where nurses feel comfortable taking initiative, sharing ideas, and collaborating with others (Cardiff et al., 2023; Chao et al., 2024; Conroy et al., 2023; Holtan et al., 2024; Phillips & Priddy, 2023; Wibowo & Paramita, 2022; Ystaas et al., 2023). Leadership support fosters a positive and productive atmosphere in hospital environments that require high levels of coordination and teamwork (Ystaas et al., 2023). In a productive and positive work environment, nurses are also engaged in further professional growth through professional development programs (Jacob et al., 2022).

Leadership support facilitates professional development (Jacob et al., 2022; Wang et al., 2023). Hospital unit leaders who provide mentorship, opportunities for skill development, and career advancement significantly impact employee growth and

satisfaction (Jacob et al., 2022; Wang et al., 2023). Supportive hospital unit leaders help nurses build their competencies and confidence by offering feedback, guidance, and learning opportunities, resulting in improved job performance and organizational commitment (Wibowo & Paramita, 2022). In healthcare, ongoing professional development is essential for personal and organizational growth (Pariona-Cabrera et al., 2023; Woodward & Willgerodt, 2022). Organizational growth leads to team cohesion and an organizational culture of safety (Tummers & Bakker, 2021).

Hospital unit leadership support is key to team cohesion and organizational culture. Tummers and Bakker (2021) and Yalçın et al. (2022) underscored the role of leadership in fostering an inclusive and supportive team environment. Hospital unit leaders who promote open communication, mutual respect, and collaboration contribute to stronger interpersonal relationships among team members, enhancing team cohesion and overall organizational performance (Boakye et al., 2021; Yalçın et al., 2022).

The ability of hospital unit leaders to manage conflict, provide clarity, and offer encouragement helps create an environment where nurses feel safe, valued, and connected to their teams (Boakye et al., 2021; Yalçın et al., 2022). In organizations with high leadership support, nurses are more likely to engage in constructive teamwork, share knowledge, and contribute to collective goals, ultimately improving organizational outcomes (Al Yahyaei et al., 2022; Irshad et al., 2021). Leadership support also assists employees in managing job demands (Bakker & Demerouti, 2024).

The literature also suggests that leadership support moderates the relationship between job demands and employee outcomes (Bakker and Demerouti, 2024; Pariona-

Cabrera et al., 2023; Wei et al., 2023). Bakker and Demerouti (2024) explained that leadership support can act as a buffer against the negative effects of high job demands of stress and burnout. In hospital units with high demands, nurses who perceive their leaders as supportive are more likely to cope effectively with stressors, recover from setbacks, and maintain high levels of job performance (Pariona-Cabrera et al., 2023; Wei et al., 2023). The buffering effect is particularly significant in hospitals with high emotional labor and job demands (Ferracuti et al., 2022; Yang et al., 2024). In hospital settings, supportive leadership provides the resources, feedback, and emotional reassurance needed for nurses to manage stress and perform effectively, reducing turnover (Pariona-Cabrera et al., 2023).

Leadership support influences nurse retention and organizational loyalty (Christianson et al., 2024; Conroy et al., 2023). When hospital unit leaders are supportive, nurses are more likely to stay with the organization long-term (Mabona et al., 2022; Wei et al., 2023). Supportive leadership creates a sense of trust and loyalty, reducing turnover intentions and fostering organizational commitment (Christianson et al., 2024; Conroy et al., 2023; Pariona-Cabrera et al., 2023).

Fostering commitment in the hospital and reducing turnover intentions is required in nursing because of high turnover rates (Navarro-Abal et al., 2023). The cost of employee turnover can be significant (Meese et al., 2024). By providing a supportive work environment, hospital unit leaders can improve employee retention and create a stable and positive organizational culture that enhances overall performance (Navarro-

Abal et al., 2023). Leadership styles also affect the organizational culture and influence employees' responses to the organizational culture (Conroy et al., 2023).

Individual differences can influence the effectiveness of leadership support based on contextual factors and the leadership style employed (Conroy et al., 2023). Transformational leadership, characterized by inspiration, motivation, and individualized support, was found to have a powerful positive effect on nurse outcomes (Conroy et al., 2023; Othman, 2022; Ystaas et al., 2023). In contrast, transactional leadership may be less effective in promoting well-being and engagement. (Bakker et al., 2005; Lim et al., 2022). Leadership support must align with nurses' needs and preferences (Capozza & Falvo, 2023; Yalçın et al., 2022). Considering nurses' unique challenges, personalized support can lead to more effective outcomes than one-size-fits-all approaches to influence employee well-being and engagement (Yalçın et al., 2022; Lundmark et al., 2024).

Leadership support shapes employee well-being, engagement, and performance (Lundmark et al., 2024; Pariona-Cabrera et al., 2023). Through emotional, psychological, and professional support, leaders can help employees navigate job demands, reduce stress, and foster a positive and safe work environment (Agnew, 2022). Supportive leadership increases employee motivation, job satisfaction, and performance while enhancing team dynamics and organizational culture by buffering the adverse effects of job demands (Christianson et al., 2024; Conroy et al., 2023; Navarro-Abal et al., 2023; Pariona-Cabrera et al., 2023).

Leadership support plays a role in buffering the adverse effects of job demands, improving nursing retention, and promoting professional growth (Cardiff et al., 2023;

Hamming, 2023; Pariona-Cabrera et al., 2023). As organizations face increasingly complex challenges, the role of leadership support in fostering a resilient and engaged workforce will continue to be a key factor in determining organizational success (Al Yahyaei et al., 2022; Alluhaybi et al., 2023; Irshad et al., 2021; Lundmark et al., 2024; Mudallal et al., 2023; Pariona-Cabrera et al., 2023).

Turnover Intention

Turnover intention, the psychological state in which employees contemplate leaving their current organization, is an issue for hospital unit leaders seeking to retain talent and reduce the costs associated with nursing turnover (Al Yahyaei et al., 2022; Bellon, 2023; Wang et al., 2023; Wei et al., 2023). The literature on turnover intention highlights various factors contributing to nurses' decisions to leave the job, including job satisfaction, organizational commitment, leadership support, work stress, work environment, and personal circumstances (Carlucci & Fitzpatrick, 2024; Holtan et al., 2024; Kohnen et al., 2024; Rothbart et al., 2024; Yeh et al., 2020). Researchers have explored the antecedents, consequences, and strategies to mitigate turnover intention, emphasizing the need for hospital unit leaders to address individual and organizational factors to enhance retention (Mabona et al., 2022; Pariona-Cabrera et al., 2023; Poku et al., 2022; Woodward & Willgerodt, 2022).

Job satisfaction is a key predictor of turnover intention (Akbolat et al., 2021; Al Yahyaei et al., 2022; Mabona et al., 2022). Akbolat et al. (2021) and Al Yahyaei et al. (2022) found that nurses who are dissatisfied at work, whether due to the factors of insufficient compensation, lack of career advancement opportunities, or poor work

conditions, are more likely to consider leaving their current employer. When unmet expectations are present, the emotional and cognitive dissatisfaction nurses experience leads to a desire for change, which is reflected in higher turnover intentions (Al Yahyaei et al., 2022). Job dissatisfaction can lead to emotional exhaustion, disengagement, and a reduced sense of organizational commitment, amplifying turnover intentions (Meese et al., 2024; Shirey et al., 2010).

Organizational commitment plays a significant moderating role in the turnover intention process (Meese et al., 2024). Nurses who feel strongly attached to the organization are less likely to entertain thoughts of leaving, even when faced with challenges or stressors (Woodward & Willgerodt, 2022). Conversely, when organizational commitment is low, the turnover intention is higher (Yang et al., 2024). The lack of emotional attachment to the organization and a perceived lack of alignment between personal and organizational values exacerbates nurses' inclination to leave (Callier, 2021; Cha & Lee, 2023). Organizational culture, leadership quality, and career development opportunities foster commitment (Yang et al., 2024). Hospital unit leaders who invest in building strong relationships with nurses, providing recognition, and supporting career growth strengthen nurses' connection to the organization and decrease perceived work stress, which is more likely to reduce turnover intention (Carlucci & Fitzpatrick, 2024; Hamming, 2023; Pariona-Cabrera et al., 2023).

Work stress is another significant predictor of turnover intention (Carlucci & Fitzpatrick, 2024; Rothbart et al., 2024). High job demands, lack of autonomy, and role ambiguity often lead to stress, eroding job satisfaction, and organizational commitment

(Bakker & Demerouti, 2017; Bakker et al., 2005; Kohnen et al., 2024). Nurses experiencing chronic work-related stress are more likely to consider leaving the job to alleviate the strain caused by the job demands (Rothbart et al., 2024; Wang et al., 2023). Stressful work environments, where nurses are overburdened, unsupported, or experience constant conflict, contribute to burnout, emotional exhaustion, and disengagement, ultimately escalating turnover intention (Rothbart et al., 2024; Wang et al., 2023). Work-life conflict, where nurses struggle to balance professional and personal responsibilities, is a significant factor in turnover intention and can be mitigated through leadership support (Yang et al., 2024; Wibowo & Paramita, 2022).

As discussed previously, leadership support influences turnover intention. Hospital unit leaders who provide support, guidance, and recognition can mitigate the adverse effects of stress, enhance job satisfaction, and foster organizational commitment, thereby reducing turnover intentions (Hamming, 2023; Pariona-Cabrera et al., 2023). Supportive leadership is a strong deterrent against turnover intention (De Raeve et al., 2023; Monje-Amor et al., 2021). Hospital unit leaders who actively engage with nurses, provide clear communication and offer opportunities for professional development are more likely to reduce feelings of isolation or frustration, often precursors to turnover (Boakye et al., 2021; Cardiff et al., 2023; Holtan et al., 2024; Yalçın et al., 2022). Conversely, leadership styles characterized by poor communication, lack of support, and micromanagement contribute to dissatisfaction and a negative work environment, increasing the likelihood of turnover (Hamming, 2023; Thompson et al., 2022).

The work environment and organizational culture influence turnover intention (Horvath & Carter, 2022; Othman, 2022; Pressley & Garside, 2023; Yang et al., 2024). A toxic organizational culture characterized by poor interpersonal relationships, lack of collaboration, inequitable treatment, and an unsafe work environment can significantly increase turnover intention (Cardiff et al., 2023; Christianson et al., 2024). Nurses who feel undervalued or work in environments marked by conflict, discrimination, or poor morale are likelier to seek employment elsewhere (Hamming, 2023; Woodward & Willgerodt, 2022). Similarly, a lack of work-life balance, economic factors, personal circumstances, poor physical working conditions, insufficient job resources, and unsafe work environments influence nurses' desire to leave (Conroy et al., 2023; Schaechter et al., 2023; Yang et al., 2024;).

Economic factors and personal circumstances contribute to turnover intention (Schaechter et al., 2023). Nurses may experience a rise in turnover intentions due to external factors, better financial incentives, benefits, or career opportunities elsewhere (Christianson et al., 2024; Sanborn, 2023). When employees perceive that other organizations offer more attractive packages or growth opportunities, commitment to the current organization may diminish (Mabona et al., 2022; Poku et al., 2022). The personal factors of family responsibilities, health issues, or life stage can also drive turnover intentions, particularly when nurses feel that their current jobs do not accommodate their needs (Somani et al., 2021; Tamata & Mohammadnezhad, 2023).

Conversely, strategies to mitigate turnover intention focus on improving job satisfaction, strengthening organizational commitment, and reducing work-related stress

(Mabona et al., 2022; Pariona-Cabrera et al., 2023; Poku et al., 2022; Woodward & Willgerodt, 2022). Creating opportunities for nurse development, recognizing and rewarding achievements, and improving leadership quality are effective ways to foster greater nursing engagement in the organization and reduce turnover (Boakye et al., 2021; Cardiff et al., 2023; Holtan et al., 2024; Yalçın et al., 2022). Callier (2021) and Lim et al. (2022) argued that hospital unit leaders who focus on nurse well-being, provide meaningful work, and offer flexibility in job roles will likely reduce turnover intentions. Providing job resources, mentorship, training, and mental health support can improve nurses' coping mechanisms and aid in dealing with job stress, ultimately lowering the likelihood of turnover (Meese et al., 2024).

A complex interplay of factors, including job satisfaction, organizational commitment, leadership support, work stress, the work environment, and personal circumstances, influences turnover intention (Carlucci & Fitzpatrick, 2024; Holtan et al., 2024; Kohnen et al., 2024; Rothbart et al., 2024; Yeh et al., 2020). Although job dissatisfaction and stress are major drivers of turnover, supportive leadership, a positive and safe work environment, and organizational commitment can significantly reduce the likelihood of turnover (Christianson et al., 2024; Conroy et al., 2023; Hamming, 2023; Navarro-Abal et al., 2023; Pariona-Cabrera et al., 2023; Thompson et al., 2022). Hospital unit leaders aiming to retain talent must focus on improving leadership practices, enhancing the work environment, and offering meaningful opportunities for growth and development (Horvath & Carter, 2022; Lee & Min-Ho, 2023; Monje-Amor et al., 2021; Othman, 2022; Pressley & Garside, 2023). By addressing these factors, hospital unit

leaders can mitigate turnover intention, reduce costs, and foster a more engaged and committed workforce.

Conceptual Framework

Job Demands-Resource Model

The theory and concept that grounded this study is the job demands-resource model developed by Demerouti et al. (2001) to explain the relationship between job demands and job resources related to employee burnout. Demerouti et al. created the job demands-resource model to expand on the 1979 job-demands-control model and the 1988 demand-control-support model (Johnson & Hall, 1988; Karasek, 1979). The job demands-resource model evolved into a theory in 2011, as Bakker and Demerouti (2017) presented, focusing on employee well-being. The theory states that as job resources increase, job demands decrease, and employee well-being increases, decreasing turnover (Demerouti et al., 2001).

The logical connections between the framework presented and the nature of my study include using the job demands-resource model to understand the effective strategies participants use to prevent/mitigate nurses' burnout and turnover intention and increase employee well-being. Job resources can mitigate the effects of some job demands. Providing job resources enables employees to increase work engagement, enhance positive personal resources, and enhance well-being while decreasing burnout (Bakker & Demerouti, 2017). The job demands-resource theory complements my study as nurses need resources to mitigate the job demands of feeling overworked, perceived lack of

support, and physical demands, which will enhance employee well-being and decrease nursing turnover (Pariona-Cabrera et al., 2023).

The job demands in healthcare settings are often intense, including long hours, high patient loads, emotional labor, and the potential for physical injury (Bakker et al., 2005; Bakker & de Vries, 2021). The demands can lead to burnout and emotional exhaustion, significant turnover predictors (Bakker & Demerouti, 2017). The job demands-resource model suggests that when job demands are high and job resources are insufficient, nurses are at an increased risk of burnout, stress, and ultimately leaving the profession (Bakker & de Vries, 2021). Job resources, social support, autonomy, professional development opportunities, and a safe physical working environment can mitigate the adverse effects of the demands (Bakker et al., 2005; Bakker & Demerouti, 2017).

For nurses, social support from colleagues and supervisors can help alleviate the emotional toll of patient care, assist with workload management, and foster a sense of community in the workplace (Bakker et al., 2005; Bakker & de Vries, 2021; Pressley & Garside, 2023). Autonomy and control over work are also needed job resources, allowing nurses to make decisions about patient care and manage their work processes, reducing stress and increasing job satisfaction (Bakker et al., 2005; Bakker & Demerouti, 2017). A safe physical working environment, including appropriate staffing levels, proper safety equipment, and protection from workplace violence, can further reduce stress and prevent burnout by buffering the effects of job demands (Bakker & Demerouti, 2024; Irshad et al., 2021; Pressley & Garside, 2023).

One of the key insights of the job demands-resource model is that job resources can buffer the impact of high job demands (Bakker et al., 2005). In nursing, organizational efforts to ensure a safe and supportive work environment can help mitigate the negative effects of high job demands of emotional exhaustion and physical fatigue, common causes of burnout (Bakker et al., 2005). According to Bakker et al. (2005), job resources like adequate staffing levels, support from management, and access to training and development opportunities can buffer the relationship between job demands and burnout. Job resources are especially needed in healthcare, where nurses often face overwhelming emotional and physical demands (Soriano-Vázquez et al., 2023).

Ensuring a safe working environment reduces the risks of physical injury, stress, and burnout (Balducci et al., 2024). For example, providing nurses with proper protective equipment, ensuring safe staffing ratios, and maintaining a work environment that minimizes the risk of exposure to infections and workplace violence can significantly reduce the psychological and physical strain of the job (Bakker et al., 2005; Bakker & de Vries, 2021; Balducci et al., 2024). Bakker and Demerouti (2024) emphasized the role of organizational interventions that enhance job resources in reducing stress and preventing burnout. In nursing, reducing stress and preventing burnout involves ensuring a safe working environment and fostering a culture where nurses feel supported by their peers and supervisors, allowing nurses to use personal resources effectively (Balducci et al., 2024).

While job resources are essential, the individual resources of self-regulation, resilience, and coping skills play a significant role in helping nurses manage job demands

(Bakker & de Vries, 2021). Bakker and de Vries (2021) highlighted the importance of self-regulation in buffering the effects of job demands on burnout. Nurses who can effectively manage emotions, cope with stress, and maintain a sense of well-being are less likely to experience burnout, even in high-pressure situations (Agnew, 2022; Bakker et al., 2005; Bakker & de Vries, 2021; Pressley & Garside, 2023). Hospital unit leaders should consider investing in programs that support the development of personal resources, resilience training, stress management techniques, and mental health resources to help nurses cope with the emotional toll of their work (Eley & Hassmen, 2023; Pariona-Cabrera et al., 2023).

Individual coping strategies can also be integrated into the JD-R framework to support nurses. Providing opportunities for professional development, teaching stress management techniques, and promoting a culture of work-life balance can enhance nurses' resources, enabling them to manage job demands more effectively and maintain higher levels of engagement and job satisfaction (Demerouti, 2018). Hospital unit leaders can enhance retention and reduce turnover rates by equipping nurses with the tools to regulate emotions and cope with stress.

The JD-R model emphasizes that job resources help mitigate burnout and promote work engagement, characterized by vigor, dedication, and absorption (Bakker & Demerouti, 2017). Nurses who are highly engaged in their work are more likely to be satisfied with their jobs and are less likely to leave the profession (Bakker & Demerouti, 2017; Bakker et al., 2023; Rothbart et al., 2024). Providing the job resources of regular feedback, opportunities for career advancement, and a safe working environment can

foster engagement and reduce the likelihood of turnover (Bakker & Demerouti, 2017; Bakker et al., 2023). Bakker et al. (2023) noted that when employees feel supported and valued, they are more likely to stay in their roles and contribute positively to their teams.

When nurses perceive their workplace as a safe and supportive environment, they are likelier to experience higher job satisfaction, a sense of commitment, and lower turnover intentions. A safe work environment is needed in healthcare since turnover can lead to staffing shortages, increased workloads, and further stress for remaining staff (Hoover et al., 2024; Pressley & Garside, 2023). A focus on creating a safe working environment, both physically and psychologically, can reduce burnout, improve work engagement, and ultimately decrease nursing turnover (Hoover et al., 2024; Pressley & Garside, 2023).

The JD-R theory provides a comprehensive framework for understanding the factors influencing nursing turnover (Bakker et al., 2005; Bakker & Demerouti, 2017; Bakker & de Vries, 2021). In nursing, the job demands of long hours, high patient loads, and emotional labor can lead to burnout and turnover (Bakker et al., 2005; Bakker & de Vries, 2021). The job resources of social support, autonomy, professional development opportunities, and a safe working environment can buffer the negative effects of the demands, promoting engagement, well-being, and job satisfaction (Bakker et al., 2005; Bakker & Demerouti, 2017). A safe working environment, including proper staffing, physical safety measures, and psychological support, reduces burnout and enhances motivation, ultimately contributing to lower turnover rates (Bakker et al., 2005; Bakker & de Vries, 2021). By focusing on job and personal resources, hospital unit leaders can

create a safe work environment that reduces nursing turnover and improves patient care and organizational performance.

Transition

The qualitative pragmatic study explored successful strategies hospital unit leaders employed to create and maintain a safe work environment to decrease nursing turnover. In this section, I reviewed professional and academic literature, and the conceptual framework related to the purpose of the study. The literature review provided an overview of the existing literature frameworks and findings while also discussing the contrasting frameworks related to the impact of a safe working environment for nurses to decrease turnover. The section discussed the job demands-resource theory, depicting how hospital unit leaders can influence job demands and resources to decrease nursing burnout, increase well-being, and decrease nursing turnover.

Section 3 includes information about my research approach, including (a) project ethics; (b) the nature of the project; (c) population, sampling, and participants; (d) data collection activities; (e) interview questions; (f) data organization and analysis plan; and (g) reliability and validity of the study.

Section 4 addresses the findings and conclusions, including (a) presentation of the findings, (b) business contributions and recommendations for professional practice, (c) implication for social change, (d) recommendations for future research, and (e) conclusion of the qualitative pragmatic study.

Section 3: Research Project Methodology

Qualitative research methodology is concerned with the experiences of people and the meanings attached to the experiences (Mays & Pope, 2020). As the researcher, I gathered descriptive data from hospital unit leaders' experiences of successfully implementing strategies to maintain a safe working environment to decrease nursing turnover through reviewing the current literature, publicly available organizational documents, public records, and semistructured interviews. In Section 3, I explain my role as an ethical researcher, the nature of the project, a description of the participants, the activities I used for data collection, and how I ensured the validity and reliability of the study.

Project Ethics

As a nurse for over 20 years, I take ethical considerations seriously. As a new researcher, I built upon this knowledge by understanding the ethical responsibilities of a researcher. I upheld the principles of respect for people, beneficence, and justice as described in *The Belmont Report* (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1979). Contained within the *Belmont Report* guidance is the informed consent process (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1979). I advised participants of the purpose of the research, risks and expected benefits, time commitment for participation, the opportunity to ask questions, and the ability to withdraw from participation at any time (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1979). To withdraw from the research project,

participants only needed to state the desire to withdraw verbally, via email, or via text message.

I did not offer incentives for participating in the research study. To maintain the ethical protection of participants, I masked all participants and organizations mentioned throughout the interviews. I also maintained the data collected in a password-protected hard drive, which I will save for 5 years to protect the rights of all participants. After 5 years, the hard drive will be disposed of so as not to allow the retrieval of the information. I also obtained approval from the Walden University Institutional Review Board (IRB), approval No. 01-16-25-1206040.

Nature of the Project

The specific research design was a pragmatic inquiry design to address the research questions in this qualitative study. A pragmatic inquiry design was appropriate for my study because, according to Mays and Pope (2020), qualitative research is concerned with the experiences of people and the meanings attached to the experiences. My study gathered descriptive data about hospital unit leaders' experiences, which could not be captured in numbers as required for quantitative and mixed-method studies. The intent of the research was to identify and explore effective strategies used by hospital unit leaders through their personal experiences of successfully enhancing employee well-being by creating and maintaining a safe work environment. The qualitative method was appropriate for gathering and analyzing the study data.

The pragmatic research design has three principles: research needs to (a) uncover useful and actionable knowledge, (b) enable researchers to analyze the experiences,

knowledge, and actions of the study participants, and (c) develop a view of the organizational processes to answer the research question (Kelly & Cordeiro, 2020). The pragmatic inquiry research design was most suited for the study as pragmatic inquiry provided a framework for answering the research question.

Population, Sampling, and Participants

For my research design, I identified hospital unit leaders who successfully implemented strategies to maintain a safe work environment and decrease nursing turnover rates in the United States. In identifying the successful implementation of strategies and decreased nursing turnover, hospital unit leaders confirmed that their strategies decreased the number of adverse events involving harm to nurses and nursing turnover by a minimum of 25% each. To mitigate limitations associated with participant recruitment, I used a multifaceted sampling procedure that involved purposive and snowball sampling.

Purposeful sampling involved selecting participants who could directly answer the research question based on the researcher's expertise (Bisht, 2024). Meanwhile, snowball sampling involved participants referring other leaders who met the inclusion criteria (Ferreira Aydogdu, 2023). Using purposive and snowball sampling techniques, I targeted hospital unit leaders with the inclusion criteria. Inclusion criteria for the study were current hospital unit leaders in the United States who had successfully implemented strategies to maintain a safe work environment and who decreased nursing turnover.

To obtain participants, I accessed member profiles through the American Nurses Association (ANA) and LinkedIn to determine who was a hospital unit leader. Using the

ANA member database, I obtained current hospital unit leaders' email addresses and emailed prospective participants. For the hospital unit leaders identified through a search on LinkedIn, I privately messaged the participants via a LinkedIn message. In the initial email and LinkedIn message, I provided information related to the study, including inclusion criteria, and asked the potential participants to email me if they were interested in being part of the study. I then contacted the participants, provided them with further information about the study, and asked for confirmation that they met the inclusion criteria. I then scheduled interviews and discussed the informed consent process that was managed via electronic signatures and subsequent verbal consent at the start of the interviews with the hospital unit leaders who were interested and met the inclusion criteria. As a hospital unit leader, I created a working relationship with the participants through shared experiences and understanding of an unsafe work environment leading to nursing turnover.

Data Collection Activities

As the primary data collection instrument to obtain participants, I conducted six semistructured interviews via Microsoft Teams to learn about the participants' experiences implementing successful strategies to maintain a safe work environment and decrease nursing turnover. The interview protocol is listed in Appendix A. The interview protocol provided a script for the interviews and a script for the member checking touchpoint. To establish the number of interviews needed to create a reliable and validated study, I consulted the formula for determining qualitative research sample sizes presented by Sharma et al. (2024).

According to Sharma et al. (2024), the formula for determining sample size in qualitative research is: sample size (*n*) = (scope x characteristics)/expertise + or – resources. In the equation, the scope of research has a score dependent upon the intent of the study: 1 = to review the current state, 2 = to understand participants' experiences, and 3 = to explain a new system (Sharma et al., 2024). The scope score was 2 for the qualitative pragmatic inquiry study I conducted, as I was seeking to understand the participants' experiences. The characteristics refer to the number of roles needed for the study.

In my study, I only intended to interview hospital unit leaders, making the score for characteristics one (Sharma et al., 2024). Next in the equation is experience; as I was a new researcher, the score is one. The final measurement of the equation was resources. Resources in the equation refer to the length of time needed for the study and the monetary costs of the study (Sharma et al., 2024). Since I had the resources needed for the study, I did not have a resource score for the equation. The equation for my study was: $n = (2 \times 3)/1$. According to the equation, my sample size should be six participants. Data saturation was achieved through the six interviews.

I performed member checking to enhance reliability and validate the data transcribed following the interviews. I created an interview summary and reviewed the summaries with the participants in phone meetings, ensuring a valid understanding of the answers given during the interview. The participants did not identify any discrepancy between my perception and the participant's intent. Therefore, I retained the original

information from the interview and interview summary. Performing member checking allowed me, the researcher, to ensure a reliable and valid study.

Interview Questions

1. What effective strategies did you use to maintain safety in the work environment and decrease nursing turnover?
2. Which strategies do you believe were the most successful and why?
3. Did you face challenges when implementing these effective strategies, and if so, what were the challenges?
4. If you faced challenges, what business approaches or processes did you use to mitigate the impact of these challenges?
5. What do you believe are the most significant barriers to safety in your work environment?
6. What additional information regarding maintaining a safe work environment and its impact on nursing turnover would you like to share?

Data Organization and Analysis Techniques

The tools and techniques for organizing and managing qualitative research data in a pragmatic inquiry study design are varied. Qualitative researchers utilize standardized data organization, analysis, and reporting tools, with Dedoose, HyperResearch, and NVivo being popular tools for data organization and thematic coding (Williams & Moser, 2019). I used NVivo for data organization and thematic coding as thematic coding was a required process for data analysis, and NVivo is the software I was most familiar with. According to Castleberry and Nolen (2018), thematic analysis leads to reporting patterns

in qualitative research. The thematic analysis process involved (a) transcribing the interview data verbatim, (b) coding the data, (c) compiling the codes into themes, (d) analyzing and comparing how the themes relate to each other and the data by mapping the themes, and (e) using the codes, themes, and thematic map to answer the research question (Yin, 2015). The five steps of Yin's model are compiling, disassembling, reassembling, interpreting, and concluding. I used the data organization process by coding the verbatim responses based on themes using NVivo for thematic analysis. I used specific security measures to protect participant data, including storing all electronic data on a password-protected hard drive and any physical data in a locked safe. Data retention, as previously described, includes storing all data related to the research project for 5 years, followed by destroying all data.

Reliability and Validity

Reliability

To ensure reliability and dependability in the research process, including collecting data from diverse sources and employing member checking and data triangulation, I obtained data from semistructured interviews, publicly available organizational documents, and public records/previous reviews. Triangulation involves investigating multiple data sources, for example, interviews and archives, to obtain multiple perspectives and enhance reliability (Arias Valencia, 2022). Gathering data from the various source types allowed the researcher to ensure a comprehensive approach to reduce the potential of bias and increase the credibility of the study.

Validity

To ensure validity and credibility, researchers must represent the research question (Olmsted, 2024). In qualitative research, validity is based on understanding the experiences and possible biases the researcher and the participants have that may influence perspectives of the study topic (Olmsted, 2024). Qualitative research views truth as validity; while multiple realities may exist among the population, the truth experienced by the participant is that person's truth (Olmsted, 2024).

Meanwhile, Bhangu et al. (2023) explained that qualitative research provides rigorous, theoretical, and rational techniques for analyzing subjective phenomena. Member checking is a technique to enhance the accuracy of data collected through interviews (Birt et al., 2016). To perform member checking, I created interview summaries and met with the participants via phone to review the questions and summary, asking the participants to confirm that the perceptions I captured were what the participants intended to relay. Performing member checking ensured the accuracy of the findings. Performing member checking in this manner ensured that I accurately reflected the participants' perspectives, enhancing the credibility of my study.

I provide detailed descriptions of the research context, participant demographics, and findings addressing transferability. Through thorough documentation, future researchers can use the information to test the results' applicability to other contexts and apply my findings' outcomes to future research. To ensure confirmability, I maintained an audit trail documenting my research activities, decisions, and justifications to help verify that the findings were bound to the data and free from researcher bias. Finally, I

ensured data saturation by continuing interviews until no new themes or information emerged. Achieving data saturation demonstrates that the findings are rich and exhaustive, ensuring all perspectives are relayed. Member checking, triangulation, and complete documentation ensure reliability and validity.

Transition and Summary

The qualitative pragmatic inquiry study identified and explored hospital unit leaders' effective strategies to maintain a safe work environment to decrease nursing turnover. As nurses exit the hospital setting, patient outcomes decline, hospital revenue declines, and nursing workloads increase, leading to further turnover (Bellon, 2023; Hoover et al., 2024).

Effective retention of nursing staff emerged as a pivotal solution to mitigate the adverse impacts of nursing turnover. Unsafe work environments significantly contributed to nurse turnover, underscoring the urgent need for hospital unit leaders to prioritize creating safe work environments (Al Yahyaei et al., 2022; Haddad et al., 2023). Healthcare organizations and hospital unit leaders must invest in providing a safe work environment to retain nurses. By maintaining nurses on the job, healthcare organizations will not have the costs associated with turnover, providing the organizations the funds to remain in business and the staffing levels to continue providing access to care for the community.

Section 3 examined my research approach containing (a) the project ethics, (b) the nature of the project, (c) population, sampling, and participants, (d) data collection activities, (e) interview questions, (f) data organization and analysis techniques, and (g)

reliability and validity. Section 4 addresses the findings and conclusions of the study, including (a) the presentation of the findings, (b) business contributions and recommendations for professional practices, (c) implication for social change, (d) recommendations for future research, and (e) the conclusion of the pragmatic inquiry study.

Section 4: Findings and Conclusions

Presentation of the Findings

As nurses exit the hospital setting, patient outcomes decline, hospital revenue declines, and nursing workloads increase, leading to further turnover (Bellon, 2023; Hoover et al., 2024). Effective retention of nursing staff emerged as a pivotal solution to mitigate the adverse impacts of nursing turnover. Grounded in the job demands-resource theory, this qualitative pragmatic inquiry identified and explored effective strategies that some U.S.-based hospital unit leaders used to successfully maintain safety in the work environment, which decreased nursing turnover.

The research question for this study was: What effective strategies do hospital unit leaders in the United States use to maintain safety in the work environment to decrease nursing turnover? The findings revealed four main themes: challenge identification, supportive environment, security, and communication and training. Section 4 breaks down the elements of the JD-R theory based on the six interviews completed. The breakdown offers a comprehensive understanding of the impact that job resource strategies have on nursing job satisfaction and well-being to decrease nursing turnover. The conceptual framework developed by Demerouti et al. (2001) offered a foundation for demonstrating the impact of job demands and the availability of job resources on turnover intention and the perception of a safe work environment. To protect the identities of the six research participants, I coded participants as P1, P2, P3, P4, P5, and P6.

Theme 1: Challenge Identification

The challenge identification theme demonstrates the need to identify the job demands adversely affecting the sense of a safe work environment. The six interview participants provided input for the theme, with 106 references in the database of study codes describing strategies hospital unit leaders use to identify job demands that influence turnover and the sense of an unsafe work environment. The participants explained the need to understand the challenges, which allowed for the creation of strategies and resources to mitigate the impact of the job demands (see Table 1). Four subthemes were identified: lack of support and resources, operational complexity, patient/family aggression, and societal changes. Hospital unit leaders use the challenges to create interventions and supply resources to create a safe work environment (Gaspar et al., 2024; Ring & Hult, 2025).

Table 1

Theme 1: Challenge Identification Subthemes

Subtheme	No. of sources	Frequency
Lack of Support and Resources	6	50
Operational Complexity	6	24
Patient/Family Aggression	5	23
Societal Changes	4	19

Subtheme 1: Lack of Support and Resources

All six participants identified a lack of support and resources for nurses as an identified job demand adversely affecting the sense of a safe work environment. According to the participants, the lack of support and resources includes the lack of security equipment, security officers, safety plans, community resources, mental health

facilities, community support, judicial support, and leadership support. Demerouti et al. (2001) explained that as the lack of resources increases, the impact of job demands increases, creating burnout and an intention to leave the job. The six participants reported that the lack of resources and support leads to burnout or job dissatisfaction, which can lead to turnover. As P5 stated, "I left the ER in 2015 after 15 years of ER nursing because I was tired of getting what I felt was unnecessary harassment, anger, and physical aggressiveness." Recognition of workplace challenges, as related to maintaining a safe work environment, is required to enable leaders to create strategies to mitigate demands (Ahmed & Timmins, 2024; AlZahrani et al., 2023; Bagnasco et al., 2024; Christensen et al., 2022; Dean et al., 2021; Gaspar et al., 2024; Meacham et al., 2023; Orewa et al., 2025; Sull & Sull, 2024; Tummers & Bakker, 2021; Wahid et al., 2024).

Lacking security equipment, officers, and a safety plan creates a challenge for nurses who expect to be safe in the work environment. Orwea et al. (2025) explained that nurses do not feel safe when security is late to respond and when security plans are not in place or communicated, contributing to a sense of an unsafe environment due to the lack of security resources. Previous research demonstrated that the sense of an unsafe work environment for nurses was directly related to an insufficient number of security personnel and a lack of security planning (Ferreira Aydogdu, 2023; Havaei et al., 2023; Hou et al., 2024). P1 shared,

> Security can only do what the nurse tells them to do. So, if you have a novice nurse, does the novice nurse know to tell security what they need them to do?

> Probably not. Because security has to take direction from the nurse whether they're going to lay hands on the patient or not.

P1 demonstrated how the lack of a safety plan can place nurses without adequate security resources in a work environment where they feel unsafe. P4 also reported that prior to the installation of a metal detector, the emergency department in which the participant works only had one security guard for the department. The nurses did not feel safe as patients and families were not being screened for weapons prior to entering the building. Previous studies confirm that the lack of security planning and resources leads to nurses feeling unsafe at work, leading to an intention to leave the job (Alsharari et al., 2022; Fricke et al., 2023; Küçük Öztürk et al., 2023; Orewa et al., 2025).

The lack of community resources and mental health facilities was identified as a challenge to maintaining a safe work environment by three participants, with the following input by P5:

> I remember if someone had a problem like going to rehab, they could go to a detox or rehab, and they were able to go in and get some kind of treatment that was fairly successful. … We don't have anyone treating those [patients] anymore. There are very few people that we can actually get into a facility for mental health, it is a huge decrease. … I can't put numbers on them, but I just feel like they don't exist, like they dried up.

The observation that P1, P4, and P5 expressed regarding the lack of mental health facilities is supported in the literature. Lutterman et al. (2017) reported that 471,451 patients were served in psychiatric inpatient and residential care in 1970, while only

170,200 patients were in 2014. With the decrease in mental health facilities, patients with mental health concerns are coming to acute care hospitals for treatment (Carey & Cole, 2024). Acute care hospital nurses are not trained and competent to care for the mental health issues of the patients presenting to the hospital (Lee & Choi, 2023; Rangwaneni et al., 2024). P1 explained, "On acute care units, the staff really is not equipped to care for these patients, and those are usually the ones that nurses wind up getting hurt from those types of patients." Creating an unsafe environment for the nurses, increasing anxiety and burnout, and decreasing job satisfaction (Lee & Choi, 2023). Considering the challenge, hospital unit leaders can determine what support and strategies are available to assist the nurses.

Lacking community support, judicial support, and leadership support exacerbate challenges for nurses' safety in the work environment. The community is not always aware of unsafe situations in the hospital setting. P3 provided an example:

> My nieces have become nurses … I was telling them techniques and de-escalation and things … before they started working, and just trying to give them advice on what to ask for, how to keep [themselves] safe. And he's like, I can't believe you're telling them all that. And I went, what do you mean? Do you want one of them to get busted in the face with a fist? And he's like, so people don't do that. And I'm like, yeah, they do too. And my brother's like, I would have never known that.

When the community is unaware that potentially unsafe work environments exist, the citizens are unaware of the support nurses may need. Community support could assist with the need for judicial support.

Currently, no federal law is in place to protect healthcare workers from patient or family aggression (American Hospital Association, 2025). Extending knowledge to the community can help enact laws protecting nurses (Pascale et al., 2025). The American Hospital Association (2025) introduced legislation to the U.S. House and Senate seeking bipartisan support for a law to criminalize assaults on hospital workers. Community support is needed to assist in passing this legislation. While no current legislation exists to increase the penalty for harm to a nurse working in the hospital, laws do exist to protect citizens from assault.

Current laws do not allow for one person to harm another. The challenges nurses face with pressing charges were outlined by three participants, P1, P3, and P4. P1 stated, "If you have a patient who is here for mental health problems. If you go to court, usually the charges are dropped because they are a mental health patient." P3 added, "One of the big things is that they don't want to have to go and sit in the courthouse alone and deal with that stuff." P3 continued to explain that having leadership support who can accompany the nurse to the courthouse helps the nurse feel supported. Challenges exist with leaders not being able to take the time to sit in court due to other responsibilities.

Literature supports the challenges the participants revealed regarding the lack of support and resources (Ahmed & Timmins, 2024; AlZahrani et al., 2023; Bagnasco et al., 2024; Christensen et al., 2022; Dean et al., 2021; Gaspar et al., 2024; Meacham et al.,

2023; Orewa et al., 2025; Sull & Sull, 2024; Tummers & Bakker, 2021; Wahid et al., 2024). Ahmed and Timmins (2024) reported that demands for nurses in the hospital setting currently outweigh the resources available to mitigate the demands, supporting the need to identify challenges to create a mitigation plan and increase resources. Understanding the challenges faced by a lack of resources and support, the hospital unit leaders created successful strategies to create a safe work environment and decrease nursing turnover.

Subtheme 2: Operational Complexity

The six participants identified operational complexity as a challenge in maintaining a safe work environment for nurses. The three key challenges described by the participants were training gaps, environment complexity, and resource constraints. P2, P4, and P5 identified gaps in training and reported that while de-escalation training is available, it is not mandatory for all nurses, resulting in a wide variation in preparedness and confidence levels when managing volatile or unsafe scenarios. P4 explained that while the classes are not mandatory throughout the hospital, the employees reporting to P4 must take the class.

Literature supported the need for de-escalation training as a resource to maintain a safe work environment (AlZahrani et al., 2023; Bauersfeld & Majers, 2023; Cai et al., 2023; Christensen et al., 2022; Fricke et al., 2023). Emmerling et al. (2024) cautioned that nurses' confidence in de-escalation tactics diminishes as time passes without retraining. P4 explained that the de-escalation classes are offered every 2 years, a shift

from 3 years ago when the classes were yearly. Consideration for a more frequent training schedule may be beneficial, given Emmerling et al.'s findings.

Another challenge related to operational complexity identified by P2, P3, P4, and P5 was the complexity of the environment. Challenges within the environment included the physical layout of the hospitals. P3 reported, "We have moved our triage room from where it was originally located to a safer area that was within earshot and eyesight of the rest of the team because it was in a rather remote corner of the building." P3 explained that the move of the triage room did not happen until a nurse had a finger broken by a patient. P4 added, "We had noticed some lapses related to a prior event that we didn't have camera functions in certain areas of the department. Based on that research and data that we compiled, we had more cameras placed." The challenges identified by the participants were identified following an adverse outcome, instead of proactively initiating safety planning and resource development. Proactive intervention is needed to ensure resources are available to mitigate the demands nurses face and create a safe work environment (AlZahrani et al., 2023).

The third key challenge identified within operational complexity is resource constraints. Five participants, P1, P3, P4, P5, and P6, described various resource constraints ranging from staffing to equipment. According to the job demands resource theory, resources are required to mitigate demands on nurses to enhance safety, well-being, and job satisfaction (Bakker et al., 2005). Lacking resources also hinders the nurse's ability to enforce or adhere to standardized procedures, increasing the risk of an unsafe work environment. According to P6, nurses are often required to multitask under

pressure, leaving little room for protocol compliance when safety checks may delay providing critical care to a patient. The five participants agreed that nurses must comply with the safety protocols to maintain a safe work environment.

Subtheme 3: Patient/Family Aggression

Hospital staff across various departments are increasingly encountering aggression from both patients and their families, describing it as an everyday reality rather than an isolated occurrence (Berger et al., 2024; Christensen et al., 2022; Emmerling et al., 2024; Fricke et al., 2023). Five of the six participants acknowledged that aggression often begins with verbal abuse that can escalate quickly to physical threats or violence. As P4 explained, “Somebody’s cussing, somebody’s fussing, somebody doesn’t get seen quick enough. Verbal aggression is very high.” P2 noted, “When a patient is escalated like that, when they’re already being verbally aggressive, our role is to de-escalate.” Many staff feel that de-escalation strategies are insufficient, as patient behavior has become more volatile and unpredictable. P3 described it as, “You don’t a lot of times have an escalating conversation or anything anymore. It’s like thunder. No hesitancy to just hit you, you know?”

Five participants shared that violence is becoming normalized within the healthcare environment. “Our building’s been shot at. We’ve pulled out knives and a loaded 9mm out of backpacks,” P3 stated, underscoring the seriousness of the threats staff face. Reports of assaults on staff are common, with P4 noting, “We have had quite a few incidents where staff have been assaulted,” and P5 reflecting, “I was tired of getting what I felt was unnecessary anger and physical aggressiveness.” High-risk patient

populations, particularly patients with behavioral health conditions, dementia, or traumatic brain injuries, are frequently identified as contributing to a heightened risk of aggression. “They’re living in an environment that’s not therapeutic,” P5 noted, adding to the sense of ongoing vulnerability among staff. P5 also described the tension: “She’s been fine, but at the drop of a dime, she could flip. … Am I going to get hurt?”

The emotional and psychological toll on healthcare workers is profound (Berger et al., 2024; Christensen et al., 2022; Emmerling et al., 2024; Fricke et al., 2023). Many participants described a diminished sense of safety and support. P3 reflected, “So often we’ve been told, ‘No, they’re here for treatment. We have to take care of them regardless.’ Well, no, not at our own expense.” Constant exposure to threat has led some staff to leave high-risk environments altogether. “One of the biggest drivers behind them leaving was because … a lot of them felt unsafe,” P5 explained. Compounding the issue is the perception that security measures are insufficient or limited in scope. As P1 described, “All security is going to do is verbally try to de-escalate the situation unless … the patient is a threat to them.” Identifying the challenges allowed the participants to develop successful strategies to create and maintain a safe work environment for nurses, decreasing nursing turnover.

Subtheme 4: Societal Changes

Four participants pointed to societal changes as a challenge in providing a safe work environment for nurses. The participants described a landscape where verbal and physical threats are possible and expected. According to P6, “The most significant

barriers to safety are the unpredictability of my environment." P4 added, "[the nurses] expect there is going to be some type of issue any given day." P3 stated,

> Our building has been shot at, we have pulled out knives and a loaded 9mm out of backpacks, and everything out here. So, you just have to be prepared for that all the time, and there is not as much room to have a grey area anymore. It's like they go from zero to 60 and blow up.

The volatile environment creates a constant undercurrent of fear and unpredictability for nurses working in hospital settings. Aliwa et al. (2024) explained that society has normalized aggression due to being exposed to aggressive behaviors throughout society. Examples used are aggression in schools, roadways, and hospitals. Normalizing aggression increases aggressive acts and removes the stigma of aggression being a bad thing (Aliwa et al., 2024; Armstrong et al., 2023).

A parallel issue is the erosion of coping mechanisms across society. P3 commented, "People are stressed right now, and they don't have the coping mechanisms that maybe were there 20 years ago." Maladaptive emotional regulation often translates into aggressive or hostile behavior, especially in high-stress environments like hospitals (Navas-Casado et al., 2023). As people struggle to process personal and systemic pressures, they are more likely to act out, making it harder for healthcare professionals to maintain safety and provide consistent care (Navas-Casado et al., 2023).

In rural communities, issues of societal changes are compounded by demographic changes. P5 reported, "Most of the rural community, a lot of them are older, and their kids have left. They don't have people to take care of them, and then the kids that do

come will frequently say I can't do this." As younger generations move away or disengage from caregiving roles, older adults are often left without adequate support. Creating a heavier burden on healthcare workers, who must manage medical needs and the emotional and logistical gaps left by absent family members. P4 added, "Where you used to see a lot of homeless camps and whatnot in the central city, they have all been wiped out and pushed to the outer suburbs." The change in demographics is causing an increased burden on the rural hospitals without beds to accommodate the increased population. The smaller number of beds and rise in patient numbers exacerbate the tension among patients, which increases the sense of an unsafe work environment for nurses.

Theme 2: Supportive Environment

The supportive environment theme demonstrates the participants' successful strategies to create a safe work environment and decrease nursing turnover. The six interview participants provided input for the theme, with 103 references in the database of study codes describing successful strategies hospital unit leaders use to increase resources for nurses to counter the demands of the stressful nursing job in the hospital (see Table 2). Four subthemes were identified: leader support, collaboration, zero tolerance, teamwork, and work engagement. Hospital unit leaders used the successful strategies to create a positive and safe work environment to decrease nursing turnover, which is supported in literature (Chao et al., 2024; de Vries et al., 2023; Dijkshoorn-Albrecht et al., 2024; Eriksson et al., 2022; Galanis et al., 2024; Meacham et al., 2023; Wibowo & Paramita, 2022).

Table 2

Theme 2: Supportive Environment Subthemes

Subtheme	No. of sources	Frequency
Leader Support	6	54
Collaboration	6	29
Zero Tolerance	5	15
Work Engagement	4	5

Subtheme 1: Leader Support

Each of the six participants revealed successful leadership support strategies to create a safe work environment, reducing nursing turnover. A recurring theme across the six participants was the importance of visible, hands-on leadership. The participants emphasized being physically present and engaged with their teams during challenging or unsafe situations. P1 told nurses, “I’m right there with you,” and stressed “showing my team that I have their back,” signaling solidarity and shared responsibility. Similarly, P3 shared, “This morning until 11, I was out there in staffing because I had a nurse that I had to send home sick,” demonstrating a commitment to being in the trenches with staff. P5 also described going to units after incidents to support teams directly. Visible presence reinforces trust and shows that leadership is responsive and genuinely invested in staff safety, fulfilling the job demands resource theory concept of boosting motivation through leader engagement and presence (Bakker et al., 2023; Cardiff et al., 2023; Conroy et al., 2023; Hughes et al., 2023; Kohnen et al., 2024).

Another key strategy of the leader support subtheme that the participants explained was empowerment and fostering psychological safety. Creating environments where nurses feel they have the authority and support to prioritize their safety. P3

described how nurses are given “permission to disengage” from unsafe situations, emphasizing that they no longer need to tolerate abuse in the name of care. The nursing team reinforces the empowerment through practice scenarios, helping even timid staff to develop assertiveness. P4 added that recognizing the need to prioritize staff safety over patient behavior marked a shift in leadership mindset. Empowerment helped nurses feel protected and respected, which has significantly improved retention for the participants. Previous research supports that when a leader supports employees through empowerment, autonomy, and respect, the nurses will experience increased resources, wellbeing, and job satisfaction, leading to decreased turnover and a safer work environment (AL-Ghwary et al., 2024; Bakker et al., 2004, Bakker et al., 2005; Kohnen et al., 2023; Mabona et al., 2022; Ystaas et al., 2023).

According to the six participants, additional successful leader support strategies included substantial physical and psychological safety infrastructure investments. P4 noted improvements such as increased camera coverage and extra security staff. Tangible changes helped staff feel physically protected. Emotional well-being is also prioritized, with initiatives like P5’s “Serenity Garden,” a peaceful space created to support staff mental health. Events like rock painting and wellness check-ins underscore that leadership values the physical and emotional aspects of staff well-being. As P5 explained, “We’re really hitting the emotional well-being part now,” reflecting a comprehensive approach to safety.

Proactive communication and responsiveness also demonstrated leader support. The participants stressed the importance of open dialogue and transparency in addressing

safety concerns. P6 noted, “Trust comes from your leadership team when you’ve discovered there’s a problem and you care to fix it.” The participants encouraged regular wellness surveys and incident reporting to identify and respond to issues early. P2 supported this by stating, “I encourage my team members to write an incident report,” ensuring that concerns are documented and addressed. Leaders build a culture of trust and continuous improvement by consistently asking staff if they feel safe and acting on feedback (Bakker et al., 2004; Mabona et al., 2022; Ystaas et al., 2023).

Finally, the participants emphasized establishing clear expectations and maintaining accountability. P3 articulated that “zero tolerance for unsafe situations or behaviors” is a foundational policy. Leaders are taking a firm stand against abuse, setting boundaries that protect staff. P4 acknowledged a shift in attitude, explaining, “We have to mitigate the potential of what could happen to you as the nurse.” This assertive stance deters unsafe behavior and strengthens the team’s confidence that their safety is a leadership priority.

The successful leader support strategies of visible leadership, empowerment, infrastructure improvements, open communication, and clear expectations form a comprehensive support system. When leaders actively invest in adding the resources of safety, well-being, and trust, burnout and turnover decrease (AL-Ghwary et al., 2024; Bakker et al., 2004; Bakker et al., 2005; Kohnen et al., 2023; Mabona et al., 2022; Ystaas et al., 2023). As P5 reflected, “Low turnover and a strong workforce, you could say I did that,” highlighting the long-term impact of intentional leadership support.

Subtheme 2: Collaboration

The six participants explained a variety of collaboration strategies to foster a safe work environment and reduce nursing turnover, aligning closely with the principles of the JD-R theory. The participants' responses revealed that collaboration across departments, external agencies, and among peers was a consistent job resource. The six participants described efforts to build strong interdisciplinary and interdepartmental relationships that distribute responsibility and support. P6 emphasized a "one team" philosophy where all staff, from public safety officers to food service workers, are integrated into the emergency department's team culture. The inclusive approach strengthened workplace cohesion and ensured nurses were not left to manage high-pressure situations alone. P3 spoke about close collaboration with local EMS and the fire department, explaining that medics often stay to help during active CPR cases, "They will stay and hang out and help us," reducing the immediate demands on nurses during critical events and increases their perceived support, a core tenet of JD-R in reducing emotional exhaustion (Bakker et al., 2004; Bakker et al., 2005).

Other participants highlighted the importance of preparedness and proactive safety measures through collaboration. P2 initiated an active shooter drill specifically tailored to their unit by coordinating with public safety. This kind of scenario-specific training enhances staff readiness and self-efficacy, key personal resources that help manage high-stakes stress (Christensen et al., 2024). P1 noted the role of a Nurse Leader Professional Governance group in discussing nurse safety, promoting shared problem-solving, and peer learning. This kind of collaborative governance offers a platform for

exchanging strategies and reinforces psychological safety, which is protective against burnout (de Vos et al., 2024).

The participants also explained that collaboration between security personnel and administration in addressing a safe work environment was a successful tactic. P4 described working closely with security and local police to transfer high-risk psychiatric patients to more secure facilities. The strategy not only improved safety but also reduced the burden on individual nurses. P5 emphasized the financial logic behind investing in security staff, citing a return-on-investment argument comparing the cost of security with the long-term impact of a nurse injury, "So we pay a security officer … versus I have a nurse who gets kicked in the neck." Positioning the safety investment as a protective job resource that can prevent costly and emotionally damaging incidents.

Another form of collaboration presented by the participants was an emotional collaboration with peers. P4 mentioned chaplains placed in emergency departments with a primary focus on staff well-being. The support for emotional regulation addresses the chronic emotional demands placed on nurses and aligns with JD-R's emphasis on resources that reduce compassion fatigue (Bakker & de Vries, 2021; Demerouti, 2018). P1 reflected on the mutual support among nurses themselves, and P3 echoed this sentiment, describing a team culture where members volunteer extra hours when staffing is tight. The sense of solidarity and shared burden helps counterbalance demanding shifts and fosters resilience (Hughes et al., 2023; Kim et al., 2023; Mabona et al., 2022).

Finally, all six participants underscored the importance of listening to frontline nurses and adjusting practices based on feedback as a strategy, which is supported in the

literature (Bakker et al., 2004; Mabona et al., 2022; Ystaas et al., 2023). P4 explained survey results revealing that nurses are stressed by family members of hold patients. P4 shifted communication responsibilities to integrated care coordinators, reducing the emotional and informational burden on nurses. The targeted response demonstrates a core JD-R concept: organizations can reduce job strain by modifying the work environment and redistributing tasks (Bakker et al., 2023).

The successful strategies described by the participants reflect a deliberate effort to leverage collaboration as a job resource that buffers the high demands of nursing work. Preparation through collaboration demonstrated the investment the participants had in creating a safe work environment. Involving external partners, strengthening peer support, enhancing emotional care, and promoting open dialogue, the leaders have implemented resource-rich environments that have reduced burnout and decreased nursing turnover.

Subtheme 3: Zero Tolerance

Five of the six participants shared consistent perspectives on zero tolerance strategies for cultivating a safe work environment and reducing nursing turnover. The strategies reflect the JD-R by functioning as key job resources that protect staff from psychological and physical harm, promote empowerment, and foster organizational support. In high-demand settings such as acute care hospitals, protective strategies buffer the effects of stress and burnout while enhancing nurses' sense of safety, fairness, and control (Bakker et al., 2005; Demerouti, 2018).

P3 repeatedly emphasized the importance of setting firm boundaries with patients from the beginning: “We set those expectations from the beginning, and one of the big things is probably zero tolerance for unsafe situations or behaviors.” The proactive stance communicates to both patients and staff that the organization will not tolerate abuse or violence, directly supporting the JD-R model’s assertion that clear job resources help reduce the impact of high emotional demands. P3 also described empowering nurses to assert themselves when faced with verbal or physical threats: “I’ve given them permission just to say … it is not acceptable for you to talk to me that way.” Boundaries reduce emotional strain and foster autonomy, both of which are protective against burnout and turnover (Bakker et al., 2005; Demerouti, 2018).

Participants also highlighted the importance of accountability and follow-through in maintaining a zero-tolerance environment, which is supported by the literature (AlZahrani et al., 2023; Banga et al., 2023; Bauersfeld & Majers, 2023; Chang et al., 2024; Christensen et al., 2024; Dunseth-Rosenbaum et al., 2023; Ferracuti et al., 2022; George & Potter, 2023; Kafle et al., 2022; Lim et al., 2022; Spelten et al., 2022; Wang et al., 2023; Wu et al., 2024). For example, P1 noted that staff assaulted by patients or visitors are encouraged to file police reports and press charges. P3 similarly argued that tolerating abusive behavior sets a dangerous precedent: “The longer we don’t put up with it or the more we don’t press charges, the more we’re allowing it to happen.” By encouraging reporting and consequences, the leaders reinforced a culture that values staff well-being, a job resource for retention.

Additional participants reported zero-tolerance strategies as environmental and procedural. P4 described physical signage in each patient room, reminding visitors that assaulting a healthcare worker is a felony in the state. The visible policy supports staff by reinforcing legal protections and discouraging violent behavior (Dunseth-Rosenbaum et al., 2023). P6 discussed standardized protocols for searching high-risk patients: “We’ve identified the high-risk population … and so those are going to have a more detailed search.” Establishing a detailed, consistent process helped staff feel safe and supported in dealing with potentially dangerous patients, thereby reducing situational unpredictability and stress.

One participant explained that hospital unit leaders’ attitudes affect the outcomes of a zero-tolerance strategy. P4 acknowledged the need for hospital unit leaders to adjust their own mindsets, recognizing that protecting staff must take precedence over placating abusive patients: “We have to mitigate the potential of what could happen to you as the nurse … I will put my team’s safety over theirs.” The prioritization of staff safety serves as a resource under JD-R theory, offering both psychological protection and emotional validation (Bakker et al., 2004; Mabona et al., 2022; Ystaas et al., 2023). Participants also noted how the firm boundaries empower nurses to protect themselves and their colleagues. P3 described giving nurses specific language to use, such as stepping out of a room when a patient becomes aggressive: “Get yourself together, and then I’ll come back and take care of you.” Such strategies teach staff that they have the right to pause care to preserve their safety, directly reducing emotional exhaustion and promoting job satisfaction (Bakker et al., 2004).

P6 reinforced the importance of consistency in applying safety protocols: “Do it every time the same way.” When teams are rushed or protocols are inconsistently applied, it undermines the perception of safety (Spelten et al., 2022; Wang et al., 2023). Standardized responses help staff feel confident and secure, offering comfort in environments where emotional labor and situational intensity are constant (Dunseth-Rosenbaum et al., 2023; Wu et al., 2024).

The zero-tolerance strategies described by the five participants align closely with the JD-R theory by increasing job resources such as empowerment, leadership support, and consistent safety protocols (Bakker et al., 2004; Bakker et al., 2005; Demerouti, 2018). The strategies reduce the emotional and physical toll of high job demands in nursing, improving staff morale and directly addressing contributors to turnover. By fostering a culture where safety is non-negotiable and supported at all levels, the strategies offered a strong buffer against the burnout and dissatisfaction that often led nurses to leave the profession (AlZahrani et al., 2023; Banga et al., 2023; Bauersfeld & Majers, 2023; Chang et al., 2024; Christensen et al., 2024; Dunseth-Rosenbaum et al., 2023; Ferracuti et al., 2022; George & Potter, 2023; Kafle et al., 2022; Lim et al., 2022; Spelten et al., 2022; Wang et al., 2023; Wu et al., 2024). Previous research discounted the strategy of zero-tolerance, citing the inherent ethical conflict nurses face with the duty to treat versus the duty to self (Christensen et al., 2024; Wu et al., 2024).

Subtheme 4: Work Engagement

Four of the six participants highlighted work engagement strategies aimed at fostering a safer work environment and reducing nursing turnover, aligning closely with

the JD-R Theory. P2 emphasized the importance of skill development and experiential learning in managing challenging situations, saying that “at the bedside, you kind of learned … what works well as far as de-escalating your patients and what doesn’t work well.” This kind of hands-on learning builds competence and confidence, key components of work engagement that also serve as job resources in the JD-R model. When nurses are equipped with effective strategies to handle high-stress encounters, they are more likely to feel capable and resilient in their roles, increasing work engagement (Bakker & Demerouti, 2024; Bakker et al., 2023; Bakker et al., 2004; Demerouti et al., 2001). P6 referenced measurable safety outcomes as indicators of work engagement and workplace improvement: “So the number of violent events is going down in our risk monitoring system, as are the number of weapons that are found in the department going down, and the number of team members who were injured by patients are going down.” The data points not only reflected improved physical safety but also confirmed the efficacy of the strategies the participant was using. P6 also emphasized the motivational impact of maintaining high standards and a positive work culture: “People want to come to work, and they want to do well, and they want to work in a successful place so that we have not broken our stride when it comes to high standards.” When nurses perceive their workplace as safe, stable, and high-performing, their emotional and professional investment increases, fulfilling engagement needs identified in the JD-R framework (Bakker & Demerouti, 2024; Bakker et al., 2023; Bakker et al., 2004; Demerouti et al., 2001). Finally, P4 referenced a broader institutional initiative focused on reducing burnout: “With this project, he wanted to reduce burnout in the medical field.” This

directly speaks to the JD-R theory's central premise that reducing demands (like burnout) and increasing resources (such as support and engagement projects) creates an environment where nurses are not only less likely to leave, but more likely to thrive (Bakker & Demerouti, 2024; Bakker et al., 2023; Bakker et al., 2004; Demerouti et al., 2001). Collectively, the strategies contribute to a safer, more supportive, and engaging workplace where nurses feel valued, capable, and motivated, key factors for creating a safe work environment and reducing turnover.

Theme 3: Security

The security theme represents the successful strategies the six participants used to maintain a safe work environment and decrease nursing turnover by maintaining safety and security. In the dynamic and high-pressure environment of hospitals, ensuring the safety and well-being of nursing staff, reduces nursing turnover (AlZahrani et al., 2023; Banga et al., 2023; Bauersfeld & Majers, 2023; Chang et al., 2024; Christensen et al., 2024; Dunseth-Rosenbaum et al., 2023; Ferracuti et al., 2022; George & Potter, 2023; Kafle et al., 2022; Lim et al., 2022; Spelten et al., 2022; Wang et al., 2023; Wu et al., 2024). The six interview participants provided input for the theme, with 45 references in the database of study codes (see Table 3). Three subthemes were identified: safety support, equipment, and teamwork. Each subtheme illustrates how strategies not only enhance nurses' sense of security and control but also foster a culture of resilience and retention within healthcare settings.

Table 3

Theme 3: Security Subthemes

Subtheme	No. of sources	Frequency
Safety Support	6	23
Equipment	5	13
Teamwork	5	9

Subtheme 1: Safety Support

The six participants described a range of safety support strategies that contributed to creating a safer work environment and reducing nursing turnover. The strategies closely align with the JD-R, which emphasizes that job resources, such as organizational safety measures, supportive structures, and clear emergency protocols, help mitigate the strain of job demands like exposure to workplace violence, ultimately supporting nurses' wellbeing and retention (Bakker & de Vries, 2021; Bakker & Demerouti, 2017; Bakker & Demerouti, 2024; Bakker et al., 2005; Bakker et al., 2023; Bakker et al., 2004; Demerouti, 2018; Demerouti et al., 2001; Demerouti & Bakker, 2023). All six participants emphasized the importance of a visible and responsive security presence as a resource. P1 noted, "We have physical security," and added that the team feels safer knowing security is present, even if its effectiveness isn't always quantifiable. P3 further supported this by stating, "We have two of them [security officers]. Someone's always at the front door at the metal detector, and they do a good job with that." Similarly, P5 highlighted the impact of "increased security rounds" and the strategic use of both uniformed and plain-clothes officers, stating, "We even had them come in in their uniforms, sometimes plain clothes … because we had patients who were creating an

unsafe environment physically." This perceived law enforcement presence served as both a deterrent and a psychological resource for the nurses, enhancing their sense of control and safety.

P6 also coupled physical security measures with proactive planning and consistent screening procedures. P6 described a detailed, resource-intensive safety approach: "The first thing was metal detection … it is one of those things you can't cut corners every time, you have to do it the same." P6 also noted the importance of "safe belongings search and safe visitor screenings," reinforcing that safety is maintained through the process consistently and with rigor. P3 echoed this, emphasizing that "we treat everybody the same as far as screening and screening very thoroughly, everybody takes it seriously," reinforcing a culture of safety where protocols are uniformly enforced.

Another element involved emergency preparedness and training. P2 shared, "I asked public safety to do an active shooter drill specifically on our unit just because it's better to be prepared versus not." Training ensures that nurses feel more competent in high-stress scenarios, turning a potentially overwhelming demand into a managed risk through increased preparedness, a job resource under the JD-R model (Bakker et al., 2023; Christensen et al., 2024). P2 also emphasized the importance of being able to escalate situations: "If we've already reached out to our public safety … and this patient is continuing to escalate … to utilize [panic button]." Highlighting the value of established communication pathways and responsiveness from support teams.

Organizational coordination and shared accountability were seen as required strategies. P6 described collaborative infrastructure: "Workplace violence committee at

[our hospital] … with key people from administration, public safety, behavioral health, leadership," where wearable panic alarms and coordinated planning were implemented. The use of an interdisciplinary committee promotes systemic investment in safety as a shared responsibility, not only addressing acute threats but also building a culture where nurses feel valued and protected (Boakye et al., 2021; Capozza & Falvo, 2023; Su & Lee, 2023; Yalçın et al., 2022). Practical support systems, such as the buddy system mentioned by P1, provide immediate peer-level safety and reassurance. The low-cost, high-impact resources reduce the psychological burden of dealing with aggressive patients alone and align with the JD-R theory by transforming potentially exhausting demands into manageable challenges through accessible, interpersonal resources (Bakker & de Vries, 2021; Bakker & Demerouti, 2017; Bakker & Demerouti, 2024; Bakker et al., 2005; Bakker et al., 2023; Bakker et al., 2004; Demerouti, 2018; Demerouti et al., 2001; Demerouti & Bakker, 2023). By directly addressing the high demands associated with patient aggression and violence, the safety support strategies foster an environment where nurses feel more secure and supported, contributing to reduced burnout and lower turnover.

Subtheme 2: Equipment

Five of the six participants described several equipment support strategies as strong resources in fostering a safe work environment, directly addressing safety concerns that can contribute to nursing turnover. The tools, ranging from metal detectors and panic buttons to security cameras and wearable alarms, serve as job resources in the JD-R Theory, helping to buffer the intense emotional and physical demands faced by

nurses, especially in high-risk environments. Metal detectors emerged as a safety measure supported by five participants. P1 simply stated, “We have metal detectors,” highlighting the use of metal detectors as an established baseline safety tool, while P4 provided context for their implementation, sharing that “it took me 3 years to fight for a metal detector.” The persistence underscores the perceived importance of this equipment in preventing violence. Similarly, Pa6 stressed that “metal detection … sounds so basic, but … You can’t cut corners every time, you have to do it the same.” Consistency ensures staff can rely on the process as a protective mechanism, aligning with JD-R theory by offering a dependable resource to counteract the unpredictability of violent incidents (Bakker & Demerouti, 2024; Bakker et al., 2023; Bakker et al., 2004; Demerouti et al., 2001).

In addition to screening, wearable emergency response devices were frequently cited. P1 mentioned “panic buttons” and added that staff have “panic buttons that they wear on their badges.” P4 elaborated on this technology, noting the badge reels emit “a very loud screaming noise that alerts people,” enabling rapid response to escalating situations. P6 confirmed the system-wide presence of “wearable panic alarms” as part of a broader workplace violence initiative. The devices not only serve a practical function but also psychologically reassure staff that they are not alone, even in moments of acute stress, reducing emotional exhaustion, a key aspect in JD-R theory (Bakker et al., 2004; Bakker et al., 2005). P2 emphasized the need for better awareness of safety tools, stating, “some of my team members weren’t aware that we have what we call a panic button at our nurses’ station.” This reflects a gap in communication that, when addressed, could

further strengthen the perceived availability of job resources and improve safety engagement.

Visual surveillance also plays a role in environmental security. P4 shared that "we had noticed some lapses … we didn't have camera functions in certain areas," and this led to the installation of additional security cameras. The changes followed a data-driven evaluation of safety incidents, demonstrating how hospitals can proactively respond to environmental weaknesses by investing in supportive technology. P2 also reported, "Our specific unit doesn't have cameras on it," creating a barrier to proactive safety. The presence of equipment often goes hand in hand with staffing resources. P4 explained that when the metal detector was installed, "another officer came with it … one of them is armed and one of them is unarmed … somebody's at the door constantly … the other person is roving around the department." The pairing of technological and human resources offers a layered safety approach, ensuring staff feel protected not only by devices but also by personnel trained to intervene.

Collectively, the equipment strategies represent significant job resources under the JD-R framework. The equipment strategies reduce perceived vulnerability to workplace violence, alleviate stress by enhancing nurses' sense of control and preparedness, and support a culture of safety. When healthcare staff are confident that adequate tools and responsive systems are in place, they are more likely to remain engaged and less likely to leave the profession, contributing to lower turnover rates.

Subtheme 3: Teamwork

Teamwork strategies were consistently emphasized by five of the six participants as foundational for fostering a safe work environment and mitigating nursing turnover. The teamwork strategies not only enhance collective preparedness but also serve as job resources under the JD-R Theory, helping nurses cope with the emotional and physical toll of high-stress healthcare environments. Two of the six participants highlighted the role of cross-functional collaboration, particularly with public safety. P6 stressed "tight communication with public safety" and described a "detailed approach for maintaining safety," noting that alignment with public safety teams is the first step in a coordinated response. P2 echoed the strategy, describing a proactive effort to build preparedness by organizing an active shooter drill specifically for their unit: "I actually had them come on our unit … because it's better to be prepared versus not." Interdepartmental teamwork fosters a shared sense of responsibility and confidence, reinforcing the JD-R model's principle that strong social support systems act as buffers against burnout (Bakker et al., 2004). The participants also highlighted the use of collaborative response protocols. P3 shared that when patients continue to escalate, "security or me or whoever will say, then we're going to have to ask you to leave," showing a unified team stance against aggression. Similarly, P2 described the protocol when safety is at risk: "if we've already reached out … and this patient is continuing to escalate … to utilize [the panic button]," referencing the importance of leveraging team support during volatile situations.

Internal teamwork among nursing staff was another focus. P1 emphasized a "buddy system," a practical strategy for ensuring nurses were never left alone in

potentially dangerous circumstances. The peer-based safety net reinforces a culture of mutual vigilance and support. Pa4 added that badge reel alarms, which emit "a very loud screaming noise that alerts people," are designed specifically so team members can quickly come to each other's aid when activated. The tools reinforce psychological safety through rapid team-based responses.

System-level teamwork was also evident in the formation of structured safety committees. P6 described a "workplace violence committee … system wide," which includes "key people from administration, public safety, behavioral health, [and] leadership." The multi-disciplinary team focuses on strategic and preventive planning, indicating a high-level organizational commitment to safety through collaboration, which helps ensure sustained attention and resource allocation to frontline challenges.

Finally, P4 noted the increase in visible security presence that came with the addition of a second officer during the implementation of metal detectors, pointing out that "it's a unique balance of recognizing what your team needs and having the voice to … put it into motion." Reflecting leadership's responsiveness to team feedback, another form of teamwork that empowers staff and strengthens their trust in the system. In alignment with the JD-R Theory, teamwork strategies enhance job resources such as social support, team cohesion, and collaborative problem-solving. The strategies mitigate the high demands nurses face, particularly those associated with workplace violence, by fostering a united and responsive environment. The sense of collective efficacy not only promotes psychological safety but also increases job satisfaction, engagement, and ultimately contributes to reduced turnover in nursing.

Theme 4: Communication and Training

The communication and training theme demonstrates the need to cultivate a work environment where nurses feel valued, prepared, and connected, which are key components for sustaining long-term engagement and improving the safety of the work environment (Bakker et al., 2023; Boakye et al., 2021; Capozza & Falvo, 2023; Su & Lee, 2023; Yalçın et al., 2022). Within the demanding landscape of hospitals, the intersection of communication and training emerged as a strategy to address the challenges associated with staff retention and workplace safety. The six interview participants provided input for the theme, with 31 references in the database of study codes describing strategies hospital unit leaders used to foster a safe work environment and decrease nursing turnover (see Table 4). Three subthemes were identified: collaboration, leader support, and safety exercises.

Table 4

Theme 4: Communication and Training Subthemes

Subtheme	No. of sources	Frequency
Collaboration	6	15
Leader Support	5	10
Safety Exercises	4	6

Subtheme 1: Collaboration

All six participants revealed that collaboration strategies created a safe work environment and reduced nursing turnover. In the context of communication and training, collaboration serves as a key strategy for supporting nurses by improving communication, promoting shared problem-solving, and strengthening trust across

interdisciplinary teams (de Vos et al., 2024; Lundmark et al., 2024). P1 described structured, routine meetings that contribute to collaboration and proactive risk management. Daily safety briefs and weekly case management meetings allow staff and administrators to collectively address ongoing concerns, such as patients with behavioral challenges or placement delays. P1 noted, “We talk about patients that have behavioral problems … before you even get the report, you know that you need to be on alert,” illustrating how early information-sharing helps nurses anticipate and manage risks more effectively. Collaboration reduced uncertainty, a job demand, and empowered staff with the knowledge to maintain safety (Lundmark et al., 2024).

P5 emphasized collaboration across units and disciplines, describing a unique initiative among nurse leaders: “We have a very open communication concept where all four of my units get along and the managers meet once a month … and brainstorm ideas on how they can make things better.” P5 also described how interdisciplinary manager meetings with leaders from ER, ICU, and OR foster a broader sense of unity and shared responsibility. The ongoing dialogue enhances problem-solving capacity and breaks down silos, reinforcing collaboration as a protective factor against burnout (Spezzano et al., 2023).

Effective feedback mechanisms further support collaboration (Lundmark et al., 2024; Meese et al., 2024). P2 noted the importance of closing information gaps, such as informing team members about available safety tools: “Some of my team members weren’t aware that we have what we call a panic button at our nurses’ station.” P2 also emphasized the value of providing feedback to staff to foster transparency and continuous

learning. P6 echoed this sentiment, stressing the importance of "open line dialogue" and explaining that "a lot of trust comes from your leadership team when you've discovered there's a problem and you care to fix it." Underscoring how responsive leadership and open communication act as job resources, reinforcing team cohesion and psychological safety (Bakker et al., 2023; Cardiff et al., 2023; Conroy et al., 2023; Hughes et al., 2023; Kohnen et al., 2024).

The inclusion of non-clinical stakeholders also emerged as a meaningful collaboration strategy. P4 highlighted the involvement of chaplains in patient care to reduce pressure on nurses: "just putting a different face in front of [the patient and family] and having conversations … helped reduce the questions to the nurse." Involving non-clinical teammates reflected a creative use of collaboration to redistribute emotional labor, reducing the cognitive and interpersonal demands placed on nursing staff.

Finally, broader organizational collaboration was reflected in P6's description of a "workplace violence committee … that is system-wide," which includes members from administration, public safety, behavioral health, and leadership. Using a formal structure facilitated consistent, coordinated responses to unsafe situations and supported system-level improvements in safety culture. P3 emphasized the importance of "collaboration with everybody … involving everybody," highlighting the value of inclusivity in fostering team-wide accountability and shared vigilance.

Collaboration serves as a powerful job resource within the JD-R framework (Bakker et al., 2023). Collaboration helps mitigate the impact of job demands such as patient aggression, staffing stress, and burnout. Through shared communication,

interdisciplinary support, and inclusive problem-solving, collaborative strategies enhance safety and engagement, key elements in retaining a resilient and committed nursing workforce (Hughes et al., 2023; Kim et al., 2023; Mabona et al., 2022).

Subtheme 2: Leader Support

Five of the six participants described leader support strategies as a successful component to create a safe work environment and reduce nursing turnover. According to the JD-R Theory, supportive leadership functions as a key job resource that can buffer the effects of high job demands, such as an unsafe work environment, promoting employee engagement and retention (Bakker & Demerouti, 2017; De Raeve et al., 2023; Kohnen et al., 2024; Zhang et al., 2024). P1 demonstrated the leader support strategy through consistent, proactive communication. P1 stated, “I do a daily huddle with my team,” noting how the forum allows for real-time updates and discussions about behavioral concerns. “We talk about patients that have behavioral problems … before you even get the report, you know that you need to be on alert.” The daily huddles not only ensure situational awareness but also signal leadership’s presence and involvement, fostering psychological safety among the team (Lamming et al., 2021; Wahl et al., 2022).

Three of the six participants also demonstrated leader support by prioritizing Crisis Prevention Institute (CPI) training as a proactive safety measure. P4 shared, “Every teammate of mine does CPI,” including techs, paramedics, and respiratory therapists, underscoring a comprehensive, unit-wide approach to preparedness. P5 reported, “We offered that to them [CPI class] and said, would you feel safer if you were able to learn some de-escalation techniques? And I would say like 90% of them said, yeah.” further

emphasizing leader support through providing resources to the nurses. Responsiveness to staff requests exemplifies resource-enhancing leadership that increases confidence and capability in managing difficult situations (Bakker et al., 2023; Cardiff et al., 2023; Conroy et al., 2023; Hughes et al., 2023; Kohnen et al., 2024).

Ongoing education and skill-building were additional facets of leader support. P5 described training that included subtle safety practices, such as "learning how to enter a room and not create a barrier to exiting … or to listen for those physical cues." The nuanced techniques are evidence of leadership's commitment to both physical and psychological safety, equipping staff with actionable tools to navigate high-risk scenarios (Desharnais et al., 2023; Kim et al., 2023; Spencer et al., 2023).

Feedback and transparent communication also enhanced the leader support strategy. P2 highlighted the value of "giving our team members feedback," reinforcing continuous improvement and trust. Similarly, P6 noted, "a lot of trust comes from your leadership team when you've discovered there's a problem and you care to fix it." Open dialogue between staff and leadership reduces ambiguity, a known job demand, and instead builds a climate of trust, a powerful resource within the JD-R framework (Arnetz, 2022; Bagnasco et al., 2024; Bakker & Demerouti, 2017; Demerouti & Bakker, 2023).

Five of the six participants reported successfully maintaining a safe work environment and decreasing turnover due, in part, to communication and training. Leader support strategies, ranging from daily huddles and feedback to targeted training, serve as job resources. The strategies directly address and alleviate the emotional and physical

demands of nursing, creating a safer and more supportive environment for reducing turnover and sustaining long-term engagement.

Subtheme 3: Safety Exercises

Four of the six participants discussed that safety exercise strategies are another component to fostering a secure work environment and reducing nursing turnover. The participants emphasized exercises that provide both physical and psychological preparedness, directly addressing job demands associated with workplace violence and unpredictable patient behavior. P2 highlighted the proactive use of scenario-based training by collaborating with public safety to run an active shooter drill on their specific unit. “I actually had them come on our unit and do an active shooter drill specifically … because it’s better to be prepared versus not.” The hands-on approach functioned as a job resource by preparing nurses for extreme but possible threats, thereby reducing anxiety related to uncertainty and lack of control, key psychological demands in healthcare environments (Christensen et al., 2024).

P3 described role-playing and simulations that were also effective empowerment tools. P3 shared, “They’ll practice with each other … be mean to me, let me see if I can talk you down.” The use of de-escalation exercises was particularly impactful for quieter or more timid nurses who, through practice, “are not as timid anymore … because they’ve been empowered.” The development of verbal and emotional assertiveness represents a shift from vulnerability to capability, building internal resources that mitigate emotional strain and fear (Bakker et al., 2004; Bakker et al., 2005; Bakker et al., 2023; Bakker & de Vries, 2021; Bakker & Demerouti, 2017; Demerouti, 2018; Demerouti &

Bakker, 2023). P5 offered insight into situational awareness training: “learning how to enter a room and not create … a barrier to exiting the room or to listen for those physical cues,” creating a buffer against environmental hazards and enabling nurses to assess and respond to threats confidently.

P5 also demonstrated the cultivation of psychological resilience through targeted education. P5 described hosting a speaker who led sessions on psychological safety and self-care: “It was all about psychological safety and self-care in the workplace.” The sessions included breakout discussions on personal experiences and strategies to foster well-being. Directly addressing emotional fatigue and burnout, everyday job demands in nursing, the exercises added personal and collective resources that supported long-term engagement and mental health for the nurses (Bakker et al., 2005; Bakker & de Vries, 2021; Demerouti, 2018). P6 emphasized the importance of consistent preparedness through planning: “We have to have a plan for each one so that our team knows what to expect.” Preemptive strategies reduce ambiguity and enhance control, which are central to minimizing job strain and improving retention (Bakker et al., 2005; Balducci et al., 2024; Demerouti, 2018).

Safety exercise strategies, ranging from active shooter drills and role-playing to situational awareness and psychological safety training, equipped nurses with the tools to manage high-pressure scenarios. The exercises not only reduced the impact of emotional and physical demands but also enhanced individual and team-level resources, aligning closely with the JD-R model’s framework for sustaining a healthy, engaged, and resilient

nursing workforce (Bakker et al., 2004, 2005, 2023; Bakker & de Vries, 2021; Bakker & Demerouti, 2017; Demerouti, 2018; Demerouti & Bakker, 2023).

Business Contributions and Recommendations for Professional Practice

The findings of the study provide strategic insights that address nursing turnover, which directly impacts patient outcomes, hospital revenue, and operational efficiency. The study emphasized the role of effective nursing retention strategies grounded in the JD-R theory, from six hospital unit leaders with evidence-based methods to create safer work environments. The identification of four key themes, challenge identification, supportive environment, security, and communication and training, demonstrated actionable areas where hospital unit leaders can allocate resources to optimize staff well-being and operational performance.

Reducing nursing turnover has significant business contributions, including enhanced patient outcomes, cost efficiency, operational stability, and strategic resource allocation. Maintaining continuity of care through reduced turnover leads to improved patient satisfaction and better health outcomes. Effective retention strategies minimize recruitment and training expenses, contributing to financial savings. Additionally, improved nurse satisfaction reduces absenteeism and enhances staff performance, ensuring smoother daily operations. Leveraging insights from the JD-R theory aids in strategically allocating resources, identifying areas where investments in support systems, security measures, and leadership training can yield the highest returns in staff retention and safety.

To effectively disseminate the findings, hospital unit leaders, hospital administrators, and policymakers must consider the scope of control each has in carrying forward the recommendations. Conferences, training sessions, and legislative venues can be used to facilitate interactive knowledge sharing and the development of strategy standards to share among professionals. Academic journals and industry publications offer avenues for publishing research articles and case studies highlighting successful strategies for maintaining a safe work environment to decrease nursing turnover.

Concrete recommendations for hospital unit leaders include the following:

1. Identify the challenges to maintaining a safe work environment in hospitals.
2. Implement comprehensive support systems:
    a. Foster a supportive work environment with visible leadership engagement.
    b. Provide psychological safety resources, such as wellness programs and mental health support.
    c. Adopt a zero-tolerance policy
3. Strengthen security measures:
    a. Invest in physical security infrastructure, including surveillance systems, metal detectors, and emergency response protocols.
    b. Conduct regular safety drills and de-escalation training tailored to unit-specific risks.
4. Promote leadership development:

   a. Train hospital leaders in skills that promote staff empowerment, open communication, and accountability.
   b. Encourage leaders to be physically present and responsive to staff concerns to build trust and morale.

5. Enhance communication and training:
   a. Establish routine safety briefings and interdisciplinary meetings to proactively address risks.
   b. Standardize crisis intervention training and ensure accessibility to all staff members.
6. Advocate for policy and community engagement:
   a. Support legislative efforts aimed at protecting healthcare workers from workplace violence.
   b. Engage with the community to build awareness of the challenges faced by healthcare professionals, promoting societal support.

By implementing the recommendations, hospitals can improve outcomes, enhance a safe work environment, and retain nurses, allowing hospitals to continue providing care to patients.

Implications for Social Change

The results provided strategies hospital unit leaders can implement for maintaining or creating a safe work environment in the hospital setting throughout the United States. A safe work environment offers at least three positive social changes: (a) the individual nurse will have increased work engagement and a greater sense of well-

being, (b) the organization will retain employees, thereby reducing costs of turnover, and (c) the community will continue to have access to healthcare. Healthcare organizations and hospital unit leaders must invest in providing a safe work environment to retain nurses. By maintaining nurses on the job, healthcare organizations will not have the costs associated with turnover, providing the organizations the funds to remain in business and the staffing levels to continue providing access to care for the community.

Recommendations for Further Research

Further research projects focusing on improved business practices within the healthcare industry, particularly concerning a safe work environment and decreasing nursing turnover, could study a broader participant demographic. A limitation identified was the narrow participant pool, consisting solely of hospital unit leaders who had implemented successful strategies. Future research could expand demographics to include nurses at different career stages, HR professionals, safety officers, and hospital administrators. A broader scope would provide a more comprehensive understanding of safety strategies and their effectiveness across different contexts.

Further research could also focus on longitudinal studies, as the study was a cross-sectional design, which limits the ability to assess the long-term impacts of the strategies. A longitudinal study can examine how implemented strategies affect nursing retention and a safe work environment over multiple years to solidify the validity of the strategies. Future longitudinal studies could also monitor the turnover rates, job satisfaction, and safety incidents to assess the ongoing effectiveness of the strategies.

Future research on the topic of a safe work environment to decrease nursing turnover could include quantitative and mixed methods approaches. While the qualitative approach provided rich data, incorporating quantitative methods can enhance the robustness of findings. Gathering large-scale data on turnover rates, safety incidents, and employee satisfaction through surveys and statistical analysis could provide more robust data. Future research could also combine qualitative interviews with quantitative data for a more holistic view via a mixed-methods study.

The study highlighted the role of societal changes and community support. Future research could explore community and policy impact, examining how public policies, community engagement, and societal attitudes toward healthcare workers influence workplace safety.

Further research through implementing and testing new strategies can provide actionable insights through controlled trials where the researcher compares hospitals that implement a specific strategy to enhance a safe work environment with hospitals that do not implement the strategy. Pilot programs to test new leadership training modules, de-escalation techniques, or support systems to evaluate the direct impact on retention and safety could benefit future studies.

By addressing the limitations of the study, future research can offer more comprehensive, generalizable, and actionable insights for improving business practices in healthcare settings, ultimately enhancing safe work environments, nurse retention, and patient care quality.

Conclusion

In conclusion, the qualitative pragmatic inquiry study explored the effective strategies hospital unit leaders in the United States employ to maintain a safe work environment and decrease nursing turnover. Grounded in the JD-R theory, the study revealed that addressing key challenges, fostering a supportive environment, enhancing security measures, and prioritizing communication and training are pivotal in reducing nurse turnover. The findings underscore the importance of leadership support, collaboration, zero-tolerance policies, and work engagement as integral components in creating a safe and sustainable work environment. Implementing the strategies not only improves nurse retention but also enhances patient outcomes, reduces organizational costs, and ensures continuous access to quality healthcare services within communities. By investing in resources that mitigate job demands and promote well-being, hospital unit leaders can cultivate resilient, engaged nursing workforces, ultimately contributing to a more robust and effective healthcare system.

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Appendix A: Interview Protocol

Primary Business Research Phenomenon Under Study and Overarching Research Question

The topic for my research project is *Hospital Unit Leaders' Strategies in Maintaining Safe Work Environments to Decrease Nursing Turnover*. The overarching research question is *What strategies do hospital unit leaders in the United States use to maintain safety in the work environment to decrease nursing turnover?*

Primary Research Goal to Achieve from This Interview

This interview aims to identify and explore successful strategies hospital unit leaders use to maintain a safe work environment.

Introduction

1. Thank you for participating in this study. Your participation in this educational project on successful strategies to maintain and create a safe working environment for nurses is vital. It will help better understand how to keep nurses safe, essential to delivering quality patient care, by implementing appropriate strategies to maintain their safety and reduce turnover.
2. I will be interviewing you and several other hospital unit leaders. I hope to have adequate information for this research study. Before we get into the interview questions, I would like to review a few items with you.
3. First, I want you to know that your participation is voluntary. So, if I ask a question that you do not want to answer or if you need to stop the interview at any time, please tell me.

4. Also, with your permission, I will audio record the interview and take notes to ensure I capture your responses accurately. Later, I will email you a summary of the interview questions and answers. I will also schedule another meeting with you to ensure that I accurately captured what you intended to say.
5. This study will be shared with faculty members and colleague students. When sharing, your name will not be mentioned. Even if I use direct quotes, I will use pseudonyms to protect your privacy. The study might also be used in conferences and professional meetings.
6. I will keep your shared information strictly confidential and safely stored for five years after my study's completion date and then destroy the information.
7. Do you have any questions?
8. Per our previous communication, we have scheduled 30 - 60 minutes for this interview. Is this time commitment ok with you? We will not go beyond that time unless you wish to do so.
9. Is the audio recording still ok with you?
10. Ready to begin?
11. Great, let's get started then!

Initial Probe Questions

1. Please state your name and title.
2. What is your current scope of responsibility within the organization?
3. What effective strategies did you use to maintain safety in the work environment and decrease nursing turnover?

Targeted Interview Questions

While asking these questions, I will watch for nonverbal cues, paraphrase as needed and follow up on responses with probing questions to obtain more depth.

1. Which strategies do you believe were the most successful and why?
2. Did you face challenges when implementing these effective strategies, and if so, what were the challenges?
3. If you faced challenges, what business approaches or processes did you use to mitigate the impact of these challenges?
4. What do you believe are the most significant barriers to safety in your work environment?
5. What additional information regarding maintaining a safe work environment and its impact on nursing turnover would you like to share?

Targeted Follow-up Questions

1. Why did the company select those strategies?
2. What was the significance of selecting these business approaches to mitigate these challenges?
3. What was the significance of that barrier?
4. How did you overcome these barriers?

Targeted Wrap-up Question

1. Is there anything else you believe can be important to this study?

Closing

1. Thank you so much for your time and for participating in this interview. The information you provided is valuable and will help me successfully complete my study.
2. I will contact you in a week to schedule a time for us to review the accuracy of my interpretations of your interview responses. The follow-up will take approximately 30 – 60 minutes.
3. I will email you the transcript and notes of this interview by xx date.
4. Again, thank you very much for participating in my research study.

Follow-up Member Checking Interview

Hello,

Thank you for taking the time to meet with me again to review the accuracy of my summary of your interview responses. I brought a copy of the summary of your answers to allow you to read along. Also, while summarizing your answers, I had a few additional clarifying questions. Do you mind if we go through each question and answer one at a time along with my clarifying questions? I will also ask three additional questions if my interpretation of your response is correct, if I missed anything, and if you would like to add anything. Are you ready to begin?

At the conclusion of the follow-up interview, I will thank the participant for their time and contribution to my study and the positive social change expected.

Appendix B: Invitation Template for DBA Qualitative Pragmatic Inquiry Doctoral Study

Invitation Template for email, social media, and flyer formats

There is a new study about creating and maintaining a safe hospital work environment to decrease nursing turnover that could help business leaders better understand the benefits and challenges of using successful strategies to ensure a safe work environment for nurses. For this study, you are invited to describe your experiences as a hospital unit leader.

About the study:

- One 30-60 minute phone interview that will be audiorecorded (no videorecording)
- To protect your privacy, the published study will not share any names or details that identify you

Volunteers must meet these requirements:

- Business leader
- Has successfully implemented strategies to create and maintain a safe work environment and decreased nursing turnover.

This interview is part of the doctoral study for Karen Jeffrey, a DBA student at Walden University. Interviews will take place during February and March 2025.

Please reach out to let the researcher know of your interest. You are welcome to forward it to others who might be interested.