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Strategies to Mitigate Nurse Turnover in Eastern and Northern Virginia

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MBA, Averett University, 2005

BSN, Norfolk State University, 2002

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Business Administration

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Abstract

Registered nurses leaving the workplace are estimated to cost healthcare organizations and society between $1.4 and $2.1 billion annually. The purpose of this multiple case study was to explore what strategies leaders of healthcare organizations from the Eastern and Northern regions of Virginia can use to mitigate the effects of nurse turnover and its cost to the organization. The target population consisted of 8 RNs who experienced turnover during their nursing careers. The conceptual framework for this study was Herzberg's dual-factor theory. Face-to-face semistructured interviews were conducted and publically available documents were garnered. Thematic reduction of participants' interviews, coupled with data triangulation between narratives and publically available documents resulted in the emergence of 4 common themes: immediate nurse supervisor training, staff support within departments, nurse pay commensurate with the time demands, and education requirements. All participants cited burnout, stress, and career development as reasons for seeking new employment, and the topics of pay and staffing had high frequencies of occurrence. The RNs interviewed expressed nurses have different sources of satisfaction and these sources affect motivation and intent to leave. Social implications include providing insights into conditions that could strengthen the healthcare workplace environment and contribute to patient care improvements, reduce turnover costs, and increased productivity. Improved retention could also result in greater stability of the RN workforce in health care organizations.

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Dedication

I dedicate this study to the many committed, selfless, and compassionate nurses who are on the frontlines of a challenging healthcare system every day.

Acknowledgments

To my committee members, Dr. Diala, Dr. Blando and Dr. Ewald, thank you for your knowledge and patience throughout my journay. Special thanks to my loving wife for her support and continous encouragement. I would like to acknowledge and thank the hard working dedicated nurses that contributed to this study by sharing their time and experiences to make the profession better for future nurses.

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Section 1: Foundation of the Study

Employee turnover is a problem that presents challenges to healthcare organizational leaders because of the multiple factors involved addressing this issue (Almaalki, FitzGerald, & Clark, 2012). The absences of sound strategies to reduce turnover in organizations are problematic (James & Mathew, 2012). Laddah, Singh, Gabbad and Gidwani (2012) claimed failures in employee retention increased organizational costs and decreased productivity. Leaders must focus on human capital, hiring, training, and retaining a workforce; however, when turnover occurs leaders' focus shift to controlling costs and maintaining productivity (Buchan, 2010). The cost associated with replacing a nurse cost healthcare organizations in the United States between $11,745 to $36, 567 attributed mainly to termination, unfilled positions, advertising, recruiting, orientation, and training cost (Duffield, Roche, Homer, Buchan, & Dimitrelis, 2014).

Leaders in healthcare understand the economic consequences of employee turnover and the destabilizing force it introduces into their organizations (Hayes et al., 2012). Elçi, Sener, Aksoy, and Alpkan (2012) noted leadership behavior directly relates to employee intention to leave a job and job satisfaction. Brunetto et al. (2013) estimated the replacement costs of a RN to be $126,980 to $152,620, twice the annual salary of a nurse leaving the workplace, respectively. Healthcare organizations incur even greater cost when replacing a specialty nurse (Velez, 2012). Administrators incur costs directly and indirectly. The direct costs may include advertising, recruiting, and hiring; indirect costs may include decreased employee morale and loss of productivity. Costs associated

with turnover account for at least 5% of the budgets for hospitals in the United States (Brewer, Kover, Greene, Tukov-Shuser, & Djukic, 2012). Managing the costs associated with this business problem are challenges for hospital administrators and leaders.

Background of the Problem

One of the leading causes of employee turnover is job stress (Srivastava & Tang, 2015). Employee turnover affects business leaders' ability to interact with customers, credibility, and profits (Yang, 2012). The financial costs associated with RN turnover cost health care organizations $82,000 to $85,000 per nurse (Schroyer, Zellers, & Abraham, 2016). Costs may include recruitment, training, and replacement costs (Hom, Griffeth, Mitchell, & Lee, 2012). Stimpfel, Sloane, and Aiken (2012) documented the causes of the problem, claiming poor working environments and long shifts led to burnout, job dissatisfaction, and intent to leave. Böckerman and Ilmakunnas (2012) proposed managers who worked with dissatisfied employees, tend to have less effective and productive organizations.

Hayes et al. (2012) discussed the effects of turnover on healthcare delivery. Turnover results in staff shortages affecting patients' safety and nurses ability to meet patients' needs by providing quality care (Mosadeghrd, 2013) . Staffing shortages lead to job stress and burnout among nurses, declines in compassion for patients and increased errors, and patient dissatisfaction related to new inexperienced staff care (Mosadeghrd, 2013). Hospital administrators must alleviate the financial burdens associated with staffing changes while meeting the training needs of an inexperienced workforce (Ahmad, Adi, Noor, Rahman, & Yushuang, 2013; Buchan, 2010; Friedman, Delaney,

Schmidt, Quinn, & Macyk, 2013; Kowalski & Kelley, 2013). Despite empirically derived solutions, the causes and solutions to the problem of nurse turnover remain unclear and merit further study (Staggs & Dunton, 2012).

Problem Statement

Employee turnover presents challenges to leaders' abilities to manage healthcare organizations (Elçi et al., 2012). Kovner, Brewer, Fatehi, and Jun (2014) reported total organization cost for RN turnover cost to be around $5.9 million to $6.4 million annually in hospitals with more than 600 beds. The high turnover rate for RNs in health care organizations is estimated to cost $82,000 to $85,000 per nurse (Schroyer, Zellers, & Abraham, 2016). The general business problem was some leaders in healthcare organizations experienced the negative affects of cost associated with employee turnover. The specific business problem was leaders of healthcare organizations in northern and eastern Virginia lack the necessary strategies to mitigate the effects of nurse turnover and the associated costs.

Purpose Statement

The purpose of this qualitative multiple case study was to explore strategies useful for leaders of healthcare organizations to mitigate the effects of nurse turnover and the costs. I interviewed four nurses from northern Virginia and four nurses from eastern Virginia, each of who had a minimum of 2 years work experience in a clinical setting. The expectation was exploring the problem from the perspective of nurses could develop a deeper understanding of the problem and would generate possible solutions.

The findings from this study may contribute to social change by providing

insights into the conditions that could strengthen the healthcare workplace environment. These findings could contribute to the development of strategies managers may use to advance improvements in patient care quality, reduce turnover rates, and increases productivity. The results may also assist organizational leaders with the formulating strategies to prevent or significantly reduce nurse turnover within the clinical healthcare environment. There are economic and social benefits to reducing turnover. Developing new strategies is critical for leaders to meet an organization's growth and sustainability goals by recognizing the present needs of the organization without jeopardizing future needs (Lamn, Tosti-Kharas, & King, 2015).

Nature of the Study

The qualitative method of research was ideal for this exploration of nurse turnover. Qualitative research was useful and appropriate for a study of this type because, according to Kramer-Kile (2012), I could gather detailed information about the lived experiences of RNs in hospitals' clinical settings. Jones (2015) suggested interacting with study participants using the qualitative method allows the researcher to use thick descriptions to translate observations. The qualitative researcher seeks to explain, describe, and interpret collected data from narratives of individuals who have the lived experiences related to the phenomenon (Madill, 2015). Using the qualitative paradigm, a researcher can focus on establishing causal relationships and meaning in observable phenomena (Babbie, 2012).

Quantitative researchers use statistical methods to prove hypotheses or to establish causal relationships between two or more variables (Allwood, 2012). A mixed

method of research design would be useful for gathering numerical and narrative data simultaneously (Frels & Onwuegbuzie, 2013). These alternative methods are effective, but neither was appropriate for this study because the focus was to gather detailed, nonnumeric information from a purposive sample.

Three research designs are useful for exploring a research question related to a specific event (Petty, Thompson, & Stew, 2012). The three designs include case study, ethnography, and phenomenology. Sangster-Gormley (2013) defined case study as the study of a small number of individuals through the collection of unstructured data. Case studies are suitable for unique situations experienced by a few of individuals (Yin, 2014). I selected the multiple case study design for this study because the intent was to explore this contemporary phenomenon in a real-life setting. Real-life circumstances and events occur in a variety of contexts; when the boundaries of the context and the phenomenon are not clear, case study design is ideal (Cronin, 2014; Yin, 2014). Participants with similar experiences to one another engaged in discussions and conveyed their perceptions about the event. Giving participants the opportunity to contribute to this study allowed dynamic exploration of the phenomenon within the context of a clinical setting.

The phenomenological design would have been useful for this study; however, accessing nurses in naturalistic settings would have been difficult given the nature and sensitivity of the work. Ambiguities exist in the application and guidelines for execution of the phenomenological design (Finlay, 2012). Using this design a researcher could rely on inner subjectivity to access basic human truths (Hays & Wood, 2011); Pringle et al. (2011) claimed this was a flaw because the researcher should report results from an

objective position. Similarly, the ethnographic design was unsuitable for this study because this form requires a researcher to become embedded in the participants' world. Embedded researchers can examine individual behaviors and culture through narratives and observation (Cruz & Higginbottom, 2013). Nurses who experience this phenomenon may have little in common except for choosing the same career path.

Research Question

The overarching research question used to guide this study and the semistructured, open-ended questions used during the interviews was as follows: What strategies can leaders of healthcare organizations in northern and eastern Virginia use to mitigate the effect of nurse turnover and its cost to the organization?

Interview Questions

Answering the research question required the use of guiding interview questions. I asked participants to respond to the following questions:

1. What is your experience with nurse turnover?
2. Why do you think nurses leave their positions?
3. What strategies would you recommend to reduce nurse turnover in the workplace?
4. What do you believe the role of the organizations' leadership should be?
5. How does immediate nurse supervisor leadership affect nurse turnover?
6. What aspects of your job lead to fulfillment?
7. What aspects of your job may cause you to seek new employment and why?
8. What information can you add that I have not asked?

Conceptual Framework

The conceptual framework for this study was Herzberg's dual-factor theory; Herzberg developed this theory in 1987. Using the dual-factor theory, Herzberg proposed a connection between an employee's motivation and his or her attitude toward work (Herzberg, 1987; McGlynn, Griffin, Donahue, & Fitzpatrick, 2012; Tietjen & Myers, 1998). Herzberg developed two lists of factors related to motivation and attitudes. The first list included motivators or job factors like recognition, achievement, growth possibility, advancement, responsibility, and work. According to Herzberg, task-related factors could result in good attitudes and happy feelings. The second list included hygiene factors (extra-job factors). The extra-job factors were (a) salary, (b) interpersonal relations with supervisors, (c) subordinates and peers, (d) supervision, (e) company policy and administration, (f) working conditions, (g) personal life factors, (h) status, (i) technology, and (j) job security. Herzberg further categorized motivators as factors intrinsic to the work itself, because hygiene factors were extrinsic and associated to relationships and the work environment (McGlynn et al., 2012).

Herzberg used the dual-factor theory of job satisfaction and motivation to distinguish between intrinsic and extrinsic rewards. Intrinsic rewards include feelings of self-esteem, achievement, and growth experienced by the employee from performing the job. Intrinsic reward refers to the work satisfaction derived from work and the performance of work (McGlynn et al., 2012). Conversely, extrinsic rewards included forms of compensation external to the job including pay, benefits, working conditions, positive interpersonal relationships, and supervisory praise. Within the dual-factor theory,

intrinsic rewards are the motivators of work behaviors while extrinsic rewards are necessary to prevent job dissatisfaction. Researchers agree extrinsic rewards have a lesser effect on motivational and work behaviors (Agarwal, 1998; Herzberg, 1987). Employing Herzberg's dual-factor theory to the study facilitated explication of the factors leading to nurse job dissatisfaction and the consequent motivation for intent to seek employment elsewhere.

In addition to Herzberg's dual-factor theory, Abraham Maslow's (1943) hierarchy of needs theory supported this study. Maslow's motivation theory is one of the most prominent motivational theories of the twentieth century. The introduction of neo-human relations, as put forth by Maslow, expressed the importance of human psychological needs (Ramprasad, 2013). Maslow's theory specified five hierarchies of needs factors (a) physiology needs/basic needs (b) safety needs (c) belongingness and affiliation (d) esteem needs, and (d) self-actualization that motivate employees (Shah, Rehman, Akhtar, Zafar, and Riaz, 2012). Li, Hsieh, and Rai (2013) use Maslow's theory to explain motivational differences in employees. According to Maslow's theory, employees must satisfy the basic needs to sustain life such as food, shelter and clothing, and things requiring pay to fulfill (Shah et al., 2013). A person cannot satisfy the remaining four needs until before attending to each preceding need on the hierarchy's continuum (Taormina & Gao, 2013).

In this study, I used Adam's equity theory (Adams & Freeman, 1976) as an alternative framework to Herzberg's dual-factor theory and Maslow's hierarchy of needs theory. Originally, designed to explain relational satisfaction in organizations, the theory

has since become an important concept in management and business. Equity theorists posit fairness is the central motivator. If an individual perceives fair treatment, he or she is likely to commit to accomplishing shared goals; conversely, when an individual perceives an unfair environment as being unfair, no motivation occurs.

Operational Definitions

Critical care setting. The critical care setting is a fast-paced work situation with high levels of patient care (Boev, 2012).

Extrinsic rewards. Extrinsic rewards (e.g. salary, promotions, and incentives) refer to tangible rewards external to the job (Aktar, Sachu, & Ali, 2012).

Herzberg's dual-factor theory. Herzberg's dual factor theory described factors related to an employee's satisfaction and dissatisfaction with work (Park & Ryoo, 2013).

Hygiene factors or extra job factors. Hygiene factors or extra job factors are factors related to employment (e.g. salary, bonuses, and staffing) that help prevent employee dissatisfaction (McGlynn et al., 2012).

Intrinsic reward. Intrinsic rewards refer to work satisfaction derived from the work itself, and the performance of work (McGlynn et al., 2012).

Licensed practical nurse (LPN) and licensed vocational nurse (LVN). Licensed practical nurses and licensed vocational nurses are people trained as practical or vocational practitioners at community colleges for 18 to 24 months (Ross, 2012). Depending upon the state classification system, nurses are LPNs or LVNs.

Nurse turnover. Nurse turnover occurs when nurses voluntarily leave or are involuntarily terminated from their current positions and employers must fill vacant

positions with new hires (Duffield et al., 2014).

Reflexivity. A researcher's consideration of how personal bias may affect the research is reflexivity (Birchall, 2014).

Registered nurse (RN). A registered nurse is an individual who possesses a baccalaureate (Bachelor of Science in Nursing, or BSN) or associate's degrees in nursing (ADN), and one who has a license in the state in which he or she practices and works (Ross, 2012).

Turnover intention. Turnover intentions are those elements affecting an individual's desire to quit and action to quitting (Yücel, 2012).

Assumptions, Limitations, and Delimitations

Assumptions

Assumptions are an expression of a researcher's views about the truthfulness of facts (Gioia, Corley, & Hamilton, 2013); the facts may or may not be verifiable. The assumption for this study was all nurses would be honest in their responses and the responses would be reflective of their experiences.

Limitations

Limitations are inherent threats to specific research efforts (Brutus, Aguinis, & Wassmer, 2013). The population of this study included a purposeful sample of four RNs from northern Virginia and four from the eastern region of Virginia who had rich experiences related to the phenomenon and who could provide the information required about the study topic regardless of education level. Procedures for gaining access to participants included using contact information published in the The Virginia Nurse

Database to solicit participants. The justification for selecting eight participants was Yin (2014) proposed a sample size of three was sufficient for case study research.

The RN's education level was not a consideration for this study due to the weakness of evidence supporting the benefits to patient care of RNs with higher education (Blegen, Goode, Park, Vaughn, & Spetz, 2013). Although both regions have dense populations of potential participants who have varying educational levels, some nurses might not have been willing to participate in the study. The second limitation of this study was the collected data might contain biased information if nurses did not give honest answers. Potentially, a third limitation was the geographic location restricting generalizability to broader populations in other regions of the United States. Time was a limiting factor in this study; the time constraints associated with completing this study, coupled with the availability of the study's participants and the inability to surveil the participants in the clinical environment was a limitation that could have affected the quality of the data collected. The work environment of study participants might have been a limiting factor because of its effect on job satisfaction and interview responses (Liu et al., 2013).

Delimitations

Delimitations relate to factors narrowing the scope of the study (Podsakoff, MacKenzie, & Podsakoff, 2012). The delimitations of this study were the geographic locations and the use of eight nurse participants in the study. I only addressed reasons and solutions to nurse turnover from the perspective of nurses centering on nurses in clinical settings. Hospital leadership neither nurse supervisors participated in this study.

Delimiting the interviews to RNs from acute care clinical settings in a geographical region of Virginia might limit the transferability of the study's findings. Including RNs who worked in other settings and locations was beyond the scope of this study. The focus of this study delimited the findings to explaining the reasons and solutions for RN turnover because licensed practical nurses (LPN) and licensed vocational nurses (LVN) did not participate.

Significance of the Study

The significance of this study was the findings could provide healthcare organizational leaders with strategies useful for reducing turnover within the healthcare workforce. Consequently, this knowledge may help leaders reduce related organizational costs. An understanding of the issues and effects associated with nurse turnover will help healthcare managers and leaders eliminate the problem and alter related outcomes.

Effective Practice of Business

This study may fill gaps in the literature related to the understanding of the business problem. The study's results may offer leaders ways to enhance business practices and prevent or reduce nurse turnover. Specifically, the study's findings could give clues to developmental recruitment tools and retention strategies managers could use to reduce the problem in organizations. Recruitment and retention of experienced RNs pose a high financial burden for healthcare organizations (Velez, 2012).

Implications for Positive Social Change

This study may contribute to business practices and positive social change by educating healthcare organizations' leadership about the issues and effects of nurse

turnover. The findings from this study may reveal the effects of this phenomenon on the health of staff, patients, organizational productivity and overall profitability (Everhart, Neff, Al-Amin, Nogle, & Weech-Maldonado, 2013). Nurse turnover adversely affects leaders' abilities to be cost-effective and provide quality patient care (Lartey, Cummings, & Profetto-McGrath, 2014).

A Review of the Professional and Academic Literature

The purpose of a literature review was to summarize and synthesize previous research objectively; the intention was to gain new insights on the topic (Chen, 2012). The purpose of this qualitative case study was to develop strategies to help leaders of healthcare organization formulate strategies to mitigate the effects of nurse turnover and its cost to the organization. A detailed review of the literature indicated organizational leaders faced substantial costs related to employee turnover (Alhamwan et al., 2015). This review provided a base to explore the effect of nurse turnover in the healthcare industry. Discussed in this review are the following topics: Conceptual Framework, Overview of Employee and Nurse Turnover, Factors Affecting Nurse Turnover, Effect of Nurse Turnover, Leadership and Nurse Turnover, and Solutions to Reduce Nurse Turnover. The resources used for gathering peer-reviewed articles in this literature review included websites, research databases, and academic libraries. The words and phrases used to locate scholarly literature included: turnover; administrator; employee and nurse turnover; leadership and nurse turnover; solutions to reduce nurse turnover and conceptual framework. This literature review consists of 94% peer reviewed articles, and the remaining 6% includes government documents and seminal works.

Theories Grounding this Study

The conceptual framework for this study was Herzberg's dual-factor theory. According to Herzberg (1987), task-related motivators or job factors lead to good feelings. Task-related motivators include recognition, achievement, growth possibility, advancement, responsibility, and work (Tietjen & Myers, 1998). Herzberg noted hygiene factors or extra-job factors affected productivity and efficiency. Hygiene factors included (a) salary; (b) interpersonal relations with supervisors, subordinates, and peers; (c) the quality of supervision; (d) company policy and administration; (e) working conditions; (f) personal life factors; (g) social status; (h) the introduction and utility of technology; and (i) perceived job security (Herzberg, 1987; McGlynn et al., 2012).

Herzberg's dual-factor theory of job satisfaction and motivation distinguishes between intrinsic rewards experienced by the employee when performing the job, and extrinsic rewards external to the job (Agarwal, 1998; Herzberg, 1987; McGlynn et al., 2012). According to Agarwal (1998) and Herzberg (1987), intrinsic rewards include self-esteem, achievement, and growth, while pay, benefits, working conditions, positive interpersonal relationships, and supervisory praise are extrinsic rewards. Proponents of the dual-factor theory posit intrinsic rewards are the motivators of work behaviors and extrinsic rewards prevent dissatisfaction (Agarwal, 1998; Herzberg, 1987; McGlynn et al., 2012). I will use Herzberg's theory to explain intrinsic and extrinsic factors integral to the central research question.

Agarwal (1998) claimed the goal of any organizational reward system is to influence employee membership and performance. Employee membership includes

joining the organization, remaining in the organization, and reporting to work regularly. Employee performance includes a range of behaviors specific to the job. Agarwal used the dual-factor theory to explain the potential of a reward to produce the desired behavior. Organizational leaders need to understand different types of rewards and related factors and effects. Agarwal noted the relative importance of focusing on compensation rewards, as these are important and permanent aspects of the organizational reward system. All employees receive compensation rewards even if they are eligible for other types of rewards (intrinsic). Agarwal found intrinsic rewards alone may not be enough to generate and sustain high levels of the desired employee behaviors (e.g., retention). Frequently, an intertwining of intrinsic and extrinsic rewards can occur. For example, a job content factor like autonomy may influence intrinsic rewards and extrinsic rewards. Although Agarwal focused on extrinsic rewards primarily, the dual-factor theory provides insight into the multiplicity of factors influencing motivation, satisfaction, and turnover frequency.

Tietjen and Myers (1998) explored factors of motivation and job satisfaction and noted the importance of finding a way to ensure employee satisfaction. Employee satisfaction leads to the development of confidence, loyalty, commitment, and can improve the quality of output. Tietjen and Myers reported ensuring this satisfaction is a complex issue that may remain unresolved with only an incentive or compensation program. For example, employees must take pride in their work efforts. When incentivized with a company-sponsored vacation, such an enticement may not evoke pride. Tietjen and Myers recommended employing Herzberg's dual-factor theory in cases

in which, the intent of the researcher is to understand factors influencing employee satisfaction and motivation.

Alternative Motivational Theories

Maslow's motivation theory is a prominent motivational theory developed during of the 20th century. In the seminal paper, *A Theory of Human Behavior*, Maslow (1943) theorized human motivation occurs on a hierarchal level. At the basic level are physiological needs (eating, drinking, sleeping, sex), followed by safety needs (housing) and social needs (family or friendship). Finally, esteem needs and self-actualization are at the apex of the hierarchal pyramid. Maslow argued humans experience motivation to advance to achieve higher order needs if their lower order needs were sustainable.

Lee, Kruger, Whang, Uysal, and Sirgy (2014) used Maslow's theory as a framework for a study of the customer well-being index as it pertained to wildlife tourism. The authors used the theory to explain how wildlife industry leaders can contribute to meeting customers 'needs. The authors argued meeting these hierarchal needs (specifically, self-actualization) will increase the likelihood of rebooking.

The hierarchy of needs theory is the framework for studies in numerous disciplines. For example, Nielsen and Parker (2012) addressed the question of motivation as it pertains to regulatory compliance. Using Maslow's motivational theory, the authors found a hierarchy of needs determined the motivation for regulatory compliance or non-compliance. Significantly, motivation to comply or non-comply varied across different need domains. In another study by Li, Hsieh, and Rai (2013), the researchers used Maslow's theory to explain motivational differences in employees' use of information

systems. The authors found system's perceived usefulness in meeting needs, explained most of the employee system use.

John Stacey Adams introduced equity theory in the 1960s (Adams & Freedman, 1976). Bell and Martin (2012) discussed how managers use equity theory to address employees' feelings of unfairness. The equity theory offers three assumptions (a) employees expect compensation commensurate with work performed, (b) employees determine equity by making comparisons between input and outcomes compared to others, and (c) employees seek to reduce perceived inequity between themselves and others. These three assumptions discussed here exemplify the nature of the theory where employees seek to address and alleviate their feelings of inequity (Bell & Martin, 2012).

Equity theorists Nyer, Wrzus, Wagner, and Lang (2015) posited fairness motivated individuals. If an individual believes there to be fair treatment, the perception of fairness motivates him or her to accomplish shared goals; conversely, perceived unfairness demotivates. Adams designed the theory to explain relational satisfaction in organizations; however, the equity theory continues to be a useful framework for understanding concepts in management and business. For example, Tseng and Kuo (2014) used equity theory to explain customers' attitudes towards insurance fraud. The authors found customers who believed the deductible-premium ratio was unfair were more likely to accept the risks of, and eventually commit insurance fraud. Similarly, Al-Zawahreh and Al-Madi (2012) investigate the usefulness and efficacy of equity theory in explaining job satisfaction, motivation, and performance of Jordanian employees. The authors find some aspects of the theory are generalizable; the theory is not culturally

sensitive because it ignores cultural aspects of motivation and job satisfaction may differ across different cultural backgrounds.

Overview of Employee and Nurse Turnover

Understanding' the intent of nurses to remain at their jobs is of importance to leaders who seek solutions for maintaining sustainability within an organization. Newly licensed nurses are as important to the workforce as veteran nurses who have been on the job for longer (Friedman et al., 2013). According to Friedman et al., statisticians estimated hospital administrators hired at least one new graduate nurse each year between 2000 and 2005, during this period, approximately 84,800 licensed graduates were seeking employment. The Institute of Medicine (2011) released a report estimating a portion of newly licensed RNs would resign from hospital positions within one year (Cho, Lee, Mark, & Yun, 2012).

The number of young nurses, ages 23-26, account for a 62% increase of RNs entering the workforce (Letvak, Ruhm, & Gupta, 2013). This increase in career choice diminishes the nursing shortage; however, Delaney (2012) predicted the nursing shortage would continue beyond the year 2020. Each time a nurse leaves employment, the organization's leaders must begin the processes of hiring and orientating a new employee. Consequently, a related decrease in productivity and concomitant replacement costs occurs. According to Brewer et al. (2012), these costs are 1.2 to 1.3 times the yearly salary of an RN; costs reflect up to 5% of the hospital's annual budget. The United States government is the source of a proportion of the country's health care costs; government funds supplement the costs of nurse turnover. Hayes et al. (2012) offered a contradictory

argument, claiming there can be benefits for employer and employees because each new employee brings experience and knowledge to the healthcare workplace, qualities that may benefit others. The nurse who switches jobs may receive an increase in salary and benefits, with improved working conditions and less commuting time.

The gap between the demand and the supply of nurses in hospital settings is increasing (Klus, Ekerdt, & Gajewski, 2012). Nurse turnover contributes to this gap. United States' employers and recruitment companies are seeking internationally educated nurses to work in the country, either directly or indirectly. Tellez (2012) reported findings from a comparative longitudinal analysis of work satisfaction among California RNs. Tellez found satisfaction gains went unreported among acute care RNs and RNs working in direct patient care positions. The level of dissatisfaction was surprising because of lawmakers' legislative efforts to improve the working conditions of nurses; through legislation limited nurse-to-patient ratios, lawmakers thought processes seemed to be satisfied workers would be productive and less likely to leave the workplace (Tellez, 2012).

Factors Affecting Nurse Turnover

Working conditions including long shifts may result in nurse turnover. Stimpfel et al. (2012) reported the traditional eight-hour shifts are rare, and nurses tend to work twelve-hour shifts. Stimpfel et al. claimed this schedule provided nurses with a 3-day workweek and improve work-life balance. The actual shift length is unpredictable because of the unanticipated patient and staffing changes. Nurses tend to work unplanned overtime hours, shifts rotating between day and night duty, and consecutive long shifts.

Extended or rotating shifts result in nurse fatigue and burnout. Additionally, the potential exists for compromised patient care. Maryland and California are states where lawmakers enacted legislation to prohibit mandatory overtime for nurses, but nurses can still volunteer for overtime hours. Bae (2012) corroborated the views of Stimpfel et al. claiming-nurses continue to work overtime and unplanned hours despite legislative attempts to restrict mandatory overtime. Registered nurses continue to work overtime because of chronic under-staffing and fluctuating patient census (Bae, 2012).

Stimpfel et al. (2012) reported personnel shortages resulted in longer shifts for hospital nurses and increased burnout levels with patient dissatisfaction. Understanding the effects of extended shifts (12 hours or more) on nurses was the focus of the study by Stimpfel et al. Using survey data from California, New Jersey, Pennsylvania, and Florida researchers revealed more than 80% of the nurses were satisfied with scheduling practices. However, as nurses worked shifts of more than 13 hours, levels of patients' dissatisfaction with care also increased. Nurses who worked shifts of 10 or more hours were two and a half times more likely to experience burnout and job dissatisfaction compared to nurses working shorter shifts. Stimpfel et al. concluded extended shifts led to nurse burnout, which had a negative effect on patient care and resulted in nurse turnover. Stimpfel et al. advocated policies to regulate work hours and to promote a healthcare workplace culture respectful of nurses and allows for the refusal of long shifts.

Lansiquot, Tullai-McGuinness, and Madigan (2012) studied turnover intention among hospital-based RNs. Using a descriptive correlational design with a convenience sample of 301 RNs from hospitals in four English-speaking Eastern Caribbean countries,

Lansiquot et al. showed working conditions were not always the cause of turnover. In the responses to self-reported questionnaires, nurses revealed turnover intention at 2 years and 5 years; nurses had unfavorable perceptions of the practice environment and nurse-physician relationships. Nurses reported negative perceptions of the practice environment, available resources, nurse participation in hospital decisions, and nurse managers' leadership and support. Although there was an unfavorable perception of the practice environment, this was unrelated to nurses' intention to leave their jobs. There were positive collegial nurse-physician relations. Lansiquot et al. estimated nurse vacancy rates at 30%. These findings are consistent with those reported by Buchan, O'May, and Dussault (2013) who determined the existence a global financial crisis related to the nursing workforce. Data from the Organization for Economic Co-operation and Development, from the World Health Organization, from national nursing regulatory authorities, and academia reveal nurse migration is a problem.

Multiple factors. Hayes et al. (2012) reported on the multiple factors related to nurse turnover including heavy workloads, poor work environments, work stress, bullying or harassment, low job satisfaction, poor or inflexible work schedules, and critically ill patients. Turnover is a complex, multifaceted issue plaguing every field of health care (Hayes et al., 2012). An earlier study by Letvak and Buck (2008) corroborated the multiplicity effect on work productivity. Letvak and Buck conducted a study with 323 RNs from three hospitals and found there were predictor variables (individual and workplace characteristics, job stress, and health) accounted for only 9% of the variance for intent to stay in the nursing field. Aiken et al. (2012) conducted a

study of nurses in 12 European countries and the United States. According to Aiken et al., nurses were less likely to leave positions with a favorable working environment. Kutney-Lee, Wu, Sloane, Aiken, and Fagin, (2013) completed a similar study and confirmed the findings of Aiken et al.

Karantzas etal. (2012) examined contextual and personal factors related to the intent to quit in the aged care industry; Karantzas et al. focused on job satisfaction, self-esteem, stressors, stress and supervisor support. Survey data from 208 staff members including RNs revealed an unsupportive work environment, low leadership quality, and work stressors led to decreased job satisfaction, and this predicted nurses' intent to quit. Supervisor support related indirectly to occupational turnover intentions. Work stressors were the strongest predictor of intent to quit. However, nursing and job satisfaction mediated the relationship between work context and intent to quit. Similarly, Cho et al. (2012) studied turnover in new graduate nurses to determine related factors. Using data drawn from a three-year panel survey of 351 college graduates working as full-time RNs, Cho et al. found job dissatisfaction related to lower career survival rates. Specifically, dissatisfaction with work content, interpersonal relationships, and the physical work environment related to increased attrition. Married nurses who worked in small hospitals were more likely to quit. Hospital characteristics and job satisfaction correlated positively to the turnover problem.

Age and retention. Nurse retention issues may depend on the age of a nurse. Wieck, Dols, and Landrum (2010) reported on retention issues in an intergenerational nurse workforce. These authors conducted a study with staff nurses at 22 southern

hospitals. Using an online survey to assess job satisfaction and perceptions of safety, Wieck et al. showed satisfaction with work environment was high. The highest scores were for satisfaction with nurse-physician relationships while the lowest scores were for nurses desiring more control over how they (nurses) practice. Younger nurses expressed lower levels of satisfaction than those over age 40 years. Nurse safety was a concern for 40% of the sample. One-third of the nurses born between 1980 and 2000 reported plans to leave their jobs within two years; over 65% planned to leave within the 5 years; and 61% planned to leave within 10 years (Wieck, Dols, & Landrum, 2010). Nurses who responded to this survey claimed working managers who lacked emotional intelligence and the absence of professional and personal support in work environments were the causes of turnover. Although grouped differently, in a study by Lavoie-Tremblay et al. (2010), researchers described working climate perceptions and intentions to quit among three generations of hospital workers and nurses. The sample included Baby Boomers (born between 1946 and 1963), Generation X (born between 1964 and 1980), and Generation Y (born between 1981 and 2000) staff. Lavoie-Tremblay et al. used a quantitative study with a descriptive correlational design and a sample of 1,376 hospital workers (42. 1% nurses, 15. 6% support staff, 20. 1% office employees, and 22. 1% health professionals or technicians). Using self-administered questionnaires, Lavoie-Tremblay et al. found the proportion of Generation Y nurses who intend to quit was three times more than other hospital workers from Generation Y; career advancement was the main reason for intent to quit. Retirement was the main reason for intent to quit for Baby Boomers (Lavoie-Tremblay et al., 2010)

Nurse empowerment issues. Daniels et al. (2012) noted employment status is a factor in nurse turnover. This finding is consistent with the study by Karim and Rehman (2012), who examined the moderating effect of the employee empowerment on employee turnover in small and medium-sized enterprises. Daniels et al. determined allocation, promotion opportunity, monotonous work, internal social support, and exterior work opportunities were predictive of turnover tendency. Employee psychological empowerment moderated this outcome. The authors concluded leadership must enhance employee's psychological empowerment to reduce the intent to leave (Karim & Rehman 2012).

Federici and Skaalvik (2012) reported about employee self-efficacy relating to job satisfaction, burnout, and motivation to quit. Using electronic questionnaires, the researcher's findings from the study 1,818 individuals showed principal self-efficacy relates to job satisfaction and motivation to quit, yet negatively related to burnout. Additionally, job dissatisfaction relates to motivation to quit. Burnout relates to both job satisfaction and motivation to quit. According to Federici and Skaalvik, findings support the need for self-efficacy or self-empowerment to reduce employee turnover.

Satisfaction and commitment. Nurses have different sources of satisfaction and these sources affect motivation and intent to leave. Yücel (2012) explored relationships among job satisfaction, organizational commitment, and turnover intention. Survey findings from a sample of 250 employees showed job satisfaction was an antecedent of organizational commitment and turnover intention and high levels of job satisfaction lead to higher commitment and lower turnover intention. Yücel supported the need to

understand factors related to job satisfaction. Similarly, Hoonakker et al. (2013) reported interview findings from 50 nurses in five tele-ICUs that the challenges, teamwork, and opportunities for new learning occurring in this setting were sources of satisfaction and motivation. Relationships and interactions also have the potential to lead to job dissatisfaction.

Reporting on predictors of work quality of nurses' intention to leave, Lee, Dai, Park, and McCreary (2013) used a cross-sectional survey study with a sample of 1,283 nurses at seven hospitals. Lee et al. found individual-related variables (single, possessing a diploma or lower educational level), a work-related variable (working at a nonteaching hospital), and the four quality of work dimensions had a significant role in nurses' intent to leave. Lee et al. concluded nursing administrators needed to provide job security, professional recognition, optimal work arrangements, and workloads so nurse employees could achieve a balance between work and home life. Additionally, Lee et al. (2013) recommended administers could optimize nursing staffing and patient care to improve job satisfaction.

Kash and Naufal (2008) studied the effect of quality and intent to quit; they found job satisfaction and empowerment did not predict intent to leave in models that included three alternative measures of quality of care provided at the facility. Using survey findings of 626 observations from RNs in 1,017 Texas nursing homes, Kash and Naugal determined job satisfaction and empowerment negatively related to the intent to leave. The conclusion was, according to Kash and Naugal, that quality of care was a predictor of intent to leave. Findings in another study showed 24% of nurses in poor practice

environments expressed intent to leave their job within a year (Lin, Chiang, & Chen, 2011). Van den Heede et al. (2013) offered corroborating findings, stating job satisfaction, and perception of quality of care in acute care hospitals predicts nurses' intention to leave.

Job satisfaction had a positive effect on behaviors and a strong negative effect on intention to leave (Atefi, Abdullah, Wong, & Mazlom, 2014). Atefi et al. explored factors affecting critical care and medical-surgical nurses job satisfaction. The study included 10 focus group discussions consisting of 85 critical care and medical-surgical nurses. Atefi et al. found nurses experienced a spiritual feeling helping patients and remaining involved in their care; these experiences led to job satisfaction. Although this sample of 85 nurses represented a fraction of the nursing specialties found in a hospital, their participation in the study yielded information to assist nursing managers and policy makers with mitigating job satisfaction and intention to quit. Choong, Lau, Kuek, and Lee (2012) explored job satisfaction relating to nurse turnover. These authors explored the literature and stated job satisfaction is a major predictor of intent to leave a job. Specifically, findings verified a significant relationship between job satisfaction, leadership style, psychological empowerment, and job stress.

Ravari, Bazargan-Hejazi, Ebadi, Mirzaei, and Oshvandi (2013) conducted a qualitative study to investigate factors of work values and job satisfaction. Research findings revealed five themes, which consisted of values that encourage tolerance, enhance inner harmony, reflect traditional commitment, enhance unity, and centered on altruism and spiritual values (p. 452). Results showed nurses rated their profession as a

divine profession; nurses claimed they could gain spiritual pleasure and satisfaction (p. 455). Ravari et al. concluded work-related values have the potential to reduce job dissatisfaction, and this factor may reduce job instability and turnover.

Shahid and Azhar (2013) explored the factor of employee commitment because this linked to job satisfaction, job turnover, and organizational effectiveness. These authors noted employee commitment was an important factor related to the ability of an organization to retain more staff, and to increasing achievement, productivity, and effectiveness. Shahid and Azhar sought to identify factors influencing job commitment. Findings of a metaanalysis revealed job commitment related to relationship and trust, values, culture, effective leadership, HR policies and procedures, training and development, pay satisfaction, autonomy, and satisfaction with supervision (Shahid & Azhar, 2013). Organizations with high levels of employee commitment also had measurable productivity increases and lower percentages of employee turnover. These researchers verified the two-way relationship between employer and employee regarding job satisfaction, employee commitment, and employee engagement.

Job dimensions and nurse turnover. Boltz, Capezuti, Wagner, Rosenberg, and Secic (2013) reported performance-based payment incentives have the potential to increase burden and blame for hospital nurses, a job dimension known to lead to nurse turnover. Chu, Wodchis, and Mcgilton (2012) studied turnover amoung long-term-care nurses using data from surveys of 324 practicing nurses across 49 long term care facilities in Ontario Canada. Findings showed significant relationships between demographic variables and job-related dimensions. Job-related dimensions included benefits (pay,

flexible schedules, growth opportunity, facility conditions, supervisor relations, patient behavior). Costs were another aspect of job-related dimensions (facility conditions, supervisor relations, patient behavior, and family needs). Chu et al. concluded administrator turnover and leadership practices were significant influences in a nurse's decision whether to leave the institution or to remain.

Nurse-physician relationship. There is sparse literature related to the extant relationships between nurses and physicians. The nurse-physician relationship has the potential to influence the work environment, patient care, work satisfaction, and nurse turnover (Friese & Manojlovich, 2012). Friese and Manojlovich studied nurse-physician relationships in ambulatory oncology settings. Survey results showed relationships between RNs and physicians were favorable. Physician behaviors and structural factors influenced these relationships. The authors concluded favorable nurse-physician relationships reflected positively on healthcare workplaces and promoted quality care and nurse retention.

Ethical climate. Huang, You, and Tsai (2012) studied the influence of five types of ethical climates, organizational commitment, job satisfaction, and organizational citizenship behavior through quantitative research of 450 nurses working in three metropolitan hospitals in Taiwan. The researchers showed demographic characteristics (gender, education, average wage and job experience) partially influenced the perception of an ideal ethical climate. Perceptions of caring, law, code, and independence climate types related to a high level of ethical climate and job satisfaction, and perceptions of actual caring and service climates positively influenced job satisfaction. Thus, the ethical

climate influenced job satisfaction and job retention potentially. Moral distress and avoidance behavior in nurses were the focus of study by de Villers and de Von (2013); researchers determined nurses face moral issues that could lead to moral distress. de Villers and de Von used a sample 68 critical care and 28 non-critical care nurses to determine differences in moral distress levels. Using data collected from 96 participants, researchers showed there were no differences in moral distress scores, or in the effect of event scores after adjusting for age between the two groups. Moral distress was present and related to avoidance behaviors for both groups. Healthcare leaders have an ethical responsibility to foster and maintain an ethical environment so healthcare providers can perform their duties and manage stress appropriately, according to Lin et al. (2013).

Solutions to this problem of nurse turnover include utilizing a robust nurse retention policy to address job satisfaction and a diversified retention policy to address organizational commitment (Wisdom, Cavaleri, Onwuegbuzie, & Green, 2012). Liu et al. (2012) reported nurses working in hospitals with substandard environmental conditions tend to be less satisfied and more apt to leave the healthcare workplace. Hwang and Park (2014) reported enhancing ethical behavior in health care organizations contributed to reducing nurse turnover.

Cohen, Foglia, Kwong, Perlman, and Fox (2015) indicated healthcare organizations with ethical cultures have greater levels of employee productivity, staff turnover, high levels of employee and patient safety, cost savings, and patient satisfaction. Deviant workplace behavior among healthcare employees threatens the effectiveness of solutions to moral distress and avoidance in the workplace.

Understanding the antecedents of deviant behaviors is important. Deviant employee behavior includes individual and organizational behaviors depending on the intended target of the behavior. Harassing and aggressive behaviors directed at individuals, or sabotage, theft, and absenteeism directed toward the organization are deviant behaviors. Chullen et al. studied factors of supportive leadership (with leader-member exchange and perceived organizational support) and job design (intrinsic motivation and depersonalization) to determine the predictive ability of subsequent deviant behavior. The study sample included over 1,900 employees from a large healthcare organization. Weaker perceptions of leader-member exchange and stronger perceptions of depersonalization predicted the likelihood of engagement in deviant behavior directed at the individual. Weaker perceptions of perceived organizational support and intrinsic motivation predicted the significant likelihood of engaging in deviant behavior directed at the organization. This information is helpful in understanding how to maintain an ethical climate and reduce employee turnover.

Violence. Nurses reported exposure to weekly or daily aggression resulting in emotional distress, poor physical health, decreased organizational commitment, and intent to leave (Laschingerer & Grau, 2012). Jackson, Wilkes, Waine, and Luck (2013) noted violence toward nurses is definable as emotional abuse, verbal abuse, threat, or actual violence, influences the work environment, and patient outcomes. Waschgler, Ruiz-Hernández, Llor-Esteban, and Garćia-Izquierdo (2013) using qualitative and quantitative methodology to study this issue, collected survey data from 1,489 nurses from 11 public hospitals. Research data substantiated the views of researchers who

claimed up to 90% of nurses experienced incidents of lateral violence (Ceravolo, Schartz, Foltz-Ramos, & Castner, 2012).

Nurses acknowledge being the targets of physical violence and verbal aggression in United States hospitals (Chen, Ku & Yang, (2013). Specifically, 40% reported experiencing violence in the last year, and 60% reported being victims of physical violence. Nurses in the southeastern United States reported experiencing physical violence at the rate of 50% and verbal abuse at 70%. The incidents of reported violence were strongly related to the department in which the nurse worked. There were unit operational factors contributed to healthcare workplace violence and emotional abuse. For example, interacting with patients and colleauges during stressful situations (Chen et al., 2013). Chen et al. found no link between the level of nurse education and reported perceptions of violence. Perceptions of emotional violence related positively to the intent to quit. Violence was prominent in the working life of nurses and perceptions of violence related to poor work environment, adverse patient outcomes, and low job satisfaction.

In a related study or psychiatric nurses, Hanrahan, Kumar, and Aiken (2010) reported experiencing adverse events linked to organizational factors. General hospitals receive up to 60% of inpatient psychiatric admissions. Hanrahan et al. sought to examine the occurrence of adverse events related to admissions and determine the linkage between organizational factors and these events. Adverse events included patient falls and injuries, wrong medication, patient and family complaints, staff injuries, and verbal abuse toward nurses. Hanrahan et al. (2010) combined data from a survey administered to nurses with hospital data. More than 350 psychiatric RNs in 67 Pennsylvania general hospitals

responded to surveys. The researchers assessed adverse events, nurse characteristics, and organizational factors. Results showed RNs reported experiencing verbal abuse (79%) and work-related injuries (39%). The study participants also reported complaints (61%) and patient falls with injuries (44%). Based on the data, researchers linked fewer patient falls and staff work-related injuries to managers' skill sets. Findings also indicated the quality of nurse-physician relationship and lower patient-to-nurse ratios reduced incidents of staff injuries. The authors concluded organizational care factors contributed to the occurrence of adverse events in hospitals with inpatient psychiatric care facilities.

Workplace bullying. The first investigation of mobbing, also known as workplace bullying, occurred in the 1980's when Dr. Heinz Leymann published the research (Lutgen-Sandvik & Tracy, 2012). The purpose of Leymann's study was to gain an understanding of the effects of workplace bullying on victims. Leymann defined mobbing and workplace bullying as hostile and unethical behavior aimed at individuals who are unable to defend themselves (Mulder, Pouwelse, Lodewijkx, & Bolman, 2013). Workplace bullying occurs in a wide variety of forms and has many characteristics or features (Tuckey & Neall, 2014). Employees experienced negative eye contact (staring or scowling), verbal or threatening physical gestures, and silent treatments. Workplace bullying also included exclusion from workplace activities and functions, receiving demeaning work assignments, and belittling or humiliating, and ridiculing in front of an audience.

The prevalence of workplace bullying is an issue that has received more and more attention over the last several years due to the increasing recognition of the serious

negative impacts workplace bullying can have on professional organizations (Bentley et al., 2012). Determining the relative prevalence of workplace bullying is not as easy as it may seem, however. There are numerous factors worth considering when studying the nature of workplace bullying. Similarly, accurately measuring the prevalence of bullying across a large sample of workplaces is of import. For example, the precise definition of workplace bullying can vary depending on the researchers. Leaders in specific industries may also be more likely to contain bullying incidents or behaviors, and these can skew the results of surveys and measuring attempts. In studying the prevalence of workplace bullying, it also becomes clear certain risk factors and characteristics seem to contribute in a causal relationship to workplace bullying. For this reason, workplaces that meet these criteria will have a higher overall prevalence of workplace bullying than those that do not (Bentley et al., 2012).

The relationship between the victim of workplace bullying and the organization is at the heart of the workplace dynamic (Escartín, Ulrich, Zapf, Schülter, & van Dick, 2013). Bullying interferes with the ability of the individual to contribute to the organization at his or her maximum potential. Incidents of bullying result in lower performance. Lower individual performance affects the performance of the organization directly. Workplace bullying may damage an organization because the behaviors affect victims and helpless bystanders (Escartín et al., 2013).

According to Gaffney, DeMarco, Hofmeyer, Vessey, and Budin (2012), the effects of workplace bullying are disruptive in the medical environment. Physicians create an atmosphere of disrespect, threatening nurses' abilities to ensure quality medical

care, patient safety, and optimal clinical outcomes (Leape et al., 2013). Nurses were particularly susceptible to bullying because of the distinguishing authority and education existing between the two groups.

When surgeons or physicians bully nurses, it weakens the teamwork required to improve practice (Leape et al., 2013). The decrease in morale suffered by victims of bullying manifests as a reduction in the quality of care or inattentiveness, and poor communication between personnel. The effects of bullying could contribute to undesirable medical outcomes and needless complications resulting in errors made by the victim. Gaffney, DeMarco, Hofmeyer, Vessey, and Budin (2012) claimed the effects of bullying are isolating. If a nurse feels isolated by the bullying behaviors of a surgeon, the bullying behavior may have collateral effects on the clinical team. The team's ability to deliver care to patients effectively and safely is at risk. According to Nielsen, Hetland, Matthiesen and Einarsen (2012), medical practitioners, who face bullying, are likely to seek employment and opportunities elsewhere, or turn to alcohol and drugs to cope with the associated stressors (Nielsen et al., 2012).

Noticeable in the research literature, concerns about workplace bullying have been especially common in certain professions, such as nursing. Healthcare professionals are worried about workplace bullying because it increases stress among nurses and often leads them to quit their jobs. This phenomenon, in turn, has contributed to a shortage of qualified nurses in the industry. Berry, Gillespie, Gates, and Schafer (2012) conducted an Internet-based survey with a sample of 197 novice nurses in Ohio, Kentucky, and Indiana. Among participating nurses, 91% of the respondents were women. Researchers

used three instruments to measure the responses: (1) the Healthcare Productivity Survey, (2) the Negative Acts Questionnaire, and (3) a demographic survey. Berry et al. (2012) identified three separate events that may lead to turnover. First, 87% of the participants experienced workplace bullying in some form. Second, 84. 3% of the novice nurses claimed they experienced bullying, social avoidance in the workplace, were the victims of gossip. Finally, 37. 3% of the respondents said they experienced bullying in the form of intimidation or public chastisement (Berry et al., 2012). Approximately 58. 4% of the novice nurses reported being a target of bullying over a month's period, and 17. 3% said they had witnessed the bullying of others during the same period. Another 21. 3% of the nurses reported bullying daily. According to Berry et al., 44% of the bullies were staff nurses in positions of power. Findings in this study confirmed the negative effects of workplace bullying on productivity and the retention of nurses.

Stressful work conditions. Happell et al. (2012) encouraged the development of solutions for the creation of healthy workplaces. These authors showed the psychosocial work environment influences the psychological health of these nurses. Happell et al. used a qualitative exploratory study conducting focus groups with 38 RNs. RNs' reported experiencing 12 sources of stress; (a) an increase in workload, (b) unavailability of physicians, (c) unsupportive management,(d) human resource issues, (e) interpersonal issues, (f) relative of patients, (g) shift work, (h) car parking, (i) handover, (j) no common space for nurses, (k) not progressing at work, and (l) patient mental health. RNs faced with high levels of psychological distress resulting from exposure to difficult work environments; distress influenced decisions to leave the profession and exacerbated

employee shortages (Mark & Smith, 2012).

Exhaustion leads to burnout among nursing staff (Edmonds, Lockwood, Bezjak, & Nyhof-Young, 2012). Edmonds et al. (2012) claimed emotional exhaustion is problematic in oncology departments. Interventions are effective for dealing with exhaustion and burnout. Researchers used an instrument for evaluating the Care for the Professional Caregiver Program; over 700 healthcare workers responded to the survey. Researchers used the statistical information to investigate the effects of intervention programs on three groups of oncology nurses (pediatric, surgical, and general staff) and one group of nurse managers. One-third of the nurses reported baseline burnout scores with a significant decrease in emotional exhaustion at 1- and 7-month follow-up testing. Edmonds et al. (2012) concluded intervention programs useful for reducing emotional exhaustion and burnout. Burnout was a psychological complex of behaviors or syndromes that were of interest to researchers. Shapira-Lishchinsky and Even-Zohar (2011) reported on withdrawal behaviors syndrome, a symptom of burnout included tardiness and absence with intent to leave work. The researchers used questionnaires and hospital records to collect data. Affective commitment mediated the relationship between nurses' ethical perceptions of caring climate, formal climate, and distributive justice as well as intent to quit. Lateness related positively to absence frequency and negatively related to intent to leave. Males were late more frequently than females, and nurses in senior positions had a higher incidence of absenteeism (Shapira-Lishchinsky & Even-Zohar, 2011).

Using a sample of 300 healthcare professionals (nurses and auxiliary nurses) from

varying hematology, oncology, and hematology/oncology units in public and private hospitals, Gillet, Fouquereau, Bonnaud-Antignac, Mokounkolo and Colombat (2013) explored the relationship between transformational leadership and nurses' worrk life quality. The goal of Gillet et al. was to determine the relationship between organizational injustice, quality worlk life and comittment to work. The authors concluded transformational leadership is beneficial to both nurses and organization. Transformational leadership tends to enhance nurse work life quality with a positive effect on work commitment.

Effect of Nurse Turnover

Shekelle (2013) reported nurse staffing and nurse-patient ratios affect costs of care delivery and the hospital's bottom line. Issues like inadequate safety measures, failure to rescue, postoperative sepsis, pneumonia mortality, deep vein thrombosis, and decubitus ulcers frequently occurred in settings with high nurse turnover ratios. Similarly, high turnover ratios correlated inversely with levels of patient satisfaction (Shekelle, 2013). Researchers confirmed the level of nursing care is important to patient satisfaction (Aiken et al., 2012). Aiken et al. (2012) studied the relationship between nursing and patient satisfaction using data obtained from nurses surveyed in acute care hospitals (488 in 12 European countries; 617 in the United States); patients from 210 European hospitals and 430 United States hospitals were administered surveys. Researchers found work environment relates to patient satisfaction; additionally, patient-to-nurse workloads relate to patients' ratings, recommendations, and satisfaction with discharge information. The authors concluded improving nurse staffing and work environments is necessary to

improve patient satisfaction and quality of care.

Aiken et al. (2012) explored the effects of nursing shortages on patient safety. These authors studied this issue by surveying nurses (27,509 in the United States; 33,659 in 12 European countries) and patients (120,000 in the United States; 11,318 in Europe) in the United States and Europe. The respondents included nurses and patients from the United States and Europe. Results showed similarities between nursing quality in the United States and Europe as it relates to patient care and safety. Findings revealed two emergent themes suggesting *hospitals with good work environments and a well trained professional nursing staff leads to satisified nurses, patients, and patient safety; improving hospital work environments is an afordable strategy to retain quality nursing staff and improve patient outcomes* (Aiken et al., 2012, p. 6).

Tilden, Thompson, Gajewski, and Bott (2012) reported on the high cost of nurse turnover in end-of-life care found in nursing homes. These authors noted nursing home staff turnover results in high economic and personal costs. High levels of staff turnover and low job satisfaction are common problems throughout the nursing home industry, with turnover rates ranging between 55% and 75%. These turnover rates result in incremental decreases in the patient's quality of dying. Tilden et al. ranked 85 facilities by scores on quality of dying and elected five nursing homes at the top and five at the bottom of this ranking to examine narrative data. Researchers observed administrator turnover in 39% of facilities and site coordinator turnover in 40% of facilities; additionally, in 18% of facilities both positions had staff changes. Researchers also identified deficiencies in care quality. Tilden et al. (2012) used narratives and

commentary to assess facilities. Based on narrative data, researchers found deficiencies in care quality in low-performing facilities. However, in the five high-performing facilities family members praised the staff and only occasionally complained. Comments from family members implied staff members were family oriented and cared for patients well. Well-staffed facilities showed no shortage of individualized attention for the patient and family even beyond the death of a family member. Staff provided memorial activities including cards, photos, and poems to the family after the death of a family member.

Leadership and Nurse Turnover

Nurse Managers and assistant nurse managers make up the front line leadership responsible for creating and maintaining an environment where nurses can practice safe, high-quality care and patient satisfaction (Titzer, Phillips, Tooley, Hall, & Shirley, 2013). Patient satisfaction is an important outcome affecting hospital reimbursement. The critical care setting is a fast-paced work situation with high levels of patient care. Boev (2012) explored leadership relating to the link between nurses' perception of the work environment and patient satisfaction in an adult, critical care environment. Boev used existing data for the study, compared variables at different unit levels, and found patients reported experiencing satisfaction with their hospitalization. Similarly, nurses reported moderate levels of satisfaction with the work environment and higher levels of satisfaction with the nurse manager.

Donoghue and Castle (2009) studied leadership styles of nursing home administrators to determine the related link to staff turnover; the authors used primary data from a 2005 survey of 2,900 nursing home administrators. Donoghue and Castle

determined the effects of leadership style as well as effects of organizational characteristics and local economic characteristics on staff turnover. The sample included RNs, licensed practical nurses, and nurse aides. Donoghue and Castle found administrators, who solicited and acted upon staff input, had the lowest turnover levels for RNs (7%), licensed practical nurses (3%), and nurse's aides (44%). Shareholder managers (who did not solicit input for decisions and who did not provide staff with relevant information for decision-making) had the highest turnover levels for RNs (32%), licensed practical nurses (56%), and nurse's aides (168%). Donoghue and Castle concluded leadership style related to staff turnover, even when controlling for effects of organizational and local economic conditions.

Ahmad et al. (2013) also studied the effect of leadership style on nurse job satisfaction. These authors noted previous researchers concluded leaders had an important role in enhancing job satisfaction. Managers who used the transformational or transactional leadership style were able to influence job satisfaction among staff members. Ahmad et al. explained transformational leaders focused on the building of relationships between employees and employers, encouraged team building and employee creativity, and increased employee motivation. Transformational leadership is noted by Gillet et al. (2013) to have a positive affect on nurse work life quality. The transactional leaders focused on the exchange between the leaders and the employees and the managed tasks. Transformational and relational leadership styles should be encouraged by organizations and individuals to improve nurse satisfaction, retention, and recruitment (Currie & Hill, 2012).

Solutions to Reduce Nurse Turnover

Transition and orientation programs. Trepanier, Early, Ulrich, and Cherry (2012), and Hatler, Stoffers, Kelly, Redding, and Carr (2011) reported on the lack of strategies to reduce new nurse turnover. Hatler et al. proposed using work unit transformation to welcome the new graduate nurses. Work units consisted of seasoned staff nurses who had a passion for teaching. Hatler et al. explained during the initial 3 to 12 months of employment, new graduate nurses (NGRNs) experienced stress during career transition; stress related to variations between educational settings and work environments. According to Hatler et al., NGRNs required organizational support, as well as clinical learning experience and social support to make a successful transition. New nurse graduates received information and support for team building, quality measures, and conflict management. When each new nurse shadowed a clinical scholar for one shift to develop capabilities, the new nurse would begin to take on more patients until he or she could manage a full patient load.

Hatler et al. (2011) reported outcomes of this proposed solution to nurse turnover. These researchers demonstrated new nurses perceived higher levels of autonomy and control over tasks and their absentee rates diminished by 19%; an outcome suggestive of decreased work stress. By the end of six months, 94% of participants remained employed. This experiment resulted in the development of manual and cognitive skills as each new employee developed his or her care routines. Nurses expressed high satisfaction with the experience and reported commitment to further development and the intention of staying employed with the hospital.

Another group of researchers proved how specialized orientation programs can support new graduate RNs and result in increased retention, decreased turnover, and decreased financial costs. Friedman et al. (2013) reported on a strategy for new RNs with pediatric orientations. These authors noted the retention of these nurses is a problem for hospitals resulting in financial costs. Retention rates for the first year of employment range from 25% to 64%. One state-run hospital in New York spent 11.7% of the nursing budget on temporary nursing staffing in 2005. Friedman et al. compared costs related to nurse turnover before and after the implementation of yearlong pediatric critical care, emergency department, and hematology/oncology orientation programs. The authors found retention rates improved from 84% to 94% with annual financial savings.

Presenting lessons learned from a 10-year longitudinal study, Ulrich et al. (2010) reported on strategies needed to improve retention, confidence, and competence in new graduate nurses. Ulrich et al. claimed to achieve successful individual and organizational outcomes; an RN residency must include a defined set of standards based on outcome-validated competencies. This residency staff must teach according to these standards and monitor adherence to the same set of standards. Additionally, quantitative and qualitative measures of outcomes should evaluate competencies. The authors confirmed the benefits of structured, immersive RN residency program. Programs consisting of organizational and leadership support in conjunction with professional guidance, classroom instruction guided opportunities for the development of skills mastery and stakeholder engagement create an effective environment for attracting and retaining new graduate nurses in the workplace.

Strategic models and checklists. Gutierrez and Carver (2012), Kowalski and Kelley (2013) discussed shortages of nursing faculty. Kowalski and Kelly reported shortages lead organizational leaders to recruit and compete for new nurses on a national scale; competing and recruiting at the national level caused increases in health care delivery costs, and limits care capacity. According to Kowalski and Kelley, the lack of educational resources in the United States was indicative of a continuing battle in the country. Solutions require multiple activities designed to change behaviors and priorities of targeted individuals by addressing elemental causes of shortages. Nursing faculty shortage results in systemic problems; institutional leaders must mount a coordinated response to ensure changes. A strategic framework model of change, with identified outcome criteria, is necessary (Kowalski & Kelley, 2013). Systematic and institutional changes must occur among existing and new faculty, academic administrators, state policymakers, leaders in the community, and within health care systems.

Nurses' perspectives. Buffington, Zwink, and Fink (2012) claimed a solution to nurse turnover includes an organizational commitment to nurse retention strategies and recognition of nurses' contributions to the healthcare team. The nurse incentives project met this purpose. The authors conducted a study using data from hospitals in four states in the southern and western United States. The analysis included data collected from 1,559 surveys. Researchers confirmed nurses were aware of specific needs including stress intervention programs for younger and senior RNs. RNs wanted to voice their concerns to nursing managers. When problems remain, RNs seek employment elsewhere. Among the needs identified by these researchers were opportunities to participate in

organizational decision-making and flexibility in scheduling. Identified solutions included investment, building friendly environments with respectful relationships, good communication, floating or revolving teams, satisfying benefits programs, and consideration of generational differences regarding work environment.

Hunt (2014) reported nurses are striving to have concerns heard and recognized. Focusing on RNs and nurse managers, Hunt used a quantitative non-experimental study whish, included 92 RNs and 21 nurse managers from five non-magnet hospitals in the United States. Nurses reported needing organizational support to maintain competency, support to resolve staffing and resource issues, engaged organizational leadership, and improved nurse-leadership relationships. When managers acknowledged nurses' concerns and acted on (nurses') recommendations, noticeable improvements occurred in the healthcare workplace. Lefton (2012) reported meaningful recognition strengthened the workforce. Lefton further presented a discussion of the power of meaningful recognition as evidenced by hospitals in which the Disease Attacking the Immune System (DAISY) award was a tool for recognizing extraordinary nursing practice. According to Lefton, a fundamental component for sustaining a healthy work environment is meaningful recognition of the extraordinary contributions of nurses in the work environment (Lefton, 2012). Findings from a multisite study supported this conclusion. For this study, 20 health care organizations from 14 states using the DAISY Award to recognize extraordinary nurses participated. Data analysis was from 2,195 nominations from patients, families, and colleagues. Lefton concluded meaningful recognition process enhanced the value of nursing. Also, patients, family members, and colleagues could

describe events and matters of consequence. Lefton added details augmenting patient satisfaction data, and formal recognition and celebration of extraordinary nursing shaped the culture of the organization and strengthened the workforce.

The unique solution to this problem could involve holism, which addresses factors affecting humans in all situations (Meurk, Broom, Adams, & Sibbritt, 2012). Interest in holistic nursing is increasing and concomitant growths in the number of organizations and networks representing the field. Organizations and networks such as the American Holistic Health Association (AHHA), the American Holistic Medical Association (AHMA) and faith based organizations support activities like continuing education, outreach, retreats, festivals, fairs, and web-forum discussions. According to Strout (2012), a shift from an illness-based system to health- and wellness-based system must take place to foster a healing environment. Leaders must embrace a holistic approach that leads to healthier and happier employees, improved quality of care, and positive work environment.

Transition

Section 1 included an overview of this qualitative case study regarding nurse turnover in healthcare settings. I developed the proposed research question and purpose statement. Also included in this section are the nature of this study and its conceptual framework. This section ended with an overview is the outcome of an exhaustive review of the literature and the collection of supportive information. Section 2 included discussions and details of the proposed study including the role of the researcher, research method, and research design. This section also included discussions on data

collection and the chosen population for the study. The purpose of Section 2 was to present an overview of the plan to answer the research question. Section 3 contained the study's findings, conclusions, and a personal reflection on the research experience.

Section 2: The Project

Leaders of healthcare organizations face important decisions resulting from the continuing problem of nursing staff turnover and the ability to maintain a competitive advantage relating to nurse recruitment and retention (Everhart, Neff, Al-Amin, Nogle, & Weech-Maldonado, 2013). Section 2 included detailed information about the research method, role of the researcher, and selection of research participants. This section also included discussions about the techniques and data collection strategies. Section 2 concluded with a discussion of strategies for addressing research reliability and validity.

Purpose Statement

The purpose of this proposed qualitative multiple case study was to explore strategies useful for leaders of healthcare organizations to mitigate the effects of nurse turnover and its costs. I interviewed four nurses from northern Virginia and four nurses from eastern Virginia, each of who had a minimum of 2 years work experience in a clinical setting. Exploring the problem from the perspective of nurses' helped me to develop a deeper understanding of the problem and generate possible solutions.

The findings from this study may contribute to social change by providing insights into the conditions that could strengthen the healthcare workplace environment and could contribute to patient care improvements, reduce turnover rates, and increase productivity. The results may also assist organizational leaders with the formulating strategies to prevent or significantly reduce nurse turnover within the clinical healthcare environment. Developing new strategies is critical for leaders to meet an organization's growth and sustainability goals (Millar & Magala, 2012). Positive social change may

occur if changes improve the work-life balance for nurses, their families, and the community.

Role of the Researcher

Unluer (2012) emphasized the importance of the researcher's role as an instrument of data collection in case study research, which requires the use of collection techniques like documents, archival data, and interviews to enhance rigor and validity. My role as a researcher in this study included collecting, organizing, and analyzing data. In this study, I served as an instrument of data collection, recruited participants, conducted face-to-face interviews, transcribed audiotaped interviews, and analyzed findings to execute this research.

In accordance with the Belmont Report's ethical guidelines (Emanuel, 2013), I reported the findings of this study without bias and safeguarded data in a secure location (Greaney et al., 2012). The primary data for this case study were interview transcripts from RNs in clinical settings. Using a disciplined and systematic process (personal bracketing), a researcher can mitigate bias to avoid injecting any harmful or preconceived ideas about the description of the topic under study (Koch, Niesz, & McCarthy, 2014). As a former perioperative travel nurse, I worked in hospitals throughout the eastern and western United States in response to demand in the perioperative environment. Participants' responses to guiding interview questions helped to answer the overarching research question. My roles consisted of making interview appointments, interviewing the participants, and analyzing the data, organizing findings, and identifying the study's conclusions.

Participants

The eligibility criteria for participants in this study included eight RNs regardless of educational level in Virginia each of whom had a minimum of 2 years of experience in a clinical setting. The participants were recognized as a source of knowledge familiar with why nurses leave the workplace. Sampling in qualitative research involves two fundamental elements, adequacy, and appropriateness (O'Reilly & Parker, 2012). The richness and depth of data are the determinant characteristics of sample size rather than the number of study participants (Dworkin, 2012). I used criterion-based sampling to select participants for this study. Criterion-based sampling was useful for ensuring each participant met the 2-year clinical work experience requirement (see Appendix A). The Virginia Nurse Database publish the members' names and contact information for nurses within the state. The Virginia Nurse Database was useful during the participant selection phase. I contacted participants by telephone, through e-mail, or in person to explain the purpose of this study, request their (the nurses') voluntary participation, and send each potential participant a letter of invitation (see Appendix B).

Gaining Access to Participants

Using multiple strategies to gain access to participants introduces rigor and a level of randomization into the study (Bernard, 2013). Strategies for gaining access to participants included attending professional meetings and through professional contacts established in the eastern and northern regions of Virginia. I followed Birchall's (2014) recommendation for ensuring rigor in the execution of research. According to Birchall, a researcher uses reflexivity to strengthen rigor, ensure validity, and to mitigate bias. As an

essential element of qualitative research, reflexivity allows a researcher to consider his ability to remain unbiased while considering the prevailing bias related to the research (Birchall, 2014). Reflexivity is the process used by qualitative researchers to make readers aware of how experiences and subjectivity can influence interpretations (Petty, Thomson, & Stew, 2012). Researchers must be self-aware, understand themselves to be instruments of research, and must recognize their imperfections when reporting results subjectively (Mukeredzi, 2012). A researcher uses bracketing to set aside bias and to reduce the influence of personal bias in data interpretation and reporting of results. Following the suggestions of Mukeredzi (2012) and Petty et al. (2012), I bracketed my preconceptions before each interview and during data analysis and interpretation phases.

Institutional Review Board Approval

Before the collection and of data, Walden University's doctoral students must submit a proposal to the university's Institution Review Board (IRB). I started collecting data only after receiving IRB approval. The IRB is responsible for ensuring the researcher has a plan to protect participants' human rights. The IRB approval number for this project is 12-13-15-0168635. The use of informed consent preserves the beneficent value of the study (Harding et al., 2012). I asked each participant to read the consent form prior to each interview. A researcher is responsible for protecting study participants and the integrity of the study (Denzin & Lincoln, 2011). Written guides on research ethics include resources like the Belmont Report of the Unites States National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research (Emanuel, 2013).

Establishing Working Relationships

Establishing a working relationship occurred during face-to-face interviews with each of the eight study participants. Working relationships evolved through the development of rapport, interpersonal introductions, and explanations of the research focus and the plan for collecting data. Establishing rapport included using well-crafted interview questions and using probing follow-up questions to collect comprehensive and inclusive verbal data. An interview protocol consisted of introductions between researcher and interviewees and the presentation of semistructured interview questions (Bolderston, 2012). The relationship between the interviewer and each participant potentiates ethical issues (Pezalla, Pettigrew, & Miller-Day, 2012). Before the interview, I reviewed the consent form with study participants to ensure its clarity and the form was devoid of confusing language (Jacob & Furgerson, 2012). I mitigated the ethical challenges related to the relationship between interviewer and interviewees by assuring each participant his or her identity would remain anonymous. The consent form contained language guaranteeing all information provided will remain confidential (Appendix B).

Research Method and Design

Research Method

The qualitative method was appropriate for this study because qualitative research involves discovering, collecting, describing, and interpreting data in a purposeful way about participants lived experiences (Tufford & Newman, 2012). The qualitative research paradigm allows a researcher to focus on establishing casual relationships and meaning in

observable phenomena (Babbie, 2012). Qualitative research further allows a researcher through data analysis to focus on what the participants are trying to communicate, and then analyze communication using a conceptual view (Rubin & Rubin, 2012). The qualitative research method was appropriate for this study. This was an investigation of a known phenomenon that aims to contribute to a deeper understanding of why RNs leave the workplace (Tong, Flemming, McInnes, Oliver, & Craig, 2012).

Quantitative and mixed research methods were not appropriate for this study because each method involves the collection and analysis of numerical data, or the use statistical tools to test hypotheses (Frels & Onwuegbuzie, 2013). The use of numerical data for statistical analysis and hypothesis testing failed to align with the stated intent of this research. Instead, the goal of this study was to gather detailed information about the topic. The selected method was useful for developing an understanding of the participants' perspectives and allowed the relaying of meaning participants put to their lives (Salle & Flood, 2012).

Research Design

Within the qualitative research paradigm, researchers can choose from a variety of design approaches (Gringeri, Barusch, & Cambron, 2012). I used the case study design for this study. Researcher Robert K. Yin, an expert in case study methodology, defined this research method as a form of empirical inquiry designed to investigate a current phenomenon within a real-life context. This method is useful when there are unclear boundaries between the phenomenon and the context. Using multiple sources of evidence contributes to the interpretation and explanation of the context (Bozzolan, Cho, &

Michelon, 2015; Yin, 2009). The case study approach is appropriate when a researcher seeks answers to how and why questions when the behavior of subjects cannot be manipulatable. The goal is to determine contextual conditions believed to be relevant when there are unclear boundaries between the phenomenon and context (Bozzolan et al., 2015; Yin, 1994). Using this method, a researcher can determine contradictions and consistencies within the phenomenon (Melogno, Pinto, & Levi, 2015; Yin, 2003).

An example of a case study was one conducted by Bozzolan et al. (2015); this was a longitudinal exploratory case study to answer the question of how managers strategically used disclosure to moderate audience impressions. Specifically, the authors explored interaction processes occurring in an Italian corporation. The exploration of the multiple organizational audiences examined included the local and international press, and financial analysts. With this study, the researchers explored the phenomenon in relevant contextual conditions, and there was a lack of clear boundaries between the phenomenon and context. There were also multiple sources of data used to examine the phenomenon.

The case study design applies to issues occurring within a specific context such as nursing to determine why individuals intend to leave the profession. Since there was a lack of clear boundaries between the phenomenon of nurse's intent to leave and the context of nursing job situations, a case study was an appropriate approach. The case study was also appropriate since the behavior of the nurses who intended to leave their place of employment was not manipulatable, and the goal was to determine contextual conditions believed to be relevant to this intent to leave. I designed this case study to

investigate the current phenomenon of nurse's intent to leave, within a real-life context of nursing. Using multiple sources of data met the requirements of a case study model (Bozzolan, Cho, & Michelon (2015);Yin (2009).

The narratives of participants reflected the individual's world; an exploration of lived experiences and enhanced the understanding of the phenomenon where and when it occurred. The process began with an exhaustive examination of current literature on the chosen topic. The research process continued with formulating interview questions, identifying the population, qualifying participants for inclusion collecting and interpreting data, and describing findings (Tufford & Newman, 2012). One-on-one semistructured interviews allowed the development of rapport between participants and me. This interview technique supported the gathering of information obtaining a deeper understanding during interview sessions (Wahyuni, 2012). The goal of interview sessions was to reach a point of data saturation, for this was an indication of sampling adequacy (O'Reilly & Parker, 2012). Data saturation is the point when the researcher finds no new information emerges from additional interviews (Dworkin, 2012). I ensured data saturation by accurately recording observations, examining narrative data, and repeating interviews until no new information related to the phenomenon emerged.

Other qualitative research strategies such as ethnography and grounded theory were not acceptable choices for this study. Ethnographers seek to explore phenomena from an anthropological perspective; however, an ethnographic researcher must immerse himself or herself in a society to learn about the culture (Malagon-Maldonado, 2014). Grounded theory is useful in generating new theory by constant comparison between

groups sampled on theoretical grounds (Timmermans & Tavory, 2012). A researcher investigating the phenomena using grounded theory delays the review of literature until the completion of collection and analysis of data to avoid contamination and bias (Thornberg, 2012). Neither ethnography nor grounded theory design was appropriate for this study.

Population and Sampling

Population

A fundamental precondition of studying the lived experience related to an event is the selection of study participants who have first-hand familiarity with the phenomenon the researcher seeks to address (Englander, 2012). According to Englander (2012), the selection of participants may include individuals who have particular demographic or categorical characteristics. The population chosen for this study was RNs working in a metropolitan area of Virginia. In 2013, Virginia had 60,120 RNs working in the state (U. S. Bureau of Labor Statistics, 2013). Among nurses working in Virginia 29,830 worked in the geographical regions selected for this study (U. S. Bureau of Labor Statistics, 2013). The population chosen for this study included RNs working in Virginia hospitals. The procedure for gaining access to participants included using contact information published in the Database of Virginia Nurses to solicit participants. The focus of this research was on how hospital leaders can reduce the effect of RN turnover in clinical settings. The selected participants did not include LPNs or LVNs because the focus was on explaining the reasons and solutions for turnover for all RNs regardless of educational level.

Sampling Method

I used purposeful sampling to select eight RNs who had rich experiences related to the phenomenon and who could provide the information required about the study topic. The consent form contained a list of the participant selection criteria (see Appendix A). This criterion-based sampling method was a way of ensuring the selection of participants who had information that would enrich understanding of the research question and problem. Nurses who fit the selection criteria provided the most significant information pertaining to this study. Toy and Ok (2012) suggested using purposeful sampling would increase a researcher's ability to maximize the range of information and gain typical and divergent data.

Purposeful sampling is a method for selecting participants who are knowledgeable about a topic (Walker, 2012). A sample size for case study research ranges from an individual to a small group (Cronin, 2014). A sample size of eight was an appropriate goal because Rocha (2012) recommended interviewing 5-25 people for qualitative studies. Bloomberg and Volpe (2012) supported the use a small number of participants for qualitative studies to collect meaningful data through in-depth interviews. Irwin, Bornat, and Winterton (2012) noted purposeful sampling is a means for producing accurate and balanced representations of participants' perceptions.

Sample Size Justification

The sample size for qualitative research influences data saturation (Marshall, Cardon, Poddar, & Fontenot (2013). For this study, I used a sample size of eight. Dworkin (2012) recommended five to 50 participants as an adequate sample size for

qualitative research. The objective was to interview participants until a point of data saturation became evident. Data saturation is the point at which no new information emerges from additional sampling (Giorgi, 2012). The final number of participants represents the minimum necessary to reach data saturation (Kolb, 2012) The justification for selecting eight participants is that Yin proposed a sample size of three was sufficient for case study research. The appropriate participants will be knowledgeable about the phenomenon (Walker, 2012). According to Marshall et al. (2013), the sample size criteria reflect the fluctuating characteristic of saturation. When each new participant's narrative produces no new essential data, the point of data saturation exists (Sargeant, 2012).

Criteria for Selecting Participants and Interview Setting

The Database of Virginia Nurses publishes the names and contact information of potential participants in a directory. I contacted participants by telephone or through e-mail, explained the purpose of this study, and requested their (the nurses') voluntary participation. RNs, who live and work in eastern and northern regions of Virginia participated in this study. Solicitation for participants included using published contact information from the Database of Virginia Nurses. The eligibility criteria for selecting study participants included (a) RNs licensed to practice in Virginia, (b) having the experience of working in a clinical setting for a minimum of 2 years, and (c) working as a staff nurse in a nonsupervisory role. Participant selection was gender-neutral, and there was no age stipulation. Interviews took place in a private and safe environment such as the meeting room of a local library; a place familiar to the participant. When a researcher conducts interviews in surroundings familiar to the participant, the participant tends to

remain relaxed and free of fear and frustration (Mukeredzi, 2012). This allowed me to establish a relationship of trust to decrease participant's inhibition.

Ethical Research

The writers of the Belmont Report emphasized ethical concepts enable a researcher to perform research respectful of human rights; a researcher uses the informed consent process to gain participant commitment before the first interview (Dresser, 2012). The consent form included a statement regarding the voluntary nature of participation in this study (see Appendix A). A clear explanation of the withdrawal procedure was in the consent form; participants could withdraw from the study at any time with no consequence.

The offering of incentives did not occur in this study. However, the potential benefits of participating in this study included new levels of awareness of the business problem. I informed participants there was no foreseeable risk related to their participation in this study; participation in this study could not affect the nurses' current employment status. Each participant could ask questions at any time during the execution of study procedures to avoid any confusion, risk, or harm.

The participants' anonymity, confidentiality, and privacy remained intact throughout this study. A researcher conducting ethical qualitative research must consider aspects such as integrity and honesty (Aluwihare-Samaranayake, 2012). Ethical research relates to protecting the rights of participants and ensuring the security of collected data. Digital and physical data will remain in a safe for 5 years, and I will destroy all study-related materials by shredding or incineration when the required storage period expires.

I took measures to ensure the ethical protection of participants. Before conducting the study, the Walden University Institutional Review Board (IRB) approved this study. The IRB reviews research proposals to ensure the ethical treatment of human participants (Jordan, 2014). Nurses contacted using the information obtained from the Database of Virginia Nurses could provide alternative telephone numbers and email addresses. Each volunteer received an email invitation (see Appendix B) and consent form (see Appendix A). Each participant signed and returned a consent form before the interview began. The participants were aware all research materials will be stored on a 256-bit encrypted USB device in a locked fireproof safe for 5 years to ensure rights and privacy. Only I have access to the safe**.** Ensuring the preservation of participants' rights and executing this research in an ethical manner will occur under the guidance of the IRB.

Data Collection Instruments

For this study, I was the primary instrument of data collection. According to Pezella, Pettigrew, and Miller-Day (2012), as the primary data collection instrument, the researcher has a unique role in executing a scientific inquiry. The researcher's role includes the responsiveness and flexibility necessary to adapt to the nature of research environment. Generating usable information for analysis in this study required the collection of data from three sources. The three sources of data were (a) semistructured interviews, (b) archival records from the United States Bureau Labor Statistics, and (c) digital documentation publicly available.

Interviews

Researchers who use interviews in qualitative studies can generate information

and knowledge about an array of phenomena (Englander, 2012). Skillfully conducted interviews can yield a variety of useful data about the phenomena under study (Jacob & Furgerson, 2012). Combining collected data with a suitable organization technique and in-depth analysis will yield rich and reliable information (Luo, 2011). Each study participant responded to eight interview questions chosen to ensure the development of insights into why nurse leave the healthcare workplace (see Appendix C).

Archival Records

Using archival digital documents such as Occupational Employment and Wages for Reistered Nurses and Occupational Employment Projections to 2020 from the United States Bureau Labor Statistics website augmented the data collection processes in this case study. Archival information was essential to understanding the evolution of an institution (Araral, 2013). Yin (2014) asserted multiple data sources were useful in the case study.

Document Review

The third method of data collection involved publically available digital documentation from hospitals' websites. Data obtained from reviewing documents may promote a researcher's development of facts; in qualitative studies, these facts may produce a deeper understanding of the research question and the case (Petty et al., 2012). Documents such as reports, patient satisfaction information, and nurse-patient ratios complemented the interviews and archival data.

Instruments

The execution of case study research requires a researcher to triangulate multiple

sources of data (Yin, 2014). In this study, I used a set of semistructured interview questions to collect participants' narrative accounts related to the research question. Archival data collected by statisticians at the United States Bureau of Labor Statistics on turnover rates of nurses, coupled with publically available digital documentation from hospital websites constituted the three sources of data used to complete triangulation and analysis in this study. Combining the three data sources identified here (semistructured interviews, archival data, and digital documentation) was useful for analysis, reporting, and drawing conclusions about the stated business problem.

Semistructured interviews and member checking. I began data collection with the use a set of semistructured questions to extract narrative information from the purposefully selected participants (see Appendix C). Each interview consisted of eight open-ended interview questions designed to elicit insights into this case study; following an interview protocol, as outlined in Appendix D, could increase the reliability of the study's findings, according to Stenfors-Hayes, Hult, and Dahlgren (2013). The use of open-ended questions allowed study participants to answer the questions thoroughly and with as much detail as they wished to provide (Moustakas, 1994); a semistructured question can expose valuable elements of the participant's lived experiences. Semistructured interviews are part of a probative process that may generate elaborate responses (Al-Janabi, Flynn, & Coast, 2012. An added feature of this type of interview is the flexibility for the researcher to ask follow-up questions for clarity (Doody & Noonan, 2013). Participants responded to guiding questions that facilitated the collection of accurate information. For example, additional probing questions may include *could you*

tell me more about that?

Each participant spent up to one hour in the interview process. The interviews occurred in a private and safe environment such as the meeting room of a local library familiar to the participant. I audio-recorded each interview using a small, digital, battery-operated recorder. A backup recorder and spare batteries were on hand at each interview. Raw data will be available only to the researcher. Audio-recorded data from the interview underwent a transcription process before analysis.

Participation was voluntary. Each participant had the option withdraw from the study and could ask questions at any time during the data collection process. Ensuring each person of the confidential nature of his or her contributions to this study was a responsibility of the researcher, according to Anderson and Holloway (2014). I will maintain records of any study participants who withdraw from the study and report these occurrences in Section 3.

I validated interview data through the process of member checking to verify the accuracy and interpretation of information obtained during interviews, as recommended by Houghton, Casey, Shaw, and Murphy (2013). Md. Ali and Yusof (2011) determined a researcher could use member checking to ensure reliability in collected data. Skillfully conducted semistructured interviews will facilitate exploration of the participants' perceptions and lived experiences (Beail & Williams). I followed a protocol during the interview process while presenting open-ended and semistructured questions to participants (see Appendix C). Using the same protocol for each interview supported the establishment of reliability. According to Applebaum (2012), presenting the questions to

all participants and applying the same guidelines during each interview supported reliability.

The member checking process consists of three steps (Md. Ali, & Yusof, 2011). First, the researcher transcribes the verbal data. Next, the researcher compares the interview question with the transcribed response to identify missing data, inconsistencies, of gaps. Third, the researcher (a) identifies the participant associated with the data set, (b) contacts the person, (c) schedules a time for additional data collection, (d) and poses questions that will elicit responses to fill the identified discrepant or inconsistent gaps. Following this process is a quality control mechanism that would ensure data accuracy (Harper & Cole, 2012). I followed the procedures recommended by Harper and Cole (2012) and Md. Ali et al (2011). Data referencing RN employment, pay, job outlook, and employee change from the United States Bureau Labor Statistics and publicly available information obtained from the Internet formed two additional data points for triangulation.

Data Collection Technique

Collecting in-depth, face-to-face, semistructured interviews, along with archival publicly available records, and information from the United States Bureau of Labor Statistics constituted the data collection instruments used in this qualitative case study. The use of multiple data sources in a case study helps to ensure research soundness (Yin, 2013). According to Yin (2013), a case study researcher should collect data from secondary and tertiary sources. These additional sources of data may include demographic or statistical information. Statisticians routinely update data related to

nursing turnover rates on the United States Bureau Labor Statistics website. Data collection began with semi-structured interviews. Additionally, learning the gender, age, race or ethnicity, and the number of years worked, as a RN was necessary for verification of demographic information.

The three sources of data identified in this discussion were useful for completing the triangulation process. The purpose of triangulating multiple sources of data in a case study is to uncover and develop rich knowledge about the participants' experiences with the phenomena (Yin, 2009). During the triangulation process, a researcher compares and contrasts data collected from three or more sources to develop a multifaceted perspective of an event (Yin, 2009).

Semistructured Interviews

The use of open-ended questions allowed the study participants to answer the questions thoroughly and with as much detail as they wished to provide. The semistructured questions exposed valuable elements of the participants' lived experiences. This type of interview was part of a probative process that may generate elaborate responses, according to Qu and Dumay (2011). An added feature of this type of interview is the flexibility for the researcher to ask follow-up questions for clarity (Doody & Noonan, 2013).

Pretesting of the interview questions was unnecessary because semistructured open-ended interview questions add the built-in flexibility required for clarification during the interview (Clibbens, Walters, & Baird, 2012). Interviews are useful when a researcher seeks to establish rapport with interviewees; using interviews may enable the

development of relationships that give participants an opportunity to reveal their experiences related to the phenomena under study (Barratt, 2012). I did not use a pilot study for this case study.

Archival Records

Archival digital documents from the United States Bureau Labor Statistics website augmented data collection in this case study. As in Araral's (2013) study, this type of information was essential to understanding the evolution of an institution within an industry. Yin (2014) asserted researchers should capture multiple data sources to produce reliable and focused representations of the facts of the case.

Document Review

The third source of data collection involved gathering publically available digital documentation from hospitals' websites. Administrators of professional organizations regularly publish commentary, research, and statistical information on external public websites; this information was a tertiary complement the data collected. Data obtained through reviewing documents assisted in producing a deeper understanding of the case, as suggested by Petty, Thomson, and Stew (2012). Digital information from web-based documents (e. g. reports, patient satisfaction information, nurse-patient ratios) complemented the interviews and archival data.

Advantages and Disadvantages of Data Collection Techniques

Qualitative researchers identified the advantages and disadvantages of collecting data from semistructured interviews, archival data, and document review (Araral, 2013; Himmelheber, 2014; Irvine, Drew, & Sainsbury, 2012; Jacob, 2012; Bolderston, 2012).

First, the advantage of face-to-face interviews is the interviewer can detect social cues exhibited by interviewees; examples of social cues include voice inflections and changes in body language (Irvine et al., 2012). Conversely, the disadvantage of interviews is the process requires the researcher to possess a level of skill to engage participants in meaningful dialogue (Bolderston, 2012). Second, archival data sources such as historical records, organizational charts, and production statistical information afford the researcher the advantage of understanding the evolution of an institution; the copious amounts archival data in existence presents an overwhelming disadvantage regarding the time required for review and analysis (Araral, 2013). Finally, the advantages of document review are cost savings and the value as a source of information (Jacob & Furgerson, 2012). Himmelheber (2014) suggested that documents could be disadvantageous if they (the documents) contained incomplete and inaccurate information.

Following the IRB's approval of this proposal, the recruiting of volunteers began. The goal of recruiting voluntary participants was to select a purposeful sample that would be representative of the population of nurses from clinical settings in eastern and northern Virginia. Using a representative sample supported the generalizability of the study's results. The choosing of participants followed the stated selection criteria to ensure valid and verifiable results (Polit & Beck, 2010).

According to Yin (2013), use of a semistructured interview was a technique for collecting narrative data is a critical component of a case study. In this study, initial contact with potential participants was by phone or email. I pre-qualified each participant to ensure he or she met the selection criteria. Chosen candidates selected a meeting place

and time for the interview. Qualified participants received a letter of invitation (see Appendix B) and signed a consent form (see Appendix A) before the interview began. Signed consent forms shall remain stored for 5 years from the date of this study's completion. The day before the interview, I e-mailed a research information package containing the letter of invitation (see Appendix B), study background information and consent form to interviewees. The day of the interview, study participants completed the informed consent process outlined in the interview protocol (see Appendix C). The advantage of using semistructured interviews was study participants are suitable sources of information, knowledge, experiences, and perceptions, as suggested by Chan, Fung, and Chien (2013). The disadvantage of interviews was the skill level of the interviewer may affect the reliability of the collected data (Bagby, Ryder, Schuller, & Marshall, 2014).

Following the completion of the interview, I transcribed the data and formulated an interpretation of each transcript. Next, I scrutinized the transcription and interpretation to identify gaps or missing data; this process created an opportunity for member checking. Member checking is the process of reinterviewing a participant to modify, clarify, or add to the data previously collected (Houghton et al., 2013). Participants, during the member checking process, could read and comment on the information obtained during the original interview. Member checking was useful for ensuring reliability by verifying the accuracy of interview transcripts and the researcher's interpretation of the collected data (Md. Ali & Yusof, 2011). Houghton et al. (2013) suggested the use of member checking to give the participant an opportunity to comment

or expound upon the narrative obtained in the initial interview. Reducing gaps in the data through member checking supported the reliability of the study's results. In this study, member checking also occurred during the interview process when I summarized the information and requested the interviewee to expound upon particular responses and verified the accuracy of my summary. Additional member checking did not become necessary. Data referencing RN employment, pay, job outlook, and employee change from the United States Bureau of Labor Statistics and publicly available data from RN professional organizations' websites served as two sources of additional data for the triangulation process.

Data Organization Technique

Multiple systems were useful to organize and track the collected data; systems included audio recordings of the interviews, assigning unique identifiers to interview data, and systematic coding for data analysis. The first step in data organization was to identify each participant by assigning a unique code (Chenail, 2012). I did not use names of organizations or individuals. Using a spreadsheet, I kept track of the collected data by using identifiers consisting of letter and numbers representing each participant's geographic location and interview order (e.g., N1, E1). The rationale for developing unique identifiers was to protect the participants, the raw interview data, and for verifying the accuracy of the summary and findings of the study (Chenail, 2012). Using a number system and geographic classification were effective ways of identifying participants' transcripts, facilitated the development of accurate descriptions, and helped with

identifying geographic similarities or anomalies in the collected data. Password protection of all files will restrict access to the data.

Data organization for this study involved the audio recording of each interview. During the face-to-face interview, I used both conventional digital audio recording and field note-taking using the Echo™ smartpen designed and distributed by Lifescribe, Inc. (www. livescribe. com). Both methods had advantages and disadvantages. The technological advances in conventional digital recorders make them efficient data gathering devices that are simple to use, acceptable to interview participants and have a low cost per interview (Tessier, 2012). The features of the smartpen facilitated digital audio recording and written note taking in formats compatible with electronic components like personal computers and tablets. Tessier (2012) claimed the disadvantage of using an audio recorder related to the cost of transcription and the difficulty translating speech into text. According to Olabisi and David (2013), the smartpen is an evolving technology featuring a multitude of uses and has acceptable utility in various professional fields. Additionally, the complexity of the devices controls could be confusing, especially for the novice or infrequent user. In this study, the simplicity, acceptance by interview participants and low cost per interview made conventional digital audio recording the preferred method of primary interview recording.

Following the recommendations of Moustakas (1994), I journalized (took written notes) about the interview environment and the participants' body language because this information could enhance the depth of interpretation. The transcription of each audio-recorded interview occurred within 24 hours of the face-to-face encounter with the

participant; this step increased the accuracy of data and assisted with the identification of missing data. I used member checking (in the form of a telephone conference) to fill gaps in the data by contacting the identified participant and requesting clarifications.

Uploading the transcribed information into a database was a preparatory step for data analysis. Duplicates of raw data and computer files will remain in a locked fireproof safe for 5 years to ensure the participants' rights and privacy. Only I have access to the safe**.** After 5 years, I will shred, delete, or incinerate all data.

Data from Internet sources (government statistical data, data from organization's websites) were downloadable and storable as portable document files (pdf file extensions). The programming of portable document file software gave me (the user) the ability to bookmark and add notations. I used these features during the comparing and contrasting phases of the data to track similarities and differences within the information. The advantage of using multiple data sources was the concomitant enhancement of data credibility (Wahyuni, 2012). According to Wahyuni (2012), the enhancement of credibility occurred as the researcher crossed checked, compared, and contrasted information between sources.

Data Analysis

Developing solutions for the business problem under study required the use of appropriate data analysis techniques. Conducting face-to-face interviews resulted in the collection of narrative data and the modified van Kaam method of analysis, as described by Moustakas (1994), was appropriate for thematic extraction. Choi, Pang, Cheung, and Wong (2011) used the modified van Kaam data analysis method to explore turnover

among RNs. The modified van Kaam method has two phases (pre-scientific and scientific) and is a systematic process used to delineate the makeup and order of human behavior (Choi et al. 2011). During the pre-scientific phase in this study, participants supply natural and unedited accounts of their lived experiences. In the scientific explication, seven overlapping steps were useful for further development of data analysis. The steps in the modified van Kaam technique are as follows:

1. Listing and preliminary grouping involve recording and cataloging all relevant data. Horizontalization of the data is a method of deconstruction so all key statements and words have equal weight.
2. Reduction is the process of examining interviews for emerging categories and reducing or modifying ambiguous overlapping assertions to more exact language. Elimination is the removal of extraneous or unrelated data.
3. Clustering is the method for identifying recurrent themes within the data relevant to the experience. Grouping coded statements and words together aids in the identification of themes.
4. Validation is the step in which the researcher applies hypothetical identifiers to interview data with the results of this step examined to validate identifiers as clearly expressing the phenomena under study and. Hypothetical identification, this step involves transforming raw data obtained in the pre-scientific phase into textural descriptions.
5. Textural descriptions are the creation of written portrayals of the collective narratives of the participant interviews.

6. Structural descriptions are imaginative variations of the emerging themes a researcher uses to determine how participants experienced the phenomenon under study.
7. Textural-structured description involves combining textural and structural descriptions to garner the essence and meaning of participants' experiences to create rich, robust explications of the phenomenon (Moustakas, 1994).

Data triangulation is the process of comparing multiple data sources to corroborate the phenomenon under study (Yin, 2013). Yin (2013) discussed four types of triangulation: (a) data triangulation (b) investigator triangulation (c) theory triangulation, and (d) methodological triangulation. For this study, data triangulation was suitable because of the availability of multiple data sources. Triangulation of semistructured face-to-face interviews, comparative statistics, and website data sources were useful in this study for data verification and analytic completeness. The use of data triangulation enhanced qualitative research findings because of the use of sources differ in time, space, and individuals' experiences of the phenomenon under study (Gorissen, van Bruggen, & Jochems, 2013).

I used Dedoose ™ qualitative data analysis software (SocioCultural Research Consultants, 2015) to evaluate the narratives from transcribed interviews and develop themes to address the research question. Dedoose ™ was an ideal tool that was user-friendly and has features to facilitate the analysis of open-ended questions. An additional attribute of this software is economic feasibility; as a web-based program, Dedoose ™ is accessible from any computer connected to the Internet (Unertl, Field, Price, & Peterson,

2015). Programmers maintain the Dedoose ™ software on a remote server and publish updates continuously. The location of the software reduces effort on the part of users and eliminates interruptions (Moylan, Derr, & Lindhorst, 2013). I compared the features of Dedoose ™ software to NVivo 10. Nvivo offered some advantages in managing data such as querying data, modeling visually and reporting; these features are ideal for researchers working as a team (Zamawe, 2015). Dedoose ™ differs in style but shares commonalities in functionality for supporting simple coding; however, I selected this software because of Brown, Yen, Rojas, and Schnall's (2013) discussion of the software's visual interactivity and ease of data analysis. Following the recommendations of Alongi, (2015), I used Dedoose ™ analytical software discussed here to increase the rigor of this qualitative data analysis.

I completed the data analysis by developing detailed discussions of each emerging theme. Discussions and descriptions of themes occurred within the conceptual framework of Herzberg's (1987) motivation-hygiene theory supported by Abraham Maslow's (1943) hierarchy of needs theory. In Section 3, I discussed the connection of the emerging themes in the extant literature. The discussions in Section 3 include comparing and contrasting of findings in newly published peer-reviewed articles.

Reliability and Validity

Reliability

Dependability in qualitative research is conceptually equivalent to reliability in quantitative research (Venkatesh, Brown, & Bala, 2013). According to Tong, Flemming, McInnes, Oliver, and Craig (2012), dependability relates to the consistent, logical,

traceable, and clearly documented research protocol. Additionally, procedures used to assure dependability include examining interview transcripts for accuracy and verifying collected data through member checking (Md. Ali & Yusof, 2011). Member checking is an effective means for reducing bias and ensuring captured data has trustworthiness (Houghton et al., 2013). I used the member checking process after the initial interview to present information transcribed from the interviews to study participants for validation and accuracy. The member checking process allowed study participants the opportunity to check the information they provided for accuracy as interpreted by the interviewer, as suggested by Harper and Cole (2012).

Validity

In a qualitative study, a researcher ensures credibility through the completeness and saturation of data, and by verifying the accuracy of participants' identifications and descriptions (Elo et al., 2014). Data saturation occurs in a study when information collected becomes redundant, and no new themes emerge (Klob, 2012). Using member checking improves the accuracy, credibility, and validity of collected data (Harper & Cole, 2012). Internal and external validity are methodological components of quantitative research and were not considerations in this qualitative study (Wisdom**,** Cavaleri, Onwuegbuzie, & Green, 2013). Harper and Cole (2012) defined member checking as a quality control measure; threats to validity are controllable with participant verification, or conformability (Koelsch, 2013). Averting threats to credibility occurs when a researcher ascertains the study's findings evaluate, test, or examine the stated research question (Wahyuni, 2012).

Triangulation was a useful strategy to enhance the reliability and validity of research outcomes. According to Yin (2014), a researcher can enhance the reliability and validity of a study's findings by comparing primary, secondary, and tertiary data (data collected from multiple sources). The confirmation of data similarities and the identification of dissimilarities among sources are achievable through triangulation process (Houghton et al., 2013).

Developing valid and trustworthy results in a study is necessary if the outcomes of the research are to be transferable to similar populations (Petty et al., 2012). Achieving transferability required the development of robust explanations. Robust explanations in this study include descriptions of the research sites (e. g. interview locations, economics, and demographics), and characteristics of the organizations as determinable from publically available information.

Confirmability pertains to the accuracy of research findings as established by two or more independent people (Elo et al., 2014). Yilmaz (2013) suggested confirmability takes place when an auditor verifies the findings. Wahyuni (2012) advocated for the maintenance of documentation on research progress to serve as a systematic (auditable) trail of both the research process and the study's findings.

In qualitative research, validity relates to confirmability, credibility, dependability, and transferability of the study's results and the researcher's conclusions (Malina, Nørreklit, & Selto 2011; Venkatesh et al., 2013). According to Thomas and Magilvy (2011), establishing credibility, dependability, and transferability support the validity of a study. Following the processes outlined here produced valid, credible, and

dependable findings transferable to similar populations; however, to ensure the point of data saturation, I continued to collect data until no new themes emerged and no new information was apparent, as suggested by Klob (2012).

Transition and Summary

Section 2 was a presentation of the project plan, with discussions of the research purpose, role of the researcher, participants, and the research method and design. Discussions in section 2 also included population and sampling, ethical research, data collection, data analysis technique, and reliability and validity. Section 3 begins with an overview of the study and includes presentations of the study's results, application to professional practice, and implications for social change. Additionally, Section 3 includes recommendations for action and further study. I concluded Section 3 with my personal reflections, and a summary of conclusions.

Section 3: Application to Professional Practice and Implications for Change

This section includes a detailed discussion of the study's results using eight elements. The eight subheadings used included the overview, presentation of findings, implication for social change, recommendations for further action, recommendations for future study, my reflections and conclusion.

Introduction

The purpose of this qualitative multiple case study was to explore strategies to assist leaders of healthcare organizations in mitigating the effects of nurse turnover and its costs. I analyzed the data and identified four themes. The emergent themes reflected interviews concerning strategies to mitigate the effects of nurse turnover and its costs. The four themes included (a) retention, (b) workplace exit, (c) nurse supervisor and the information viewed in publicly available digital documentation and participants' organizational leaders, and (d) strategies to reduce RN turnover. Participants emphasized the importance of career development, inadequacies in work environments, the lack of administrative and leadership support, and pay as barriers to retaining RNs in the workplace. The RNs interviewed expressed unplanned overtime hours, rotating shifts, and consecutive long shifts were issues leading to increased turnover or workplace exit. Nurses identified different sources of satisfaction, and these sources affected motivation and their (the RNs) intent to leave. Job satisfaction was an antecedent of organizational commitment, and absence or presence of turnover intention related to job satisfaction. In this study, findings include strategies managers could use to advance improvements in patient care quality, reduce turnover rates, and increase productivity. The results may also

be useful to organizational leaders who are formulating strategies to prevent, or significantly reduce, turnover within the clinical healthcare environment. In this study, I provided narrative evidence essential to retaining RNs in the workplace.

Presentation of the Findings

A central research question was used to guide this study: What strategies can leaders of healthcare organizations in northern and eastern Virginia use to mitigate the effect of nurse turnover and its cost to the organization? Exploration of this business problem was from the perspective of practicing RNs with a minimum of 2 years of clinical experience. After purposefully selecting participants, I began data collection with the use of a set of semistructured interview questions to extract narrative information. Other data sources included archival records from the United States Bureau Labor Statistics and digital documentation publicly available.

I identified four major themes from the detailed analysis of the participants' responses to interview questions. The first theme was retention of RNs in the workplace. The second theme was RNs' willingness to leave the workplace and abandon their positions. Third was the roles of the immediate nurse supervisor and organizational leaders in workplace retention, and the fourth theme related to strategies nurses perceived would reduce turnover in the workplace.

Themes

The first theme was retention of RNs in the workplace. The second theme was RNs' willingness to leave the workplace and abandon their positions. The third theme was the roles of the immediate nurse supervisor and organizational leaders in workplace

retention, and the fourth theme related to strategies nurses perceived would reduce turnover in the workplace. The data saturation point was evident after the fourth interview; however, interviews continued to the point where a balanced view of the two geographic regions was present. The code occurrence and co-occurrence tables developed within the data analysis software provided an effective means of discerning themes and saturation point.

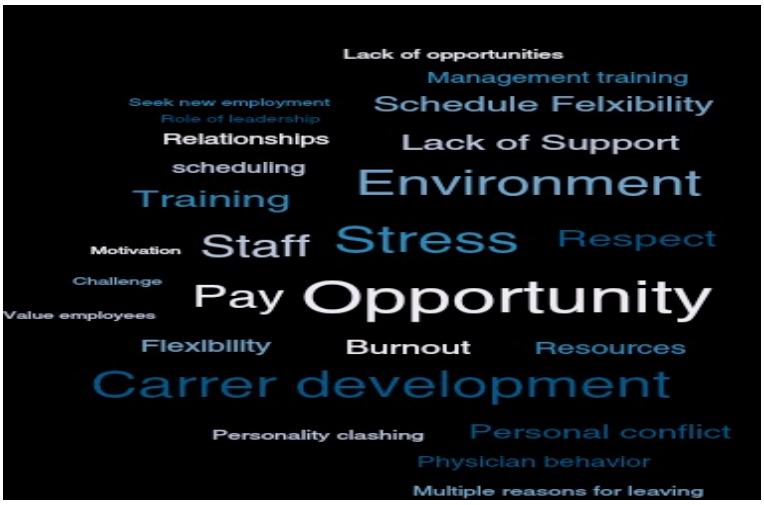

Figure 1. Word and phrase cloud.

Figure 1 represents the words and phrases used by participants in their responses to interview questions. These words formed the bases of the four major emerging themes. The word and phrase cloud is a non-numeric representation of the relative frequency of occurrence. Through data analysis, four themes became evident, and the following discussions reflect the individual level perceptions of the problem.

Theme 1: Retention. The first theme to emerge was the elements of retention. The participants stressed the importance of career development, environment, and lack of support and wages as barriers to retaining RNs in the workplace; DVA3 contained

statements and evidence that aligned with participants' views. Laddah, Singh, Gabbad and Gidwani (2012) claimed failures in employee retention increased organizational costs and decreased productivity. Table 1 represents supporting statements provided by study participants.

Table 1

Retention

Participants	Participant's Comment
RNE1	Nurses want schedule flexibility.
RNE2	Staff dynamics is important to nurses.
RNE3	Nurses want better scheduling.
RNE4	We want educational opportunities at no cost.
RNN1	Dissatisfaction with work cause nurses to leave.
RNN2	Difficult personalities and work environment
RNN3	Pay, nurses leave for better pay.
RNN4	Opportunity for career development is important.

Participants identified specific barriers to retention and offered solutions to the problem of nurse turnover. First was the need for leaders and managers to utilize a robust nurse retention policy to address job satisfaction. Second, participants believed a diversified retention policy was necessary to address organizational commitment. According to Wisdom et al. (2012), having a policy in the absence of implementation and execution was not sufficient to stop the attrition of qualified talent. Leaders of healthcare organizations face important decisions resulting from the continuing problem of nursing staff turnover and the ability to maintain a competitive advantage relating to nurse

recruitment and retention (Everhart et al., 2013). Table 2 displays the results of participants' responses to RQ1; the probative question asked for participants' opinions on why nurses leave their positions. All participants cited burnout, stress, and career development as reasons for seeking new employment, and the topics of pay and staffing had high frequencies of occurrence.

Table 2

Elements Related to Retention

Rationale for exit	Number of participants reporting	Percentage
Burnout	8	100
Stress	8	100
Career Development	8	100
Pay	6	75
Staffing	7	87. 5

Theme 2: Workplace exit. The second theme to emerge from this study was the importance of addressing issues lending to increased turnover or workplace exit. The need for managers and leaders to address the issues responsible for turnover was a ubiquitous theme in the participants' narratives. Nurses agreed solving these issues would mitigate the exodus of quality personnel. The RNs interviewed expressed nurses have different sources of satisfaction and these sources affect motivation and intent to leave. Lee et al. (2013) noted nursing administrators could optimize work arrangements; workloads, utility and patient care to improve job satisfaction among nurses. RNE1

stated, “Nurses leave the bedside because of scheduling [overload] or the lack of schedule flexibility. New younger nurses tend to leave because of inflexible schedules that interfere with their life commitments and create childcare issues.” Nurses tended to work unplanned overtime hours, rotating shifts, and consecutive long shifts. Extended or rotating shifts resulted in fatigue and burnout (Stimpfel et al., 2012). RNN4 stated, “(…) surgeon behavior has played a role in nurses leaving the team recently.” Physicians can create an atmosphere of disrespect, threatened nurses’ abilities to ensure quality medical care, patient safety, and optimal clinical outcomes (Leape et al., 2013). Table 3 represents supporting statements provided by study participants.

Table 3

Workplace Exit

Participants	Comment
RNE2	Some nurses leave because of personality conflicts.
RNE3	Nurses leave seeking a position that’s less stressful
RNE4	Stress and burnout are the major reasons nurses leave
RNN1	Nurses leave because of pay and work environment.
RNN2	Stressful or difficult environment causes nurses to quit
RNN3	Burnout, we work many hours.

Theme 3: Nurse managers and organizational leaders. Participants identified nurse manager and organizational leaders as barriers to mitigating nurse turnover. Nurse managers and assistant nurse managers constitute the *front line* leadership responsible for creating and maintaining an environment where nurses can practice safe, high-quality

care (Regan & Rodriguez, 2011, p. 101). Nursing administrators needed to provide job security, professional recognition, optimal work arrangements, and workloads so nurse employees could achieve a balance between work- and home-life. Transformational leadership style was suitable for organizations where the primary goal was to encourage individuals to improve, and to foster an environment of satisfaction, retention, and recruitment.

Table 4

Nurse Supervisor and Organizational Leaders

Participant	Comment
RNE1	Nurse leadership should be supportive rather than punitive.
RNE2	Leadership should support the staff.
RNE3	Nurses should see leadership other than when something is wrong.
RNE4	We need leadership to support and listen to us.
RNN1	Leadership should support the staff, listen to them and give them the opportunity to improve their environment.
RNN2	Leadership training emphasizing respect.
RNN3	Middle management is not there for the staff.

Study participants expressed their thoughts about the role of nurse supervisors and organizational leaders; participants iterated what they thought was important to retaining RNs. RNN2 stated, “Nurse supervisors should receive leadership training and treat the staff with respect.” DVA1 supported RNN2’s point by highlighting the importance of education at all levels from bedside nurses and clinical leaders to executives. Table 4 represents participants supporting statements.

Theme 4: Strategies to reduce RN turnover. Buffington et al. (2012) claimed a solution to turnover included an organizational commitment to executing retention strategies and recognition of nurses' contributions to the healthcare team. Researchers confirmed nurses were aware of specific needs including stress intervention programs for junior and senior nurses. Among the needs identified by Buffington et al. were opportunities to participate in organizational decision-making and flexibility in scheduling. Identified solutions included investment, building friendly workplace environments by developing respectful relationships, adequate communication, floating or revolving (flexible) teams, satisfying benefits programs, and managing generational differences through the development of workplace diversity initiatives. Lefton (2012) also reported meaningful recognition as a strategy to strengthen the workforce. Lefton further presented a discussion of the power of meaningful recognition as evidenced by hospitals in which the DAISY award was a tool for recognizing and extraordinary nursing practice. RNE 3 expressed the importance of pay as a retention and recruitment strategy to encourage RNs to remain with a particular employer; this participant stated, "Nurses shouldn't have to work a full-time job and in some cases two part-time jobs to make ends meet." RNN4 added "Nurses in the adjacent city get paid more than we do … the commute is looking more attractive."

Table 5

Strategies to reduce RN turnover

Participant	Comment
RNE1	Flexible schedules and flexibility with the nurses.
RNE2	Increase the nurse to patient ratio.
RNE4	Tuition reimbursement and career advancement opportunities.
RNN1	Increase pay, more support and a voice.
RNN2	Better communication between staff.
RNN3	Increase staffing and flexible schedules.

Shahid and Azhar (2013) sought to identify factors influencing job commitment. Findings in a meta-analysis revealed job commitment related to relationships and trust, values, culture, effective leadership, HR policies and procedures, training and development, pay satisfaction, autonomy, and satisfaction with supervision (Shahid & Azhar, 2013). These authors noted employee commitment was a factor related to the ability of an organization to retain more staff; similarly, employee commitment related to increased achievement, productivity, and effectiveness. Table 5 depicts the participants' supporting statements about strategies to retain RNs in the workplace.

Findings and the Conceptual Framework. The findings from this study support the postulation of Maslow's (1970) hierarchy of needs theory that self-actualization is not achievable until lower level needs are present, Mausner and Snyderman's (1959) two-factor theory of job satisfaction and Vroom's (1964) expectancy theory. As evidenced by

the findings in this study, the three theories used to frame this research are important to understanding job satisfaction and developing strategies for employee retention. Dhanapal, Alwie, Subramaniam and Vashu (2013) describe intrinsic and extrinsic motivational factors as the two-principle elements driving employee job satisfaction. The findings from this study may help leaders of healthcare organizations understand the issues important to the retention of RNs as these issues contribute to their departure from the workplace. Participants claimed factors such, as burnout, career development, pay, staffing, and stress were key concerns.

According to Maslow (1970), individuals are motivated to fulfill hierarchal needs only after lower-ordered needs are stable. The scale of needs from lowest to highest is physiological (air, food, water and shelter), safety (security and stability), belongingness (need for interaction and affection from others), esteem (self-esteem and social esteem), and the need for self-actualization (the need for self-fulfillment). Using this model, healthcare employers who provide an environment of empowerment will not adequately motivate nurses if they (nurses) expect disciplinary action or dismissal at any time for any reason (Omari, Abu Al Rub, & Ayasreh, 2013).

The field of nursing has become increasingly globalized, with nurses able to migrate more easily than at any time in the past (Dywili, Bonner, & O'Brien, 2013). This migration typically takes place to satisfy lower level needs in Maslow's hierarchy, both within and outside the nursing environment. Nurses may leave their home countries to seek economic opportunities, or because they perceive a lack of security due to civil unrest or war. Nurses in other countries whose lower level needs are being met may

choose to volunteer or relocate temporarily to countries where there is demand for skills, or to fulfill higher level, introspective needs. Employers who accommodate and support this approach can recruit qualified candidates by appealing to higher needs in the Maslow's hierarchy. According to Dywili et al. (2013), recognizing the needs hierarchy by providing the basic needs and facilitating the attainment of higher order needs can help healthcare employers attract and retain high-quality nursing staff.

The two-factor theory is a categorical division of human behavior responses (Raza, Akhtar, Husnain, & Akhtar, 2015). Raza et al. (2015) categorized behaviors as responses to hygiene or motivating factors. In the workplace, hygiene factors must be present if the employer expects to avoid lost productivity; however, hygiene factors do not typically bring about increased productivity. Hygiene factors include wage levels, work conditions, and policies in the workplace. Conversely, when motivating factors are present employers can expect greater productivity and increased levels of job satisfaction that are likely to lead to greater retention. Motivating factors include (a) opportunities for advancement, (b) avenues for personal growth and development, (c) recognition, and (d) the nature of the work itself.

Jonge, Gevers, and Dollard (2014) conducted a cross sectional study of 184 long-term healthcare workers using the two-factor theory. The results of the Jonge et al. study corroborated the results here; these researchers found creativity and retention increased when motivating factors were present. Additionally, there is evidence that when hygiene factors are less stable, the impact of motivating factors could be less important. For example, when there is a high level of unemployment, nurses will focus on hygiene

factors to such a degree remaining employed (a hygiene factor) can become a motivator. Healthcare employers should recognize the role the work environment plays on their nursing staff; however, employers must also recognize each staff member's situation is unique, and motivating factors may have different levels of influence on different staff members.

Vroom (1964) theorized there were three factors associated with the level of motivation, (a) the expectation that efforts would produce results; (b) the expectation of the value of the outcome; and (c), the expectation that successful performance would lead to the desired outcome. The challenge to applying this motivational theory in a healthcare work environment is individual's assessment is subjective; subjectivity differs between individuals. Additionally, Russell (2013) claimed union rules and an organization's policies and procedures can affect the actual tasks an individual performs within the organization.

Instances exist when the expectancy theory can be useful and effective for framing research; these instances include confronting an acute crisis, such as a natural disaster, and a mass casualty situation. In such situations, nursing staff members know they are capable of performing the requisite work, and they have the assurance of adequate rewards, although possibly not with more reward than they would typically receive. Recognizing overtime and increased workloads are likely during crises, healthcare organizations can offer intangible rewards, such as food and beverages, on-site rest periods, and time off once the crisis has passed. According to Valdez and Nichols (2013), rewards of this type, when added to the intrinsic reward of helping during a crisis,

may be sufficient to provide additional motivation for staff members to remain engaged in the profession and apart of the workforce.

In general, the conclusions from this study originated from the results of the data analysis. The results reveled a relationship with the purpose, significance of the study and the conceptual framework. If healthcare leaders are to be successful in retaining RNs in the workplace, it is imperative they adhere to the principle of employee retention by promoting and encouraging organizational policies that would make workers want to stay on the job **(**Vasquez, 2014). Abdullah and Jin (2015) advocates not only developing good retention strategies but also implementing them through comprehensive human resource management.

Application to Professional Practice

Elçi et al. (2012) noted leaders' behaviors directly related to employee intention to leave a job, and to job satisfaction. Organizational leaders who understand the elemental causes of turnover could have a clearer understanding of why RNs leave the workplace. The findings in this study indicated communication between RNs in the workplace and organizational leaders could assist and support decision-makers in formulating strategies for preventing or significantly reducing turnover within the clinical healthcare environment. Developing new strategies is critical for leaders as they strive to meet the growth and sustainability goals of the organization. According to (Millar and Magala (2012), leaders must recognize the present needs and their affects on the organization without jeopardizing the future needs of the organization. Finally, managers might use the findings from this research to advance improvements in patient care

quality, reduce turnover rates, and increase productivity.

The findings of the study are relevant to improving business practices by educating healthcare organizational leaders about the issues and effects of nurse turnover. The study also revealed strategies to assist healthcare leaders in retaining RNs in the workplace. Retaining satisfied employees in the workplace inclusive of nurses contributes to organizations sustainability by performing at a higher-level at the most favorable time resulting in increased profits (Rast & Tourani, 2012). Thus, if organizational leaders are to achieve sustainability, it is crucial managers promote policies and practices that foster satisfaction; employee satisfaction leads to confidence, loyalty and improved work quality (Dhanapal et al., 2013). Additionally, these new strategies and initiatives could strengthen the healthcare environment and contribute to patient care improvements, reduced turnover rates, and increased productivity. Leaders of healthcare organizations who implement and adhere to effective retention strategies may increase the level of commitment of its RN workforce and enhance the competitive position of the organization in a nurse shortage environment. Sharma and Good (2013) defined positive social change as a plan or strategy that has a constructive human effect, potentiates social betterment and is of moral goodness. Everhart et al. (2013) claimed business leaders had ethical and moral duties to shift their organizations toward overall productivity and profitability. Organizations slow to adapt new technology tend to suffer adverse effects on productivity affecting the overall ability of hospitals and physicians to maximize the health of patients (Skinner & Staiger, 2015).

Implications for Social Change

The implications for social change involve organizational implemented retention strategies to retain experienced, knowledgeable nurses and mitigate the increasing number of adverse health outcomes. Healthcare leaders should emphasize policies and practices focusing on supportive nurse leadership, work life balance, career advancement and pay to enhance the overall well-being of the nursing staff resulting in employee loyalty and decreased turnover. Healthcare organizations could optimize nursing staffing and patient care to improve job satisfaction (Lee et al., 2013).

Research suggests a positive relationship between retention and work environment (Twigg & McCullough, 2014). Healthcare organizations implementing the retention strategies reveled in this study may allow the organization to develop human resource management policies to recruit, retain and motivate nurses to create a safe and caring environment. The findings from this study may heighten the awareness of the healthcare community leading to a healthy and safer environment for nurses and patients.

Recommendations for Action

Healthcare leaders understand the economic consequences of employee turnover and the destabilizing force this problem introduces into their organizations (Hayes et al., 2012). Elçi et al. (2012) noted leadership behavior directly related to employee intention to leave a job, and to job satisfaction. Leadership quality was the strongest predictor of intent to quit; however, nurses' job satisfaction mediated the relationship between work context and intent to quit. Leaders of healthcare organizations face important decisions resulting from the continuing problem of nursing staff turnover and struggle to maintain a

competitive advantage relating to recruitment and retention (Everhart et al., 2013). Nurse retention is a phenomenon that continues to pose a high financial burden for healthcare organizations Osuji, Uzoka, & El-Hussein, 2014). Buffington, Zwink, and Fink (2012) claimed a solution to turnover included an organizational commitment to retention strategies and recognition of nurses' contributions to the healthcare team. I recommend leaders of healthcare organizations engage in dialogue with RNs in the workplace to understand the issues related to retention. Additionally, I would recommend actively seeking information about what enticements appeal to the different generations of nurses in the workplace. Furthermore, I would recommend exploring generational-tailored supervision to support the retention of new nurses.

I will share the findings from this study with leaders of healthcare organizations, nurse managers, and staff nurses through scholarly journals healthcare and business publications. I will also provide the findings of this study through professional conferences, meetings, and seminars. I will further share the knowledge and findings of this study in formal and informal venues with interested coworkers and managers.

Recommendations for Future Study

Based on the findings of this study I offer three recommendations researchers should use when conducting future studies.

- First, this study should be repeated in large urban areas containing teaching and for-profit hospitals. Conducting research in a metropolis could increase the diversity of the pool of participants offering divergent perceptions of organizational leadership styles and motivating factors that

could reduce turnover to a negligible level.

- Second, qualitative exploration RN retention from the perspectives of leaders and immediate nurse supervisors in healthcare organizations might lead to improved communication within the ranks of hospital personnel that could result in improved organizational commitment.
- The third recommendation for further study is to conduct a quantitative study comparing generational intention to quit and the effectiveness of retention strategies. The focus of the generational study should be Generations X and Y, and Baby Boomers; according to Brunetto, Farr-Wharton, and Shacklock (2012), these groups pose management challenges in the areas of training, job satisfaction, and developing supervisor-subordinate communication relationships.

Almaalki et al. (2012) acknowledged the importance and necessity of continuously researching the problems and challenges turnover presents to healthcare organizational leaders because of the multiple factors involved addressing this issue.

The findings from this study merit further investigation of strategies to retain RNs in the workplace because costs associated with turnover account for at least 5% of hospitals' budgets in the United States (Brewer et al., 2012). Future research can be done to address managers' perspectives of the absences of sound strategies to reduce turnover in organizations (James & Mathew, 2012). The limitations and delimitations listed in this study but not identified for future research warrants exploration for an exhaustive inquire of retention strategies for RNs.

In conclusion, the findings from this study merit additional investigations and explorations into strategies essential to retaining RNs in the workplace. These findings could contribute to the development of strategies managers may use to advance improvements in patient care quality, reduce turnover rates, and increases productivity. The results may also assist organizational leaders with the formulating strategies to prevent or significantly reduce nurse turnover within the clinical healthcare environment.

Reflections

The Walden University Doctor of Business Administrations (DBA) Program has been both challenging and rewarding. I began the program very unsure of my ability to meet the demands and rigor required to graduate. As I continued in the program completing each course level, my confidence grew, and I developed the self-assurance needed to complete this doctoral study.

Why RNs leave the workplace and the development of retention strategies is a personal and professional interest because of the linkages between positive patient care and nurse-to-patient ratio. Specifically, it is my desire to find and develop recruitment tools and retention strategies leaders of healthcare organizations and managers could use to reduce the problem and to prevent overburdening the remaining staff. I did not realize the magnitude of interest in retention strategies by practicing RNs until I began the sampling process for this study. The participants enthusiastically answered interview questions and provided follow-up information and ideas. The feedback provided by study participants confirmed scholars accounts and arguments. I was astonished the participants of different ages, races, level of experience, and demographics expressed the same ideas

and thoughts about strategies to retain RNs in the workplace. It also amazed me to how closely aligned the business and social problem of nurses leaving the workplace.

Conclusion

The purpose of this study was to explore strategies useful for leaders of healthcare organizations to mitigate the effects of nurse turnover and its costs. Exploration of this business problem was from the perspective practicing RNs with a minimum of 2 years of clinical experience. After purposefully selecting participants, I began data collection with the use of a set of semistructured interview questions to extract narrative information. Exploring the problem from the perspective of nurses' resulted in a deeper understanding of the problem.

Four themes emerged from the research (a) retention, (b) workplace exit, (c) nurse supervisor and organizational leaders, and (d) strategies to reduce RN turnover. Nurses had different sources of satisfaction, and these sources affected motivation and their intent to leave. Job satisfaction was an antecedent of organizational commitment, and turnover intention and high levels of job satisfaction lead to higher commitment and lower turnover intention.

The findings of this study indicated strategies managers could use to advance improvements in patient care quality, reduce turnover rates, and increases productivity. The results may also be useful to organizational leaders who are formulating strategies to prevent or significantly reduce turnover within the clinical healthcare environment. This study provided narrative evidence essential to retaining RNs in the workplace.

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Appendix A: Consent Form

CONSENT FORM

You are invited to take part in a research study of why registered nurses leave the workplace. The researcher is inviting registered nurses in Eastern and Northern Virginia in a nonsupervisory role with a minimum of 2 years of work experience in the clinical setting to be in the study. This form is part of a process called "informed consent" to allow you to understand this study before deciding whether to take part.

The name of the researcher is Fred E. Echoles, a doctoral student at Walden University.

Background Information:
The purpose of this study is to explore why registered nurses leaving the workplace.

Procedures:
If you agree to be in this study, you will be asked to:

- Participate in a 1-hour interview regarding registered nurses leaving the workplace
- Mr. Echoles will audiotape the interviews to ensure the data collected is accurate.
- You will be invited to participate in a voluntary short 15 to 20 minute follow up interview to discuss the initial interview

Here are some sample questions:

- What is your experience with nurse turnover?
- Why do you think nurses leave their positions?
- How does immediate nurse supervisor leadership affect nurse turnover?
- What aspects of your job lead to fulfillment?

Voluntary Nature of the Study:
This study is voluntary. Everyone will respect your decision of whether or not you choose to be in the study. No one will treat you differently if you decide not to participate in the study. If you decide to join the study, you can still change your mind later. You may stop at any time.

Risks and Benefits of Participating in the Study:
To participate in this type of study involves some risk of the minor discomforts that can be encountered in daily life, such as such as fatigue, stress or becoming upset.

Participating in this study would not pose risk to your safety or wellbeing. Your participation in the study may assist organizations with formulating strategies to retain registered nurses in the workplace.

Payment:
No payment or incentive is offered for participating in this study.

Privacy:
Any information you provide will be kept confidential. The researcher will not use your personal information for any purposes outside of this research project. Also, the researcher will not include your name or anything else that could identify you in the study reports. Data will be kept secure in password-protected files only accessible by the researcher. Data will be kept for a period of at least 5 years, as required by the university.

Contacts and Questions:
You may ask any questions you have now. Or if you have questions later, you may contact the researcher via email at fred.echoles@waldenu.edu if you want to talk privately about your rights as a participant, you can call Dr. Leilani Endicott. She is the Walden University representative who can discuss this with you. Her phone number is 612-312-1210. Walden University's approval number for this study is IRB will enter approval number here and it expires on IRB will enter expiration date.

The researcher will give you a copy of this form to keep.

Statement of Consent:

I have read the above information and I understand the study to make a decision about my involvement. By signing below I consent to the terms described above.

_____	_____
Participant Name (please print)	Participant Signature
_____	_____
Date	Researcher Signature

Appendix B: Letter of Invitation

Dear Virginia Registered Nurse,

This is an invitation to participate in an exciting study on registered nurses leaving the workplace. My name is Fred Echoles and I am completing the requirements for a Doctorate of Business Administration (DBA) degree at Walden University. I request your assistance with collecting data for my doctoral study. The focus of this study is to explore why registered nurses leave the workplace. Your participation in this study will provide information that may help formulate useful strategies to retain nurses in the workplace and improve the work environment.

Participation. Your participation in this study is voluntary and you may opt at any time.

Confidentiality. Participation in this study is confidential. Your name, location, position, and personally identifiable information will not be shared.

If you decide to participate in this study you will be invited to meet with Mr. Echoles for a 1-hour interview. Mr. Echoles will record the interview and ask a few simple background questions. Mr. Echoles will also ask questions about your experiences in the workplace. There is a possibility that Mr. Echoles may need to meet with or call you later for a completely voluntary session to request an additional 15 minutes to answer follow-up questions.

Please contact me by phone at (703) 799-5682 or by e-mail at fred.echoles@waldenu.edu

Thank you for your time and consideration.

Sincerely,

Fred E. Echoles, DBA Candidate

Appendix C: Interview Questions

1. What is your experience with nurse turnover?
2. Why do you think nurses leave their positions?
3. What strategies would you recommend to reduce nurse turnover in the workplace?
4. What do you believe the role of the organizations' leadership should be?
5. How does immediate nurse supervisor leadership affect nurse turnover?
6. What aspects of your job lead to fulfillment?
7. What aspects of your job may cause you to seek new employment and why?
8. What information can you add that I have not asked?

Appendix D: Interview Protocol and Semistructured Questions

My name is Fred Echoles and I am completing the requirements for a Doctorate of Business Administration (DBA) at Walden University. I request your assistance with collecting data for my doctoral study. The focus of this study is to explore why registered nurses leave the workplace. Your participation in this study will provide information that may help formulate useful strategies to retain nurses in the workplace.

Your participation in this study is voluntary and you may withdraw at anytime. Participation in this study is confidential. Your name, location, position, and personally identifiable information will not be shared.

Background Information on Interviewee

Date:

Name:

Gender:

Age:

Race or Ethnicity:

Years of experience as an RN:

Interview Questions

1. What is your experience with nurse turnover?
2. Why do you think nurses leave their positions?
3. What strategies would you recommend to reduce nurse turnover in the workplace?
4. What do you believe the role of the organizations' leadership should be?
5. How does immediate nurse supervisor leadership affect nurse turnover?
6. What aspects of your job lead to fulfillment?
7. What aspects of your job may cause you to seek new employment and why?
8. What information can you add that I have not asked?

Thank you for your participation. Remember the thoughts that you have shared may help formulate useful strategies to retain nurses in the workplace. Please remember your identity will remain private and the information you have shared will remain confidential.

Appendix E: Demographic Data