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Walden University

College of Management and Technology

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Malee Kirk

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Walden University
2017

Abstract

Strategies for Health Care Administration Leaders to Reduce Hospital Employee Turnover

by

Malee Kirk

MS, Central Michigan University, 2007

BA, Columbus State University, 1996

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Business Administration

Walden University

May 2017

Abstract

Staff turnover is high in the hospital industry, influencing health care administration leaders to implement successful strategies to decrease staff turnover. The purpose of this case study was to explore successful strategies to reduce hospital employee turnover. Five health care leaders from Raleigh, North Carolina hospitals were in the sample drawn from the population of medical professionals with successful employee retention in their hospital settings. The conceptual framework for this study was the Herzberg dual-factor theory with the supporting theory, Maslow's hierarchy of needs theory, and the opposing theory, Vroom's expectancy theory. Semistructured interviews occurred with 5 leaders. The review of hospital human resource documents, website pages, and training program information combined with interview data for methodological triangulation using the Yin 5-step process, leading to 5 themes. Participants emphasized selective recruitment and hiring with a focus on hiring employees for a good organizational fit. Participants discussed different ways of engaging, supporting, and motivating hospital employees. Strategies included valuing employees, effective communication, recognition, and respect. Participants identified a fair, flexible, collaborative, and safe organizational culture as ideal for the retention of hospital employees who fit with the hospital environment. Reducing employee turnover may improve customer relations and quality of care in hospitals, leading to lower health care costs, representing positive social change for hospital employees and the patients served.

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Dedication

First, I want to thank God for his many blessings that he has bestowed upon me. For without him, none of this would be possible. I want to thank him for giving me the strength to complete this journey. As I traveled this journey, he was always there for me. I dedicate this study to my son, James Christopher Kirk. James, I would like to thank you for your continued support and encouragement. You have inspired me in so many ways that you will never understand. I thank God for you, and I will always love you.

To my parents, Jerry Kirk, Regina Kirk, and Dang Sansuwan, who have always supported me in my endeavors, thank you for your love, encouragement, and personal sacrifices. To my brothers, Eddie and Denis Kirk, thank you for allowing me to be your sister and encouraging me along the way without knowing it. This is also dedicated to the memory of my sister, Yvonne Kirk, whose life was a living example how great God is, which inspired me to continue pursuing my dream in the face of adversity. Mark 10:27: "All Things Are Possible".

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I extend my gratitude to Dr. Amelia Pryce, who had took me under her wing and served as my mentor and coach. When the journey became very difficult to continue on she gave me wisdom and guidance. Thank you for your support and continuous motivation.

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Section 1: Foundation of the Study

The need to hire and retain health care staff continues to grow, as leaders of health care organizations struggle to serve the needs of patients through the retention of committed staff (Al Hussami, Darawad, Saleh, & Hayajneh, 2014). As people live longer and the proportion of elderly in the population continues to increase, more health care jobs will be available that could lead to opportunities for job security and career advancement of hospital employees (Nancarrow, 2015; Spetz, Trupin, Bates, & Coffman, 2015). However, hospital leaders may notice a weakening dedication among new hires, as well as an increase in voluntary employee turnover rates (Gellatly, Cowden, & Cummings, 2014).

The increase in health care jobs and voluntary employee turnover exacerbate escalating health care costs and lower quality care, representing ongoing problems that health care leaders continue to confront (Kayyali, 2014). Employee turnover and retention are concerns to organization leaders who seek meaningful ways to retain a talented and committed workforce to lower the financial and quality service costs of employee turnover (Oser, Biebel, Pullen, & Harp, 2013). One way health care leaders aspire to reduce health care costs is to understand the causes of employee turnover and ways to enhance employee commitment to retain a talented workforce in their organizations (Wallis & Kennedy, 2013). Information gleaned from trustworthy research may help health care administrators reduce employee turnover and retain workers, thereby reducing costs for health care that stem from staff turnover in hospital settings.

Background of the Problem

Organizational leaders confront the challenge of retaining their employees (Hauff, Richter, & Tressin, 2015). With employee turnover and retention as major concerns to many organizational leaders, there must be accurate measurements and precise data regarding determining factors that influence organizations' employee losses (Griffin, Hogan, & Lambert, 2014; Hauff et al., 2015; Jadoo et al., 2015; Laschober & de Tormes, 2013). Determining leadership strategies for controlling employee turnover based on an understanding of employees' organizational and career intentions is part of developing purpose-trained administrative leaders who can focus on increasing the retention of health workers (Bonenberger, Aikins, Akweongo, & Wyss, 2014).

The application of leadership strategies for predicting and controlling employee turnover in hospitals may reduce the costs of employee turnover and help hospitals survive and even thrive in a challenging economy (Jeon & Yom, 2014). Employee turnover during the first year of employment can be especially problematic; therefore, hospitals will need to implement a strategic plan for staff retention efforts that will help decrease first-year employee turnover, among plans to address other employee turnover concerns (Daniels, Mackovjak, Audia, & Richards, 2013). Leaders who understand factors that influence and affect employee turnover can take steps to reduce problems that arise from employee turnover (Moneke & Umeh, 2013a). The purpose of this qualitative case study was to explore strategies health care administrators use to reduce hospital employee turnover.

Problem Statement

Recruiting and training new employees are expensive organizational processes (Griffin et al., 2014; Lee, Lee, & Bernstein, 2013; Ramoo, Abdullah, & Piaw, 2013). Employee turnover in hospitals increases employee recruitment and training costs, which can be 200% of an employee's salary, thereby impacting the profitability of hospitals and increasing patients' health care costs (Call, Nyberg, Ployhart, & Weekley, 2015). The general business problem is that hospital administrators confront high employee turnover rates that affect employee attrition, hospital profitability, patient care, and health care expenses. The specific business problem is that some health care administrators lack effective strategies to reduce employee turnover in hospitals.

Purpose Statement

The purpose of this qualitative case study was to explore effective strategies for health care administrators to use to reduce hospital employee turnover. The population group included medical professionals such as hospital administrators, physicians, and nurses with experience in hospital settings in Raleigh, North Carolina. The study results could benefit hospital administrators who need to implement better strategies for recruitment, retention plans, and training programs to help improve retention rates and decrease employee turnover of hospital staff. Decreased employee turnover may lead to improvements in customer relations, as employees commit to the organization and provide higher levels of quality patient care. The data collected could provide insight into the extent health care administrators need to conduct strategic processes to reduce employee turnover in hospitals. The study may benefit hospital administrators in

implementing better practices for recruitment, retention plans, and training programs to help improve the retention rate of hospital staff, specifically health care professionals who are new to the health care industry. Increasing employee retention can improve customer relations, as employees commit to the organization. Leaders in health care administration will bring about social change to society and the greater community by improving the quality of care in their institutions.

Nature of the Study

This qualitative case study involved an exploration of strategies to reduce employee turnover in hospitals. In addition, a qualitative researcher begins with the study and meaning of how people live in a realistic environment in which they perform in their everyday roles (Yin, 2013). A quantitative method involves a focus on hypotheses with statistical tests on measurements of variables within certain confines that do not often encompass the relevant dynamic details about the contexts of people's lives (Franz, Worrell, & Vögele, 2013). As opposed to quantitative research, qualitative data collected about complex real world events may be appropriate for answering qualitative research questions posed outside of laboratory settings or experimental parameters (Harrison, Yu, Dicker, & Doyle, 2013). Qualitative research often yields a more fully articulated appreciation of a dynamic situation, in comparison to what might result from a quantitative method (Yazan, 2015). An articulated in-depth description of a dynamic situation is especially important for a topic like employee turnover and retention, because selected study participants provide insights leading to potential solutions, such as strategies for reducing hospital employee turnover. Mixed method research combines

both qualitative and quantitative methods (Venkatesh, Brown, & Bala, 2013). Using the qualitative method allowed me to explore strategies hospital administrators use to reduce employee turnover, by analyzing in-depth data collected from a relatively small but informed sample lead to a coherent comprehensive answer to the overarching research question. Of the different qualitative research designs, such as phenomenology, ethnography, narrative design, and case study design, I chose to use a case study design. Exploring strategies to reduce hospital employee turnover was not an appropriate topic for a phenomenology design that, according to Mayoh and Onwuegbuzie (2013), involves the study of the essence and meaning of unique personal experiences. Ethnography involves the study of and immersion in socio-cultural settings (McCusker & Gunaydin, 2015). Since the intent of this study was not about a specific culture, ethnography was not an appropriate design for this study. A narrative design revolves around the process of storytelling about individuals' lives and experiences (Scott, Brett-MacLean, Archibald, & Hartling, 2013), which was not of interest in this study. According to Yin (2013), a case study method allows researchers to assess and observe a situation in detail while keeping the contextual framework in mind. The collection and analysis of qualitative data from business settings via a case study design can represent a rigorous form of inquiry to help solve business problems (Cronin, 2014). By conducting a qualitative case study, I used the triangulation of collected data from multiple sources to gain insight into strategies health care administration leaders may apply in hospitals to reduce staff turnover.

Research Question

The primary research question of this study was as follows: What successful strategies do health care administrators used to reduce hospital employee turnover?

Interview Questions

The interview questions designed for this study signified a guide for extracting participants' responses. The purpose was to gather data from health care administrators in Raleigh, North Carolina who successfully reduced turnover. The guiding interview questions were:

1. What strategies did you apply in your organization to reduce employee turnover?
2. Of the strategies that you applied, which strategies do you believe have been most effective in reducing staff turnover?
3. What strategies did you apply to salary structure help to reduce staff turnover?
4. What policies and procedures did you apply to help to reduce staff turnover?
5. What working conditions do you promote to reduce staff turnover?
6. What are your experiences with career growth opportunities that reduced staff turnover?
7. Of the strategies that you applied to reduce turnover, what strategies, if any, do you believe enhanced job satisfaction among staff?
8. Of the strategies that you applied to reduce turnover, what strategies, if any, do you believe decreased dissatisfaction among staff?

9. What publicly-available documents would you suggest that I review that could help me understand the strategies you used to reduce staff turnover?
10. What more can you add that we have not already discussed that can help me understand the strategies you used to reduce turnover of hospital staff?

Conceptual Framework

The conceptual framework that guided this study was the dual-factor theory. Dual-factor theory encompasses Herzberg's theory of motivation and hygiene (Herzberg, 1987). Herzberg and colleagues initially theorized about variables in the work environment that prompt occupational fulfillment and disappointment (Herzberg, Mausner, & Snyderman, 1959). Dual-factor theory applied to research that involved job attitudes and productivity in the workplace, in which administrators identify and acknowledge both satisfaction and dissatisfaction in the work setting (Herzberg et al., 1959). Quality of work-life (QWL) is important in Herzberg's dual-factor theory, because based on the setting of any job, QWL may affect an employee's satisfaction or dissatisfaction. Therefore, improving QWL in hospitals may help deter employees from leaving their jobs (Lee, Dai, Park, & Mccreary, 2013).

Important constructs and propositions underlying the theory include job-related factors, such as salary, company policies and procedures, working conditions, and career growth (Asegid, Belachew, & Yimam, 2014). These job characteristics influence employees' desires to either leave or remain at their jobs. For example, many factors of job stress influence employee turnover, such as low pay, staff shortages, insufficient recognition, employer instability, an absence of advancement opportunities, and little

support from leadership (Asegid et al., 2014; Buttigieg & West, 2013; Gupta, Guha, & Krishnaswami, 2013; Hwang, Lee, Park, Chang, & Kim, 2014; Kim, Im, & Hwang, 2015; Lee, Lee, et al., 2013). In this study, I used dual-factor theory as the lens through which to view the experiences of participants who used effective strategies to reduce turnover of hospital staff.

Operational Definitions

Employee recruitment: Employee recruitment is the process of attracting and screening qualified employees, reviewing interviewees' qualifications, and selecting new hires for companies (Kam & Meyer, 2015).

Employee turnover: This term alludes to the deliberate or automatic separation of workers leaving their present place of work (Kam & Meyer, 2015).

Health care administrators: Health care administrators are health care executives or directors responsible for designing, guiding, organizing, and managing the delivery of health care (Quaye, 2016).

Herzberg's dual-factory theory: Herzberg's dual factor theory identify factors that related to employees' dissatisfaction and satisfaction with work, employee turnover, and retention (Porath, Gerbasi, & Schorch, 2015).

Intrinsic reward: Intrinsic rewards refer to when employees are satisfied with their jobs (Ryan & Ebbert, 2013).

Job dissatisfaction: This term refers to when employees experience unhappiness with their jobs (Kam & Meyer, 2015).

Job satisfaction: This term refers to an employee's sense of satisfaction and dissatisfaction within their job and its environments (Kam & Meyer, 2015).

Turnover intention: This term refer to the factors affecting employees' desire to quit their job (Larkin, Brasel, & Pines, 2013; Spell, Eby, & Vandenberg, 2014; Vujicic, Jovicic, Lalic, Gagic, & Cvejanov, 2014).

Quality of working life (QWL): QWL represents a multifaceted idea of a worker's general emotions about his or her work that stems from attitudes about pay, rewards, work environment, job content, training opportunities, occupational health and safety concerns, career development opportunities, decision-making, work stress, relations among coworkers, and work-life balance (Amini & Mortazavi, 2013; Gerhart & Fang, 2014).

Assumptions, Limitations, and Delimitations

Assumptions

Assumptions refer to conditions researchers assume or accept without the ability to verify the truths or facts related to those conditions (Henderson, Kimmelman, Fergusson, Grimshaw, & Hackam, 2013; Pilcher & Cortazzi, 2016). I assumed that it would be possible to determine strategies for health care administrators to reduce hospital employee turnover. I also assumed that participants would answer questions honestly and that participants had knowledge of successful strategies to reduce hospital employee turnover and the method and design were appropriate for capturing those strategies. My role in data collection and analysis in this project included serving as the instrument in data collection and performing qualitative data analysis. A related assumption was that I

performed those roles while recognizing and taking steps to address and eliminate sources of bias in this study. When researchers solely rely on few participants' responses, biases may influence the results of study (Anney, 2015). Therefore, an assumption based on the recommendations of case study research experts such as Hyett, Kenny, and Dickson-Swift (2014), was that triangulation of data through the case study approach was an effective means of enhancing the trustworthiness of findings.

Limitations

In every study, there are limitations (Yeatman, Trinitapoli, & Hayford, 2013). Limitations are weaknesses in the study design that researchers identify and reveal to readers, participants, and observers of the case study research and results (Brutus, Aguinis, & Wassmer, 2013). The geographic location selected for this study was accessible for me; therefore, participants were from hospitals located within specific boundaries, which could limit the transferability of results to other settings and situations. Limitatons pertaining to data collection included travel constraints, time constrictions, and financial limitations; therefore, the collection of data was at a single point in time from interviews and document review processes that may not fully reflect all successful strategies that could be observable over time. Collecting data and information from participants for the study can be problematic, because of the different dispersed work locations and wide ranges of experiences. In-person interviews allow the researcher to observe facial and nonverbal expressions, while interviews conducted through the Internet do not include opportunities to observe possibly meaningful expressions (Szolnoki & Hoffmann, 2013). I conducted semistructured interviews, but was prepared

to conduct a Skype or Internet-based interview if necessary to accommodate the scheduling limitations of an interviewee, as appropriate, to achieve data saturation.

Delimitations

The delimitations noted here were the boundaries established for this research. Based on the participants' self-reported eligibilities, participants were adults at least 18 years old with experiences using strategies successfully to decrease employee turnover in hospital settings. The participants' job titles varied but job responsibilities included working in North Carolina hospitals in administration-level management positions involving human resources and employee recruitment, training, and retention. This case study was about North Carolina's health care administration; however, material in the literature review including conceptual and theoretical models that led to the framework and the open-ended interview questions, were comprehensive and included findings from research in other global health care settings. Appropriate transfer of findings to other settings and populations, aided by the provision of elaborate details about the population, sample, and other boundaries of the case, depends on the prudent judgment of readers (Anney, 2015; Crossman & Kazdin, 2016).

Significance of the Study

Findings from this case study provide existing and future leaders in health care administration with more knowledge to make better choices in developing and applying strategies to reduce employee turnover. Reducing hospital employee turnover and maintaining a quality health care workforce are significant challenges for hospital administrators (Nancarrow, 2015). By understanding and implementing strategies to

reduce turnover of hospital employees, hospital administrators may enhance positive work environments and promote morale through engagement that may help improve the quality of patient care and reduce health care expenses (Dempsey & Reilly, 2016). This study is beneficial to health care administrators who want to understand and implement strategies to reduce employee turnover, directly improving business practices and leading to positive social change.

Contribution to Business Practice

Hospital nursing vacancies will reach 800,000, or 29% by 2020, and it is likely that hospital administrators will continue to confront workforce shortages and retention challenges without successful strategies to reduce the loss of trained and talented staff (Nancarrow, 2015). For example, within 2 years of graduating nursing school, more than 40% of new nurses may leave their first job (Hofler & Thomas, 2016). High hospital staff turnover can lead to higher health care costs and poorer levels of patient care (Van Bogaert, Adriaenssens, et al., 2014). Health care administrators have limited research available to develop their strategies to prevent employee attrition, yet they need to find ways to save money and reduce employee turnover in hospitals to minimize costs associated with hiring challenges (Lartey, Cummings, & Profetto-McGrath, 2014). High employee turnover within an organization may also imply a lack of support and commitment from leaders (Gatling, Kang, & Kim, 2016). When health care administration leaders understand strategies to reduce employee turnover, there may be more positive public perceptions of their leadership and organizations (El-Akremi, Colaianni, Portoghese, Galletta, & Battistelli, 2014).

Implications for Social Change

This study may result in positive social change stemming from the implementation of effective strategies for reducing employee turnover in hospitals. Minimizing health care employee turnover allowed health care professionals to offer uninterrupted care for their patients in a socially cohesive environment (Backhaus, Verbeek, van Rossum, Capezuti, & Hamers, 2014; Lee, Dai, et al., 2013). Developing strategies that help retain workers was fundamental to quality patient care and lower health care costs that are examples of the positive societal changes that may result from staff retention in health care organizations (Van Bogaert, Van Heusden, Timmermans, & Franck, 2014).

Reduced employee turnover may also lead to employee engagement and positive employee relationships that can reduce stress and burnout in the workplace and improve the health and well-being of workers (Buttigieg & West, 2013; Lee, Dai, et al., 2013). A healthy retained workforce diminishes labor shortages and reduces expensive recruitment and training regimes, potentially redistributing health resources in ways that more efficiently meet the needs of patients (Nancarrow, 2015). Findings from this study might help hospital administrators reduce staff turnover, thereby reducing unemployment, increasing the disposable income of health care workers, and contributing to higher income tax revenues that stimulate a growing economy and support social progress programs.

A Review of the Professional and Academic Literature

The purpose of this literature review was to develop a foundation for understanding the problem of hospital staff turnover and to synthesize the previously published research about the different strategies applied to reduce employee turnover in various industries, health care settings, and geographical locations. A summary of the published findings about how internal environmental factors influence employee hospital employee turnover was vital to determining and applying effective strategies in hospitals. This comprehensive literature review includes a review of dual-factor theory and several related conceptual and theoretical models developed for understanding the phenomenon of employee turnover in modern organizational work settings.

Criteria for Literature Search and Selection

I conducted multiple searches using several databases to locate relevant literature. The database searches led to the identification of the literature used to form the foundation of this study. Databases accessed for peer-reviewed articles, consisted of some of Walden University's research databases, such as ABI/INFORM Complete, Academic Search Complete, Business Source Complete, Dissertations and Theses, Emerald Management Journals, Google Scholar, MEDLINE with Full Text, ProQuest Central, ProQuest Health and Medical Complete, ProQuest Nursing and Allied Health Source, Health Science, SAGE Premier, Science Direct, and Thoreau Search Multiple Databases. The keywords and phrases used in various database searches included *hospital employee turnover, hospital retention, health care and employee turnover, leader strategies and employee turnover, retention in health care, health care and turnover cost,*

assumptions in research, limitations in research, delimitations in research, organizational perception and employee turnover, and *staff turnover in hospitals.* The search terms I used ensured a literature review about health care administration and leadership involvement with reducing hospital staff turnover. Evaluation of the research findings for currency, credibility, and relevance led to the incorporation of 159 references from peer-reviewed resources, of which 98% of the references published within the 5 years prior to the completion of this research project.

Sources consisting of peer-reviewed articles from the fields of business and management, health sciences, and nursing provided the basis for understanding internal environmental factors linked to employee turnover. Understanding of these internal environmental factors led to effective strategies for reducing hospital employee turnover. The major themes for the literature review are about improving the quality of working life (QWL), leadership involvement and influence, job satisfaction and employee commitment, and organizational culture. Although a large amount of published literature pertains to health care administration, little of this research was about hospital employee turnover (Green, Miller, & Aarons, 2013; Steinmetz, de Vries, & Tijdens, 2014). The literature review culminates with the demonstration of the gap in related literature.

Herzberg's Dual-factor Theory

Herzberg et al. (1959) discussed how the dual-factor theory envelopes occupation fulfillment and work disappointment. Herzberg's dual-factor theory aligns with the purpose of this study to explore strategies health care administration uses to reduce employee turnover in hospitals. Herzberg et al. characterized the idea of occupation

fulfillment by recognizing characteristic fulfillment. This can include acknowledgment, work errands, and the level of obligation from one perspective, and extraneous variables, such as working conditions, organization strategy, compensation, and competence (Carayon et al., 2013; Park, Boyle, Bergquist-Beringer, Staggs, & Dunton, 2014; Schaffner, Schiefele, & Ulferts, 2013; Van Bogaert, Van Heusden, et al., 2014). Leaders in health care administration should identify issues that affect hospital workers to the extent that they leave their jobs, with the purpose of developing solutions for reducing employee turnover (Nancarrow, 2015).

Maslow's Hierarchy of Needs Theory

The supporting theory for this study was Maslow's (1943) hierarchy of needs theory. From his study of college students, Maslow determined that goals drive motivation based on certain human needs, such as the needs for safety, security, love, belongingness, self-esteem. The relationship between these needs and the pursuit of these needs eventually leads to self-actualization.

Now known as Maslow's hierarchy of needs, the pyramidal structure applied to concepts, such as job satisfaction. Maslow (1943) noted that needs such as food, water, clothing, and shelter are the basics of security and when these needs are met, then self-esteem should be met. Taormina and Gao (2013) noted that needs for affiliation, belongingness, safety, esteem, and self-actualization may be satisfied when the previous needs are met on the pyramid.

Scholars throughout the decades continued to extend the theory to various human situations, including the workplace (Taormina & Gao, 2013; Thibodeaux, Labat, Lee, &

Labat, 2015; Thomas, 2014). Scholars, such as by Shahid and Azhar (2013) noted the need for additional resources to support basic human needs, to include the resources to attain health and safety. Thomas (2014) equated sources of extrinsic satisfaction with reflections of achievement and self-actualization, thereby tying together Maslow's hierarchy of needs and self-actualization with Herzberg's (1959) dual-factor theory. Leaders must understand job satisfaction in order to be able to realize satisfaction in lower level needs, such as the need for safety, love, belongingness, and esteem, leading to self-actualization.

Vroom's Expectancy Theory

Vroom's expectancy theory was the opposing theory for this study. Vroom's expectancy theory states that people make choices to maximize pleasure and minimize pain. For example, value placed on monetary reward leading to satisfaction stimulates pleasure and can stem from a satisfying productive workplace. Additional values bringing humans pleasure, according to Vroom, include financial incentive, upward mobility, and other types of rewards that managers and leaders can use in the workplace. Vroom added a measure of skills, personality, abilities, and knowledge to the idea of motivating employees in the workplace, applied by other scholars to the study of retention and employee turnover in the workplace (Thomas, 2014). Chang, Hsu, and Wu (2015), Gould-Williams et al. (2014) and Shweiki et al. (2015) are among contemporary authors who continued to apply Vroom's expectancy theory in the workplace along with the concepts of extrinsic and intrinsic rewards as motivators in work-related decisions.

Improve Quality of Working Life

Quality of working life (QWL) arises from the interaction between an employee's needs and organizational resources (Gillet, Fouquereau, Bonnaud-Antignac, Mokounkolo, & Colombat, 2013). Health care workers in hospitals must cope with stringent employment requests such as pay, rewards, work environment, job content, training opportunities, occupational health and safety concerns, career development opportunities, decision-making, work stress, relations among coworkers, and work-life balance that can adversely affect their wellbeing, job performance, and productivity (Laschinger, Nosko, Wilk, & Finegan, 2014). Physicians and nurses need to have a good QWL in order to perform well on the job and ensure that patient's safety and wellbeing comes first.

Yet, as Niks, de Jonge, Gevers, and Houtman (2013) noted, an individual's work-wellbeing depends on the societal and institutional setting and how work stress and control impact the wellbeing of the individual. Employee turnover in hospitals involves many factors, such as factors that stem from job stress (Woodhead, Northrop, & Edelstein, 2014). Job stressors affect employees' QWL and employee turnover intention (Adriaenssens, De Gucht, & Maes, 2015; Tziner, Rabenu, Radomski, & Belkin, 2015; Van Bogaert, Van Heusden, et al., 2014).

As with most high-stress positions that service consumers, job stressors at work impact a patient's quality of care from staff, which is particularly evident in the health care field, where staff personally feel that their health behaviors affect the quality of patient care they deliver (Inabinett & Ballaro, 2014). For example, nurses suffer from

higher rates of morbidity and absenteeism than other health care workers (Horrigan, Lightfoot, Larivière, & Jacklin, 2013). Researchers propose that QWL influences nurses by enhancing health and well-being, enhancing job performance, leading to excellence in health care and heightened patient safety (Horrigan et al., 2013). QWL should be included in an organization's mission statement. Information from work-like policies or programs can be useful to organizations when leaders are trying to find ways to regularize their stated work-life commitments.

QWL can also affect hospital employees in other areas of their lives, such as with their families, social lives, and financial statuses. Therefore, it is important to apply more specific and effective human resources policies to help improve employee QWL, as well as decrease future employee turnover by addressing job stressors (Barrett, 2014; Carayon et al., 2013). Because QWL influences health, work-life policies or programs may ensure employees that leaders in their organization have a vested interest in an employee's well-being.

One way to achieve a work-life balance among employees is to have leaders who understand that QWL does not only influence employees, but also influences the entire organization and organizational outcomes (Moneke & Umeh, 2013b; Wong & Laschinger, 2013). For example, the intention to leave among nurses may stem from the work environment and unit characteristics (Battistelli, Portoghese, Galletta, & Pohl, 2013). Hospital leaders adopt a work-life policy or program to help promote QWL programs that may help to reduce employee turnover (Moradi, Maghaminejad, & Azizi-Fini, 2014). Hospitals should have QWL programs incorporated within the organization's

work life policy to reduce hospital staff employee turnover.

With limited numbers of health care professionals working in hospitals, many decisions may affect the outcome of patient care that is crucial to a hospital's business success (Luu, 2012). The resultant staff turnover is expensive for health care organizations, primarily because employee turnover costs not only affect budgets, but by extension, organizational resources (Li & Jones, 2013). There are significant effect for organizational leaders when organizational risk affects the provision of quality health care services to consumers and their patients.

Hospitals confront challenges providing quality health care. Staff may need years of education and training, depending on their medical specialty or job function. The reality of losing staff to high employee turnover rates can result in large amounts of transition costs along with decreased productivity and excellence of medical care, increasing the need to employ and instruct new staff (Dempsey & Reilly, 2016; Heponiemi, Kouvonen, Virtanen, Vänskä, & Elovainio, 2014; Hofler & Thomas, 2016). As hospital leaders continue to encounter many challenges and issues of budget constraints in the future, saving money along with improving retention of nurses will need to be the focus for hospitals across the United States.

By improving the QWL for health care professionals, hospitals can retain staff for long-term growth vital to sustainable goals in hospital organizations (Currie & Carr-Hill, 2012). For hospital staff, having a successful QWL enhances the likelihood that patients receive the care they expect to receive (McHugh, Kutney-Lee, Cimiotti, Sloane, & Aiken, 2011; Moradi et al., 2014). A successful QWL program in hospitals can ensure patients

receive quality patient care because QWL is especially vital in a fast-paced and high-stress work environment (Moradi et al., 2014). By improving hospital working conditions, quality of care for patients may improve as well.

Hospital-based fields frequently see high levels of exhaustion that lead to job turnover and attrition (Lee, Seo, Hladkyj, Lovell, & Schwartzmann, 2013). With the aging U.S. population, the health care administrators anticipate an increased need for hospital staff; the enlistment and retaining of skilled and veteran staff is an urgent concern to hospital administrators (Lee, Dai, et al., 2013). Patients who choose hospitals may make decisions based on the types of service they can expect to receive, which can stem from the reputation that staff has for both QWL and patient care (Luu, 2012).

Ensuring that staff receive QWL is vital in enhancing hospital reputation, producing less medical errors, and increasing patient safety. Medical errors are costly for hospitals and patients. Each year, approximately 210,000 to 440,000 avoidable mistakes lead to deaths, injuries, and illnesses of hospitalized patients (James, 2013; Smith, 2015). The Institute of Medicine (IOM) projected between 44,000 and 98,000 Americans die every year due to health mistakes that add annual costs of more than $50 billion (Zaheer, Ginsburg, Chuang, & Grace, 2015). Between 2.9% and 16.6% of patients need additional hospitalizations from health care-related diseases or patient falls (Ausserhofer et al., 2013). These avoidable deaths, illnesses, and injuries lead to lost income and additional health care costs of up to $29 billion annually, which could be preventable partly through QWL initiatives (Moradi et al., 2014).

Few hospital staff may seek help for workplace distresses that could lead to

negative career satisfaction, poor attitudes about positions, and medical errors (Dyrbye, Satele, Sloan, & Shanafelt, 2013). As in-patient care increases and staff become overwhelmed by workloads in hospitals, staff distress can eventually lead to increases in employee turnover. Stressors can lead to burnout that encompasses feelings of emotional exhaustion, depersonalization, and reduced efficacy or discouragement (Albuquerque & Deshauer, 2014; Bešević-Ćomić, Bosankić, & Draganović, 2014; Tayfur & Arslan, 2013). Burnout can lead to employee turnover in health care staff (Woodhead et al., 2014). Nurses continue to experience burnout, as well as proficiency issues, safety fears, image problems, and quality of life concerns (Buffington, Zwink, Fink, DeVine, & Sanders, 2012; Moradi et al., 2014).

Skilled nursing care of the elderly alone is responsible for more than $20 billion in annual Medicare costs, with annual costs escalated by turnover expenses (Thomas, Mor, Tyler, & Hyer, 2013). Carayon et al. (2013) highlighted the ongoing shortages of health care staff coinciding with the aging population and corresponding health care staff recruitment and replacement costs. As hospital leaders continue to encounter many challenges and issues of budget constraints in the future, saving money along with improving retention of hospital staff, such as registered nurses and colleagues, there will be challenges for hospitals across the country (Jeon & Yom, 2014).

As hospital administrators gain knowledge about retention challenges, focus remains on the welfare of patients (Moradi et al., 2014). Concerns continue about quality patient care when retention affects patients and staffing in hospitals (Hausknecht & Holwerda, 2013). With the increasing rate of employee turnover for nurses, focus also

shifts toward the individual needs of staff that can help ensure quality care for patients in hospitals (Van Bogaert, Van Heusden, et al., 2014). For example, a nurse-friendly environment ensures that nurses' needs are met, such that fatigue from working long shift hours will not hinder nurses from meeting the safety needs of patients in hospitals (Geiger-Brown et al., 2012; Sanders, Krugman, & Schloffman, 2013). Working long hours and shifts often results in reduced alertness along with fatigue that undermines quality of life and welfare of patients.

The Occupational Safety and Health Administration (2013) noted that people working more than 8-hours are affected by lack of alertness. Many health care workers tend to work long shift hours in excess of 8 hours; prolonged labor hours lead to employee exhaustion, decreased production, and compromised patient and individual welfare (Tsai, Huang, Chien, Chiang, & Chiou, 2016). Sanders et al. (2013) established the connection between exhaustion, performance, and the work settings among 745 registered nurses (RNs) and noted that nurses in their study were more aware of greater mental exhaustion than physical exhaustion.

A balanced QWL perspective for nurses can help leaders in health care administration monitor how long staff work, to reduce fatigue among staff that can reduce negative impacts on patient care (Sanders et al., 2013). QWL initiatives that involve monitoring work shift hours helps to prevent staff exhaustion (Geiger-Brown et al., 2012). Attentiveness to QWL also decreases worries, disappointments with employment, and yearnings to leave work (Bogaert, Clarke, Willems, & Mondelaers, 2013; Stimpfel, Lake, Barton, Gorman, & Aiken, 2013).

Leadership Involvement and Influence

Effective leadership is vital to any organization, business environment, or setting. Leadership is the capacity to lead using various strategies to collectively accomplish organizational goals while motivating for action, facilitating an organization to develop, and adjust to changing circumstances (DeAngelis, Wall, & Che, 2013; Buttigieg & West, 2013; Raso, 2013). The common themes in various leadership definitions show that leadership is a process that occurs within a group context and involves the attainment of a goal, such as developing strategies to reduce employee turnover (Wallis & Kennedy, 2013).

Hospitals must have strong effective leadership to have healthy health care work environments, health care providers, and high quality patient care (Anonson et al., 2014; Brown, Fraser, Wong, Muise, & Cummings, 2013). Health care leadership requires the involvement of not only staff managers, but also the involvement of senior executives to plan, deliver, and evaluate patient care properly. As Dow, Diaz-Granados, Mazmanian, and Retchin (2013) suggested in their study of organizational leadership application in health care settings, engagement of all levels of the staff throughout the organizational hierarchy, including recognizing and engaging individuals and health care teams is necessary for organizational success.

Effective leadership across diverse types of organizations involves a team effort to make an organization successful and viable in a competing economic market (Kuang-Jung, Mei-Liang, Chu-Mei, & Chien-Jung, 2015). In hospitals and health care settings, collaboration is imperative for patient wellbeing (Wallis & Kennedy, 2013).

Organizational development supporting successful collaboration needs to contain a philosophy where management engages employees through training and motivation (Castner, Foltz-Ramos, Schwartz, & Ceravolo, 2012; Otto, Mohr, Kottwitz, & Korlek, 2014). Leaders set the tone for the successful implementation of policies and programs that affect teams, collaboration, and the overall success of the organizational structure (Carayon et al., 2013; Dow et al., 2013). By shaping and influencing policy, leaders in health care administration affect retention and employee turnover and foster positive relations in the communities their organizations serve (Wallis & Kennedy, 2013).

Zaheer et al. (2015) suggested that leaders obtain concepts and recommendations from subordinates and assimilate the information into policymaking procedures. Wong and Laschinger (2013) found that leaders have a significant part in the empowerment process of employees that can influence intentions to remain in their jobs. For example, Jeon and Yom (2014) suggested that management practices and perceived organizational support through empowerment may entice employees, such as nurses and doctors, to remain in their jobs and professions.

Some hospital leaders developed leadership programs for leaders to develop the best leadership for their organization and ensure that leaders at each echelon of the organization change the organization to higher standards of accomplishment (Buttigieg & West, 2013). As in most businesses, senior health care leaders must use their power in their working environments to retain employees (Lievens & Vlerick, 2014). By being involved positively with staff, leaders in health care administration build stronger relations; as those relationships grow and become stronger, effective communication will

also develop equity between leaders and their employees and between all hospital staff and their organizations' customers (Eberechukwu & Chukwuma, 2016).

One of the most significant elements that can influence the functioning and effectiveness of an organization is communication. Communication is important within any organization to ensure that leadership and employees build a relationship with one another. Therefore, communication is an essential portion of patient care, which occurs in various multifaceted care circumstances (Kitson, Muntlin Athlin, Elliott, & Cant, 2014). Mattson, Hellgren, and Göransson (2015) suggested that leader communication is essential to organizational and patient safety. Based on the variations of different communication approaches, leaders have a direct impact on patient care and employees' safety behaviors (Auer, Schwendimann, Koch, De Geest, & Ausserhofer, 2014).

Lack of communication directly relates to decreased patient safety in hospitals (Auer et al., 2014), which can also have a negative impact on the entire success of the organization (Kroning, 2015). Patient safety is a motivator for leaders and staff to use effective and proficient communication to fulfill their health care duties (Blosky & Spegman, 2015). Conducting safe practices in hospitals is a priority to ensure patients are safe while receiving care or treatments. A hospital culture where there is a lack of communication is dangerous for patient safety (Carayon et al., 2013). The focus on continuous improvement provides opportunities for employees to speak up about issues, ideas, or concerns that are both positive and negative. Encouraging employees to voice their concern and to speak up about things that matter to them can help build morale within a hospital organization and improve patient care (Auer et al., 2014).

Leaders strive for and achieve expertise in communication, circumstance observing, and common backing in a proper group structure elevate wellbeing execution, inspirational states of mind, and learning (Carayon et al., 2013; Castner et al., 2012). One responsibility leaders must shoulder is to communicate the organization's mission, plans, and objectives; in doing this, leaders convey the organizational culture by communicating the priorities and values that management holds in high regard while encouraging effective communication throughout the organization (Grabowski et al., 2014; Schwinn & Dinkel, 2015). Therefore, these skills are important in a hospital environment, because patient care is the priority for hospitals. Health care represents an advancing technological field in which people have close relationships with individuals who have extraordinary ways of communicating (Smith, 2015). An employee's perception of little support or insecurity about the purposes of management can have deleterious effects on enthusiasm and undermine efforts for encouraging effective collaboration and communication (Castner et al., 2012).

The fundamentals of leadership effectiveness across all types of businesses include relationship trust and loyalty between leadership and employees (Petrakis & Kostis, 2012). If trust is lost, then the leader's credibility becomes questionable (Su-Yueh et al., 2015). The more employees view leaders as trustworthy, the more improbable medical staff are to harbor troubles that lead them to leave their jobs (Laschinger & Fida, 2014). Organizational trust among leaders and subordinates is necessary for a successful organization (Su-Yueh et al., 2015).

By including employees in an organization's decision-making process or making employees feel that they important and safe, leadership can impact positively employees' work performance levels or influence employees' decisions to stay or leave their organizations (Carayon et al., 2013). Employees are part of the process as interacting partners in deciding on what is common sense (Luu, 2012). Sharing ideas with employees and fostering inclusion drive organizational progress toward visions of new ideas to achieve common goals for the long-term growth of the organization (Dow et al., 2013).

With the lack of leadership involvement, employees will come to believe that they are liabilities to the organization and that leadership will not recognize how important employees are to the organization (Dill, Morgan, & Marshall, 2013). Organizations want to retain talent to keep employees who are assets for their company (Bourke, Waite, & Wright, 2014). By retaining talent, leaders retain employees, which reduces employee turnover and decreases the financial cost of hiring on a continuum basis (Cascio, 2014).

Replacing employees in hospitals can drive costs up and can cause a financial burden to hospitals when hiring new employees who are already facing other challenges (Dotson, Dave, Cazier, & Spaulding, 2014). For example, the rising health care costs, variations in clinical outcomes, competition between hospitals, and reluctance by hospitals to change are among the issues challenging the sustainability of the current hospital business model (Twigg & McCullough, 2014). The cost of replacing a nurse includes expenses for advertising, expenses associated with interviewing, and lost productivity, periods of short staffing leading to overtime expenses for remaining staff, or reliance on expensive temporary agency staff who are unfamiliar with the organization

and other employees, increasing the potential for adverse patient outcomes (Asegid et al., 2014).

Successful leadership in hospital management, such as in clinical, financial, and operational divisions, adds competitive advantages to health care organizations. Different variations of ecological factors, such as changes in patient compensations, the sharp rise of competitiveness between hospices and hospital organizations, educational and progressive medical technological development, and staff insufficiencies and employee turnover, are challenges for hospital leaders throughout the different divisions (Kim et al., 2015). These ecological challenges have hospitals building schedules that help leaders excel in all parts of their organizations. The best leadership in all levels of the organization as well as leaders who have the necessary skillsets, proficiencies, and understanding help move the organization to higher standards and greater accomplishments (Kim et al., 2015).

As leaders in health care administration face complex issues and challenges with a growing aging population, leadership involvement is crucial in helping create positive work environments as well as sustain talent within an organization (Wallis & Kennedy, 2013). An aging society means that people are living longer and the steady increase of chronic illnesses associated with an aging population is jeopardizing the sustainability of health care systems (Hofler & Thomas, 2016; Nancarrow, 2015). To meet the growing needs of an aging society, hospital leaders address difficulties that require constant administration support, a transformative leadership style, and a cooperative strategic management (Ott & Ross, 2014; Röthlin, 2013).

Leadership involvement can cause ineffective or effective organizational outcomes of their employees. By developing strategies for employee turnover, leaders in health care administration can implement plans to reduce employee turnover. Planning and leadership improvement are strategic initiatives that require managerial consideration (Collins, McKinnies, Matthews, & Collins, 2013). Along these same lines, workforce shortages persist and require health care establishments to evaluate where strategic changes in leadership are appropriate for the future (Collins, McKinnies, Matthews, & Collins, 2015).

Visibility and approachability will need to be a part of the strategic process of changes in leadership so leaders in health care administration are visible to hospital employees and staff (Wallis & Kennedy, 2013). When leaders are visible to employees and employees have access to leaders, interdisciplinary learning, communication, and collaboration, desired by health care staff improve (Frich, Brewster, Cherlin, & Bradley, 2015). By being visible in hospitals, leaders provide themselves the opportunities to actively listen to employees, speak face-to-face with staff, and foster security of the employees' work surroundings (Collins et al., 2013).

Administration leaders in hospitals impact perceptions of workers about the support given to employees (Buttigieg & West, 2013; Laschinger et al., 2014). When there is a lack of desire for leaders to listen or respond to employee concerns, employee frustrations may increase based on a leader’s actions (Fuwa, 2014; Wallis & Kennedy, 2013). Unresolved issues and management's failure of providing the necessary tools and resources for quality care may impact an individual's choice to leave his or her

employment (Ramoo et al., 2013). By being accessible and willing to listen to employees, leaders can fully engage with employees for ideas or expertise to make improvements to the organization (Biswas & Bhatnagar, (2013).

Job Satisfaction and Employee Commitment

A lack of job satisfaction is cause for employee turnover in the health care industry. Job satisfaction pertains to how employees feel or think about their jobs that comprises intellectual and emotional reactions to an employee's valuation of the quantity of connection between an employee's assumption and the real revenues expected from the worker's occupation (Bish, Kenny, & Nay, 2014; Djukic, Kovner, Brewer, Fatehi, & Greene, 2014; Jang et al., 2015; Körner, Wirtz, Bengel, & Göritz, 2015). Just as organizational policies and administration can affect different individuals, employees also have expectations about what their job should be in the organization. The concept of job satisfaction is complicated and multidimensional where its definition varies with the quintessence of the employment, as well as on an individual's desires of what his or her occupation ought to offer (Bonenberger et al., 2014; Farquharson et al., 2013; Frey, Bayón, & Totzek, 2013).

Organizational settings that provide health care achieve optimal customer satisfaction that may stem from employees' high levels of job satisfaction that elevates patient care (Lin, Shih, Huang, & Hsu, 2014). Therefore, one can assume that customer satisfaction relates back to employee job satisfaction that may relate to motivation, caring, and participation within the organization's goals. When health care staff experience dissatisfaction with their jobs, staff and patient well-being may suffer

(Nancarrow, 2015). For example, employee occupation fulfillment employs a critical impact on consumer contentment, as content employees are more likely to be creative, deliver superior services to consumers, and improve productivity among coworkers (Pantouvakis & Bouranta, 2013).

Employees desire work in environments where leaders encourage employees to grow, learn, and become satisfied in the jobs (Pomirleanu & Mariadoss, 2015; Wallis & Kennedy, 2013). Health care facilities, such as hospitals, will continue to struggle with employee turnover if leaders are not competent in detecting an employee's level of satisfaction with their jobs (Lin et al., 2014). A leader's incompetence may lead to high employee turnover, decreased morale, poor performance, and low productivity, because of low job satisfaction leading to high employee turnover (Hunt, 2014; Yeh, 2014).

Researchers suggested a link between patient satisfaction and employee job satisfaction among nurses in hospital surroundings. McHugh et al. (2011) suggested that patient contentment coincided with nurse contentment, based on survey findings from a large sample of nurses in hospitals and assisted living facilities. While emotional well-being of staff, such as physicians, nurses, counselors and other health care staff can deteriorate with falling job satisfaction, falling job satisfaction can cause employees to leave their health care jobs, leading to employee turnover costs for the health care facility industry (Lin et al., 2014; Linnen, & Rowley, 2013). Organizational employee turnover in health care settings can total more millions of dollars in expenses each year, monetarily draining organizations (Brewer, Chao, Colder, Kovner, & Chacko, 2015; Oser et al., 2013). Leaders in health care administration can reduce these costs by identifying

organizational events to increase retention and occupation contentment and reduce employee turnover (Moneke & Umeh, 2013a).

Having enough numbers of sufficiently qualified hospital staff is critical for the delivery of superior care and the upkeep of patient wellbeing and staff contentment (Ramoo et al., 2013). A health care professional's satisfaction and psychological well-being may stem from positive relationships with colleagues and an adequate, appropriately staffed working environment (Gillet et al., 2013; Jaafarpour & Khani, 2012). Because hospital staff work different shifts, long hours, and face the pressures of dealing with life and death on a daily basis, support of other staff is necessary for patient and employee well-being (Huang, You, & Tsai, 2012; Valiee, Peyrovi, & Nasrabadi, 2014). Hospital staff shortages may cause patients to look for care elsewhere at other hospitals, so reduced employee turnover of hospital staff has value and purpose for health service organizations, employees, and their clientele (Huang et al., 2012).

Several studies support the interrelatedness of job satisfaction and leadership. For example, Bormann and Abrahamson (2014) found a link between leadership behavior and job satisfaction, organizational output, and increased productivity. Therefore, by creating a work environment where employees experience job satisfaction, leaders in health care administration may increase hospital employee retention (Chang, 2015; Pasarón, 2013). Job satisfaction and job performance may depend on the work environment to the extent that it influences these constructs in positive or negative ways (Yang, 2014).

Organizational commitment refers to a colleague's identity and level of obligation with a specific association that reveals an individual's attitudes to the organizational objectives and standards, a longing to remain with the organization, and the will to use their own attainment on the organization's behalf (Su-Yueh et al., 2015; Yang, Treadway, & Stepina, 2013). Therefore, one can conclude that organizational commitment influences certain organizational outcomes of employees. Some of these organizational outcomes of employees can include job satisfaction, job performance, and employee turnover. For example, nurse practitioners' work gratification has an optimistic and important effect on organizational obligation (Chang, 2015). By understanding why employees lack organizational commitment due to job-related factors, examining organizational outcomes may help leaders in health care administration to develop strategies for reducing employee turnover, which may also help increase employee commitment (Biswas & Bhatnagar, 2013).

Lack of organizational support, unfairness, and minimum socialization are contributing factors that can force employees to leave their jobs (Shahid & Azhar, 2013). In health care organizations, having highly committed employees is a significant part in refining the performance of the services provided to and attracting clients (Borhani, Jalali, Abbaszadeh, & Haghdoost, 2014), which leads to patient satisfaction (Berberoglu & Secim, 2015). Without employee commitment, leaders may be unable to fulfill organizational goals (Shahid & Azhar, 2013). Organizational goals provide objectives for employees to attain as well as opportunities for employee growth. Employees can recognize the importance of business integration, and therefore, embrace company

principles. In a health care environment where anticipations for service distribution and medical results are high, connecting objective positioning to organizational responsibility is important to enhance an employee's work accomplishment (Lee, Seo, et al., 2013).

By building relationships with employees, leaders will become familiar with employees who are attached to the organization who are willing to commit for the longevity of the relationship (McCabe & Sambrook, 2014). Therefore, as leaders develop positive relationships with their employees, the commitment that comes from the individual is of a more willing nature. An employee's willingness to embrace and accomplish organizational goals is an integral part of having a successful organization. Employees who commit themselves to an organization will have a compelling feeling of affiliation and will want to associate carefully with the objectives of the organization (Moneke & Umeh, 2013b; Zhao et al., 2013).

Employees may show their enthusiasm and commitment by staying with the organization. When an employee is happy with his or her job, he or she may have a sense of belonging that influences his or her desire to stay at the job (Bonenberger et al., 2014). However, on the opposite end, as workers dedicate less time and enthusiasm to their interactions, they may eventually feel insufficient in their capability to participate effectively with people, which could eventually cause them to disengage from the organization (Thanacoody, Newman, & Fuchs, 2014). When employees become disengaged from the organization, the idea of being committed to something that no longer has appeal can lead to employee turnover (Thanacoody et al., 2014).

A hospital organization functions in a complex and changing environment where employees are continuously learning (Röthlin, 2013). Leaders in health care administration need to support and develop creative ways in continual learning for staff to provide consistent quality care in hospitals. Tsai (2014) suggested that health care establishments are extremely knowledgeable and demanding establishments that need frequent education to develop their employees' abilities. Leaders can influence employees through continual transformative learning, which may help to improve organizational commitment (Illeris, 2014). By promoting the concept that hospitals are learning organizations, leadership can attempt to utilize effective management to influence staff to commit to staying with hospitals. Staff may make decisions to stay on with hospitals based on their desire to be a part of a professional learning community where collegiality spreads learning opportunities throughout the organization (Bush, 2016). Organizational education in health care settings is essential to achieve the educational necessities in a multifaceted interrelated organization where workers need to know shared contextual information alongside with collective knowledge of roles and accountabilities to perform their given task and collectively provide safe patient care (Ratnapalan & Uleryk, 2014).

Hospital staff must also continue rigorous professional development that may involve academic research, training activities, and support of administrative duties (Benligiray & Sönmez, 2012). This professional development coincides with work duties and a work-family balance that can be challenging to hospital workers. However, as the work-family conflict decreases, organizational commitment increases (Benligiray &

Sönmez, 2012). When staff experience work-family conflicts that interfere with professional development and work obligations, leaders of health care administration may consider providing resources and support to help staff balance their work and family schedules. Assurance, profession gratification, and worker emotional happiness correspond with positive work environment and work-life balance initiatives (Gilmartin, 2013; Stinglhamber et al., 2015). From this research, one can conclude that stress and work-family conflict have a negative relationship with employee organizational commitment while professional development and training have a positive relationship with organizational commitment.

Organizational Culture

A health care organization has a unique culture as it strives to satisfy both internal and external customers. As with any type of business, hospital organizations operate under the concept of retaining customers and attracting new customers, requiring an attractive organizational philosophy and culture (Moneke & Umeh, 2013a). The culture of an organization describes the organizational structure, which impacts individual and group contributions to the growth of an organization (Bryant, 2013; Bryant & Allen, 2013; Giles & Yates, 2014; Marino, Mays, & Thompson, 2015).

A review of the literature revealed that a hospital's organizational culture could affect employees negatively or positively. For example, organizations with a strong culture can shape how its employees work together as well as what they can achieve together. To instill a strong organizational culture, leaders in health care administration promote teamwork and provide support to those employees who may be thinking of

leaving their jobs. To support the culture, management encourages employee involvement, engagement, and accountability at all levels and exhibit consistency in applying company policies (Dempsey & Reilly, 2016; Kramar, 2014; Queiros, Carlotto, Kaiseler, Dias, & Pereira, 2013; Ryan & Ebbert, 2013).

Hospitals can learn from corporations, as corporations with strong positive cultures experience many benefits, such as the ability of employees to focus, change, and adapt (Simoneaux & Stroud, 2014). By implementing strategic initiatives that align with an organization's goals and mission, an employee's behaviors and goals can include a positive outlook of the organization's mission-driven future direction (Ammendolia et al., 2016). When employee engagement enhances morale and productivity within an organization, employee recruitment and retention seems to be easier, which brings in higher profits (Dempsey & Reilly, 2016). A leader's goal is to promote the organization's culture among the employees of the organization. If leaders work diligently to promote, instill, and implement the culture throughout the organization, greater retention can occur. Creating an organizational culture of retention may reduce nurse turnover (Buffington et al., 2012). To instill a strong organizational culture, leaders in health care administration should promote teamwork and provide support to those employees who may be thinking of leaving their jobs.

Aligning strategic planning with an organization's objectives and mission may generate an atmosphere that employees perceive as positive, learning, and opportunities for growth. When leaders generate a work atmosphere that allows personnel to address major issues that are of importance to them, healthy dialogues and sharing common

ground develops within the culture of the work environment. Developing an organization by aligning individual values with employment duties increases job satisfaction, employee retention rates, and reduces costs that are associated with employee turnover (Inabinett & Ballaro, 2014).

An organization's success may depend on connecting its culture. If the culture is weak, employees may become dissatisfied with working in an environment that is not conducive to providing quality service to the consumers. For example, a hospital culture has an influence on the way the hospital's physicians operate, as well as on the treatments patients receive (Carayon et al., 2013; Queiros et al., 2013). Improvement in patient safety usually is the result of a culture of open communication, teamwork, and a supportive environment, where characteristics of a group culture exist to benefit all stakeholders (Zaheer et al., 2015). Hospitals operate with a culture of a team-based system to manage patient health care needs. Effective and superior patient depends on teamwork (Lubbe & Roets, 2014; Van Bogaert et al., 2014).

Working in conjunction with other employees in a high stress environment can create tensions and behavioral issues. With new medical techniques and procedures being developed, leaders in hospitals must learn to adapt quickly to new medical knowledge. The organizational culture in a hospital, established by leadership, can affect employees' behaviors and job performances. Leaders are responsible and accountable for building the cultures in their workplaces. When a leader establishes a vision of a healthy workplace culture, the leader must also lead by the example of being accountable for his or her

actions. Accordingly, leadership method and organizational culture can foretell organizational results (Smith, 2015).

Workplace culture is an important factor that drives employee allegiance and engagement. Research indicated that hospitals would achieve more if workers are in a culture that promotes dedication to their accomplishments (Brunges & Foley-Brinza, 2014). Leaders who develop cultures where workplace associations with superiors are important, they promote collegial support that influences staff to continue in their jobs (Brunetto et al., 2013). When leaders develop workplace cultures that are positive, employees may be more likely to commit to staying in their working environments (Khalili, 2014). A positive workplace culture influences the way people speak to one another and how people treat one another. Employees with positive attitudes elevate morale within their organizations, and a positive attitude among employees can lead to better organizational performance (Mulready-Shick & Flanagan, 2014). The goal for any organization is to ensure that productivity is high and that employee morale generates positive organizational outcomes (Galletta, Portoghese, Battistelli, & Leiter, 2013; Hamdani, Valcea, & Buckley, 2014). As with many jobs, employees who are happy and satisfied in their jobs will be committed to staying at their jobs. Therefore, nurses who share optimistic perceptions of collective leadership will be dedicated to their work unit as well as have less desire to leave their job (Galletta et al., 2013; Trybou, Pourcq, Paeshuyse, & Gemmel, 2014).

Hospital cultures are unique, due to the complexity of changing technologies and innovations that assist in providing safe patient care treatments to consumers.

Organizational efficacy is predicated upon the concept that culture develops within an organization over time (Bryant, 2013). The culture of an organization defines the organizational structure, which may impact individual and group contributions to the growth of an organization (Khalili, 2014). Leaders of health care administration, therefore, redesign their missions based on influences that relate to cultural attributes to survive economic instability and evolve successfully over time (Grabowski et al., 2014).

A relational connection exists between organizational culture and patient satisfaction; organizational culture contributes to deciding the environment observed by medical and nursing staff, and this in turn, has an influence on patient contentment (Mattson et al., 2015; Sebo, Herrmann, Bovier, & Haller). The culture in a hospital can affect its employees and patients. While technical issues, such as the accurateness of analysis and adherence to medical procedures are important, it is service quality that is critical to a hospital's culture. Service quality alludes to the custom where health services are provided to beneficiaries of health care services. Because patients are sometimes incapable to precisely evaluate the procedural standard of care, service quality is typically the main factor of patients' complete excellence care (Gupta, Gautam, & Srivastava, 2012).

A hospital's culture is unique and different from other high-contact services, insofar as the delivery of hospital services is based on group actions from every employee. Based on these features, one can argue that organizational concepts are formed from the factors that take place within an organizational culture. Therefore, patient satisfaction has an effect not only on every employees' attitudes, such as contentment or

enthusiasm, but also by the combined attitudes and conduct of the hospital team (Sebo et al., 2015).

Effective organizational performance depends upon employee behaviors that fulfill organizational goals and commitment to employee and patient safety (Hyde, Harris, & Boaden, 2013). Establishing a safety philosophy in hospital settings has been a continuing objective through the prior years, founded on endorsements from the Institute of Medicine (Groves, 2014). The importance of safety culture in hospitals can make a huge difference in the relationship with patient and employee safety concerns, but most significantly, save lives. Managers of hospitals can have an impact by encouraging a resilient culture of safety (Carayon et al., 2013; Clark, Zickar, & Jex, 2014). As leaders become knowledgeable and aware of safety issues within an organization, improvements can then enhance patient and employee safety, creating a more attractive work environment (Jeffs et al., 2013; Pumar-Méndez, Attree, & Wakefield, 2014).

A safe and clean work environment in a hospital setting can prevent diseases from developing and populating throughout a hospital. In addition, a safe work environment can also create a culture that allows employees to feel confident in where they are exposed 24 hours a day to a work environment that can affect their ability to provide quality care. This is one reason why leaders in health care administration should lead by example; in other words, leaders should ensure that organizational culture in a hospital begins with the top level of leaders. An example of this is presented in a study conducted at Johns Hopkins Hospital. The safety philosophy at Johns Hopkins is signified as a

creation achieved through the application of organizational structures and individual activities (McMillian & McEldowney, 2014).

The Johns Hopkins study on safety culture leads to the concept that safety is a creation accomplished through a communicative portrayal of shared values, shared beliefs, shared ideas, and professional behaviors that involves people, rather than the structure of an organization's safety culture (McMillian & McEldowney, 2014). Leadership must understand and fix the organization's safety problems, as one of the foremost significant accountabilities within an attractive health care environment (Doucette, 2014). This concept not only involves top leadership, but also employees at every level in a hospital organization where collaborative efforts between leaders and hospital employees can ensure a safety culture.

Collaborations with leaders in health care administration and hospital health care teams can forge together as the standard for successful partnerships in optimal care delivery. By keeping in mind that a shared leadership framework is beneficial to hospital employees, a collaborative environment can be established. An example of the shared leadership framework and its affects is presented in Sanders et al. (2013) study of nursing leaders creating a safe and adequate work environment. Staff at a hospital can all collaborate through partnerships to shape the work environment in a positive manner (Sanders et al., 2013).

Hospital leaders are in a unique dilemma. Leaders responsible for planning, implementing, and leading employees through organizational change initiatives are also responsible for influencing employees to participate in a collaborative effort. In addition,

leaders are also responsible to influence employees in a partnership with others to help develop an organizational culture conducive to staff retention. Cooperative behaviors rely on partners actively working together and engaging in communication patterns to maintain positive interactions and relationships that can enhance employee commitment (Mulready-Shick & Flanagan, 2014).

In summary, discovery of the reasons why employees leave their jobs leads to many ideas about how to retain employees (Currie & Carr-Hill, 2012). Scholars, such as Daouk-Öyry, Anouze, Otaki, Dumit, and Osman (2014) reported that health staff shortages interfere with the abilities of patients to receive quality health care. As health care staff continue to leave health care organizations, employee turnover costs rise (Hayward, Bungay, Wolff, & MacDonald, 2016). Without employee turnover mitigation, employee turnover costs will increase, adding economic burdens to an already unstable economy in which many organizations underperform (Hayward et al., 2016). Therefore, exploring effective strategies for health care administrators to reduce employee turnover in hospitals may lead to improvements in the efficiencies of hospitals, leading to more sustainable hospital environments (Kramar, 2014). The findings from this qualitative case study may be helpful to health administration leaders seeking to effectively reduce hospital employee turnover.

Training, mentoring, educational awareness, and a supportive organizational culture may lower employee turnover for hospital health care workers and improves long-term retention (Mulready-Shick & Flanagan, 2014). Implementation of these areas of health care organizational practices in hospitals may help retention to improve and

employee turnover to decrease (Kim et al., 2015). Hospital staff members need continuous leadership support, safety, work-life balance among other positive working conditions, and developmental training programs to help guide them toward job satisfaction and commitment to their work settings in the health care system (Röthlin, 2013).

Transition

Section 1 included an overview of this qualitative case study regarding strategies North Carolina health care administrators use to reduce employee turnover of hospital employees. It included the background and foundation of the business problem, problem statement, purpose statement, the nature of the study, and research question. Section 1 also included operational definition of terms, the assumptions, limitations, and delimitations, the review of the professional and academic literature. The conceptual framework for this study was the Herzberg dual-factor theory, with the supporting theory of Maslow's hierarchy of needs theory, and the Vroom's expectancy theory as the opposing theory.

Section 1 also includes the implications of social changes. The findings from this study provide leaders in health care administration strategies in reducing high employee turnover in hospitals particularly physicians and nurses. By using Herzberg's dual-factor theory to indicate that there are factors that affect the work environment (Herzberg et al., 1959), leadership can implement policies that will help retain physicians and nurses in hospitals, thereby reducing employee turnover. The review of the literature revealed

several factors that could influence turnover in the health care industry and specifically among hospital staff.

Section 2 includes the details about the purpose statement, role of the researcher, and information on participants. This section also includes the chosen research method and design, the population and sampling strategy, instrument, data collection and organization techniques. The section includes the data analysis and the related reliability and validity issues of the study.

Section 3 contains the purpose statement and a summation of the findings from the study that included the literature review themes that affect employee turnover and leaders' strategies that reduce employee turnover. The section also includes application of professional practices, implication for social changes, recommendations for action and further action. Section 3 includes my personal reflection of the study.

Section 2: The Project

The intent of this research was to explore effective strategies used by leaders in North Carolina's health care administration to help them reduce the attrition of hospital employees. I collected data through semistructured interviews. Section 2 includes the purpose statement, role of the researcher, participants, research method and design, population and sampling, ethical research, data collection instruments, data collection technique, data organization techniques, data analysis techniques, and information on reliability and validity.

Purpose Statement

The purpose of this qualitative case study was to explore effective strategies for health care administrators to use to reduce hospital employee turnover. The population group included medical professionals such as hospital administrators, physicians, and nurses with experience in hospital settings in Raleigh, North Carolina. The study results could benefit hospital administrators who need to implement better strategies for recruitment, retention plans, and training programs to help improve retention rates and decrease employee turnover of hospital staff.

Decreased employee turnover may lead to improvements in customer relations, as employees commit to the organization and provide higher levels of quality patient care. The data collected could provide insight into the extent health care administrators need to conduct strategic processes to reduce employee turnover in hospitals. The study may benefit hospital administrators in implementing better practices for recruitment, retention plans, and training programs to help improve the retention rate of hospital staff,

specifically health care professionals who are new to the health care industry. The increasing employee retention can improve customer relations as employees commit to the organization. Leaders in health care administration will bring about social change to society and the greater community by improving the quality of care in their institutions.

Role of the Researcher

In this study, I was the fundamental instrument in collecting all data. My part as the investigator in this study involved the following responsibilities: (a) recruited study participants, (b) created the data collection instrument, (c) collected data by interviewing the study participants, (d) analyzed the data collected from the interviews, (e) addressed the research question of the study based on the results of the data analysis, and (f) generated the conclusions and recommendations of the study. Among these roles, one of the most critical was that of the investigator as the mechanism of data gathering and examination. I conducted research on leaders in health care administration who work in the state of North Carolina. My participants were from areas in and near Raleigh, North Carolina. These locations were selection based on the hospitals in these areas, my personal experiences with the health care system in these areas, and participants with the knowledge and experiences to answer the interview questions.

My relationship with the topic, participants, and research area was from a patient's standpoint, having been in the Wounded Warrior Unit while in the United States Army. I had different doctors and nurses who became a part of my treatment plan while in the unit. I observed many employee turnovers and saw how employee turnover at the hospital impacted patients and employees alike. As a patient, I noticed the complex issues

and challenges to the budget constraints, profitability, and motivated workforce in the hospital. Wanting to be a part of the solution to the problem prompted me to explore the problem. I have never worked in the health care industry, and I was not personally acquainted with the study participants. My comprehension of the topic came from my experiences as a patient and the literature review.

It was my duty to ensure that the study complied with the three principles for academic research stated in the Belmont Report. These three principles are beneficence, respecting people's rights and dignity, and justice (Adams & Miles, 2013; U.S. Department of Health & Human Services, 1979). I upheld the doctrine of consideration for individuals by incorporating the procedures for attaining informed consent. In the course of obtaining informed consent, I ensured that potential participants had all the requisite information for making a knowledgeable decision on whether to take part in the study or not, such as the objective of the study, the nature of participation and time commitment expected from study participants. I gave information about my willingness to answer their questions, addressed concerns, and provided clarifications about the study. I upheld the principle of beneficence by outlining the risks and benefits of participation for study participants. I articulated to potential research subjects that participation in the study was on a voluntary basis, and that there were no incentives for study participation. Eligibility for study participation included specific inclusion standards drafted in relation to the purpose of the study. All participants were age 18 or older. Apart from this, no other restrictions—such as gender, race, or socioeconomic status—prevented interested and eligible individuals from participating in the study.

Reducing personal bias in data collection and analysis is important to ensure integrity in the collection of information and the analysis of data (Koch, Niesz, & McCarthy, 2013; Overgaard, 2015). As part of the content analysis for the study, I used data from the interview transcripts as evidence to support the themes and conclusions generated for the study. I did not express approval or disapproval, or agreement or disagreement, with the views expressed by the participants during the interviews, whether verbally or non-verbally. According to Stuckey (2013), biases can be reduced by not expressing personal opinions and ideas in response to the participants' views of the interview.

I strictly followed the procedure outlined in Yin's (2014) five-step analysis for qualitative case studies, as doing so would ensure that the data analysis occurred objectively. I used bracketing to avoid bias personal lens and perspective during the data analysis process. Open-ended questions in a semistructured interview format can help to diminish researcher bias (Cowan, 2014) and are flexible where an open discussion can occur between the interviewer and interviewee (Crocker et al., 2014). According to Yin (2013), methodological triangulation comprises of the use of multiple sources which aid in reduce bias. I used semistructured interviews and document review for methodological triangulation to mitigate bias and to increase credibility and improve the trustworthiness of the study.

Archbold, Dahle, and Jordan (2014) suggested that member checking confirms that a researcher catches the right words and meanings. Member checking, as noted by Houghton, Casey, Shaw, and Murphy (2013), is helpful for expanding the exactness of

the transcriptions taking after interpretations of data. I used member checking to decrease personal biases in this study by allowing the participants to make the necessary corrections and clarifications, thereby avoiding misrepresentations of their views or other sources of bias, which would enhanced the credibility of this study. By taking these measures, I sought to prevent improperly influencing the participants' responses during the interviews.

I used several sources to collect data on the participants' perception on factors that influence employees to leave their jobs and strategies which leaders in health care administration can implement to reduce hospital employee turnover. Participants responded to a series of open-ended interview questions, which I had developed after a thorough, comprehensive review of the related literature. By conducting qualitative studies, participants can provide in-depth answers to open-ended questions, asked according to the interview protocol (see Appendix A).

Participants

Recruitment of study participants began with the identification of the population with potential participants. I used publicly available contact information provided by selected hospitals on their website pages for the contact information for potential participants. The population included health care administrators such as hospital administrators, physicians, and nurses in Raleigh, North Carolina hospitals, who had knowledge of strategies to reduce employee turnover of hospital staff.

Kazadi, Lievens, and Mahr (2015) noted that using purposefully sampling procedure is acceptable for a single case study analysis. I purposefully selected five

health care professionals and administrators with self-report of at least 5 years working in hospitals and their knowledge of effective employee turnover strategies to reduce staff turnover. To participate in any study, individuals had to be a part of the population set by the researcher and met specific inclusion criteria used for criterion-based purposive sampling recommended for qualitative research studies (Andraski, Chandler, Powell, Humes, & Wakefield, 2014; Protheroe, Brooks, Chew-Graham, Gardner, & Rogers, 2013).

In this study, the inclusion criteria were as follows: (a) be currently employed as a medical professional in a North Carolina hospital, either as a hospital administrator, physician, nurse, or medical assistants, (b) have at least 5 years of knowledge employed in a hospital setting, and (c) be at least 18 years of age. Although there were no criteria for gender and ethnicity requirements, both men and women from all ethnic groups were eligible for participation within the study if they had the necessary experience of working in hospitals. Screening processing began when prospective participants claimed that they met the criteria for the study. The screening questions (see Appendix B) for medical professionals such as hospital administrators, physicians, and nurses in Raleigh, North Carolina who successfully reduced turnover were:

1. Are you a hospital administrator, physician, or nurse?
2. How long have you been a hospital administrator, physician, or nurse?
3. Do you have effective strategies to reduce employee turnover in hospitals?
4. What is your geographic location?

One of the challenges encountered by qualitative researchers is gaining access to participants. This challenge is addressed by using established links or connections and being open about the study (Opollo, Opollo, Gray, & Spies, 2014). To gain access to participants, I selected participants with whom I was not acquainted and did not have a personal or professional relationship.

The North Carolina Hospital Administration maintains a publicly available website with a publicly available directory. The publicly available directory listed on the website includes the list of hospital administrators, physicians, and nurses, as well as their job titles, telephone numbers, and email addresses.

Using the email addresses of the prospective participants from the publicly available email addresses published online, I sent out a formal invitation letter (see Appendix C) to participate in the study after the Walden Institutional Review Board (IRB) approved my study. This invitation letter included the pertinent details of the study, such as the purpose, why the people contacted were potential participants, the nature of participation, and the time commitment required for study participants. I also included my contact details so that individuals could contact me to express their interest to participate in the research, or if they had requests or needed clarifications regarding the study. Instead of being passive subjects, the participants were active subjects in this study, who shared their experiences and provided data.

Lowther et al. (2016) made several recommendations for enhancing the relationship between researchers and participants. Recommendations by Lowther et al. for establishing positive working relationships with participants included providing clear,

effective, and nonjudgmental communication and emphasizing the positive benefit of contributing to society which can enhance the self-worth of participants. To ensure positive working relationships with prospective participants, I remained available to answer questions about the study with clarity, and I remained nonjudgmental throughout the communication and data collection process.

Hall, Goddard, Speck, Martin, and Higginson (2013) also emphasized the importance of working relationships with participants, stating that their interest in a given study could be potentially enhanced by their desire to contribute to social progress and to be supportive of advancements in their fields. I emphasized the potential benefits of their contributions, and the voluntary nature of participation enhanced the trustworthiness of the working relationship. The welfare of participants was a priority in this study, and policies and procedures to protect participants' privacy were used through the adoption of an ethical orientation to the research activities were additional steps used to enhancing the positive nature of the working relationship.

Research Method and Design

The method for this study was a qualitative research method. The design was a case study design to explore effective strategies health care administrators in North Carolina use to reduce hospital employee turnover. The following subsections include the justifications and rationale for the method and design and why I chose to conduct the qualitative case study instead of the quantitative method or other qualitative designs.

Research Method

To achieve the purpose of the study, I used a qualitative research method to study participants' lived experiences. The primary focus in qualitative studies is to take the viewpoint of others and use that viewpoint to experience meanings and circumstances through their perspectives as individuals or groups of people (Hallberg, 2013; Moosa, 2013; Yin, 2013). The purpose of the study was also the basis for choosing to use the qualitative method instead of the quantitative method. In quantitative studies, numerical data used to quantify variables and test hypotheses lead to statistical inferences (Venkatesh et al., 2013; Whiffin, Bailey, Ellis-Hill, & Jarrett, 2014). Qualitative researchers extract contextualized, multidimensional descriptions of the phenomenon under investigation (Anney, 2015; Macur, 2013; Nassaji, 2015). Qualitative researchers explore specific subjects within their context, based on the subjective meanings and interpretations of people who have experience with these subjects (Yazan, 2015). Specifically, using a qualitative approach provides an in-depth understanding of the social phenomenon of human behavior or decision making of health care administrators (Kaur, 2016). I used the qualitative research method in this study to discover, collect, describe, and interpret data relating to health care administrators' interpretations of effective strategies to reduce employee turnover in hospitals.

Quantitative studies are most often based on random samples from defined populations (Allen, 2015; Hallberg, 2013). Quantitative researchers use the quantitative method for numerical data for statistical analysis and hypothesis testing (Allen, 2015; Nyberg, Moliterno, Hale, & Lepak, 2014). By comparison, the use of the qualitative

approach was suitable for this research, because it allowed me to explore the professional experiences of hospital employees within the environment in which these experiences occur. I rejected the quantitative research method because the quantitative method would require gathering numerical information and would not uncover the distinct encounters of the participants and this method would not give an exhaustive portrayal of the strategies that the participants use to successfully to reduce employee turnover in the hospital.

With a mixed methods approach, researchers would use both qualitative and quantitative methods approach to analyze, interpret, and collect data (Frels & Onwuegbuzie, 2013; Maxwell, 2015). A mixed method was not necessary for this study to answer the research question. I reject the mixed methods because I am a novice researcher without knowledge of incorporating statistical and textual data.

Research Design

For qualitative studies, possible study designs include phenomenology, case study, and ethnography (Grossoehme, 2014). Among these research designs, the case study was the most applicable for the objective of the study. Qualitative research involves presenting data collected from a single person or from a group of people (Risk, 2013; Sandelowski, 2014). Accordingly, this case study revolved around strategies health care administration leaders use to reduce employee turnover.

The focus of ethnography is to learn more about a particular culture through immersion, an end goal that was unrelated to the objective of the study. Ethnographers look to investigate marvels from an anthropological point of view, therefore an ethnographic analyst must inundate himself or herself in a general public to find out

about the way of life (Grossoehme, 2014; Malagon-Maldonado, 2014). I rejected an ethnographic study because I would not be exploring how people live their lives based on their shared behavior and values within their cultural environment.

The use of a phenomenological design was also inappropriate for this study as the focus of phenomenology is to create a comprehensive understanding of an occurrence based on individual experiences. In the information investigation for phenomenological request, the researcher expects to reveal and deliver a portrayal of the member's lived understanding (Malagon-Maldonado, 2014). Phenomenology might be the strategy for the study of what an experience means to a specific gathering of individuals (Grossoehme, 2014). By a process of elimination, it became apparent that a case study design was optimal for this study. I rejected a phenomenological design because I am not looking to understand people's perceptions about a specific phenomenon.

Case studies apply to research about people, situations, time phases, assignments, procedures, organizations, or other classifications, using one or more data sources (Yazan, 2015). The practice of using a case study design allowed the researcher to explore the subject under investigation, as well as assess and observe the situation in detail within a particular contextual framework (Cronin, 2014; Ramthun & Matkin, 2014). Analyzing the factors that influence hospital employee turnover via a case study research design allowed for a rigorous form of inquiry. Prior case study applied to why employees leave their jobs, participants' values and beliefs, and understandings of the sociocultural and contextual factors that affect occupational performance and satisfaction

(Swaminathan, Jahagirdar, & Kulkarni, 2014). I chose a case study design to explore an issue occurring within a specific context, specifically employee turnover in hospitals.

Data collection of rich and detailed data from relatively small qualitative research samples involves the concept of data saturation (Yin, 2014). Data saturation occurs when additional data collection efforts yield no new information (Marshall, Cardon, Poddar, & Fontenot, 2013). Elo et al. (2014) and Siegle, Rubenstein, and Mitchell (2014) explained that achieving data saturation from interview data involves establishing a minimum initial sample size while also determining the number of additional interviews that would occurred until new ideas ceased from additional interview efforts, also known as the *stopping criterion* for establishing data saturation. Yin (2014) also discussed data saturation concepts and explained how a single case study with up to 10 participants could lead to data saturation required for credible findings. Therefore, the initial sample size for this study was five participants, but I was prepared to interview two additional participants until reaching data saturation.

Population and Sampling

The purpose of this qualitative case study was to explore effective strategies health care administrators in North Carolina used to reduce hospital employee turnover, the population for this study included medical professionals who were hospital administrators, physicians, or nurses with 5 years of experience in the hospital setting effectively using strategies to reduce employee turnover of hospital staff. This population of North Carolina hospital administrators, physicians, and nurses had the knowledge and experience with reducing employee turnover of hospital staff, which represented a

population appropriate for the purpose of this study. Lucero et al. (2016) and Teeuw et al. (2014) recommend alignment of the population, research purpose, and research questions in case study designs. Therefore, a sample of participants with at least 5 years of hospital experience effectively reducing hospital staff turnover aligned well with the purpose of this case study leading to data to answer the overarching research question.

The North Carolina Hospital Association is responsible for a periodic report of labor shortages, employee turnover, and staff issues in North Carolina Hospitals, with the most recent report authored by Broome in 2010. Broome (2010) reported decreased employee turnover among North Carolina Hospital staff over the period from 2008 through 2010, with an employee turnover reduction of approximately 8% across all hospital staff positions, except for occupational therapists. Although a more recent report remains unpublished, the high reduction of employee turnover reported by Broome makes the North Carolina hospital administration staff an appropriate population to study to understand strategies to reduce employee turnover of hospital staff. The same report by Broome also indicated a measure of reduced employee turnover in the report was a length of employment of at least 5 years.

To recruit participants, I used a purposive sampling strategy for this study. A purposive sampling strategy involves the notion that participants for the study would be open, honest, and willing to contribute data (Robinson, 2014; Trochim, Donnelly, & Arora, 2014). Purposeful sampling requires focusing recruitment efforts on individuals who meet the specific inclusion criteria for the study (Cleary, Horsfall, & Hayter, 2014; Harrison, 2013; Palinkas et al., 2013); in this case, medical professionals who were

hospital administrators worked in a hospital setting for at least 5 years while effectively using strategies to reduce employee turnover of hospital staff. In qualitative studies, purposeful sampling allows for the recruitment of participants who have in-depth knowledge of the topic being studied (Palinkas et al., 2013), such as this case study, wherein the focus was on medical professionals as a group, and how to reduce attrition among its members.

For this study, my goal was to recruit 5 subjects from the population based in Raleigh, North Carolina. This initial sample size of 5 participants from the population was optimal on the basis of recommended considerations. First, in qualitative studies, researchers must acknowledge the issue of diminishing returns for data collection. Data saturation is the point when the collection of large volumes of data does not yield new information (Marshall et al., 2013). Second, in relation to the issue of diminishing returns, I considered the issue of saturation in qualitative studies, when new information appeared to yield significant contributions to the data leading to the themes for the study. The use of too large of a sample may not be feasible or efficient (Guetterman, 2015). A sample of 5 participants was adequate for this qualitative study wherein data collection stemmed from the detailed accounts of personal experiences. In a case study to explore the perceptions and experiences of employees in health care organizations, only workers with experiences with the issues at work should engage in in-depth interviews (Moll, 2014). By conducting the study with an initial sample size of 5 participants, while also prepared to add participants as necessary and appropriate for data saturation, data

collection from the interviews led to sufficiently valid themes derived from the data analysis to answer the research questions.

I invited participants to interview in Raleigh Public Library, which was accessible to participants who lived and worked in the same city in North Carolina. The library location was quiet and private environment to ensure recording quality. Only each participant and myself were present in the private room, and no one else was in hearing range of the interview. I briefed each individual on the purpose of the study and what to expect as a participant the study. The information gathered from the interviews remained confidential and private. Participants replied to a consent form and understood that confidentiality would apply to their involvement.

Ethical Research

While conducting this study, I complied with the standards for ethical academic research. I conducted this study in compliance with the regulations of the university and the Walden University's Institutional Review Board (IRB), which protected the welfare of participants in research studies. To comply with these regulations, the informed consent form included the policies and procedures to protect a participant's welfare and preserve a participant's privacy and data confidentiality. The informed consent for participation reached potential participants as an attachment to the invitation letter in (see Appendix C) for the study. I accessed these potential participants individually. I understood the ethical guidelines concerning the protection of human research participant. The IRB approval number for this study is 02-27-17-0322644.

Through the informed consent letters, I communicated to participants that participation in this study was strictly on a volunteer basis. There are no incentives for participating in the study, and there were no negative social, economic, or job-related consequences for declining to take part in the study. Similarly, I clarified to the participants that I was not affiliated with the medical institutions where they work, and that their participation in the study would be strictly confidential. Researchers must respect and ensure confidentiality for participants and should be careful not to put individuals' identities at risk (Petrova, Dewing, & Camilleri, 2016).

Participants were also free to respond to the interview questions with as much or as little detail as they were comfortable with and could decline to answer questions that made them feel uncomfortable to answer. Potential participants were aware that all interviews recorded were for data gathering and exploration purposes. The researcher's ability to establish trust and confidentiality with each respondent is necessary to obtain the desired information from each of the interviewees (Haahr, Norlyk, & Hall, 2014). There were no penalties for withdrawing from the study, and I prepared to destroy immediately any data collected from anyone who chose to withdraw. Study participants could withdraw at any point if they felt participation was distressing, difficult, or undesirable in any manner.

Researchers should be able to obtain, evaluate, and report the data without revealing the identities of the respondents (Cheng & Phillips, 2014). I implemented several procedures to protect participant privacy and data confidentiality. All data collected in this study were de-identified. No names or any other information that could

identify participants were with the data; instead, respondents were “Hospital Administrator # X”, “Physician # X”, or “Nurse # X”, and so on. The data stored in paper form includes reply to the informed consent forms and electronic data are the audio recordings of the interviews and transcripts of the recordings. All paper forms will remain in an inaccessible locked filing cabinet in my personal office. All replied informed consent forms will remain in a folder separate from the other data. Similarly, all computer files remain in password-protected records. Storage of all data, including subsequent drafts and reports, will occur for 5 years after completion of the study. Subsequently, I will destroy all paper forms by shredding and will permanently erase all electronic files associated with the study.

Data Collection Instruments

As the instrument for data collection from semistructured interviews and document review, I scheduled interviews with eligible personnel who expressed interest in taking part in the study on a specific date and at a location that was convenient to the participant. The purpose of the collection of data from both interviews and document review involving multiple informants was to apply methodological triangulation to add depth to the analysis of the data collected (Fusch & Ness, 2015) for qualitative studies. Data for case studies should stem from at least two of the following six data sources that Yin (2013) recommended for triangulation in case study research: (a) document review, (b) archival records, (c) interviews, (d) direct observations, (e) participant-observation (i.e. site visits), and (f) physical artifacts. Yin (2013) identified that the case study can be

a single case or multiple cases bounded by time and location. I collected data by conducting individual interviews and publicly available document review.

On the day of the planned interview, I started the session by reiterating the policies stated in the informed consent form. Once this is done, I required the participant whom I was interviewing to reply to the informed consent form. I invited additional questions and confirmed the participants' consent to the terms of the informed consent form. I proceeded with the interview after confirmation of agreement with the informed consent terms. I reviewed the publicly available related documents to include hospital policies, hospital retention and data records before the interview sessions.

Interview questions are in Appendix D, and a guide to the interview protocol is listed in Appendix A. I adhered to a semistructured interview protocol that consists of a single set of open-ended questions, drafted based on recommendations and guidelines from Van Mastrigt et al. (2015). Using open-ended questions allow the study participants to respond to the questions with their own words. The use of open-ended questions did not limit the responses provided by a respondent and gave participants opportunity to introduce aspects of the topic under investigation that might not be brought up by other study respondents. Although semistructured interviews may lead to the discussion of topics irrelevant to the study, the practice of using an interview guide as a protocol helped me, as the interviewer, to make sure that all aspects of the subject that related to the purpose of the study remained the focus during the interviews.

Simpson and Quigley (2016) describes member checking as enhancing the consistency of a study. Scholars, such as Moreland and Apker (2015), noted member

checking provides researchers clarify as the participants check the researchers' interpretation of the participants' data, allowing them to comment on the researcher interpretation. I conducted member checking by interpreting the data from the participants and sharing my interpretations in a one- to two- page summary of the key findings with each participant. Each participant had the chance to remark on the elucidations of the information.

Data Collection Technique

The data collection techniques planned for this study included conducting, recording, and transcribing semistructured interviews and document review are frequent techniques of information gathering common in qualitative health care studies (Byrne, Brugha, Clarke, Lavelle, & McGarvey, 2015; Madhlangobe, Chikasha, Mafa, & Kurasha, 2014; Yin, 2013). Recording of interviews occurred with the use of my smart phone and transcription occurred through the use of a word processing file in which I typed the interviews verbatim as I listened to the recordings. The review of copies of documents occurred with notes taken on the contents, relevancy, and meaning of the documents, typed into the word processing file.

I adhered to a semistructured interview protocol, based on recommendations and guidelines from Van Mastrigt et al. (2015). Using semistructured interviews, as opposed to fully structured or unstructured interviews, allowed the study participants to respond to and expand relevant lines of inquiry and I could include additional probing questions deemed meaningful to the study. The use of semistructured interviews involve an initial guiding structure, also known as an interview protocol, but does not fully limit the

questioning, thereby providing opportunities to introduce aspects of the topic under investigation that might not have otherwise emerged (Yin, 2014). The initial structure provided for semistructured interviews ensures that the conversational nature of the interviews does not digress into matters irrelevant to the research question, a possible disadvantage of the use of interviews for data collection (Doody & Noonan, 2013; Vogl, 2013). Another disadvantage to the recording and transcription of interview data is that the data collection technique can result in voluminous data that are difficult to organize, manage, and analyze (Zamawe, 2015). The use of qualitative data analysis software and intelligent data reduction techniques employed during analysis helped me overcome this disadvantage.

Review of documents, according to Pacho (2015), may lead to data that may not help answer the research question and documents offered for review may appear biased, disorganized, outdated, illegible, or irrelevant. Although there are these noted disadvantages to the document review as a form of data collection, document review may be an inexpensive unobtrusive source of corroborating data for the purposes of triangulation (Denzin, 2012).

After each interview, I personally transcribed the audio recordings from the audio files on my smartphone by typing the interview answers into a word processing file. I typed into the word processing files my notes from the review of documents and included images scanned into the computer, when necessary or appropriate to add to the meaning of the data from the document review. After I had formed my initial impressions from the data, each participant had the opportunity to review my initial interpretations of the data

offered to me, in a process that qualitative research experts, such as Anney (2015), described as member checking. Using member checking helps ensure that analysis of participants' responses is reliable and that the interview process was completed in an ethical manner (Harvey, 2015; Morse, 2015). Member checking involves the process of allowing participants to review the analysis of the participants' interviews to ensure accuracy of my analysis (Hyett et al., 2014). I also sent the voluntary consent form via email to the participant prior to the interview to ensure the participant had ample time to review, read, and respond electronically that they consent.

Data Organization Technique

All documents labeled had dates and an identification number. I used sequential numbers as codes to identify participants, such as "Hospital Administrator # X", "Physician # X", or "Nurse # X", using sequential numbers assigned in the order in which participants opted into the study. I used word processing software to transcribe interview recordings and notes taken from the review of documents. After the completion and transcription of the interviews and following my evaluation of publicly available document review, I used NVivo 11, a qualitative analysis software program, for coding and analysis of the data. Through interviews, participants respond to open-ended questions where they feel free to express their views, lived experiences, and issues relating to their everyday functioning (Coenen, Stamm, Stucki, & Cieza, 2012; Verleye, Gemmel, & Rangarajan, 2014).

With the completion of the interviews, I transferred all data files to a portable drive, and I stored all data in a locked safe located in my home. I will store and protect all

information within a locked file for 5 years after completion of the study. The locked file is accessible to only myself. After all data remain stored 5 years, I will destroy all physical documents by shredding all physical data, and erase USB memory drives and audio voice recordings. To maintain confidentiality, I am the only person with the knowledge of the names of the participants and their organizations. Research participants require respect, which means that confidentiality is given to all private or personal matters or views (Vanclay, Baines, & Taylor, 2013).

I audio recorded the interviews on my smart phone for the purposes of collecting accurate and thorough interview data. After each interview, I personally transcribed the recordings of the words from the audio recordings by typing the words into a word processing file to ensure that information was in a textual format for content analysis, as recommended by Solans-Domènech et al. (2013). Use of NVivo software helped me organize and analyze data. I conducted member checking by sending my initial interpretations of the data to the participants for review.

Data Analysis

Data from semistructured interviews from multiple participants working in and near Raleigh, North Carolina, in combination with document review, provided information needed for data analysis in this study. A combination of interview data as the primary source along with secondary sources from document review enabled me to perform methodological triangulation in this case study. Triangulation of data, using multiple data sources from multiple sources, represents the opportunity to juxtapose and compare data to enhance the trustworthiness of the analytical findings that result from

content analysis applied to data in qualitative studies (Anney, 2015; Hyett et al., 2014). I used the data from interviews and publicly available document review for triangulation during data analysis, using the Yin (2014) five-step process described below.

Adherence to the steps in five-step process helps researchers conduct an objective analysis of qualitative data, with the understanding that there are biases inherent to human researchers (Baškarada, 2014). Analyzing data using the five-step process can lead to valid conclusions derived from qualitative data (Crowe, Inder, & Porter, 2015). Yin's recursive five-phase cycle included: (a) compiling, (b) disassembling, (c) reassembling (and arranging), (d) interpreting, and (e) concluding. Compiling occurs with the intent to organizing data (Haines, Summers, Turnbull, Turnbull, & Palmer, 2015). I started the first process within 24 hours after the primary interview session. Disassembling occurs by analyzing textual content (Oleinik, Popova, Kirdina, & Shatalova, 2014). Baškarada (2014) stressed the process of disassembling distinct data into individual groups.

The next process was reassembling (and arranging) the data where I rearranged the data by linking the same coding categories together. After data collection, reassembling (and arranging) Baškarada (2014) and Hyett et al. (2014) recommended that the researcher make sense of the data by beginning to interpret the data. Following, the reassembling (and arranging) process, I conducted member checking by interpreting the data from the participants and sharing my interpretations in a one- to two- page summary of the key findings with each participant. Each participant had the chance to remark on the elucidations of the information.

The last process of data analysis closes with the discussion of the findings. I used tables and narrative text to report the findings. Using the emergent themes for the study, I addressed the research question and juxtaposed the results of the data analysis with the findings from published peer-reviewed research and the conceptual framework for this study.

Methodological triangulation, as described by Chao (2014), was the methodology of combining more than one data source. Cairney and St. Denny (2015) expressed that methodological triangulation increases validity and reinforces the credibility of data. I used semistructured interviews and publicly available document review for data collection and analysis.

I used NVivo 11 to facilitate the process of content analysis and inference. The process of coding, annotating, and incorporating the use of qualitative data analysis software allows researchers to incorporate and integrate visual images, words, and numbers in context for analytic reasons (Castleberry, 2014; Edwards-Jones, 2014). The process of using software tools assisted me in analyzing the data. NVivo 11, a software, specifically designed for analysis of qualitative data, assists analysts in the identification of words, phrases, and ideas that may converge into themes, but does not take the place of the analyst, who must be continuously attentive to the coding and meaning of the data (Zamawe, 2015).

The conceptual framework interfaces with the literature and the methodology (Yazan, 2015). The conceptual framework guiding this study was the Herzberg dual-factor theory, while the supporting and opposing theories were Maslow's hierarchy of

needs theory and Vroom's expectancy theory, respectively. I explored the findings of the data with the perspective of Herzberg's, Maslow's, and the Vroom's theories. Comparing and contrasting the key themes that emerged from the data with the literature included newly published studies. I reported how the findings connected to, or related to, or varied from the finding in the literature review and the conceptual framework. I disseminated the findings from this study to the participants, leaders of medicinal services, staff nurses, and nurse managers through professional conferences, seminars, workshops, and meetings.

Reliability and Validity

In quantitative studies, the primary concern is for study reliability and validity. However, in qualitative studies, researchers focus on four specific aspects to uphold the integrity of the study findings. These four aspects are dependability, credibility, transferability, and confirmability (Anney, 2015). Pacho (2015) suggested that qualitative research trustworthiness is formed through its dependability, credibility, transferability, and confirmability.

Reliability

Dependability refers to the consistency of data for similar conditions (Anney, 2015) and is sometimes compared to the concept of reliability in quantitative research (Elo et al., 2014). Dependability is another issue connected to the context of the research study (Forber-Pratt, 2015). Dependability is the qualitative equivalent of reliability in quantitative studies (Anney, 2015; Taylor-Ritzler, Suarez-Balcazar, Garcia-Iriarte, Henry, & Balcazar, 2013) and pertains to accounting for changes in the context in which

research occurs. This case study pertained to a narrow geographical area, namely Raleigh, North Carolina. Conditions in medical institutions may differ with regard to location, physical environment, workforce demographics, leadership climate, organizational culture, and socioeconomic climate that involve health care teams in varied structures engaging in diverse processes (Dow et al., 2013). I asked participants to provide as much detail on the circumstances behind their views and experiences. Although repeat studies were beyond the scope of this research, I described the case study design elements, and methodology steps in detail, to help future researchers who wish to conduct this study in a different location or context. I gathered information with the utilization of very much recorded, steady strategies to guarantee truth-esteem, appropriateness, and dependability in this review.

Methodological triangulation, according to Fusch and Ness (2015), is a researcher's use of more than one data sources to study a research topic. I used methodological triangulation to increase credibility, relying upon multiple informants and multiple data collection sources. I utilized semistructured interviews and publicly available document review. I conducted member checking by interpreting the data from the participants and sharing my interpretations in a one-page summary of the key findings. In the member checking process, each participant had the chance to remark on the elucidations of the information.

Validity

Credibility pertains to describing the subject under investigation based on the participants' viewpoints (Meltzer et al., 2013; Trochim et al., 2014; Peake-Andrasik et

al., 2014). To preserve the accuracy and thoroughness of participants' answers, I recorded and transcribed interview data. To enhance credibility, purposeful sampling leads to informed participants with knowledge of and experiences with the subject matter (Anney, 2015; Hyett et al., 2014). Purposeful sampling and member checking heightened credibility. Member checking allowed the participants to make the necessary corrections and clarifications, thereby avoiding misrepresentations of their views or other sources of bias. Use of purposeful sampling and member checking enhanced the credibility of this study. Following my initial interpretations of the data in the initial data analysis steps, I asked participants to review my initial interpretations of the data in a process called member checking.

Transferability refers to findings applied to other situations under different settings (Anney, 2015), while confirmability is a standard for assessing the accuracy of the findings obtained from the data and observation of the participants (Houghton et al., 2013). Transferability is achievable in qualitative studies when the study findings are sufficiently general or mimic other backgrounds and settings (Trochim et al., 2014). In case studies, this is an inherent weakness, because the case study design has a specific context, thereby limiting the transferability of the study (Thelwell, Wagstaff, Rayner, Chapman, & Barker, 2016). Identifiable assumptions, limitations, delimitations, and the scope of the study help readers understand the context in which the findings of this study occurred to judge transferability appropriately (Anney, 2015). The suitability of the transferability of a review, according to Thelwell et al. (2016), relies upon the reasonable judgments of the reader. Boblin et al. noted subjective analysts ought to improve

transferability by depicting the setting of the exploration. In this review, I provided enough data about the populace, sample, strategy, plan, and examining systems so another researcher can properly judge the transferability. Identifiable presumptions, confinements, delimitations, and the extent of the review help readers comprehend the setting in which the discoveries of this review transpired to judge transferability suitably (Anney, 2015). Be that as it may, I addressed this constraint by giving an intensive depiction of the foundation, setting, sample, participants, method, and the technique and plan components of this review. I addressed this limitation by providing a thorough description of the background, setting, participants, sample, and the method and design elements of this study.

The concern of confirmability involves the issue of researcher bias as a factor affecting the outcome of the study and requires ascertaining the degree to which readers can confirm the study findings (Trochim et al., 2014). Methodological triangulation, a process by which data from multiple sources undergo analysis with the purpose of comparing and validating findings, enhances confirmability in qualitative research studies (Houghton et al., 2013). Methodological triangulation may lead to the identification of points of convergence within data (Denzin, 2012). Triangulation may lead to the identification of points of convergence within the data or points of divergence that lead to new avenues for exploration (Carter, Bryant-Lukosius, DiCenso, Blythe, & Neville, 2014; Fielding, 2012). Through triangulation, I enhanced confirmability of insights from experts informing this study. I reviewed publicly available documents, including hospital human resource website pages, hiring and training program announcements and

descriptions, and human resource policies and handbooks. Combining data from document review with data from semistructured interviews with multiple informants led to methodological triangulation.

Data saturation is also useful in strengthening the confirmability of a case study (Yazan, 2015). Although some experts claimed that conducting 5 interviews may be an acceptable minimum sample size for a case study, data saturation occurs at the point when no new data appears to emerge from continued data collection (O'Reilly & Parker, 2013). I was attentive to data saturation while maintaining a goal to ensure confirmability. The participants were professional experts in their field with the work experience and knowledge to assist in assessing the value of the evidence gathered from the interviews. The process of purposeful sampling and member checking enhances confirmability by ensuring that data and analysis reflects the accurate and meaningful realities of interest in this study (O'Reilly & Parker, 2013).

Transition and Summary

Section 2 included the purpose of the statement, my role as the researcher, and the selection of participants. Section 2 also included the research method and design, the population and sampling, the ethical research, the data instruments, data collection technique and data organization technique. I explained the data analysis and how the concepts related to this study. I also explained dependability, credibility, transferability, and confirmability.

Section 3 begins with the purpose statement and the presentation of findings. This section includes the application of professional practice and implications for social

change. Section 3 includes my recommendation for action and further research. I conclude the section with my experiences and reflections.

Section 3: Application to Professional Practice and Implications for Change

In Section 3, I provide the introduction to the study results, the purpose of the study, and the presentation of the findings. I also provide a detailed narrative of data collection, and how the conceptual framework, the supporting theory, the opposing theory, and the findings were connected to the research question. Section 3 also includes the application to professional practice, implications for social change, and recommendations for action. Incorporated into this section are the recommendations for further research, a reflection on my experience within the Doctor of Business Administration (DBA) process of the doctoral journey, and the closing statement.

Introduction

The purpose of this qualitative case study was to explore the effective strategies health care administrators in Raleigh, North Carolina used to reduce hospital employee turnover. Employee turnover is a challenge that leaders experience in all industries; the purpose of this study was to explore employee retention strategies solely within medical institutions. Using multiple data sources from multiple participants led to five major themes. Participants reported that it is important to understand the problem of employee turnover and that the recruitment and hiring process should focus on hiring employees who are likely to have a good organizational fit. The participants in this case study identified a collaborative, safe, flexible organizational culture as ideal for the retention of hospital employees who have a good organizational fit with the hospital environment.

Section 3 includes recommendations for action, the implication of improvement to organization and individuals, and how the findings are beneficial to social change and

behavior. Section 3 also includes recommendation for further research associated to the improvement of business practices, my reflection on the study, and the conclusion of this study.

Presentation of the Findings

The overarching research question that guided the study was the following: What successful strategies do health care administrators use to reduce hospital employee turnover? To answer the research question, I conducted, recorded, and transcribed semistructured interviews with five medical personnel from a hospital in Raleigh, North Carolina. Participants had knowledge of effective turnover strategies to retain employees and acquired at least 5 years of leadership knowledge and experience in a hospital setting. The findings were derived from analyzing data obtained from review of public documents and semistructured interviews. I used Microsoft Word to transcribe and organize audio-recorded semistructured interviews. I retrieved a publicly available directory website containing a public list of hospital administrators, physicians, and nurses, their job titles, telephone numbers, and email addresses for recruitment. I used NVivo data analysis software to organize and analyze textual contents, and link like coding categories together for the data analysis. The five-step data analysis process included compiling, disassembling, and reassembling data to arrive at major emergent themes. From the data analysis process, five major themes emerged about successful strategies health care administrators use to reduce hospital employee turnover. The first theme pertained to the importance of and means to understand the problem of employee turnover in the hospital environment.

Theme 1: Understanding the Problem

All the participants in this study referred to the importance of recognizing and understanding the reasons and causes of employee turnover and why an employee would choose to leave employment voluntarily. Although the participants offered a series of successful strategies they experienced, according to all the participants in the study, strategies are only successful if the strategies addressed the cause of the problem in an organization. Table 1 includes the participants' references to understanding the reasons and causes of employee turnover. Participants in the study referred to the reasons, causes, and why employees leave organizations during 52 different times throughout the interview sessions, in addition to their 47 references to the roles and responsibilities of leaders, managers, and supervisors in addressing the problem. Additional documents discussed and reviewed included surveys described in greater detail below.

Table 1

References to Understanding Employee Turnover

Reference	Frequency
Leaders, managers, supervisors	4
Understanding	18
Surveys	13
Reasons	12
Causes	11
Why	11
Relationship	10

(table continues)

Reference	Frequency
Total	52

Understanding employee turnover. Key words and phrases reiterated by all of the members of the study sample that led to the identification of this first major theme included understanding, reasons, causes, and why employee turnover occurs. Although all participants in this study addressed an understanding of the reasons for employee turnover, two participants elaborated about the process of determining causes within the organization. For example, Physician 1 talked about, "reasons why employees are unhappy with their work" and added, "leaders first need to understand what the cause is or what affects turnover or retention. Leaders need to understand employee trust, engagements, satisfaction, and other factors that link to work environment which is a proactive approach to retention." Hospital administrator 1 claimed, "There are many reasons that employees leave the organization, oftentimes employers do not know these reasons." The hospital administrator added, "Supervisors, leaders ought to comprehend the reasons employees are unhappy in the workplace." Understanding the causes for turnover can help leaders find the right answers to decreased dissatisfaction among staff.

Consistent with what participants in this study reported, the discovery of the reasons employees leave their jobs leads to many ideas about how to retain employees (Currie & Carr-Hill, 2012). One way health care leaders aspire to reduce health care costs is to understand the causes of employee turnover and ways to retain a talented, committed

workforce in their organizations (Wallis & Kennedy, 2013). Participants agreed that this was the first step in the development of successful strategies to reduce hospital employee turnover. McHugh et al. (2011) advocated for the use of formal means to determine the contentment of employees in hospitals and health care settings, for the purposes of reducing burnout, dissatisfaction, and frustration. This was consistent with what participants in this study reported as an essential step toward understanding how to reduce employee turnover.

Relationships. Regarding the concept of relationships, participants discussed the relationships between leaders and followers that can help leaders understand employees and their needs. The concept of relationships in the workplace, which emerged from the data 10 times, pertained mostly to ways that leaders can develop relationships that help followers share their needs, concerns, and reasons they may be satisfied or dissatisfied with their work. For example, Physician 1 said, "Leaders' and followers' relationships have a greater influence on turnover than pay satisfaction." Nurse 2 said, "If someone's having problems at home or work, I hope I'd be able to see a change in behavior in them since I have a relationship with them. I care about my staff on a personal and professional level." Hospital administrator 1 described, "Solid connections, strong relationships with leaders and their subordinates within the organization. I cultivate strong relationships between myself and my followers which build trust. You have to form relationships." Nurse 3 also suggested, "Building a great relationship between leaders and their followers." Relationship building between leaders and employees reduce employee turnover.

The relationship fundamentals that participants stressed as important in reducing turnover were consistent with previous reports that leadership effectiveness across all types of businesses depends on relationships between leadership and employees (Petrakis & Kostis, 2012). Results culminating in this thematic finding are consistent with the ideas previously expressed by Eberechukwu and Chukwuma (2016), who reported that by being involved positively with staff, leaders in health care administration build stronger relations. Health care represents a field in which people have close relationships with individuals (Smith, 2015); accordingly, participants in this study emphasized the relationships among staff at all levels as an essential step in reducing employee turnover. A health care professional's satisfaction and psychological well-being may stem from positive relationships with colleagues (Gillet et al., 2013; Jaafarpour & Khani, 2012), which participants in this study claimed was integral to the success of strategies to reduce employee turnover.

Surveys. Participants talked about surveys and learning about employee concerns to understand their problems. The strategy is about being "proactive" based on employee surveys, and was mentioned 13 times collectively in the interview data. For example, Physician 1 added, "Leaders like myself scrutinize or evaluate strategies to retain employees" and described "employee experience surveys also known to others as satisfaction or engagement surveys evaluating the results from these surveys one can get the sense of what needs to be improved." Nurse 1 said, "Employee satisfaction surveys are a strategy I apply in my organization to reduce employee turnover to evaluate employees. The results are very rewarding. It lets you know what needs to be improved

and that we value employee efforts." Nurse 2 similarly talked about, "Constantly conducting engagement surveys," stating that, "employment happiness is a key indicator of absenteeism and job satisfaction. Paying close attention to these surveys is an investment in the happiness of the employees." Nurse 3 stated that, "engagement surveys give employees the opportunity to be valued and heard." Hospital administrator 1 similarly said, "I conduct regularly surveys and meetings so employees can share their input. I listen to my followers, and I ask them for their input." Implementing employee satisfaction survey in the workplace reduces employee turnover and leaders gain a deeper understanding of what need to be improved for a healthy workplace.

Participants in this study claimed that surveys were a way to gauge employee engagement and commitment, which McCabe and Sambrook (2014) claimed was important in building relationships with employees and becoming familiar with employees who are attached to the organization who are willing to commit for the longevity of the relationship. Leaders strive for and achieve expertise in communication Carayon et al., 2013; Castner et al., 2012), which participants in this study claimed stemmed from close interactions with employees and employee surveys. The idea of honing in on employee states of satisfaction and dissatisfaction through surveys is consistent with the Herzberg (1987) model. Leaders in this study discussed how to access employees' perceptions of work-related factors through the employee surveys.

Theme 2: Recruiting Employees for Organizational Fit

The second major theme was about how to recruit employees for organizational fit. All the participants in the study talked about the recruitment and hiring process as the

first successful strategy offered during interview sessions. Each of the participants explained how a comprehensive hiring process appropriately aligned with the organizational culture can result in the selection of employees from among the candidates who have good organizational fits. Table 2 includes participants' references to the recruitment process and organizational fit. The discussion of candidates as potential employees occurred 18 times in the interviews, with a focus on organizational fit, referenced 14 times. Focus on the recruitment process occurred an additional 12 times throughout the interviews, with the use of referrals suggested six times.

Table 2

References to Recruitment and Organizational Fit

Reference	Frequency
Candidate	18
Fit	14
Recruitment	12
Referrals	6

Additional documents reviewed included human resource and administrative policies and procedures, job announcements, and new employee manuals, which reflected the ideas expressed by participants that prospective employees should understand the organization and that leaders should adhere to policies and procedures outlined for carefully evaluating the potential organizational fit of candidates. Other publicly available documentation reviewed included hospital website career pages that included a high number of related documents. For successful employment, leaders need to foster

communication and promote understanding between staff and themselves, follow the outlines of human resource procedures and benefit programs, and explain how the hospital leaders develop applicable and consistent human resource practices and resources to the staff. Additional documents reviewed that related to this thematic area pertained to recruitment, hiring, and transferring; diversity and institutional equity and workplace expectations and guidelines.

Organizational fit. About matching candidates with the organization to achieve a good organizational fit, Nurse 1 said, "Hiring the right individual is one of the most effective strategies to apply to any organization to help reduce employee turnover." Nurse 1 elaborated that, "Employees who are the right fit for the organization in the first place will have no need to seek new employment. One can significantly reduce employee turnover rate by concentrating more on the recruitment process." Nurse 2 said, "We begin with hiring the right candidate, a fit for their role and a fit for the organization. Hiring the right candidate; a culture to fit for the organization decreased dissatisfaction." Nurse 3 claimed, "A simple best strategy to combat the issue is to hire the right candidates from the start. Interview and evaluate candidates carefully making sure that they fit with the company culture, the leaders, and co-workers." Administrator 1 similarly talked about the need for a new employee to, "be an effective solid match - a good fit in the company." Physician 1 said, "You want to hire employees who fit the organizational culture, employees who will perform well, will stay, and hire the right person for person-organizational fit." Hiring the right candidate to fit the culture of the organization increase job satisfaction in the workplace.

Biswas and Bhatnagar (2013) emphasized the role of perceived organizational fit with employee engagement, perceived organizational support, commitment and job satisfaction, consistent with the emphasis that participants in this study had on organizational fit. Ammendolia et al. (2016) similarly stressed strategic initiatives that align employees' expectations with an organization's goals, mission, and expected employee behaviors. Aligning an organization's objectives and mission with the most appropriate workforce to achieve them may generate a positive atmosphere, healthy dialogues, and sharing common ground. Participants voiced experiences consistent with previous claims by Inabinett and Ballaro (2014) that developing an organization by aligning individual values with employment duties increases job satisfaction, employee retention rates, and reduces employee turnover.

Employee referrals. Two participants spoke more elaborately about employee referrals. About referrals, Nurse 1 said, "Employee referrals are more loyal and committed." Administrator 1 said, "We also recruit from within and encourage referrals. Hiring from within reduce turnover since current workers have proven to be an effective fit in the company." Administrator 1 added, "The present workers offer referrals limit perplexity of the job expectations. They can sensibly depict, describe the open position, and the work environment to the individual he/she is alluding." The idea expressed was that referrals would be more likely to know more about the work environment, connect with other employees, and demonstrate a relatively acceptable organizational fit.

The findings in this study are consistent with the idea that a healthy workforce diminishes labor shortages and reduces expensive recruitment regimes, potentially

redistributing health resources in ways that more efficiently meet the needs of patients (Nancarrow, 2015). To achieve those goals, two participants in this study emphasized employee referrals that can enhance the likelihood of organizational fit and reduce the expenses of recruitment. Other participants in this study talked about promoting from within, which enhances morale and productivity within an organization, which according to Dempsey and Reilly (2016) can ease employee recruitment costs, leading to higher organizational profits. Buffington et al. (2012) claimed that a leader's goal includes promoting the organization's culture among the employees of the organization, which according to some of the participants in this study is also the responsibility of other employees who can help recruit suitable co-workers through their referrals.

Theme 3: Engaging, Supporting, and Motivating Employees

The third theme was about how to engage, support, and motivate employees. All the participants in this study discussed ways they felt they successfully engaged, supported, and motivated employees. Engaging is one of the most common terms participants used to describe optimal, supportive, motivating work environments, referenced 24 times throughout the interview sessions. According to participants in the study, engaging and motivating employees involves providing education, training, and career or professional development opportunities, together referenced 139 times throughout the interviews, leading to growth, promotions, and advancements. Documents reviewed included engagement surveys, salary, and benefits structure, staff development website pages, benefits portions of the human resource manuals, pay administration policies, and related payroll documents. In addition, there were several online resources

for training, course offering, professional development groups, giving and receiving feedback, the mentoring relationship, and tuition reimbursement programs, among other documents pertaining to engaging, supporting, and motivating employees through education, training, and related benefits.

Table 3

References to Engagement, Support, and Motivation

Reference	Frequency
Career Development (56)	68
Professional Development (12)	
Training	60
Growth	33
Engagement	24
Motivate	20
Promotion	14
Support	13
Mentoring	12
Education	11
Advancement	8

Engagement. About engagement, Nurse 1 said, “I create a culture of engagement all year long in our organization. A main factor of happiness and employee engagement is that employees have a sense of meaning and purpose in their work.” Nurse 2 also identified “engagement” as a factor that can enhance employee satisfaction, and Nurse 3

said, “I encourage employees’ engagement. Increase employee engagement keep the workforce engaged.” Administrator 1 said, “Employee engagement is very important to me. Employee engagement in the workplace is important.” Physician 1 similarly claimed, “I engage employees, which helps to develop employees and increase engagement in the workplace.” The idea of engagement emerged several times from the interview data, demonstrating that the leaders interviewed believed that engagement could reduce employee turnover.

Results pertaining to this thematic finding are consistent with the idea previously published that employee engagement and positive employee relationships can reduce stress and burnout in the workplace and improve the health and well-being of workers, reducing employee turnover (Buttigieg & West, 2013; Lee, Lee, et al., 2013). Dempsey and Reilly (2016) claimed that promoting morale through engagement may help improve the quality of patient care and reduce health care expenses; according to participants in this study, successfully engaging employees can also reduce employee turnover. Findings in this study are also consistent with previous suggestions by Dow et al. (2013) from their study of organizational leadership application in health care settings, that engagement of all levels of the staff is necessary for organizational success.

Training and career development. Training, education, and professional and career development were primary strategies that all the participants in this study described as successful in engaging employees and in reducing employee turnover. For example, Nurse 1 said, “Career development and training is the most effective strategy to reduce employee turnover in our organization.” Nurse 1 explained that, “Career

development and training helps employees feel more valuable to the company." Nurse 1 also explained that, "The company is investing in them. Career development and training create an environment where employees feel that they have a future with the organization." Nurse 2 said, "Career development, training, and education, engagement, leadership workshops, classroom instruction, seminars, and off-site training help develop our careers. Lack of development and growth leads to high turnover. Career development and training intensify employee expectancy levels." Nurse 3 said, "Invest in professional develop and training. Training increases worker productivity, employee satisfaction and consequently staff retention." Nurse 3 explained that, "Aspiring, ambitious, talent employees are continually looking to expand the expertise and sharpen their abilities and skills. If employers don't offer learning and development opportunities, there is a risk that they will lose the skill talented employees to other employers." Physician 1 also claimed, "employee development and training" is a way to reduce turnover, and added that, "Training needs to be consistent." The hospital administrator said, "Training is the most effective strategy because it increases employee satisfaction, enhances employee productivity, and enhances employees' profitability, and builds employees inspiration and fulfillment." The idea expressed by participants was that consistent, engaging, and personally beneficial training could meet employees' needs in ways that could lower the likelihood of voluntary employee turnover.

Findings pertaining to this thematic area are consistent with previous reports that organizational development supporting successful collaboration needs to contain a philosophy where management engages employees through training and motivation

(Castner et al., 2012; Otto et al., 2014). Training and career development opportunities can enhance the quality of work life (Carreno, 2016; Pryce, 2016), which participants in this study claimed helped reduce employee turnover. Training and education is a part of a supportive organizational culture that helps lower employee turnover for hospital health care workers and improves long-term retention (Kim et al., 2015; Mulready-Shick & Flanagan, 2014). Participants' descriptions in this study align with the previous claims by Röthlin (2013) that hospital staff members need continuous leadership support for developmental training programs to help guide them toward job satisfaction and commitment to their work settings in the health care system.

Mentoring. References to mentoring included those from Nurse 1 who said, "Another auspicious strategy is a mentoring program. Mentoring is great for goal-oriented feedback and support, veteran nurses pass on knowledge to less experienced nurses, crucial in retaining young or new nurses, and many hospitals do not have mentoring programs." Physician 1 also pointed out "coaching and mentoring" as a strategy to reduce turnover and the hospital administrator said, "We also incorporated a mentoring program. The mentoring program gives an organized component to creating solid connections, strong relationship with leaders and their subordinates." The hospital administrator explained that mentoring provides a, "solid foundation for growth and employee retention, the organization pairs a more experienced employee in their disciple with a less experienced employee in a similar area, by doing so this provides performance feedback, develops competencies, and individualized career development plan." Hospital administrator 1 added, "I also give coaching and regular feedback to my

followers." The idea expressed by participants was that mentoring could lead to strengthened connections and relationship between employees and leaders and among the hospital staff which could help reduce employee turnover

Mentoring involves cooperative behaviors. According to previous research, cooperative behaviors rely on partners actively working together and engaging in communication patterns to maintain positive interactions and relationships that can enhance employee commitment (Mulready-Shick & Flanagan, 2014). Participants voiced similar sentiments about the mentoring relationship, in line with the claims made by Mulready-Shick and Flanagan (2014) that training, mentoring, and educational awareness are parts of a supportive organizational culture that may lower employee turnover for hospital health care workers and improves long-term retention. Mentoring, according to participants in this study and the reports of Lee, Lee, et al. (2013), can help improve the quality of work life that deters employees from leaving their jobs. Asegid et al. (2014) previously noted training, mentoring, and career growth aspects of working conditions in the Herzberg dual-factor model.

Motivating leadership. Regarding other motivators, Nurse 1 claimed, "Leaders play an important role in an organization. Leaders are in charge of motivating employees. Supervisors with great leadership skills offer feedback on employees' performance, which increases employee satisfaction among staff." Nurse 3 similarly said, "Leaders need to provide employees with a motivating environment giving employees a sense of pride in what they do. Job satisfaction equal to high productivity, motivation and low employee turnover." Physician 1 explained, "Motivated employees

stay with the hospital" and added that motivators include "pride in the organization, benefits, and salaries that are competitive, meaningful work, open doors for professional development and growth, acknowledgment, recognition, and appreciation showed to employees. The workplace is constantly changing - leaders' and employees' needs are everlastingly evolving." A motivating workplace environment increases productivity and job satisfaction in the workplace.

Participants' references to motivation are consistent with prior reports that organizational development supporting successful collaboration needs to contain a philosophy where management engages employees through training and motivation (Castner et al., 2012; Otto et al., 2014). Participants' discussion of motivation aligned with the Maslow (1943) supporting theory for this study that motivation stems from the drive to fulfill human needs and the Thomas (2014) publication tying together Maslow's hierarchy of needs and self-actualization with Herzberg's (1959) dual-factor theory. The participants' discussion of motivation also aligned with the idea expressed by Vroom (1964) that there is psychological importance to the idea of motivation in the workplace, which Thomas (2014) claimed can enhance retention and employee turnover in the workplace.

Compensation and benefits. Although participants did not credit salary, pay, or benefits as the most important motivators that could lead to employee retention, all participants did talk about tangible incentives as motivators. Regarding motivators, participants stressed pay/money/salary/compensation (27 references) and benefits (15 references). For example, Nurse 2 claimed, "Some may argue that employees have a

greater aspiration than money." However, Nurse 1 said, "Employees who believe the organization pay scale or structure is unfair will seek other employment, make sure the compensation structure is fair, reasonable, and clearly communicated." Physician 1 claimed that a "poor workplace and poor environment" is associated with "dissatisfaction with benefits and pay" and that turnover can stem from employees "not being paid adequately, satisfactorily, or sufficiently, and figure out if pay is the reason." Physician 1 added, "Employees that have a higher level of wage satisfaction will stay with their present employer. However, pay satisfaction and pay level are weak indicators of employee turnover. Pay dispersion has an impact on employee morale and job satisfaction." The hospital administrator said, "Satisfaction with pay is a predictor of retention." Satisfying employees are committed to the organization.

Attitudes about pay are a part of the multifaceted idea of quality of work life that stems from a worker's general emotions about his or her work that stems from attitudes about pay, rewards, and other aspects of their jobs (Amini & Mortazavi, 2013; Gerhart & Fang, 2014). Quality of work, important in Herzberg's dual-factor theory, may help deter employees from leaving their jobs (Lee, Seo, et al., 2013), consistent with participants' claims. The many factors previously identified as influential on employee turnover, that participants in these studies also discussed, included pay, recognition, and employer stability (Asegid et al., 2014; Buttigieg & West, 2013; Gupta et al., 2013; Hwang et al., 2014; Kim et al., 2015; Lee, Lee, et al., 2013).

About benefits, Nurse 1 explained, "In our organization, employees receive tuition reimbursement, health benefits to include spouses and children, paid holiday, and

retirement plan." Nurse 2 said, "Retirement, health benefits, tuition reimbursement, and paid holidays provide employees with a cushion, and it reduces employee turnover." Nurse 3 mentioned, "paid holidays, health benefits, and retirement program help to reduce employee turnover. Employees and leaders alike need to know about and understand the organization compensation incentives." Physician 1 claimed, "I promote a competitive benefit package. I incorporate pay, benefits, and incentives. Some companies incorporate bonuses. Health plans, paid holidays, and retirement plan are some of the benefits offered by our company." Salary structure, profit sharing, bonus programs, pension and health plans, paid time off, and tuition reimbursement help reduce employee turnover.

The claim of benefits being of value to employees, described by participants in this study, is consistent with the idea that values bringing humans pleasure, according to Vroom (1964), which include financial incentive, upward mobility, and other types of rewards that managers and leaders can use in the workplace. Benefits help improve the quality of work-life (Amini & Mortazavi, 2013; Gerhart & Fang, 2014), that leaders in this study emphasized were important factors in maintaining a healthy, happy workforce who can benefit from a work-life balance and high quality of work-life in hospital settings. Quality of working life arises from the interaction between an employee's needs and organizational resources (Gillet et al., 2013), which participants in this study claimed is necessary for successful reduction of employee turnover.

Theme 4: Valuing Employees through Communication, Recognition, and Respect

The fourth theme encompassed the idea of valuing employees through communication and inclusion. All the participants in the study talked about valuing, including, recognizing, and rewarding employees. Table 4 includes a summary of the terms participants used to describe the importance of valuing employees through communication, inclusion, and appreciation. Participants collectively mentioned valuing employees 23 times throughout the interviews, with 23 references to how communication can show value, respect, and appreciation of employees. The idea of recognition emerged from the data 16 times in addition to rewards (referenced 13 times) and the concept of appreciation (5 references). Additional documents reviewed related to this major thematic area, including employee appreciation website pages that offered information about collegial recognition programs and recognition awards.

Table 4

Reference to Valuing, Communication, Recognition, and Respect

Reference	Frequency
Communication	29
Value	23
Recognition	16
Respect	13
Reward	13
Appreciate	5

Valuing and respecting employees. In the discussions about valuing employees, Nurse 1 shared, “we value employee efforts.” Nurse 2 said, “I show my followers that I value and appreciate them recognizing their efforts and success.” Nurse 3 said employees desire the “opportunity to be valued.” Physician 1 explained that, “All employees want to feel esteemed for their aptitudes and skills and that their conclusions are valued. Employees feel valued when their employers include them in their long-term plan and demonstrate appreciation for their job.” Administrator 1 claimed that, “employees feel devalued, feel cheapened, and unrecognized. Employers need to implement successful strategies to make employees feel valued.” Administrator 1 explained, “We value excellence, respect, honesty, teamwork, and positive attitudes. A simple thank you from an employer, a free lunch goes a long way making employees feel valued.” Valuing and respecting employees was a way that participants in the study used to successfully reduce employee turnover.

Respect was a motivator that participants discussed and claimed is a part of valuing employees and enhancing the workplace environment to reduce employee turnover. Regarding respect, Nurse 1 claimed, “We strive to create a respectful friendly work environment for people from all walks of life.” Nurse 2 said, “Employees must respect their co-workers, respect in the workplace is an important factor in voluntary turnover, respect in our organization results in higher retention, respect for the individual, and respect their employees and their views.” Nurse 3 claimed, “Employees need respect.” Physician 1 stressed, “Leaders showing respect for the employees and also earning respect from the employees.” Hospital administrator 1 similarly said, “I try

to promote and encourage everyone to respect each other." A respectful work environment, according to participants in this study, involves respect between employees and leaders and respect among the staff in general; a respectful work environment could reduce employee turnover.

Part of valuing employees is a leaders' ability to show appreciation. About appreciation, Nurse 1 said, "I show my followers that I value and appreciate them recognizing their efforts and success." Nurse 2 explained, "Employees want to feel appreciated and know that their organization wants them." Physician stressed, "acknowledgment, recognition, and appreciation showed to employees, and demonstrate appreciation for their job." Hospital administrator 1 claimed, "Appreciation is shown regularly in our organization." According to participants, appreciating employees helps to reduce the likelihood of voluntary employee turnover.

Job characteristics influence employees' desires to either leave or remain at their jobs. Participants in this study discussed factors, such insufficient recognition, feeling devalued, an absence of appreciation, minimal advancement opportunities, and little support from leadership, identified in previous studies as implicated in employee turnover (Asegid et al., 2014; Buttigieg & West, 2013; Gupta et al., 2013; Hwang et al., 2014; Kim et al., 2015; Lee, Lee, et al., 2013). Dow et al. (2013), like participants in this study, suggested that recognizing an employee's value to an organization enhances health care teams by boosting employee morale, and is necessary for organizational success. To reduce employee turnover, according to participants in this study and Dill et

al. (2013), leadership must be able to recognize the value of and how important employees are to the organization.

Rewards and recognition. Different rewards discussed included tangible and intangible rewards. Nurse 1 said, “It is very, very important that feedback includes reward for good behavior, achievements, when employees go beyond the call of duty.” Nurse 2 shared that, “Rewarding and recognizing employees is also a strategy that I used. I show my followers that I value and appreciate them recognizing their efforts and success. These rewards are tangible. In return, employees show their loyalty.” Nurse 3 emphasized “a rewarding working environment” and claimed that, “They also need recognition from their leaders.” Physician 1 said, “I also promote recognition and rewards. Acknowledgment and recognition are vital and can be as simple as a well-timed coordinated email telling employees that they are doing a great job. Additionally, I also incorporate budgetary rewards recognizing great performance.” Administrator 1 said, “Rewards are meaningful and impact followers’ perception of the organization. Receiving recognition, an employee feels responsible for their work, a sense of worth in their job. Rewards motivate employees. Rewards help employees be more productive.” Rewards are a type of external motivation that participants believed help reduce employee turnover.

Intrinsic rewards refer to when employees are satisfied with their jobs (Ryan & Ebbert, 2013), which participants in this study credited to reductions in employee turnover. When employees feel happy and satisfied, there is an intrinsic reward that reinforces their desires to stay with an organization. Recognition and rewards are part of

the multifaceted quality of work-life (Amini & Mortazavi, 2013; Gerhart & Fang, 2014) that participants in this study described as necessary for the reduction of hospital employee turnover. When employees value rewards and recognition, according to Vroom (1964), the appeal to the psychological importance can lead to retention and reduce employee turnover in the workplace (Thomas, 2014). Chang et al. (2015), Gould-Williams et al. (2014) and Shweiki et al. (2015) are among contemporary authors who continued to emphasize the concepts of extrinsic and intrinsic rewards as motivators in work-related decisions, which according to participants are essential elements of successful strategies to reduce hospital employee turnover.

Communication. About communication, Nurse 1 said, "Effective communication between leaders and employees helps motivate employees, which keeps them excited to come to work. Effective communication influences positive employee morale and reduces turnover. Communication should be clear so information flows easily between different departments and within teams." Nurse 3 said, "Effective and open communication with your staff allows for them to trust in you. If you are not open to communication, they will not trust you and will not come to you." Nurse 3 added, "I always ask them to help me be a better leader so a positive environment will allow for your staff to tell you what they are thinking." Physician 1 said, "Communication cannot be stressed enough. Communicate, more communication, communicate, communicate again, and again, and again. Communication makes sense in any business. Clear transparent, meaningful internal, consistent communication between both employees and employers boost profitability and engagement." Administrator 1 said, "Talk to one

another, ensure communication is open, leaders are approachable for questions and discussions. Without communication, there's no dialogue with what's going on in the hospital." The administrator added, "Working in hospitals can be stressful so it's important everyone does their part in communicating. Effective communication is key." Effective communication, according to participants in this study, could help reduce hospital employee turnover.

Results culminating in this thematic finding are consistent with the ideas previously expressed by Eberechukwu and Chukwuma (2016) who reported that relationships grow and become stronger through effective communication that develops equity between leaders, employees, hospital staff, and patients as customers. Communication is an essential portion of patient care, which occurs in various multifaceted care circumstances (Kitson et al., 2014) and according to participants in this study effective communication can help reduce employee turnover. According to participants in this study, communication also relates to visibility and approachability that Wallis and Kennedy (2013) claimed are part of the strategic processes of health care administration. When leaders are visible to employees and employees have access to leaders, interdisciplinary learning, communication, and collaboration, desired by health care staff improve (Frich et al., 2015), which according to participants in this study helps to reduce employee turnover. Strong leaders actively listen to employees, speak face-to-face with staff, and foster effective communication (Collins et al., 2013), which members of the study sample claimed were essential elements of successful strategies to reduce hospital employee turnover.

Theme 5: Maintaining a Flexible, Fair, Cooperative, Safe Organizational Culture

The fifth theme emerged from participants' emphasis on maintaining a flexible, cooperative, and safe organizational culture. Participants collectively emphasized the importance of organizational culture, and maintaining a safe yet flexible work environment. Table 5 includes the key words participants used to describe the importance of an organizational culture (referenced 25 times) that is safe (referenced 23 times), healthy (referenced 12 times) and flexible (referenced 8 times) in the interview sessions. All participants discussed the concept of cooperation, teamwork, collaboration, and group cohesion, which together emerged from the data 12 times. The concept of trust emerged from the data more often (9 times) than the concepts of loyalty and commitment, referenced four times each. Additional documents reviewed included policy and procedure manuals as well as website pages that detailed health and wellness programs, workplace health and safety policies, and newsletters representative of the organizational culture and emphasis of employee well-being.

Table 5

References to Organizational Culture

Reference	Frequency
Culture	25
Environment	24
Safety	23
Healthy	12
Team/Group/Collaborate	12

(table continues)

Reference	Frequency
Trust	9
Flexible	8
Loyalty/Commitment	8

Culture. Regarding organizational culture, Nurse 1 said, "An organization with a happy working culture will retain its employees. A happy and flexible work culture helps support an effective communication strategy." Nurse 1 added, "Our organization is a culture of positive feedback and praise. Our organization possesses a culture of trust and respect." Nurse 2 shared, "I create a culture of engagement all year long in our organization. Cultivating and respecting our organization is a part of our culture." Nurse 3 claimed, "A strong and positive culture is key in any organization, but especially in hospital environments." Physician 1 similarly claimed, "culture reflects the values that employees need to maintain. The aspiration of any culture is to support the success of its organization. Hospital environments are fast paced and is a performance-based culture where people's lives matter." Hospital administrator 1 said, "A positive organizational culture is vital for employees to work well together. Our organization has a positive culture. We value excellence, respect, honesty, teamwork, and positive attitudes. Creating the right culture attracts and keeps our talented employees." Participants placed emphasis on an optimal organizational culture as a way to successfully reduce hospital employee turnover.

Participants' reports are consistent with the prior literature that revealed a hospital's organizational culture can affect employees negatively or positively (Dempsey & Reilly, 2016; Kramar, 2014; Queiros et al., 2013; Ryan & Ebbert, 2013). Aligned with participants' descriptions, leaders must work diligently to promote, instill, and implement the culture throughout the organization to reduce employee turnover (Buffington et al., 2012). Participants' explanations were consistent with the idea previously published that organizational culture can foretell organizational results (Smith, 2015), drive employee allegiance and engagement, and promote dedication (Brunges & Foley-Brinza, 2014). Leaders who develop cultures that promote collegial support influences staff to continue in their jobs (Brunetto et al., 2013; Khalili, 2014). A positive workplace culture influences the way people speak to one another and how people treat one another (Mulready-Shick & Flanagan, 2014), which participants claimed represented practices that can reduce hospital staff turnover.

Flexibility. About flexibility, Physician talked about offering, "flexible working conditions." Nurse 1 similarly described "a happy and flexible work culture" and added, "We embrace flexibility, create work-life balance for support for employees who are struggling with work and life." Hospital administrator 1 emphasized the idea that, "employees feel stress from overwork and they have a work-life unevenness imbalances." Nurse 2 claimed, "Flexible work plan has a positive impact on retention." Nurse 3 said, "I pay close attention to employee personal need, and this led to offer more flexibility, like compressed schedules." In today's workplace, employees requires a work life balance in order to retain employees.

QWL also pertains to work-life balance (Amini & Mortazavi, 2013; Gerhart & Fang, 2014), discussed by participants in this study as essential for the success of strategies to reduce employee turnover in hospital settings. One way to achieve a work-life balance among employees is to have leaders who understand that QWL does not only influence employees, but also influences the entire organization and organizational outcomes (Moneke & Umeh, 2013b; Wong & Laschinger, 2013), which participants in this study also echoed. Participants reports' of flexibility being essential for reducing hospital employee turnover aligns with the idea that work-life balance from flexibility also decreases worries, disappointments with employment, and yearnings to leave work (Bogaert et al., 2013; Stimpfel et al., 2013).

Environment. The work environment described by Nurse 1 is, "an environment where employees feel that they have a future with the organization. We strive to create a respectful friendly work environment. Leaders in this organization strive to create positive working environments where employees are satisfied and happy." Nurse 1 added, "We strive to ensure that there is no bullying and no discrimination within the company." Nurse 2 also talked about the need to "provide a positive working environment" to retain employees. Nurse 3 described, "a rewarding working environment, a positive work environment, and a motivating environment giving employees a sense of pride in what they do." Physician 1 described "a comfortable working environment" and Administrator 1 said it was important for employees to experience a work environment that aligns their expectations. The design and

maintenance of the work environment, according to participants, could occur in ways that help reduce voluntary employee turnover in hospital settings.

Participants in this study discussed the work environment in a context Herzberg et al. initially theorized about, involving variables in the work environment that prompt occupational fulfillment and disappointment. Participants' descriptions of the importance of work environment in reducing hospital employee turnover coincides with the idea that leadership involvement is crucial in helping create positive work environments as well as sustain talent within an organization (Wallis & Kennedy, 2013). Leaders also voiced sentiments consistent with prior reports that staff at a hospital can all collaborate through partnerships to shape the work environment in a positive manner (Sanders et al., 2013).

Safety. About the concept of safety, Nurse 1 shared that employees need, "a place where they can feel safe. If the hospital has substandard equipment, tools, or services, employees will leave. We provide proper lightings, new furniture, improve restrooms, and other health and safety provision." Nurse 2 said, "always stress safety, ensure safety guidelines are in place and that everyone adheres, conduct good hygiene, sterilized clean equipment, low noise control and a non-hazardous workplace, and exhibiting good behavior and manners." Physician 1 said, "having a safe working environment retains and attracts talent employees, employees need to know the organization does not tolerate any sort of provocation, and harassment or bullying in the work environment." Physician 1 added, "Ordering new furniture, for example, standing work stations, new chairs, great lighting and safety and health provision are a few working conditions that I promote to reduce employee turnover." Hospital administrator 1 also talked about, "Standing work

stations and safety and health provisions focus on safety to ensure everyone follows our safety protocols. You can never go overboard with being safe." A safe work environment decreases turnover.

According to findings in prior research, establishing a safety philosophy in hospital settings has been a continuing objective, founded on endorsements from the Institute of Medicine (Groves, 2014). This thematic finding is consistent with previous reports that safety culture in hospitals can make a difference in the relationships among staff and with patients. Managers of hospitals can have an impact by encouraging a resilient culture of safety (Carayon et al., 2013; Clark et al., 2014), which participants in this study indicated was a successful strategy for reducing employee turnover. Participants voiced sentiments that aligned with prior reports that, as leaders become knowledgeable and aware of safety issues within an organization, improvements can then enhance patient and employee safety, creating a more attractive work environment (Jeffs et al., 2013; Pumar-Méndez et al., 2014).

Teamwork. Regarding teamwork, collaboration, and group cohesion, Nurse 1 described an environment wherein "information flows easily between different departments and within teams." Nurse 2 shared, "My team and I work very closely every day. When something good happens to one of us or if it's bad, it has an impact on the team." Physician 1 suggested ensuring that, "unengaged or upset employee feel part of the team, with a future at the hospital; regular group building exercises help develop employees and increase engagement in the workplace." Teamwork helps to increase engagement job satisfaction and decreases turnover.

Participants in this study echoed previous reports that leaders set the tone for the successful implementation of policies and programs that affect teams, collaboration, and the overall success of the organizational structure (Carayon et al., 2013; Dow et al., 2013). Teamwork in a supportive environment, according to participants and to Zaheer et al. (2015), flourish in a group culture intended to benefit all stakeholders. Hospitals operate with a culture of a team-based systems (Lubbe & Roets, 2014; Van Bogaert, Kowalski, Weeks, & Clarke, 2013); with that fact in mind, leaders in this study emphasized the role of teamwork and successful group building experiences in reducing hospital employee turnover.

Relationship to Existing Literature and Conceptual Framework

The conceptual framework for this study comprised of Herzberg's (1959) dual-factor theory, Maslow's (1943) hierarchy of needs, and Vroom's (1964) expectancy theories. These theories were used to identify with the findings to gain a deeper comprehension of the strategies hospital leaders need to diminish the occurrence of employee turnover. Documentation from review of documents and participants responses from the semistructured interviews supported Herzberg's, Maslow's, and Vroom's theories.

Herzberg's (1959), Maslow's (1943), and Vroom's (1964) theories supported the participants' response that it is important to understand the problem of employee turnover. Hiring the right employees for organizational-job fit and person-job fit connected supports the culture of the organization (Herzberg, 1959; Pryce, 2016). Recruiting applicants to fit the organizational culture align with Maslow (1943) theory.

Hiring the right applicants that meet the needs of the organization aligns with Vroom (1964) theory. Hiring the wrong applicants may result in decreases in productivity and high turnover rate. Participants in this study emphasized the recruitment and hiring process should focus on hiring employees that are likely to have a good organizational fit which reduce employee turnover.

The participants in this study discussed different ways they strategized in engaging, supporting, and motivating hospital employees. These strategies included valuing employees through effective communication, recognition, respect, engagement, support, and motivation. The findings in this study are consistent with prior literature that employees will quit their jobs if there is a lack of employee development and training (Stinglhamber et al., 2015). Maslow (1943) recommended that job satisfaction normally increases when employees feel that opportunities in the workplace help to meet their needs. Effective communication aligns with the Herzberg (1959) theory while effective communication between employees and leaders correlate with the Maslow (1943) theory. Effective communication and relationship building are facets of Herzberg motivation-hygiene theory and Maslow hierarchy of needs theory of why employees are satisfied with their jobs. The participants in this case study identified a collaborative, safe, and flexible organizational culture as ideal for the retention of hospital employees who have a good organizational fit with the hospital environment. The finding is consistent with previous reports that a workplace can make a difference in the relationships among staff and leaders.

Applications to Professional Practice

The findings from this study complement the body of learning methodologies and give current data on how the findings are related to upgrading business practices in the hospital industries, which may add to leaders' strategies for reducing employee turnover. Hospital leaders may utilize strategies of the five major themes found in this study to enhance their expert systems by implementing strategies to reduce the occurrence of staff turnover. The five themes from this study may frame an establishment for further research. These five themes may apply over any hospital, rural or city or veteran hospitals and the hospital industry worldwide; pioneers with strategies to diminish worker turnover in the work environment.

Herzberg et al.'s (1959) dual-factor theory, Maslow's (1943) hierarchy of needs theory, and Vroom's (1964) expectancy theory are the conceptual framework used to portray the factors that influence job dissatisfaction and high staff turnover. Factors that reduce employee turnover are workplace culture that drive employee engagement, great organizational support, fairness, and positive socialization reduce employee turnover (Biswas & Bhatnagar, 2013; Brunges & Foley-Brinza, 2014; Shahid & Azhar, 2013). Leaders understanding the problem of why employees leave to seek employment someplace else, recruiting employees for organizational fit, leaders engaging, support, and motivation employees, valuing employees through communication, recognition, and respect, and maintain a flexible, fair, cooperative, safe organizational culture strategies are some of the major factors in reducing employee turnover. It is essential for all leaders to actualize and comprehend strategies for reducing employee turnover.

Implications for Social Change

The associations for positive social change related to health care administration leaders reducing employee turnover in hospitals include the enhancement in the quality of life for physicians and nurses who are employed at hospitals. Health care administration leaders could bring about social change to society and the greater community by improving the quality of care in their institutions. Hospitals can be a dangerous place of employment, which has been associated with certain types of psychological, emotional, and physical challenges that goes along with serving sick or dying populations. Taking a broader look at different perspectives with different hospital experiences was also unique and lead to interesting findings. The implication for social change is that reducing employee turnover in hospitals may provide for improvement of quality of care in those institutions.

Recommendations for Action

Leaders not only in health care but other industries could benefit from successful strategies applied or developed to reduce employee turnover. Turnover rate is high in the health care industry (Gellatly et al., 2014; Horrigan et al., 2013). Understanding of the problem, recruiting employees for organizational fit, engaging, supporting, and motivating employees, valuing employees through communication, recognition, and respect, and maintaining a flexible, cooperative, safe organizational culture, engaging and motivating employees to include education, training, and career or professional development opportunities, valuing employees to include, recognizing and rewarding employees are some of the factors in reducing employee turnover.

I found, while conducting this research that effective strategies to reduce employee turnover in a hospital were needed to retain employees because health care workers will leave the organization seeking new employment if dissatisfied with their present working environment. I recommend that health care leaders develop communication and career development and training strategies for job and employee satisfaction to retain their employees. The discoveries from this study may inspire health care leaders to implement successful strategies to decrease staff turnover. I plan to disseminate the recommendation and results of the study to the participants, leaders of medical services, staff nurses, and nurse managers through professional conferences, seminars, workshops, and meetings.

Recommendations for Further Research

The purpose of this study was to explore effective strategies for health care administrators to use to reduce hospital employee turnover. The findings of the study are limited to the population included in the study, specifically health care administration leaders, physicians, and nurses in Raleigh, North Carolina hospitals. The results of this study could have a positive impact on social change that can lead to a higher level of quality patient care, employee work performance, and a safer, healthier stabilized health care atmosphere for communities. Enhancing the quality of life for physicians and nurses who are employed by hospitals and health care administration leaders could bring about social change to society and the greater community by improving the quality of care in their institutions. A recommendation for further research is to expand the population to include hospital staff employees such as physician assistants within specified departments

to determine the effectiveness of strategies used in reducing turnover. Hospital organizations are like no other structured organizations, in part because of the uniqueness of how hospital operations are designed from an organizational stance. Therefore, future research with hospital staff employees who have less than 5 years of hospital experience could yield different results based solely on the number of years employees worked in hospitals. Additional research could add to the limited academic knowledge and understanding of successful strategies used to reduce employee turnover in hospitals.

Limitations of the study include that the population was limited to health care administrators who applied strategies to reduce turnover. A future study might relate to health care leaders and employees in civilian, veteran, and rural hospitals in different locations. Participation was restricted to hospital administrators, physician, and nurse from one single hospital located in Raleigh, North Carolina. The sample in this case study was five; a small sample, however replicating this study to a larger sample of nine cases may expand on the aftereffects of this research. Research could focus on urban and city hospitals using a multiple case study in Raleigh, North Carolina.

Reflections

As I began my DBA journey, I researched schools that believed in social change and the impact it would have on societies around the world. My research led me to Walden University and their Doctor of Business Administration degree program with a specialization in Leadership. I began this study with the preconceived idea that leaders in organizations were the link to employee turnover, as shown by the majority of previous studies.

My interest in employee turnover was a patient's standpoint having been in the Wounded Warrior Unit while in the United States Army. I observed employee turnover and saw how employee turnover at the hospital impacted patients and employees. As a patient, I noticed the complex issues and challenges to the budget constraints, profitability, and motivated workforce in the hospital. Recognizing the pattern of employee turnover as a patient, as a Wounded Warrior, I had daily doctor's visits at the base hospital. My comprehension of the topic came from my experiences as a patient and the literature review.

Summary and Study Conclusion

This study represented a contribution to the identification of successful strategies to reduce employee turnover in hospital settings. The findings are consistent with previous similar studies addressing the problem of health care organizational employee turnover that leads to increased workload, staff shortages, and escalating health care costs. Adequate and fair pay, benefits, recognition, and rewards appear to represent a known source of employees' motivations, with a work-life balance and flexibility increasingly important to health care staff. The determination of organizational fit of prospective employees stems partly from clear definitions of roles and responsibilities, missions and goals, and expectations and objectives. Leaders can help prospective staff become aware of the organizational culture, which leaders must ensure is appealing and attentive to the concepts of a quality of working life.

Additional leadership skills required to implement successful strategies to reduce hospital employee turnover also include effective communication enhancing positive

relationships between leaders and other health care professionals. A safe, positive working environment involving treating people with respect could result in the reduction of employee turnover and represent important leadership responsibilities in hospital settings. Consistent with findings in other industries, hospital jobs that attract employees involve meaningful and motivating engagement and opportunities for employees to apply and grow their skill sets. Education, training, and career development were elements considered essential components of successful strategies for reducing hospital employee turnover. Teamwork and group building contribute to a positive working environment and employee commitment among hospital staff.

This study resulted in several distinct contributions to recommendations for professional practice and future research, yielding strategies that, if applied, could lead to positive social change. Similar scholarly contributions alert health care leaders to become more knowledgeable about how to reduce employee turnover to help improve organizational productivity while reducing health care costs. The application of appropriate successful strategies can help leaders enhance the quality of patient care and the quality of life for health care staff.

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Appendix A: Interview Protocol

Time of Interview:

Interviewer:

Interviewee pseudonym:

Date:

Location of the interview:

Introductory Interview Protocol
Welcome and thank you for your participation today. My name is Malee Kirk. I am a doctorate student at Walden University conducting a study in partial fulfillment of the requirements for the degree of Doctorate of Business Administration, specializing in Leadership. I am conducting a study entitled *Strategies for Health Care Administration Leaders to Reduce Hospital Employee Turnover*. The purpose of this study is to explore effective strategies for health care administrators to use to reduce hospital employee turnover. The digital voice recorder will allow me to accurately document the information you convey to me during the interview. I am the only person allowed access to the digital voice recorder, which will be eventually destroyed after they are transcribed without any of your personally identifying information attached to those recordings or transcriptions.

[May I turn on the digital voice recorder?]

[**I will check my email inbox to ensure the participants reply to the informed consent forms by email with the words, "I consent" before proceeding. Participant must print or save a copy consent form for your records.]**
Does anyone have any questions regarding the consent form to participate in interviews in this study?

Before each interview read the following script:
You all have read and reply to the informed consent form. The informed consent explains the purpose of this study. You are encouraged to ask any question or seek any explanations as you think necessary. The interview should last about one hour and will include a set of ten open-ended questions regarding your experiences working in hospitals and what you consider are effective strategies for reducing employee turnover in hospitals. All of your responses are confidential and are only used for the purpose of my study to develop a better understanding of hospital employee turnover. You may refuse to answer any questions. If at any time during the interview you are free to withdraw at any time before, during, or after I collect data from you. Any data that you

share that is important to this research study may be used; your identity will not be revealed. In the final study, you will be alluded to with a distinctive pseudonym code (e.g., “Hospital Administrator # X”, “Physician # X”, or “Nurse # X”). Do you have any questions regarding the study before we begin?

[Begin Open-Ended Interview Questions]

[Concluding Interview Remarks]
Thank you for your participation in this interview. I will call on you to participate in the process of member checking after I have a chance to form some initial interpretations from the data I am collecting. Would you still be willing to make yourself available for the member checking process? If so, I will plan to send you via email a summary of my initial interpretations for your evaluation, added input, or clarifications you feel might add to this study. This should take about 25 minutes.

[Member Checking Correspondence]
Greetings, I appreciate your contributions to this study and am contacting you again to participate in the member checking process. Attached to this email you will find my initial interpretations of the data. I would like you to review this summary and comment on these initial findings. Please feel free to refute, clarify, add, or explain any of these initial findings for the purposes of enhancing the trustworthiness of this study. If you would like to review and email your added thoughts, meet in person to discuss your added input, or talk over the telephone, I am glad to do so at your convenience. I would like to add your input from this member checking process within the week to be able to continue with the final data analysis steps for the study. I look forward to your added thoughts and the opportunity to learn more from your experiences.

[I continued to interview new participants until a point of data saturation is established.]

Appendix B: Screening Questions

1. Are you a hospital administrator, physician, or nurse?
2. How long have you been a hospital administrator, physician, or nurse?
3. Do you have effective strategies to reduce employee turnover in hospitals?
4. What is your geographic location?

Appendix C: Invitation Letter

[Insert date]

["Health care Professional Name"]
["Health care Professional Address"]
[City, State, Zip code]

Dear [Insert Health care Professional Name]:
My name is Malee Kirk, and I am a student at Walden University in the Doctor of Business Administration program. You are invited to participate in a study about how *health care administrators reduce hospital employee turnover*. I am seeking health care administrators in North Carolina who have successfully used strategies to reduce hospital employee turnover in North Carolina, who would be willing to participate in an interview with me consisting of approximately 10 questions. To participate in this study you should be currently employed as a medical professional in a North Carolina hospital, either as a hospital administrator, physician, or nurse. You must have at least 5 years of knowledge employed in a hospital setting. You should be at least 18 years of age. If you choose to participate in this study you will be asked to reply by email with the words "I consent" to the informed consent form. I will then ask 10 questions in a recorded semistructured interview session lasting approximately 1 hour. After the interview, I will summarize the interview and provide my one to two-page analysis of your responses to you in what is commonly called "member checking" to ensure my summary of your responses accurately represents the intent of your responses. The member checking process should take approximately 25 minutes

Your participation in this study is voluntary. There will be no incentive or compensation for participation. You may refuse to answer any questions and withdraw from the study at any time without any repercussions. The results of the study will be published; however, all responses will remain confidential, your personal information and organization identities will remain confidential and will not be disclosed to anyone. I plan to share the final results from the study with you and leaders of medicinal services. If you or willing to participate in the study, you may contact me via email at eastgemini@hotmail.com and/or home phone 804-715-9345. I attached a consent form to read, understand, ask questions about, and consent to if you decide to participate. Thank you for your time and consideration to voluntarily participate in this study.

Sincerely,

Malee Kirk
Walden University Doctoral Student

Appendix D: Interview Questions

The interview questions designed for this study signified a guide for extracting participants' responses.. The purpose was to gather data from health care administrators in Raleigh, North Carolina who successfully reduced turnover. The guiding interview questions were:

1. What strategies did you apply in your organization to reduce employee turnover?
2. Of the strategies that you applied, which strategies do you believe have been most effective in reducing staff turnover?
3. What strategies did you apply to salary structure help to reduce staff turnover?
4. What policies and procedures did you apply to help to reduce staff turnover?
5. What working conditions do you promote to reduce staff turnover?
6. What are your experiences with career growth opportunities that reduced staff turnover?
7. Of the strategies that you applied to reduce turnover, what strategies, if any, do you believe enhanced job satisfaction among staff?
8. Of the strategies that you applied to reduce turnover, what strategies, if any, do you believe decreased dissatisfaction among staff?
9. What publicly-available documents would you suggest that I review that could help me understand the strategies you used to reduce staff turnover?
10. What more can you add that we have not already discussed that can help me understand the strategies you used to reduce turnover of hospital staff?