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Strategies to Improve Job Satisfaction and Reduce Voluntary Employee Turnover of Nurses

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Abstract

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MS, Ashford University 2012

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Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Business Administration

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August 2017

Abstract

Job satisfaction and employee turnover affect the health care industry in the form of overworked staff, inadequate health care, and loss of profits. In 2015, the United States health care industry had a shortage of over 923,000 registered nurses. Health care organizations lose an estimated $1.4 to $2.1 billion each year because of registered nurse (RN) turnover. These factors indicate that some managers lack the strategies to increase job satisfaction and reduce RN turnover. The purpose of this single case study was to use the Herzberg 2-factor theory to explore strategies 5 health care leaders use to improve nurses' job satisfaction and reduce voluntary employee turnover in a health care facility in the Phoenix, Arizona area. Participant selection was purposeful and based on their experiences implementing effective employee job satisfaction strategies. Data collection occurred via face-to-face semistructured interviews with 5 managers and the review of organizational policy documents. Data were analyzed using inductive coding of phrases, word frequency searchers, and theme interpretation. Three themes emerged: autonomy and supportive leadership improved job satisfaction, continued education improved job satisfaction and improved RN retention, and competitive pay and bonuses improved workplace satisfaction and increased workplace retention. Increasing job satisfaction and reducing voluntary turnover of RNs contributes to social change by providing health care managers with strategies that can lead to organizational growth and increased employment opportunities, which might promote prosperity for local families and the community.

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Dedication

Grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference.

-Reinhold Niebuhr

Over the course of completing this degree and study, my family and I have been dealing with a life altering event. There was no way I would have been able to complete this task without the people mentioned here. I dedicate this study, first and foremost to my family; Evelyn, Rachal, and Brian. Thank you for your patience with me. The three of you have always supported me in everything I have tried to accomplish, this endeavor being no different. Brian and Rachal, for you, I hope that I have provided an example of the persistence and dedication needed to accomplish your goals. Also to my sister, Katherine Scott, who was my defacto parent. She guided me in the right direction, and set me on the path in life that I am currently on, I cannot thank you enough for your love. Next, to my other sister, Harriet Scott, you are one of a kind! Thank you for your unconditional love and support. To Dr. Gergana Velkova, to whom I must first apologize (I can be a persistent pain) and give thanks. Your patience, consistent feedback, and encouragement made this journey easier for me. Lastly, to my brothers by choice; Duane Gandy and James Clay. Blood is not the only way to develop a bond, both of you have proven that. I appreciate the brotherhood we have developed over the years. Your trust and friendship has become a staple in my life. Thank you all for your motivating support for me during this journey.

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I want to thank my committee members for their respective efforts to guide me through this process. To my chair, Dr. Gergana Velkova, for providing timely replies and feedback, guidance, and encouragement and keeping me engaged, particularly the times when I was short on patience, while testing her patience. To my second committee member, Dr. Denise Land, for the critical thinking and additional perspective on my work. To the University Research Reviewer, Dr Judith Blando, for her behind the scenes efforts in ensuring my research study complied with the requirements of the university and the research community as a whole. Lastly, to my editor, Nancy Rosenbaum. Without her tireless efforts in ensuring my work was concise, and cohesive, I would not have met the demands of this journey. Without these individuals, and various other professors and scholars, this journey would have been far more difficult and far less rewarding. The learning experience has been profound, and has opening my mind to the endless possibilities ahead of me.

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Section 1: Foundation of the Study

Job satisfaction is integral for enriching organizational outcomes (Ismail, Romle, & Azmar, 2015). Nurses fulfill an important role in the health care industry, and their job satisfaction is important to health care organizations (Kaddourah, Khalidi, Abu Shaheen, & Al Tannir, 2013). Job satisfaction is the most commonly cited factor linked to nurses' employment turnover (Liu, While, Li, & Ye, 2013). To understand job satisfaction, the factors that affected job satisfaction require review. Some of these factors include general well-being, stress at work, control at work, home and work interface, and working conditions (Tomaževič, Seljak, & Aristovnik, 2014). Job satisfaction directly relates to better job performance, which, in the case of health care organizations, results in optimized health care (Correia Dinis & Fronteira, 2015). Job dissatisfaction had a negative affect on registered nurses' (RN) intention to stay with the organization, resulting in a loss of profitability to the organization (Cimiotti, Aiken, Sloane, & Wu, 2013). Effective job satisfaction measures are necessary to reduce employee turnover (Gounaris & Boukis, 2013).

Employee turnover occurs when an employee involuntarily quits or leaves an organization (Hom, Mitchell, Lee, & Griffeth, 2012). In 2011, the turnover rate for RNs was 34% (American Health Care Association, 2013). Health care organizations lose an estimated $1.4 to $2.1 billion each year because of RNs' turnover (Kovner, Brewer, Fatehi, & Jun, 2014). Employee turnover in nursing is particularly concerning because there has been a shortage of nurses, and nursing turnover is occurring at all levels of health care (Hayes, Bonner, & Douglas, 2013a). This shortage of nurses affects the

quality of care hospitals and health care facilities provide (Egues, 2013). According to the Bureau of Labor Statistics (BLS, 2015), by 2024, the total need for RNs and advanced practice RNs will increase by nearly 600,000 jobs (BLS, 2015). Job satisfaction and employee turnover negatively affect businesses because of the resulting loss in profits.

Background of the Problem

In 2015, the United States health care industry had a shortage of over 923,000 RNs (Department of Health and Human Services, 2015). The BLS (2015) projected that by 2024, the nursing shortage will increase by an additional 600,000. Health care organizations have lost an estimated $1.4 to $2.1 billion each year because of RN turnover and the need to replace nurses who quit the profession (Buck de Oliveira Ruiz, Galan Perroca, & de Carvalho Jericó, 2016; Kovner et al., 2014). Job dissatisfaction and employee turnover have affected the nursing profession. The reasons RNs leave the profession are related directly to job dissatisfaction, which has a negative affect on RNs' intention to stay with the organization, resulting in a loss of profitability to the organization (Cimiotti et al., 2013).

The causes of job dissatisfaction and employee turnover are wide ranging. Some of the causative factors for nurses' job dissatisfaction and turnover are the result of difficulty in the workplace, limited to no autonomy, and a lack of confidence in the safety and quality of the health care provided in the workplace (Zhu, Rodgers, & Melia, 2014). Tuckett, Winters-Chang, Bogossian, and Wood (2014) found that a lack of support, poor relationships in the workplace, and a health care system that puts business principles before care resulted in job dissatisfaction and turnover. Policy makers and health care

managers must learn the different factors associated with RNs' decisions to leave the profession (Mazurenko, Gupte, & Shan, 2015).

Problem Statement

Job satisfaction directly affects the voluntary RN job turnover experienced in the health care industry (Cimiotti et al., 2013). RN turnover cost the health care industry an estimated $1.4 to $2.1 billion per year (Kovner et al., 2014). The general business problem is that job dissatisfaction of nurses has a negative affect on nurses' intention to stay with an organization, resulting in a loss of profitability and cost to an organization. The specific business problem is that some health care leaders lack strategies to improve nurses' job satisfaction and to reduce voluntary employee turnover.

Purpose Statement

The purpose of this qualitative single case study was to explore strategies health care leaders used to improve nurses' job satisfaction and to reduce voluntary employee turnover. The target population consisted of five health care leaders who were nurse managers working in a hospital in the Phoenix, Arizona area. The implications for social change include the potential for organizational growth and profitability, and the potential for increased availability for quality health care, which in turn might lead to new employment opportunities and promote prosperity and better health for local families and the community.

Nature of the Study

For this study, the qualitative research method was most appropriate. Researchers

used the qualitative approach when the aim is to gain an understanding of participants'

social world by learning about the sense they make of their experiences, perspectives, and

histories (Ritchie, Lewis, Nicholls, & Ormston, 2013). When a researcher seeks to

understand *what*, *why*, and *how*, as opposed to *how much* or *how many* (Rasinger, 2013),

the qualitative method is the most appropriate method to use (Garcia & Gluesing, 2013;

Marshall & Rossman, 2011). Other methods included the quantitative method and the

mixed method. The quantitative method is appropriate when researchers seek to quantify

data, present findings in a numerical or mathematical form, generalize results from a

sample of a target population (Brockington, 2014), and test preconceived hypotheses

(Bishop & Lexchin, 2013; Frels & Onwuegbuzie, 2013). The mixed research method is

appropriate when the researcher is interested in quantifying data and gaining an

understanding of participants' social world (Venkatesh, Brown, & Bala, 2013). The

mixed method design is a combination of both the qualitative and quantitative designs

(Morse, 2016). The quantitative portion of the design requires hypothesis testing, and a

quantification of the data (Brockington, 2014). The mixed method was not appropriate

for this study because of the quantitative component. The qualitative method was most

appropriate for this study because using it enabled me to ask open-ended questions so that

participants could share their experiences concerning the leadership strategies that

managers used to improve nurses' job satisfaction and reduce voluntary employee

turnover.

   I selected a single case study design for this study. Researchers use the single case

study method when they seek to focus on a case and to maintain a holistic and real-world

perspective (Yin, 2014). I considered three other major qualitative designs: (a) phenomenological design, (b) ethnography, and (c) narrative analysis. Phenomenological researchers explore lived experiences of participants relating to a particular phenomenon (Schwartz, Stevens, Ramirez, & Wulf, 2013). Exploring the lived experiences of participants relating to a particular phenomenon was not my intention in this study. Ethnographers study a group of people who share the same culture (Goulding, 2005), but I did not seek to study the culture of a group of people. A researcher uses narrative analysis to understand the stories participants choose to share relative to the phenomenon under study (Mulhall, 2013). Narrative design would not have adequately served the purpose of this study. A case study was the appropriate design for this research because I collected data from interviews and documentation to explore the strategies that health care leaders use to improve nurses' job satisfaction and to reduce employee turnover. Keenan, Teijlingen, and Pitchforth (2015) asserted that a single case study design is appropriate when researchers study a particular person, group, organization, or situation over a period of time to gain a holistic understanding of the factors contributing to the problem.

Research Question

The central research question of this study was as follows: What strategies do health care leaders use to improve nurses' job satisfaction and reduce voluntary employee turnover?

Interview Questions

To collect data in order to answer the central research question, I developed the

following interview questions:

1. What strategies are you using to increase RN job satisfaction?

2. What strategies are you using to decrease voluntary turnover?

3. How did your employees respond to those strategies?

4. What strategies did you find worked best to increase the job satisfaction of your nursing workforce?

5. How did your nursing workforce respond to your different strategies?

6. What type of recognition programs have you implemented to increase job satisfaction?

7. What personal growth programs have you implemented to motivate nurses?

8. What incentives exist to motivate nurses?

9. Would you like to share any other relevant information that we have not already discussed?

Conceptual Framework

Herzberg's (1959) two-factor theory served as the conceptual framework for this study. Herzberg developed the two-factor theory based on the results of a study in which he interviewed a group of employees to determine what made them satisfied and dissatisfied on the job. The two factors in Herzberg's two-factor theory are motivators and hygiene factors. Herzberg asserted that motivators are aspects of the job that provides workers positive satisfaction, which arises from essential conditions of the job such as recognition, achievement, or personal growth. The hygiene factors are aspects of the job

that influence workers to do their jobs, such as incentives or threats of punishment (Herzberg, 1959).

Herzberg (1959) found aspects of the job that affected employees' level of job satisfaction related to the nature of the work performed. During the study, Herzberg investigated company policies, supervision, technical problems, salary, interpersonal relations on the job, and working conditions as factors that affect job satisfaction. He also found that other job characteristics such as achievement, competency, status, personal worth, workplace assessment results, and self-realization affected employees' level of job satisfaction. Finally, Herzberg found that some workers were dissatisfied because they had received a negative workplace assessment. In the context of my study, Herzberg's two-factor theory provided the framework to explore participants' perceptions and experiences regarding their work experiences and how those experiences affect job satisfaction and employee turnover.

Operational Definitions

Job dissatisfaction: An employee's dissatisfaction with the job resulting in the possibility of the person leaving the job (Cimiotti et al., 2013).

Job satisfaction: An employees' general perception about the job or the compilation of attitudes toward various aspects of the job (Bakotic, 2014).

Registered nurse (*RN*): A person who provides and coordinates patient care, educates patients and the public about various health conditions, and provides advice and emotional support to patients and their family members (BLS, 2015).

Voluntary turnover: Voluntary turnover is the result of an employee voluntarily

quitting or leaving an organization (Hom et al., 2012).

Assumptions, Limitations, Delimitations

Assumptions

Assumptions in a research study reflect the characteristic or aspects the researcher believes to be true without confirmation or verification (Halkier, 2013). My first assumption in this study was that by gathering information from nurse managers, I would gain a better understanding of the phenomenon outlined in the study. Upon completing the study, gained a better understanding of the phenomenon outlined in the study. Another assumption was that the interview questions would enable me to gather rich data about the experiences of the interviewees. The data I gathered from the interviewees was detailed and provided in-depth insight into the strategies nurse managers use to increase job satisfaction and reduce voluntary employee turnover of RNs.

Limitations

Limitations are possible shortcomings that are outside of the researcher's control or are the result of restrictions imposed by the researcher (Thomas, Nelson, & Silverman, 2011). The single case study design is limited in the possibility that a single case will not result in reliable data. I used snowball sampling to solicit participants, which Bryman (2015) noted may not result in a true representation of the population under study. However, according to Abdullah, Patterson, Pegg, and Abdullah (2015), snowball sampling is suitable for researchers to interview the appropriate people who can provide accurate and valuable information. I reached out to several nurse managers by using my LinkedIn professional network, asked each of them if they were interested in

participating in the study, and if they knew others who fit the criteria and might want to participate as well... In addition to snowball sampling, I conducted document reviews to support the findings garnered through single case study design. Parahoo (2014) explained that qualitative research in not without limitations, asserting that one individual's interpretation is as valid as any others. Member checking allowed me to address this limitation, enabling me to ensure accurate interpretation.

Delimitations

Thomas et al. (2011) noted that delimitations are choices a researcher makes to define a workable research problem. As a means to offset the assumptions and limitations associated with this study, I interviewed only nurse managers who had at least 3 years of experience. Limiting participants to those nurses who have served in the nurse management position ensured interviewees had intimate knowledge of the profession and the underlying factors that have a negative effect on job satisfaction. As managers, they were in a position to provide first-hand impressions of what works to influence job satisfaction and retention, as well as what actions and factors do not.

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Significance of the Study

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Contribution to Business Practice

Job dissatisfaction can influence RN retention (Lu, Barriball, Zhang, & While, 2012). The study findings may be of value to businesses because they may help business leaders gain a greater understanding of job satisfaction, dissatisfaction, and voluntary turnover. Specifically, the results of this study may provide additional information to nurse managers to help them understand how job satisfaction has an effect on retention.

Health care organizations lose an estimated $1.4 to $2.1 billion each year because of RN turnover (Kovner et al., 2014). Publishing the results of this study may inform other health care leaders of the strategies they can use to improve nurses' job satisfaction and reduce employee turnover. Most important, the findings from the study might provide further insights that could be instrumental in assessing management and leadership effectiveness to increase job satisfaction and increase workplace retention across the entire business community. The future of the RN profession and more importantly, the future of quality health care requires a better understanding of the effect that job dissatisfaction has on retaining RNs (Pasarón, 2013). Given that the baby-boom population has reached the age where it requires more medical care, there is a need for more nurses (BLS, 2015). Researchers have proven that job satisfaction is an important factor for retaining staff (Galletta, Portoghese, Carta, D'Aloja, & Campagna, 2016).

Implications for Social Change

The RN shortage results in nurses experiencing excessive workloads, resulting in negative patient outcomes (Stimpfel & Aiken, 2013; Yang, Hung, & Chen, 2015). By 2020, the United States will experience a shortage of more than 1 million RNs (Budden, Zhong, Moulton, & Cimiotti, 2013). From a social perspective, failure to retain qualified RNs contributes to a shortage of staff and requires an increase in the number of shifts and hours RNs who remain on the job must work (Snavely, 2016). The factors I mentioned earlier have a direct influence on patient safety and quality of care outcomes (Egues, 2013; Stimpfel & Aiken, 2013). Data from this study can contribute to society by helping nursing professionals understand and address the stressors that affect them, which may

also affect their personal lives. The data from this study can also help the people living and working in nearby communities. With a satisfied, sufficiently staffed workforce, people in nearby communities can receive quality care. Quality care promotes healthy living, which in turn instills a sense of worth and dignity throughout the local community.

A Review of the Professional and Academic Literature

The purpose of this qualitative case study was to explore the strategies health care leaders use to improve nurses' job satisfaction and reduce employee turnover. The objective was to answer the research question that drove this study: What strategies do health care leaders use to improve nurses' job satisfaction and reduce voluntary employee turnover? This review of professional and academic literature related to the topic provides a foundation for this study involving RN job satisfaction and retention.

I conducted the research for this review of the literature using a variety of scholarly resources including industry-specific journals, government websites, databases, dissertations, peer-reviewed articles, and seminal books, to develop this thematic review. I found literature by conducting searches using the following databases: ABI/INFORM Global, Business Source Complete, ProQuest, CINAHL, EBSCO, Academic Search, Google Scholar, Sage Journals, PSYCInfo, Science Direct, and Thoreau. Search terms included *Herzberg's two-factor theory, job characteristics theory, job satisfaction, employee turnover, RN job satisfaction*, and *RN retention*.

I gave preference to articles published in or after 2013 to ensure that the literature I obtained was topical and relevant. I also gave preference to articles that were available in Walden University Library. I used Crossref and Ulrich's Periodicals Directory to

verify that the literature I gathered was peer reviewed. The literature review includes 190 references. The publication dates for 167 (87%) of these references is within the past 5 years. 139 of the 163 references (85%) are peer-reviewed articles and excludes website and non-scholarly articles.

The purpose of this case study was to explore strategies health care leaders use to improve nurses' job satisfaction and reduce voluntary employee turnover. To determine an appropriate conceptual framework to employ, I considered several theories, including the job characteristics theory, Bass's leadership theory (2009), Herzberg's two-factor theory (1959), and Maslow's hierarchy of needs theory. These theories are commonly used by researchers exploring issues related to job satisfaction (Chiles, 2015). After considering these theories, I chose to use Herzberg's two-factory theory as the conceptual framework for this study because this theory was most appropriate for supporting my objectives involving RN job satisfaction and voluntary turnover. The following sections contain information on these various theories and justify my selection of Herzberg's two-factor theory.

Herzberg's Two-Factor Theory

One widely used theory about motivation and job satisfaction is the two-factor theory developed by Herzberg (Hilmi, Ali, & Nihal, 2016). Herzberg (1959) interviewed 203 employees to determine what made them satisfied and dissatisfied on the job, and used the findings to develop the two-factory theory. Although Herzberg developed the two-factor theory more than 50 years ago, researchers still consider the theory effective when evaluating job satisfaction (Bassett-Jones & Lloyd, 2005).

In this study, Herzberg's (1959) found aspects of the job that affected employees' level of job satisfaction related to the nature of the work performed. Herzberg identified company policies, supervision, technical problems, salary, interpersonal relations on the job, and working conditions as factors that affect job satisfaction. Herzberg also found other job characteristics such as achievement, competency, status, personal worth, workplace assessments results, and self-realization all affected employees' levels of job satisfaction. Finally, Herzberg found some workers were dissatisfied because they had received a negative workplace assessment.

Managers must pay close attention to two sets of job factors (Herzberg, 1959). The first set of job factors related to increasing satisfaction on the job. Managers who want to increase satisfaction on the job must focus on providing employees with opportunities for advancement within the organization. The second set of factors addresses decreasing or eliminating dissatisfaction on the job. To do so, managers must create opportunities for workers to assume more responsibilities and achievements. To reduce dissatisfaction, managers must focus on policies, procedures, supervision, and working conditions. To increase job satisfaction and decrease dissatisfaction, managers must give equal attention to both sets of job factors (Herzberg, 1959).

Researchers have used the two-factor theory to illustrate the relationship that exists between job satisfaction and workplace retention/employee turnover (Frey, Bayón, & Totzek, 2013; Shinde, 2015; Zin et al., 2012), and several researchers have conducted studies that validated Herzberg's two-factor theory. For example, Frey et al. (2013) explored job satisfaction in the professional services industry. Frey et al. discovered that

client satisfaction was a motivational factor that has a direct affect job satisfaction, which in turn effects workplace retention. To produce a model to aid employee retention, Zin et al. (2012) also used Herzberg's two-factor theory to study motivational factors that influence employee retention. Zin et al. found workers tended to be more committed when managers provided motivational opportunities such as achievement, advancement, and recognition. Zin et al. contended that committed employees remain with the organization.

Shinde (2015) used Herzberg's two-factor theory as a conceptual framework to understand the nature of motivating factors and how motivating factors relate to job satisfaction and employee retention. Shinde found that employee job satisfaction has an affect on employee retention. Tan and Waheed (2011) used the two-factor theory to determine what other factors can influence job satisfaction, and concluded that positive working conditions, recognition, company policy, and salary are the most important factors. A person's desire for money helps to explain the relationship between salary and job satisfaction (Tan & Waheed, 2011).

Motivational factors have an affect on retention. Hunt et al. (2012) used Herzberg's two-factor theory to understand the motivational factors that have an influence on RN retention in nursing homes. The researchers found that pay increases and recognition programs had a positive influence on RN retention in nursing homes. When turnover in the director of nursing position was limited, nurses were more inclined to remain in their jobs.

Scholars have used Herzberg's two-factor theory to confirm that factors such as organizational position, education, achievement, and recognition are factors that have an influence on job satisfaction. Çinar and Karcioğlu (2012) used the two-factor theory to determine public sector workers' level of job satisfaction; they discovered motivational factors such as education level and position within the organization had a positive effect on employees' level of job satisfaction. Son, Lu, and Kim (2015) used the two-factor theory in their research involving job satisfaction and determined that motivational factors such as achievements, recognition, the work itself, responsibility, and personal growth had an effect on job satisfaction.

Satisfied employees are more productive, creative, and committed to remaining in the workplace. Richard (2013) applied Herzberg two-factor theory to examine the phenomenon of lack of employee satisfaction and help identify motivational factors that influence job satisfaction. Richard found that when job dissatisfaction was high, employee absenteeism and turnover were also high. Employee absenteeism and staff turnover adversely affect the profit margins of organizations, so managers should be interested in finding methods to increase employee satisfaction (Richard, 2013). Davis (2013) used Herzberg's two-factor theory to determine if motivation and job satisfaction have an effect on employee retention and, just as Herzberg (1959) had done, identified both motivational and hygiene factors that have a bearing on job satisfaction and employee turnover.

Using the Herzberg's two-factor theory, researchers have found several factors that affect both job satisfaction and retention (Çinar & Karcioğlu, 2012; Davis, 2013;

Frey et al., 2013; Richard, 2013; Shinde, 2015; Son et al., 2015; Tan & Waheed, 2011; Zin et al., 2012). However, some scholars have criticized the use of Herzberg's two-factor theory of motivation, despite its use in many studies (Fugar, 2007). One criticism has been that using the theory to study job satisfaction may result in considerations for the factors affecting job satisfaction considered as less important than the phenomenon required (Dunnette, Campbell, & Hakel, 1967). Another critic of the theory, Aziri (2011), asserted that Herzberg's two-factor theory leads researchers to assume that employees in their work environment are under the influence of both factors that cause job satisfaction and factors that influence job dissatisfaction. Despite the criticisms, researchers still use the theory to examine job satisfaction. Past research provided me insight into the effectiveness of Herzberg's two-factor theory.

Researchers have also used Dawis, England, and Lofquist's (1968) theory of work adjustment (TWA) to explore job satisfaction. Dawis et al. (1968) explained how the abilities and needs of a person could align to the needs of an employer, creating a mutually beneficial relationship. The researchers also noted that when leaders encourage employees to use their skills and knowledge of the work environment, employees will adjust their work to fulfill their innate needs (Velez & Moradi, 2012). Employees experienced satisfaction with the job when their work environment meets either their intrinsic or extrinsic needs (Bayl-Smith & Griffin, 2015).

Job Characteristics Theory

Job characteristics theory has to do with factors that make a particular job satisfying. Hackman and Oldham (1976) developed the theory and refined it in 1980.

Researchers typically used job characteristics theory to study the factors that make a particular job satisfying. Use of the theory has allowed researchers to specify the task condition in which individuals prosper in their work. Oldham and Fried (2016) described the job characteristics theory as the connection between the numerous characteristics of a job and how an individual responds to the work they perform. By using the theory, researchers outlined the specific task conditions that resulted in individuals excelling in their work. Hackman and Oldham (1980) tested the effects of employee growth needs strength and the level of satisfaction with the work context on employee responses to the type of work by collecting data from 201 employees who worked 25 different jobs in a bank. Findings revealed employees who had strong growth needs and were satisfied with the work context responded more positively to enriched jobs than employees who had minimal needs for growth and were unhappy with the work context.

The five factors of job characteristics theory are: (a) skill variety, (b) task identity, (c) task significance, (d) autonomy, and (e) job feedback (Hackman & Oldham, 2005). Skill variety refers to the competencies an employee has, and how often the employee is required to perform those tasks. Task identity denotes how to perform a task from start to finish, as well as how successful an employee is at completing the task. Task significance refers to the significance of the task. Autonomy denotes how much independence an employee has in completing tasks (Hackman & Oldham, 2005). Last, job feedback refers to the performance feedback managers provide the employee, and the affect the manager's feedback has on the employee (Hackman & Oldham, 2005).

Terry (2013) used the job characteristics theory to study the job satisfaction of personnel working in the cyberspace branch of the U.S. Air Force. Terry evaluated how important a worker believed his or her particular job was, based on the five job characteristics Hackman and Oldham (1976, 2005) asserted can be studied to help predict job satisfaction. With job characteristic theory as the foundation, Terry attributed low job satisfaction to a lack of skill variety, autonomy, and job feedback.

Ghosh, Rai, Chauhan, Gupta, and Singh (2015) used the job characteristics to study job satisfaction. Ghosh et al. discovered that satisfied employees have a better perception of the organization. Ghosh et al. asserted that employee job satisfaction predicted an employee's intention to leave. Goo (2015) used the job characteristics theory to test job satisfaction and concluded employees have more positive attitudes toward their job when each of the job characteristic traits (skill variety, task identity, task significance, autonomy, and job feedback) was presented to each employee as he or she needed it. Goo found that employees had negative attitudes when managers failed to use each job characteristic trait (skill variety, task identity, task significance, autonomy, and job feedback) appropriately.

Behson (2012) criticized job characteristics theory, asserting the theory needed further research and rethinking. Behson re-analyzed several studies in which researchers used job characteristics theory. Based on the re-analysis, Behson concluded some of the results run counter to the predictions outlined in the job characteristics model. Barrick, Mount, and Li (2012) criticized the theory because they did not believe the five job characteristics traits were an appropriate foundation to the theory. Barrick et al. asserted

that the fundamental principle of job characteristics theory focuses on personality traits and contended that personality traits initiate purposeful goal striving. They asserted that when purposeful motivation coupled with the motivations associated with job characteristics, a person has a purpose. Purpose gives meaning to the work. In turn, meaning influences work outcomes. I determined that this theory lacked the depth needed to appreciate fully the problem of job dissatisfaction experienced by RNs. Researchers use the job characteristics theory when examining job satisfaction for the type of work.

Job Satisfaction

Job satisfaction is an employee's general perception about the job or the compilation of attitudes toward various aspects of the job (Bakotic, 2014) and the level of contentment a person has with his or her job (Lu et al., 2012). In the broader context, job satisfaction is the emotional response that people have about their jobs, and the various aspects associated with their jobs (Spector, 1997). To understand job satisfaction, the factors that affect job satisfaction require review. Some of the factors include general well-being, stress at work, control at work, home and work interface, and working conditions (Tomaževič et al., 2014). A variety of factors affects job satisfaction, in addition to the experiences people have on the job (Thompson & Phua, 2012).

From a business perspective, job satisfaction is important to enhancing organizational performance (Ismail et al., 2015). For health care organizations, job satisfaction directly relates to better job performance, which results in optimized health care (Correia Dinis & Fronteira, 2015). Because nurses play an important role in the care of patients, their job satisfaction is fundamental to health care organizations (Kaddourah

et al., 2013). When job satisfaction is high, employees remained in the organization; when job satisfaction was low, the result is often employee turnover. Employee turnover occurs when an employee involuntarily quits or leaves an organization (Hom et al., 2012). Results of previous studies revealed nurses' job dissatisfaction influences their intention to stay with the organization (Lu et al., 2012). In 2015, the United States health care industry was facing a shortage of over 923,000 RNs (Department of Health and Human Services, 2015). Voluntary employee turnover of RNs is a widely used measure in health care workforce analysis. The total estimated cost of RN turnover is between $1.4 and $2.1 billion per year (Kovner et al., 2014).

Poor job satisfaction has a negative influence on the intention of RNs to stay with the organization, resulting in a loss of profitability to the organization (Cimiotti et al., 2013). For nurses, healthy working environments are important to the quality of care nurses provide to their patients (Ulrich, Lavandero, Woods, & Early, 2014). Effective job satisfaction measures are necessary for workplace retention (Gounaris & Boukis, 2013). Leadership style plays a role in job satisfaction, possibly serving as external factors that can improve the commitment of staff toward organizations (Mehrad & Fallahi, 2014). Positive leadership affects the work environment and job satisfaction (Bhatti, Maitlo, Shaikh, Hashmi, & Shaikh, 2012; Spence-Laschinger & Fida, 2014) while tyrannical or negative leadership reduces subordinates' job satisfaction (Skogstad et al., 2014). Authentic leadership significantly and positively influences staff nurses' structural empowerment, which increases job satisfaction and self-rated performance (Wong & Laschinger, 2013). Hocine, Zhang, Song and Ye (2014), found that subordinates of

supportive leaders expressed higher job satisfaction and demonstrated more trust to the

company management than subordinates of leaders who were not supportive. Girma

(2016) stated that supportive leadership directly influences an employees' job

satisfaction.

Leadership trust related indirectly to job satisfaction because it facilitates

transformational leadership, and transformational leadership has a positive effect on job

satisfaction (Yang, 2014a). Transformational leadership of nurse managers might have an

effect on job satisfaction of RNs (Wang, Chontawan, & Nantsupawat, 2011), an assertion

supported by another study (Khan, Asghar, & Zaheer, 2014). Scholars believed that

instrumental leadership and individual empowerment influence job satisfaction (Mulki,

Caemmerer, & Heggde, 2015; Wagner, Warren, Cummings, Smith, & Olson, 2013).

Regardless of the style of leadership, ethical leadership exerted a profound positive

influence on employees (Yang, 2014b). Frankel and PGCMS (2017), posited that nurses'

roles have become more specialized, and therefore require autonomy.

Empowering employees (i.e., autonomy, responsibility, information, and

creativity) had a positive effect on job satisfaction (Abraiz, Tabassum, Raja, & Jawad,

2012). In general, empowerment contributed to job satisfaction (Ivey & Vance, 2014;

Roberts-Turner et al., 2014). Nurses with a higher degree of autonomy had a higher level

of job satisfaction (Kaddourah et al., 2013; Wu et al., 2014). Galbany-Estragués and

Comas-d'Argemir (2016) found that autonomy is important in health care because care

has become technologized and bureaucratized. Roberts-Turner et al. (2014) found that

nurses with more influence over their work environment felt empowered and more

satisfied with work. Meanwhile, Cho and Song (2017), who found that autonomy and supervisory support enhance organizational trust, and organizational trust reduces turnover intention. El Baroudi, Fleisher, Khapova, Jansen, and Richardson (2017) revealed that taking-charge behaviors mediate the positive relationship between employee ambition and career satisfaction.

Teams with high levels of organizational tenure diversity serving under transformational leaders demonstrated greater organizational commitment, engage in creative behavior, and have higher job satisfaction (De Poel, Stoker, & van der Zee, 2014). The leader-member exchange demonstrated the connection between leaders and followers. Positive leader-member exchange and a climate of diversity have a positive effect on job satisfaction through inclusion, and a positive climate of organizational diversity can reduce intentions to leave through both inclusion and job satisfaction (Brimhall, Lizano, & Barak, 2014). An integral component of the leader-member exchange is communication. The frequency of communication affected job satisfaction in the low client leader relationship (Vidyarthi, Erdogan, Anand, Liden, & Chaudhry, 2014). In contrast, job satisfaction was higher when direct supervisors provided employees with concrete feedback than when hierarchically distant leaders shared their abstract views (Berson & Halevy, 2014).

Gender, age, and education also played a role in job satisfaction. Women tend to be more satisfied at work than their male colleagues are. Differences in job satisfaction existed because of an employees' age. More educated employees are more satisfied at work than their less educated counterparts (Bakotic, 2014). Relationships within the

workplace played a role in job satisfaction; with findings suggesting supervisor-subordinate relationships, patient role clarity, and autonomy are strong predictors of job satisfaction (Shacklock, Brunetto, & Farr-Wharton, 2012). Team member relationships also play a role in job satisfaction (Malik, 2013). Finally, income affects job satisfaction, despite the lack of reporting detailing the cause (Bakan & Buyukbese, 2013).

To be satisfied in their jobs, people want recognition and the potential for advancement. Recognition (Benrazavi & Silong, 2013), job enrichment, quality management (de Menezes, 2012), and career opportunities (Lim & Ling, 2012) contribute to job satisfaction. Gialuisi and Coetzer (2013) asserted that career prospects within the organization reduced an employee's desire to leave the organization. Lim and Ling (2012) found that career opportunities contributed to job satisfaction. Jackson, Alberti, and Snipes (2014) thought that because managers have an effect on employee job satisfaction and workplace behaviors, health care institutions need to offer leadership development and management training to place nurses on the path to becoming new leaders and new managers.

Managers play an integral role in preventing employee turnover because they—and particularly their actions—have a direct influence on job satisfaction (Chen et al., 2015). Chen et al. (2015) conducted a cross-sectional study of 266 RNs to determine factors affecting job satisfaction and commitment to the organization. Chen et al. found nurse managers who implemented job rotation and internal marketing practices realized increased job satisfaction and improved retention among their subordinate RNs.

Organizational culture has an influence on both job satisfaction and workplace retention (Medina, 2012). After exploring the relationship between job satisfaction and employee turnover intention, Medina reported organizational culture influenced employees' job satisfaction as well as job performance. High-performing organizational cultures produce excellent results and attract, motivate, and retain talented employees. Job satisfaction has an inverse relationship with turnover intention.

Because managers have an effect on employee job satisfaction and workplace behaviors (Jackson et al., 2014), health care institutions need to offer leadership development and management training to encourage managers to reinforce wellness behaviors in their subordinates (Morris & Laipple, 2015). Work climate (Wallin, Jakobsson, & Edberg, 2012), environment (Lu et al., 2012), burnout (Crawford & Daniels, 2014), and job rotation (Pan, Huang, Lee, & Chang, 2012), were other factors that contributed to job satisfaction. Medical futility was a factor unique to job satisfaction of RNs; RNs who feel helpless in a medical situation become demoralized and their level of job satisfaction plummets (Özden, Karagözolu, & Yildirim, 2013). As job satisfaction decreased, job dissatisfaction increased.

Job dissatisfaction is associated with poor retention and difficulty in recruitment of nurses (Lu et al., 2012). Lu et al. reviewed 100 papers relating to job satisfaction among hospital nurses and concluded when RNs are dissatisfied with their jobs there is a negative influence on their intention to stay with the organization, resulting in a loss of profitability to the organization (Cimiotti et al., 2013). Moneke and Umeh (2013) surveyed nurses to understand the issues undermining critical care nurse retention and

found a statistically significant relationship between job satisfaction and employee turnover. Asegid, Belachew, and Yimam (2014) discovered nurses' feelings about their work environment and group cohesion affects nurses' satisfaction with their job; nurses satisfied with their jobs choose to remain in them. Minckler (2013) found a positive relationship between high levels of social capital and positive job satisfaction.

Employee turnover affects nurses in virtually all health care settings, including those working in intensive care units (Tao, Ellenbecker, Wang, & Li, 2015) and the operating room (Björn, Josephson, Wadensten, & Rissén, 2015; Hunt, 2014). Tao et al. (2015) sought opinions and perspectives of intensive care unit nurses on the factors that affected their job satisfaction and intention to remain on the job. Responses from nine nurses to five open-ended questions led Tao et al. to conclude intensive care unit nurses were less satisfied with their jobs and more inclined to leave than are nurses in other hospital units. Hunt (2014) examined the relationship between nurses' job satisfaction and turnover intent by collecting feedback from 92 nurses and 21 nurse managers. Based on these collected data, Hunt concluded retention of intensive care unit nurses directly relates to nurses' job satisfaction. Björn et al. (2015) surveyed 147 operating room nurses to determine what encouraged nurses to remain at work because of the work setting. After conducting principal component analysis to determine the underlying structure of the collected data, Björn et al. concluded job satisfaction played a major role in retention of operating room nurses.

Nurse managers are not immune to poor job satisfaction. Hudgins (2015) sought to identify the relationship between job satisfaction and anticipated turnover among nurse

managers by conducting a quantitative study of 89 nurse managers. Findings revealed a strong relationship between job satisfaction and anticipated turnover; nurse managers were more inclined to remain in their current position when their job satisfaction was high than when their job satisfaction was poor. Nurse managers experience the same stressors as the RNs whom they supervise, but remain responsible for creating a sense of belonging in the workplace (Welling, 2015). A sense of belonging improves RNs' level of job satisfaction (Welling, 2015).

Just as high job satisfaction affects retention—the intention to remain on the job—in health care settings, poor job satisfaction is associated with intention to leave. Poor job satisfaction among pediatric nurses directly influences these nurses' intent to leave their jobs (Baum & Kagan, 2015). Baum and Kagan (2015) used convenience sampling to engage 52 nurse participants in a study, the results of which revealed a direct connection between job satisfaction and employee turnover. Baum and Kagan's study involved a substantially smaller than Zhang et al.'s (2014) study, which included 9,698 nurses. Zhang et al. surveyed nurses to obtain opinions concerning job satisfaction and intent to leave and confirmed poor job satisfaction, burnout, and turnover were all interrelated, and a problem for nurses. Supervisory support has a positive effect on both employees' organizational commitment and their career satisfaction (Kang, Gatling, & Kim, 2015).

Employee Turnover and the Nursing Shortage

Employee turnover occurs when an employee involuntarily quits or leaves an organization (Hom et al., 2012). To understand the phenomenon of employee turnover, I

must study the factors that might reduce voluntary employee turnover. Elikai (2003) examined some of the many causes of employee turnover and concluded pay is a primary reason people leave their place of work. Employees' needs and motivations play a part in the decision to stay or go (Elikai, 2003). Using Herzberg's two-factor theory to examine the factors that have an effect on employee turnover, Elikai concluded that the critical issues that trigger employee turnover are recognition, appreciation, community, opportunities, and good management.

Employee turnover in nursing is particularly concerning because there is already a shortage of nurses and nursing turnover is occurring at all levels of health care (Hayes et al., 2013a). A 2013 report prepared by the American Health Care Association indicated the attrition rate for RNs in 2011 was 34%. By 2020, it is projected that health care in the United States will experience a shortage of more than 1 million RNs (Budden et al., 2013). This shortage of nurses will have an effect on the quality of care hospitals and health care facilities provide (Egues, 2013).

The nursing shortage has led to researchers seeking reasons for the shortage. Hyrkas and Morton (2013) reviewed literature on the factors contributing to the nursing shortage and found compelling evidence for both individual and organizational reasons for the shortage. A lack of leadership and burnout were two causes for nurses leaving the profession. Data published by the U.S. Department of Labor Bureau of Labor Statistics further illustrated the problem of poor RN retention (BLS, 2015). According to the BLS, by 2024, the total need for RNs and APRNs will increase by nearly 600,000 jobs.

Employees' voluntary turnover has a substantial negative affect on employers' cost of doing business, along with the potential loss of valuable knowledge, skills, and organizational knowledge (Kessler, 2014). The nursing shortage is not unique to the United States; there is a global shortage of 7.2 million health care workers (World Health Organization, 2014). Statisticians expect this shortage to increase to 12.9 million by 2035, with the nursing profession expected to experience the greatest shortage because nurses are the largest workforce employed in hospitals. Shortages of nurse's result in unsafe patient care, increased expense, and increased stress levels among those nurses who remain on the job (World Health Organization, 2014).

Attrition contributes to the shortage of RNs in the hospital environment, having an influence on both patient care and hospital costs (Brakovich & Bonham, 2012). Retaining a professional nursing staff is necessary for patient satisfaction and hospital performance (Chen et al., 2015). Hospital administrators are struggling with high employee turnover rates and the cost associated with these high turnover rates (Collins, McKinnies, Matthews, & Collins, 2015). The financial cost of employee turnover is a major concern to health care organizations (Huffman, Casper, & Payne, 2014; Slavianska, 2012). RN turnover and its associated costs are a measure used widely in health care workforce analysis. The total cost of RN turnover is $1.4 to $2.1 billion per year (Kovner et al., 2014). The cause of the nursing shortage has many contributing factors, among which are job dissatisfaction, leadership, burnout (Boamah & Laschinger, 2015), and work-related stress (Smith, Rodriguez, & Kupperschmidt, 2014).

Job satisfaction is a foundational mediating variable between the work

environment and turnover intent (Lambert, Hogan, & Barton, 2001). There is no indication that the 34% attrition rate will decrease (American Health Care Association, 2013). This attrition rate contributes to the shortage of RNs in hospitals, causing an affect on patient care and hospital costs (Brakovich & Bonham, 2012). According to the American Health Care Association (2013), 14% of all hospitals in the United States have a severe nursing shortage. Among the many commonly cited causative factors for staff nurse turnover are job dissatisfaction, work stress, and burnout, and the response to chronic emotional stress (Smith et al., 2014). A shortage of nurses threatens the quality of care hospitals and health care facilities provide (Egues, 2013).

Job quality and effective leadership are important to RNs and strongly influence nurses' decisions to stay in their current job or leave (Blake, Leach, Robbins, Pike, & Needleman, 2013; van der Aa, Bloemer, & Henseler, 2012). RNs face challenges when transitioning into the profession (Brakovich & Bonham, 2012), including abuse (Christie & Jones, 2013) and unit-level job satisfaction (Liu, Mitchell, Lee, Holtom, & Hinkin, 2012). Reports of the loss of organizational memory and knowledge, clinical skills, and an absence of seasoned mentors (Vardaman et al., 2014) among those nurses who remain on the job as factors contributing to their job dissatisfaction. Communication problems (Nwagbara, Oruh, Ugorji, & Ennsra, 2013), employee stress (Jung & Yoon, 2014; Katsikea, Theodosiou, & Morgan, 2015), and a lack of motivation (Khan, 2014) contribute to both job dissatisfaction and employee turnover. Nurses who are confident in their ethical decision-making abilities and moral agency have the antidote to moral distress for themselves and their colleagues, and can act as local or institutional ethics

resources (Grace, Robinson, Jurchak, Zollfrank, & Lee, 2014). Improving employee retention can reduce additional human resource expenses (Taylor, Murphy, & Price, 2006).

Perceived organizational justice, job stress, and job-hopping jointly predict employees' turnover intention (Chovwen, Balogun, & Olowokere, 2014). Other reasons for employee turnover are relationship conflict, limited career prospects, and mandatory work roles and responsibilities (Gialuisi & Coetzer, 2013). Job satisfaction and organization context variables such as formalization, organizational inflexibility, and satisfaction with organization structure have a strong influence on organization commitment (Buky Folami, Asare, Kwesiga, & Bline, 2014). Minority employees experience negative social interactions in the workplace and have fewer opportunities for career advancement (Hofhuis, van der Zee, & Otten, 2014). Poor job satisfaction and burnout cause higher turnover rates among staff in health care settings (Goetz et al., Campbell, 2011).

Recruitment

RN turnover affects a health care facility in many ways: it compromises the quality of care, and the health care facility must assume the costs associated with hiring new employees. Estimated replacement costs are between 93% and 200% of the annual salary for the position (Allen, Bryant, & Vardaman, 2010; Hayes et al., 2006). Employee turnover has both short-term and long-term effects. Loss of experienced employees reduces the level of organizational knowledge among remaining staff, thereby increasing the risk of not providing consistent, high-quality customer service, which could

undermine brand image and decrease brand loyalty (Dusek, Ruppel, Yurova, & Clarke, 2014). When conducting recruitment of new or replacement nurses, nonfinancial reward elements (e.g., work-life balance, learning opportunities, and career advancement) have statistically significant effects on perceived attractiveness of a job offer (Schlechter, Thompson, & Bussin, 2015). Gender had a significant main affect, indicating nonfinancial rewards were more attractive in job offers to women than to men. Individuals recruited for nursing positions must consider their potential coworkers. Shim (2014) found organizations with highly satisfied employees have better mental and physical health and learn job-related tasks more quickly (Sailaja & Krishna, 2012). Fun activities such as productivity contests, social events, team-building activities, and public celebrations of work achievements and personal milestones both reduce turnover and serve as incentives to potential employees (Tews, Michel, & Stafford, 2013). Fun is particularly important for enhancing millennials' embeddedness. Some aspects of fun were more dominant predictors of embeddedness than some of the other aspects of fun while other aspects of the employment experience were more dominant predictors than certain aspects of fun (Tews, Michel, Xu, & Drost, 2015).

Social identification within the workplace is important to employees; social identification helps reduce turnover intentions (Avanzi, Fraccaroli, Sarchielli, Ullrich, & van Dick, 2014) and can be used to recruit new or replacement talent. Employees also want some degree of control over their futures. Employee participation in human resource development practices helps improve employee engagement and reduce turnover intent (Shuck, Twyford, Reio, & Shuck, 2014). Individuals with higher levels of

employee engagement are less likely to leave the organization (Memon, Salleh, Baharom, & Harun, 2014).

Leadership

Leadership and leadership style affected employees' job satisfaction (Shanafelt et al., 2015), including the job satisfaction of RNs (Haddon, Loughlin, & McNally, 2015). Vesterinen, Suhonen, Isola, and Paasivaara (2012) posited leadership styles could involve various combinations of tasks and actions that influence people in attaining goals. As leadership style pertains to RNs, Vesterinen et al. found that the effectiveness of nurse managers' leadership style affected staff retention, work climate, nurses' job satisfaction, nurses' commitment, and patient satisfaction.

Bhatti et al. (2012) asserted leadership style has an influence on job satisfaction. De Souza (2012) claimed employee job satisfaction and commitment depend upon managers' leadership style, and leadership, job satisfaction, and commitment. Specific leadership styles, particularly transformational and transactional styles, are external factors that play a role in job satisfaction because these styles can improve staff commitment toward an organization (Mehrad & Fallahi, 2014). Vesterinen et al. (2012) concluded that leadership style affects both job satisfaction and commitment. Servant leadership is another style of leadership associated with job satisfaction. Servant leadership occurs when a balance exists between servitude and leadership. Yavas, Jha, and Babakus (2015) reported servant leadership affects employees' turnover intentions through job satisfaction.

De Poel et al. (2014) contended the level of job satisfaction is higher in teams with transformational leadership, while Khan et al. (2014) and Wang et al. (2011) favored transformational leadership regarding its effect on job satisfaction. Bormann and Abrahamson (2014) asserted a relationship existed between job satisfaction to both the transformational and transactional leadership styles of nurse managers. Ahmad, Adi, Noor, Rahman, and Yushuang (2013) found transformational and transactional leadership were the two styles of leadership most closely associated with creating a satisfying work environment. Quintana, Park, and Cabrera (2015) opined, "idealized attributes" of transformational leadership and "contingent reward" from transactional leadership were important factors in influencing job satisfaction among employees (p. 469). A direct connected exists between follower or employee job satisfaction at both the individual and team levels and transformational leadership (Braun, Peus, Weisweiler, & Frey, 2013).

Transformational leaders positively affect nurses' quality of work life, which helps increase nurses engagement at work. Increased engagement at work benefits both employees and the organization (Gillet, Fouquereau, Bonnaud-Antignac, Mokounkolo, & Colombat, 2013). Like transformational leaders, transactional leaders also create a culture of innovation among other agencies and supervisory personnel. They provide an inclusive link to outside organizations and personnel within the organization they lead (Kim & Yoon, 2015). Styles such as positive and authentic leadership also have an influence on job satisfaction. Spence-Laschinger and Fida (2014) asserted positive leadership has an influence on job satisfaction while Wong and Laschinger (2013) affirmed authentic leadership has a positive affect on job satisfaction. Authentic leadership mediates job

satisfaction and organizational culture (Azanza, Moriano, & Molero, 2013). Laschinger and Fida (2015) focused on how working in a positive environment affected nurses' job satisfaction. Laschinger and Fida reported nurses believed authentic leadership had a positive affect on their job satisfaction.

Other leadership styles, such as instrumental leadership, emotional leadership, ethical leadership, and servant leadership have an effect on the level of job satisfaction. Mulki et al. (2015) explored the relationships among leadership styles and employees' attitudes and behaviors and found employees' instrumental leadership is more effective in promoting employee effort and increasing job performance than other leadership styles. Mulki et al. asserted that instrumental leadership and individual empowerment strongly influence job satisfaction. Servant leadership, a blend of balance between servant and leader, has a positive effect on employee turnover through job satisfaction (Yavas et al., 2015).

Emotional leadership also has an effect on job satisfaction. Jang, Lee, and Lee (2015) studied how head nurses' emotional leadership affects RNs' job satisfaction and found nurse managers who practiced emotional leadership had a positive influence on their subordinate RNs' level of job satisfaction. Rezaei, Naderi, Mahmoudi, Rezaei, and Hashemian (2015) confirmed nurse managers' emotional leadership strongly influences nurses' job satisfaction. Yang (2014b) found ethical leadership has a profound influence on employees, as well as a positive effect on organizational commitment and job satisfaction (Çelik, Dedeoğlu, & İnanir, 2015).

Not every leadership style has a positive effect on job satisfaction. Leadership styles rooted in ego or passivity can do more harm than good. Skogstad et al. (2014) opined tyrannical leadership undermines subordinates' job satisfaction. Bormann and Abrahamson (2014) asserted nurse managers who practice passive-avoidant leadership style had a negative effect on staff nurse satisfaction with work, promotion, supervision, and coworkers. Identifying the ways in which leadership style influences staff nurses' intention to stay in the profession presents additional focus areas for creating retention strategies (Cowden & Cummings, 2015). Mathieu, Fabi, Lacoursière, and Raymond (2015) posited perceived supervisor leadership might contribute to employee well-being, job satisfaction, and organizational commitment after finding person-oriented leadership behavior affects turnover intentions through job satisfaction and organizational commitment more than task-oriented leadership behavior. Only organizational commitment had a direct effect in explaining turnover intention.

The importance of leadership is indisputable. Chu, Wodchis, and McGilton, (2013) highlighted the effect of consistent leadership by examining data collected from 324 surveys to identify causative factors for the nursing shortage. Chu et al. found the turnover rate of RNs working in long-term care facilities was a persistent problem that had a negative effect on the care of elderly patients. Further analysis revealed a lower nursing turnover associated with higher leadership practice. Chu et al.'s study highlights the importance of good, consistent leadership.

Transformational leadership practices of senior nurses empower middle- and first-line nurse managers lead to perceptions of organizational support, quality care, and a

reduction in nurses' intent to leave the profession (Spence-Laschinger & Fida, 2014). Spence-Laschinger and Fida (2014) found a positive connection between transformational leadership, supportive work environments, and staff nurses' desires to stay in their current place of employment. Twigg and McCullough (2014) asserted leaders who create an environment of empowerment, shared governance structure, autonomy, professional development, leadership support, adequate numbers and skill mix and collegial relationships within the health care team have a positive effect on nurse retention and the quality of patient care.

Blake et al. (2013) surveyed 415 nurses and found a statistically significant relationship between leadership and the intent to leave; effective leadership was important to nurses and strongly influenced their decision to stay in the current job. Authentic behavior of nursing leaders was important to nurses' perceptions of the workplace, which helped these leaders both attract and retain nurses (Laschinger, Wong, & Grau, 2013). Babalola, Stouten, and Euwema's (2014) multi-source study on the effect of frequent change and ethical leadership revealed ethical leadership helped reduce turnover intentions.

Ethical leadership has a positive effect on decreasing turnover and directly influences employees' perception of the degree to which their values fit with those of the organization and turnover intentions (DeConinck, 2015). Spence-Laschinger and Fida (2014) posited the more authentic the leadership, the less likely nurses are to want to leave their job and profession. Nei, Snyder, and Litwiller (2015) identified additional factors related to nurse turnover intentions include job strain, role tension, work-family

conflict, job control, job complexity, rewards/recognition, and team cohesion. The effect of job strain, role tension, work-family conflict, job control, job complexity, rewards and recognition, and team cohesion directly related to the type of leadership in an organization (Nei et al., 2015).

The relationship between leader and member is a predictor of an employee's intent to leave (Trybou, De Pourcq, Paeshuyse, & Gemmel, 2013). Perceived organizational support, the quality of the relationship between leader and member, strongly relates to job satisfaction, trust, and turnover intentions (Trybou et al., 2013). Lartey, Cummings, and Profetto-McGrath (2013) reported another strategy useful for retaining experienced nurses centers regarding leadership, teamwork, and individual targeting. Lartey et al. confirmed retention is higher when using this combination of strategies. Cowden and Cummings (2015) explored the complexities of retaining nurses, studying both the emotional and physical factors and the influence of workplace relationships on nurses' intention to stay. They discovered leadership practices were instrumental in nurses' perceptions of their workplace (Cowden & Cummings, 2015).

A favorable relationship exists between transformational leadership, supportive work environments, and nurses' plans to stay in their current place of employment (Cowden, Cummings, & Profetto-McGrath, 2011). Effective leadership is associated with low nursing turnover (Cowden et al., 2011). Leadership has a direct influence on nurses remaining in the profession (Chu et al., 2013). Transformational leadership positively influenced both turnover intentions and turnover behavior (Tse, Huang, & Lam, 2013).

Work Environment

Organizational work environment has a strong effect on job satisfaction (Choi, Cheung, & Pang, 2013; Lee, & Cha, 2015). RNs' work environment has a particularly strong bearing on their level of job satisfaction (Atefi, Abdullah, Wong, & Mazlom, 2014; Choi et al., 2013). The definition of *work environment* is the conditions at the workplace, which includes the physical environment, the relationship between worker and supervisor, subordinates, and peer groups (Shravasti & Bhola, 2015). Olausson, Ekebergh, and Österberg (2014) also asserted the physical work environment plays a role in job satisfaction after finding RNs believed the architectural design of the Intensive Care Unit (ICU) in which they worked had a positive effect on their well-being, work satisfaction, and ability to provide humanistic care. Increased satisfaction with the work environment strongly correlates with job satisfaction (Hayes, Douglas, & Bonner, 2013b). Nurses who were dissatisfied with their jobs rated their work environment poorly (Olausson et al., 2014). Factors such as moral distress, poor nursing leadership, lack of support for advancement and recognition contributed to the nurses' poor rating, underscoring the relationship between creating a healthy work environment and job satisfaction (Ulrich et al., 2014).

Lu et al. (2012) sought to determine which factors have a direct effect on the nursing shortage. They reviewed more than 100 papers related to nurse job satisfaction and discovered multiple factors that contributed to poor job satisfaction and the nursing shortage. Work environment was the most prevalent factor. Lu et al. concluded nurses were satisfied with work when their work environment was desirable. Nurses remain in

the profession when they are satisfied with salary and benefits (Tourangeau, Patterson,

Saari, Thomson, & Cranley, 2017).

A healthy work environment is one in which people are valued, treated fairly, and

with respect. In such environments, workers develop a strong level of trust for those they

work with (Huddleston, 2014). Lambrou, Merkouris, Middleton, and Papastavrou (2014)

studied the effects of professional practice environment on job satisfaction and found

nurses' perceptions of their professional environment influenced their job satisfaction. To

study the influence of work environment on nurses' job satisfaction, Ulrich et al. (2014)

surveyed 844 members of the American Association of Critical Care Nurses, who largely

rated their work environments as unfavorable because of several factors, including low

job satisfaction. Djukic, Kovner, Brewer, Fatehi, and Greene (2014) surveyed more than

1,000 early-career RNs nationwide to evaluate the effect of the physical work

environment on nurses' job satisfaction and found a positive indirect effect on job

satisfaction.

Burnout

Freudenberger (1974) used *burnout*, as a term to describe a workers' reaction to

chronic stress. Burnout is an individual's response to prolonged work-related stress,

which has an effect on job satisfaction; burnout often affects productivity, performance,

turnover, and well-being among health care professionals and other types of workers

(Khamisa, Peltzer, & Oldenburg, 2013). Burnout affected a person's level of job

satisfaction (Crawford & Daniels, 2014). While Crawford and Daniels (2014) concluded

job satisfaction has an indirect effect on burnout (emotional exhaustion) through job

stress, Chung and Han (2014) determined burnout has a direct influence on job satisfaction. Brimhall et al. (2014) asserted burnout or emotional exhaustion contributes to poor job satisfaction.

Myhren, Ekeberg, and Stokland (2013) evaluated the level of and the relationship between job satisfaction, job stress, and burnout symptoms and concluded burnout correlated with both job satisfaction and job stress. Yom (2013) examined burnout and job satisfaction and found burnout had a significant direct effect on job satisfaction. Researchers also explored the relationship between burnout and job satisfaction and found a significant relationship exists between burnout and job satisfaction (Rosales, Rosales, & Labrague, 2013).

Compared to other health care professionals, nurses experience higher levels of stress-related burnout (Epp, 2012; Khamisa et al., 2013). Nurses are also more likely to experience burnout than are other workers; Kitaoka and Masuda (2013) concluded approximately 36% of nurses in Japan were burned out, compared to approximately 18% of civil servants and 12% of company employees. van der Doef, Mbazzi, and Verhoeven's (2012) cross-sectional survey of more than 300 nurses in three East African countries revealed a reported burnout rate of nearly 30%. Burnout and job dissatisfaction is not the exclusive purview of physical health nurses; mental health nurses also experience significant levels of burnout. The mental health profession is an inherently stressful profession, placing burdens on practitioners, which in turn causes burnout (Breen & Sweeney, 2013).

Causes of RN burnout include excessive workloads and interpersonal conflict in

the workplace (van der Doef et al., 2012), workload intensity and role ambiguity (Roch, Dubois, & Clarke, 2014), lack of support, conflict with doctors, and not feeling valued (Hayes, Bonner, & Pryor, 2015). Nurses also experience burnout because of the number of patients for whom they care; the higher the number of patients, the higher the rate of burnout (Faller, Gates, Georges, & Connelly, 2011). Stress resulting from workloads and facets of patient care also contribute to RN burnout (Hayes et al., 2013b).

Burnout is a contributing factor in poor job satisfaction among nurses (Adwan, 2014). Adwan (2014) found that grief causes burnout in pediatric nurses when patients die. When their patients died, geriatric nurses reported significantly higher emotional exhaustion than did pediatric nurses, who reported higher levels of guilt than did geriatric nurses (Adwan, 2014). Zhang et al. (2014) surveyed nearly 10,000 RNs from nearly 200 hospitals throughout China to determine their level of burnout and found nearly 20% of nurses reported burnout because of emotional exhaustion, depersonalization, and perceived reduced personal accomplishment. Another 45% of nurses experienced dissatisfaction with their job, mostly because of salary, and 5% of nurses expressed an intention to leave. Zhang et al. concluded burnout and low job satisfaction are wide-scale problems for nurses.

Research has found disparities of burnout among various fields of nursing. For example, emergency nurses experience higher levels of burnout than do nurses in other fields, which has resulted in higher rates of turnover among this population (Goetz et al., 2011). The stress of participating in end-of-life decisions contributes to nurses' burnout and turnover (Karanikola et al., 2014). Job fit has a direct negative affect on nurses'

burnout, which has a direct effect on turnover intention (Boamah & Laschinger, 2015).

Placing nurses in the right job for them reduces burnout and increases nurse retention

(Boamah & Laschinger, 2015).

Pediatric nurses who witness the suffering experienced by both young patients

and their family members endure emotional distress, leading to burnout (Wilkinson,

2014). The level of burnout they experience leads to pediatric nurses leaving the

profession (Wilkinson, 2014). Wilkinson (2014) sought to determine what managers

could do to alleviate burnout experienced by pediatric nurses, recommending the general

suggestion of increasing nurses' hardiness to stress might mitigate burnout but offered no

guidance on how managers might achieve this objective.

Burnout among seasoned nurses has detrimental effects on less experienced

nurses' levels of job satisfaction, resulting in high turnover rates and poor quality of care

among novice nurses, although group cohesion is effective in reducing burnout (Li,

Early, Mahrer, Klaristenfeld, & Gold, 2014). High-intensity nursing units are stressful

settings and tend to have high levels of burnout and employee turnover because of moral

distress (Rushton, Batcheller, Schroeder, & Donohue, 2015). The characteristic trait of

nurses—compassion for their patients—contributes to nurses' burnout (Meyer, Li,

Klaristenfeld, & Gold, 2015). After investigating the possible association between nurse

stress exposure and job satisfaction, compassion satisfaction, and burnout, Meyer et al.

(2015) confirmed compassion fatigue mediates job satisfaction, compassion satisfaction,

and burnout. Grief has an affect on both burnout and job satisfaction of nurses, with

nurses whose primary patients die reporting higher emotional exhaustion, as well as an

even higher degree of guilt when their young patients die. Adwan (2014) concluded that a high statistical correlation exists among nurses' grief, burnout, and job satisfaction, which provides nurses with ample reason to leave the profession.

Factors such as staffing, job satisfaction, practice environment, and burnout are interrelated factors in the problem of nurse retention (Koy, Yunibhand, Angsuroch, & Fisher, 2015). The moral distress and burnout pediatric nurses experience contributes to their intent to leave the profession. Pediatric nurses and nurses who experience moral distress are likely to experience job dissatisfaction and burnout (Trotochaud, Coleman, Krawiecki, & McCracken, 2015). Nurses who worked 12 or more hours experienced job dissatisfaction and burnout, which affected the nurses' desire to remain in the profession (Dall'Ora, Griffiths, Ball, Simon, & Aiken, 2015). Mental health services have historically struggled to retain qualified nursing staffs (Coates & Howe, 2015), causing problems for both patients and the nurses who care for them, with nurses experiencing burnout because of staff shortages.

Staffwide burnout is a direct contributor to the retention problem. Nurses who experience burnout sometimes choose to leave the profession because of factors such as traumatic stress and a lack of compassion satisfaction (Kelly, Runge, & Spencer, 2015) as well as moral distress (Whitehead, Herbertson, Hamric, Epstein, & Fisher, 2015). Richard (2013) identified indicators of lack of employee satisfaction are high levels of absenteeism and staff turnover and concluded satisfied employees tend to be more productive, creative, and committed to their employers. Lack of employee satisfaction can affect the bottom line of an organization in the form of recruitment and retraining

costs, as well as staff shortages.

Health care organization leaders grapple with the costs of a perpetual nursing shortage. Factors such as job satisfaction and voluntary employee turnover have directly influenced the nursing shortage the health care industry faces. The Herzberg two-factor theory is one of the most commonly used theories in the job satisfaction research (Alshmemri, Shahwan-Akl, & Maude, 2017). For the purposes of this proposed research study, the two-factor theory was the best conceptual framework to explore how job satisfaction and employee turnover affects the nursing shortage. The shortage negatively affects the business of health care from a monetary standpoint, and socially from the perspective of patient care. Upon completing a review of existing literature, there is a need for more study.

Transition and Summary

The first section of this study included the problem statement and purpose statement as well as the nature of the study to defend the reason for choosing a qualitative methodology and single case study design for this research. In addition, Section 1 encompassed the interview questions that align to the research question. The section also contains details about the conceptual framework to best explore job satisfaction, and the operational definitions of terms that may be unfamiliar to the reader. Section 1 also contains the assumptions, limitations, and delimitations that I encountered while working on the study. The last two components of Section 1 are the significance of the study and a review of the professional and academic literature. The literature review included an exhaustive analysis of current research relevant to job satisfaction and employee

turnover. Some of the factors that affect job satisfaction and employee turnover that are detailed in the literature review are recruitment, leadership, work environment, burnout, leadership, recognition, and organizational culture. Additionally, Section 1 also includes theories researchers use to understand job satisfaction and employee turnover, and other themes used in the literature review to gain a thorough understanding of the research topic.

Section 2 includes additional information on the research methods and designs, including the chosen research method and design for this study. Other components found in this section describe my responsibility as the data collection instrument and provide detailed information about the data collection, organization, and analysis process. In addition, there is a discussion about ensuring reliability and validity in qualitative research. Section 3 encompasses the presentation of the findings, application to professional practice and implications for social change. Moreover, I present my recommendations for actions and future research on employee turnover. Also, Section 3 includes a discussion of my experience during the doctoral study journey and the conclusions from the data analysis.

Section 2: The Project

In this section, I offer valuable information about my role as the researcher, the purpose of the study, and the criteria for selecting prospective health care leaders. Section 2 also contains a discussion of the research project and an explanation of various research methods and design approaches, including a highlight of the key methodological and design considerations. I also address my reasons for choosing a qualitative method and a case study design to explore effective strategies heath care leaders use to improve nurses' job satisfaction and reduce voluntary employee turnover. In addition, there is a discussion of the population and sampling, the process of ensuring ethical research, and the tools used during the data organization, collection, and analysis process. Finally, I offer a discussion on my plan to ensure reliability and validity of the study findings.

Purpose Statement

The purpose of this qualitative single case study was to explore strategies health care leaders used to improve nurses' job satisfaction and to reduce voluntary employee turnover. The target population consisted of five health care leaders who were nurse managers working in a hospital in the Phoenix, Arizona area. The implications for social change include the potential for organizational growth and profitability, and the potential for increased availability for quality health care, which in turn might lead to new employment opportunities and promote prosperity and better health for local families and the community.

Role of the Researcher

In qualitative case study research, the researcher serves as the research instrument

(Chenail, 2011) to collect and analyze data from the respondents (Merriam, 2014). It is important for the researcher to explore the views, experiences, and the meanings by remaining attentive to the words participants express when explaining the phenomenon under study in order to provide the most accurate account of the underlying meaning (Pettigrew, 2013). In a qualitative case study, researchers gather data from multiple sources such as (a) interviews, (b) records, (c) documentation, and (e) artifacts (Moustakas, 1994; Yin, 2014; Houghton, Casey, Shaw, & Murphy, 2013).

In this study, I facilitated semistructured interviews throughout the data collection process. Facilitating interviews helps to elicit the opinions of the participants in their professional environment (Chenail, 2011; Ritchie et al., 2013) to gain insight into the phenomenon under study. Throughout the research process, I conducted and recorded interviews. I prepared to document any nonverbal cues received from participants in a journal, but there were no nonverbal cues to document.

After serving 22 years in the U.S. Air Force, I retired in the Phoenix, Arizona area. During my time in the Air Force, it was not uncommon to experience job dissatisfaction and voluntary turnover of subordinates. Upon assuming a management position, it became apparent to me that the Air Force thrived when the workforce was satisfied, and when workers remained in the service. Seashore (2013) underscored the importance of employee job satisfaction as it affects employee retention, which I eventually understood.

Because my research study involved human subjects, I followed the ethical principles outlined in the Belmont Report (1979). The ethical principles included in the

report are: respect for persons, beneficence, and justice (The Belmont Report, 1979). As a matter of respect, my initial contact with participants occurred by telephone or e-mail. The participants were able to contact me by email and by phone throughout the process of this research project. Although this study involved human subjects, it did not necessitate any physical contact between any of the participants or between any participant and me. Those that participated in the interview process maintained control throughout. All interviews occurred with honesty and respect for the participants. I provided consent forms to all participants; their signatures constituted agreement to engage in the interview process. Provisions in the Belmont Report require the fair, equitable, and consistent treatment of each participant. Researchers must separate personal perceptions, morals, and beliefs, and to report all information as presented (Ben-Ari & Enosh, 2011; Tufford & Newman, 2012) in order to minimize bias that may influence data collection and analysis (Bulpitt & Martin, 2010; Marshall & Rossman, 2011).

According to Jacob and Furgerson (2012), to help stay on task, first-time qualitative researchers should use interview protocols to assist in collecting data. Interview protocols help ensure that the interview process is standardized. To help remain focused on the research and to mitigate any bias, the interview process was both semistructured and purposeful. I encouraged participants to speak freely and openly about their perceptions of job satisfaction and employee retention. The interview protocol (see Appendix A) served as a procedural guide to help direct me through the interview process. The interview protocol also contained a script of what I said before and after the

interview, as well as additional prompts that reminded me to explain the purpose of the informed consent form, to obtain the participant's signature, and to collect the form.

I used the interview protocol as recommended by (Jacob & Furgerson, 2012) for the following purposes: (a) to remind me of information I wished to share with each participant, such as the details of my study and why I chose to conduct the study; (b) to explain my actions as a way to alleviate any concerns about confidentiality; (c) to build a rapport with the participants; and (d) to remind myself of additional steps, such as providing contact information to each participant so they could contact me if they wanted to clarify any information they provided. At the end of each interview, I provided my contact information in case there was a need to clarify information, ask additional questions, or perform member checking.

Participants

Study participants should reflect the wide range of the larger population under study (Richey & Klein, 2014; Seidman, 2012). The subjects included in the sample must be able to provide perspectives related to the phenomenon under study (Sargeant, 2012). For this study, I drew five nurse managers participants from a hospital in Phoenix, Arizona. Selected participants must meet the eligibility criteria outlined in the study (Merriam, 2014). Yin (2014) asserted that researchers should have a set of operational criteria to determine candidates qualified to serve as participants. Eriksson and Kovalainen (2015) posited that the aim of the researcher is to have access to and to collect rich data, which enables in-depth analyses as well as provides an opportunity to

learn from the phenomena under study. To be eligible for participation in this study, the participants needed to be health care leaders working directly with RNs.

Through snowball sampling, I used my LinkedIn professional network to contact individuals who fit the criteria of nurse managers with at least 3 years management experience, and asked them if they knew of others who may be interested in participating in the study. I made initial contact with each potential participant via e-mail. Each e-mail consisted of a brief introduction and an invitation letter. All contact with participants after the initial e-mail was via telephone. The conversations consisted only of a brief introduction, an explanation of how I gained access to the person's name, and a decision on the call recipient's part regarding whether and when he or she wished to meet with me. Seidman (2012) suggested that after the researcher makes initial contact, subsequent contact should be face-to-face. For that reason, I met with participants for the interview if the participant wished to take part in this study.

As Killawi (2014) asserted, it is important to create a working relationship with participants. Mandava and Millum (2013) stated that being honest and forthright about the intentions, the reasons for the study, and the desired outcomes are ways of creating relationships with participants. An integral part of the researcher and participant relationship involves full disclosure (Peters, Abraham, & Crutzen, 2015). Full disclosure requires providing participants with information about the data-collection techniques used in the research study (De Poy & Gitlin, 2015). To ensure full disclosure, I emailed each participant copies of the informed consent form and the interview protocol (see Appendix A). Contact via email was necessary to clarify some of the responses from

some of the participants. Researchers are obligated to be credible and trustworthy throughout the research process (Morton et al., 2013). For that reason, it was important that I remained considerate of the safety and well-being of those who participated. To instill trust and further enhance the working relationship with the participants, I contacted each participant periodically via email throughout the research process. Each participant will also receive a summary of the findings.

Research Method and Design

I used the qualitative research method to answer the research question: What strategies do health care leaders use to improve nurses' job satisfaction and reduce voluntary employee turnover? As a qualitative researcher, one of the primary reasons for conducting interviews is to garner unique information or perceptions held by the person undergoing the interview (Yin, 2014). I used the single case study design to garner the information needed for this study. Applying a single case study design allows researchers to investigate a phenomenon in its real world context (Yin, 2014).

Research Method

For this study, I employed a qualitative research method. The qualitative method was appropriate for this study because it helped me solicit the interpretations health care leader had of their work environments. Silverman (2016) asserted that the qualitative research method is well suited to examining ways to manage better, and to get better service. The qualitative research method is a suitable method to explore the interpretations and lived experiences of those living the phenomenon under study (Yin, 2014). A qualitative study enabled me to interview health care leaders to understand the

strategies health care leaders used to improve nurses' job satisfaction and reduce voluntary employee turnover.

Alternatives to the qualitative method included the quantitative and mixed method approaches. Neither the quantitative nor mixed method approaches were appropriate for this study. When using the quantitative method, the researcher seeks to test hypotheses (Fowler, 2014). The quantitative method also requires variables, statistics, and measurements (Koy & Adams, 2015; McNabb, 2015). As Mackey and Gass (2015) have noted, quantitative research usually has an experimental design, a hypothesis, and involves data quantified through numerical analysis. Because this study did not involve an experimental design, hypothesis testing, or quantification through numerical analysis, the quantitative method was not appropriate.

The mixed method approach involves a combination of both quantitative and qualitative methods (Garcia & Gluesing, 2013). Furthermore, a primary component of the mixed method approach is the theoretical focus of the design (Morse & Cheek, 2015; Munhall, 2012). The mixed method also requires the researcher to use the same research questions and to collect complementary data (Yin, 2014). The mixed method was not appropriate for this study because of the quantitative component and the extensive requirements of the method. Data collected from this study could increase health care leaders understanding of perceptions and experiences of the work environment of RNs. My interviews focused on nurse managers to solicit their personal experiences and perspectives they believe have an effect on RN job satisfaction and reducing employee turnover. As such, the qualitative method was the most appropriate choice for a research

method.

Research Design

I selected a single case study design for this qualitative study. Researchers use the single case study design when seeking to interpret and understand the phenomenon under study (Thomas, 2015; Yin, 2014). Yin (2014) also defined research design as a plan to logically link the research question with the collected data. Researchers use the single case study method when they seek to focus on a case and retain a holistic and real-world perspective (Yin, 2014). The case study design affords researchers the opportunity to focus on a smaller population to garner a greater concentration of information (Yin, 2014). I interviewed five nurse managers, satisfying my intent to gather sufficient data to answer the research question.

Other qualitative designs include (a) ethnography, (b) phenomenology, and (c) narrative analysis (Merriam, 2014). Ethnographers study society from the perspective of a group of people (Van Maanen, 2011). I did not seek to study the culture of a group of people. A phenomenological design was not appropriate because researchers use it to explore participants' lived experiences as they relate to a particular phenomenon (Schwartz et al., 2013). A researcher uses narrative analysis when participants can freely choose the stories they want to share as they relate to the subject of the research study (Mulhall, 2013).

The sample size for a qualitative study should be big enough to allow researchers to achieve their theoretical and descriptive aims (Lampard & Pole, 2015). To achieve data saturation, I initially invited five health care leaders to participate in this study. The

minimum number of participants can increase, based on the need for additional information to reach data saturation (Francis et al., 2010; Fusch & Ness, 2015). I reached data saturation with the data collected from the five initial interviews.

Population and Sampling

Through this research study, by using snowball sampling. I contacted one nurse manager through my LinkedIn professional network. I asked the nurse manager if she could contact other nurse managers in her network to see if they would be interested in participating in this study. Upon receiving the names of five potential participants, I contacted each of them via email to explain the purpose of my research. After each participant expressed willingness to participant in the study, they received an invitation letter and the informed consent form. I interviewed five health care leaders for their perspectives of RN job satisfaction and voluntary turnover. Snowball sampling has become a technique best suited for qualitative research (Bryman, 2015). Through snowball sampling, researchers can select participants who could provide accurate and valuable information (Abdullah et al., 2015). Snowball sampling is a method of interviewing the social network of the researcher from which the participants begin to cumulate like a snowball (Lucas, 2012). Through snowball sampling, I interviewed five health care leaders for their perspectives of RN job satisfaction and voluntary turnover. I was able to achieve data saturation with five nurse managers. If more nurse managers were needed, I would have continued interviewing more participants but that was not necessary as I reached data saturation after interviewing five participants.

When using a single case study design, researchers rely only on a small sample, with the determining factor being the ability to gather rich and meaningful data (Pietkiewicz & Smith, 2014). Borrego, Douglas, and Amelink (2009) asserted that sampling several participants provides sufficient description of a particular situation. Small samples are required for qualitative studies because the researcher focuses on selecting information-rich participants who can articulate perspectives relevant to the research question (Tong & Dew, 2016). Lampard and Pole (2015) asserted that the sample size needed for a qualitative study should be big enough to allow the researcher to achieve their theoretical and descriptive aims. The minimum number of participants can increase, based on the need for additional information to reach data saturation (Fusch & Ness, 2015; O'Reilly & Parker, 2012). Upon receiving the remaining four names of the potential participants from my professional contact, invitations were emailed to five health care leaders to invited them to participate. The five health care leaders agreed to participate in the study.

According to Yin (2014), in qualitative case study designs, data saturation is critical. Data saturation occurs when information begins to overlap and become redundant (Lohle & Terrell, 2014). Morse (2015a) also stated that saturation occurs when data builds and overlaps and an understanding of the phenomenon becomes stronger and more consistent. Francis et al. (2010) explained that in interview studies, reaching data saturation is justification for the sample size, and ceasing the interview process. Francis et al. recommended that researchers specify a minimum sample size for initial analysis

(initial analysis sample) and then specify how many more interviews might occur before new ideas emerge (stopping criterion).

When researchers conducted interviews in settings that were comfortable and familiar, the interviewee was more willing to communicate openly (Sivell et al., 2015). Researchers must state the purpose of the interview and research to participants (Birley & Moreland, 2014). I reiterated the purpose of the interviews and the purpose of my research to each participant. Wilson (2014) suggested that researchers remain flexible in relation to time and venue of the interview. Flexibility helps increase the likelihood that the interview will take place. Interviews should occur in a real-world setting so that the researcher allows the participant to choose the time and place of the meeting (Lewis, Nicholls, Ormston, & Ritchie, 2013; Merriam, 2014). I conducted the interviews at the time and location chosen by the interviewee. The location was a local library, in a private study room.

Ethical Research

Walden University doctoral students are required to demonstrate a consistent adherence to established research guidelines. The Walden University institutional review board must provide approval to conduct the study before data collection begins (Walden, 2016). Established safeguards, ethical codes, and guidelines provide detail information concerning the requirement for voluntary consent of human subjects (Schofield, 2014). After each participant expressed willingness to participant in the study, they received an invitation letter. Participants provided their consent before participating in a study (Wahyuni, 2012).

Withdrawal procedures exist so that participants can terminate their participation at any time (VanderStoep & Johnston, 2008). Participants provided electronic consent to participate in the study by replying to the e-mailed invitation letter, and by signing the consent form. Before commencement of any interviews, I informed each participant that he or she could withdraw from the study at any time. Participants could withdraw from the study by informing me orally or in writing. There were no consequences for withdrawing from the study.

Cardwell and Elliott (2013), as part of their qualitative case study, provided participants a $10 gift card for participating in the study. The amount of the gift should not be excessive; excessive inducements might affect participants' decisions and behaviors (Grady, 2012). Incentives are harmful when they are excessive or unwarranted. These incentives can distort reasoning, possibly leading an individual to act against his or her interests (Grady, 2012). Researchers can provide participants with a modest incentive, something that appropriately expresses gratitude for their participation in the study (Cardwell & Elliott, 2013; Grady, 2012). An incentive for participation in this study was a $10 Starbucks gift card.

Researchers have the obligation to be credible and trustworthy throughout the research process (Morton et al., 2013). I remained considerate for the safety and well-being of those who participated in my study. For ethical considerations, research participants' identities are to remain confidential (Howell et al., 2014). To protect the identities of each interviewee, they were assigned a unique alphanumeric code, beginning with the letter *NM (*for *nurse manager)*, followed by the appropriate number. The

alphanumeric numbering ranged from NM01 to NM5. Throughout the study, the

collected data should remain stored on an external storage device (Childs, 2014). Green

and Thorogood (2013) stated that when the collected data are not in use, and upon

completion of the study, external storage devices should remain locked in a secure

location for 5 years. All data associated with this study will remain locked in a secure

location when not in use for a period of 5 years (Walden, 2016). Walden University's

approval number for this study is 03-17-17-0410781, with an expiration date of May 16,

2018.

Data Collection Instruments

Yin (2015) stated that the role of the researcher is to become the data collection

instrument. Xu and Storr (2012) asserted that in qualitative research, the researcher as

instrument is an accepted and acceptable stance. As the data collection instrument, a

researcher investigates the object of the case study to produce evidence that leads to

understanding of the case and answers the research questions (Soy, 2015). As the

interviewer in this qualitative research study, I was the primary data collection

instrument.

Data collection can occur through semistructured, one-on-one interviews (Pezalla,

Pettigrew, & Miller-Day, 2012) with purposively selected participants. Semistructured

interviewing is the most widely used method of data collection in qualitative research

(Willig, 2013). The semistructured interview method allows for focus, structure, and

flexibility (Rabionet, 2011; Shirani, 2015). Semistructured interviews are important to

revealing the multidimensional nature of lived experiences (Galletta, 2013). During the

semistructured interviews, I used open-ended interview questions to elicit nurse managers' perceptions and experiences as they relate to job dissatisfaction and employee turnover.

When conducting a qualitative case study, researchers can use the six sources of evidence proposed by Yin (2012) as follows: (a) interviews, (b) archival records, (c) direct observation, (d) documentation, (e) participant observation, and (f) physical artifacts. For the purposes of this proposed study, the chosen sources of evidence are interviews, and documentation of voluntary turnover rates. Researchers use interviews to explore individuals' perceptions of events, actions, or processes (Yin, 2014). The qualitative interview method is a technique researchers use to gather people's experiences and to comprehend how they give meaning to those experiences (Rabionet, 2011). Conducting face-to-face interviews are beneficial for researchers because the interview process allows the researcher to establish a rapport with participants, thereby obtaining their support. To ensure that my face-to-face interviews remain consistent, I followed the five strategies developed by Hunt, Chan, and Mehta (2012):

1. Think critically and reflectively on prior interview experience.

2. Prepare prudently for the interview.

3. Be mindful of the power dynamics within the interview.

4. Be attentive to the language and verbal cues.

5. Evaluate the progress of the entire process on an on-going basis.

According to Jacob and Furgerson (2012), using an interview protocol helps researchers (a) stay on task with a script of what to say before the interview, (b) provides

them with what to say at the conclusion of the interview, (c) serves as a reminder to collect the informed consent form, and (d) serves as a reminder of what the researcher wants to collect during the interview. The interview protocol is more than just interview questions, but a procedural guideline for directing qualitative researchers through the interview process (Jacob & Furgerson, 2012). I developed my interview protocol based on the recommendations by Hunt et al. (2012) and Jacob and Furgerson (2012).

To enhance the reliability and validity of the collected data, I used member checking. Member checking involves sharing interpretations of the data to the study participants to allow the participants to clarify the information provided during the interview process (Harper & Cole, 2012; Houghton et al., 2013). Researchers achieve rigor, reliability, and generalizability through member checking (Morse, 2015b). By using member checking, participants validated that I have accurately interpreted their responses to the interview questions.

Of the six sources of evidence recommended by Yin (2014), I chose document analysis as the secondary means of data collection. Schneider (2016) asserted that document analysis is important because researchers can use the collected documents to better understand a culture or phenomenon. The content of the documents should be such that a layperson can use the information to explain aspects of the world or experience under study (Robson & McCartan, 2016). Merriam and Tisdell (2015) recommended that researchers use source documents; these documents are original documents that provide details supporting the phenomenon of interest. I reviewed policy and procedure documents related to employee satisfaction and company data on turnover as secondary

data sources.

Data Collection Technique

Interviews are a common form of data collection in case study research, and allow the researcher access to rich, personalized information (Hancock & Algozzine, 2015). Interviews are one of the most common methods of data collection in qualitative research (Doody & Noonan, 2014). Conducting semistructured interviews allows the interviewees to provide rich descriptions (Yin, 2014) of their experiences, as well as allow the researcher to explore the information thoroughly and provide rich descriptions of the findings. I met each interviewee in the private study room, at the local library, at the designated time. The interview session began with salutations, personal introductions, and an overview of the research topic. Before the interview started, participants reviewed and signed the consent form. Interviewees received a copy of the signed consent form for their personal record and information about the member-checking process. I recorded all interviews using an iPhone 7 plus smart phone voice recorder. Interviews lasted between 30-40 minutes. At the end of the interview, participants received verbal thanks for their participation. Additionally, I reviewed policy and procedure documents that pertained to job satisfaction and employee turnover.

Some of the advantages of conducting semistructured interviews with open-ended questions involve ease of scheduling, flexibility, and open communication with interviewees (Harvey, 2011). Other advantages are that the data collection process is more personal when conducting face-to-face, semistructured interviews. The interviewer and interviewee can connect on a personal level (Wilson, 2014). Throughout the

interview process, I found each of the interviewees to be very engaging, cordial, and very professional. Additionally, semistructured interviews allow for the exploration of the lived experience as narrated in the interview in relation to the theoretical themes of interest (Galletta, 2013). The researcher can explore the experiences, motives, and opinions of others and learn to see the world from a perspective other than his or her own (Rubin & Rubin, 2011). Interviewing affords the researcher the opportunity to garner the stories of those interviewed (Granot & Greene, 2015; Seidman, 2012).

Researchers must also remain aware of some of the disadvantages of conducting interviews. Researchers must separate personal perceptions, morals, and beliefs, and accurately report all information as presented (Ben-Ari & Enosh, 2011). I did not encounter any problems during the data collection process. Researchers must minimize bias that might influence data collection and data analysis (Krauth, Anglemyer, Philipps, & Bero, 2014; Marshall & Rossman, 2011). According to Tufford, and Newman (2012), bracketing helps mitigate potentially deleterious effects of preconceptions. Bracketing occurs when the researcher identifies his or her assumptions, and is able to set them aside to complete the research (Tufford & Newman, 2012). I used bracketing to help avoid any presumptions that might otherwise taint the data collection process.

Document collection should be a part of explicit data collection plans (Yin, 2014). The collected documents that relate to the subject under study are likely to have information that is helpful to the researcher (Yin, 2014). The senior-most nurse manager provided access to organizational policy documents, internal workplace climate assessments, and organizational manpower reports from October 2011 to February 2016.

Disadvantages to document collection are that a researcher must use them carefully; they may not be the truest representation of actual events. Edited documents may lose their literal meaning (Yin, 2014). The documents were easy to understand, and were very detailed. I did not find them difficult to interpret or use.

For this study, the use of member checking ensured the accuracy of the collected data. Member checking involves sharing interpretations of the data to the study participants to allow the participants to clarify the information provided during the interview process (Harper & Cole, 2012; Houghton et al., 2013). Researchers achieve rigor, reliability, and generalizability through member checking (Morse, 2015b). By using member checking, participants validated that I accurately interpreted their responses to the interview questions. Researchers validate the collected data through member checking (Bell, 2014). By using member checking, I validated the collected data.

Data Organization Technique

Technology affords researchers the ability to input and organize the data collected for the purposes of coding, sorting, interpreting, and summarizing (Friese, 2014; Richards, 2014). By using computer-assisted qualitative data analysis software (CAQDAS) and programs like Microsoft Word or Excel researchers are able to organize and arrange narrative and numeric data (Yin, 2014). Organizing the data consisted of the following steps (a) data checking, (b) maintaining and reviewing a reflective journal throughout the study, (c) entering raw data into computer-aided qualitative data analysis software, (d) reviewing researcher notes, and (e) storing all data on an external storage device. Features of an electronic organization system allow the researcher the flexibility

to manipulate the data (Friese, 2014; Yin, 2014). Digital recordings of participants'

interviews allows for easy storage and access of data (Childs, 2014; López, Tormo,

Mármol, Calero, & Pérez, 2014).

As a matter of choice, I used an iPhone 7 plus smart phone voice recorder to

record the semistructured interviews. By digitally recording participants' interviews, I

stored the interviews and had immediate access to the data when needed. As a secondary

means of storage, I downloaded the audio files from the digital recorder, storing them on

the external storage device. Using a scripted interview protocol ensured the

confidentiality of each participant throughout the interview process. Additionally, each

interviewee was assigned a unique alphanumeric code, beginning with the letter *NM (*for

nurse manager), followed by the appropriate number. The alphanumeric numbering

ranged from NM01 to NM5. Upon completion of the data collection process, I carefully

transcribed the interview data to ensure the interview transcripts and digital recordings

matched. By transcribing the interview data, I gained a better understanding of the data I

collected.

The American Psychological Association requires researchers to keep and secure

research data for a minimum of 5 years (American Psychological Association, 2012). The

external storage device should remain locked in a secure location for 5 years when the

data is not in use and upon completion of the study (Green & Thorogood, 2013). All

consent forms, interview transcripts, NVivo files, recordings, and thumb drives will

remain locked in a secure location for approximately 5 years, as required by institutional

review board guidelines (Walden, 2013). After the 5-year storage period, I will destroy

all research data by using a location that has an industrial shredding machine. Throughout the research process, I conducted and recorded interviews. I prepared to document any nonverbal cues received from participants in a journal, but there were no nonverbal cues to document.

Data Analysis

Data analysis consists of examining, categorizing, tabulating, or testing evidence to address the initial propositions of a study (Yin, 2014). There are different types of data analysis methods for qualitative case study research design. For the purposes of this study, I used methodological triangulation. Hussein (2015) defined triangulation as the use of multiple methods, such as data sources (interviews, documentation, observations) to study the same phenomenon. Denzin (2012) suggested methodological triangulation for correlating data from multiple data collection methods. Triangulation is the way in which one explores different levels and perspectives of the same phenomenon (Fusch & Ness, 2015). Methodological triangulation is one method to use to ensure the validity of the study results (Fusch & Ness, 2015).

I used methodological triangulation to analyze the data collected through semistructured interviews and documentation review. I analyzed the interview transcripts, and compared them to the documents, searched for common themes, triangulated the data collected from the semi structured interviews, and policy and procedure documents. I created a matrix for each interviewee, and the documents, identifying the common themes that connect the information. After interpreting the interviews, I emailed each interviewee to schedule a time and date at the library, in a private study room to

conducted member checking to validate the interpretations or accuracy. During the member checking process, each participant received a copy of interpretations of the interviews. No corrections were required, with the member checking process ending after each participant validated that my interpretations were accurate.

The data I collected for this study was the basis for the analysis. Merriam and Tisdell (2015) stated that participatory analysis and interpretation is a two-way form of feedback and reflection that shifts back and forth between the comprehension of the researcher and the verification of authenticity by the participants. Soy (2015), recommend the following six steps for organizing and conducting case study research (a) determine and define the research questions, (b) select the cases and determine data gathering and analysis techniques, (c) prepare to collect the data, (d) collect data in the field, (e) evaluate and analyze the data, (f) prepare the report.

When independent research studies require multiple participant interviews or extended fieldwork and extensive field note taking, then computer assisted qualitative data analysis software becomes a vital and indispensable tool (Saldaña, 2015). After using a trial version of both Atlas.ti qualitative analysis software and NVivo qualitative analysis software, I chose to use NVivo 11 qualitative analysis software for this study. The ease of use of the NVivo software was the deciding factor. In addition, NVivo 11 is best for analyzing a number of data collection sources, such as audio files and Microsoft Word documents (Castleberry, 2014; QSR International). The NVivo 11 software allowed for the organization and storage of data in one place (Castleberry, 2014; QSR International). I transcribed the raw data, typed it into a Microsoft Word document, and

uploaded the Word documents into NVivo 11, along with copies of the policy and procedure documents.

Using NVivo 11, I coded, organized, and transcribed recordings obtained during the interview process. I identified the themes I found in the interview transcripts, recordings, and policy and procedure documents that related to the research question in the study. Herzberg's two-factor theory is helpful for enabling researchers to understand the factors that contribute to employees' satisfaction or dissatisfaction and retention (Herzberg, 1959). Researchers develop themes from data (Litchtman, 2012). Themes are also the outcome of coding, categorization, or analytical reflection (Saldaña, 2015). Furthermore, Ward, Furber, Tierney, and Swallow (2013) recommended writing a list of key themes, and conducting an additional review of the data. Themes are common ideas and patterns that occur throughout the collected data (Lămătic, 2011). I reviewed the collected data several times to find all of the themes, attached meaning to the themes and patters observed during the interview process. By identifying themes, I looked for differences in responses that may have occurred during the data collection process.

Reliability and Validity

In qualitative research, a well-constructed study ensures validity and reliability (Soy, 2015). Ensuring validity and reliability addresses Lincoln and Guba's (1985) commonly accepted criteria of dependability, credibility, transferability, and confirmability. Researchers, such as Houghton et al. (2013) and Cope (2014), referred to these four criteria collectively as trustworthiness. By ensuring the trustworthiness of a

qualitative study, researchers tackle the equivalent of reliability and validity aspects of a quantitative study.

To ensure reliability and validity, Houghton et al. (2013) recommended using member checking. By using member checking, researchers establish rigor in the research (Marshall & Rossman, 2011). The use of member checking helps to ensure accuracy and add credibility to the data (Houghton et al., 2013; Thomas & Magilvy, 2011). Through member checking, each participant received a copy of the interpretations of the interviews to validate the findings. After I interpreted the collected data, I emailed each interviewee to schedule a time and date at the library, in a private study room to conduct member checking to validate the interpretations or accuracy. No corrections were required, with the member checking process ending after each participant validated that my interpretations were accurate.

Reliability

Qualitative research requires an inventive approach to assessing quality (Houghton et al., 2013). In qualitative research, a rich description of interview content aids the researcher's ability to extract truthful and acceptable conclusions based on patters on behavior. Qualitative researchers have presented multiple perspectives on the significance and relevance of the study. Through dependability, researchers can focus on all of the changes affecting the research process and ensures the documentation of these changes (Marshall & Rossman, 2011).

Researchers use dependability to ensure the data in qualitative research is reliable (Harper & Cole, 2012). In a 2015 study, Fusch and Ness (2015) recommended

researchers use member checking to increase the dependability of their findings. Fusch and Ness also believed that member checking is the best way to validate data when conducting qualitative interviews. Yin (2015) suggested that, whenever possible, qualitative scholars use member checking instead of transcript review. Member checking helps ensure dependability of the collected data (Fusch & Ness, 2015; Yin, 2015). After I interpreted the collected data, I emailed each interviewee to schedule a time and date at the library, in a private study room to conduct member checking to validate the interpretations or accuracy. During the member checking process, each participant received a copy of interpretations of the interviews. No corrections were required, with the member checking process ending after each participant validated that my interpretations were accurate.

Validity

Validity is a basic measure of research quality. The validity of the research becomes questionable when the quality of the research is questionable (Chenail, 2011). A valid study is one that contains properly interpreted data, so that the conclusions accurately reflect and represent the phenomenon under study (Yin, 2015). Concerning validity, Lincoln and Guba (1985) noted that qualitative researchers must support what they do by concepts of credibility, transferability, dependability, and confirmability. When findings are trustworthy, confirmable, valid, and reliable, credibility exists (Corbin & Strauss, 2014).

Credibility refers to the truth of the data or the participant views and the interpretation and representation of them by the researcher (Polit & Beck, 2013).

Cope (2014) asserted that researchers enhance credibility when the researcher describes the research findings with the participants, who in turn, verify the findings are correct. According to Sandelowski (1986), when other individuals who share the same experience immediately recognize researchers' descriptions of the phenomenon, credibility is established. To support credibility, researchers should show prolonged engagement, persistent observation, and external audits (Cope, 2014). Researchers use member checking to establish credibility (Marshall & Rossman, 2011; Thomas & Magilvy, 2011). Houghton et al. (2013) also asserted that by using member checking, researchers could ensure the accuracy of the interpreted data. Through member checking, I shared my interpretation of the data with the participants, to ensure my interpretations of the data were correct.

When findings are applicable to other research subjects and situations, a researcher has achieved transferability (Polit & Beck, 2013). When findings are applicable to other settings or groups, transferability exists (Houghton et al., 2013). Researchers should provide sufficient information on the participants and the research context to enable the reader to determine the findings' capability of being transferable (Cope, 2014).

Confirmability refers to the researcher's ability to demonstrate that the data represents the participants' responses and not the viewpoints or biases of the researcher (Cope, 2014; Polit & Beck, 2013). Confirmability exists when other researchers can substantiate the results of an inquiry (Anney, 2014). Researchers can demonstrate confirmability by proving that the findings directly relate to the collected data (Cope,

2014). The use of member checking helps to validate the collected data. I conducted

member checking with each participant to validate the accuracy of the collected and that

my interpretations of the interview responses were accurate. Yin (2014) underscored the

importance of data saturation in qualitative case study designs. In interview studies,

interviewing participants until reaching data saturation often justifies the sample size

(Francis et al., 2010). Data saturation occurs when the researcher has obtained enough

information and others can replicate the study. Data saturation also occurs when there is

no new information, and when further coding is no longer feasible (Fusch & Ness, 2015).

Francis et al. (2010) recommended the researcher specify an initial analysis sample, and

then indicate how many additional interviews might be required without new ideas

emerging (stopping criteria). The initial sample size for this study consisted of three

participants, I added two more participants to ensure saturation was achieved.

Data saturation occurs when information begins to overlap and become redundant

(Lohle & Terrell, 2014). To ensure data saturation, participant interviews continued until

information overlapped and became redundant. The minimum number of participants can

increase, based on the need for additional information to reach data saturation (Francis et

al., 2010; Fusch & Ness, 2015). I achieved data saturation after completing five semi-

structured interviews, the data overlapped, no new information presented itself.

Transition and Summary

In Section 2, I provided a detailed account of the qualitative research study

process, including the justification for a qualitative single case study research design and

methodology. I described the role of the researcher, participants, and the sampling

technique for the study. I presented the meaning and application of ethical research and provided an overview of the data collection instrument and techniques I used for data organization analysis. Lastly, I discussed the importance of data reliability and validity in qualitative research as well as strategies to enhance the study's reliability and validity.

In Section 3, I present the results of the research study, applications to professional practice, implications for social change, recommendations for action and future studies, and share important reflections on the research study. Finally, Section 3 includes the presentation of the findings, the application to professional practice, and the implications for social change. Section 3 also details my recommendations for action, and further research on job satisfaction and employee turnover. I close section 3 with my personal reflections on the DBA study process, and final conclusions.

Section 3: Application to Professional Practice and Implications for Change

Introduction

The purpose of this qualitative single case study was to explore strategies health care leaders use to improve nurses' job satisfaction and reduce voluntary employee turnover. I conducted in-depth face-to-face semistructured interviews with five nurse managers who had at least 3 years of management experience. In addition to face-to-face semistructured interviews, I reviewed organizational policy documents (DR1), internal workplace climate assessments (DR2), and organizational manpower reports (DR3) from October 2011 to February 2016. Before engaging in the interviews, participants reviewed and signed consent forms, which I had e-mailed to them with an option to provide a manual or electronic signature as agreement to participating in the study.

All interviews took place in a private study room at a local library in the Phoenix, Arizona area. I posed nine questions (see Appendix A) to gain an understanding of the strategies health care leaders use to improve nurses' job satisfaction and reduce voluntary employee turnover. In this section, I offer (a) an overview of the study, (b) a presentation of the findings, (c) a discussion of applications to professional practice, (d) a discussion of implications for social change, (e) recommendations for action, (f) recommendations for further study, and (g) my reflections. This section ends with reflections of the process of this study and with conclusion.

Presentation of the Findings

The overarching research question for this qualitative single case study was: What strategies do health care leaders use to improve nurses' job satisfaction and reduce

voluntary employee turnover? To answer the question, I conducted semistructured interviews with five nurse managers, each of whom had 3 or more years of nursing management experience. With participants' permission, I audio-recorded the interviews. After completing the interviews, I transcribed the interview data into Microsoft Word files. Following transcription, I ensured that the interview transcripts and audio recordings matched. Reading the transcripts while listening to the interview recordings ensured the accuracy of the transcripts relative to the nurse managers' words and meanings (see De Massis & Kotlar, 2014). I imported the Microsoft Word files into NVivo 11 for Mac for analysis, coding, data triangulation, and theme extraction. Upon completion of the data analysis, three themes emerged:

- Autonomy and supportive leadership improved job satisfaction.

- Continued education improved job satisfaction and improved RN retention.

- Competitive pay and bonuses improved workplace satisfaction and increased workplace retention.

I address and discuss each of these themes individually in the sections that follow.

Theme 1: Autonomy and Supportive Leadership Improved Job Satisfaction

The first theme that emerged from the analyzed data was autonomy and supportive leadership improved job satisfaction. All of the nurse managers (NM1, NM2, NM3, NM4, and NM5) asserted that their teams of nurses were more satisfied with the job and work environment because of the autonomous environment the nurse managers created. The managers employed various methods to develop and maintain autonomy. Each of the managers expressed, in detail, the importance of supportive leadership and

how supportive leadership has had a positive influence on the teams of nurses and the organization as a whole.

  Autonomy. Analysis of interview data indicated that NM1, NM4, and NM5 fostered autonomous work environments that had a positive effect on the job satisfaction of nurses in their departments. NM1 reported the belief that, because of the autonomous environment, the nurses he managed were more confident in making decisions that affected their patients. NM1 noted that the autonomous environment has helped to increase job satisfaction and reduce RN turnover. One of the other managers, NM4, claimed that because of the autonomous work environment, the nurses had a personal investment in each of the patients for whom they provided care, and therefore cared for them on a more intimate level. Last, NM5 stated, "in my opinion, the autonomous environment affords my nurses the freedom to provide the level of care best suited for their patients." The nurse managers' assertions reinforced the findings of Abraiz et al. (2012), who concluded that autonomy is beneficial to both the supervisor and his or her subordinates in terms of the trust shared by those who provide and receive the opportunity to work with autonomy.

  NM1, NM4, and NM5 fostered autonomy in the workplace in various ways. For example, NM1 allowed the nurses he supervised to self-schedule. The nurses were able to decide which duties they performed during the shift. Depending on the shift they chose, nurses on NM1's team could rotate from the role of primary bedside nurse to administering medications or checking in new patients. As NM1 expressed, the autonomy made nurses feel valued not only by NM1, but also by the organization. NM1 discovered

that fostering an autonomous work environment for his team of nurses made a more satisfying and productive work environment for the nurses on his team. NM4 explained that she gave her team of nurses the freedom to make decisions as a demonstration of her trust in them. NM4 stated, "allowing my team of nurses to self-govern, I have found that they are more confident in performing their work." NM5 expressed the belief that because the nurses on her team were able to self-govern, they were committed to the organization and trusted her and the organization. Hocine et al. (2014) found that subordinates of supportive leaders expressed higher job satisfaction and demonstrated more trust in the company management than subordinates of leaders who were not supportive.

For nurses, autonomy is vital to patient care. According to Galbany-Estragués and Comas-d'Argemir (2016), autonomy is important in health care because care has become technologized and bureaucratized. Galbany-Estragués and Comas-d'Argemir found that nurses with autonomy are allowed to self-govern; in essence, autonomous nurses can decide the level of personal care they provide to patients.

When reflecting on the positive affect of autonomy on the team of nurses NM5 managed, NM5 explained that whether a person finds working in an autonomous environment satisfying is up to the individual. NM5 stated,

> If the nurse is receptive to the autonomous environment created by management, the nurse and organization as a whole benefit; however, if the nurse is not receptive, he or she will not find the work environment satisfying, and nurse will more than likely leave the organization.

NM5 said the nurses on his team were receptive to autonomy. Galbany-Estragués and Comas-d'Argemir (2016) confirmed a connection between autonomy and job satisfaction reported earlier by Shacklock et al. (2012), who posited that autonomy is a strong predictor of job satisfaction. Abraiz et al. (2012), Kaddourah et al. (2013), and Wu et al. (2014) also echoed Shacklock et al.'s conclusions in finding that nurses with a high degree of autonomy had a high level of job satisfaction. This component of the theme reinforces assertions made by Frankel and PGCMS (2017), who found that for nurses, there is a link between autonomy and supportive leadership. Frankel and PGCMS posited that nurses' roles have become more specialized, and therefore require autonomy.

Supportive leadership. NM1, NM2, NM3, NM4, and NM5 all expressed the belief that by being supportive leaders, they have built trusting relationships with their subordinates. The managers explained that because they supported their teams of nurses by maintaining direct lines of communication and providing immediate feedback and encouragement, the nurses found the work environment more satisfying. This component of the theme reinforces the work of Spence-Laschinger and Fida (2014), who pointed out the connection between engaged leadership, supportive work environments, and staff nurses' plans to continue working in their current place of employment.

In developing their individual management styles, NM1, NM2, and NM3 said they based their approach to their staff on their own experiences as charge nurses. The nurse managers understood and appreciated the work their nurses were tasked to do. This understanding and appreciation were reflected in the nurse managers' supportive leadership words and actions. For example, NM1 expressed the belief he was able to

anticipate what the nurses who worked for him might experience on their shifts because he had worked as a nurse on those shifts. As a means of support, NM1 used humor, candor, morale-boosting activities, and flexible scheduling as ways to keep nurses satisfied with the job and committed to the organization. NM2 stated,

> I try to remember the time I spent in their shoes, the various problems that would arise, and the stressors involved with the job. I would like to think they feel they can come to me with a problem, and I will address it to the best of my ability. I have also found that because they are satisfied today, they may not be tomorrow, so I need to stay consistent, and remain supportive.

> Another manager, NM3, explained how she supported her nurses. NM3 found it important—when time permitted—to work side by side with her nurses, and to always praise her nurses for doing their job well. This theme reinforces the conclusions reached by Yavas et al. (2015), who revealed servant leadership affects employees' turnover intentions through job satisfaction.

NM1 spoke about an approach to supportive leadership that was different from those discussed by the other nurse managers in this study. He discussed making efforts to maintain a congenial, *local* approach to leadership, and said the nurses on his team responded well to that style of leadership. NM1 said he strove to keep the environment light, comfortable, and fun, but was quick to state that he also addressed issues or complaints seriously and as promptly as possible. NM1 remarked, "Whenever possible, I try contained situations at the local level of the unit rather than allowing minor issues to grow into major problems that required escalation to senior managers of the

organization." In following this path of action, NM1 claimed that the supportive

leadership strategies that garnered the best results were honesty, keeping the workplace

light, being respectful, and promoting involvement. These strategies, he asserted, yielded

a highly satisfied team of nurses (see Cohen, Steunkel, & Nguyen, 2009). Cohen et al.

(2009) reported nurses were more satisfied with their work environment when they

perceived their supervisors as providing a supportive environment through their

leadership.

A review of the *Float Nurse Guidelines* (DR1) revealed that the organization

adopted the float RN initiative 3 years ago. The float RN position serves as a way to

support nurses, advance their skills, and ease the patient workload of other nurses on the

team. Float nursing staff move between different units within a hospital in order to assist

when there are staffing shortages (Dykstra, Sendelbach, & Steege, 2016). Although

traditional float nurses can ease the burden on other nurses on the shift, float nurses' lack

of experience on the particular unit raises concern for the quality of patient (Kane,

Shamliyan, Mueller, Duval, & Wilt, 2007). The approach adopted by the organization—

using float nurses from within the unit team—supports both nursing staff and addresses

the issue of quality patient care by utilizing float nurses from within her own team. This

theme reinforces the findings reported by Twigg and McCullough (2014), who asserted

leaders' leadership support has a positive effect on nurses' satisfaction and the quality of

patient care.

The *Float Nurse Guidelines* (DR1) for the organization require nurse managers on

every shift to ensure (if staff resources permit) they schedule a float nurse and that the

float nurse work on a rotational basis. The float RN initiative was one of the reasons

detailed in the internal workplace climate assessments (DR2) why nurses found the

organization a satisfying place to work. This theme echoes the findings presented by

Viswanathan (2015), who posited, organizations whose leadership adopted a

transformational, or supportive, leadership style created an organizational climate that

was conducive to facilitating the transformation of employees to achieve the desired

expectations. In other words, supportive leadership enhances employees' level of job

satisfaction. According to the internal workplace climate assessments (DR2), the float

RN position has been vital to the satisfaction nurses experience with the job, as well as

directly helped to reduce the rate of turnover of nurses the organization experienced

before implementing the initiative. All of the nurse managers in this study sample

reported the nurses look forward to their opportunity as to serve as float RN. This

initiative has also provided RNs in the organization with insight into the job that nurse

managers perform.

NM2 spoke about having implemented a float RN position on her shift. As NM2

explained, the float RN position on her team acted as an extra nurse, relieved shift nurses

for breaks, and assisted the shift nurses with patient care. The float nurse also helped

NM2 with various management duties during the shift. To provide each experienced

nurse on the team with the opportunity to expand his or her skill set, the role of float RN

rotated throughout the experienced nurses on the team. The float RN acted as an indirect

supervisor for the less experienced nurses and prepared patients for various examinations

and treatments. Amin (2011) found having an extra nurse on the floor had a positive

effect on the workload of other nursing personnel.

NM2, NM3, and NM5 expressed their belief that supportive leadership was

instrumental to maximizing the potential of their nurses. In discussing this sentiment,

NM3 said,

> Communication, praise, open-mindedness, recognizing their humanness, having
>
> their back in all situations, actively listening have all worked for me. If they are
>
> team players, they normally react positively by increasing [their] workload, taking
>
> on new projects, going the extra mile, and having my back.

NM5 echoed NM3's opinion and shared the following thoughts:

> I have always strived to support my people, listening to their suggestions and
>
> recommendations. When people feel invested in [*sic*], they tend to return that
>
> investment. The strategy that has proven to work best to address job satisfaction,
>
> for me, has been direct supervisor/subordinate engagement. I like to know what is
>
> happening with my team, so I try my best to stay supportive and engaged with my
>
> nurses. I may not be able to fix everything, but I have found that when I at least
>
> listen to them and provide a straightforward, honest answer, I establish trust, and
>
> the nurses are forthcoming with me. Each nurse is different, so I take it upon
>
> myself to try to learn what is important to each nurse who works for me. I try to
>
> make those things important to me as well.

NM5 emphasized that she found the nurses on her team were more satisfied when

they felt their managers supported them. NM2 said,

Personal "thank you" cards worked to motivate some people [on the staff of

yesterday], but it does not mean my staff tomorrow will [be motivated by this

gesture]. I try to mix and match the incentive based on what I know about the

person. If I know RN *X* likes chocolate, she will get a candy bar to say thanks,

while [for] others, I might simply write a personal note.

In this sample, NM4 was the least progressive manager in terms of supportive

leadership. She stated her position succinctly: "I treat them like they are my children."

This approach to leadership is reflected in findings by Skogstad et al. (2014), who opined

tyrannical leadership undermines subordinates' job satisfaction.

A review of the internal work climate assessments (DR2) revealed the nurses

working in the organization appreciate the level of leadership support and self-governing

afforded to them by the nurse managers in the organization. This finding echoes the

results obtained by Shanafelt et al. (2015), who found that leadership and leadership style

have an effect on employees' job satisfaction. More directly, Girma (2016) believed that

supportive leadership directly influences an employees' job satisfaction. Each year,

members of the organization conduct internal workplace climate assessments (DR2) of

the various groups of employees in the organization. In conducting these workplace

climate assessments, nurses working in the organization are polled and asked a series of

questions about what made them satisfied, somewhat satisfied, dissatisfied, or very

dissatisfied with the job and workplace. Results of the internal workplace climate

assessments (DR2) conducted from 2011 to 2016 revealed that nurses experienced a

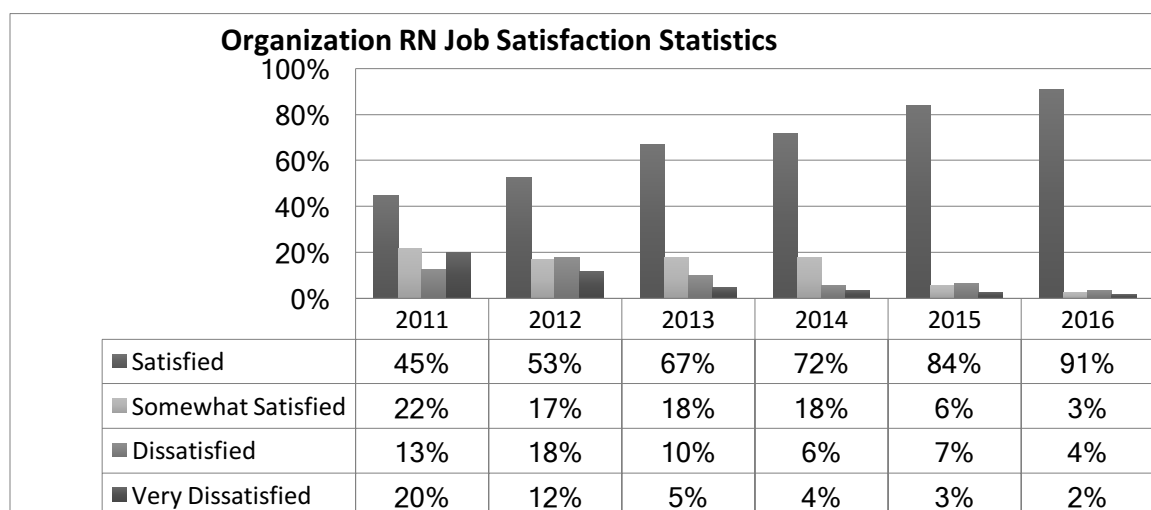steady increase in job satisfaction (see Figure 1).

Organization RN Job Satisfaction Statistics

	2011	2012	2013	2014	2015	2016
■ Satisfied	45%	53%	67%	72%	84%	91%
■ Somewhat Satisfied	22%	17%	18%	18%	6%	3%
■ Dissatisfied	13%	18%	10%	6%	7%	4%
■ Very Dissatisfied	20%	12%	5%	4%	3%	2%

Figure 1. Organizational RN Job Satisfaction, 2011-2016.

Responses to questions on the internal workplace climate assessments (DR2) indicated that nurses were more satisfied with their jobs because of the autonomous environment created by management. A response to one particular question revealed the majority of the nurses working in the organization believed that having an autonomous environment freed them to make decisions when they needed to so. Nurses who completed the internal workplace climate assessment (DR2) provided answers that indicated they believed that if they made an incorrect decision, management would not respond with punitive actions; the nurses felt considerable support from management and organizational leadership. In direct relation to the autonomous environment, the nurses' perceptions of trust and support helped to increase job satisfaction and reduced employee turnover, as compared to levels the organization experienced in the past. Frankel and PGCMS (2017), found that for nurses, there is a link between autonomy and supportive leadership. Frankel and PGCMS asserted that nurses' roles have become more specialized and require autonomy.

Correlation to conceptual framework. Theme 1 is a reflection of Herzberg's

(1959) two-factor theory: initiatives undertaken by the nurse managers (e.g., float RNs,

autonomy, continued education) and the organization (performance bonuses, salary

increases, career advancement) had a positive influence on the nurses' job satisfaction.

Although Herzberg developed the two-factor theory more than 50 years ago, researchers

consider this theory effective for evaluating job satisfaction (Bassett-Jones & Lloyd,

2005). The two-factor theory is based on what Herzberg called *motivators* (satisfiers) and

hygiene factors (dissatisfiers). Motivators or satisfiers are factors that promote positive

satisfaction from intrinsic aspects of the job itself. Recognition, achievement, or personal

growth are all examples of motivators. Conversely, hygiene factors, such as status, job

security, salary, fringe benefits, and good pay can also act as motivators, but if they are

absent or misused, they can also act to dissatisfy workers. Hygiene factors are extrinsic to

the work itself; they also include matters such as company policies, supervisory practices,

or pay/salary. Davis (2013) used Herzberg's two-factor theory to determine if motivation

and job satisfaction have an effect on employee retention and, just as Herzberg did, and

Davis identified both motivational and hygiene factors have a bearing on job satisfaction

and employee turnover.

Managers must recognize supportive leadership and responsibility/autonomy are

satisfiers that contribute directly to employees' feelings about the workplace.

Specifically, Herzberg (1959) urged that company policies should not be too rigid. They

should be fair and clear. Company policies should include flexible working hours, dress

codes, breaks, vacations, and so on. Herzberg asserted the relationship of employees with

their peers, superiors, and subordinates should be appropriate and acceptable. There should be no conflict or element of humiliation present. NM1, NM2, NM3, NM4, and NM5 have used supportive leadership and responsibility to make a positive impression on individual teams of nurses. The nurse managers and organizational leadership have taken measures to keep their teams of RNs satisfied in the workplace. The nurse managers and the organizational leadership have implemented policies and fostered a self-governing, supportive climate, thereby creating a satisfying workplace.

Analysis of the data revealed the RNs are committed to the organization, in part because of the satisfying workplace. Herzberg (1959) asserted managers who seek to reduce dissatisfaction must focus on policies, procedures, supervision, and working conditions. For example, researchers such as Richard (2013) applied Herzberg's two-factor theory to examine the phenomenon of lack of employee satisfaction and to aid in identifying motivational factors that influence job satisfaction. Richard found that when job dissatisfaction was high, employee absenteeism and turnover were also high. Richard asserted that because employee absenteeism and staff turnover adversely affect the profit margins of organizations, managers should be interested in finding methods to increase employee satisfaction. The behaviors of the managers interviewed for this study align with Herzberg's assertion that managers who focus on policies, procedures, supervision, and working conditions have more satisfied subordinates. In this study, the managers and organization created and maintained a self-governing and supportive environment for the RNs employed by the organization.

The analyzed data also revealed that the organizational leaders have created an environment focused on removing dissatisfying factors from the work environment. The managers interviewed all had past experience as nurses, so they have firsthand awareness of what helps to make the work environment satisfying and to reduce turnover. The experiences and behaviors of the managers helped to create the autonomous environment that nurses in the organization now experiences. The theme also connects to new research by Cho and Song (2017), who found that autonomy and supervisory support enhance organizational trust, and organizational trust reduces turnover intention.

Theme 2: Continued Education Improved Job Satisfaction and RN Retention

The second theme that emerged from the data was that continued education improved job satisfaction and RN retention. NM1, NM2, NM3, NM4, and NM5 noted the importance of continued education for their teams of nurses. The managers expressed the belief that continued education programs were instrumental in motivating nurses. The managers employed various methods to encourage, motivate, and support the continued education of the nurses on their teams. Ultimately, those methods helped to improve the job satisfaction and retention of the RNs working in the organization.

Continued education. Each of the nurse managers interviewed for this study promoted the notion of continued education to the nurses they supervised. For example, NM1 encouraged nurses to further their knowledge about the job of nursing. NM1 commented on the importance of education because of his own experiences as a charge nurse, which prompted him to encourage several RNs to continue their education. By encouraging and supporting his nurses' educational goals, NM1 was confident that his

team is highly satisfied in the workplace. In addition to promoting education, Morris and Laipple (2015) asserted it was important for organizational leaders to provide career opportunities to reinforce wellness behaviors in their subordinates.

NM2 spoke about her belief that her job entails not only managing her team of RNs, but also helping them to excel in the profession. For RNs to excel, NM2 remarked that nurses must seek to extract the most they can from the profession, including education. NM2 said she used education as a determining factor in how she rated her nurses on their performance reports. As a result, NM2 believed that education provided prospects for the nurses to excel in the nursing profession, and also instilled in her nurses a greater sense of commitment to the organization. The findings represented in this theme echo those of Welling (2015), who found that a sense of belonging improves RNs' level of job satisfaction.

NM4 said, based on her experience, that by providing the example of continued education, she was able to help her nurses see the benefits of continuing their own education. While some of the nurses on NM4s team are receptive to continue their own education, not all of them have the time to do so. NM4 explained some of her nurses have families, and the demands of the job have already placed a strain on their lives. NM4 reported the belief that the nurses on her team understand the importance of education to career advancement and better pay. In response to nurses' arguments against continuing their education, NM4 said she still encourages the nurses who have not fully embraced the notion to consider it. To further encourage her nurses, NM4 regularly provides lists of online learning opportunities, as well as certification courses.

Job satisfaction. The nurse managers interviewed for this study universally believed the RNs on their teams were satisfied with their job. For example, as a result of NM4's efforts, NM4 believed the nurses working for her were highly satisfied with the job because of the opportunities available to them that have arisen because of NM4's support for continued education. NM4 voiced satisfaction that the organizational leadership was so supportive of continued education and professional certifications of the workforce. Above all, NM4 expressed her belief that, as a manager, it was important for her to create a learning environment and support her nurses' desires for continued education. These findings support those of Chen et al. (2015), who concluded that managers play an integral role in preventing employee turnover because managers—and particularly their actions—have a direct influence on subordinates' job satisfaction.

NM2, NM3, and NM5 reported their belief that their teams of nurses were satisfied with the job and organization because continued education has directly led to the nurses taking advanced-career opportunities within the organization or the network of health care facilities associated with the organization. Equally, Gialuisi and Coetzer (2013) also asserted that career prospects within the organization reduced an employee's desire to leave the organization. NM2 stated that the nurses on her team valued the continued education support, and are satisfied with the workplace, are committed to the organization, and are excited by their future career prospects within the organization. NM3 explained her perspective was based on both her past organization and the current organization. NM3 explained,

It is uncommon for an organization to provide continued education opportunities

for its employees. Our organization invests in the careers of our nurses because

leadership recognizes the benefits of helping advance the nurses' careers.

Similarly, Lim and Ling (2012) found that career opportunities contributed to job

satisfaction.

Both NM3 and NM5 noted that the organization sought out additional

professional certifications and online classes for the nurses to further their education.

NM3 asserted that because of the benefits of continued education, the nurses assigned to

her team found the job more satisfying. The nurses also displayed a higher commitment

to the organization. These sentiments are similar those reported by Medina (2012), who

determined organizational culture has an influence on both job satisfaction and workplace

retention. Medina also reported organizational culture influences employees' job

satisfaction and job performance. As Medina explained, high-performing organizational

cultures produce excellent results and attract, motivate, and retain talented employees.

Job satisfaction has an inverse relationship with turnover intention.

NM5 was proud of the initiatives taken by the organization to help nurses further

their education, and to create career opportunities. Additionally, NM5 stated that the

organization has a policy that when career advancement opportunities are available in

other facilities within the organization, those nurses already employed by the

organization receive preferential consideration for the opportunity before someone

outside of the organization. Because of these initiatives, NM5 found that her team of

nurses are satisfied with the workplace and committed to remaining with the

organization. NM2 provided some insight into the management mentorship program,

> The program is a great motivator for our nurses; there are prerequisites for
> joining the program, such as a general leadership profile, problem-solving skills,
> and an interpersonal skill tests that nominees must complete to demonstrate their
> level of management experience.

In addition to the management mentorship program, NM2 said that the initiatives put in place by the organizational leadership have helped keep the team members excited about and invested in the organization. NM3 explained that to support educational endeavors, managers ensure each shift has the right number of nurses and that there is flexibility in the schedule, allowing nurses to attend classes and to complete certifications. These components of the theme is reflected in findings reported by Jackson et al. (2014) that because managers have an effect on employee job satisfaction and workplace behaviors, health care institutions need to offer leadership development and management training to place nurses on the path to becoming new leaders and new managers.

A review of the *Nursing Services and Operations* document (DR1) revealed every RN must fulfill certifications and educational requirements. Included in the *Nursing Services and Operations* document (DR1) is an explanation that organizational leadership expects managers to encourage each RN under their supervision to surpass the outlined requirements by continuing their professional education. This sentiment echoes that reported by Medina (2012), who found that organizational culture influenced both job satisfaction and workplace retention. After exploring the relationship between job

satisfaction and employee turnover intention, Medina asserted organizational culture influenced employees' job satisfaction as well as job performance. Medina expressed the opinion that high-performing organizational cultures produce excellent results and attract, motivate, and retain talented employees. Job satisfaction has an inverse relationship with turnover intention.

Correlation to conceptual framework. Theme 2 correlates to Herzberg's (1959) two-factor theory. Herzberg proposed that managers who want to increase satisfaction on the job must focus on providing employees with opportunities for advancement within the organization. Researchers such as Elikai (2003) used Herzberg's two-factor theory to examine the factors that have an effect on employee turnover and concluded that a critical tool to combat employee turnover is opportunities for advancement. The actions taken by the nurse managers and the organizational leaders, and the effect of those initiatives align with the proposition that Herzberg emphasized in his two-factor theory.

Herzberg's (1959) based the two-factor theory on what he called *motivators* (satisfiers) and *hygiene factors* (dissatisfiers). Motivators yield positive satisfaction from intrinsic elements of the job itself. Recognition, achievement, or personal growth are all examples of motivators. Conversely, hygiene factors, such as status, job security, salary, fringe benefits, and good pay can act as motivators, but if they are absent or misused, they can also act to de-motivate or dissatisfy. Hygiene factors are extrinsic to the work itself and include factors such as company policies, supervisory practices, or pay/salary. By creating prospects for the nurses in the organization to advance their careers, assume greater responsibility, and earn promotions, the nurse managers have made a positive

effect on the nurses' job satisfaction and reduced employee turnover of the nursing workforce in the organization. Scholars such as Çinar and Karcioğlu (2012) used the Herzberg's two-factor theory to confirm factors such as organizational position, education, achievement, and recognition have an influence on job satisfaction.

As revealed in this study, the nurse managers and organizational leadership have taken measures to remove dissatisfiers and thereby keep their teams of RNs satisfied in the workplace. The nurse managers and organizational leadership have implemented policies for personal growth and potential for advancement, both of which contribute to job satisfaction and reduce the turnover of the nurses working in the organization. Son et al. (2015) also used Herzberg's (1959) two-factor theory in their research involving job satisfaction; they determined motivational factors such as achievements, recognition, the work itself, responsibility, and personal growth had an effect on job satisfaction. El Baroudi et al. (2017) revealed that taking-charge behaviors mediate the positive relationship between employee ambition and career satisfaction.

Theme 3: Competitive Pay and Bonuses Improved Workplace Satisfaction and Retention

The third theme that emerged from the collected data is competitive pay and bonuses are important to employees. NM1, NM2, NM3, NM4, and NM5 asserted that they have found competitive pay—pay on par with or higher than the hourly rates and salaries offered by other health care organizations in the area—was a vital part of keeping their nurses satisfied and willing to stay in the profession and in the organization. The managers spoke directly to how competitive pay helped to keep their teams satisfied with

such a demanding job, as well as contributing to the organization remaining sufficiently staffed for nearly 4 consecutive years.

Pay, bonuses, recognition/awards, and job satisfaction. Some of the managers provided their opinions of how competitive pay and bonuses have directly contributed to the job satisfaction and commitment of the nurses working for each of them. For example, NM1 asserted that the organization connected pay bonuses with the organizational awards program. NM1 recounted that by offering pay bonuses and an annual awards program, the organization has benefited by increased workplace satisfaction, with a turnover rate of nearly zero. NM1 explained that the annual award winners receive a one-time pay bonus for that year, believing the pay bonus and annual award helped to create a more satisfying and committed environment.

NM2 and NM3 both spoke about the requirements for the awards program, which allows every RN to compete for the financial incentive. One of the main factors of the award is job performance: the top-performing RN can win the award and the annual bonus. NM2 and NM3 opined the financial incentive contributed to the RNs in the organization being satisfied with, motivated by, and dedicated to the organization. This theme of financial incentive is reflected in the conclusions of Hunt et al. (2012), who found that pay increases and recognition programs had a positive influence on RN retention. Zhang et al. (2014) found that pay plays a major role in nurse satisfaction and retention. Zhang et al. surveyed nearly 10,000 RNs from nearly 200 hospitals throughout China and found nearly 45% of nurses experienced dissatisfaction with their job because of salary, and 5% of the nurses expressed an intention to leave.

NM2 recognized that the organization had a gratifying environment because of the efforts organizational leadership has made to try to keep pay competitive with industry standards. NM2 stated,

> Our organization recognizes quality work, and the incentive bonuses for that quality work have worked well for us. We have been fortunate enough to maintain a highly motivated and satisfied workforce.

NM2 posited that the organization maintains a competitive pay scale with annual raises, which is one incentive many peer organizations are not able to provide. The competitive pay and potential bonuses have contributed to nurses' satisfaction and organizational commitment. The findings reflected in this theme echo those of Elikai (2003), who examined some of the many causes of employee turnover and concluded pay is a primary reason people leave their place of work.

NM3 asserted that the nurses stayed in the organization for the salary. Other factors mattered, too, but in NM3's opinion, the primary motivator for staying in the organization was the competitive pay and bonus potential. NM3 stated that her team of nurses found the pay helped make the work more satisfying and worthwhile. NM3 also explained that by being paid adequately for their work, the nurses have helped create an environment of satisfaction and commitment. Ultimately, the team of nurses working for NM3 enjoy their work and working in the organization. Pay and bonuses play an important role in that positive outcome, benefiting both the workers and the organization. NM4 held the opinion that as long as the pay remains competitive, the organization will retain a satisfied nursing workforce. Tan and Waheed (2011) expressed similar

sentiments when they stated that a person's desire for money helps to explain the relationship between salary and job satisfaction.

NM5 reported the opinion that the bonus for performance has been helpful. As NM5 stated,

> The bonus for performance has been very helpful. It has also created an atmosphere of competition, resulting in a workforce constantly on their toes, working hard to outdo one another. It has motivated those that may not otherwise step up to take leadership positions and share ways to make the workplace better for everyone.

The sentiments of this statement echo those reported by Tam (2017), who asserted that bonuses or pay raises based upon good work performance result in increased job satisfaction, productivity, and greater organizational commitment. Similar to Tam, El Baroudi et al. (2017) noted that when ambitious employees receive an increase in pay, the result is increased career satisfaction.

Correlation to conceptual framework. Theme 3 correlates to Herzberg's (1959) two-factor theory in that the nurse managers and leadership of the organization understand the importance of competitive pay and bonuses for its nursing workforce, and how competitive pay and bonuses contribute to a highly satisfied and committed workforce. Herzberg's two-factor theory is based on what he called *motivators* (satisfiers) and *hygiene factors* (dissatisfiers). Motivators are factors that promote positive satisfaction from intrinsic aspects of the job itself. Recognition and achievement are examples of motivators. Hygiene factors such as status, job security, salary, fringe

benefits, and good pay can act as satisfiers, but if they are absent or misused, they can also act as dissatisfiers. Ultimately, hygiene factors are extrinsic to the work itself and include matters such as company policies or pay/salary. Tan and Waheed (2011) applied Herzberg's two-factor theory to determine what other factors can influence job satisfaction and concluded positive working conditions, recognition, and company policy and salary are the most important factors. Tan and Waheed also determined that a person's desire for money helps to explain the relationship between salary and job satisfaction.

Herzberg (1959) emphasized that factors such as pay act as a satisfier; these factors have a positive effect on job satisfaction. A key element of the two-factor theory is that the pay or salary structure should be appropriate and reasonable. It must be equal to and competitive with the structure offered by other members in the same industry in the same domain. For example, Hunt et al. (2012) used the two-factor theory to examine how motivational factors have an effect on RN retention. Hunt et al. found that pay increases and recognition programs have a positive influence on RN retention in nursing homes. NM1, NM2, NM3, NM4, and NM5 explained in detail how competitive pay and bonuses have a direct influence on the job satisfaction among their teams of nurses and on the reduction of employee turnover. The theory, applied to this organization, reflects how the nurse managers and organizational leadership have taken measures to keep their teams of RNs satisfied with their jobs and committed in the workplace through the use of competitive pay and bonuses. The theme also connects to new research by Cho and Song

(2017), who found that autonomy and supervisory support enhance organizational trust, and organizational trust reduces turnover intention.

Applications to Professional Practice

From a business perspective, job satisfaction is important to enhancing organizational performance (Ismail et al., 2015). For health care organizations, job satisfaction directly relates to better job performance, which results in optimized health care (Correia Dinis & Fronteira, 2015). Because nurses play an important role in the care of patients, their job satisfaction is fundamental to health care organizations (Kaddourah et al., 2013). When job satisfaction is high, employees remained in the organization; when job satisfaction was low, the result is often employee turnover. Voluntary employee turnover of RNs is a widely used measure in health care workforce analysis. The total estimated cost of RN turnover is between $1.4 and $2.1 billion per year (Kovner et al., 2014).

I conducted this qualitative single case study to explore the strategies that health care leaders have used to improve nurses' job satisfaction and to reduce voluntary employee turnover at a hospital in the area of Phoenix, Arizona. The interviews and organizational documents provided insight into the strategies used by the nurse managers, and the outcomes of those strategies. From the data, autonomy and supportive leadership, continued education, and competitive pay and bonuses all improved nurses job satisfaction and reduced nurses' voluntary turnover. Researchers found that for health care organizations, job satisfaction directly relates to better job performance, which results in optimized health care (Correia Dinis & Fronteira, 2015).

Findings of this study provide managers, supervisors, organizational leadership, and business professionals with insights into the complexities of job satisfaction and what causes turnover among RNs. Effective job satisfaction measures are necessary for workplace retention (Gounaris & Boukis, 2013). Managers who demonstrate authentic leadership create supportive professional practice environments and are more likely to enhance new graduate nurses' job satisfaction (Fallatah & Laschinger, 2016). Nurses remain in the profession when they are satisfied with salary and benefits (Tourangeau et al., 2017).

Although this study focused on RNs, findings related to approaches to leadership, the notion of autonomy, and job satisfaction might be transferable to other industries. These findings add to literature and the current knowledge base used by nurse managers and health care organizational leadership to address job satisfaction and employee turnover. The findings can help health care organizations realize the importance of being supportive organizations, the effect of support on employees and managers, and how managers can influence employees.

Implications for Social Change

The nursing shortage affects the quality of care provided by the health care industry. Because nurses play a critical role in the delivery of safe, quality care within the U.S. health care system, retaining a satisfied workforce is important (Snavely, 2016). The shortage of RNs affects the quality of services the health care industry provides to its consumer base is affected (Egues, 2013). The skills, interventions, and compassion nurses exhibit to their patients and their families is vital to communities they serve

(Snavely, 2016). Because job satisfaction is commonly cited as a factor linked to nurses' employment turnover (Liu et al., 2013), job satisfaction is important to health care organizations (Kaddourah et al., 2013). From a social perspective, a satisfied, fully staffed nursing workforce provides quality care for the families living in the community.

Further implications for social change include the potential for health care organizational leadership to apply the findings of this study to improve retention of experienced RNs, maintain or improve the quality of patient care, and recruit new RNs to serve the ever-increasing population of patients seeking care, which could have a positive influence on the organization, as well as on businesses and families in the local community. By addressing employees' need to feel a sense of satisfaction in the workplace, managers can also reduce voluntary employee turnover. Managers can use the results of this research by acknowledging and following the central messages of this study: learn what is important to employees, and listen to employees. The results of this study have shown that employees who feel their organization is invested in them return that investment. Leaders of virtually any business can use the results of this study By increasing job satisfaction and reducing employee turnover, organizational leaders can create the positive social change, resulting in sustainable business practices, improved organizational growth, increased profitability which affects new employment opportunities within the local community, ultimately promoting prosperity for the families living in those communities.

Recommendations for Action

The intent of my research was to explore the strategies that health care leaders

used at one health care facility in the area of Phoenix, Arizona, to increase job

satisfaction and reduce voluntary employee turnover. Findings of this study provided

evidence that through effective management, job satisfaction can increase, with a

reduction in voluntary turnover. The findings detailed the strategies health care leaders

used to improve nurses' job satisfaction and to reduce voluntary employee turnover in the

organization. In relation to the health care industry, it is important that those on the front

line of the business, such as nurses, be satisfied with the workplace. For nurses, healthy

working environments are important to the quality of care nurses provide to their patients

(Ulrich et al., 2014).

Effective job satisfaction measures are necessary for workplace retention

(Gounaris & Boukis, 2013). The findings of this study are evidence that when managers

meet the needs of its employees, the result can be a reduction in employee turnover and

an increase in workplace satisfaction. The importance of job satisfaction in the workplace

must remain at the forefront of business leaders and management of any industry.

Business leaders should take the information contained in this study, examine the

findings and see how they relate to their organizations. If any of the information in this

study can be used to increase job satisfaction and reduce employee turnover, the

managers should apply it to their management teams, and ensure it is passed down to

each employee.

My goal is to publish the findings of this study for the broader audience. There are

several ways I can use to distribute the findings of this study. Managers from the partner

organization, and each participant will receive a summary of the findings to share with

peers and other managers and leaders. Furthermore, I intend to submit a summary of this study and its findings to the following professional journals: *Journal of Health Management*, *Healthcare Management Review*, *The Healthcare Manager*, and *Cost Effectiveness and Resource Allocation*. Lastly, I will seek out opportunities to share the finds of this study with health care forums, professional conferences, and leadership conferences.

Recommendations for Further Research

This study focuses on the strategies health care leaders use to improve the job satisfaction and reduce voluntary turnover of nurses. The strategies identified in this study are important to business practices. The results of this study reflect the opinions of nurse managers from a single health care facility in the area of Phoenix, Arizona. I recommend conducting a similar case study at other health care facilities that provide services to a different population, and in a different area of the country. In-depth investigations could be conducted to study what efforts the health care leaders in those facilities are using to address job satisfaction and voluntary turnover of RNs. Additionally, researchers might use the findings from those facilities to compare to the information provided by the participants of this study, and analyze those collective findings to determine what efforts could be used throughout the medical community.

Because of there are numerous factors that affect job satisfaction and employee turnover, there is an opportunity for further research. Other qualitative researchers should examine the relationship between different factors and how they affect job satisfaction, and employee turnover. Future quantitative researchers should consider examining the

relationship between job satisfaction and employee turnover and other factors such as pay and bonuses, advancement opportunities, supportive leadership, educational opportunities, and recognition programs. Future research in the aforementioned areas could add to the limited literature that exists, and further managers' understanding of the effective strategies used to increase job satisfaction and reduce employee turnover.

Reflections

As I reflect on the Doctorate of Business Administration doctoral study process, I had a limited view of the importance of good management. As management pertains to the nursing profession, I never considered the effect of management on how satisfied a nurse might be, not only to the place the worked, but also to the job itself. Upon reviewing the literature, I learned that the nursing profession is more complicated than I previously imagined. This study afforded me the opportunity to learn more about the complexities of the nursing profession. As the researcher in this qualitative single case study, I strove to collect data without bias. My role as the researcher also required that I comprehend and learn about nurse managers' views and experiences as well as present the findings and recommendations in an organized, ethical, and objective format (Marshall & Rossman, 2011). Keeping a workforce satisfied and attempting to eliminate employee turnover in a profession that is already overworked and without adequate manpower is not a simple undertaking. The experiences of nurse managers reinforced my perceptions of the affect good leadership and management can have on job satisfaction and reducing employee turnover.

Conclusion

The findings from this qualitative single case study revealed that autonomy and engaged supervision, continued education, and competitive pay and bonuses all improved nurses job satisfaction and reduced nurses' voluntary turnover. Using data collected from semistructured interviews and organization document review, I found that managers performed certain actions to increase job satisfaction and, in turn, reduce voluntary employee turnover. It is important for business leaders, supervisors, and managers to understand the role they play in respect to retaining their workforce and keeping employees satisfied. When the needs of employees are met, job satisfaction and organizational commitment are positively affected.

The goal of any organization is to maintain or increase profitability. Organizations combating manpower shortages sustain losses in profitability. Organizational leaders, managers, and supervisors should take necessary measures to reduce manpower losses and losses in profitability. Measures detailed in this study should be considered to address the causative factors for the losses incurred by organizations. Research has proven that job satisfaction is directly related to employee turnover. It stands to reason that organizational leadership that takes steps to aggressively address the satisfaction of its employees is likely to realize improved employee satisfaction and, therefore, increased employee retention.

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Appendix A: Interview Protocol

Interview Protocol

Welcome and thank you for your participation today. My name is Stewart Proctor and I am a doctoral student at Walden University conducting my research study in partial fulfillment of the requirements for the degree of Doctor, Business Administration. Thank you for completing the surveys, and this follow-up interview will take about 60 minutes and will include 5 questions regarding your experiences and what might affect your life satisfaction as an Registered Nurse. I would like your permission to tape record this interview, so I may accurately document the information you convey. If at any time during the interview you wish to discontinue the use of the recorder or the interview itself, please feel free to let me know. All of your responses are confidential. Your responses will remain confidential and will be used to develop a better understanding of how you and your peers view your life satisfaction and what might influence it. The purpose of this study is to increase our understanding of social work students and to promote their well-being.

At this time I would like to remind you of your written consent to participate in this study. I am the responsible investigator, specifying your participation in the research project: Job Satisfaction and Retention of Registered Nurses. You and I have both signed and dated each copy, certifying that we agree to continue this interview. You will receive one copy and I will keep the other under lock and key, separate from your reported responses. Thank you.

Your participation in this interview is completely voluntary. If at any time you need to stop, take a break, or return a page, please let me know. You may also withdraw your participation at any time without consequence. Do you have any questions or concerns before we begin? Then with your permission we will begin the interview. NOTE: Follow these six strategies to stay focused and on task:

1. Think critically and reflectively on prior interview experience.

2. Prepare prudently for the interview.

3. Be mindful of the power dynamics within the interview.

4. Be attentive to the language and verbal cues.

5. Evaluate the progress of the entire process on an on-going basis.

6. Perform member checking to validate collected information.

Interview questions:

1. What strategies are you using to increase RN job satisfaction?

2. What strategies are you using to decrease voluntary turnover?

3. How did your employees respond to those strategies?

4. What strategies did you find worked best to increase the job satisfaction of your nursing workforce?

5. How did your nursing workforce respond to your different strategies?

6. What type of recognition programs have you implemented to increase job satisfaction?

7. What personal growth programs have you implemented to motivate nurses?

8. What incentives exist to motivate nurses?

9. Would you like to share any other relevant information that we have not already discussed?