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Health Care Leaders' Strategies to Improve Nurse Retention

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Walden University
2017

Abstract

Health Care Leaders' Strategies to Improve Nurse Retention

by

Steve Brooks

MBA, Florida Institute of Technology, 2014

BS, Nyack College, 2012

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Business Administration

Walden University

December 2017

Abstract

Registered nurse (RN) turnover is a significant threat to organizational performance and profitability. Nurse turnover impacts business practices by disrupting staffing and patient care. The inability of health care leaders to retain RNs in their organizations results in problems such as increased personnel costs and productivity loss. Grounded by Burns's transformational leadership theory, the purpose of this single case study was to explore strategies health care leaders used to improve RN retention. Health care leaders from Brooklyn, New York who implemented RN retention strategies in their organization comprised the population for the study. Data were collected through face-to-face semistructured interviews with 4 health care leaders and the review of hospital human resource documents. Data were analyzed using methodological triangulation, thematic analysis, and open-coding to identify patterns and themes. Three main themes emerged from the data analysis: supportive leadership improved RN retention, fostering teamwork improved RN retention, and effective communication improved RN retention. The application of the findings from this study may contribute to social change because health care leaders may use these strategies to improve RN retention and positively influence the productivity of the hospital workforce. Increasing the productivity of the workforce may lead to RN engagement and commitment, which may result in improved organizational growth, increased profitability, and quality medical care for individuals of the surrounding communities.

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Dedication

I dedicate this doctoral study to my wife, Natalie. Throughout this entire process, you have been my biggest supporter. To my sons, Giovanni, Michael, and David, thank you for your unconditional love and understanding.

Acknowledgments

I would like to thank God for giving me the strength, wisdom, and understanding to complete this doctoral study. I want to acknowledge my wife and children for their continued support and sacrifice. To Dr. Theresa Neal, thank you for your encouragement and support. I would also like to thank my second committee member, Dr. David Moody, and my URR, Dr. Scott Burrus, as well as Dr. Freda Turner for their support and academic guidance.

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Section 1: Foundation of the Study

Registered nurse (RN) turnover is a recurring and critical problem affecting the performance and success of some healthcare organizations (Kontoghiorghes, 2016). The demand for RNs in the United States includes predictions to increase from 2.71 million in 2014 to 3.24 million in 2024 (Bureau of Labor Statistics, 2015). RN turnover is one of the most expensive problems facing some health care organization and often results in increased recruitment and replacement cost for health care organization (Shin Hye, Gass, & Boyle, 2016). In addition, RN turnover in some health care institutions reduces the effectiveness of delivering patient care and may also increase medical errors, increased absenteeism rates, and increased in workload for the remaining staff (Shin Hye et al., 2016). Health care leaders need to understand the factors influencing voluntary RN turnover in the organization (Cheng, Bartram, Karimi, & Leggat, 2016). The purpose of this qualitative case study was to explore the strategies health care leaders use to implement and retain RNs.

Background of the Problem

High turnover of the nursing workforce creates instability in the organization, also affecting the quality of patient care because of the loss of experienced RN (Shin Hye et al., 2016). Furthermore, as a result of RN turnover, organizations have to use capital expenditures in recruiting, hiring, and training new RNs (Shin Hye et al., 2016). In general, most organizations aim to minimize staff turnover to retain stability in the workforce (Un-Cheng, Wen-Quan, Zhao-YI, & Jun, 2015). An unstable workforce with

constant turnover can significantly impact the competitiveness and financial performance

of the organization overall (McClean, Burris, & Detert, 2013).

Burch and Guarana (2014) argued that transformational leaders can influence the

job attitudes and behaviors of employees, thus preventing turnover intentions. In addition,

transformational leaders can change the performance of followers through

encouragement, visionary insights, and organizational engagement (Bass & Avolio,

1997). However, a need exists for further research focusing on leadership and employee

retention strategies in the health care settings (Shin Hye et al., 2016). By understanding

the causes of turnover, organizational leaders can develop retention strategies can

minimize turnover (Burch & Guarana, 2014).

Problem Statement

RN turnover is an organizational problem resulting in significant financial losses

for some health care organizations (Collini, Guidroz, & Perez, 2015). The average cost to

replace an RN in the United States is between $10,100 and $64,000 (Shin Hye et al.,

2016). The general business problem is that because of RN turnover, some health care

organizations fail to retain skilled workers. The specific business problem is that some

health care leaders lack strategies to improve RN retention.

Purpose Statement

The purpose of this qualitative single case study was to explore strategies health

care leaders use to improve RN retention. The target population included health care

leaders from a single healthcare organization in Brooklyn, New York who implemented

strategies to improve RN retention in their organization. The implications for positive

social change may include the potential to provide health care leaders with specific strategies to improve RN retention. Reducing the effects of RN turnover may benefit society by providing the safest and highest quality care to individuals seeking medical care.

Nature of the Study

The three research methods include qualitative, quantitative, and mixed methods (Fassinger & Morrow, 2013). This study included a qualitative methodology. The qualitative research method is a means of exploring, understanding, and describing the lived experiences of individuals in their natural setting (Edwards, O'Mahoney, & Vincent, 2014). In contrast, using a quantitative research method is suitable for examining the relationships and differences among variables and for gathering numerical data (Groeneveld, Tummers, Bronkhorst, Ashikali, & Van Thiel, 2015). Using the mixed method approach involves combining qualitative and quantitative methods to explore and examine the solution to a problem (Venkatesh, Brown, & Bala, 2013). The mixed method approach did not suit the needs for this study because I collected qualitative data using open-ended questions to explore strategies health care leaders used to improve RN retention. Therefore, I did not use the mixed method approach because the study did not involve the use of hypotheses testing to examine relationship or differences among variables.

I considered three research designs for this qualitative study on strategies to improve RN retention: phenomenology, ethnography, and case study. Researchers use the phenomenology research design to explore the experiences of individuals with a situation

or phenomenon (Osborn & Smith, 2015), which is not the purpose of this study. Ethnography is a research design some researchers use to explore shared patterns of individual and cultural groups making this research design inappropriate for my study (Murthy, 2013). Researchers using the case study design can explore single or multiple phenomena within a real-world context through various sources and types of data (Yin, 2014). For this reason, a case study design was the best design for exploring health care leaders' successful strategies used to improve RN retention.

Research Question

What strategies do health care leaders use to improve RN retention?

Interview Questions

1. What strategies have you used to improve RN retention?

2. How did your RNs respond to your strategies to improve RN retention?

3. What were the barriers you encountered when attempting to implement the strategies to improve RN retention?

4. How did you address the barriers to implementing the strategies for improving RN retention?

5. How is RN retention measured in your organization?

6. How did you measure the effectiveness of your strategies to improve RN retention?

7. What additional information would you like to share about strategies to improve RN retention?

Conceptual Framework

I used transformational leadership theory as a potential conceptual lens and framework through which to view this study. Burns (1978) introduced the transformational leadership theory. Burns concluded that transformational leaders used inspirational and visionary techniques to motivate subordinates in the attainment of specific goals. Transformational leadership is the process used by leaders to make positive changes in employees, work teams, and organizational culture (Burns, 1978). Bass and Avolio (1997) extended the work of Burns to include the following primary concepts of the theory: (a) idealized influence, (b) intellectual stimulation, (c) inspirational motivation, and (d) individual consideration. Organizational leaders with transformational traits may affect employee perceptions, change expectations, motivate employees, and improve employee retention (Bass & Avolio, 1997). Additionally, transformational leaders can change a culture and encourage employees to commit to the organization (Bass & Avolio, 1997). Using the transformational leadership theory conceptual framework for this study helped in understanding the leadership strategies to improve RN retention.

Operational Definitions

Involuntary turnover: Involuntary turnover is the rate at which employees are forced to leave their employers (Duffield, Roche, Homer, Buchan, & Dimitrelis, 2014).

Job embeddedness: Job embeddedness represents some of the reasons why employees choose to remain on the job regardless of factors normally leading to turnover (Ghosh & Gurunathan, 2015).

Job satisfaction: Job satisfaction is the overall feelings employees have about work and the personal fulfillment the job provides (Chen, Sparrow, & Cooper, 2016).

Organizational citizenship behavior: Organizational citizenship behavior describes employees who perform additional work duties without compensation for the advancement of the organization (Nasra & Heilbrunn, 2016).

Organizational commitment: Organizational commitment is an employee's attachment to the workplace (Naz & Gul, 2014).

Voluntary turnover: Voluntary turnover occurs when an employee chooses to leave their organization (Duffield et al., 2014).

Assumptions, Limitations, and Delimitations

Assumptions

Assumptions are things accepted as true about the study without verification by the researcher (Marshall & Rossman, 2016). Leedy and Ormrod (2013) suggested that the avoidance of study assumptions could render the research findings invalid. The first assumption was that participants would answer all interview questions honestly and to the best of their abilities. The second assumption was the ability to accurately understand and analyze the participants' responses during the interview process. The third assumption was that participants met the inclusion criteria of having used successful strategies applicable to the phenomenon of the study.

Limitations

Limitations are weaknesses the researcher cannot control (Alvesson & Sandberg, 2013). Two identifiable limitations exist for this study. The first limitation of the study

was interview participants in the study sample came from the same geographic location. The second limitation of this study included the possibility of participants being unwilling to share all information on the strategies used to improve RN retention.

Delimitations

Delimitations are design characteristics defining the scope of the study over which researchers have control (Marshall & Rossman, 2016). Researchers use delimitations to establish parameters and outline the contents of this study (Marshall & Rossman, 2016). The first delimitation was that research population only included health care leaders, excluding employees in other health care positions within the organizations. The second delimitation was the geographical location of the target population. Health care leaders outside of Brooklyn, New York did not participate in the study.

<div align="center">

Significance of the Study

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Contribution to Business Practice

The findings of the study could be of value to the practice of business because the implementation of RN retention strategies could lead to improvements in the performance of the organization. The lack of strategies to improve RN retention could result in higher costs related to hiring and training new staff (Zhao et al., 2013). Alkahtni (2015) posited that organizational leaders must identify and develop retention strategies to prevent the high cost associated with replacing workers. The identification of retention strategies can provide existing and prospective health care leaders with the necessary information to improve RN retention.

Implications for Social Change

The implication for positive social change may include the potential to provide significant knowledge to health care leaders on how to retain RNs. The decrease of voluntary RN turnover may contribute to positive social change by keeping RNs with institutional knowledge within the organization. The retention of experienced and highly skilled RNs may result in the continued delivery of high quality and safe patient care in the community and positively contribute to the social well-being of individuals seeking medical care.

A Review of the Professional and Academic Literature

The focus of this case study was to explore strategies health care leaders use to improve RN retention. The fundamental nature of conducting a literature review is to allow the researcher to understand the sequence and growth of knowledge on the research topic (Marshall & Rossman, 2016). The literature review included comparing previous studies on RN retention and turnover grounded in the conceptual framework. Although the focus of the project was on RN retention in health care organization, reviewing the literature on employee retention and turnover in other industries added depth to the study.

The literature review on the research topic involved content searches of academic libraries, websites, databases, and books. To search for literature, I used Walden University library databases including ABI/Inform Complete Academic Search Complete, Business Source Complete, EBSCOhost, Emerald Management Journals, SAGE Premier, and ProQuest. I also used the Google Scholar search engine link to peer-reviewed articles Walden University's online library. The keywords and phrases used in

exploring the literature included *nurse turnover, organizational commitment, organizational culture, nurse turnover cost, job embeddedness, nurse stress and burnout,* and *nurse growth opportunities*. This study includes 246 references. In addition, 95% of the references were peer-reviewed, and 87% of the references included publication within 5-years of the 2017 year of anticipated chief academic officer approval for graduation. The literature review includes 149 peer-reviewed journal articles and seminal books. Of these sources, 87% are current articles published less than 5 years from my anticipated graduation in 2017.

The transformational leadership theory provided an appropriate lens with which to conduct the study. I organized the literature review in a topical format, starting with a comprehensive analysis of the transformational leadership theory. The next section includes a discussion of the supporting and contrasting theories. The subsequent sections of the literature review include the cost of RN turnover, effects of RN turnover on patient outcomes, career growth and advancement, organizational culture, organizational commitment, job satisfaction and job embeddedness, stress and burnout, and leadership style and leader-employee relationship.

Conceptual Framework

Burns (1978) introduced the concept of transforming leadership. Transformational leaders possess behaviors that change and inspire employees to perform beyond expectations while transcending self-interest for the good of the organization (Bass & Avolio, 1997). Bass and Avolio (1997) extended the work of Burns and explained organizational leaders transform and motivate workers through four dimensions: (a)

idealized influence, (b) individual consideration, (c) inspirational motivation, (d) and intellectual stimulation.

Idealized influence. Leaders use idealized influence to demonstrate selflessness and admiration for followers (Bass & Avolio, 1997). The goal of transformational leaders is to motivate workers and organizations to achieve success and improve productivity (Choudhary, Akhtar, & Zaheer, 2013). Transformational leaders encourage followers by focusing on individual beliefs and by bringing about changes to enhance their cognitive awareness (Choudhary et al., 2013). In using the idealized influence dimension, leaders develop trust with followers, and, conversely, followers develop confidence in their leaders (Bass & Avolio, 1997). Idealized influence involves inspiring workers to achieve the goals of the organization (Bass & Avolio, 1997). The followers idealize the behavior of the leaders, and the people adopt the leaders' core convictions, beliefs, values, and organizational vision (Bass & Avolio, 1997).

Individualized consideration. Individualized consideration occurs when transformational leaders recognize the goals and needs of followers (Bass & Avolio, 1997). Transformational leaders treat members individually through mentorship and empowerment (Bacha & Walker, 2013). The dimension of individualized consideration includes the description of leaders who act as role models for followers (Bass, 1990). Transformational leaders use individual consideration to encourage staff to achieve specific goals to benefit both the individual and the organization (Bass, 1990). Furthermore, transformational leaders take into account the individual needs of followers and ensure the ability to satisfy all requirements (Bass & Avolio, 1997).

Inspirational motivation. The inspirational motivation dimension of transformational leadership consists of leadership attributes to facilitate the motivation and inspiration of followers to achieve objectives and organizational outcomes (Bass & Avolio, 1997). Transformational leaders stimulate believers' into achieving organizational goals by exemplifying effective leadership through their behaviors (Holstad, Korek, Rigotti, & Mohr, 2014). Transformational leaders influence their followers using inspiration, selfless attitude, and typical behaviors (Aggarwal & Krishnan, 2013).

Intellectual stimulation. Leaders use intellectual stimulation to promote staff members' creativity and encourage intellectual learning (Bass & Avolio, 1997). Bass and Avolio (1997) asserted that transformational leaders encourage team members to be innovative and creative in the achievement of tasks. Bass (1985) suggested that leaders create a work environment favorable to creativity by concentrating on specific techniques to empower and support employees in reaching goals. Transformational leaders use intellectual stimulation to help workers develop more autonomy to ensure new ways of solving problems and making decisions (Bass, 1985). Through intellectual stimulation, leaders challenge followers to develop new ways to improve organizational output and performance (Bass, 1985).

A transformational leader's behaviors of idealized influence, intellectual stimulation, inspirational motivation, and individual consideration lead to performances beyond expectations (Bass & Avolio, 1997). Burns (1978) asserted that leaders could be responsive to the needs of followers through mentorship and guidance. Leaders can use

the constructs of transformational leadership to motivate RNs and improve retention.

Burns mentioned that leaders influence followers in three ways, outlining the importance

of contributing to organizational success, stating the importance of teamwork to achieve

goals, and motivating staff to seek more responsibility and growth within the

organization. Employees seeking more responsibility and achieving personal growth will

remain in the workplace with no intention to quit (Brunetto, Xerri et al., 2013).

Transformational leadership theory is an employee-enhancing resource a leader

uses to motivate workers to do more and perform beyond expectations (Henker,

Sonnentag, & Unger, 2015). Ghasabeh, Reaiche, and Soosay (2015) suggested that the

four dimensions of the transformational leadership theory enabled leaders to create an

organizational atmosphere to motivated and inspired employees to perform. However, the

success of transformational leadership depends on how much confidence followers have

in their leaders (Karakitapoglu-Aygün & Gumusluoglu, 2013). For example, Nasra and

Heilbrunn (2016) examined the relationship between transformational leadership style

and organizational citizenship behavior and found transformational leadership had a

positive effect on employee behavior in the organization.

Fasola, Adeyemi, and Olowe (2013) concluded that an association exists between

transformational leadership and high retention rates, increased productivity, and

improved employee satisfaction. Lewis (2015) asserted that health care organizations

need nursing leaders with transformational leadership qualities to develop retention

strategies to retain RNs and prevent turnover. Lavoie-Tremblay, Fernet, Lavigne, and

Austin (2016) conducted a case study to examine the difference between transformational

leadership practice and abusive leadership practice in RNs in Canada. Lavoie-Tremblay et al. collected data from 541 RNs using a self-administered questionnaire. Lavoie-Tremblay et al. concluded that transformational leadership practices directly related to increasing RN retention and improving patient care while abusive leadership practices influenced RNs' intention to quit. Transformational leadership theory addresses the role of leader and followers, including a description of the context in which the leaders provide for organizational change. The following section includes a description of the criticism of transformational leadership theory.

Criticism of Burns's Transformational Leadership Theory

Despite its widespread support, the transformational leadership theory garnered criticism. Antonakis and House (2014) documented the relationship between transformational leadership and organizational outcomes. Transformational leaders influence organizational outcomes, such as organizational citizenship behavior, employee commitment to the organization, and employee retention (Antonakis & House, 2014). However, Kovjanic, Schuh, and Jonas (2013) asserted that leaders should not use motivational skills to improve organizations because this form of leadership constitutes manipulation on the part of the leader. Similarly, Yukl (1999) suggested that the transformational leadership theory lacks clarity, containing no explanation for the relating variables between transformational leadership and positive work outcomes. Yukl concluded that transformational leadership theory would gain more support if the primary elements established how each type of characteristic affects each type of interceding element and result.

Another criticism of transformational leadership is the potential to lead to unethical behavior of leaders (Yukl, 1999). Yukl (1999) suggested that some leaders with transformational leadership qualities can inspire followers to make wrong decisions and disregard company policy. Yukl also mentioned that one of the major criticisms of transformational leadership is the components of the theory lack a precise definition. Furthermore, it was difficult to teach others how to apply the transformational theory in the organizational setting (Yukl, 1999). Leaders with transformational leadership abilities have a higher propensity to abuse their power because of the superficial nature of the theory (Yukl, 1999). Employees inspired and motivated to achieve a high-performance level can become dissatisfied, stressed, and burned out (Michel, Kavanagh, & Tracey, 2013).

Conversely, Antonakis and House (2014) suggested that despite all the criticism, the transformational leadership style could help managers become excellent leaders who produce successful organizational outcomes. Transformational leaders use idealized influence, inspirational motivation, intellectual stimulation, and individualized consideration to create employee commitment and superior performance (Antonakis & House, 2014). Similarly, Caillier (2016) concluded that when transformational leaders communicate effectively with employees about work objectives, the employees will gain confidence and make suggestions, increase work effort, and complete tasks on time. Bacha and Walker (2013) suggested that leaders could, directly and indirectly, improve employee performance through goal clarity because they give employees individualized consideration. When given specific attention and job instructions, employees have a

lower probability of having turnover intentions because of identified goals (Braun, Peus, Weisweiler, & Frey, 2013).

Supporting Theory: Herzberg's Two-Factor Theory

In 1959, Herzberg developed the motivation-hygiene theory, known as the two-factor theory. Herzberg's (1959) two-factor theory resulted from research with 200 Pittsburgh accountants and engineers. Herzberg, Mausner, and Snyderman (1959) conducted two separate interviews with participants, asking them to describe what they like about their job and what they hated about their job. Herzberg et al. concluded that employees have two distinct sets of needs: (a) lower level needs as animals to avoid pain and deprivation and (b) higher level needs as human beings to grow psychologically. Herzberg et al. identified two primary factors affected by job satisfaction: motivation and hygiene. Herzberg et al.'s motivation-hygiene theory included an outline of the factors that influence job satisfaction and job dissatisfaction in the workplace. Motivators or satisfiers are factors related to the satisfactions employees gained from a job, such as achievement, recognition, the work itself, responsibility, advancement, and growth (Herzberg et al., 1959). By contrast, hygiene factors or dissatisfiers are extrinsic to the job, such as company policy and administration, supervision, working relationship, status, and security (Herzberg et al., 1959).

Herzberg et al. (1959) suggested that job satisfaction and job dissatisfaction have different effects. Herzberg et al. further asserted that the absence of dissatisfiers does not produce employee job satisfaction; however, an employee will consistently experience job dissatisfaction when dissatisfactors are present. By contrast, Lawler (1970)

questioned the complicated relationship between satisfaction and performance as outlined in the two-factor theory. Similarly, Schwab, DeVitt, and Cummings (1971) conducted a test of the adequacy of the two-factor theory and found no connection between performance and satisfaction. However, Herzberg et al. suggested that job satisfaction is an attitude that enhances employee performance and commitment in the organization.

Herzberg et al. (1959) asserted that management and human resource (HR) practices play a significant role in workplace motivation and job satisfaction. The two-factor theory included the connection between organizational performance, organizational behavior, job satisfaction, motivation, and voluntary employee turnover (Herzberg et al., 1959). However, Lodahl (1964) suggested that no significant relationship exists between motivation and satisfaction and distinguishing between them would generate different results. By contrast, Sanjeev and Surya (2016) used exploratory and confirmatory analysis to verify the two-factor theory in a modern-day context. Sanjeev and Surya concluded that the motivating factors significantly influenced job satisfaction of the workers and included improvement in organizational performance and employee retention.

Different researchers validated Herzberg's (1959) two-factor theory. For example, Bockman (1971) conducted a meta-analysis of 30 studies related to the two-factor theory. Bockman concluded that the differences and contradictory findings in the studies were because of the measuring of different variables and were not an invalidation of Herzberg's two-factor theory. Similarly, Gaziel (1986) conducted a study to examine the sources of job satisfaction and dissatisfaction for school principals in Israel. Gaziel found

differences between motivation and hygiene factors. The study findings revealed

achievement, recognition, the work itself, responsibility, advancement, and growth were

dominant sources of job satisfaction for the principals (Gaziel, 1986). These results

further supported Herzberg et al.'s (1959) conclusion that job satisfaction factors

motivated employees, while job dissatisfaction factors did not.

Contrasting Theory: Transactional Leadership Theory

Burns (1978) developed the transactional leadership theory. Bass (1990) extended

the work of Burns and asserted that transactional leaders focus on three elements: (a)

contingent reward, (b) passive management by exception, and (c) active management by

exception. Bass defined contingent reward as the process of rewarding workers for

achieving goals. Passive management by exception occurs when leaders allow employees

to function independently without interference unless needed (Bass, 1990). Finally, active

management by exception takes place when managers remain actively involved in the

workflow and the achievement of organizational goals (Bass, 1990). Additionally,

transactional leaders tend to coerce cooperation and obedience from workers through

contingent reward and management by exception. Furthermore, Bass suggested that

transactional leadership promotes only task completion in comparison to transformational

leadership, which focuses on task completion along with job satisfaction, employee well-

being, and organizational commitment.

Transactional leadership is a style of leadership in which leaders promote the

exchanges that occur between leaders and followers in the organization (Burns, 1978).

Leaders use transactional leadership to improve agency performance, group performance,

and individual performance (Holstad et al., 2014). In using this form of leadership, transactional leaders ensure compliance and the achievement of goals through both rewards and punishment (Burns, 1978). Managers using the transactional leadership style concentrate on organizational performance and not organizational change (Doucet, Fredette, Simard, & Tremblay, 2015).

By contrast, transformational leaders inspire, motivate, and modify the culture of organizations to increase performance (Bass, 1990). Within the organizational context, transactional leaders are task oriented and goal oriented because transactional leaders operate with the current structure and the culture of the existing organization (Sayadi, 2016). The transactional leader meticulously monitors the work of the employees and ensures employees follow the correct path to achieving the assigned task (Sayadi, 2016). Conversely, leaders with transactional leadership style also tend to punish workers for poor work performance and reward employees with positive work outcomes (Bass, 1990). By contrast, transformational leaders work with employees to identify needed change to improve performance, creating a plan to improve performance through inspiration, and motivation (Bass & Avolio, 1997).

Sudha, Shahnawaz, and Farhat (2016) suggested that transformational leadership style is more effective than the transactional leadership style. Both transformational and transactional leaders motivate employees in the achieving of their goals. The transformational leaders motivate employees by encouraging them to put the organization interest first. By contrast, transactional leaders motivate employees by appealing to their self-interest (Burns, 1978). Kriger and Zhovtobryukh (2016) stated that transactional

leaders improve firms by using company policies, procedures, and standards. Similarly, Kidney (2015) suggested that transactional leadership style works best in organizations with defined goals and clear work objectives. Transformational leadership consistently produces desirable outcomes when compared with transactional leadership and other leadership styles (Kidney, 2015).

Based on a study of 175 RNs, Negussie and Demissie (2013) showed that RNs preferred RN managers with transformational leadership style rather than transactional leadership style. Furthermore, using transformational leadership style promotes RN job satisfaction and organizational commitment, which can lead to improved performance and a reduction in the turnover of RNs (Negussie & Demissie, 2013). As indicated by Ferguson (2015) transformational leaders play a significant role in motivating and retaining RNs. However, the strength of the relationship between the manager and the RN is mediated by the constructive behavior of the leader (Kovjanic et al., 2013). For example, a manager who behaves like a transformational leader has a positive effect on influencing organizational commitment from employees than managers with transactional leadership behaviors (Bass, 1990). The transactional leadership theory does not meet the need for this study because the theory only focus was the use of reward and punishment to motivate employees and did not consider other potential factors such as encouragement, inspiration, and role modeling.

Themes and Phenomena

Organizational culture. Organizational culture is one of the factors playing a role in retention (Elkordy, 2013). Elkordy (2013) investigated the impact of

transformational leadership and organizational culture on employee job satisfaction and

organizational commitment. For the study, Elkordy obtained data from 192 workers using

an online survey. Elkordy found that company culture and transformational leadership

influence employee's job satisfaction and organizational commitment. Employees

commit to an organization because of the shared values and norms that result from a

defined corporate culture (Elkordy, 2013). Similarly, Alkahtni (2015) suggested that one

of the major factors in attracting and retaining workers is an accommodating and

supportive organizational culture. Employees should consider themselves a critical part

of the organization and build productive work relationships with coworkers (Kim, 2014).

Organizational culture has a direct influence on employee morale, employee

performance, commitment, and staff satisfaction (Gifford, Zammuto, & Goodman, 2002),

as well as turnover intention (Joo, Hahn, & Peterson, 2015). People, vision, practices,

assumptions, environment, and beliefs are all significant components that shape the

culture of an institution (Gifford et al., 2002). The culture within the nursing unit helps

restrained these external forces and supports the RNs in performing adequate patient care

(Gifford et al., 2002). Similarly, Subramanian and Shin (2013) suggested that when an

employee accepts the culture and influences of an organization; this strategy proves

commitment to the institution.

Kim, Geun, Choi, and Lee (2016) suggested that organizational culture and high

turnover have a robust and interdependent relationship. Organizational culture influences

the attitudes of RNs, which in turn contributes to either positive or negative

organizational outcomes (Kim et al., 2016). An active culture may result in increased

motivation, job satisfaction, and organizational commitment (Kim et al., 2016). By contrast, an RN's failure to adapt to the culture may result in decreased motivation and turnover intentions (Kontoghiorghes, 2016). Retaining RNs and increasing motivation will have a direct effect on business performance and success (Kontoghiorghes, 2016). Leaders who play an essential role in forming and ensuring the current organizational culture within the nursing units creates a favorable environment for employee engagement and empowerment (Bashayreh, 2014).

Burns (1978) asserted that in a transformational situation, the leader and workers have common organizational goals, as both rely on the influences of the environment to achieve the planned goals. However, transformational leadership is only successful in an organization with a conforming culture. For example, Pantouvakis and Bouranta (2013) suggested that an existing culture provides the background for understanding leadership. Conversely, Parris and Peachey (2013) asserted that the best way to understand employees is to examine the leaders.

Organizational culture relates to employee turnover and retention (Alkahtni, 2015). Organizational culture includes systems of assumptions, patterns, norms, and shared perceptions of values accepted by employees within an organization (Anitha & Begum, 2016). The organizational culture of an organization affects both the managers and staff of the organization. Asif, Ayyub, and Bashir (2014) suggested that when employees do not understand the culture of an organization; this outcome can influence organizational commitment and retention can be affected. Conversely, organizational

culture affects organizational behavior and plays a role in attracting and retaining employees (Cloutier, Felusiak, Hill, & Pemberton-Jones, 2015).

Turnover increases when employees are slow to adapt to the organizational culture (Alkahtni, 2015). Arbour, Kwantes, Kraft, and Boglarsky (2014) conducted a study to test person-organization fit by using normative behaviors to predict workplace satisfaction, stress, and intention to leave their place of work. Arbour et al.'s study consisted of 442 employees representing a single multinational organization headquartered in the United States. Arbour et al. discovered organizational culture has a significant influence on job satisfaction, stress, and turnover intentions. Similarly, Cloutier et al. (2015) suggested that one of the main strategies for retaining employees is the creation of a culture that makes the employees feel more connected to the organization. Employees who fit well and adapt to the culture of the organization were more likely to remain with that organization, whereas those incompatible with the culture of the organization were more likely to have turnover intentions (Nikčević, 2016).

Wallis and Kennedy (2013) suggested that organizational culture and organizational citizenship behavior have a direct effect on RN turnover and intentions to quit. In a review of 13 qualitative and quantitative studies, Brown, Fraser, Wong, Muise, and Cummings (2013) concluded that organizational culture was the most common factor influencing retention of RNs. Subsequently, organization culture may significantly impact RN engagement in the workplace. Collini et al. (2015) asserted that employee engagement links to RN turnover intentions. In other words, a lack of organization

culture within the organization can significantly impact RN engagement in the workplace which can lead to RN turnover and decreased productivity (Collini et al., 2015).

Organizational commitment. Organizational commitment is a job attitude identifying an employee with their organization. Stanley, Vandenberghe, Vandenberge, and Bentein (2013) identified three specific dimensions of organizational commitment to include (a) affective commitment, (b) continuance commitment, and (c) normative commitment. Allen and Meyer (1990) suggested that affective commitment is an employee's desired to commit and stay with the organization. An employee who needs to remain in the workplace for various reasons displays continuance commitment (Stanley et al., 2013). By contrast, normative commitment occurs when employees feel obliged to stay with an organization (Stanley et al., 2013). However, Allen and Meyer suggested that turnover would vary because of the type of employee organizational commitment.

Organizational commitment includes the extent to which employees remain involved with a workplace, work toward organizational goals, and have the intent to stay with the organization (Naz & Gul, 2014). Brunetto, Shriberg et al. (2013) suggested that organizational commitment directly relates to organizational effectiveness because committed RNs will contribute more to the institution. In a study involving data drawn from 579 RNs in a medical center in northern Taiwan; Chang et al. (2015) examined the effects of professional RN commitment on RN retention. Chang et al. concluded that organizational commitment had a positive and significant relationship with RN retention in the nursing profession. Additionally, Chang et al. suggested that factors such as pay increase and improved professional growth opportunities plays an important role in RN

intention to stay with their organization. Therefore, RN leaders should improve and reinforce the factors that may lead to higher levels of RN organizational commitment and performance.

Transformational leaders influence organizational performance by inspiring employees to achieve their goals and commit to the organization (Hutchinson & Jackson, 2013). For example, Hamstra, Van Yperen, Wisse, and Sassenberg (2014) examined transformational and transactional leadership and the achievement of employee goals. Hamstra et al. concluded that transformational leadership style plays a significant role in the achievement of employee goals and employee commitment to the organization. Effelsberg, Solga, and Gurt (2014) held views similar to those of Hutchinson and Jackson and Hamstra et al. Subsequently, Effelsberg et al. determined that transformational leaders can influence followers to engage and commit to the success of the organization. Effelsberg et al. discovered leaders could predict employee's willingness to commit to the success of the organization. By inspiring and supporting employees in the workplace, transformational leaders may directly influence employees to commit to the organization (Effelsberg et al., 2014).

In-Jo and Heajung (2015) suggested that when employees lack commitment to the institution, intention to quit will increase. In a similar study, Kang, Gatling, and Kim (2015) concluded that employees committed to the workplace reduced turnover intention. Kim and Kao (2014) conducted a meta-analysis of the existing literature on the turnover intentions of public child welfare workers in the United States. Kim and Kao used data from 22 studies in the final analyses. Also, Kim and Kao discovered organizational

commitment and job satisfaction had the highest influence on employee turnover intention. Conversely, Baxter et al., (2015) revealed the relationship between organizational commitment and RN turnover intentions to be statistically significant.

Organizational commitment is one of the best predictors of RN turnover intentions (Orhani, Jalali, Abbaszadeh, & Haghdoost, 2014). Orhani et al. (2014) also suggested that RNs' perception of the ethical climate in the organization significantly impact the RNs' attachment and desire to remain with the company. However, Tarigan and Ariani (2015) suggested that organizational commitment and job satisfaction has a negative relationship with turnover intention. By contrast, Naz and Gul (2014) found a link exists between organizational commitment, communication, job satisfaction, and turnover intentions in RNs. Naz and Gul asserted that organizational commitment had the strongest and most consistent relationship with RN's intentions to quit. Therefore, organizational leaders may lower RN turnover by understanding the factors leading to organizational commitment.

Job satisfaction. Job satisfaction relates to the overall feelings employees have about work and the personal fulfillment the job provides (Chen et al., 2016). Job satisfaction is affected by many organizational and individual factors (Kirin, Mitrović, Borović, & Sedmak, 2016). Some of the factors influencing RN job satisfaction include nature of work assignment and working conditions, salary and communication, organizational structure and company culture, and management (Kirin et al., 2016). Transformational leaders must consider these factors when developing strategies to

improve job satisfaction. The improvement in employee job satisfaction might contribute to organizational stability and increase performance (Karyotakis & Moustakis, 2016).

Job satisfaction relates to turnover intention (Lu, Lu, Gursoy, & Neale, 2016). For example, Raina and Britt Roebuck (2016) asserted that job satisfaction, lack of communication, and organization commitment related to an employees' intention to leave. Gabrani et al. (2016) found RNs not satisfied at work included a high probability of having poor job performance, lower productivity, and turnover intentions. Similarly, Asegid, Belachew, and Yimam (2014) found the key component in preventing RN turnover involves understanding the causes of job satisfaction among RNs. RNs satisfied at work tend to stay in their jobs. Similarly, Hunt (2014) asserted that the most significant correlate of RN job satisfaction is retention and improvement in performance.

The decrease in job satisfaction, high-stress levels, and lack of communication are workplace environment factors contributing to RN turnover and intention to quit (Parker, Lazenby, & Brown, 2014). RNs will stay at the organization if they perceive their workplace to be supportive and conducive to patient outcomes (Shin Hye et al., 2016). Choi, Cheung, and Pang (2013) conducted a study to examine the effect work environment have on RN job satisfaction and intent to leave. Choi et al. collected data from 1271 registered RN working in 135 inpatient units in 10 public hospitals in Hong Kong. Choi et al. noted that management, professionalism, unit practice, co-worker relationship, and staffing are important workplace factors that may influence turnover. However, management, professionalism, and unit practice are noteworthy factors predicting RN's intent to leave the organization (Choi et al., 2013). Similarly, lack of

staffing and resources were factors that contributed to decreasing job satisfaction of the RNs working on the inpatient units (Choi et al., 2013). Nursing leadership can improve the working environment of RNs by addressing the identified factors (Choi et al., 2013). Addressing these factors may positively reduce RN turnover and improve RN job satisfaction (Choi et al., 2013).

Transformational leaders can increase employee's job satisfaction (Tesfaw, 2014). Bayram and Dinç (2015) conducted a study to evaluate the role of transformational leadership style on employee's job satisfaction. Bayram and Dinc's study involved 150 employees representing two private universities in Sarajevo, the capital city of Bosnia and Herzegovina. Bayram and Dinc included interest in understanding if idealized influence, inspirational motivation, intellectual stimulation, and individualized consideration had a mediating effect on the relationship between job satisfaction and transformational leadership. Bayram and Dinc discovered a positive and significant correlation exists between the constructs of transformational leadership and employees' job satisfaction. In a similar study, Kim, Liden, Kim, and Lee (2015) concluded that the relationship between core self-evaluation and job satisfaction were strongest when transformational leaders were actively involved in the workplace. Therefore, leaders should maintain high levels of job satisfaction in the workplace because satisfied employees are less likely to leave or have turnover intentions.

Hunt (2014) suggested that leadership played a vital role in the job satisfaction and RNs' intentions to leave the organization and suggested the organizational and employee fit is a major factor affecting the work satisfaction and turnover of RNs. In a

meta-analysis of 12 studies, Cicolini, Comparcini, and Simonetti (2014) concluded that leaders should create a positive work environment that will offer job satisfaction and improve retention outcomes. In other words, the effect of a workplace that supports RNs includes a reduction in stress levels, increase in patient outcomes, increase in organizational commitment, and empowerment. Furthermore, Freire and Azevedo (2015) suggested that workplace empowerment has a unique relationship with organizational commitment and RN retention.

Choi et al. (2013) discovered a link between the leadership, work environment, and RN outcomes, such as job satisfaction and intention to leave. Conversely, Roberts-Turner et al. (2014) conducted a study using the transformational and transactional leadership theory to evaluate the effects of leadership pediatric RN job satisfaction. Roberts-Turner et al.'s study involved 935 hospital-based pediatric RNs in Washington, DC. Roberts-Turner et al. were also interested in understanding the relationship between the RN and the leadership. Roberts-Turner et al. used the structural equation model to examine how autonomy (transformational leadership) and distributive justice (transactional leadership) influenced RN job satisfaction. Roberts-Turner et al. concluded that both transformational leadership and transactional leadership were related to pediatric RN job satisfaction, but transformational leadership had a significant effect on job satisfaction. Consequently, transformational leaders possess the leadership characteristics that can improve the work environment, retention, and increase job satisfaction. The finding of this study may help nursing leaders develop strategies to improve job satisfaction and RN turnover. Improving job satisfaction among committed

RNs will be a key factor in decreasing turnover and improving RN retention (Hairr, Salisbury, Johannsson, & Redfern-Vance, 2014).

Job embeddedness. Job embeddedness is a critical employee retention strategy because many things influence whether an employee stays with an organization or leaves (Ghosh & Gurunathan, 2015). The three dimensions of job embeddedness are links, fit, and sacrifice (Bambacas & Kulik, 2013). Links refer to the formal or informal connections between a worker, the institution(s), and coworkers (Bambacas & Kulik, 2013). Fit refers to an employee's perceived compatibility with the workplace (Bambacas & Kulik, 2013). Finally, sacrifice relates to the cost of remaining with the institution (Bambacas & Kulik, 2013). Most employees will stay with their organization if career goals, personal values, and plans fit well with the job and the organizational culture (Tabak & Hendy, 2016). However, Robinson, Kralj, Solnet, Goh, and Callan (2014) argued that job embeddedness was not a significant indicator some workers would quit their job.

Allen and Shanock (2013) suggested that perceived organizational support and job embeddedness links closely with employee's decision to stay with the same organization. Similarly, Ng and Feldman (2014) concluded that workers exhibiting job embeddedness were less likely to have turnover intentions. Takawira, Coetzee, and Schreuder (2014) conducted a study to examine the relationship between job embeddedness, work engagement, and turnover intention. For the study, Takawira et al. obtained data from 153 academic and non-academic staff using a quantitative cross-sectional survey in a South African higher education institution. Takawira et al. found a

significant relationship between job embeddedness, work engagement, and turnover intention. However, Takawira et al. stated multiple regression analyses showed employee dedication and organizational links negatively predict turnover intention. Takawira et al. suggested that HR practitioners could develop retention strategies that align and take into consideration the effect of job embeddedness on turnover intention.

Stress and burnout. Stress and burnout of RNs have become a significant problem for some health care organizations (Sprinks, 2015). High levels of stress and burnout in nursing are a result of heavy workloads, job dissatisfaction, and inadequate department staffing (Sprinks, 2015). Similarly, Lewis and Cunningham (2016) noted the regularity of burnout in the nursing profession is predominantly high, because of the constant exposure to high stress working environment and dealing with sickness and death. However, Young, Duff, and Stanney (2016) suggested that positive leadership behaviors may protect RNs against burnout by creating a supportive and healthy workforce. For example, transformational leaders possess the behaviors necessary for supporting and shaping the work environment of RNs; and for the optimization of employee performance and workplace well-being.

Burnout in health care affects both the nursing side of providing care and the quality of RN's patient care. Furthermore, exhaustion leads to lower levels of RN engagement, which often leads to poor patient satisfaction, an increased risk of workplace incidents, and an overall decrease in productivity (Wang, Liu, & Wang, 2013). Job stress and burnout are crucial factors influencing RNs' intention to quit and increase in turnover (Jamal, 2013). Similarly, Yang, Ju, and Lee (2016) found employees experiencing job

stress at work included a higher propensity to quit. However, Schaufeli and Buunk (2004)

noted no significant relationship existed between burnout and turnover. Additionally,

Schufeli and Buunk suggested that some employees who experience stress and burnout

remain with their organization for the duration of their careers with adverse outcomes for

both themselves and their organizations. Therefore, leaders need to focus on developing

strategies to combat stress and burnout in their organization because reducing workplace

stress and employee burnout may result in improved employee performance and turnover

intention among employees.

Job stress and burnout have a significant influence on RN job satisfaction and

organizational commitment (Bazarko, Cate, Azocar, & Kreitzer, 2013). Overall, the

nursing profession is a high-risk and stressful occupation (Mosadeghrad, 2013). Chen,

Lin, and Lien (2014) developed a turnover intentions model to examine the characteristic

of employee turnover. Chen et al. collected data from 255 Taiwanese bank employees

and concluded that role ambiguity, role overload, and role conflicts significantly affect

job stress. In addition, Chen et al. job suggested that job stress is a determining factor in

employee intention to quit. The nursing profession is a high-stress field, and burnout

occurs because of the demand of the job and some RN's inability to cope with stress.

Additionally, Holland, Allen, and Cooper (2013) suggested that job stress can affect RN

performance and patient care. Holland et al. further asserted that organizational leaders

must develop practical strategies and effective mechanisms RNs can employ to lower

burnout and promote well-being.

Occupational stress can produce RN turnover intentions (Leonardi, Pagani, Giovannetti, Raggi, & Sattin, 2013). Hayes, Douglas, and Bonner (2015) suggested that persistent high job stress within health care institutions resulted in RN burnout, absenteeism, decrease productivity, reduce job satisfaction, and increase turnover of RNs. Biksegn, Kenfe, Matiwos, and Eshetu (2016) asserted that job stress and burnout results from prolonged exposure to stress, characterized by emotional exhaustion, depersonalization and the feeling of decreased personal accomplishment. An empirical study conducted by Mosadeghrad (2013) examined the relationship between occupational stress and turnover intention of RNs working in hospitals in Isfahan, Iran. Mosadeghrad collected data from 296 RNs using validated questionnaires. The RNs used a five-point scale to rate the intensity of 30 common occupational stressors. Mosadeghrad found a third of RNs rated job stress as high in the hospital setting and a relationship exists between job stress and RNs' turnover intentions.

Employee-employer relationship. Tuckett, Winters-Chang, Bogossian, and Wood (2015) found that RN turnover related to environmental factors, such as lack of leadership support and inadequate staffing levels contributed to increasing workload. Chu, Wodchis, and McGilton (2014) conducted a study to examine the relationship between RN management and nursing staff turnover in long-term care facilities. Chu et al. collected data from 324 RNs from long-term care nursing homes in Canada. Chu et al. discovered a lack of managerial support and leadership behaviors contributed to RN turnover and intention to leave the institution.

In the organizational settings, leadership is the process by which one individual inspires others toward the attainment of organizational goals (Metcalf & Benn, 2013). Leadership is a social influence process because a leader cannot exist without a follower (Taylor, Cornelius, & Colvin, 2014). Furthermore, leaders elicit voluntary compliance from the follower. Most importantly, leadership results in employees' action that is decisive and goal-oriented in the organizational setting. Epitropaki and Martin (2013) asserted that leadership is a combination social exchange and instructions between a leader and followers. In return for goal attainment and successful work outcomes, a leader provides rewards to employees (Epitropaki & Martin, 2013). This exchange process is transactional leadership (Epitropaki & Martin, 2013). In contrast, a transformational leader motivates and inspires employees to perform beyond reasonable expectation to achieve organizational goals (Epitropaki & Martin, 2013).

The extent to which RN perform in the workplace may depend on nursing leadership behavior and leadership style (Wong, Cummings, & Ducharme, 2013). The National Database of Nursing Quality Indicators was the primary data source for Chenjuan, Jingjing, and Bott's study in 2015. Chenjuan et al. (2015) sought to understand how collaboration between RNs and RN leadership leads to increase job satisfaction, RN retention, and quality of care in the workplace. Chenjuan et al. discovered leadership support and collaboration contributed to an increase in RN job satisfaction, better quality patient care, and a decrease in RN intent to leave. In other words, strengthening nursing leadership and RN collaboration with leadership could result in RN organizational commitment and reduce turnover. Conversely, when RNs perceive leaders as ineffective

and not supportive, RNs included a higher propensity to leave the organization for a supportive environment (Galletta, Portoghese, Battistelli, & Leiter, 2013).

Transformational leadership theory is a conceptual framework some researchers use to study the relationship between RNs and organizational leadership (Hutchinson & Jackson, 2013). The transformational leadership theory includes a description of leaders with the ability to transform organizations and empower the employee to enhance self-esteem and self-worth (Lacasse, 2013). Based on transformational leadership theory, previous research suggested nursing leadership support can positively impact RN attitude, commitment, and job satisfaction (O'Neill, 2013). Health care institutions need successful leaders with transformational attributes to organize all possible means to inspire and support the nursing staff in achieving organizational success (Ferguson, 2015).

Braun et al. (2013) and Cheng et al. (2016) emphasized that the positive relationship between transformational leadership and organizational. The reason for this emphasis is because transformational leadership style is more effective than other leadership styles in producing positive work outcomes and increases organizational productivity (Jain & Duggal, 2016; Pongpearchan, 2016). Moreover, research indicated transformational leaders could enhance employee organizational citizenship behavior and job attitudes (Nasra & Heilbrunn, 2016). Identifying the causes of job attitudes can help leaders develop and implement strategies to curve and reduce the turnover of RNs. Transformational leader influence workers both directly and indirectly for them to perform their duties.

While several factors can decrease turnover intention, and improve RN retention, research demonstrates that transformational leaders documented success in reducing turnover and improving retention. For example, Fu, Tsui, Liu, and Li (2010) concluded that transformational leaders lowered employees' intentions to quit and leave their organization. Similarly, Hughes, Avey, and Nixon (2010) found that transformational leadership practices in various agencies included an inverse relationship to employee turnover intentions. Equally, transformational leaders positively affect employee turnover intentions because they articulate a clear vision and set clear goals in the workplace (Hughes et al., 2010). Furthermore, leaders need to create an environment in which employees feel they belong (Babalola, Stouten, & Euwema, 2016).

Several researchers demonstrated that effective leadership could influence RN performance (Beck, Puthoff, & Lee Gillespie, 2015; Waerbury, 2016), job satisfaction (Buck & Doucette, 2015; Jordan, 2016), well-being (Buck & Doucette, 2015; Jordan, 2016) and retention. However, transformational leadership does not always beget success. Organizational factors such as poor corporate support, heavy workloads and stress, inadequate resources, and training, role conflict and ambiguity can prevent leaders from performing efficiently (Brewster, Gollan, & Wright, 2013). Enhancing the retention of RNs can represent a critical challenge for nursing leaders if poor organizational support exists. However, Head and Alford (2015) argued that the transformational leadership approach remains challenging for public organizations such as hospitals that operate within a complex environment with various regulations and policies.

Advancement and growth. Job opportunities and development afford RNs the prospect of further advancing themselves and growing within the ranks of the profession and the organization (Bogonko & Kaimenyi, 2015). The limited opportunities for advancement and growth for RNs resulted in increased turnover, decreased morale, and poor performance (McPhail, Patiar, Herington, Creed, & Davidson, 2015). Limited opportunities for promotion in an organization can affect organizational commitment because employees gain skills and experience with the expectation of being promoted to higher position in their organization (Armstrong-Stassen & Stassen, 2013). However, Holmes, Chapman, and Baghurst (2013) found that HR personnel regarded career advancement and promotional opportunities as key to employee retention within the organization. Embedded RNs include a lower probability of leaving the workplace if opportunities for professional advancement and growth exists (Leone et al., 2015).

Using the social exchange theory as a guiding framework, Shuck, Twyford, Reio, and Shuck (2014) examined the connection between HR development practices and employee turnover intentions. Shuck et al. found that employee participation in human resource development practices such as training, engagement, and career development significantly impacted employee turnover intention. Employees equipped with additional knowledge and skills about their job achieved better success in the organization and remained committed to the workplace (Shuck et al., 2014).

However, prior studies on career advancement and employee turnover intentions provided mixed results. For example, Alhamwan, Mat, and Muala (2015) conducted a study using a group of 600 RNs from public hospitals in Jordan to explore the

relationship between career advancement opportunities, salary, leadership, and turnover intention. Alhamwan et al. concluded that no connection exists between RN career advancement and RN turnover intention. Equally, in an earlier study involving 300 banks employees, Zhao and Zhou (2008) found that a lack of promotional opportunities and career advancement did not result in bank employee turnover. Similarly, Trevor, Gerhart, and Boudreau (1997) and Salamin and Hom (2005) concluded that the connection between advancement opportunities and turnover intention in some organizations did not exist. An important theme that emerges from the literature review was the cost of RN turnover.

The High Cost of Nurse Turnover

RN turnover remains costly for many organizations because of the loss of intellectual capital (skilled RNs) and the loss of productivity (Li & Jones, 2013). For example, Duffield et al. (2014) performed a comparative analysis of RN turnover cost in four countries United States, Canada, Australia, and New Zealand. Duffield et al. concluded that turnover costs in the United States were $20,561, $48,790 in Australia, $23,711 in New Zealand, and $26,652 in Canada. However, the average cost to replace an RN in the United States is $64,000 (Shin Hye et al., 2016). Consequently, RN turnover will influence patient care, which in turn will affect the number of patients admitted to the facility for treatment (North et al., 2013). Without the required staffing levels, organizations will refuse to accept patients (Shin Hye et al., 2016), which may result in financial loss for the facility. The resultant effect of turnover is a decrease in business operations.

Turnover and retention of skilled RNs is a recurring problem for some health care organizations. The cost associated with replacing RNs can affect the financial stability of the health care institution (Li & Jones, 2013). When an RN voluntarily or involuntarily leaves a job, the direct cost and indirect cost to replace that RN can be substantial (Duffield et al., 2014). The direct costs of RN turnover include new staff recruitment costs and overtime related expenses. Indirect costs are cost related to the RN termination process, whether voluntarily or involuntary (Duffield et al., 2014). The cost associated with the orientation and the training of new RNs is an indirect cost (Duffield et al., 2014). Therefore, organizational leaders should create retention strategies to improve RN retention (North et al., 2013).

Effects of Nurse Turnover

RN turnover can reduce the effectiveness and quality of care given to patients (Shin Hye et al., 2016). For example, when RNs leave the organization, the remaining staff can become overworked and overburdened with patient care because of the high patient to RN ratio (Brandt, Bielitz, & Georgi, 2016). Furthermore, as RNs leave the institutions, the integration of the new RN into the department might take longer than normal and cause an adverse effect on patient care in the nursing units (Warshawsky, Rayens, Stefaniak, & Rahman, 2013). The instability caused by RN turnover in the workplace could cause poor communication, poor teamwork, and fragmented coordination of patient care (Shin Hye et al., 2016).

When an RN quits a job, nursing leaders must hire, train, and allow the new RN to be assimilated into the culture of the organization (Warshawsky et al., 2013).

Warshawsky et al. (2013) asserted that leaders influence the quality of patient outcomes

by creating positive working environments and a stable nursing workforce. For example,

Park, Boyle, Bergquist-Beringer, Staggs, and Dunton (2014) conducted a study to

examine the effects of RN turnover on patient outcomes and unit-acquired pressure ulcers

in hospitals. Park et al. used existing data from the National Database of Nursing Quality

Indicators consisted of 10,935 unit-quarter observations from 2,294 units in 465

hospitals. Park et al. discovered nursing units with increase turnover had a higher

probability of having an increase in unit-acquired pressure ulcers rates. Therefore, a

relationship exists between RN turnover and patient outcomes and the need for

organizations to ensure stability in the workforce to improve patient's outcomes and to

reduce health expenses. To reduce turnover and increase RN retention organizations must

maximize opportunities for individual RNs by making accommodation for regular

performance appraisal, improving the organizational climate, and provide opportunities

for career growth and advancement (McPhail et al., 2015; Warshawsky et al., 2013).

Transition

The beginning of Section 1 included a discussion of the foundation of the study,

the background of the problem, the problem statement, the purpose statement, the nature

of the research, the research questions, and the interview questions. Other items discussed

in this section include the conceptual framework, the operational definitions, the

assumptions, the limitations, the delimitations, and the significance of the study. Section

1 concluded with the review of the professional and academic literature. The literature

review included a description and analysis of several sources about RN retention and voluntary turnover.

The transformational leadership theory provided a comprehensive lens to approach the topic. The literature review provided a background for the understanding of how health care leaders affect RNs' job retention. The literature review summarized, compared, and contrasted research on multiple factors that may cause or affect RN retention. Topics discussed included (a) organizational culture and organizational commitment, (b) job satisfaction and job embeddedness, (c) stress and burnout, (d) employee-employer relationship, and (e) advancement and growth. Also, included in the literature review was a discussion on the cost of RN turnover and the effects of RN turnover on patient outcomes.

Section 2 will include the restatement of the purpose of the study, the role of the researcher, the participants, the research method and design, the population and sampling, and the ethical research. Additionally, Section 2 contains details regarding the data collection instruments, the data collection technique, the data organization technique, the data analysis, the reliability and validity, and the transition and summary. Section 3 features a presentation of findings, the application to professional practice, the implications of social change, the recommendations for action, the recommendations for further research, the reflections, and conclusions.

Section 2: The Project

RN turnover is a problem impacting organizational productivity and

competitiveness, presenting challenges to health care leaders (Collini et al., 2015). The

focus of this qualitative case study was to explore strategies health care leaders use to

improve RN retention. Consequently, this knowledge may help health care leaders with

specific strategies to improve RN retention and reduce related organizational cost. This

section begins with a restatement of the purpose statement. Additionally, this section

includes detailed information about the role of the researcher, the participants, the

research method and design, the population and sampling, and ethical research.

Furthermore, Section 2 includes discussions about the data collection instruments, the

data collection technique, the data organization technique, the data analysis, the reliability

as well as validity.

Purpose Statement

The purpose of this qualitative single case study was to explore strategies health

care leaders use to improve RN retention. The target population includes health care

leaders from a single health care organization in Brooklyn, New York who implemented

strategies to improve RN retention in their organization. The implications for positive

social change include the potential to provide health care leaders with specific strategies

to improve RN retention. Reducing the effects of RN turnover may benefit society by

providing the safest and highest quality care to individuals seeking medical care.

Role of the Researcher

In this qualitative case study, I was the primary data collection instrument. In qualitative research, the researcher is the main data collection instrument (Bernard, 2013; Patton, 2015; Yin, 2014). In addition, Patton (2015) suggested that the role of the researcher includes analyzing and interpreting collected data. However, Bernard (2013) suggested that researchers should ensure the data gathered from participants are in alignment with the research questions and the needs of the study. As the researcher for this study, I interviewed the participants, collected the data, analyzed the data, and presented the findings from the analysis.

Unluer (2012) asserted that the qualitative researcher should clarify and explain any relationship with the participants and research topic. Unluer further suggested that having a relationship with the study topic and participants may lead to a loss of objectivity and the introduction of personal bias. Although I am an industry professional, no personal relationship existed with the participants or knowledge of the research topic.

The established ethical guidelines for this study followed the ethical foundation as outlined in the Belmont Report. The Belmont Report provided the three ethical principles guiding research regulations to protect the rights and well-being of research participants (Belmont Report, 1979). The three primary ethical principles are autonomy, beneficence, and justice (Belmont Report, 1979). Accordingly, I used the three principles contained in the Belmont Report as a guideline to protect the participants in the study.

A tool for mitigating bias in qualitative research is member checking. To mitigate bias in qualitative research, the researcher must ensure the collected and interpreted data

accurately represents the feeling, beliefs, and experiences of the participants (Moustakas, 1994; Yin, 2014). Member checking includes the interpretation of the collected data and sharing it with the interviewee for validation (Harvey, 2015). To conduct member checking, I transcribed each interview question followed by one paragraph transcription and interpretation of the participant's response. The participants received a printed copy of the transcription to review for accuracy, to provide feedback, and to share additional information if necessary. If participants share no new data or provide no correction of information, then member checking is completed (Harvey, 2015). Accordingly, I used member checking to help mitigate bias and avoid viewing data through a personal lens.

To reduce bias and avoid viewing data from a personal perspective, I used an interview protocol (see Appendix B). Yin (2014) asserted that qualitative researchers should use an interview protocol to collect in-depth information from participants about a phenomenon. Moustakas (1994) and Yin outlined that the utilization of an interview protocol enhances the reliability of a case study by ensuring the interview follows a predetermined structure to limit the researcher's personal bias. To further mitigate bias, I used the interview protocol to ensure the participants remained focused on the research topic and the interview questions. Furthermore, the advantage of using an interview protocol ensures the completion of interviews within the agreed period. To complete their interviews within the allotted period, Izard-Carroll (2016) and Dixon (2016) used an interview protocol. Therefore, I used an interview protocol to mitigate bias and to ensure the completion of interviews within the agreed period.

The rationale for an interview protocol is not only the ability to mitigate bias but also to ensure a consistent interview process. Yin (2014) suggested that the use of an interview protocol to increase consistency in the data collection process by providing a precise technique for each interview. Using an interview protocol will ensure the collection of reliable and rich data from the participants (Patton, 2015). Furthermore, asking the same questions during each interview lessens the disparity in the responses from the participants (Houghton, Casey, Shaw, & Murphy, 2013).

Participants

Eligibility Criteria

The primary focus of this study was to recruit participants who have used success strategies to improve RN retention in one acute care hospital in Brooklyn, New York. The RN turnover rate in 2015 for Brooklyn, New York Hospitals was 8.2% (Healthcare Association of New York State, 2015) compared to a national turnover rate of 17.2% and a New York State rate of 15.3% for the same period (Nursing Solution, 2016). Health care institutions in Brooklyn, New York have the lowest overall turnover and vacancy rates as compared to other areas in New York State (Healthcare Association of New York State, 2015). Although turnover rates for registered RNs increased across the United States to 17.2% (Nursing Solution, 2016), health care leaders in Brooklyn, New York have significantly maintained low RN turnover rates in their organizations from 2012 to 2017. The purposeful selection of participants with the required experience allows researchers to gain insight into the phenomenon and answer the research question (Patton, 2015).

Accordingly, qualitative researchers select study participants with the knowledge, ability, and experience to provide solutions that align with the research question (Arquiza, 2013; Yin, 2014). Similarly, Marshall and Rossman (2016) found that the use of eligibility criteria to choose participants strengthens the credibility and validity of the study. Similarly, Yin (2014) suggested that qualitative researchers select participants based on the needs of the project. Therefore, the eligibility requirements for the study include that participants must (a) be currently employed full time, (b) have leadership responsibilities, and (c) have used successful strategies to improve RN retention.

Accessing Participants

The success of a study depends on gaining access to participants who meet the needs of the research (Yin, 2014). The strategies for gaining access to the participants included obtaining a list of potential participants from the HR director of the participating health care organization. In following Walden University IRB guidelines, I sought written permission from the organization leadership before contacting participants. Gaining access to the potential participants included the use of telephone, electronic mail, and in-person meetings. The solicitation of study participants via phone, email, or in-person meetings provides a means for the researcher to outline eligibility criteria and gain participants consent (Marshall & Rossman, 2016; Merriam, 1998; Strauss & Corbin, 2015). Therefore, I reached participants via telephone, email, and in-person meetings. Furthermore, gaining access to participants is the first step in establishing a working relationship.

Establishing a Relationship

In qualitative studies, the information participants disclose to the researcher depends in part on the relationship between the researcher and participants (Patton, 2015; Yin, 2014). The ability to gain access to participants and establish a relationship with the participants is essential for the completion of this study. Researchers establish a relationship with study participants through (a) research transparency (Renert, Russell-Mayhew, & Arthur, 2013), (b) incentives to participate (Killawi et al., 2014), and (c) effective communication (Varga-Dobai, 2012). Establishing a relationship with participants will facilitate open and comfortable communication during the data collection process (Varga-Dobai, 2012).

Each participant received a consent form to participate in the study. Attached to the consent form was a letter explaining the intent of the study. The participants who respond with consent via email were contacted to set up a preliminary information session. To further establish a relationship with the participants, I explained more about (a) the purpose and the intent of the study, and (b) measures to protect identity, as well as measures to ensure confidentially during the information session. During the information session, I discussed the interview process and interview protocol with the participants. The purpose of explaining the purpose and nature of the project was to allow participants to have an appreciation and understanding of the research topic (Moustakas, 1994; Patton, 2015). Similarly, Marshall and Rossman (2016) suggested that discussing the study in advance with participants will establish trust as well as encourage collaboration

and engagement during the study. Conversely, the success of a research project depends on the relationship between the researcher and the participants (Robinson, 2014).

Research Method and Design

Research Method

The three most common research methods are qualitative, quantitative, and mixed methods (Patton, 2015; Yin, 2014). The qualitative research methodology met the needs of this study. Qualitative research provides a means for researchers to explore, scrutinize, and understand a social phenomenon from the perspectives of the participants (Moustakas, 1994; Yin, 2014). The qualitative research method allows the participants to answer the interview question in their words. In qualitative research, researchers conduct in-depth interviews to explore the perceptions of the participants to gain an understanding of the phenomenon (Moustakas, 1994; Patton, 2015). For example, Izard-Carroll (2016) employed a qualitative approach to explore public sector leaders' strategies to improve employee retention. Similarly, Scott (2016) used a qualitative research design to explore the strategies hospitality managers need to improve employee retention. Therefore, the qualitative research method meets the requirements of the study for exploring the strategies health care leaders use to improve RN retention.

By contrast, quantitative research methods involve the gathering of numerical data using a structured data collection instruments to test a theory or examine the relationship between two variables (Groeneveld et al., 2015). Additionally, quantitative research requires significant time to perform an extensive statistical analysis of the data (Hoe & Hoare, 2013). Frels and Onwuegbuzie (2013) asserted that researchers use the

quantitative research method to draw attention to problems using numerical data and statistical analysis. The purpose of the study was to explore the strategies health care leaders use to improve RN retention, not to test a hypothesis or examine the correlations between dependent and independent variables. Consequently, in this study, I used a qualitative method.

Another alternative to a qualitative study was a mixed method approach. The mixed method approach involves the integration of both quantitative and qualitative data (Patton, 2015). Although a mixed method approach could address the needs of the study, the research question in this study could be addressed using only the qualitative method. Typically, researchers use the mixed method approach to collect data to address broader and more complex research questions (Yin, 2014). Furthermore, the mixed method approach is time-consuming and costly (Venkatesh et al., 2013). Therefore, the mixed methods approach did not meet the needs of the study because the purpose of the research was not to study large groups of participants, examine cause and effect relationship between variables, or collect numerical data.

Research Design

I used a single case study research design for this study. Yin (2014) and Patton (2015) suggested that a case study design allows the exploration and understanding of a contemporary issue through an in-depth investigation. Furthermore, a case study design involves the use of multiple sources to investigate a modern phenomenon (Yin, 2014). Yin identified six sources of case study evidence: (a) documentation, (b) archival records, (c) interviews, (d) direct observations, (e) participants' observation, and (f) physical

artifacts. Subsequently, the sources used in this study included interviews and company documents. Yin further suggested that the main objective of qualitative research is to answer how questions relating to the research question. The use of the case study design allowed the participants to provide meaningful insights on strategies used to improve RN retention.

The case study research design is a useful tool for conducting studies. For example, Izard-Carroll (2016) used the case study design to explore strategies public sector leaders use to improve employee retention. Similarly, Scott (2016) used a case study research design to explore the strategies hospitality managers need to improve employee retention. Major (2016) employed the case study design to explore strategies some small business owners use to reduce voluntary employee turnover. Therefore, the case study research design meets the needs for exploring the strategies health care leaders use to improve RN retention.

Another research design considered was the ethnographic research design. The ethnographic research design involves the collection and analysis of data on cultural-sharing groups in their natural settings (Yin, 2014). Ethnography is a research design that researchers use to explore the everyday life practices of a chosen group of people (Murthy, 2013). However, ethnographic research is time-consuming because data include collection through participants' observations and interviewing (Yin, 2014). To collect relevant data for analysis, ethnographic researchers must immerse themselves into the culture as an active member of the community (Murthy, 2013). The time that would be

needed to complete an ethnography research could affect completing the Walden

University doctorate program in the time permitted.

The phenomenological research design was another qualitative design considered

for this study. The phenomenological research design involves understanding the lived

experiences of participants sharing a common phenomenon or experience (Moustakas,

1994; Patton, 2015). Furthermore, the phenomenological research design allows several

participants through in-depth interviews and observation to elicit the meaning of their

shared experience (Osborn & Smith, 2015). However, the data collection process can be

exhaustive and time-consuming because of the required sample size and the large

quantity of data generated from the interviews (Moustakas, 1994; Tomkins & Eatough,

2013; Yin, 2014). Therefore, a phenomenological design would not have been practical

because of time constraints, the requirement of the sample size, and the different data

collection techniques.

To ensure data saturation, I analyzed the interview and reviewed organizational

documents on employee retention. Houghton et al. (2013) suggested that qualitative

researchers use member checking to ensure research quality, credibility, and validity.

Member checking involves sharing the researcher's data interpretation with the

participants to ensure the researcher's interpretation is correct (Moustakas, 1994; Patton,

2015). The member checking process to ensure data saturation involves conducting

follow-up interviews and document review until no new data, or additional information

emerges from the participants. The follow-up interview process includes providing the

interviewees with a one paragraph synthesis of the interviewees' responses to each

interview question to determine accuracy and provide additional information. Dixon (2016) used member checking to ensure the data interpretation represented the participant's responses. Researchers establish data saturation when the follow-up interview and the corroboration of organizational documents with the participants yield no new and applicable information (Fusch & Ness, 2015; Houghton et al., 2013; Yin, 2014).

<div align="center">

Population and Sampling

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Population

The target population for this study included four current health care leaders from a single health care organization in Brooklyn, New York**.** The population chosen meets the needs of this study for capturing information on how to improve RN retention. Patton (2015) suggested that using the proper sample size can generate quality data to support the research topic. Similarly, Olsen, Orr, Bell, and Stuart (2013) found that having a large sample size allows researchers to select participants meeting the specific eligibility criteria for the study. Accordingly, the eligibility requirements for study participants are the need to be: (a) currently employed full time, (b) have leadership responsibilities, and (c) have used successful strategies to improve RN retention.

Sampling Method

This study included the use of purposeful sampling to select participants Patton (2015) suggested that purposeful sampling is a technique some researchers use for selecting participants who are well-informed about a research topic. Similarly, Palinkas et al. (2013) asserted that purposeful sampling is widely utilized by qualitative researchers

to recognize and select participants who can provide information on the research topic. Similarly, Echoles (2016) mentioned that one of the advantages of using purposeful sampling is the ability to gather large amounts of information using a range of different data collection techniques. For this reason, purposeful sampling meets the needs of the study.

Another sampling method that allows researchers to access participants is snowball sampling. Snowball sampling is a recruitment process in which primary research participants assist the researcher in identifying other participants for the study (Marcus, Weigelt, Hergert, Gurt, & Gelléri, 2016). Similarly, Perez, Nie, Ardern, Radhu, and Ritvo (2013) suggested that snowball sampling allows the researchers to gain access populations difficult to sample. Furthermore, the use of snowball sampling poses the possibility of recruiting biased samples which can influence the results of the study (Patton, 2015). Therefore, snowball sampling did not meet the needs for the study because no issues exist gaining access to participants.

Researchers use random sampling more in quantitative studies than in qualitative research (Wengraf, 2001). Although random sampling ensures a high degree of participants who can best answer the research question, this strategy remains time-consuming and cumbersome (Suri, 2011; Wengraf, 2001). Furthermore, random sampling involves vast amounts of data collection, coding, and analyzing (Suri, 2011; Wengraf, 2001). Therefore, random sampling did not meet the needs for this limited doctoral study on strategies to improve RN retention.

Sample Size

Marshall, Cardon, Podar, and Fontenot (2013) asserted that the sample size in qualitative study influences data saturation. For this study, the sample included a minimum of four health care leaders. The sample size of four health care leaders meets the needs of this study for capturing information on how to improve RN retention. Dworkin (2012) suggested that 5 to 50 participants as a suitable sample size for qualitative exploration. Similarly, Patton (2015) suggested that using the proper sample size can generate quality data to support the research topic. Similarly, Olsen et al. (2013) found that having a large sample size allows researchers to select participants that meet the specific eligibility criteria for the study. However, Yin (2014) emphasized that the sample size should be large enough to allow the researcher to gather data for analysis. Therefore, the sample size included four health care leaders who are currently employed full time, have leadership experience, and have used successful strategies to improve RN retention.

Data Saturation

To reach data saturation, I explored successful strategies used by participants and reviewed pertinent company documents. In-depth interviews are strategies researchers use to collect data from the participants to ensure data saturation (Patton, 2015). After the initial interviews of the participants, I used follow-up member checking interviews and the review of company documents with the participants to ensure data saturation. Follow-up member checking interviews involved the reviewing and the interpretation of the interviews. The analysis of the interview included a one paragraph synthesis of the

participant's response to each interview question. The participants received a print copy of the synthesis to ensure the interpretation represented their complete answers to the questions with no additional information to add. The follow-up member checking interviews continued until there was no new data to collect from the participants. Fusch and Ness (2015) affirmed data saturation occurs with the collection of *rich* and *thick* data from the participants. In this sense, rich refer to the quality of the data and thick refers to the amount of data (Fusch & Ness, 2015). As indicated by Kwong et al. (2014) qualitative researchers should continue eliciting participant responses until data saturation occurs. Data saturation happens when the same information or themes emerge from the participants, and the study is replicable (Fusch & Ness, 2015). Therefore, to ensure data saturation, I analyzed company documents and interview participants until the occurrence of repetitive information and common themes emerged from the participants.

Criteria for Selecting Participants and Interview Setting

The criteria for selecting participants included obtaining a list of potential participants from the HR director of the participating health care organization. Gaining access to the potential participants included the use of telephone, electronic mail, or by conducting in-person meetings. The participants for this study included health care leaders working in Brooklyn New York. The eligibility criteria for selecting study participants are those: (a) currently employed full time, (b) have leadership responsibilities, and (c) have used successful strategies to improve RN retention.

For the interview setting, I consulted with the interviewees to choose a boardroom with comfortable seating, no loud noises or light, readily available that provided for privacy without the risk of interruption. Deakin and Wakefield (2014) suggested that a comfortable environment is best for conducting a qualitative interview. Furthermore, Deakin and Wakefield asserted that the importance for the participants to be at ease during the entire interview process. Similarly, Hutchinson, Sachs-Ericsson, and Ericsson (2013) suggested that allowing the participants to choose the location for the meeting place helps with building the relationships between the researcher and participants, which it did. Marshall and Rossman (2016) suggested that allowing the participants to choose interview setting with the least distraction provides a means for getting the participants to answer the research question.

Ethical Research

The informed consent process focuses on the protection and rights of research participants (Schrems, 2014). Rodrigues, Antony, Krishnamurthy, Shet, and De Costa (2013) suggested that participants should be made aware of the purpose of the study, the benefits of the research, and the risks of participating in the study before obtaining consent. Accordingly, I ensured the ethical protection of the potential participants by receiving approval from the Walden University IRB. Furthermore, data collection only took place after IRB approval and a signed site agreement for DBA case study (see Appendix A). Therefore, I ensured the highest ethical protection of the participants' through the outlined informed consent process.

Research participants should have the opportunity to withdraw from studies at any time without penalty or repercussion (Drake, 2013). Consequently, the participants for this study could withdraw from the study at any time without penalty via telephone, in person, or via email. Furthermore, the participants received no compensation or offered any incentives for participation in the study.

Protecting the rights, well-being, and confidentiality of participants in research are important principles in research (Johnson, 2014). I completed the National Institute of Health (NIH) certification course on Protecting Human Participants (see Appendix C). Similarly, I follow the ethical principles from the Belmont Report. The Belmont Report summarizes the basic moral principles researchers should use to protect human subjects during research (Belmont Report, 1979). All participants received a business leader interview consent form containing detailed information about the study.

To protect confidentially of participants, I stored all collected data in a locked safe for 5-years. The final doctoral study manuscript included the Walden University's IRB approval number. The IRB approval number is 08-22-17-0591045. Additionally, I shared a summary of the research findings with the participants. To further ensure the ethical protection of the participants' and ensure confidentially, I used unique alphanumeric identifiers to identify participants, interview transcripts, and the organization in the study. Welsh, Nelson, Walsh, Palmer, and Vos (2014) asserted that researchers could protect the anonymity of research participants by using unique identifiers. Therefore, for this study, each recorded interview received a unique alphanumeric identifier.

Data Collection Instruments

The researcher is the primary data collection instrument in qualitative studies (Marshall & Rossman, 2016; Yin, 2014). In qualitative research, researchers collect primary data through semistructured interviews, observations, and review of documents (Moustakas, 1994; Petty, Thomson, & Stew, 2012; Rubin & Rubin, 2012; Yin, 2014). I obtained approval for the use of organizational documents from organization's representative (see Appendix A). Semistructured interviewing is the most common source of primary data collection in qualitative studies (Bernard, 2013; Houghton et al., 2013; Rubin & Rubin, 2012). Therefore, I collected primary data using semistructured interviews and the review of documents.

The semistructured interviewing format involves using a pre-determined set of opened questions to gain participants responses with the opportunity for the researcher to ask follow-up questions to clarify participant's responses (see Appendix B) (Qu & Dumay, 2011). Conversely, the use of semistructured interviews format enhances the data collection process because the participants are not limited to pre-determined responses (Bernard, 2013; Qu & Dumay, 2011; Moustakas, 1994; Yin, 2014). The data collection process involved the use of an interview protocol (see Appendix B). Before the interview, each participant received the interview protocol which also contains the interview questions. The use of an interview protocol ensures consistency throughout the data collection process (Jacob & Furgerson, 2012; Moustakas, 1994; Yin, 2014).

After the interviews, I conducted member checking to enhance the reliability and validity of the data collection instruments. Qualitative researchers use member checking

to improve the reliability and validity of research data (Moustakas, 1994; Patton, 2015). Member checking involves sharing the researcher's data interpretation with the participants to ensure the researcher's interpretation is correct (Moustakas, 1994; Patton, 2015). Dixon (2016) used member checking to ensure the data interpretation represented the participant's responses. To conduct member checking; I interpreted and synthesized the participant's response to each interview question. Each participant then received a copy of the interpretation and synthesis to confirm the interpretation was correct and representative of their experiences with the research question. Furthermore, allowing the participants to clarify and add to responses facilitates the development of themes on the research topic (Moustakas, 1994). The follow-up member checking process continued until no new data exists to collect from the participants. Therefore, I used member checking to enhance the reliability and validity of the interview protocol and data collection instrument.

Data Collection Technique

The purpose of this qualitative single case study was to explore strategies health care leaders use to improve RN retention. The central research question is: What strategies do health care leaders use to improve RN retention? The primary data collection strategy included the review of organizational documents and the use semistructured face-to-face interviews. I collected company documents such company retention policies, procedures, and employee handbook to use a secondary data source corroborate and augment the interview data. The objective was to analyze hospital documents on RN retention and combine the information from the hospital documents

with the interview data. Furthermore, Yin (2014) suggested that data for case study can come from administrative documents, letters, memoranda, e-mail communications, interviews, and written reports. Similarly, Scott (2016) and Izard-Carroll (2016) used organizational documents along with interview data as sources of evidence in their case studies.

Semistructured interviews allow participants to provide insights on a research topic by answering pre-determined open-ended questions that prompt discussions (Bernard, 2013). Using semistructured interviews, researchers explore themes and perspectives from the participants on a research topic (Moustakas, 1994; Yin, 2014). Major (2016) used the semistructured interview to collect data from four small business owners for a case study on strategies some business owners use to reduce voluntary employee turnover. Similarly, Scott (2016) and Izard-Carroll (2016) used the semistructured interview to collect data for case studies.

Before the interview, each participant confirmed meeting the selection criteria for the study. The participants selected the meeting place and time for the interview. The participants who meet the selection criteria received the interview questions and the business leader interview consent form before the interview. The day of the interview, I completed the informed consent process and went over the interview protocol with the participants (see Appendix B). Additionally, I used a standardized interview protocol as a guide to collect data from the participants. Similarly, Scott (2016) and Izard-Carroll (2016) both used an interview protocol as a guide during their data collection process. In qualitative research, the use of an interview protocol to ensure a systematic interview

process with each participant (Rubin & Rubin, 2012). Consequently, I used a recording device to record each interview.

Rubin and Rubin (2012) suggested that qualitative researchers should use a recording device to ensure data accuracy. Yin (2014) suggested that recording devices provide for the more rigorous collection of interview data than taking notes. Scott (2016) and Izard-Carroll (2016) recorded participant interviews using a digital recorder. Similarly, Patton (2015) asserted that a digital recording device is essential for capturing participants' responses. Therefore, the audio recording device used for the semistructured interviews in this study included an iPhone 7. The use of an iPhone 7 to capture interview data made the data easier to transfer to a personal computer database. A Sony digital voice recorder serves as a backup to the iPhone 7 in the case of malfunction.

The use of semistructured interviews in the data collection process includes several advantages and disadvantages. One advantage of using the semistructured interview in qualitative research is participants could express themselves freely and provide information on the research question (Bernard, 2013; Moustakas, 1994; Yin, 2014). In using the semistructured interview, well-informed participants can answer interview questions in as much detail as they want (Yin, 2014). Furthermore, conducting face-to-face interviews provides for the development of the relationship between the researcher and interviewee may increase cooperation during the study (Patton, 2015; Yin, 2014). Accordingly, interviews can help the researcher to collect up to update and crucial information from the interviewee (Moustakas, 1994; Yin, 2014).

In addition, several disadvantages exist of using the semistructured interview to collect data in case study research. One significant problem with using the semistructured interview in a qualitative study is bias might influence the responses from the participants (Yin, 2014). Similarly, Yin (2014) suggested that case study interviews can be time intensive and take 2 or more hours to complete in one sitting or over multiple sittings. Overall, each interview took less than 45 minutes to complete.

Following the completion of each interview, I transcribed and created hard copies of the data. Next, I created a one paragraph interpretation and synthesis of the participant's response to each interview question. The interpretation and synthesizing of the interviewee's responses may create an opportunity for the follow-up interview and member checking process. Several researchers recommended the use of member checking in qualitative studies (Izard-Carroll, 2016; Kornbluh, 2015; Marshall et al., 2013; Scott, 2016; Tracy, 2013). In qualitative research, member checking, and transcript review improve the accuracy, credibility, and validity (Harper & Cole, 2012). The member checking process involves conducting a second interview with the participants to share the interpretation with them to ensure the synthesis is correct and represents the participant's responses to the interview questions. Houghton et al. (2013) suggested that the member checking process signifies a quality control process in which the participants affirm the accuracy, credibility, and validity of the study. Data saturation occurs when the follow-up member checking interviews and document review reveals no new additional information or themes from the participants (Patton, 2015; Yin, 2014).

Data Organization Technique

The organization, analyzing, and the interpreting of data is a vital component in case study research (Yin, 2014). Yin (2014) suggested that the use of a case study database for compiling and storing all data. Additionally, the storing and organizing of data in digital format ensures portability, security, and tracking (Patterson et al., 2014; Wilkerson, Iantaffi, Grey, Bockting, & Simon Rosser, 2014; Snyder, 2012). For example, Izard-Carroll (2016) created and labeled electronic folders to keep track of each interview recordings. Therefore, I created an electronic folder for each participant to keep track of interview recordings. In addition, I used a portable USB drive to store all electronic records and corresponding transcription. The USB drive, all consent forms, interview field notes, and the hard copies of the interview transcripts will be stored securely in a password protected fireproof safe for 5years, only accessible by me. After the 5year storage period, I will destroy all the data in accordance with Walden University (IRB) guidelines.

Data Analysis

The data analysis process for this qualitative single case study included methodological triangulation from data gathered from semistructured interviews with health care leaders and the review of their company documents. The company documents I reviewed included but were not limited to include the employee handbook, employee retention policy documents, and information on the company intranet. Methodological triangulation involves using more than one method to study or investigate a phenomenon (Patton, 2015; Walsh, 2013). For qualitative research, the most significant use of

company documents is to corroborate and enhance evidence from other sources such as semistructured interviews (Yin, 2014). Furthermore, methodological triangulation allows researchers to collect more comprehensive data for analysis and for validating the accuracy of their findings (Carter, Bryant-Lukosius, DiCenso, Blythe, & Neville, 2014; Heale & Forbes, 2013). Similarly, Patton (2015) asserted that triangulation allows researchers to overcome the inadequacies inherent in a single method data collection process by using multiple methods which provide quality data for interpretation.

The data analysis process started with the transcription of the interview data and the collection of company documents from the participants. Fletcher, Massis, and Nordqvist (2016) emphasized that qualitative researchers transcribe interviews data in preparation for the data analysis process. After each interview, I inputted the data into Microsoft Word. The next step in the data analysis process involved conducting the follow-up member checking interviews with the participants to validate and confirmed the data. Member checking is used in qualitative research to ensure quality, credibility, and validity (Moustakas, 1994; Patton, 2015). To conduct member checking, I provided the participants with a short synthesis of their responses to each interview question to determine the accuracy of the interpretation and give participants a chance to add more information. If the participants confirmed the accuracy of the interpretation and no new theme or data emerged, then data saturation occurred. Qualitative researchers establish data saturation when the follow-up member checking interviews and documents review with participants yields no new information or themes (Fusch & Ness, 2015; Houghton et al., 2013)

In qualitative research, data analysis consists of reviewing data to reveal significant descriptions, themes, categories, and patterns (Marshall & Rossman, 2016; Patton, 2015; Yin, 2014). After completing the member checking process, the next step in data analysis process involved using thematic analysis to identify patterns and themes in the interview data to facilitate the development of codes for the analysis process. Thematic analysis is a widely-used method for identifying, analyzing, and reporting themes within qualitative (Leedy & Ormrod, 2013; Marshall & Rossman, 2016). The thematic analysis allows for the creation of manageable data from which researchers can develop codes to use in analysis of the data (Leedy & Ormrod, 2013; Patton, 2015). After condensing the interview data; I developed a preliminary set of codes to use in grouping and coding the data. The coding of the transcript included categorizing sections of the data using classifying words and arranging data into thematic groups. The process of open coding enhances the identification of core concepts, patterns, and themes prominent in the interview data (Marshall & Rossman, 2016; Patton, 2015; Yin, 2014). Several qualitative researchers used coding to categorize data for analysis (Dincer & Dincer, 2013; Forber-Pratt, Aragon, & Espelage, 2013; Taskila et al., 2014). Therefore, the data analysis process included the use of coding to compile, organize, and sort the data.

The next step in the data analysis process involves importing the data into the NVivo v11 software. The NVivo 11 is a software program allows researchers to code and categorizes the content of the imported data (Edwards-Jones, 2014). I used the NVivo v11software to code, input, store, organize, visualize, and identify the patterns in the data. Qualitative researchers use software programs such as NVivo to code and group data

gathered from interviews or written documents, such as archived company documents (Yin, 2014). The main benefits of utilizing NVivo software in data analysis software includes (a) the management of large quantities of data, (b) increased flexibility, (c) enhanced credibility and dependability, and (d) accurateness of analysis (Woods, Paulus, Atkins, & Macklin, 2015). Similarly, Miles, Huberman, and Saldaña, (2013) suggested that researchers can use NVivo to identify key themes, code, and conduct mind-mapping the data. Conversely, Zamawe (2015) indicated the coding features contained in NVivo provides for the quick identification of themes in data while simultaneously reducing the possibility of researcher's error during the coding and theme selection process. Sotiriadou, Brouwers, and Le (2014) suggested that researchers can use NVivo to create thematic nodes as well as to create an audit trail of the coding process.

The conceptual framework grounded this study is the transformational leadership theory by Burns (1978). In qualitative research, the conceptual framework connects the literature, the research method, and study findings (Borrego, Foster, & Froyd, 2014). The analysis of the data included the identification and exploration of themes associated with strategies health care leaders use to improve RN retention. I analyzed the data by classifying and clustering themes into categories to compare the themes with other findings outlined in the relevant and extant literature. Subsequently, I correlated the identified themes with recently published research and the conceptual framework of the study. One of the data analysis strategies in qualitative research is a correlation of the emerging themes from the data to the study framework and existing literature (Chan, Fung, & Chien, 2013).

Reliability and Validity

Reliability

In qualitative research, researchers implement reliability procedures to ensure the results are valid and trustworthy (Elo et al., 2014). Furthermore, qualitative reliability is a process researcher employ to check for accuracy of study results (Hess, McNab, & Basoglu, 2014). Similarly, Hess et al. (2014) suggested that researchers can facilitate research reliability by ensuring study findings align with the research question, theory, and collected evidence. Similarly, Venkatesh et al. (2013) suggested that reliability in qualitative research is contingent on assuring dependability of the study. To enhance the dependability of the study, I used member checking. Houghton et al. (2013) asserted that employing member checking in qualitative research reduces bias and ensures data accuracy.

After the initial interviews of the participants, I used follow-up member checking interviews to share and review the interpretations of the original interview with the participants for validation. The member checking process involves giving a copy of the interview transcript with the interpretations to the participants to confirm the accuracy and credibility of the analysis. During the member checking interview, the participants had the opportunity to correct interview responses. Conducting member checking from the perspective of the participants ensures the credibility of the study findings (Houghton et al., 2013). Similarly, Reilly (2013) suggested that member checking serves to guarantee the credibility of the project through participants' verification and validation of the researcher's interpretation. Similarly, Moustakas (1994) asserted that qualitative

researchers use member checking to improve the reliability and validity of research data. Therefore, to ensure accuracy and enhance dependability of the study I used member checking.

Validity

In qualitative research studies, (a) credibility, (b) transferability, and (c) confirmability are criteria for assuring a study's validity (Kim & Li, 2013). In a qualitative study, the verification and confirmation of collected data ensure the credibility of the research (Cope, 2014). Strategies to ensure the credibility of this study include member checking and methodological triangulation. The process of member checking or participant validation involves confirming the collected data, thematic categories, researcher's interpretations, and conclusions with participants to ensure accuracy (Reilly, 2013). I provided the transcripts from the participants' interviews along with the interpretation of the participant's responses to the participants. The follow-up member checking process gave interviewees opportunity to clarify information, add more details, and ensure the researcher's interpretation of the data is correct. Similarly, Kornbluh (2015) suggested that member checking is the foundation for enhancing qualitative claims of accuracy and research credibility. Similarly, Andraski, Chandler, Powell, Humes, and Wakefield (2014) suggested that applying member checking to ensure the accuracy of the findings and to ensure the perception of the participants depicts the data further enhance the validity of the study. Another method for enhancing study credibility is methodological triangulation.

Methodological triangulation refers to the use of multiple methods to gather data, such as interviews and documents review (Heale & Forbes, 2013). In qualitative research, the use of methodological triangulation allows for the collection of rich and in-depth data from multiple sources (Walsh, 2013). Similarly, Yin (2014) suggested that in qualitative projects researchers can enhance the reliability and validity by collecting and comparing data from multiple sources. Researchers use methodological triangulation to collect comprehensive data to improve the understanding of the phenomena and to increase the validity of the research findings (Patton, 2015). Furthermore, using methodological triangulation helps the researcher to reduce biases that sometimes arise from the use of one data collection method (Walsh, 2013).

Transferability refers to the extent to which results generated in a qualitative research have applicability in other contexts (Elo et al., 2014; Houghton et al., 2013; Lincoln & Guba, 1985; Reilly, 2013). To address transferability in the study, I used an interview protocol. Farrelly and Greyser (2012) described the use of an interview protocol as a way of enhancing the transferability of research findings. By using an interview protocol as a procedural guide, the researcher methodically adheres to the data collection technique and captures the participant's experiences with the research topic (Rubin & Rubin, 2012). Marais (2017) used an interview protocol to ensure the transferability of the study findings to similar situations. The use of the interview protocol ensures participants respond to the same questions thus enabling the researcher to provide a comprehensive description of the research findings (Marais, 2017). Furthermore, Marais asserted that providing a detailed account when describing a study

enable transferability because other researchers will be able to determine if the information contained in the study applies to other times, settings, situations, and population(s). In other words, readers will be able to make connections between the study findings and their experience

Confirmability in qualitative research means the degree to which the results could be confirmed or verified by other researchers (Cope, 2014). For this study, follow-up member checking interviews served as the technique to address confirmability. During the member checking interviews, the participants received a copy of the interpretation of their responses to ensure the interpretations represents their views and experience with the research topic. Using follow-up member checking interviews, participants could review and provide additional information regarding the researcher's interpretation (Reilly, 2013). Similarly, Harper and Cole (2012) asserted that the member checking process allows researchers to gauge their personal views on the research topic to reduce potential bias during data interpretation. Additionally, Yilmaz (2013) argued that member checking is useful in confirming the researcher's interpretation reflects the participant views and responses to the interview questions (Yilmaz, 2013). Similarly, Lincoln and Guba (1985) asserted that member checking is the most analytical technique for establishing credibility in qualitative research.

One criterion for establishing quality in qualitative research is achieving data saturation (Dworkin, 2012; Elo et al., 2014; Marshall et al., 2013). To reach data saturation, I solicited participants' views on the research topic using in-depth interviews and the review of the employee handbook. In qualitative studies, in-depth interviews are

strategies researchers use to collect data from the participants (Marshall et al., 2013; Patton, 2015; Yin, 2014). The technique used to ensure data saturation in this study involved conducting follow-up member checking interviews and the review of the employee handbook. Qualitative researchers Scott (2016) and Izard-Carroll (2016) used the member checking interviews and examination of documents to ensure data saturation for case studies. The member checking process involves providing the participants with a synthesis of the interview responses to make sure the interpretation represents their complete answers to the questions with no additional information to add. The member checking process allows participants to verify their response and provides an opportunity to add or remove data (Elo et al., 2014; Fusch & Ness, 2015; Killawi et al., 2014). The eliciting of participant's responses continued until data saturation occurs. Data saturation takes place when there are no new perspectives, patterns, or themes on the research topic from the participants (Fusch & Ness, 2015). Therefore, to ensure data saturation and achieve a high-quality qualitative study, I reviewed organizational documents and conduct follow-up member checking interviews until the occurrence of repetitive data and common themes emerged from the participants.

Transition and Summary

The objective of Section 2 was to provide a detail description of the research process. The purpose of this qualitative case study was to explore strategies health care leaders use to improve RN retention. In this section, I restated the purpose statement and discuss the role of the research, participants, research method and design, population and sampling, ethical research, data collection instrument, data collection technique, data

analysis and reliability and validity. In Section 3, I included the presentation of the findings, a discussion regarding the application to professional practice, and the implications for social change. Furthermore, Section 3 included recommendations for action and further research. Finally, I conclude Section 3 with a personal reflection on the doctoral study process and a conclusion to the study.

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 RN retention. The participants for this study included four health care leaders working in Brooklyn, New York. The study participants included those employed full time who had leadership responsibilities and with a history of using successful strategies to improve RN retention. Additionally, all participants received formal management training and graduated from an accredited educational institution with higher degrees such as Masters and Doctorates. The data came from interviews with these leaders and a review of hospital HR policy documents. The three themes that emerged from the analyzed data were (a) supportive leadership improved RN retention, (b) fostering teamwork improved RN retention, and (c) effective communication improved RN retention. Participants viewed retention strategies as best practices designed to strengthen the ability of hospitals to attract and retain their nursing workforce by providing support to the RNs in areas that encourage the use of best practices. Section 3 includes the presentation of the findings. Additionally, this section includes the application to professional practice, implications for social change, and recommendations for action. Section 3 also includes a discussion regarding recommendation for further research on RN turnover. Finally, I conclude Section 3 with a reflection on the doctoral study process and a conclusion to the study.

Presentation of the Findings

The overarching research question guiding this study was as follows: What

strategies do health care leaders use to improve RN retention? The case study design

included data collected from two sources. The primary source of data collection was in-

depth semistructured interviews with four health care leaders from Brooklyn, New York.

The interview findings included comparison with documents found on the hospital

Intranet to gain an in-depth understanding of the retention strategies used by the leaders.

To preserve the confidentiality of the participants, I used alphanumeric codes P1 through

P4 to identify participants. The data analysis and coding process resulted in the

identification of three major themes, displayed in Table 1.

Table 1

Frequency of Major Themes

Themes	Frequency
Supportive leadership improved RN retention	47
Foster teamwork improved RN retention	32
Effective communication improved RN retention	33

Theme 1: Supportive Leadership Improved RN Retention

The first major theme that emerged from data analysis and the review of hospital

HR policy documents was that supportive leadership improved RN retention. Analysis of

the findings in this study indicated that providing supportive leadership helps improve the

RN attitude towards work, leaders, and commitment to the hospital. P3 and P4 expressed

that "supporting the RNs involves more than just giving out nursing assignments;

supporting the RNs involves ensuring that the team member understands the requirement

needed to complete the assignments." P2 asserted, "I improved RN retention by ensuring

that my RNs understand their roles and responsibilities, and if they do not understand

their work assignment, I will sit down with them and train them." P3 explained that

getting to know each RN and developing a trustful relationship with them contributed to

their intention to stay in the hospital and kept their morale high. P3's comments indicated

an alignment with inspirational motivation and idealized influence constructs of Burns

(1978) transformational leadership theory. Bass and Avolio (1997), who extended

Burns's transformational leadership theory, asserted that the inspirational motivation and

idealized influence constructs of the transformational leadership theory have a positive

correlation with supportive leadership in affecting RNs' work attitude. According to Bass

and Avolio, transformational leaders use their relationship, behaviors, and characteristics

to inspire and motivate RNs in realizing their potential and desire to commit and achieve

goals of the organization.

The results of this study showed that supportive leadership was an effective

strategy for improving RN retention because of the interpersonal relationship that

developed between the RN and the leaders. Additionally, P1, P2, and P3 explained that

supporting the RNs involves providing them with the right training, adequate resources to

do their jobs successfully." P2 continued and stated that "when RNs perceived that you

have their best interest in mind, they feel empowered, and they will have less of a desire

to leave the hospital." Additionally, P3 mentioned that

> As a leader, it is my job is to know each RN weakness and strengths, and I
>
> accomplished this by fostering a relationship with each RN. Helping the RNs to

improve their weaknesses contributed to the improvement in performance, commitment to the hospital, and long-term it also contributed to the retention of that RN because I provided them with the support they needed to perform.

P4 added, "I focus on every RN individual and giving them, this type of individual support will result in personal development, organizational commitment, and personal growth in the hospital." Analysis of P4's comment remains consistent with the study findings that supportive leadership improved RN retention. Moreover, P4's comments indicated an alignment with individualized consideration construct of Burns's transformational leadership theory. Bass and Avolio (1997), who extended Burns's transformational leadership theory, asserted that individualized consideration occurs when transformational leaders recognize the goals and needs of followers and support the followers in achieving the goals. Results of the study further indicated that nursing leaders could improve RN retention, job performance, job satisfaction, and the wellbeing of the RNs by using individualized consideration construct of Burns's transformational leadership theory. In alignment with Burns's (1978) description of the transformational leadership theory, leaders motivate employees by engaging in behavior that stimulate and inspire the employees to a higher level of performance and commitment to the organization.

The four participants recognized the importance of supporting RNs in all aspects of their duties and responsibilities. The results of this study showed that supportive leadership was instrumental in retaining RNs, improving performance, and increasing job satisfaction in the hospital. For example, P2 and P3 noted that RNs were more at ease

when given support by their immediate manager. Additionally, P2 and P3 articulated that

using a supportive leadership style was an effective strategy for retaining RNs.

Participants believed that RNs require support in the workplace by their leader. P4

reiterated

> We are here to help them. We are their mentors. They have patient care to give. If
>
> something is wrong, if they cannot organize their work day, or if they cannot deal
>
> with a certain patient personality, maybe there's another nurse who could do that,
>
> maybe you need to coach them through this. It is just what we are here for.

The findings that supportive leadership improves RN retention were similar to

research findings from Chapman, Rahman, Courtney, and Chalmers (2017) and Ryan

(2017); these researchers found that nursing leadership support can positively impact RN

performance, commitment, and job satisfaction. Additionally, the supportive leadership

improved RN retention finding remains consistent with prior literature that RN

performance in the workplace directly related to leadership behavior and leadership style

(Beck et al., 2015; Waerbury, 2016). Table 2 display the frequency of responses for

Theme 1, supportive leadership improved RN retention.

Table 2

Theme 1: Supportive Leadership Improved RN retention

Themes	Frequency
Supportive leadership improved RN retention	47

Analysis of the findings of this study indicated that supportive leadership

improved RN retention by creating a work environment that provides for increasing job

satisfaction among RNs. P2 and P3 explained that inadequate staffing could lead to RN

dissatisfaction and intentions to leave the workplace. Results of the study indicated that

maintaining staffing level on the nursing unit was instrumental in retaining RNs and

increasing job satisfaction among RNs. Additionally, P2 stated that "creating a supportive

work environment helps with improving retention because the RNs develops a sense of

organizational citizenship and commitment to the workplace." In alignment with P2, P4

stated that "continually providing support to team members led to a reduction in RN

dissatisfaction and an increase in engagement and an improvement in RN retention in the

hospital." P4's comments that supportive leadership led to a reduction in RN

dissatisfaction were in alignment with the findings of Kirin et al. (2016) and Gabrani et

al. (2016) that supportive leadership enables leaders to develop a healthy working

environment for RNs, impacting retention, job satisfaction, and patient care outcomes.

The findings from hospital HR policy documents on the hospital Intranet

corroborated that the organization considers supportive leadership an important aspect of

staff management and support. For example, an HR policy document on the Intranet

outlined the need for nursing leadership to support the staff in the achievement of their

goals. For example, P2 mentioned that "when the RNs make a mistake I mentor them, I

retrained them, and I try to make them know as your manager I am here to support you

and ensure that you are successful at your job." P2's comments that RNs get mentored

and retrained whenever they make a mistake aligned with the individualized

consideration and idealized construct of Burns's (1978) transformational leadership

theory. Bass and Avolio (1997), who extended Burns's transformational theory, asserted

that leaders use the characteristics of the individualized consideration constructs to mentor and guide followers towards higher performance, productivity, and development in their organization. In alignment with Burns's transformational leadership theory, Caillier (2016) concluded that idealized influences such as mentoring and support between the follower and transformational leader often lead to improvement in organizational commitment and performance.

Overall, all four participants emphasized that supporting employees in the workplace increased job satisfaction, improved organizational commitment, and contributed to an improvement in RN retention in the hospital. All participants shared that the RNs responded positively to the support given to them, and this strategy of supporting the RNs led to an increase in staff relationship, increase trust among coworkers, and improvement in RN retention. Conclusions derived from the participants are aligned with the findings expressed by Young et al. (2016) and Yang et al. (2016) whom both concluded that a supportive leadership behavior could positively affect staff relationship, trust, and organizational citizenship behavior and enhance RNs organizational commitment. The study results further indicated that when health care leaders supported the RNs in the hospital, it resulted in an improvement in RN retention.

Theme 2: Fostering Teamwork Improved RN Retention

The second theme that emerged from data analysis and the review of hospital HR documents was that fostering teamwork improved RN retention. Transformational leaders typify behaviors that arouse followers' commitment to teamwork and achieving organizational goals (Cheng et al., 2016). Analysis of the findings in this study indicated

that fostering teamwork in the hospital contributed to the retention of RNs in the hospital. The participants shared that the nursing leaders are responsible for fostering teamwork in the hospital. For example, P4 stated, "The nursing leader is the one responsible for the actions of the nursing team, so he or she must ensure that they work together to provide effective patient care." P3 stated that "on my floor, I develop teamwork through motivation, by providing direction, and by empowering the RNs to make a job-related decision within their workgroup."

Additionally, P2 stated "Trustworthiness is essential in the world of team nursing, and part of my job is to ensure that the nurses trust each because if they do not trust each they will not ask for help and this will affect the team and patient care." The findings from this study aligned with Burns's (1978) transformational leadership theory and the findings showed that transformational leadership constructs of (a) idealized influence, (b) inspirational motivation, (c) intellectual stimulation, and (d) individualized consideration foster teamwork and enhance employee performance. The implication is that transformational leaders use these constructs to encourage RNs to perform better and beyond expectation in a team-oriented environment. Table 3 displays the frequency of responses for Theme 2: fostering teamwork from the participants.

Table 3

Theme 2: Fostering Teamwork Improved RN retention

Themes	Frequency
Fostering teamwork improved RN retention	32

Results of the study further indicated that fostering teamwork improved RN retention because RNs function better in a team-oriented work environment, and they will not leave an institution that provides a workplace that makes their job easier. Additionally, P2 and P3 mentioned that keeping meetings with RNs to discuss teamwork proves beneficial when it comes to improving teamwork in the hospital. P2 also stated "Trustworthiness is essential in the world of team nursing, and part of my job is to ensure that the nurses trust each because if they do not trust each they will not ask for help and this will affect the team and patient care." In alignment with P2's comments, P4 mentioned that she used teamwork to retain RNs by making sure that every RN understands that he or she must support each other in the hospital and that RNs must work together as a team. P4's views were consistent with how Bass and Avolio (1997) discussed idealized influence in the transformational leadership theory. Bass and Avolio asserted that leaders could use idealized influence to affect productivity, improve teamwork, and improve communication in the organization.

A review of the results further demonstrated that fostering teamwork improved RN retention, which was in alignment with the findings of Kim et al. (2016) and Asamani, Naab, and Ofei (2016); these researchers discovered that the supervisor-nurse relationship and teamwork contributed to a decrease in RN turnover in the hospitals. P2 articulated that "I reduce nurse turnover by ensuring that my nurses work with each other."Additionally, P2 and P3 both noted that teamwork has a direct impact on several core elements in the organization, improving patient outcomes and safety, while simultaneously affecting RN retention. Similarly, P4 mentioned that leaders must

continuously inspire and motivate the RNs on the nursing units to work together. The

views of P4 are aligned with the transformational leadership theory because Bass and

Avolio asserted that leaders should inspire and motivate followers to ensure individual,

group, and organizational outcomes. In discussing the role leaders in developing

teamwork in the hospital, P1 mentioned that

> My strategies to develop teamwork and improve nurse retention involves from the
>
> start every new and senior nurse; everyone must understand the teamwork culture
>
> of the hospital. Moreover, it is my responsibility to sit down with them and have a
>
> conversation about the importance of working together with other nurses and with
>
> doctors, and that they are an integral part of the hospital.

However, a review of the results demonstrated that participants would transfer

RNs who lack commitment and support for teamwork to other departments within the

hospital. According to P1, "Some RNs are not able to work with others, and my job is to

prevent such an RN from disrupting the workflow of the department by transferring that

RN to a different unit in the hospital." P1 and P2 both revealed that they would support

and assist staff members who want to leave the hospital because they cannot support and

contribute to teamwork. Analysis of the findings in this study indicated that effective

teamwork is the foundation for nursing success in the hospital. P2 mentioned that

choosing the wrong employee during the hiring process can negatively affect the working

environment and further contribute to RN turnover. P2's comments are in alignment with

the views expressed by Guchait, Lei, and Tews (2016), who suggested that leaders must

focus on hiring individuals who can work effectively in teams because the success of the

organization depends on effective teamwork. Participant 4 also mentioned that improving

RN retention by fostering teamwork involves hiring RNs who will succeed in the team-

oriented organization. Additionally, P4 stated:

> People have different personalities, and some nurse can function or work in a
>
> team environment, on my floor teamwork is a must and all of the nurses
>
> understand that, but sometimes if you have a nurse who can't work with other,
>
> then it's my job to find out what I can do to help that nurse. Doing this will help
>
> with retaining nurses and improving their retention.

> Conclusions derived from the participants (P1, P2, P4) comments revealed that

participants viewed RN turnover positively when RNs who do not value teamwork or

encourage team buy-in, voluntary leave the hospital. The participants (P1, P2, P4)

perspectives aligned with the research findings of Hayward, Bungay, Wolff, and

MacDonald (2016) who suggested that voluntary turnover of RNs that have ineffective

working relationships with other staff contributed to the retention of the RNs in the

hospital.

The notion that fostering teamwork improved RN retention in the workplace ties

firmly with the fundamental elements of Burns (1978) transformational leadership theory.

An underlying premise of the transformational leadership theory is that organizational

leaders will create a team-oriented environment to ensure followers are successful in

achieving their goals (Alatawi, 2017; Bass, 1985; Bass & Avolio, 1997). P2 and P3 both

noted that encouraging teamwork creates a better work environment which contributes to

organizational commitment and a reduction in RNs leaving the hospital. P3 also stated

that "Since teamwork is essential for preventing RNs from leaving the department; leaders must identify team members who lack a team orientation and encourage them to be a team player." All participants shared that using teamwork to improve RN retention involves the creation of a team-oriented environment and by hiring the right people. Similarly, P3 stated:

> To create a teamwork culture, I keep staff meetings with all the nurses, and we discuss what was expected of every nurse, in these meetings I encourage the nurse to discuss what they want from each other when it comes to working together on the floor. So, the nurses were empowered to develop their concept of teamwork on the floor. Moreover, doing this contributed to nursing retention because the nurse felt ownership of their unit.

P3's comments are in alignment with the findings expressed by Ballangrud et al. (2017) in that institutional leaders should invest in team building and team development in the workplace because effective teamwork is crucial for business success. In another study, Chapman et al. (2017) claimed nursing leadership should implement strategies to enhance teamwork because poor teamwork contributes to negative organizational outcomes for both staff and patients.

Based on the analysis of participants' perspectives on strategies health care leaders use to improve RN retention and a review of information from the hospital Intranet, the findings of fostering teamwork aligned with Burns (1978) transformational leadership theory. Burns found that leaders can use the construct of individualized consideration to promote organizational identity and teamwork in workers. Additionally,

Bass (1985) and Bass and Avolio (1997), both instrumental in extending the transformational leadership theory concluded that leaders could influence and increase employee's productivity through effective teambuilding. The study results indicated that when health care leaders invested in fostering teamwork in the hospital, it resulted in an improvement in RN retention.

Theme 3: Effective Communication Improved RN Retention

Effective communication improved RN retention was the third theme that emerged from the analysis of participants responses and the review of hospital human resource documents. All participants in this study emphasized the importance of using effective communication to build trust among coworkers, to prevent RNs from leaving, and accomplish goals. Additionally, P4 noted that nursing leaders must function as mentors, practice effective communication, and ensure that feedback is getting back to RNs. P2 mentioned, "I improved employee RN retention by using various communication tools to pass on information to the nurses, I make sure that I responded quickly to every email and resolved any problems that they brought to my attention." The findings of this study aligned with Kirin et al. (2016) found that organizational cultures built around effective communication from leaders to followers were instrumental in influencing RNs to remain in the organization. The conclusion derived Kirin et al. (2016) study was in alignment with Burns's (1978) transformational leadership theory because Burns asserted that through effective communication leaders encourage employee engagement and organizational commitment. Table 4 displays the frequency of responses for effective communication from the participants.

Table 4

Theme 3: Effective Communication Improved RN Retention

Themes	Frequency
Effective communication improved RN retention	33

Each of the four RN leaders talked about the role of communication in retaining RNs in the hospital, even though no interview question existed on communication with the interview protocol. For example, all participants shared that a leader must communicate with the RNs to ensure they have all the tools necessary to achieve their goals. Additionally, P4 mentioned "A lack of communication between leaders and nurses will cause ultimately cause RN turnover on the floor because nurses require information to their work, they need information from me, information from the doctors, and so on. So, it is my job to make sure that everyone communicates with each. A nurse will leave if there work environment does not work in the favor**".** P1 stated the importance of ensuring constant communication between the RNs have contributed to retaining RNs and an improvement in teamwork.

All the participants agreed that when working with RNs, ensuring communication was an effective strategy for retaining RNs in the organization. P3 expressed, "I encourage effective communication in the workplace to reduce RN turnover by making sure that my team members communicate with each other." Additionally, P1 stated that "I used frequent communication between myself and the RNs to encourage their commitment to the hospital, I make sure that I send them all the information they will need to do their job." P1comments demonstrate the effectiveness of communication in

the workplace and its effect on RN retention. As evidenced by the findings of this study nursing leaders use excellent communication skills to inspire, encourage, motivate, and retain RNs in the hospital. The findings of the study further indicated an alignment with the transformational leadership theory. Transformational leaders through their behaviors of idealized influence, inspirational motivation, intellectual stimulation, and individualized consideration, proactively communicate with employees (Bass & Avolio, 1997). Bass and Avolio (1997) suggested that transformational leaders could use the four constructs of the transformational leadership theory to facilitate communication with followers to create an organizational culture that would support the employees in the organization.

The finding that effective communication improves RN retention aligned with the research findings of Raina and Britt Roebuck (2016), who found that effective communication on the nursing units between RNs and their leader decreased RN turnover intentions. P3 and P4 both stressed the importance of having an open-door policy to facilitate two-way communication with the staff. Additionally, P3 noted "Facilitating effective communication requires an open-door policy that allows the RNs to discuss job-related problems at any time. Analysis of the findings in this study indicated that health care institutions should hire and train leaders who possess the attributes and behaviors to influence, support, inspire, and motivate RNs to work together and communicate with each other in the hospital. This indication is consistent with the existing literature on Burns's (1978) transformational leadership theory. In extending Burns's transformational leadership theory, Bass and Avolio (1997), suggested that transformational leaders

possess the behaviors necessary for communicating effectively with followers in their organization.

The findings of this study that effective communication improved RN retention corroborated with information from HR policy memorandums posted on the hospital Intranet. For example, information in one of the memoranda on the hospital intranet stipulated that a requirement exist for all nursing leaders to share information via one-on-one meetings with staff, through department meetings, and by regular interpersonal communication and email. The HR policy memorandums reviewed also included an outline of the importance of using effective communication methods to communicate job expectations of the RNs in the organization. The emergence of strategies to facilitate effective communication in the HR policy memorandums suggested that leaders must invest in transformational leaders. In further advancing and extending the transformational theory, Bass and Avolio (1997) indicated that communicating effectively with team members improved workplace culture, increased productivity, and improved staff retention in the organization. The study results indicated that when health care leaders invested in effective communication strategies, it resulted in an improvement in RN retention.

Applications to Professional Practice

Nurse turnover is costly for healthcare organizations and affects the quality of patient care (Shin Hye et al., 2016). The exploration of effective strategies used by health care leaders to influence RN retention revealed three distinct themes. The results of this study revealed that supportive leadership, fostering teamwork, and effective

communication was among the strategies health care leaders use to retain RNs in their organization. The findings apply to the professional practice of business because RNs play an important role as part of the interdisciplinary in the delivery of patient care. Failure to retain RNs could lead to loss of productivity, decrease the quality of care, increase the workload for remaining staff, increase recruitment costs, and decrease profit margins. Therefore, the findings are relevant to improved business practice because hospital care leaders can implement these strategies to retain RN with a resultant effect of improvement in the quality of patient care, organizational growth, and increase profitability.

The participants in this study indicated that that supportive leadership improved RN retention. The findings of this study support the importance of health care leaders creating a supportive work environment for the RNs provides all the resources necessary for achieving patient care outcomes. Kodama, Fukahori, Sato, and Nishida (2016) asserted that supportive leaders clarify employee goals and create an organizational culture in the workplace that leads to an increase in staff productivity. Although an assortment of factors can influence RN turnover, supportive leadership in the workplace have a significant impact on decreasing RN intention to quit and improving RN retention (P1, P2, P3, P4). Additionally, all participants mentioned that supportive leadership behaviors were instrumental in retaining RNs because a culture based on relationship building, mentoring, recognition, and training led to improvement in RN retention. Nursing leaders should first get to know the RNs under their leadership. The identified theme of *supportive leadership improved RN retention* relies on the individualized

support given to each RN by the nursing leader. Therefore, health care leaders could use supportive leadership behaviors to support the RNs in their workplace by creating strategies, which could lead to improvement in RN retention.

The participants also suggested that fostering teamwork improved RN retention. Fostering teamwork in the hospital was instrumental in improving RN retention because of team cohesion and positive work relationship (P1, P2, P3, P4). The finding of this study that fostering teamwork improved RN retention applies to the professional practice of business because the improvement in RN retention was found to be positively related to a teamwork culture that was created by the participants. Additionally, improving teamwork and work relationship leads to increased job satisfaction, improved quality of care and RN commitment to the organization. The finding of this study suggested that an effective strategy for retaining RNs in health care institution involves the development of a strong team environment and the continuous encouragement of teamwork in the workplace. The result of the further indicated that valuing and fostering teamwork in the hospital to improve RN retention involved establishing team dynamics centered on mutual trust, diversity, empowerment, shared goals, and shared responsibility for decision making. Health care leaders could use the results of this study to develop strategies to foster teamwork in their organization and improved RN retention.

Finally, the participants suggested that effective communication improved RN retention. The results of the study indicated that effective communication from leaders was the common denominator for the retention strategies outlined in the study. Throughout business practices, health care leaders exercised influence over RNs by using

effective communication to provide supportive leadership and foster team in the

workplace (P1, P2, P3, P4). Effective communication from nursing leaders contributed to

RN job satisfaction and intentions to stay with their organization (Kirin et al., 2016). A

resultant effect of using effective communication to provide feedback and the necessary

information to the RNs to facilitate work objectives is an improvement in performance

and productivity, which could inherently lead to commitment to the workplace. Since the

results of the study indicated that effective communication is an important strategy for

improving RN retention, hospital leaders can use the results as a guide to developing

strategies that enable communication in their organization.

Implications for Social Change

This study might contribute to social change by providing health care leaders with

specific strategies to improve RN retention and reduce the effects of RN turnover.

Organizational leaders can use the strategies that emerged from this study in the

implementation of valid RN retention strategies to promote improvements in human

capital management, organization's growth, and continuous health care services to the

surrounding communities. A reduction in RN turnover could prevent RNs with the

acquired institutional knowledge critical to organizational effectiveness from leaving the

workplace (Cheng et al., 2016). Conversely, improving RN retention would likely lead to

substantial cost savings for hospitals, as the expenses of hiring and training a new RNs

represent significant costs to the organization (Shin Hye et al., 2016).

Furthermore, the implications for positive social change also include the potential

to improve the work environment and the well-being of the RNs in the organization.

Organizational leaders could use supportive leadership, fostering teamwork, and effective communication to maintain and improve the working environment of RNs in their institution. Burns (1978) suggested that transformational leaders can use various leadership attributes to create a positive relationship between themselves and their workers. From the research findings, nursing leaders could use the above strategies inspire, stimulate, and motivate the RNs in achieving their goals, which in turn leads to improvement in the well-being of the RNs and the culture on the nursing units.

Additionally, the lowering of RN turnover correlates with noticeable improvements in organizational performance (Moore, Everly, & Bauer, 2016). Subsequently, by improving retention, leaders could bring about positive social change to the surrounding communities by maintaining the quality of care in their institutions. Furthermore, the cost savings achieved because of RN retention strategies may be used by leaders to promote expansion and organizational growth; which may benefit the local families and the surrounding community by providing new employment opportunities and services. Additionally, the implication for positive social change could include the potential for hospitals to provide employment stability for RNs, improvement in organizational efficiency, and the ability to help communities prosper.

Recommendations for Action

Attracting and retaining RNs can be the key to organizational success and growth in health care institutions (Kontoghiorghes, 2016). The RN retention strategies shared by the participants can be used by health care leaders experiencing significant voluntary turnover to retain RNs and improve profitability, patient care, and sustainability. Health

care leaders can use the results of this study to implement effective strategies to retain

RNs within their organizations. Below, I outline three specific recommendations for

action based on the research findings. Each specific action can be used by health care

leaders to develop and implement strategic retention policies. Furthermore, the successful

implementation of these retention policies could have a significant influence on the RNs

and the organization.

The first specific recommendation for action based on the research findings

includes the use of supportive leadership to improve RN retention. According to the

participants' feedback, supportive leadership was among the important business practices

leaders in the hospital currently use to improve RN retention and reduce RN turnover.

The participants' feedback was similar to the views of Kodama et al. (2016); these

researchers found that a lack of leadership support and motivation contributed to RN

turnover and intention to leave their organization. However, Chenjuan et al. (2015) found

that leadership support and collaboration contributed to an increase in RN organizational

commitment and reduced turnover. In summary, health care leaders could use supportive

leadership skills to inspire, motivate, and support RNs in their organization to improve

and sustain RN retention.

The second recommendation for action involves fostering teamwork in the

workplace. All participants asserted that fostering teamwork was another crucial business

practice contributing to RN retention in the hospital. Participant 4 suggested that a work

environment centered on teamwork encourages RN retention and collaboration. In

addition, effective teamwork helps the hospital to avoid the associated costs of losing

RNs and allows the new RNs to gain experience from senior RNs that results in the continuity of efficient patient care (P4)**.** Therefore, by developing strategies, emphasizing the value of teamwork, and the importance of collaboration health care leaders could improve RN retention in their institution.

The third recommendation for action involves the use of effective communication practices in the organization**.** Effective communication was a common retention strategy utilized in the workplace to retain RNs (P1, P2, P3, and P4). Participants 3 and 4 stated that effective communication could have a positive effect on performance and the overall productivity of the nursing unit because of the flow of information to the staff. All participants asserted that failing to communicate effectively and to disseminate information to staff members sometimes leads to frustration and confusion among the RNs which could contribute to RNs leaving the hospital. However, Participant 4 stated policies are in place in the hospital to ensure that the lines of communication remain open between nurse leaders and RNs on the units. In general, effective communication is as an applicable business practice that could have a positive effect on RN retention and the reduction of RN turnover in health care institution. Therefore, leaders can improve their business performance and retain RNs by developing policies to ensure the flow of information and facilitate communication among team members.

The results of this study could be used by health care leaders to affect organization commitment and retain RNs. All participants will receive a 2-page summary of the findings to disseminate among other departmental leaders within their organization. Although some health care leaders may not read doctoral studies (or know

of this research on RN retention), this study will also be available through the

ProQuest/UMI dissertation database. I will also disseminate the results of the study

through various literature, leadership conferences, business journal, and academic

journals. Furthermore, if given the opportunity, I will disseminate the results of this study

by developing training programs and seminars for organizational leaders.

Recommendations for Further Research

The purpose of this study was to explore strategies health care leaders use to

improve RN retention. The research provided significant information on RN retention

strategies from the views and perceptive of only health care leaders. A future study might

involve only RNs to gain an understanding of the specific causes of RN turnover and the

effects of RN retention strategies in the hospital. The results of such study coupled with

the finding of this research could further strengthen the retention strategies being

employed by health care leaders. Furthermore, understanding the specific causes of RN

turnover may be useful in the development of specific retention strategies to reduce

turnover on nursing units in hospitals (Yang et al., 2016).

Understanding RN retention and turnover is critical for organizational leadership

(Yang et al., 2016). A future study might involve a quantitative methodology to examine

the relationship between RN retention and other variables such as leadership style, career

advancement opportunity, employees' compensation, and staff' recognition. Conducting

such a study might provide current and future health care leaders with the knowledge to

develop strategies aimed at ensuring that RN remains in the organization.

As mentioned previously, a limitation of this research was that the participants came from the same geographic location. However, future researchers might conduct a multiple case study with health care leaders in a different geographical location. By exploring RN turnover using the multiple case study design and different geographic locations, a researcher might identify successful retention strategies used by other leaders. Another limitation of this study included the possibility of participants being unwilling to share all information on the strategies used to improve RN retention. To overcome this limitation, future researchers could replicate this study a using a multiple case study design and a larger sample population to allow for the gathering of more from participants during the study.

Reflections

The Walden University Doctor Business Administration (DBA) Program was time-consuming and required a high-level perseverance and commitment. The main purpose of this qualitative case study was to explored strategies leaders used to improve RN retention in their hospitals. The case study process involved the collection of data from nursing leaders in a hospital through semistructured interviews. Before conducting the research, I had the preconceived notion that health care leaders in Brooklyn New York would be interested in taking part in a study that would provide strategies to help their organization remain competitive by retaining a skilled workforce. However, only one leader Brooklyn New York put forth interest in this study on strategies to improve RN retention.

Since I am a health care worker, one of the challenges faced included preventing personal biases and preconceived ideas from affecting the research process. As a Paramedic, I had preconceived ideas of effective strategies to reduce turnover and retain RNs. To limit the influence of personal bias affecting the study, I adhered to interview protocol and maintain the ethical requirements of the research process. Throughout the interview process, I only asked the predetermined interview questions and asked follow-up questions on the participant's responses. The participants had the opportunity to answers each interview question openly without any interjection or interruption. Furthermore, allowing the participants to expressed themselves freely help to eliminate personal biases during the data collection process.

After completing this study, changes in thinking included the realization that completing a doctoral study is tedious, time-consuming, and exhausting. However, exploring the research topic from the views of the participants included the rewards of contributing to the existing body of knowledge on RN retention strategies. Furthermore, I have a better appreciation for the complexities and the challenges hospital leaders face concerning implementing strategies to retain RNs. Overall, the experience throughout the research process was beneficial, educational, and contributed to my growth as a student and a professional.

Conclusion

In this qualitative study, I explored the strategies health care leaders used to improve RN retention. The data came from semistructured interviews with health care leaders and the review of hospital human resource documents. On completing the data

analysis, three main themes emerged: (a) supportive leadership improved RN retention, (b) fostering teamwork improved RN retention, and (c) effective communication improved RN retention. These themes formed the basis for understanding the successful leadership strategies needed to reduce and improve RN retention in hospitals. Organizational leaders could use these retention strategies to retain RNs to improve patient care, sustain efficiency, and improve business practice. Identifying, understanding, and evaluating the factors affecting RN retention enables health care leaders to develop and implement strategies to overcome the problem. Furthermore, the implementation of effective RN retention strategies is critical to the survival of hospitals in today's health care industry. Because high levels of RN turnover create an unstable work environment that negatively impacts the level of care given to patients, health care leaders who implement RN retention strategies could increase RN retention and contribute to social change by retaining highly skilled RNs to provide quality medical care to people in the surrounding community.

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Appendix A: Site Agreement for DBA Case Study

June 30, 2017

The doctoral student, Steve Brooks, is conducting a case study involving our organization and is therefore approved to collect interview data from leaders (which I will identify to the student) in support of that effort, in addition to analyzing internal, de-identified site records* that I deem appropriate to release for this purpose.

*At the discretion of site leadership, the student may analyze the partner organization's de-identified records, including: aggregate personnel/client records that have been deidentified before being provided to the doctoral student, other de-identified operational records, meeting minutes, digital/audio/video recordings created by the organization, training materials, protocols, manuals, reports, agreements, questionnaires that were collected under auspices of site as part of continuous improvement efforts, and other internal documents.

I understand that, as per the student doctoral program requirements, the student Will publish a scholarly report of this case study project in ProQuest as a doctoral capstone (with site and individual identifiers withheld), as per the following ethical standards:

a. In all reports (including drafts shared with peers and faculty members), the student is required to maintain confidentiality by removing names and key pieces of evidence/data that might disclose an organization's/individual's identity or inappropriately divulge proprietary details. If the organization itself wishes to publicize the findings of this project, that is the organization's judgment call.

b. The student will be responsible for complying with our organization's policies and requirements regarding data collection (including the need for the site's internal ethics/regulatory approval, if applicable).

c. Via an Interview Consent Form, the student will describe to interviewees how the data will be used in the doctoral project and how all interviewee's privacy will be protected.

d. The doctoral student will not use these data for any purpose other than the project outlined in this agreement.

I confirm that I am authorized to approve research activities in this setting

Signed

Appendix B: Interview Protocol

Interview Protocol	
What you will do	**What you will say**
I will greet the participants	Good Morning/Afternoon. My name is Steve Brooks, and I am a doctoral candidate at Walden University. The purpose of this interview is to collect data for my doctoral study on strategies health care leaders use to improve RN retention. Your participation in this research project will provide significant knowledge on how to retain RNs and maintain or improve the quality of patient care. Your participation in this study is voluntary, and you may withdraw at any time. Participation in the project is confidential, your name and organization will not be shared.
Review the informed consent process with participants	1. Present copy of the consent form to the participants to read and sign. 2. Give a copy of the informed consent form to the participant for their personal records. 3. Give a copy of the interview questions to the participants. 4. Ask the participant if they have any questions or need any clarification. 5. The participants will be reminded that the interview will be audio recorded and the anticipated completion time is 1 hour.
Introduce the interview and set the stage—often over a meal or coffee	**What you will say** Once again, thank you for making time to participate in this study, I very much appreciate and value your contribution to this study. Before, we begin I would like to refresh your memory by reviewing the study's' problem statement and purpose statement with you. I would like the process to be collaborative; so, feel free to ask questions at any time if you need clarification. During the interview, I will also be taking notes in a journal. I will be asking you the interview questions that were provided in advance. Please let me know when you are you ready to begin the interview.
• Watch for non-verbal queues • Paraphrase as needed • Ask follow-up probing	1. What strategies have you used to improve retention and lower recruitment costs?
	2. How did your RNs respond to your strategies to improve RN retention?
	3. What were the barriers you encountered when attempting

	to implement the strategies to improve RN retention?
questions to get more in-depth answer	4. How did you address the barriers to implementing the strategies for improving RN retention?
	5. How is RN retention measured in your organization?
	6. How did you measure the effectiveness of your strategies to improve RN retention?
	7. What additional information would you like to share about strategies to improve RN retention and lower recruitment cost?
Wrap up interview thanking participant	Thank you for participating in this interview.
Schedule follow-up member checking interview	I will contact you within 1 to 2 weeks to schedule a follow-up interview. At the start of the interview I will provide you with a copy of the interview transcript for you to review, verify, and add comments.
Follow–up Member Checking Interview	
Introduce follow-up interview and set the stage	Once again, thank you for for taking the time to meet with me again. I really appreciate your participation. I will provide you with a copy of the interview transcripts and succinct synthesis for each individual question within a few days.
Share a copy of the succinct synthesis for each individual question	Please review the transcript and sign each page to verify that it accurately reflects your answers to the interview questions.
	Questions and succinct synthesis of the interpretation
Bring in probing questions related to other information that you may have found—note the information must be related so that you are probing and adhering to the IRB approval. Walk through each question, read the interpretation, and ask: Did I miss anything? Or, what would you like to add?	1.
	2.
	3.
	4.
	5.
	6.
	7.

Appendix C: National Institute of Health Certificate

Certificate of Completion

The National Institutes of Health (NIH) Office of Extramural Research certifies that **STEVE BROOKS** successfully completed the NIH Web-based training course "Protecting Human Research Participants".

Date of completion: 11/01/2015.

Certification Number: 1908047.