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# Strategies to Retain Employees in the Health Care Industry

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*Walden University*

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# Walden University

College of Management and Technology

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Francelia Luis Knight

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2018

Abstract

Strategies to Retain Employees in the Health Care Industry

by

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MBA, Our Lady of the Lake University, 1998

BA, Our Lady of the Lake University, 1994

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Business Administration

Walden University

October 2018

## Abstract

Health care leaders who fail to apply effective retention strategies could negatively affect employee well-being, patient outcomes, and business performance. The purpose of this single case study was to explore effective strategies that leaders used to retain employees in a health care organization. Human capital theory was the conceptual framework for the study. Data were collected via on-site semistructured interviews with 10 leaders of a Texas health care organization who had a history of retaining employees for a minimum of 2 years from the date of hire, and from the review of organizational documents pertaining to employee retention. Data were analyzed using coding and word frequency to discern patterns. Three key themes emerged from the data: (a) healthy work environment, (b) manager relationships, and (c) training and development. The implications for positive social change include the potential to retain top talent in health care organizations, which could improve customer service, promote affordable health care, increase job satisfaction, and improve quality service to patients.

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## Dedication

I dedicate my study to my parents who reinforced, throughout my life, that education is not an entitlement but a privilege. To my father, Filiberto Murillo Ramos, I dedicate this study to you. You told me that your only regret in life was that you never were able to go to school. You sacrificed everything so your children could get the education that you never were able to get. You believed in me that I could achieve anything that I would set myself to do. Thank you, father, for the inspiration and words of encouragement during my toughest times that allowed me to persevere, “Querer es Poder.” Father, your sacrifice has not gone in vain, and I pray that as you look down on me that you are proud of all that I have accomplished. I miss you Dad.

To my mother, Raquel Garcia Ramos, this study is for you. You inspired me to always complete my goals by your strength in fighting diabetes and hypertension for over 30 years. You held my hand with tender love and strength through difficult times in my life. Thank you, Mom, for always supporting and showing me true unconditional love. You have taught me the power of love, resiliency, and strength. You are my pillar, and I know that I can always count on you to cheer me on to the finish line.

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## Section 1: Foundation of the Study

Leaders use employee retention strategies to create organizational profit and sustainability (Bihani & Dalal, 2014). Lack of employee retention focus is a costly proposition for organizations ranging from loss of productivity recruitment costs (Terera & Ngirande, 2014). Lack of effective retention strategies leads to voluntary employee turnover (Cropanzano & Mitchell, 2005). Employee turnover negatively affects the organization's customer satisfaction levels (Woods, 2015). Leaders who apply retention strategies improve employee performance, which leads to higher company performance (Sutanto & Kurniawan, 2016). Common traits of organizations with employee retention strategies include investment in human capital and engagement in broad retention solutions (Hermansen & Midsundstad, 2015). The purpose of this study was to explore effective strategies that health care leaders can use to retain employees.

### **Background of the Problem**

Employee retention is a critical and costly issue that health care leaders experience in the quest to create a competitive advantage for business profitability. Employee retention continues to decline regardless of demographics (U.S. Bureau of Labor Statistics [BLS], 2016). Employee turnover costs the organization more than 2.5 times the employee's salary to backfill the position (Haider et al., 2015). Leaders who lack employee retention skills do not retain employees and negatively affect organizations' innovation and services, which could decrease organizations' profitability (Sandhya & Kumar, 2014). Health care employees are critical to retain to increase performance and quality of patient care (Steinmetz, Vries, & Tjens, 2014). Health care

leaders could positively affect an organization's future and patient outcomes based on the strategies applied to retain top talent.

Human resources (HR) strategies can lead to a sustainable competitive advantage when retaining employees. Job satisfaction and HR strategies affect employee retention (Rasouli, Rashidi, & Hamidi, 2014). HR leaders need compensation policies to retain staff for organizations to remain successful (Vidal-Salazar, Córdón-Pozo, & de la Torre-Ruiz, 2016). In the hospitality industry, lack of work-life balance strategies affects employee retention that could result in employee turnover (Deery & Jago, 2015). Employee development could influence employee retention that will support an organization's long-term growth (Cloutier, Felusiak, Hill, & Pemberton-Jones, 2015). Effective retention strategies address employees' needs and expectations (Bihani & Dalal, 2014).

### **Problem Statement**

Lack of employee retention strategies in the health care industry leads to organizational profit loss (Cloutier et al., 2015). An employee retention downturn of 4.4 years in 2014 to 3.9 years in 2016 occurred in the health care industry (BLS, 2016). The general business problem was that employee turnover has a negative effect on the profitability of health care organizations. The specific business problem was that some health care leaders lack strategies to retain employees.

### **Purpose Statement**

The purpose of this qualitative single case study was to explore the strategies that some health care leaders use to retain employees. The targeted population was health

care leaders from a health care organization in Texas who had retained employees for more than 2 years from their date of hire. The implications for positive social change include the potential to retain health care employees by improving customer service, providing affordable health care, increasing job satisfaction, and improving quality service to patients within the communities surrounding the study site.

### **Nature of the Study**

There are three different types of research methods, which include qualitative, quantitative, and mixed methods (Fassinger & Morrow, 2013). I selected the qualitative method. Qualitative researchers seek to provide an in-depth understanding of the matter in question (Grieb, Eder, Smith, Calhoun, & Tandon, 2015). Quantitative researchers test hypotheses (Kaur, 2016). The quantitative research method was not appropriate for my study because I did not test hypotheses. The mixed methods approach is used when researchers combine qualitative and quantitative elements to enhance the study (Zhang & Watanabe-Galloway, 2014). The mixed methods approach was not appropriate for my study because I did not include quantitative elements.

I considered three research designs for this qualitative study on employee retention strategies: case study, phenomenological, and ethnographic. A case study was the most appropriate design to study employee retention strategies. A case study design is beneficial given the various data collection methods that enable researchers to gain a deep understanding of the findings (Hunt, 2014). The phenomenological design involves interviews with participants that lead to an in-depth description of the lived experiences of a phenomenon (Kruth, 2015). I did not select a phenomenological design because I

did not plan to study the lived experiences of participants. The ethnographic design involves describing a group, culture, or community to understand the culture, norms, and routines (Malagon-Maldonado, 2014). My intent was not to explore an understanding of a group's culture, norms, behaviors, policies, and procedures; therefore, the ethnographic design was not appropriate.

### **Research Question**

The following question was used to guide the study: What strategies do health care leaders use to retain employees in a health care organization?

### **Interview Questions**

The following interview questions were used to collect data based on participants' responses:

1. What strategies do you use to retain employees?
2. What strategies have been the most effective in retaining employees?
3. How has implementing employee retention strategies benefited employees, leadership, and the organization?
4. What were the key barriers to implementing successful employee retention strategies?
5. How did you address the key barriers to implementing the strategies for employee retention?
6. What additional information would you like to share about strategies you use to retain employees?



## **Conceptual Framework**

The conceptual framework for this study was human capital theory (HCT) to understand the strategies that health care leaders use to retain top talent in the workforce and propel the organization to competitive advantage. Becker (1964) introduced the HCT in 1964. The HCT is an economic model in which employees contribute three fourths of the economy compared to one fourth or less by other capital means (Schultz, 1972). A key concept of HCT is that training employees in specific skills encourages them to remain in their positions and improves organizational performance (Becker, 1993).

Employees are a competitive advantage factor when retained by the organization (Coff & Raffiee, 2015). The basis for the HCT is that education and on-the-job training increase productivity and benefit employees' earnings (Bae & Patterson, 2014). On-the-job training causes employees to remain in the organization (Bae & Patterson, 2014). Leaders invest in human capital with the expectation to gain a return on their investment (Renaud, Morin, Saulquin, & Abraham, 2015). Leaders investing in human capital that leads to a prosperous society is a core foundation of HCT (Sweetland, 1996). Employees contribute to the overall economy by remaining employed and productive. The HCT was important to the study as a framework to understand strategies to retain employees in a health care organization for business sustainability.

## **Operational Definitions**

*Human capital theory:* The human capital theory addresses leaders investing in employees to make a profit through an increase in productivity and increasing employees' income (Becker, 1993).

*Job satisfaction:* Job satisfaction refers to employees' positive attitudes toward their job (Yahyagil, 2015).

*Resource-based theory (RBT):* RBT addresses the resources and capabilities applied by strategic leadership to drive competitive advantage in an organization (Kozlenkova, Samaha, & Palmatier, 2014).

*Retention:* Retention includes the practices implemented by business leaders to keep top talent in their organizations (Bandura & Lyons, 2014).

*Social exchange theory (SET):* Social-exchange theory addresses the social transactions and exchanges between two parties that define the relationship (Cropanzano & Mitchell, 2005).

*Voluntary turnover:* Voluntary turnover refers to employees' action to leave their current employer willingly (Hofhuis, Van der Zee, & Otten, 2014).

## **Assumptions, Limitations, and Delimitations**

Components of research studies include assumptions, limitations, and delimitations. According to Coleman and Casselman (2016), researcher knowledge is imperative to mitigate risks and improve outcomes. A description of the study's assumptions, limitations, and delimitations is necessary in understanding health care leaders' employee retention strategies.

**Assumptions**

Assumptions are statements that researchers believe to be true without evidence (Grant, 2013). I made three assumptions in my study, including the choice of the qualitative single case design, participants' knowledge of employee retention strategies, and the accuracy of the employee retention documents. I assumed that the qualitative single case design was the most appropriate approach to conduct this study. I also assumed that participants answered the interview questions honestly and accurately. The third assumption was that the documents on employee retention were accurate.

**Limitations**

Limitations are possible weaknesses of the study (Marshall & Rossman, 2014). Three limitations of the study included the sample of participants, geographical location, and the industry. The findings of the study were limited to the selected participants' knowledge of employee retention. The study was conducted in Texas, which was a weakness in generalizing the findings to other geographical locations. Generalization is difficult in a qualitative study; therefore, qualitative researchers provide a detailed study of the phenomenon instead (Flick, 2014). The selection of participants from the health care industry limited generalization of findings to other industries.

**Delimitations**

Delimitations are the boundaries of the study placed by researchers that contribute to the understanding of the findings (Marshall & Rossman, 2016). The study was limited to participants who had experience and knowledge of employee retention strategies. I

focused on employee retention and did not address turnover or attrition. The study findings are not generalizable to other industries and geographical areas.

### **Significance of the Study**

Employee retention is a critical issue that affects a multitude of stakeholders. According to Vasquez (2014), employee retention benefits the customer, the employee by increasing job satisfaction, and the economy. The retention of top talent has become one of the most significant HR issues as organizations compete for a limited pool of top employees (Terera & Ngirande, 2014). Health care leaders may apply employee retention strategies to benefit employees and society.

### **Contribution to Business Practice**

Health care leaders may apply effective employee retention strategies to improve the financial outcomes of the business. Leaders who implement employee training to enhance employees' skills enhance retention and financial performance (Ashar, Ghafoor, Munir, & Hafeez, 2013). Health care leaders can strengthen business performance through design and implementation of effective employee retention strategies.

### **Implications for Social Change**

Positive social change may result from retaining high-caliber employees to enhance the health care community. Leaders who implement well-being strategies retain employees who provide compassionate care to patients (Kinman & Leggetter, 2016). The ability to retain top employees translates to providing higher quality service to customers (Karatepe, 2013). Health care worker retention may lead to affordable health care, greater job satisfaction, and improved patient safety (Lartey, Cummings, &

Profetto-McGrath, 2014). Health care leaders may use the findings of this study to understand the effect that employee retention has on social change, including improved customer service, more affordable health care, increased job satisfaction, and improved quality service to patients within the study site communities.

### **A Review of the Professional and Academic Literature**

The purpose of this qualitative single case study was to explore the strategies that health care leaders use to retain employees. I conducted a literature review to find scholarly, peer-reviewed journal articles and seminal literature to explore strategies that leaders use to retain employees in the health care industry. My search for peer-reviewed journal articles, seminal books, and government research documents began with using Walden University's library search tools. I used the literature review to develop an understanding of effective strategies that health care leaders use to retain employees.

Leaders who retain employees create a healthier economy by decreasing voluntary employee turnover, which decreases and stabilizes unemployment (Vasquez, 2014). The purpose of this qualitative single case study was to explore the strategies that some health care leaders use to retain employees. The population sample consisted of 10 health care leaders from a health care organization in Texas who had retained employees for more than 2 years from their date of hire. The implications for positive social change include the potential to retain health care employees to provide affordable health care, increase job satisfaction, and improve quality service to patients within the study site communities. Data on literature review sources are shown in Table 1.

Table 1

*Literature Review Sources*

Publication	Total	Less than 5 years	Greater than 5 years	% of total resources
Books	10	8	2	5.38%
Peer-reviewed journals	174	160	14	93.55%
Other resources	2	1	1	1.08%
Total	186	169	17	
% of total resources		91%	9%	

I identified and evaluated peer-reviewed scholarly articles with publication dates between 2014 and 2018 by accessing the following academic databases: ProQuest, Emerald Insight, Sage Journals, and Academic Search Complete. I also used the Google Scholar search engine. I obtained literature using the following search terms: *employee retention, turnover, employee intentions to stay, retention strategies, and health care professionals*. Other search terms included *human capital theory, resource-based theory, and social exchange theory*. I used books, peer-reviewed journals, and non-peer-reviewed sources for this study. The study involved 186 sources, which included 174 peer-reviewed articles, and 91% of the sources had been published between 2014 and 2018 (see Table 1). The literature review section consisted of a total of 94 peer-reviewed journal articles and seminal books, of which 91% are peer-reviewed sources published within 5 years of my anticipated graduation. I demonstrated compliance with Walden University's guidelines to include 85% of total sources published within 5 years of my anticipated graduation.

The subsections of the literature review include the conceptual framework, criticism of the HCT, support theory of RBT, and contrasting theory of the SET. Other subsections include health care professionals, employee retention factors, lack of retention strategies and consequences, and retention strategies. Three main employee retention factors emerged as precursors to voluntary employee turnover. Four key employee retention strategies surfaced from the literature material on employee retention. I provide an analysis of these employee retention factors and key employee retention strategies using the HCT as the framework.

### **Conceptual Framework**

Health care leaders should understand the HCT to design and apply employee retention strategies effectively. Becker (1964) found that leaders use the HCT to address the need to invest in human capital to improve organizational performance, while also rewarding employees. The core of the HCT is people because they are the drivers of economic growth and sustainability (Becker, 1964), so leaders who invest in people yield investment in the economy (Schultz, 1961). Nasyira, Othman, and Ghazali (2014) added to Becker's and Schultz's work by emphasizing that employees are an asset to an organization, so investing in them could lead to competitive advantage. Mastrodonato (2014) furthered Nasyira et al.'s work by confirming that leaders who understand that investment in human capital leads to greater gains for the organization and the economy achieve competitive advantage. Human capital improvements lead to overall performance success for the organization (Gamerschlag, 2013; Nkundabanyanga, Balunywa, Tauringana, & Ntayi, 2014). According to Mastrodonato, human capital

theorists also analyze the relationship between earnings, human capital, and positive effects on the economy. Human capital theorists affect elements of economics, education, and broader HR matters leading to policy development (Tan, 2014). The human capital theorists provided critical information regarding one of the key concepts of the HCT as an investment for economic gain.

Leaders could consider human capital investment options that benefit the employees and the organization. Another key concept of the HCT is that leaders could invest in human capital, which supports employees and organizations (Becker, 1964). Ferrary (2015) argued that leaders who focus on internal talent by providing training, competitive compensation, and career development could benefit from the investment made in human capital. Conversely, leaders who fail to invest in human capital, when external market pressures are high, could limit the organization's capacity (Liu, van Jaarsveld, Batt, & Frost, 2014). The investment in human capital can include directly enhancing employees' firm-specific skills, providing incentives to motivate employees for organizational commitment, and designing the work for effectiveness that leads to attraction, motivation, and engagement (Liu et al., 2014). Furthermore, Ferrary noted that health care leaders who understand the foundation and components of the HCT, including health and well-being, training and development, and compensation, are positioned to retain employees. The human capital theorists provided consistent positive retention strategies for leaders to consider investing in employees.

**Health and well-being.** The component of health and well-being emerged as a common investment factor that aligns with the HCT. Khan (2015) postulated that human



capital investment involves schooling, training, and medical care that provides for a return in improving health, increasing productivity and earnings, and enhancing economic growth. Dasgupta (2015) found a moderate positive relationship between nurse role stress and employee turnover. Dasgupta also described well-being factors that cause nurse turnover for proactive employee retention strategies. HCT is broader than education and includes other critical components such as employee health needs (Tan, 2014). Leaders who focus on the health and well-being of employees benefit the organization by increasing productivity, profits, and employee commitment (Casimir, Ngee, Yuan Wang, & Ooi, 2014). Organizations that have a positive safety climate could have employees who are more committed to the organization because the leaders care about employees' well-being (Huang et al., 2016). Leaders who invest in health and well-being could benefit the employees and the organization.

Bullying is a health and wellness component critical in designing employee retention strategy that health care leaders could consider. Mete and Sokmen (2016) found that bullying is a serious issue in Turkey causing employees distress, which eventually affects the organization's performance. According to Mete and Sokmen, workplace bullying affected job performance, job satisfaction, and turnover intentions. The results of that study indicated that bullying in the workforce has a positive correlation with turnover and a negative correlation with job performance and job satisfaction (Mete & Sokmen, 2016). Moreover, the results demonstrated the detrimental consequences when bullying exists in the workforce (Mete & Sokmen, 2016). Leaders could establish zero tolerance for bullying in the workplace to support the organizations'

goals to control turnover and increase job satisfaction and job performance (Mete & Sokmen, 2016). According to Mete and Sokmen, health care participants perceived that leaders cared for their well-being; therefore, participants were committed, engaged, and stayed employed with the organization. Schultz (1961) stressed that employee health improvements enhance the productivity of human capital. Moreover, Khan (2015) found that health and well-being strategies by health care leaders could benefit employee retention. Investment in human capital through health and wellness options leads to greater benefits to the organization.

**Training and development.** The literature review indicated that employee training and development are critical investments that align with the HCT. Human capital theorists stipulated that capital variations in education and experience could result in productivity differences (Chung, Park, Lee, & Kim, 2015). Schultz (1961) declared that the increased skills and knowledge acquired by human capital may sustain economic growth. Additionally, Shultz affirmed that organizational leaders who invest in education and training of their employees could increase organizational performance along with the employees' earnings. Leaders use firm-specific training investments to achieve a competitive advantage because such investments are unique and difficult for other organizations to duplicate (Liu et al., 2014). Schultz confirmed that leaders invest in training and education, while employees invest in themselves to secure education and training to enhance their earnings. In contrast, Gilead (2014) argued that individuals enhance their education and training beyond the expectation of earning higher pay. As a

result, it is important for leaders to invest in human capital to support the organization and employees.

Leaders could also consider the type of training and development for better results from human capital investments. In a study of the effects of HCT factors on female entrepreneurs in Ghana, Adom and Asare-Yeboah (2016) found that the level of education (57%), business training (25%), areas of education (12%), and experience (6%) acquired throughout female entrepreneurs' career made them the most successful in their business. Adom and Asare-Yeboah's findings aligned with a key component of the HCT of training and development, which health care leaders can use to create effective employee retention strategies. Education and training vary among employees; therefore, health care leaders must consider applying retention strategies that change with employees.

**Compensation.** Compensation was another factor that emerged from the literature review, which aligned with the HCT as an investment with organizational returns. Human capital theorists stipulated that employees who acquire greater education and skills earn a higher income; therefore, there is a strong correlation with education and income (Aziz, 2015). However, Ilic, Bernjak, and Rus (2016) found that business leaders who invest in human capital by enhancing employees' work experience, knowledge, motivation, competencies, skills, and abilities increase productivity. Furthermore, Ilic et al. suggested that employees can be receive monetary and nonmonetary rewards for enhancing their skills, while Ferrary (2015) declared that human capital investment is significant when considering staffing expenses including hiring, training and development, and total rewards benefits. Conversely, Haider et al. (2015) posited that

leaders' investment of compensation is an expensive action, yet it increases employee retention. Similarly, Ilic et al. asserted that leaders could invest in human capital for the good of the employee and the organization, which may lead to a long-term effect on employee retention. Therefore, compensation is a viable factor to consider when investing in human capital for greater returns on investment.

### **Criticism of the HCT**

Theorists and researchers criticized the HCT for various reasons. Criticism of the HCT included the concept of humans as capital and the lack of evidence that investment in human capital leads to employee, organization, and economic prosperity (Schultz, 1961). Schultz (1961) posited that a challenge to the HCT is the perception of humans as an investment that improves the economy instead of treated as human beings. Schultz emphasized that a key criticism of the HCT is when leaders perceive humans only as an asset. Similarly, Tan (2014) declared that the concept of human capital has received criticism because of the alignment with the concept of slavery and perception of human capital as a business asset removing the human component. In contrast, Aziz (2015) postulated that the HCT is positive when addressed on an individual employee level because acquiring education is associated with higher personal income; however, human capital theorists argued that leaders invest in human capital for purposes of increasing organizations' profits. Researchers criticized the HCT as dehumanizing employees for the greater gain of the organization.

Another key criticism of the HCT was the concept that human capital does not involve broader knowledge, skills, abilities, and other characteristics. Human capital

advancements may stall because of the lack of consensus in defining and understanding human capital (Ployhart, Nyberg, Reilly, & Maltarich, 2014). A broader definition of human capital resources includes the individual's knowledge, skills and abilities, and other characteristics (KSAOs) that lead to strategic human capital and competitive advantage (Ployhart et al., 2014). However, Brymer, Molloy, and Gilbert (2014) found that human capital theorists focus on a singular resource instead of the KSAOs that individuals bring to the work environment. Conversely, Wright, Coff, and Moliterno (2014) declared that leaders who apply human capital's KSAOs in a unit level increase strategic human capital that achieves a competitive advantage. Leaders could consider the broader characteristics of human capital to benefit organizational results and employees.

Researchers have further criticized the HCT because there are no clear measurements to assess the return on investment of the organizations' human capital. Aziz (2015) stated that the human capital theorists take the concept further by proclaiming that employees increase their education, which leads to higher personal income and enhances society and economic growth. Tan (2014) noted that the core of HCT is that education is an investment for the employee, organization, and economy. However, human capital theorists failed to correlate education improvements and innovation (Liu et al., 2014). Human capital gains are difficult to measure for investors because they involve a long-term investment (Liu et al., 2014). Some leaders do not invest in human capital if the organization does not reap the profits of the investment (Ferrary, 2015). Tan claimed that the HCT is a solid theory that has stood the test of time

and no other theory has been able to replace it. Some researchers found the HCT difficult to support as a solid theory because it lacked analytics to quantify the return on investment of human capital.

### **Supporting Theory of RBT**

Resource-based theorists emphasize human capital resources as critical to business success. Penrose created the RBT in 1959, which was later expanded by Wernefelt in 1984 and Barney in 1986 and 1991 (Gioacasi, 2015). According to Buller and McEvoy (2012), RBT involves three factors: (a) HR, (b) strategy, and (c) organizational performance. Buller and McEvoy indicated that HR strategies create human capital that propels an organization to success. Additionally, Buller and McEvoy affirmed that organizations are as successful as the resources they possess. Human resources managers (HRMs) create competitive advantage through HR strategies that strengthen organizational capability in alignment with the organization's strategy because human capital is rare, valuable, and difficult to imitate (Buller & McEvoy, 2012; Gioacasi, 2015; Kozlenkova et al., 2014). Leaders should understand the RBT for enhanced knowledge of human capital as a unique resource for long-term organizational success.

Researchers provided evidence of the importance of human capital as a key resource of an organization. Gioacasi (2015) conducted a review of the RBT and the evolution of knowledge economy. Gioacasi explained that the RBT concepts include the internal and external elements that drive an organization to a competitive advantage. In specific, competitive advantage are the resource strategies used to capitalize on external

opportunities and manage threats and weaknesses (Barney, 2014; Gioacasi, 2015). Additionally, resources that offer the organization a competitive advantage consist of the following characteristics (a) value, (b) rarity, (c) imperfectly imitable, and (d) non-replicable (Gioacasi, 2015; Kozlenkova et al., 2014). Human capital could be a resource that meets such characteristics. Moreover, marketing leadership uses a combination of resources such as employees, brand, relationship and firm functions, that include sales and research and development, to determine competitive advantages; however, resources that drive competitive advantage in one region may not have the same outcome in other global regions (Kozlenkova et al., 2014). For example, resource-based theorists and human capital theorists agree that employee education and training differences could yield productivity differences (Kozlenkova et al., 2014; Schultz, 1961). However, Gioacasi indicated that a key criticism of the RBT is the lack of ability to measure it to determine what resources drive an organization to competitive advantage, which is another criticism of the HCT. For these reasons, the RBT and HCT are in alignment that investing in employees is critical for business success.

### **Contrasting Theory of the SET**

The SET is a contrasting theory to the HCT because the social exchange theorists' view is that leaders invest through building relationships, which employees positively reciprocate through commitment. Homans (1958) developed the SET consisting of relationship, organizational commitment, and job satisfaction. The foundation of SET is that the relationship between employees and leaders could grow in trust, loyalty, and commitment by exchanges (Cropanzano & Mitchell, 2005; Majeed, Jamshed, &

Mustamil, 2018). Furthermore, a key concept of the SET is that employers create a workforce of satisfied employees (Akinbobola & Zamani, 2018; Cropanzano & Mitchell, 2005; Majeed et al., 2018). The types of reciprocity rules include interdependent exchanges, folk belief, and norm and individual orientation (Cropanzano & Mitchell, 2005; Shuck, Twyford, Reio, & Shuck, 2014). Cropanzano and Mitchell (2005) defined the negotiated rule as the exchanges that transpire because of the negotiated benefits from the employee. However, Majeed et al. (2018) argued that reciprocity is primarily based on leader ethical responsibility to engage in exchanges that lead to trust. In contrast, Cropanzano and Mitchell's view was that relationship between the employer and employee might consist of only economic exchange, mutual investment, underinvestment, and overinvestment. Employees reciprocate the exchange when the organization supports them, leading to perceived organizational support (POS) that leads to employee commitment to the organization (Akinbobola, & Zamani, 2018; Cropanzano & Mitchell, 2005). Furthermore, committed employees cause a decrease in involuntary turnover (Cropanzano & Mitchell, 2005; Majeed et al., 2018). According to Cropanzano and Mitchell, leaders can apply the SET to understand the behaviors of employees. The SET is a contrast theory to HCT because it provides for the exchange that occurs between the employee and the employer. Additionally, employee behaviors of satisfaction and commitment improve from the HCT key element where leaders invest in human capital for the competitive advantage of the organization.

**Relationship.** A key concept of the SET is when there are positive exchanges between leaders and employees, which leads to positive outcomes. The SET is the



exchange between an employee and the organization leadership that strengthens the relationship, while the HCT foundation is the focus on leaders investing in human capital (Renaud et al., 2015). Conversely, Weimer-Elder (2013) affirmed that leaders use the SET as the framework because of the premise that exchanges generate strong relationships. Weimer-Elder elaborated that the interdependent exchanges between workgroups create strong relationships that precipitate enhanced engagement and performance, and Shuck et al. (2014) found that the human resources practices and engagement negatively correlate to turnover intentions. Additionally, Weimer-Elder emphasized that leaders must create strong relationships with employees by spending quality time with them, which employees then feel obligated to reciprocate by engaging in the workforce. For example, Biron and Boon (2013) found a significant negative relationship between self-rated performance, manager rated performance, and turnover intentions. Furthermore, the higher the leader-member exchange (LMX), the stronger the relationship between manager-rated performance and turnover. Biron and Boon affirmed that retention of high performers occurs when there is a strong leader and subordinate relationship. The results of the study provided evidence of leaders strengthening their relationships with employees, which generates employee's commitment and retention. Therefore, a leader's key focus is to invest in building working relationships with the employees (Biron & Boon, 2013). Leaders who invest in employees by relationship building is contrary to the HCT that emphasizes investing in employees by health and wellness benefits, compensation, and training venues (Becker, 1964; Biron & Boon,

2013). The social exchange theorists provided leaders with an alternative to the HCT by emphasizing relationship building for positive exchanges from employees.

**Organizational commitment.** Researchers identified organizational commitment by employees as a key outcome of leadership support, which is a factor of the SET. Casimir et al. (2014) found that LMX and POS significantly affect the employee's commitment to the organization. LMX and POS yield employee's commitment to the organization, which is a factor in employee retention (Casimir et al., 2014; Sepdiningtyas & Santoso, 2017). Organizational commitment and employee creativity correlate and mediate inclusive leadership and employee work engagement (Choi, Tran, & Park, 2015). Employees who perceive leadership support could have a strong organizational commitment because the employee reciprocates the leader's support with a commitment to the organization in alignment with the SET (Biron & Boon, 2013; Choi et al., 2015). There is a strong positive correlation with job insecurity and turnover intentions (Lee & Jeong, 2017). Furthermore, results indicated that organizational commitment mediates the correlation with job insecurity and turnover intentions with a statistical significance of  $p < .01$ . Employees reciprocate stronger organizational commitment, motivation, and performance when the employer provides job security and career opportunities as stipulated by social exchange theorists (Biron & Boon, 2013; Lee & Jeong, 2017). Social exchange theorists provided leaders with critical information of the leaders' role to support employees, which translates to organizational commitment.

**Job satisfaction.** Job satisfaction is a key positive outcome of leaders applying the SET. Huang et al. (2016) conducted a quantitative study to determine the relationship between safety climate, job satisfaction, and turnover with SET as the framework. Huang et al. defined safety climate as the perception of employees that the employer has safety as a key priority within the company. Huang et al. collected data from 6,207 truck drivers of two U.S. trucking companies using a survey. The results of the study indicated a strong relationship between safety climate, job satisfaction, engagement, and turnover that supported the SET (Huang et al., 2016). Moreover, Ping and Ahmad (2015) declared that the stronger the social exchange with nurses the higher job satisfaction they will experience. Ping and Ahmad argued that nurses who experience job satisfaction would apply positive customer-oriented behaviors. Similarly, leaders who provide job security for employees benefit from having employees who are satisfied with their jobs and committed to the organization (Smit, de Beer, & Pienaar, 2016). Wilczyska, Batorski, and Sellens (2016) claimed that job insecurity is a key factor of job satisfaction, but it differs for employees based on the employment type where flexible worker arrangements yield higher job insecurity concerns impacting job satisfaction. Leaders who apply the social exchange theory lead to having employees who are satisfied, which stay with the organization.

### **Health Care Professionals**

Leaders could consider effective strategies to retain critical health care professionals. Health care employees provide patient care that includes registered nurses, certified nurses, midwives, environmental health technicians, nurse aides, and community

health volunteers (Taderera, Hendricks, & Pillay, 2016). The factors that lead to employee retention involve salary adjustments, the involvement of international partners, payment of monthly bonuses, post-basic training and development, increase in staff, non-monetary rewards, and safety (Taderera et al., 2016). Moreover, Sutanto and Kurniawan, (2016) declared that health care leaders could positively or negatively affect an organization's future based on the strategies applied to retain health care professionals. Therefore, health care leaders are an integral part of creating a successful organization of tenured health care professionals.

Leaders could consider various strategies to retain employees for organizational success. For example, Sutanto and Kurniawan (2016) asserted that health care leaders positively affect the performance of the organization by applying effective employee retention strategies. Ahammad, Tarba, Liu, and Glaister (2016) conducted a study involving cross-sectional surveys of 69 participants of U.K. firms. Ahammad et al. found a direct effect of employee retention on performance and provided valuable information for health care leaders to design retention strategies enhancing organizational performance. Furthermore, Ahammad et al. claimed that employee retention is critical to long-term organizational success. Employee retention is important because it leads to competitive advantage for an organization (George, 2015). These researchers emphasized the importance of leaders applying retention strategies for organizational success; however, the studies lack generalization in the health care industry.

Health care professionals have become critical to retain in recent years. Employee retention in the health care industry is critical because of the demographic

changes, globalization, competitive advantage, technology, and regulatory changes (Kossivi, Xu, & Kalgora, 2016) that have led to employee retention becoming a key strategy for organizational survival and sustainability (Smit, Stanz, & Bussin, 2015). Strategic human capital is the basis for an organization's competitive advantage because of the tremendous change in the environment, technology, and regulations (Liu et al., 2014). U.S. physicians reaching retirement age make attraction and retention strategies imperative (Lee & Nichols, 2014). Employee attraction and retention strategies are more challenging for rural hospitals leading to compromised health care quality for patients in rural areas (Lee & Nichols, 2014). Health care professionals are critical to retention because of the aging workforce and shortage of talent (Armstrong-Stassen, Freeman, Cameron, & Rajacic, 2015). The authors provided vital information why retaining employees in the health care industry has become crucial for health care leaders.

Health care leaders could consider the negative effects of turnover to apply retention strategies effectively. Dasgupta (2015) studied turnover intention factors including organizational support, nurse role stress, and self-evaluation of nurses in private hospitals in Kolkata, India. Dasgupta's study consisted of 175 surveys from nurses of five private hospitals and study results indicated a moderate negative relationship between core self-evaluation and turnover, the moderate positive relationship between nurse role stress and turnover, and the moderate negative relationship between POS and turnover. The results indicated a profound understanding of factors that cause nurse turnover for proactive resolution (Dasgupta, 2015). The researchers conducted a study consisting of 73 health care workers of long-term nursing care organization in Mid-

Atlantic region of the United States to examine turnover (Madden, Mathias, & Madden, 2015). A positive relationship in the work environment mediates organizational support and turnover intent (Madden et al., 2015). Conversely, Dasgupta stressed that health care leaders' proactive approach to implementing successful retention strategies are critical for employee and organization success. The studies provided leaders with evidence of turnover effects when employee retention strategies are not applied.

### **Employee Retention Factors**

Leaders should understand the precursors to employee turnover for organizational success. Various factors could trigger employees to leave an organization, which are imperative for health care leaders to understand to avoid voluntary employee turnover (Madden et al., 2015). Turnover is an expensive activity for the organization that requires attention (Madden et al., 2015). The three main factors that emerged from the literature as turnover factors include organizational commitment (OC), generational differences, and management.

**Organizational commitment.** Organizational commitment was a key theme in the literature review of why employees chose to stay with their organization. Lawrence, Celis, Kim, Lipson, and Tong (2014) argued that dedicated employees to the organization tend to stay in their positions. Similarly, Janjua and Gulzar (2014) found that employees who are loyal to the organization stay with the organization. Khalid, Pahi, and Ahmed (2016) found that employees who are committed tend to stay with the organization and have higher performance. Therefore, internal employability that leads to employee retention is commitment, loyalty, adaptability, and productivity of employees (Sanchez-

Manjavacas, Saorin-Iborra, & Willoughby, 2014). Lawrence et al. posited that employees who have a strong OC could opt to stay with the organization. There is a connection between the POS, perceived supervisor support (PSS) and OC to employee's intention to stay in their current job (Naqvi & Bashir, 2015). The findings indicated that OC had the strongest correlation to the employee's intention to stay in their current job (Nasyira et al., 2014). OC is a key factor found to affect employee's intention to stay in an organization, which aligns with the HCT of leaders investing in employees that leads to increasing organizational commitment (Liu et al., 2014). Researchers emphasized the importance of organizational commitment as a key employee retention strategy but did not provide the factors that lead to OC.

Various factors influence employee's organizational commitment (Harhara, Singh, & Hussain, 2015). Factors that affect OC that lead to employee turnover intention outcomes include environment, organization, individual, and education (Harhara et al., 2015). Umamaheswari and Krishnan (2016) researched organization commitment as a retention factor within the work environment, supervisor support, and training and development as important to increasing organizational commitment. The study consisted of 416 surveys involving employees in five ceramic factories, and the researchers revealed that organization commitment affects retention along with the defining factors (Umamaheswari & Krishnan, 2016). Furthermore, Khalid et al. (2016) found that OC mediates the relationship between leadership style and employee retention. These researchers provided health care leaders with retention strategies that enhance employee's organizational commitment, which leads to retention.

**Generational differences.** Retention strategies could vary depending on the employee's generation. Smit et al. (2015) found that the type of total rewards influencing employees to stay in an organization varied based on demographical variables such as age, gender, race, industry, and job level. For example, generation Y employees expect flexible work, meaningful jobs, higher rewards, and a better work-life balance (Bihani & Dalal, 2014). Younger employees, regardless of group, are more prone to leave their organization because of higher salary offers in other organizations (Guha & Chakrabarti, 2016). Additionally, Plessis, Barkhuizen, Stanz, and Schutte (2015) studied the correlation with management support, talent management, organization and supervisor support, and employee retention of generation Y employees. A total of 135 generation Y employees participated in a convenience sample representing a recruitment population. Results indicated a significant correlation with POS and perceived supervisor support, intention to quit, and perceived talent management practices (Plessis et al., 2015). Perception of supervisor support was negatively correlated to intention to quit and positively correlated to talent management practices (Plessis et al., 2015). Talent management practices negatively correlate with employee intentions to leave the organization. Furthermore, work-life balance was a key retention factor for generation Y employees (Pregnolato, Bussin, & Schlechter, 2017). Findings are valuable to health care leaders to consider custom retention strategies based on demographical variables instead of using one strategic approach across the workforce (Bihani & Dalal, 2014; Guha & Chakrabarti, 2016; Plessis et al., 2015; Pregnolato et al., 2017; Smit et al., 2015).



Therefore, leaders could consider targeted retention strategies that are viable for generation Y employees when retaining top talent of younger employees.

**Management.** Leaders should recognize that employees may choose to leave the organization because of the leader. Leaders have an opportunity to create strong relationships with their employees (Biron & Boon, 2013) and the relationship between the employee and the supervisor is critical for the employee to remain in the organization (Armstrong-Stassen et al., 2015). Furthermore, Erturk (2014) found that HR practices, POS, LMX, and organizational trust correlate with turnover intentions. A quantitative study was conducted to examine the retention of nurses in the UK National Health Service (NHS) Foundation Trusts and found a relationship between commitment, POS, LMX, and leave intention (Robson & Robson, 2016). The studies included critical information for health care leaders in designing retention strategies for employees, which involves the manager and employee relationship. However, the studies do not specify the components of the manager and employee relationship to retain employees.

Trust is critical for leaders to establish with their employees for enhanced job satisfaction and commitment to the organization. Rasouli et al. (2014) found that reliability of managers and organizational commitment belief from knowledge workers directly effects their intention to stay with the organization. Rasouli et al. asserted that trust in management had the most significant correlation on the intent to stay. Gibson and Petrosko (2014) conducted a study to explore the correlation of trust in leader and job satisfaction and the intent of nurses to leave their health care organization. The significant relationship between trust in leader and job satisfaction indicate trust in leader

and job satisfaction increases as the intent to leave the organization decreases (Gibson & Petrosko, 2014). Furthermore, a significant negative correlation exists between satisfaction with supervisor and turnover intentions (Hofaidhllaoui & Chhinzer, 2014). Therefore, leaders could create strong relationships based on trust because employees could consider leaving the organization if they are not satisfied with their supervisor.

Leaders could consider their management style as a factor for voluntary employee turnover. Khalid et al. (2016) declared that leaders could focus on the type of leadership, which is also critical to enhance employee retention efforts. Additionally, Khalid et al. reinforced that employee retention is the efforts of leadership to keep employees in the organization. For example, Kashyap and Rangnekar (2014) found a positive correlation exists between servant leadership and employer brand perception with employee retention. However, Shabane, Schultz, and Van Hoek (2017) posited that transformational leadership links to employee retention. Furthermore, Khalid et al. concluded that there is a strong positive correlation with leadership styles (transformational and transactional) and employee retention by analyzing 390 surveys from employees in commercial banks in Hyderabad Sindh, Pakistan. Employee retention studies are important because they provide leaders with evidence of their role in retaining employees (Kashyap & Rangnekar, 2014; Khalid et al., 2016; Shabane et al., 2017). Leadership could do everything possible to satisfy the employees' needs to retain them in the organization; hence, accountability of employee retention lies with the leaders (Kashyap & Rangnekar, 2014; Khalid et al., 2016; Shabane et al., 2017). In summary,

the type of leadership style is vital when designing effective employee retention strategies of top talent.

### **Lack of Retention Strategies and Consequences**

Leaders who fail to apply retention strategies lead to voluntary employee turnover consequences. Voluntary turnover originates when the employee desires to leave the organization, while involuntary turnover occurs when leaders terminate the employee (Memon, Salleh, Baharom, & Harun, 2014). Moreover, leaders use turnover intention to comprehend employee turnover before it occurs (Harhara et al., 2015). Lack of effective employee retention strategies can lead to voluntary employee turnover, which leads to devastating results for the organization (Pawar & Chakravarthy, 2014). The high turnover is a significant and serious issue for the economy (Harhara et al., 2015). Employee turnover is a significant issue; yet it is an opportunity for competitive advantage (Haider et al., 2015). Voluntary turnover may lead to devastating outcomes, which leaders should understand for effective employee retention.

Researchers provided evidence of the serious consequences when leaders fail to apply effective employee retention strategies. Woods (2015) conducted a study involving 76 surveys from employees of Bank of America in Tennessee for 3 years. The correlation study showed a significant correlation with the customer satisfaction levels and turnover. Therefore, customer satisfaction levels decrease when employee turnover increases (Woods, 2015). Woods provided valuable information to health care leaders given that turnover is a significant cost factor for an organization. Woods also considered effects to the customer base, besides the cost of replacing the vacancy, when

calculating the true cost of employee turnover. Voluntary turnover is a significant expense that yields direct and indirect cost to the organization (Harhara et al., 2015). The double-digit turnover rates, and the associated direct and indirect cost, is causing organizations to delay implementation of opportunities and profit growth (Bihani & Dalal, 2014). Moreover, Wong, Wong, and Wong (2015) found a significant negative relationship exists between turnover intentions and employee performance. Employee turnover intentions are low when employee performance is high. Furthermore, Wong et al. postulated that turnover could negatively affect the organization's reputation and brand along with causing significant costs to the organization. Voluntary turnover is a costly situation for employers, which leaders are now more interested in managing (Huang et al., 2016). The authors provided leaders with evidence of consequences when not proactively managing employee retention.

Leaders should understand factors of employee turnover to implement effective retention strategies. For example, Guha and Chakrabarti (2016) found a correlation with employee attitudes towards life, work, and turnover. Additionally, employee-organization fit causes stronger employee engagement leading to less turnover (Memon et al., 2014). Skill underutilization has a positive correlation to collective turnover (Mitchell & Zatzick, 2015) and poor salary packages provided to nurses and job stress are key turnover factors (Pawar & Chakravarthy, 2014). Furthermore, there is a relationship between perceived organizational politics, turnover intention, and job insecurity (Qazi, Khalid, & Shafique, 2015). Another retention strategy to consider includes effective commitment, which prevents emotional exhaustion and reduces turnover (Shih-Tse

Wang, 2014). Health care leaders' full understanding of consequences of ineffective retention strategies can prevent voluntary employee turnover for organizational success (Guha & Chakrabarti, 2016; Memon et al., 2014). The studies are crucial for leaders to consider the utilization of effective employee retention strategies to prevent turnover.

### **Retention Strategies**

Organizational leaders must identify the top talent to target effective retention strategies (Bihani & Dalal, 2014). Effective retention strategies must incorporate the employees' needs and their expectations. Leaders who identify and retain top talent enhance the organizational learning, which creates a competitive advantage (Bihani & Dalal, 2014). Several retention strategies are effective including competitive pay, career advancement opportunities, flexible work schedules, learning and development opportunities, safe and supportive work environment, encouragement and recognition, mentoring and coaching (Bihani & Dalal, 2014). Leaders who identify the top talent for application of viable retention strategies is critical.

Researchers provided evidence of several viable strategies that leaders could consider retaining top employees. George (2015) researched factors that caused professional workers to remain in their organization. George examined 138 professional workers from the United Kingdom of a marketing organization using 19 retention factors placed into organizational and job categories. George confirmed that the two categories of organizational and job as predictors of employee retention. George provided health care leaders with practical retention principles to use for employees to help as a competitive advantage. Similarly, Hermansen and Midtsundstad (2015) examined the

factors to retain older workers and the traits of the organizations by reviewing 1436 participants from two surveys conducted in 2005 and 2010. The traits of the organizations focused on retention strategies with lifelong learning initiatives, prevention of health problem programs, and contractual pension offering or in public administration operations (Hermansen & Midtsundstad, 2015). The findings demonstrated the increase in retention strategies from the year 2005 and 2010 (Hermansen & Midtsundstad, 2015). Additionally, Dhanpat, Madou, Lugisani, MaboJane, and Phiri (2018) studied the effect of turnover intentions on five HR strategies including work-life balance, training, career growth opportunities, supervisor support, and compensation. A total of 282 surveys were collected from call center employees in Johannesburg (Dhanpat et al., 2018). The results indicated a significant association between all the retention factors and mainly compensation practices and employee turnover intentions. The study includes key information for leadership to design HR and competitive compensation packages strategies that are effective and perceived fair by the candidates to avoid the downstream employee turnover issues (Dhanpat et al., 2018). Employee retention factors include employee empowerment, management practices, cooperation, operating styles, and role performance (Jadon & Upadhyay, 2018). Health care leaders can apply viable retention strategies, given the need of the employees and the organizational goals (George, 2015; Hermansen & Midtsundstad, 2015). Several key retention strategies emerged from the literature review including talent development, job satisfaction, flexible working arrangements, and compensation.

**Talent development.** Talent development strategies are critical to retaining employees. A quantitative study involving a cohort of 120 volunteer community health workers (CHWs) in Dhaka urban slums took place to determine retention factors for such an important role in the community, which served the underprivileged population (Alam & Oliveras, 2014). The findings resulted in training opportunities as a retention factor for CHWs (Alam & Oliveras, 2014). Researchers conducted a study to determine the relationship of talent management practices on employee engagement and employee retention involving 581 IT executives in IT organizations in Malaysia (Alias, Noor, & Hassan, 2014). The findings indicate a strong relationship between retention and talent management practices including managerial support, career development (Alias et al., 2014). There is a relationship between the training alternatives and the employee's intention to stay with the organization (Beynon, Jones, Pickernell, & Packham, 2015). Therefore, health care leaders could consider the type of training alternatives provided by the organization that influences employee retention. Furthermore, Martin (2018) researched retention strategies of private sector employees from Western Europe and demonstrated a relationship between career development motivation and retention. Milman and Dickson (2014) conducted a study to explore retention of hourly employees in large U.S. theme parks and attractions using social networking sites to obtain 307 responses for the study. The findings indicate that employee's satisfaction, pay, and development training classes affect retention (Milman & Dickson, 2014). Additionally, Plessis et al. (2015) found that talent management practices were negatively interrelated with employee intentions to leave the organization and emphasized that health care

leaders design talent management practices to retain employees. Conversely, Shuck et al. (2014) posited that employees are more likely to consider leaving the organization if they perceive that organizational policies restrict professional and career development lack of funding for development, or if the direct manager does not promote development. Furthermore, Shuck et al. asserted that supporting employee's development can lead to lower employee performance and disengagement. Grounded on the SET employees who perceive support in development are highly engaged and are less likely to leave the organization (Alam & Oliveras, 2014; Beynon et al., 2015; Martin, 2018; Milman & Dickson, 2014; Shuck et al., 2014). Investing in employees by talent development opportunities is a key element to retain employees.

**Job satisfaction.** Job satisfaction emerged through the literature review as a prominent employee retention strategy. Employees who are satisfied with their jobs tend to stay with the organization, which is a critical strategy for health care leaders to apply when retaining top talent (Khalid et al., 2016). Conversely, Hofaidhllaoui and Chhinzer, (2014) found a significant negative correlation with work satisfaction and turnover intentions. Additionally, factors lead to job satisfaction, which is important for health care leaders to understand (Kumar, Jauhari, Rastogi, & Sivakumar, 2018). For example, job satisfaction mediates the relationship between leadership style and employee retention (Khalid et al., 2016). Job satisfaction, as it relates to organizational commitment, is strongly interrelated to the intent to stay of knowledge workers (Rasouli et al., 2014) while employees with connections remain with their organization because of job satisfaction (Du Preez & Bendixen, 2015). Furthermore, meaningful work helps to



retain employees because they are satisfied with their job (Selander & Ruuskanen, 2016). A quantitative study involving 160 primary and secondary teachers in Australia with 10 years of teaching experience indicated the importance of job satisfaction and resilience with intentions of employees to leave the organization (Arnup & Bowles, 2016). The research was conducted to determine the effects of internal brand management on job satisfaction brand commitment, and employee intentions to stay in the organization (Balabanova, Efendiev, Ehrnrooth, & Koveshnikov, 2016). Internal brand management for service staff relates to job satisfaction, brand commitment, and intention to stay (Balabanova et al., 2016). An analysis involving 5088 service industry employees, who were experiencing organizational change, showed a correlation with development, work engagement, job satisfaction, and employee retention (Kumar et al., 2018). Health care leaders who understand the drivers of job satisfaction have a greater opportunity to retain employees (Khalid et al., 2016). The human capital theorists' premise is that investments in the employee lead to satisfied employees (Schultz, 1961). Leaders may consider job satisfaction as an effective employee retention strategy based on the information provided by the authors.

**Flexible working arrangements.** Flexible working arrangements also emerged through the literature review as another prominent employee retention strategy. Health care leaders who provide employees with flexible working arrangements tend to retain them (Idris, 2014). Negative experiences with flexible working hours adversely affect retention (Milman & Dickson, 2014) and work-life balance significantly affect employee retention (Pregnolato et al., 2017; Schlechter, Faught, & Bussin, 2014). Employee

retention strategies could include work-life balance and a supportive culture (Eason, Mazerolle, Denegar, Pitney, & McGarry, 2018; Oludayo, Falola, Obianuju, & Demilade, 2018). Researchers explored the effects of five flexible working strategies on retention of employees in the banking industry (Idris, 2014). Interviews involving open-ended questions with the HRMs and bank managers facilitated the gathering of data for five flexible working strategies including flextime, job sharing, flex leave, flex career and flex place (Idris, 2014). Flextime is a factor in retaining employees and highlights the gaps with current flexible working strategies that include employee retention theoretical frameworks (Idris, 2014). Flexible working arrangements are investments that leaders can make in employees to enhance retention strategies (Idris, 2014). Leaders could consider flexible working arrangements as an effective strategy to retain top talent.

**Compensation.** Compensation is a key component in formulating employee retention strategies. There is a significant correlation with retention and compensation (Janjua & Gulzar, 2014; Naqvi & Bashir, 2015; Schlechter et al., 2014). Researchers conducted a study to review elements that effect blue-collar employees in Russia to remain in their organizations (Du Preez & Bendixen, 2015). A total of 1,210 blue-collar employees in 80 businesses throughout 14 industries in eight geographical regions were involved (Du Preez & Bendixen, 2015). Findings uncovered that blue-collar employees remain in their organizations due to wage satisfaction. Additionally, there is a correlation with pay, commitment, and involvement leading to employee retention (Ibidunni, Osibanjo, Adeniji, Salau, & Falola, 2016). Health care leaders could consider salary, bonus, incentives, reward, and profit sharing strategies in retaining employees.

Pregolato et al. (2017) conducted a study to investigate the total rewards factors that influence an employee to remain in their organization. Multiple surveys facilitated the data collection process from seven remuneration managers, and 361 employees from multinational oil companies. The financial rewards are key factors to retain employees in an organization (Pregolato et al., 2017). Researchers conducted a study to examine the relationship of total rewards, POS, and PSS of 303 employees in South African organizations (Smit et al., 2015). The sample group of 303 employees represented the 5000-employee population. Employees across generations remain in their organization because of remuneration (Smit et al., 2015). Compensation is a key investment made by leaders, which yield employee retention.

### **Transition**

Section 1 of the study contained the following key foundational elements (a) foundation of the study, (b) background of the problem, (c) problem statement, (d) purpose statement, (e) nature of the study, (f) the research questions, and (g) the interview questions. Furthermore, Section 1 of the study contained the conceptual framework, operational definitions, assumptions, limitations, delimitations, and significance of the study. The conclusion of Section 1 included a synthesis of the professional and academic literature related to strategies that some health care leaders use to retain employees.

The professional and academic literature involved sources in understanding employee retention, consequences of ineffective employee retention, human capital theory, resource-based theory, and social exchange theory. The literature review

contained precursors to turnover and employee retention strategies applied by leaders. Furthermore, I discussed in detail the consequences of not applying effective employee retention strategies.

Section 2 consisted of how I conducted the study and included the restatement of the purpose statement, role of the researcher, participants, research method, research design, population and sampling, and the ethical research. Furthermore, Section 2 includes the data collection instrument, data collection technique, data organization techniques, and data analysis. The last components of Section 2 include an in-depth discussion of the reliability and validity and the transition and summary of the study. Section 3 includes the presentation of findings, application to professional practice, implications for social change, recommendations for action, recommendations for further research, reflections, and conclusion.

## Section 2: The Project

The purpose of this qualitative single case study was to explore the strategies that some health care leaders use to retain employees. Section 2 presents how I conducted the study and begins with the reaffirmation of the study's purpose and my role as the researcher. Furthermore, Section 2 includes the eligibility and strategy criteria for selecting the participants, followed by the research method and design. The population and sampling subsection includes the justification for the number of participants followed by the ethical research considerations. Section 2 also includes a detailed description of the data collection instrument and data collection and organization techniques. Section 2 ends with a description of the data analysis techniques and the reliability and validity of the study.

### **Purpose Statement**

The purpose of this qualitative single case study was to explore the strategies that some health care leaders use to retain employees. The population sample included 10 health care leaders from a health care organization in Texas who had retained employees for more than 2 years from their date of hire. The implications for positive social change include the potential to retain health care employees, provide affordable health care, increase job satisfaction, and improve quality service to patients within the study site communities.

### **Role of the Researcher**

The role of the researcher is to collect data to analyze and produce quality findings (Yates & Leggett, 2016). I used semistructured interviews and corporate

documents as the data collection methods. The interview process is a vital aspect of securing rich data for case study research (Yin, 2018). I ensured data reliability, validity, and saturation by incorporating multiple data collection methods. Researchers use triangulation to strengthen the validity and reliability of a study by applying multiple data sources (Cronin, 2014). I experienced the consequences of voluntary employee turnover in my career as an HRM. The effects of voluntary employee turnover included negative organizational profits, employee morale issues, and customer dissatisfaction. I was interested in learning why some employees stayed while others chose to leave the organization. Health care professionals are critical to retain because they provide quality health care to patients (Steinmetz et al., 2014). I was interested in adding to the body of knowledge on employee retention to assist leaders, employees, HR managers, and the community.

My responsibility as the researcher was to conduct an ethical study that considered the rights of the participants. Researchers must adhere to guidelines for ethical research including the institutional review board (IRB) guidelines (Fiske & Hauser, 2014). The U.S. Department of Health and Human Services (1979) published the Belmont Report to outline the necessary ethical guidelines for a researcher to follow to protect participants from harm. I conducted an ethical interview process and maintained strict confidentiality in alignment with Walden University IRB guidelines. I received approval from the Walden University IRB before conducting the interviews. The IRB approval number for this study was 08-15-18-0659056. Researchers who conduct an ethical study produce quality findings (Yin, 2018).

Researchers have a responsibility to mitigate bias that could potentially hinder the study's validity (Leichsenring et al., 2017). Researchers must manage bias and avoid quality issues (Yin, 2018). Mitigating bias is difficult without conscious effort by researchers to avoid tainting the study findings (Pietkiewicz & Smith, 2014). I took copious notes, audiotaped the interviews, incorporated scholar peer review, and conducted member checking to mitigate bias. Researchers can avoid bias during the data collection phase if they are open to contrary evidence from personal beliefs (Yin, 2018). Researchers ensure reliability and validity of the qualitative study to produce quality findings (Yin, 2018). I formulated structured interviews to mitigate bias in my study. Researchers decrease bias and increase the validity of the study using well-structured interviews (Pietkiewicz & Smith, 2014). I used the interview protocol (see Appendix) to collect robust data from participants by following up on questions for further clarity.

### **Participants**

Selecting an appropriate population for a study is imperative to collect data to answer the research question. A sample of the represented population is reasonable when planning data collection (Robinson, 2014). Researchers determine the target population based on individuals who have similar characteristics (Delost & Nadder, 2014). The target population for my study involved leaders who had employee retention responsibilities and were held accountable for meeting organizational goals in a health care organization.

I applied a purposeful sampling method and used semistructured interviews to collect data from 10 leaders from a health care organization in Texas. The eligibility

requirements for participants included (a) supervisory responsibility for two or more employees, (b) responsibility for implementation of retention strategies, and (c) history of retaining employees for a minimum of 2 years from their date of hire. Interviewees can provide critical and insightful information that can lead to further sources of findings (Yin, 2018). The leadership team in the health care organization assisted me in identifying eligible participants for the study.

I contacted the participants before conducting the onsite interviews by sending them an e-mail with the purpose of the study and consent forms. Next, I scheduled the interviews and sent the meeting invites using Microsoft Outlook. I followed up with the participants via telephone to make myself available, reinforce confidentiality, and answer any questions or concerns they had before the interview. Researchers must ensure the confidentiality of the data collected (Thomas, 2015). Researchers who build a relationship with the participants can collect rich data (Yin, 2018). I built a relationship of trust and integrity through introductory phone calls with the participants to facilitate in-depth interviews.

### **Research Method and Design**

Researchers select the appropriate research method to obtain quality findings that align with the phenomenon in question (Bernard, 2017). The three types of research methods are qualitative, quantitative, and mixed methods (Christenson & Gutierrez, 2016). Furthermore, there are research designs researchers can select to answer the research question (Marshall & Rossman, 2014). Researchers have a responsibility to



choose the appropriate research method and design that will yield scholarly contributions to the specific body of knowledge (Christenson & Gutierrez, 2016).

### **Research Method**

I chose the qualitative method because I intended to explore strategies that health care leaders use to retain employees. Qualitative researchers explore real-life situations to answer *why* and *how* questions (Petrescu & Lauer, 2017). Qualitative researchers aim to understand the social phenomenon by interpreting the data collected (Flick, 2014). I collected data from health care leaders to obtain quality findings by applying the qualitative research method. The quantitative method involves the collection and analysis of numbers (Halcomb & Hickman, 2015). The mixed methods approach combines quantitative and qualitative research elements to address the research question (Quan, Pluye, Bujold, & Wassef, 2017). Quantitative and mixed methods approaches were not appropriate for my study because I did not need quantitative data to answer my research question.

Quantitative researchers examine the relationship between variables in a study (Palinkas, 2014). Multiple experimental designs are available for researchers to test hypotheses. The quasi-experimental design is applied broadly to social problems (White & Sabarwal, 2014). The quantitative method involves statistical analysis of the data collected, which involves numbers (Quan et al., 2017). A quantitative method is a viable approach to test the relationship between variables in a study (Choy, 2014). I did not use the quantitative method because my study did not involve statistical analysis or testing of the relationship between variables. Researchers who use the mixed methods approach

combine qualitative and quantitative approaches to answer complex research questions (Zhang & Watanabe-Galloway, 2014). Researchers use the mixed methods approach to collect data through surveys and interviews or focus groups (Zhang & Watanabe-Galloway, 2014). I did not use the mixed methods approach because I used only interviews to collect data.

### **Research Design**

The traditional designs for a qualitative study are ethnography, case studies, and phenomenology (Percy, Kostere, & Kostere, 2015). I chose the single case study design for my research. Researchers who apply the case study approach will increase credibility, originality, and creativity (Taylor & Thomas-Gregory, 2015). The case study approach is appropriate when the research question involves the need for an in-depth description of the situation (Yin, 2018). Researchers who apply a case study approach may select multiple data collection sources to gather the needed data for quality results (Yin, 2018).

Ethnography is a common approach used in qualitative research to explore cultural groups (Kanji, 2012). Ethnographers investigate social and cultural aspects such as the groupings, customs, beliefs, and behaviors (Percy et al., 2015). The researchers collect data mainly by observation and interviews to provide clear, reliable findings on behaviors of the cultural groups (Kruth, 2015). Researchers immerse themselves in the culture when conducting an ethnographic study (Draper, 2015). The ethnographic research design was not appropriate for exploring strategies that health care leaders use to retain employees.

Researchers who conduct a phenomenological study address individual life experiences of a phenomenon (Koopman, 2015), which was not the focus of my study. Phenomenology involves researching human lived experiences by collecting data directly from the individuals through interviews (Percy et al., 2015). I did not choose the phenomenological design for my study because I did not focus on the attitudes, beliefs, opinions, and feelings of the participants.

I used interviews, member checking, and triangulation to achieve data saturation and to enhance dependability and validity of the study. Researchers achieve data saturation when interviews and the member checking process reveal no new data (Elo et al., 2014). Data saturation enhances the validity and dependability of the study (Marshall & Rossman, 2016; Yin, 2018). Data saturation occurs when no new data are collected (Flick, 2014; Fusch & Ness, 2015). I interviewed participants until no new information emerged to ensure data saturation.

### **Population and Sampling**

The population sample I used for the single case study was 10 health care leaders from a health care organization in Texas who had retained employees for more than 2 years from their date of hire. I conducted in-person semistructured interviews at the hospital with each leader. Qualitative researchers use semistructured interviews to collect in-depth information of the phenomenon (Mojtahed, Nunes, Martins, & Peng, 2014). I used open-ended interview questions to elicit rich data regarding retention strategies of health care leaders.

To select the 10 health care leaders, I used purposeful sampling. The participants were required to have (a) led employees in a hospital, (b) had supervisory responsibility for two or more employees, (c) had responsibility for implementation of retention strategies, and (d) had a history of retaining employees for a minimum of 2 years from their date of hire. Qualitative researchers use purposeful sampling to select participants who will provide in-depth data for quality findings (Palinkas et al., 2015).

The most efficient data collection methods for the study were in-depth interviews and company documents. Multiple data collection methods may increase data saturation, which enhances the validity of the study (Fusch & Ness, 2015). I reviewed company documents related to retention, including policies, procedures, and metric reports. Interviews enable researchers to achieve data saturation by asking the same questions to participants (Fusch & Ness, 2015). I used interviews, member checking, and triangulation to achieve data saturation and to ensure dependability and validity of the study. Researchers achieve data saturation when the interview and member checking process reveal no new data (Elo et al., 2014). Data saturation enhances the validity and dependability of the study (Marshall & Rossman, 2016; Yin, 2018). I conducted semistructured interviews in private conference rooms at the hospital to enhance confidentiality and ensure a conducive environment for the participants to share in-depth information about the retention strategies they apply to retain employees.

### **Ethical Research**

Researchers must adhere to ethical standards through the data collection stage to ensure quality findings (Yin, 2018). Researchers operating at the highest ethical

standards avoid deception and plagiarism and accept accountability for the study (Yin, 2018). Furthermore, researchers follow the IRB process to adhere to ethical standards (Fiske & Hauser, 2014). The IRB stipulates guidelines to prevent harm to participants (Fiske & Hauser, 2014). Researchers are responsible for the confidentiality of participants and the data. Ethical considerations also include payments to participants (Wright & Robertson, 2014). The National Institute of Health offers training on protecting human research participants, which I completed on September 10, 2016.

Throughout the study, I followed several critical steps to produce an ethical study. I e-mailed the participants the consent form and ensured I received formal consent from the participants before conducting the official interviews after receiving approval from the Walden University IRB. The Walden University IRB approval number for the research study was 08-15-18-0659056. I included in the e-mail the purpose of the study, the strict confidentiality of their participation and the data, and their participation being voluntary. Additionally, I emphasized to the participants the option to withdraw at any point from the study without repercussions. Furthermore, I did not offer the participants any compensation or any incentives.

I protected the participant's identity and the data to maintain confidentiality. Researchers must consider the privacy and confidentiality of the participants to ensure a valid study (Harriss & Atkinson, 2015). Additionally, I used numerical and alpha codes in the interview recordings and transcription of information. I stored the electronic data in protected files with a secure password. After 5 years, I will remove all electronic data and shred all hard-copy information.

### **Data Collection Instruments**

Researchers are the main data collection instrument in the qualitative case study (Flick, 2014). Additionally, I used the interview questions to collect data that would lead to new findings of life experiences (Marshall & Rossman, 2014). Researchers could ask the interview questions to participants to collect insightful information of the phenomenon and to reduce bias (De Massis & Kotlar, 2014). I used semistructured interviews to collect data for the study.

I included six targeted interview questions to explore the strategies that health care leaders use to retain employees. As the researcher, I built a relationship with the senior management of the organization in the process of collecting the research data. I sent an e-mail to the selected 10 participants with the consent form to align with the ethical and confidential nature of the study. Furthermore, I used Microsoft Office to schedule the meetings at their respective locations after receiving formal consent from the participants.

I audio recorded the interview sessions and took copious notes to enhance the reliability of the data. During the interview, I took notes of the interview atmosphere and any points needing further follow-up and clarification. Furthermore, I used two recordings including Audacity and Transcribeme application in the iPhone 7S. After the interview process, I transcribed the data by uploading the file to Transcribeme software. Next, I provided a copy of the transcript to each participant for member checking purposes. The member checking is a process that offers the participants an opportunity to review the transcribed interview for corrections and validation (Morse, 2015).

Additionally, I reached data saturation by confirming that there was no further data to collect from the participants. I will maintain the data for 5 years in password-protected files. After 5 years, I will expunge the electronic files and shred all hard copy.

I used the triangulation method to enhance the validity of the single case study. Researchers use methodological triangulation of multiple data sources to enhance the quality of the study (Flick, 2014). Furthermore, I worked with senior management to collect company documents including retention policies, procedures, and metrics. Therefore, I triangulated the company documents with the interview transcripts. I used methodological triangulation during the data analysis process to derive retention strategies that the health care leaders use to retain employees.

### **Data Collection Technique**

The data collection technique I used for the qualitative study was semistructured interviews and company documents to explore the central question: What strategies do health care leaders use to retain employees in a health care organization? Semistructured interview was the most viable technique for my study because I conducted in-depth interviews to collect rich data from the participants. I reviewed the interview protocol with the participants before beginning the interview process. The interview protocol is a tool used by researchers to structure the interview process for quality data collection (Castillo-Montoya, 2016). Furthermore, I collected company documents including policies, procedures, and metric reports from the organization. I used both the interview data and company documents to enhance the quality of the study. Researchers who collect data from multiple sources including interviews and company documents can

gather rich data for quality findings of the phenomenon in question (Gjesten, Wiig, & Testad, 2017). Furthermore, Yin (2018) posited that case study data collected from multiple sources could enhance the quality of the study.

Semistructured interviews involve several advantages and disadvantages. An advantage of semistructured interview is the ability of researchers to probe for clarity and quality data collection (Alshenqeeti, 2014; Baskarada, 2014; Gao, Ergan, Akinci, & Garrett, 2014). Another advantage of semistructured interview process is the ability of researchers to collect data that is current and relevant to the study (Alshenqeeti, 2014; Gao et al., 2014). The researcher and participant build a relationship through face-to-face interviews, which enhances the trust and facilitates the openness and collaboration of the participant in sharing information (Baskarada, 2014). However, I could experience challenges while probing for data based on the information provided by the participant, which may limit my ability to capture critical data. Researchers could probe during the interview to capture critical data; however, researchers find the probing step difficult and may use checklists to facilitate the interview process (Alshenqeeti, 2014). The process of note taking during the interview allows the researcher to effectively prepare for probing questions (Farooq & de Villiers, 2017). I used note taking and asked follow up questions to ensure I probed as needed throughout the face-to-face interview process. One key disadvantage of semistructured interviews is that both researchers and participants are prone to bias given their respective experiences and interpretation of the questions (Leichsenring et al., 2017; Pietkiewicz & Smith, 2014; Yin, 2018). I reduced bias with the interview process by remaining neutral and used member checking to permit the



participants the opportunity to verify the transcript of the interviews. According to Morse (2015), member checking is the process of having participants review interview summary transcripts to make any necessary corrections.

Several advantages and disadvantages exist when the researcher uses company documents as a collection technique. An advantage of the data collection involving company documents adds to the quality of the study findings (Baskarada, 2014). Researchers can use the company documents to further analyze the findings of the interviews (De Massis & Kotlar, 2014). A disadvantage with the company documents as a collection technique is that they are not current (Hancock & Algozzine, 2017). Participants may provide company documents that are a challenge to interpret based on the complexity of the document (Yin, 2018). Additionally, the company documents may not align with the research question (Yin, 2018). I overcame the disadvantages of the company document as a collection technique by prudent analysis of the material and by remaining focused on the research question.

I contacted the senior management of the organization to obtain a list of participants after receiving approval from Walden IRB. The list of the participants included the name of the participant, title, phone number, and e-mail address. After receiving the list of participants, I called the participants to introduce myself and build a relationship before conducting the interviews. Next, I e-mailed the participants the consent form and ensured I received formal consent from the participants before conducting the official interviews in person. I used Microsoft Outlook to schedule the

on-site interviews based on the participants' calendar availability. Researchers critically prepare for the interview process for collecting quality data (Yin, 2018).

### **Data Organization Technique**

The data organization through the collection process is critical for researchers to conduct quality analysis (Elo et al., 2014). Researchers could consider data organization as a means for effective and efficient analysis of the data (Marshall & Rossman, 2014). Transcribeme.com is a software used by the researchers to record and transcribe interviews (Moriel, Felix, & Quinlan, 2017). I used Transcribeme.com to record and transcribe the participant interviews. Next, I organized the interviews using alphanumeric coding starting with P01 through P10. Researchers use coding to enhance the participants' confidentiality and ability to organize the evolving themes of the study (Flick, 2014; Marshall & Rossman, 2014). Furthermore, researchers can electronically store the collection of data for successful tracking (Castleberry, 2014; Saldana, 2015; Zamawe, 2015). I tracked the interview transcripts and company document by creating electronic files and upload the transcripts from Transcribeme.com to NVivo v12 Plus software. Researchers use NVivo to organize a large amount of data and help them conduct quality analytics (Flick, 2014; Saldana, 2015; Zamawe, 2015). Additionally, I used a portable USB drive for the transcribed interviews and company documents. I stored both electronic files and the portable USB drive with a secure password in a fireproof safe located at my home. I have sole access to the fireproof safe; after 5 years, I will destroy all documents by expunging all electronic files and shredding all hardcopy documents.

## **Data Analysis**

I began the data analysis process after collecting semistructured interviews and the company documents. The methodological triangulation approach involves the use of multiple sources in the analysis of the research question in a qualitative study (Flick, 2014). I used semistructured interviews and company documents including policies, procedures, and metric reports to conduct the methodological triangulation. Researchers use methodological triangulation in the data analysis step to enhance the credibility of the study's findings (Flick, 2014; Theron, 2015). I used thematic data analysis to determine patterns and themes of the data collected and formulate findings. According to Yin (2018), qualitative researchers analyze data using five stages including compiling, disassembling, reassembling, interpreting, and concluding.

Researchers use the data analysis, which is a critical process that could involve a systemic and interactive approach for successful review of the facts (Theron, 2015). I began the data analysis by transcribing the information using Transcribeme.com software and uploaded the data directly into the compatible NVivo v12 Plus software. Researchers transcribe the interviews as a critical step to the data analysis phase and consider the time intensity based on content and number of interviews (Flick, 2014). I provided the transcribed summaries to the participants for member checking, which allowed them an opportunity to make any corrections and add new information. Researchers who use member checking increase the credibility of the study given that the participants confirm the interview collected (Theron, 2015). I reached data saturation by allowing the participants to confirm that the transcripts were accurate and that there was no further

data to provide. I updated the original data collected when participants provided corrections or new data. Next, I wrote the new data in the original data collected and coded both responses. Data saturation occurs when there is no additional data to collect for the study (Fusch & Ness, 2015).

Researchers code the data from the interview to arrive at themes and patterns for categorization and analysis (Theron, 2015). Data coding is a data analysis tool used in qualitative methods to discern themes and patterns (Gheondea-Eladi, 2014). The coding process is the best method to use for a qualitative case study given the vast amount of data requiring effective analysis for quality results (Flick, 2014). Coding or categorizing encompasses grouping large amounts of text data into smaller segments (Gheondea-Eladi, 2014; Theron, 2015). I coded the data manually by highlighting in different colors common words and phrases in NVivo v12 Plus. Next, I grouped the unifying codes for broader themes that aligned to the research question. Researcher's ability to code the data accurately could lead to facilitation of data analysis (Gheondea-Eladi, 2014; Saldana, 2015).

I uploaded the data into the NVivo v12 Plus software including transcripts from Transcribeme.com and company documents. Researchers use NVivo software to organize, store, code large amounts of data, and conduct the analysis (Flick, 2014; Saldana, 2015; Zamawe, 2015). NVivo software designers included the benefits of coding efficiency, accuracy, and reliability in one location (Castleberry, 2014; Zamawe, 2015). Researchers can analyze the data quickly and accurately using NVivo software (Castleberry, 2014; Saldana, 2015; Zamawe, 2015).

I analyzed and compared the codes and themes with the conceptual framework and the applicable literature of this study. I continued to review new publications and studies and added new literature as applicable that aligned with the themes that emerged in the data analysis section. Data analysis is critical for researchers to align the themes to the study's conceptual framework and literature (Elo et al., 2014; Gheondea-Eladi, 2014).

### **Reliability and Validity**

Qualitative researchers should conduct a study that is dependable to enhance the quality of the findings by applying strong rigor including auditing procedures and member checking (Baillie, 2015). Similarly, Cope (2014) argued that researchers achieve dependability of the study when the findings can be duplicated by other researchers in similar conditions. Furthermore, researchers achieve credibility and confirmability by applying strategies including triangulation and member checking (Yin, 2018).

### **Dependability**

Researchers use dependability to demonstrate the same results are repeatable when conducting the data collection procedure (Baskarada, 2014; Wong, 2015; Yin, 2018). Researchers enhance trustworthiness of the qualitative study by improving the data quality, which leads to the dependability of the study (Abdalla, Oliveira, Azevedo, & Gonzalez, 2018; Marshall & Rossman, 2016). Furthermore, researchers achieve dependability of the study by rigorous auditing, which strengthens the dependability of the findings (Flick, 2014). The dependability of the study is enhanced when researchers apply structured procedures in the collection and analysis of the data (Flick, 2014;

Marshall & Rossman, 2016). To enhance the reliability of the study, I used member checking.

Member checking is a tool used by researchers to increase dependability by involving the participants in reviewing the transcript summary for accuracy (Wong, 2015). The member checking techniques can lead to quality results of the study (Marshall & Rossman, 2016). Researchers achieve dependability of the study by applying the member checking approach (Flick, 2014). Researchers reduce bias and improve the dependability of the study using the member checking technique (Morse, 2015; Theron, 2015). I provided transcript summaries to the participants for member checking to enhance the accuracy of the data for stronger dependability.

### **Validity**

The following elements apply to qualitative method research to ascertain validity: credibility, transferability, and confirmability (Flick, 2014). Researchers focus on validation of the study to enhance the credibility of the findings (Elo et al., 2014; Flick, 2014). Furthermore, researchers augment trustworthiness when they apply data validation (Elo et al., 2014). I focused on credibility, transferability, and confirmability to enhance the validity of the study.

I used triangulation to achieve credibility of the study. Researchers achieve credibility when they produce a study that is error free (Flick, 2014). Triangulation strengthens the credibility of the study by applying multiple data source (Abdalla et al., 2018; Cronin, 2014). The multiple data collection approaches will add to the validity and

reliability of the study results (Yin, 2018). I used semistructured interviews and company documents to enhance the credibility of this study.

I used a detailed interview process to achieve transferability of the study. Transferability is when researchers can transfer the findings to other settings while maintaining the validity of the original study (Elo et al., 2014). The transferability of a study is critical to determine the validity of the findings (Flick, 2014). Researchers address transferability by strategic planning of the interview and data collection process (McInnes, Peters, Bonney, & Halcomb, 2017).

I addressed conformability in the study by applying member checking. Conformability involves the accuracy of a study that is free of bias, which leads to valid findings (Elo et al., 2014). Member checking technique reduces bias in the study and increases conformability of the findings (Yin, 2018). Furthermore, the member checking technique approach applied by researchers leads to confirming the study as participants correct any applicable data (Marshall & Rossman, 2016).

I used interviews, member checking, and triangulation to achieve data saturation and to enhance dependability and validity of the study. Researchers achieve data saturation when interviews and the member checking process reveal no new data (Elo et al., 2014). Data saturation enhances the validity and dependability of the study (Marshall & Rossman, 2016; Yin, 2018). Data saturation occurs when no new data are collected (Flick, 2014; Fusch & Ness, 2015). I interviewed participants until no new information emerged to ensure data saturation.

### **Transition and Summary**

Section 2 involved a detailed plan of the research project process and how I conducted the research. The purpose of this qualitative single case study is to explore the strategies that some health care leaders use to retain employees. Section 2 consisted of restating the purpose statement, role of the researcher, participants, research method, research design, population and sampling, and the ethical research. Additionally, Section 2 included the data collection instrument, data collection technique, data organization techniques, data analysis, reliability and validity, and the transition and summary of the study. Section 3 includes the presentation of findings, application to professional practice, and implications for social change. The last components of Section 3 include the recommendations for action, recommendations for further research, reflections, and conclusion.



### Section 3: Application to Professional Practice and Implications for Change

Section 3 begins with the introduction of the study and presentation of the findings. Section 3 includes the application to professional practice and implications for social change. The last components of Section 3 include the recommendations for action, recommendations for further research, reflections, and a conclusion.

#### **Introduction**

The purpose of this qualitative single case study was to explore the strategies that some health care leaders use to retain employees. Retention of health care providers is vital to support patient outcomes because health care providers with tenure deliver high-quality care (Gan et al., 2018). Leaders who understand strategies to retain employees may positively affect business profitability (Antony, 2018). It is important for health care leaders to apply effective strategies to retain employees.

I conducted on-site semistructured interviews to collect rich data from 10 participants from a health care organization in Texas and reviewed company documents related to employee retention. I collected the data after I received approval from Walden University IRB. I ensured I received formal consent from the 10 participants before conducting semistructured interviews. I used an interview protocol to enhance the consistency and quality of the data collected. I informed the participants that they could withdraw at any point from the study without any negative effects. Furthermore, I ensured the confidentiality of the participants and the data. Participants provided information on the strategies they use to retain employees who deliver quality patient care and positive customer outcomes. The findings indicated that health care leaders

apply three key strategies to retain employees: (a) healthy work environment, (b) manager relationship, and (c) training and development.

### **Presentation of the Findings**

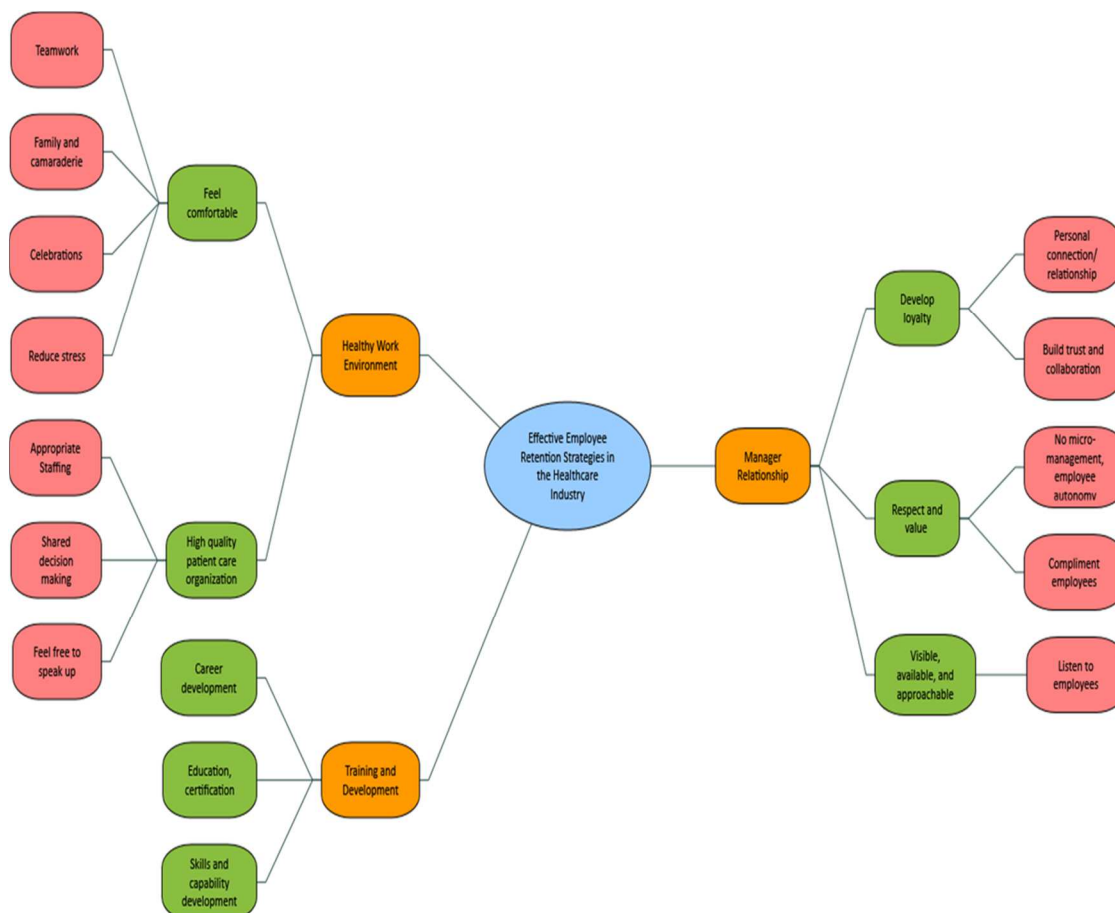
The following research question was used to guide the study: What strategies do health care leaders use to retain employees in a health care organization? I conducted semistructured interviews to collect in-depth data from the 10 participants. I reviewed the interview protocol with the participants before beginning the interview. Additionally, I collected company documents including policies, procedures, and metric reports. I used alphanumeric coding starting with P01 through P10 to maintain participant confidentiality. Furthermore, I provided a transcript summary for each participant to validate the data. Next, I uploaded the transcripts and company documents to NVivo v12 Plus where I conducted the data analysis. I identified patterns and themes by coding and word frequency. The three main themes that emerged from the data analysis were (a) healthy work environment, (b) manager relationship, and (c) training and development (see Table 2).

Table 2

#### *Frequency of Key Themes and Number of Participants*

Themes	Participants	Frequency
Healthy work environment	8	39
Manager relationship	10	25
Training and development	8	20

Additionally, the three key themes and subcategories that emerged from the participant semistructured interviews are presented in Figure 1.



*Figure 1.* A mindmap of effective employee retention strategies in the health care industry.

### **Theme 1: Healthy Work Environment**

The main theme that emerged from the data as an effective strategy to retain employees was that leaders could create a healthy work environment in which employees can thrive. The key themes per participant indicating that a healthy work environment was the main theme that emerged during the interviews are presented in Table 3.

Table 3

*Key Themes per Participant*

Themes	P01	P02	P03	P04	P05	P06	P07	P08	P09	P10	Total
Healthy work environment	1	0	10	12	2	6	0	5	1	2	39
Manager relationship	8	1	4	1	2	5	1	1	1	1	25
Training and development	0	1	1	1	0	1	5	3	7	1	20

The best strategy to retain employees is to make them comfortable in their work environment (P01, P03, P04, P05, P06, P08, P09, & P10). Additionally, leaders could create a work environment where employees can practice high-quality patient care as a retention strategy for health care professionals (P01, P03, P04, P06, P08, & P10). Employees tend to remain with the organization if they are satisfied with their work environment (Potgieter, Coetzee, & Ferreira, 2018). The results of the study indicated the importance of leaders creating a work environment that is conducive for employees to prosper, meet organizational goals, and positively influence patient outcomes. The analysis of the participant responses added to the current literature of creating health and wellness to promote a healthy environment where employees feel like part of a family system.

**Employees feel comfortable in their work environment.** Participants emphasized the need to create a work environment where employees enjoy the work they do and the people they work with as the best strategy to retain employees (P01, P03, P04,

P05, P06, P08, P09, & P10). Employees who are part of a team and feel part of the work family stay longer with the organization (P01, P03, P04, P05, P06, P08, P09, & P10). Moreover, P03, P05, P06, P08, and P09 emphasized that employees tend to spend more time at work, and it is imperative to help them be part of the work family so they stay with the organization. P05 and P08 asserted that having fun in the workplace is nontraditional but critical for employees to enjoy their job and the people they work with leading to engagement and success. P03 and P06 declared that creating a work environment of teamwork and work family leads to strong camaraderie, which enhances work satisfaction and retention. Similarly, P03, P04, P06, and P10 affirmed that teamwork and work family create a support system and connection to the broader organization, which is key in retaining employees during challenging times for the organization. P01 stated, “The reasons why people leave is they feel like they are a widget instead of someone who is an integral part of the team.” Company documents related to people goals corroborated the need to invest in creating a work environment of teamwork to achieve outcomes. Based on this study’s results, leaders could extend the team and work family concept to the work environment for health care professionals to be successful and remain in the organization.

A comfortable work environment is created by celebrating important employee events, which are simple but necessary to enhance employee retention (P01, P03, P05, P06, P08, & P10). Employee commemorations include birthdays, baby showers, Halloween costume contests, potluck socials, pizza parties, and ice cream socials as simple but important for employees to enjoy their job and the people with whom they

work (P01, P03, P05, P06, P08, & P10). Company flyers and e-mails aligned with participants' emphasis to celebrate and enjoy employee social events. P06 declared, "Employee celebrations like pizza parties can get kind of pushed off as being a little touchy-feely." However, leaders should engage employees and make them comfortable with their work environment, (P06). Similarly, P08 asserted the importance of finding employees who are good at coordinating celebrations and support them to organize events that lead to employees wanting to continue coming to work every day and enjoying what they do and the people with whom they work. Based on this study's results, celebrating employee events was a key retention strategy because it makes employees comfortable with their work environment and they enjoy coming back to work.

Reducing stress in the workplace was another key strategy to make employees comfortable with their work environment and enhance employee retention. Leaders should be aware of the stress factors that lead to an unhealthy work environment and act to solve problems for the good of the team (P03, P04, P05, P06, P08, & P10). Furthermore, P05, P06, and P08 asserted that work-life balance is a factor that is important to retain top talent. P05 confirmed that flex work and telecommuting create a work-life balance that promotes personal health, mental health, and well-being. Similarly, P08 stated that flexibility is important for employees to take care of family matters while achieving work outcomes. Work-life balance strategies reduce employees' stress levels and allow employees to increase productivity and become more engaged in the organization (Antony, 2018). Leaders retain employees by being aware of when

employees have many demands, making them feel helpless and frustrated (P03).

Additionally, leaders could act quickly when employee performance issues occur that negatively affect the rest of the team (P08). Leaders who remove stressors create an environment of well-being. Well-being is the employee's state of mental and physical health (Baciu & Virga, 2018). Leaders who apply well-being strategies may enhance the health of employees leading to improved performance and employee retention (Baciu & Virga, 2018).

Based on this study's findings, leaders protect the work environment from less traditional stressors that negatively affect employees as a tool for job satisfaction and employee retention. Additionally, leaders who remove work stressors support employees' well-being and organizations' success by enhancing employee productivity and retention (Dasgupta, 2015). Leaders who invest in employee health and well-being by removing work stressors retain employees for long-term business success (Metz & Sokmen, 2016).

**High-quality patient care organization.** A consistent theme across the participants was the concept of creating a work environment of high-quality patient care to retain top talent (P01, P03, P04, P06, P08, P09, & P10). The pursuit of high-quality standards leads the organization to create a healthy work environment in which employees have a high level of pride, engagement, and desire to come to work the next day (P03, P04, P06, P08, P09, & P10). P04 and P09 asserted that a key retention strategy is being a recognized organization with high-quality standards. Furthermore, P04 claimed that employee retention comes from employees who want to be part of a winning

organization. Leaders retain employees by creating a work environment in which employees feel good about the care they deliver to their patients and customers (P03, P04, P06, P09, & P10). Leaders provide appropriate staffing levels to create a positive work environment that leads to positive outcomes for patients, customers, and employees (P03, P04, P08, & P09). Conversely, leaders who inappropriately staff can dramatically increase patient mortality (P04), create negative patient outcomes, and decrease patient satisfaction (P09). The company scorecard and intranet information confirmed that a key priority for leaders in the organization is to create a work environment of the highest quality patient care for employees to thrive and enhance patient outcomes.

Based on this study's findings, leaders who implement appropriate staffing create high-quality patient care that leads to a healthy work environment where employees thrive and choose to stay. Shared decision-making is another key employee strategy practiced by leaders to improve the work environment and retain employees. Leaders create a work environment where employees share their thoughts and ideas making them feel respected and valued (P03, P04, P06, P09, & P10). P04 stated that creating a work environment where employees are involved in decision-making is imperative to the health care practice and is an effective way to retain employees. P03 affirmed the importance of encouraging employees to share thoughts and ideas by acting as facilitators in problem-solving. Additionally, P04 confirmed the importance of equipping employees with the right skills to successfully participate in decision-making. The findings indicated a profound insight into the importance of involving employees in decision-making to create a healthy work environment to retain employees.



Leaders who create a work environment in which employees are encouraged to speak up and share ideas may retain top talent. Leaders who create a work environment where employees freely and safely share their thoughts and ideas increase the likelihood of retention (P03, P04, P06, P09, & P10). Additionally, P03 declared, “It is important to create a work environment where employees feel free to speak up and that they do not feel like they will be criticized or ridiculed for it.” Moreover, P04 stated, “Creating an environment where employees can speak up will help to retain employees.” P10 elaborated that getting employees’ feedback and input is important to understand their perspective and create a positive work environment. Additionally, P09 stressed the importance of employees speaking up so leadership can act on their concerns. Leaders who create a healthy work environment may enhance employee well-being and reduce employee turnover (Dhanpat et al., 2018). The findings from the current study indicated the importance of creating a healthy work environment that encourages employees to speak up freely without repercussions so they feel valued by leadership, which will enhance employee retention.

The participant responses that leaders who create a healthy work environment retain top talent is consistent with the literature. Participants’ conclusions of the importance to create a healthy work environment as a retention strategy supports the findings of Baciu and Virga (2018); Dhanpat et al. (2018); and Potgieter et al. (2018) whom determined that leaders who create a healthy work environment create job satisfaction leading to employee retention. The analysis of the participant’s data furthers the employee retention strategy literature by adding insight into a healthy work

environment to include employees feeling like part of a family system and having high-quality patient care initiatives.

The investment by managers to create a healthy work environment aligns with the HCT. For example, P03 asserted that leaders have a responsibility to reduce work stress, so employees remain with the organization. Similarly, Tan (2014) stated that HCT also includes leaders addressing other critical components such as employee health needs. Moreover, P03, P04, P06, P09, and P10 declared the importance to create a positive work environment for outcomes for patients, customers, and employees. Employees are the core of the HCT and drive organizational performance (Becker, 1964). Based on this study's findings, the main concept of the HCT supports leaders creating a healthy work environment is a significant investment in employees for the return of employee retention and positive organizational performance.

## **Theme 2: Manager Relationship**

The second main theme that emerged from semistructured interviews and company documents is the importance of the manager and employee relationship as a best practice to retain top talent in the organization. P01 through P10 addressed the importance of manager relationship to retain top talent (see Table 4). A strong manager relationship includes (a) developing loyalty, (b) respecting and valuing employees, and (c) leaders being visible, available, and approachable.

Table 4

*Manager Relationship per Participant*

Themes	P01	P02	P03	P04	P05	P06	P07	P08	P09	P10	Total
Manager relationship	8	1	4	1	2	5	1	1	1	1	25

**Develop loyalty.** Loyalty is a significant component to strengthening the manager relationship, which leads to employee retention. Leaders who support and build relationships with employees lead to job satisfaction and reduction in employee turnover (Naidoo, 2018). According to P01, P04, P05, P06, P07, P08, and P10, leaders build loyalty through personal connections, trust, and collaboration that leads employees to stay with the organization. P01 claimed, “The number one strategy to retain employees is to develop loyalty and to develop loyalty, you have to show loyalty to the employee.”

Leaders who build a personal connection and relationship enhance loyalty and employee retention. Leaders enhance employee retention by building a personal connection and having a relationship with the employees (P01, P04, P06, & P08). Furthermore, P04 stressed the need for leadership to be authentic and build strong relationships with employees. P01 reiterated:

Developing loyalty is actually to know something about every employee, their kids, or their hobbies, what they do and to show some interest in them other than just know how well they do their job, that you have some personal connection. I think that personal connection is an important part of making people feel cared about, and it develops their loyalty to you, and it makes them realize that you do care about them more than just somebody here to complete a certain set of tasks.

P06 added the importance of how leaders treat and interface with employees because it makes a big difference in building relationships and retaining them. Furthermore, P06 stressed, “Employees are human beings and forming relationships and helping them understand that you do care about them as individuals is important.” Moreover, P01 reinforced, “It is important to spend a few minutes talking to them at least two or three times a week about non-business items.” P07 advocated that part of forming a strong relationship with the employee is to talk to them and give them constructive feedback that supports their career goals. P06 concluded that leaders could reach out to employees to reinforce their connection, which helps employees feel engaged and enjoy their work. P06 elaborated the importance for leaders to know what is happening in the lives of their employees and should be involved in the day to day activities to understand better the challenges that employees face. The company documents indicated the emphasis on leadership building relationships and supporting their staff. The *people goals* company document included content regarding one of leadership’s priority is to spend time with their staff to enable them to be the best. Moreover, the leadership training documents outlined five key principles to building the manager and employee relationship. Additionally, leadership conducts extensive retention metrics as a tool for leaders to manage retention for their departments. Leadership’s investment to build strong manager and employee relationships that lead to loyalty and retention align with the HCT. Human capital investments lead to overall performance success for the organization (Gamerschlag, 2013; Nkundabanyanga et al., 2014). The findings indicated

a profound understanding of the importance of leaders to personally connect and build relationships with their employees as a retention strategy.

Trust and collaboration are other components of developing loyalty and retaining employees. A key responsibility of leaders is to build trust and collaboration with employees to meet organizational goals, enhance job satisfaction, and retention (P04, P05, P06, P09, & P10). Trust in leadership is imperative for employees to choose to stay with the organization (Yurtkoru, SebnemEnsari, & ErdilekKarabay, 2018). P04 noted that collaboration is imperative to form meaningful relationships that encourage employees to remain in the organization. Comparably, P06 shared that leaders could have a strong relationship built on trust because leadership may need to share negative news in some instances and employees can trust that leaders have the best interest of the employees. Additionally, P05 mentioned that trust and collaboration are enhanced when leaders work together with the employees to arrive at a plan that could improve performance. P09 and P10 stated that a key initiative is to build trust and collaboration between leaders and employees to improve the relationship, outcomes, and employee retention. The company documents supported the need for leadership to create a work environment of trust and collaboration. For example, the manager training documents outlined the direction to collaborate among cross-functional business segments with the goal to reduce employee turnover. Therefore, employees trust and collaboration are key components for employee engagement and decision to stay with the organization.

**Respect and value.** Another best practice to retain employees involves strengthening the manager and employee relationship by respect and value, which

includes not micromanaging and giving compliments to employees. Managers could provide employees the autonomy to do their jobs and compliment employees' performance, so they are creative, innovative, enjoy their jobs, and return to work every day (P01, P03, P07, & P08). Similarly, P01 and P03 declared that providing employees opportunities to have autonomy creates better results for patients. P03 stated that employees who are allowed the autonomy to provide feedback could solve critical patient issues and is a way to retain employees. P01 elaborated:

Do not micromanage them. Set goals, parameters for them to perform in and turn them loose. Let them not be afraid to innovate, come up with better ways of doing things, better ways of managing their job processes so that they feel ownership. The most effective strategy is by allowing an employee some autonomy to modify how they want to do their job and how to do it more effectively with guidance. Makes them feel like they have some independence, but it also makes them feel respected and valued. This is the most effective retention strategy, and it gets better performance from your employees.

Managers who give compliments could create a work environment where employees are respected and valued leading to a stronger employee and manager relationship (P01 & P07). Employees need validation from their managers to know if they are doing a good job; therefore, applauding achievements is an important aspect of employee retention (P07). Furthermore, P01 added that compliments are about telling employees, "You are doing a good job. Job well done. You did really great on that project." The reason that compliments are necessary is that managers may also need to

provide employees with constructive feedback. Therefore, managers could give 10 compliments for every criticism, so employees stay motivated, engaged and do not feel beaten down to the point that they leave the organization (P01). Managers using this approach make employees feel respected and valued. Additionally, the people goals company document outlined the importance of leaders creating a work environment of respect that leads to reducing turnover. Consequently, the analysis of the participant responses provided a profound understanding of the importance for managers not to take for granted the power of giving employees compliments as a key retention strategy. The concept of managers balancing compliments and criticism as an employee retention strategy provided a profound insight into the current employee retention literature.

**Visible, available, and approachable.** Managers who strengthen the relationship with their employees are visible, available, and approachable (P02, P03, P05, P06, & P10). Additionally, P02 affirmed that staying in touch with employees during challenging times is critical to retain them. Employees remain with the organization if the manager is available and approachable to understand the employees' concerns better (P02). Similarly, P03 mentioned attending employee conferences is a way of being visible and available to meet with employees and learn more about them. P10 added that managers could walk around the employees' work area for visibility and approachability. Furthermore, managers who listen to their employees may have a stronger relationship, which leads to higher employee retention (P03, P05, & P06). Managers could learn to listen to employees because it leads to innovation and retention (P03). Additionally, P05 declared:

You really need to listen to what your employees are saying and try to meet their needs, but make sure that they know the work product that drives us here and that we have important work to do but we need to do what we can to meet the employees needs to where we get them here long term.

P06 discussed managers listening by being visible, available, and approachable, which increases job satisfaction and retention. Based on the study's findings, leaders could be aware of applying effective listening skills that strengthen the manager and employee relationship, which leads to employee retention.

Based on this study's findings that manager relationship enhances employee retention, is consistent with the literature. Managers have a significant role in enhancing job satisfaction and employee retention (Kashyap & Rangnekar, 2014; Khalid et al., 2016; Shabane et al., 2017). Organizational drivers including job pressure, supervisor support and organizational justice significantly impacted the employees' well-being leading to turnover intentions (Baciu & Virga, 2018). Conversely, managers who do not build trust face higher employee turnover (Rasouli et al., 2014). The analysis of the participant's data furthers the employee retention strategy literature by adding insight into the meaning of manager and employee relationship that includes listening and balancing compliments with criticism of employees' performance.

The investment by managers to build a relationship with their employees aligns with the HCT. Leaders invest in the workforce and receive a positive return on their investment that may lead to positive social change (Renaud et al., 2015; Sweetland, 1996). Leaders use HCT to address the need to invest in human capital to improve



organizational performance, while also rewarding the employees (Becker, 1964). Based on this study's findings, the main concept of the HCT supports leader's investment in employees is resulting in increased performance and employee benefits.

### **Theme 3: Training and Development**

The third main theme that emerged from semistructured interviews and company documents is the need for leaders to provide effective training and development opportunities for employees as a key strategy to retain top talent in the organization. P02, P03, P04, P06, P07, P08, P09, and P10 addressed the importance of training and development strategy to retain top talent (see Table 5). Training and development strategy include (a) career development, (b) education certification, and (c) skills and capability development.

Table 5

#### *Training and Development per Participant*

Themes	P01	P02	P03	P04	P05	P06	P07	P08	P09	P10	Total
Training and development	0	1	1	1	0	1	5	3	7	1	20

**Career development.** Career development is a significant component of employee training and development, which leads to employee retention. Talent development increases employee's organizational commitment, which is vital for leaders to retain talent in an organization (Mabaso & Dlamini, 2018). Additionally, Mabaso and Dlamini (2018) affirmed that leaders could advocate total rewards benefits including talent development strategies to retain high performing talent. Career development is a key strategy that engages and retains employees (P02, P03, P04, P06, P07, P08, P09, &

P10). Additionally, P02 explained that employees are supported to grow within their current position so that they are ready for a promotion in the future but in the meantime, leaders emphasize the importance of their contributions to the greater good. P03 complemented P02's statement by adding that career development is a benefit to the employee and the organization because the employee's development positions them for greater opportunities within the organization. Additionally, P09 added that career development is good for the organization and the employee because the employee can see a long-term career with the organization.

Employees remain in their organizations when leaders provide career development opportunities that enhance the organization's competitive advantage (Grajdieru, 2018). P03 elaborated, "We have a culture that wants what is best for the employees' career." P07 clarified that career development is about first understanding what that means to each employee and then helping the employee reach their career development goals. Grajdieru (2018) argued that leaders could create career development plans, which appeal to the employees' professional development to entice the employees to stay with the organization. Grajdieru posited that career development designs also include lateral development and job enrichment. Moreover, P07 explained that leaders could be prepared to provide the opportunities that are related to career development such as leadership exposure and broader responsibility assignments. P08 elaborated:

Employees want to grow their careers and to set them up for success early on is important so they can stay with you or proceed to another department in a higher level of opportunity in the organization is key to promoting retention.

Potgieter et al. (2018) affirmed that leaders could proactively manage career development plans with employees for successful employee retention strategies. Career development is a key employee retention strategy because employees feel they are working towards their career goals and are fulfilled (P08). The findings of employee development as retention strategy aligns with Antony (2018) and Umamaheswari and Krishnan (2016); the authors found that talent development is a key strategy that enhances employee organization commitment and retention. Furthermore, the findings of leaders investing in employees career development support the HCT literature. Leaders who invest in human capital by providing career development opportunities benefit by increasing production and retention (Ferrary, 2015). Therefore, career development is a key retention strategy for health care leaders to apply.

**Education and certification.** Leaders retain top talent by providing education and certification opportunities that enrich the employee's knowledge and the organization's performance. Employees who achieve certifications and gain further education are better prepared to excel in their careers and remain longer with their organizations; therefore, results in a win-win situation for the employee and employer (Antony, 2018). Education and certification are an investment that leads to enhancing the employees' knowledge and strategy to retain them (P09 & P04). Furthermore, P04 articulated that longer-term employees are involved in lifelong learning that includes

certifications. The employee is eligible for a pay differential when gaining certain certifications, which helps retain employees (P04 & P09). Moreover, P09 affirmed that career ladders that have a certification program with a pay differential are good for the organization and the employee. P09 elaborated that education and certification initiatives are a significant investment for the organization. Therefore, leaders creatively provide online certifications and onsite training to reduce the cost and continue the program for the benefit of the organization and the employee (P09). Investments in education and certification support one of the key basis of the HCT. Education and on-the-job training increase productivity and benefits the employee's earnings is a key HCT concept (Bae & Patterson, 2014). The findings of the study provide a profound insight into education and certification as a key retention strategy for health care leaders to apply.

**Skills and capability development.** Skills and capability development of the workforce is an imperative employee retention strategy. Leaders who enhance the employees' knowledge and skills benefit by retaining them and increasing productivity that establishes a competitive advantage over competitors (Grajdieru, 2018). Similarly, P06 and P09 specified the importance of enhancing the employees' skills and capabilities to become better health care workers and enhance patient results, which retains employees. Similarly, P07 asserted that building skills by exposing the employee to different activities could retain them with the department or the organization overall. Employees build skills on the job by giving them opportunities to try new things and not be afraid to learn (P07). Moreover, P07 stated that building employee capabilities helps the employees expand their knowledge and experience while supporting the organization

evolve and meet goals, which is a key concept of the HCT. A component of the HCT is training employees in specific skills could lead to employee retention and positive organizational performance (Becker, 1993). Conversely, P09 cautioned that leadership makes a significant investment in building employees' skills and capabilities, which makes them more attractive to the competition. However, leadership is willing to take the risk to build bench depth and deliver positive patient outcomes, enhanced performance, job satisfaction, and employee retention (P09). Employees who possess relevant skills feel empowered and have a higher intent to stay with the organization (Yelamanchili, 2018). The findings provide leaders with a rich understanding of building employees' skills and capabilities as a viable employee retention strategy that enhances organizational performance.

I conducted methodological triangulation to achieve data saturation and enhance the validity and reliability of this study's findings. Therefore, I used the participant semistructured interviews and company documents, which included employee retention policies, procedures, and metrics. The company documents supported employee training and development initiatives. For example, the people goals company document referenced the priority of leaders to invest in talent training and development. Furthermore, the training company documents outlined training and development opportunities for different levels of employees. I reached data saturation after no new information surfaced by the methodological triangulation approach.

Based on this study's findings of training and development as an effective employee retention strategy, align with the literature and HCT. Training and

development are best practices leaders apply to enhance organizational commitment and engagement that leads to employee retention (Antony, 2018; Grajdieru, 2018; Mabaso & Dlamini, 2018; Potgieter et al., 2018). According to Becker (1964), the HCT components include the knowledge, skills, experience, and abilities of all employees that result in a benefit for the employee and the organization. P04 and P09 added that employees are eligible for a pay differential when gaining certain certifications. Similarly, Schultz (1961) declared that leaders who invest in the education and training of their employees could increase organizational performance along with the employees' earnings. Theme 3 indicated that even though training and development is a significant investment, it is a key strategy to retain top talent and improve organizational performance.

### **Applications to Professional Practice**

The purpose of this qualitative single case study was to explore the strategies that some health care leaders use to retain employees. Leaders who retain top health care professionals may propel an organization to achieve a competitive advantage and business success. Conversely, employee turnover causes a negative effect on the organization's profitability (Sandhya & Kumar, 2014). The research findings indicate that health care leaders who apply three best practices retain top employees: (a) healthy work environment, (b) manager relationship, and (c) training and development. The findings of this study apply to the professional practice because health care institutions thrive on human capital for business success and positive patient outcomes. Health care professionals are an integral part of improving quality patient outcomes, which is a key factor in health care institutions attaining business profitability. Consequently, the

findings of this study are applicable for health care leaders to retain employees, which leads to increase productivity, patient outcomes, and business profitability.

The key theme that emerged from semistructured interviews and company documents was leaders creating a healthy work environment as a viable employee retention strategy. The two subcategories that surfaced included creating a comfortable work environment and building a high-quality patient care environment. Employees come to work every day if they are comfortable in their work environment (P01, P03, P04, P05, P06, P08, P09, & P10). Moreover, leaders could create a work environment where high-quality patient care is practiced to retain health care professionals (P01, P03, P04, P06, P08, & P10). Employees who feel satisfied with their work environment and a strong sense of person-environment fit remain with the organization (Potgieter et al., 2018). Health care leaders could consider creating a work environment where employees are comfortable by enhancing teamwork, treating them as a family member, celebrating pivotal employee events, and reducing stress. Additionally, health care leaders could consider creating a high-quality patient care environment by having appropriate staffing, involving employees in decision-making, and encouraging employees to feel free to speak up. Leaders should understand what kind of work environment they have created and then compare it to this study's findings. Lastly, health care leaders can apply this study's findings to establish effective work environment strategies to retain top talent and lead to organizational profitability.

Semistructured interviews and company documents indicated the importance of having a strong manager and employee relationship as a retention strategy. The three

subcategories that surfaced included: (a) developing loyalty, (b) treating employees with respect and value, and (c) being visible, available, and approachable. Leaders who build loyalty actively engage with their employees to form strong relationships that cause employees to stay with the organization (P01, P04, P05, P06, P07, P08, & P10).

Furthermore, leaders could treat employees with respect and value them as individuals, which leads to stronger relationships and employee retention (P01, P03, P07, & P08).

Additionally, leaders could strive to strengthen their relationships with their employees by being visible, available, and approachable (P02, P03, P05, P06, & P10). The type of working relationship that supervisors have with their employees is correlated with the intentions of employees staying or leaving the organization (Naidoo, 2018). Health care leaders can retain top talent by creating loyalty that strengthens the manager and employee relationship. The first step to build loyalty is for leaders to form personal connections with employees followed by building trust and collaboration. Additionally, health care leaders could strengthen the manager and employee relationship by treating employees with respect and value. The strategies that leaders can apply to treat employees with respect and value include not micromanaging and balancing the compliments to criticism of performance. Moreover, leaders could consider improving their visibility, availability, and approachability as a strategy to strengthen their relationship with employees and enhance productivity and employees' intentions to remain with the organization. The results of this study indicate that listening is an effective strategy to strengthen the manager and employee relationship. Health care leaders can apply this study's findings to enhance manager and employee relationship



that leads to employee retention, improved patient outcomes, and organizational profitability.

Lastly, semistructured interviews and company documents indicated that training and development are critical strategies to retain employees, improve patient care, and improve organizational profitability. The three subcategories that surfaced were: (a) career development, (b) education and certification, and (c) skills and capability development. Career development is a vital strategy to grow employees and retain them in the organization (P02, P03, P04, P06, P07, P08, P09, & P10). Furthermore, employee education and certifications are an important practice to improve patient outcomes and retain top talent (P09 & P04). Moreover, P06 and P09 addressed the need for leaders to improve the employees' skills and capabilities as a strategy to enhance patient outcomes, organizational profitability, and retain employees. Leaders could equip employees with the specific skills to effectively perform and enjoy their job, which leads to employees staying with the organization (Yelamanchili, 2018). Health care leaders can retain top talent by focusing on training and development strategies that include career development, education, certification, skills, and capability development. The strategy of training and development lead to positive patient outcomes and engaged employees who choose to stay with the organization. Therefore, health care leaders can apply this study's findings to advance training and development initiatives as an employee retention strategy that leads to enhanced patient outcomes, and organizational profitability.

### **Implications for Social Change**

The purpose of this case study was to explore the strategies that some health care leaders use to retain employees. The implications for positive social change include the potential to retain health care employees by improving customer service, providing affordable health care, increasing job satisfaction, and improving quality service to patients within the communities surrounding the study site. Conversely, the quality of patient care may deteriorate because of employee turnover leading to devastating patient outcomes (Kirby, 2018). This study's findings of retention strategies including a healthy work environment, manager relationship, and training and development can precipitate social change at the policy level by leaders designing effective strategies to retain employees. Leaders who retain high-caliber health care professionals can improve the lives of customers and patients.

Leaders who apply effective strategies to retain employees may increase employee job satisfaction leading to a decrease in employee turnover. Leaders who consider employees as internal customers are satisfied with their job and remain with the organization (Sarker & Ashrafi, 2018). Furthermore, employees who are satisfied with their job are more productive and efficient, which positively affects business profitability. Employee retention strategies lead to employee job satisfaction, which leads to an increase in customer satisfaction (Vasquez, 2014). Conversely, leaders who do not apply effective retention strategies may increase labor cost, jeopardize organizational culture, and decrease productivity (Kirby, 2018). Employees who are content with their job can

focus their attention to customers and patients that leads to customer satisfaction and quality patient care.

The effects of improving customer service and patient outcomes can lead to the organization's growth, which may cause a decrease in unemployment, improve affordable health care, and the economy in the Texas community. Alternatively, Vasquez (2014) declared that employee turnover increases unemployment that leads to stagnation in the economy. Similarly, Ackerson and Stiles (2018) confirmed that leaders who do not apply retention strategies could increase organization cost, which limits the organization's ability to grow. Based on this study's findings, leaders are empowered to begin the journey of positively impacting the community of Texas over time. Leaders who apply strategies to retain employees make a long-term effect for employees, customers, patients, and the economy in the Texas community.

### **Recommendations for Action**

Employee retention strategies are vital for leaders who are seeking a better workplace for employees, improved productivity, quality patient outcomes, and improved business profitability. Based on this study's findings, I provide leaders with tangible employee retention strategies that can improve the workforce environment, patient satisfaction, and business profitability. I recommend health care leaders consider employee retention strategies as a viable solution to employee turnover, deteriorating patient outcomes, and weak business profits. The participants of this study shared information on practical employee retention strategies including (a) healthy work environment, (b) manager relationship, and (c) training and development. I have outlined

the recommendations below for leaders to apply strategies to retain employees effectively.

First, I recommend health care leaders apply a healthy work environment as a viable strategy to improve employee retention, patient outcomes, and organizational profitability. The participants of this study suggested that creating a work environment where employees are comfortable dramatically increases the intent of employees to stay with the organization (P01, P03, P04, P05, P06, P08, P09, & P10). Additionally, participants acknowledged the need to build a work environment for high-quality patient care to improve patient outcomes and retain employees (P01, P03, P04, P06, P08, P09, & P10). Therefore, I recommend leaders assess the current work environment for improvements based on this study's findings including teamwork, family treatment, employee celebrations, reduce stress, appropriate staffing, shared decision-making, and employees speaking freely. Leaders could work with HR to design policies and procedures that focus on creating a healthy work environment. Therefore, leaders can consider this study's findings to enhance their business plan with employee retention strategies that lead to job satisfaction, improved patient outcomes, and business profitability.

Second, I recommend leaders focus on strengthening the manager and employee relationship as a practical employee retention strategy. All participants involved in this study addressed the importance of improving the manager and employee relationship, which leads to better business outcomes and employee retention. Additionally, participants professed that building the relationship with the employee involved a true

desire to know and understand them personally (P01, P04, P05, P06, P07, P08, & P10). Leaders could engage HR in developing people-leader training and apply the findings of this study to strengthen the manager and employee relationship including (a) personal connection, (b) build trust and collaboration, (c) no micromanagement, (d) balance complements with criticism of performance, and (e) listening skills. Furthermore, I recommend leaders hold managers accountable to enhance the manager and employee relationship as part of the performance review process for managers. Consequently, the application of this study's findings to strengthen the manager and employee relationship could improve employee retention efforts and organizational profitability.

Third, I recommend leaders enhance training and development initiatives as an effective employee retention strategy. The findings of the study indicated the power of training and development as an employee retention strategy that also improves patient outcomes and operational profitability. Participants stipulated three key retention strategies including (a) career development, (b) education and certification, and (c) skills and capability development. Participants declared that even though training and development is a significant resource commitment, it is imperative for positive patient outcomes, organizational profitability, and employee retention (P02, P03, P04, P06, P07, P08, P09, & P10). Leaders could consider the appropriate training and development budget that enhances the organizational profitability and employee retention. Moreover, leaders could engage HR to design training and development initiatives that support the employees' specific needs and enhances organizational profitability. Furthermore, leaders can involve the compensation manager to assist in developing pay differential

programs linked to the employees achieving certain training and development milestones for employee motivation, recognition, and retention. Therefore, the application of this study's findings to invest in employee training and development could lead to employee retention and organizational profitability.

The dissemination of this study's findings will consist of various distribution and communication channels. I will provide an executive summary and presentation to the organization's leadership and participants of this study. Leaders can access this study through Proquest/UMI dissertation database, and I will disseminate further through business journals and professional conferences. Additionally, I will network with HR for opportunities to enhance leadership training and development as it relates to employee retention strategies.

### **Recommendations for Further Research**

The purpose of this qualitative single case study was to explore the strategies that some health care leaders use to retain employees at a health care organization in Texas. The study included rich information about successful employee retention strategies from 10 participants. The findings of the study are limited to the 10 participant's knowledge and experience in retaining employees. I relied on the information that the purposefully selected 10 participants provided as successful employee retention strategies that leaders may consider for business success. Future research consideration is to expand the number of participants and enrich the findings of this study. Future research that considers increasing the targetted sample population combined with this research findings

may have a more rounded outcome of employee retention strategies that leaders can apply.

The purposefully selected participants were all from the same health care industry and location. I conducted the study in Texas, which is another weakness in generalizing the findings to other geographical locations. Future research may involve a multiple case study design in different geographical locations to enhance the generalization of this study's findings. Furthermore, future research that purposefully selects participants beyond the health care industry can broaden and increase the generalization of this study's findings. A limitation of the qualitative research method is the challenge of the generalization of the findings (Flick, 2014). I recommend a quantitative study that broadens the targeted sample population and considers other industries than health care.

A quantitative study is a recommendation for future research to determine the relationship of this study's findings with employee retention. Furthermore, future research may include the exploration of fundamental employee retention strategies that leaders could consider before broader and more costly employee retention strategies are applied. The literature review indicated that employees choose to leave an organization because of their supervisor (Armstrong-Stassen et al., 2015; Erturk, 2014; Gibson & Petrosko, 2014; Hofaidhllaoui & Chhinzer, 2014; Kashyap & Rangnekar, 2014; Khalid et al., 2016; Rasouli et al., 2014; Robson & Robson, 2016). However, would employees choose to leave their supervisor if other employee retention strategies were applied such as strong compensation? The results of such a study can provide leaders more focus on the order and importance of strategies to retain employees.

## Reflections

The doctorate journey with Walden University was a challenging yet rewarding experience in various aspects. The purpose of this case study was to explore strategies for retaining employees in health care in Texas. As I embarked in the health care industry, my passion for understanding strategies to retained employees intensified given the importance of health care providers in the community. When I started the doctorate process, I was surprised at the level of demand and support to conduct a study on employee retention strategies in health care. The overwhelming support came from multiple leaders and organizations; however, my study was a single case study. I discerned that employee retention is a key strategy for business profitability and positive social impact.

I have over 25 years in HR designing and implementing retention strategies; therefore, personal bias was an area of focus to ensure quality findings of the study. I had preconceived ideas of effective strategies that leaders use to retain employees because of my experience and knowledge in HR. Additionally, I had preconceived ideas of the devastating effects to the organization and the community when leaders failed to apply effective retention strategies. I managed personal bias by providing a summary of the transcripts to the participants for member checking. Furthermore, I strictly adhered to the interview protocol for a structured and consistent semistructured interview process. My ability to manage any potential personal bias was detrimental to change my thinking of effective retention strategies.



My preconceived ideas about retention strategies changed through this study's process and findings. The research study's findings lead me to a broader understanding of the challenges faced by leaders to retain employees in health care. The participants provided retention strategies that included a healthy work environment, manager relationship, and training and development. I had a narrow view of retention strategies that was broadened by this study's process and findings. Additionally, I realized that retention strategies are significantly more complex when leaders attempt to determine the right strategy to retain the employees in health care. Based on this study's findings, I have added to the body of knowledge and equipped leaders with a wider range of strategies that effectively retain employees. I now have a broader and richer understanding of employee retention strategies that are critical to business success and positive social impact.

### **Conclusion**

Employee retention strategies are critical for health care leaders to apply for organizational profitability. Leaders who retain top talent may enhance employee well being, customer satisfaction, and patient outcomes. Conversely, lack of retention strategies leads an organization to devastating results including an increase in employee turnover and cost, employee morale issues with the remaining employees, customer dissatisfaction, and negative patient outcomes. I explored strategies that leaders use to retain employees in the health care industry using a qualitative single case study. I analyzed the data from 10 participants from a health care organization in Texas who had retained employees for more than 2 years from their date of hire. The findings indicated

that leaders could retain employees by applying three key strategies: (a) healthy work environment, (b) manager relationship, and (c) training and development.

The findings of the study provide health care leaders with a profound understanding of viable strategies to retain top talent. Employees need a healthy work environment where they feel comfortable to come to work every day. Therefore, leaders could focus on increasing teamwork, treating employees like family, celebrating special employee occasions, and reducing work stress. Employees need a high-quality patient care environment where they can deliver outstanding patient care and feel the pride to work with a best-in-class organization. Manager relationship was another critical retention strategy that enhanced employee job satisfaction, engagement, and intentions to stay with the organization. All participants referenced this strategy as vital to increase employee retention. Leaders could motivate employees by spending personal time with employees and forming connections that enhance employee retention. Health care leaders identified training and development as additional key findings to retain top talent. Leaders could consider investing generously in career development, education, certification, skills, and capability development as a practical employee retention strategy.

Employee retention strategies are a significant investment for leaders to consider when balancing all business priorities. The findings of this study provide leaders with a profound understanding of the importance to apply effective strategies to retain employees, which leads to positive patient outcomes and organizational profitability. The workforce is continuing to evolve in a highly competitive talent environment

dramatically. Therefore, leaders could create a competitive advantage by applying the retention strategies found in this study. The benefits of applying employee retention strategies found in this study is an investment in the workforce with high returns including increased job satisfaction, improved patient outcomes, enhanced organizational profitability, and positive social impacts.

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## Appendix: Interview Protocol

*Interview Protocol Script*

Good Morning/Afternoon. My name is Fran Luis. I am a doctoral student at Walden University conducting a study on strategies health care leaders use to retain employees. I would like to express my gratitude for your willingness to participate in this study. You will have an opportunity to contribute to the implications for positive social change. The implications for positive social change include the potential to retain health care employees by improving customer service, providing affordable health care, increasing job satisfaction, and improving quality service to patients within the communities surrounding the study site.

I will audio record the interview to capture accurately the information for transcription. The interview is anticipated to last no more than 45 minutes. Also, the information you share with me today will be kept confidential. If at any point during the interview, you would like to stop the interview please let me know because this is voluntary participation. To reiterate, you may stop the interview at any time. Do you agree to be audio recorded? [Pause for verbal confirmation]

Before we begin, can you confirm you have read and understood the consent form that was e-mailed to you. Do you have any questions about your participation? [Pause for response] As you are aware the following principles will apply as a participant of this study (a) voluntary participation, (b) you may stop the interview at any time, (c) information will be confidential, (d) data will be kept secured through secure passwords on the Iphone (recording device), laptop (recording device and notes) and by storing with



a secure password in a fireproof safe located at my home. After 5 years, I will destroy all documents by expunging all electronic files and shredding all hardcopy documents.

Do you have any questions before we begin? [If yes, answer questions. If no questions, then begin interview questions]

The following are the interview questions for the participants to answer.

1. What strategies do you use to retain employees?
2. What strategies have been the most effective in retaining employees?
3. How has implementing employee retention strategies benefited employees, leadership, and the organization?
4. What were the key barriers to implementing successful employee retention strategies?
5. How did you address the key barriers to implementing the strategies for employee retention?
6. What additional information would you like to share about strategies you use to retain employees?