

2018

Strategies for Increasing Volunteer Engagement in Nonprofit Healthcare Organizations

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Walden University

College of Management and Technology

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Sanja Hudson

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Walden University
2018

Abstract

Strategies for Increasing Volunteer Engagement in Nonprofit Healthcare Organizations

by

Sanja K. Hudson

MBA, Ashford University, 2010

BS, Virginia Union University, 1983

Consulting Capstone Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Business Administration

Walden University

December 2018

Abstract

Implementing effective strategies to address the challenges of volunteer engagement is critical for helping ensure the sustainability of nonprofit healthcare organizations. Nonprofit healthcare leaders seek strategies to increase the volunteer workforce and enhance volunteer engagement. Through the conceptual lens of Deci and Ryan's self-determination theory, the strategies nonprofit healthcare leaders used to reduce volunteer turnover were explored in this single-case study. Data were collected using semistructured interviews with 5 nonprofit healthcare leaders from a single organization in the southwestern United States. Analysis of internal and external organizational documents and publicly available data were manually coded and thematically organized. The use of a methodological triangulation process and member checking increased the reliability of data interpretation. Using the thematic approach, 3 themes emerged: volunteer recognition improved volunteer turnover, open communication improved volunteer turnover, and relationship building improved volunteer turnover. Nonprofit healthcare leaders can use these findings to gain a better understanding of how supporting the expectations, needs, and requirements of volunteers can improve engagement and reduce turnover. The findings from this study may contribute to positive social change by providing nonprofit leaders with strategies to reduce volunteer turnover, enhance operational processes, and improve organizational performance. Nonprofit healthcare leaders who develop volunteer engagement strategies can increase organizational success and develop successful work habits among volunteers to improve economic growth in communities they serve.

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Dedication

To my husband, Ricky. I am so blessed to be your wife and partner supporting our children and grandchildren. I love you more than you will ever know. To my parents, aunts, and uncles that died during my DBA journey, thank you for always encouraging me and pushing me to never give up on my dreams. Finally, and most importantly, I dedicate the completion of my DBA journey to God who instilled in me “I can do all things through him who gives me strength” Philippians 4:13.

Acknowledgments

There are so many people I would like to thank who encouraged me to complete my DBA studies. I would like to start by thanking my family. Without your love, support, and encouragement the completion of this doctoral degree would not have been possible. To my husband, Ricky, I thank you for always supporting me with your daily words “do you have assignments, get to it.” To my fellow spiritual leaders and mentors thank you for your continued support, encouragement, and prayers. To my chairperson, Dr. Rocky J. Dwyer words cannot express how thankful I am for your support and guidance. I want to thank Dr. Jan Garfield, my second committee member, and Dr. Steven Roussas, my URR for your guidance and support. Dr. Fred Walker, Dr. Kim Critchlow, and Dr. Charles Needham, thank you for your support and encouragement throughout my DBA journey. To my client leaders, I cannot thank you enough for your time and belief in me that contributed to my DBA success. Thank you all!

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Section 1: Foundation of the Study

In this study, I used the 2017–2018 Baldrige Performance Excellence Framework as a tool to help ensure a holistic, systems-based assessment of an organization (see Baldrige Performance Excellence Program, 2017). As a requirement of Walden University's Consulting Capstone, I served as both researcher and consultant to an assigned client organization. The agreed-upon focus of my exploration of the organization was strategies that healthcare leaders of nonprofit organizations use to reduce volunteer turnover.

Background of the Problem

The foundation of the nonprofit world has changed and improving volunteer engagement for increased sustainability is a growing challenge for nonprofit healthcare organizations. Volunteers manage 85% of charitable nonprofits and contributed 7.97 billion hours of volunteer labor in 2014 (Selcoe, 2016). Guntert and Wehner (2015) noted leaders that understand what motivates volunteers and focused on the individual's experience of autonomy, competence, and relatedness to foster motivation and engagement increased organizational productivity and retained volunteers. Researchers have established the existence of a relationship between volunteer engagement, effective leadership, and the retention of volunteers (Oostlander, Guntert, Van Schie, & Wehner, 2014; Posner, 2015). However, research to improve volunteer engagement in nonprofit organizations is minimal (McBey, Karakowsky, & Ng, 2017), and only a limited number of researchers have shared volunteer engagement strategies to reduce volunteer turnover in organizations (Newton, Becker, & Bell, 2014).

To increase volunteer engagement, Bortree and Waters (2014) suggested nonprofit volunteer leaders that design job tasks around meeting the needs of volunteers' resulted in volunteer engagement and increased sustainability. While, Chiniara and Bentein (2016) proposed leaders that focused less on power-driven and self-interest leadership styles promoted a culture that empowered the individuals, increased performance, and established an environment of trust to motivate individuals. A servant leadership style in organizations reduces employee turnover, empowers volunteers, and increases followers' engagement (Begzadeh & Nedaei, 2017; Nencini, Romaioli, & Meneghini, 2016; Palumbo, 2016). Nonprofit organizations must adopt innovative strategies to reduce volunteer turnover rates, enhance operational processes, improve organizational performance, and meet the needs of the community with engaged volunteers.

Problem Statement

Engaged volunteers in the United States contributed more than 7.9 billion hours of volunteer service, worth about \$184 billion dollars in 2014 (Alfes & Langner, 2017). Over a 5-year period (2011–2015), the volunteer rate of U.S. residents declined from 26.8% to 24.9% (U.S. Bureau of Labor Statistics, 2016). The general business problem was that some leaders of nonprofit organizations lack strategies to engage volunteers and reduce the volunteer turnover rate. The specific business problem was some nonprofit healthcare leaders lack strategies to reduce volunteer turnover.

Purpose Statement

The purpose of this qualitative, single-case study was to explore strategies nonprofit healthcare leaders use to reduce volunteer turnover. The targeted population comprised five healthcare leaders of a nonprofit organization located in the southwestern United States who had developed strategies to reduce volunteer turnover. The implications for positive social change include the potential to contribute to nonprofit leaders' effective strategies to reduce volunteer turnover rates, enhance operational processes, and improve nonprofit healthcare organizations' overall performance, thereby improving healthcare services and meeting the needs of communities.

Nature of the Study

In this study, I employed the qualitative approach. Researchers use the qualitative research method, to explore a phenomenon by understanding the underlying reasons and motivations in a real context (Yates & Leggett, 2016). Based on the purpose of this study, which was to explore strategies business leaders use to reduce volunteer turnover, the qualitative method was appropriate to use. Yates and Leggett (2016) also contended that researchers employ the quantitative research method to test hypotheses and examine relationships among variables. The quantitative method was not appropriate for this study because I did not examine relationships, or differences, among variables. The mixed method is appropriate when a researcher uses quantitative and qualitative data collection techniques and analytical procedures (Yin, 2018); consequently, the mixed method was not appropriate for this study because there was no quantitative component to it.

I used the qualitative case study design, in this study, and researchers employ this design to explore a phenomenon in-depth in real-life settings, using multiple types of evidence (see Yin, 2018). Therefore, using the case study design was appropriate to explore strategies nonprofit leaders use to reduce volunteer turnover. Researchers use the phenomenological design to explore the meanings of participants' lived experiences (Adams & van Manen, 2017). Describing the experiences of nonprofit healthcare leaders was not the purpose of this study, so using a phenomenological research to describe rather than explain was not appropriate. The ethnographic design is another qualitative design that researchers use to conduct field studies to describe and interpret culture in a real-life setting (Waring & Jones, 2016). The ethnographic design was not appropriate because my intent with this study was not to explore a group's culture; but rather, to identify and explore strategies nonprofit healthcare leaders use to reduce turnover among volunteers.

Research Question

What strategies do nonprofit healthcare leaders use to reduce volunteer turnover?

Interview Questions

1. What strategies do you use to reduce volunteer turnover?
2. How do you assess the success of your strategies to reduce volunteer turnover?
3. How, if at all, do you record reasons volunteers leave your organization?
4. Based on your experiences and data, what are the key reasons for volunteers leaving your organization?

5. How do you determine operational challenges related to reducing volunteer turnover?
6. How do you assess the effectiveness of addressing such operational challenges related to reducing volunteer turnover?
7. What performance goals did you develop to reduce volunteer turnover?
8. What more would you like to say about how you reduce volunteer turnover in your organization?

Conceptual Framework

The conceptual framework I used for this study was Deci and Ryan's (1985) self-determination theory (SDT). Deci and Ryan developed the SDT to offer an explanation to support workers accepted or intrinsic behavior to perform effectively. The researchers identified three constructs underlying the SDT: (a) competence, (b) autonomy, and (c) relatedness. Deci and Ryan concluded leaders that focused on the human needs, values, intrinsic motivation, development, culture motivation, individual differences, and psychological well-being of workers enhanced performance. Therefore, leaders who meet the needs of volunteers might motivate and retain volunteers. Researchers use the SDT to measure the effect of self-determined motivation on volunteer role identity and organization role identity (Guntert & Wehner, 2015).

According to Chiniara and Bentein (2016), a relationship exists between organizational leadership style; the three constructs of SDT (i.e., autonomy, competence, and relatedness); and favorable organizational outcomes. The SDT concept of the conditions supporting an individual's experience of autonomy, competence, and

relatedness to foster motivation and engagement provided me with an appropriate lens through which to explore the strategies and processes nonprofit leaders' use to reduce volunteer turnover. The findings of this study could contribute to the strategies that nonprofit leaders could use to engage, recruit, and retain volunteers to increase sustainability.

Operational Definitions

Autonomous behavior: The extent to which an individual is allowed freedom, independence, and discretion to make decisions and choose the methods used to perform tasks (Van Schie, Guntert, & Wehner, 2015).

Competence behavior: The psychological need to understand the results of how work will turn out based on a confidence level to achieve desirable outcomes (Chiniara & Bentein, 2016).

Effective leadership: The leaders' ability to understand the importance of influencing a group of people to achieve a common goal (Posner, 2015).

Psychological needs: Life and job satisfaction needs to enhance an individual's motivation and engagement behavior (Wu, Li, & Khoo, 2016).

Relatedness behavior: An individual's ability to develop a positive relationship with others and meet the psychological need of belonging to a team (Bidee et al., 2017).

Volunteer engagement: The motivational state of volunteers and how volunteers engage psychologically with their work (Alfes, Antunes, & Shantz, 2017; Kang 2016).

Assumptions, Limitations, and Delimitations

Assumptions

Assumptions are unexamined beliefs subject to critique in the research (Wolgemuth, Hicks, & Agosto, 2017). In this study, the first assumption I made was that the participants would respond to the research questions honestly. My second assumption was that supporting documentation and data were accessible and accurate. Another assumption was the participants chosen for this study would offer truthful and unbiased knowledge of the volunteer engagement and turnover characteristics for exploring strategies nonprofit healthcare leaders use to reduce volunteer turnover. My final assumption was using the 2017-2018 Baldrige Performance Excellence Framework and criteria would help to ensure a holistic systems-based review of my client organization's strengths and opportunities for improvement.

Limitations

Limitations refer to uncontrollable weaknesses researchers postulate during the qualitative study process (Chenail, 2011). The first limitation of this study that I identified was the small sample size. The sample size for this single-case study was five healthcare leaders of a nonprofit organization located in the southwestern United States. The second limitation was that participants could withdraw at any time; therefore, participants who finished the study might not have been truly representative of the population. The final limitation was that the views of the participants may not have represented the views of other nonprofit healthcare leaders in other geographical regions of the United States.

Delimitations

Delimitations help to clarify the focus of the study by indicating the areas included and excluded to clarify the phenomenon (Barratt, Choi, & Li, 2011). One delimitation of this study was the selection of healthcare leaders with volunteer management knowledge. Another delimitation for this study was researching a nonprofit healthcare organization that had operated for more than 3 years and used volunteers to contribute work hours. The final delimitation of this study was excluding data related to volunteers with less than 1 year of experience in volunteering. The research was dependent on reliable and accurate data from volunteers. This exclusion increased the probability that the participants understood the mission of the organization and the skills needed to contribute to the needs of the organization.

Significance of the Study

Contribution to Business Practice

The results of this study could add value to the practice of business because some nonprofit healthcare leaders lack strategies to reduce volunteer turnover. Engaged volunteers contribute to the success and sustainability of nonprofit organizations reducing the amount of paid working hours, thereby reducing operating costs (Scherer et al., 2016; Van Schie et al., 2014). The findings of this study could be applied by professionals or practitioners to improve processes for managing volunteers and achieving organizational sustainability.

Implications for Social Change

The results of this study contribute to positive social change by supplying to nonprofit leaders' effective strategies to reduce volunteer turnover rates, enhance operational processes, improve overall performance, and meet the needs of the community by engaging volunteers. Nonprofit organizations with knowledge of the strategies and processes that improve volunteer engagement might increase their numbers of volunteers and promote awareness of community needs. Communities benefit when volunteers develop successful work habits that can be used to improve economic growth and continue serving the nonprofit organizations.

A Review of the Professional and Academic Literature

The purpose of this qualitative study was to explore the strategies some nonprofit healthcare leaders use to reduce volunteer turnover. I used a qualitative single-case study focusing on one nonprofit organization in the southwestern United States. Engaging and retaining their volunteers is a challenge for nonprofit leaders (Alfes & Langner, 2017). Nonprofit leaders face increasing pressures to recruit and retain volunteers for the sustainability of the organization (Schlesinger, Klenk, & Nagel, 2015). Engaged volunteers contribute to the success and sustainability of nonprofit healthcare organizations, thereby reducing the amount of paid working hours and operating costs (Scherer et al., 2016; Van Schie et al., 2014). Leaders who focus less on self-interest while promoting a culture that encourages meeting the psychological needs of individuals, develop empowerment skills, increase work performance, and establish environments of trust to engage individuals (Chiniara & Bentein, 2016). Birtch, Chiang,

and Van Esch (2016) concluded that a positive correlation exists between organizational commitment and meeting the psychological needs of individuals. When nonprofit leaders understand a volunteer's motivation and design job tasks around meeting their psychological needs, productivity, engagement, satisfaction, and retention increases (Kang, 2016; Waters & Bortree, 2012).

This literature review involved a search strategy focused on exploring databases accessible through the Walden University Library, Google Scholar, government databases, and course books. I used the ProQuest, Academic Source Complete, Business Source Premier, Taylor and Francis, and Sage Premier databases to conduct searches of relevant peer-reviewed journals published between 2014 and 2018. By using these resources, I was able to gain insight into up-to-date information on the influences affecting volunteer engagement and retention. The following keywords guided my database searches: *self-determination theory*, *volunteer engagement*, *leadership*, *job satisfaction*, *volunteer retention and commitment*, *community service*, *sustainability*, *empowerment*, *emotional labor*, and *nonprofit organizations*. Research information for the literature review included articles from 128 sources, with 99% published within 5 years of my anticipated graduation date (see Table 1). In addition, 99% of the 128 total sources were from peer-reviewed journals.

Table 1

Literature Review Source Content

Literature Review Content	Total #	# Within 5-Year Range (2014-2018)	% Total Peer-reviewed Within 5-Year Range (2014-2018)
Books	3	3	100%
Peer-reviewed articles	122	121	99%
Online resources	3	3	100%
Total	128	127	99%

I used the purpose statement and research question to develop the context of the literature review. In the literature review, I will present the following themes: (a) engagement theories, (b) factors affecting engagement, (c) leadership styles affecting engagement, and (d) the relationship between volunteer engagement and organizational sustainability. Themes in qualitative studies describe information related to the foundation of the study (Wieland, Handfield, & Durach, 2016). I assumed that the findings of the literature review might guide future researchers and their studies as well as for nonprofit volunteer leaders researching strategies to engage volunteers and reduce the volunteer turnover rates.

The targeted population comprised five healthcare leaders of a nonprofit organization located in the southwestern United States who had developed strategies to reduce volunteer turnover. The implications for positive social change include the potential to contribute to nonprofit leaders' effective strategies to reduce volunteer turnover rates, enhance operational processes, and improve overall nonprofit healthcare

organizations' performance. Engaging and retaining volunteers might improve healthcare services and reduce healthcare disparities to meet the needs of the community.

Informed Consent

As a requirement of Walden University and ethical responsibility, I obtained informed consent from the participants of the study before conducting research. Informed consent promotes voluntariness, eliminates integrity risks, and enhances transparency in research (Atz, Sade, & Williams, 2014). Ethical behavior in academic research is vital to ensure the protection of participants (Chiumento, Rahman, Frith, Snider, & Tol, 2017). However, informed consent may not ensure the conduct of ethical behavior in research (Nakkash et al., 2017). Nakkash et al. (2017) also postulated that the institutional review boards (IRBs) set guidelines for researchers to follow to ensure ethical behavior that involves human participants.

Bodenger and Steiner (2017) concluded healthcare organizations that develop, implement, and monitor the ongoing maintenance of compliance and ethics programs created value to protect the organization. The researchers found a compliance program provided healthcare organizations with the tools to identify and prevent unethical behavior. Jafree, Zakar, Fisher, and Zakar (2015) posited that a lack of structured ethical training and overworked clinical professionals enhance unethical behavior. Jafree et al. also found nurses in the public hospitals in Pakistan understood ethical behavior principles, but failed to report issues due to intimidation. In business, ethical decision making may influence outcomes ranging from legal compliance to customer satisfaction (Jones & Chin-Yen, 2015). Healthcare leaders and organizations in the healthcare sector

cannot ignore acts of unethical behavior. A wrong ethical decision in a healthcare organization might result in patient harm, eliminate risk management protocols, create crisis management, and reduce volunteer work engagement. The Stark law passed by the federal government in 1989 and active in 1992 eliminates the option for healthcare leaders and stakeholders to claim ignorance of ethical violations of the law (Butler, 2016).

To ensure my study complied with federal regulations as well as the University's requirements for informed consent, I submitted my research request to Walden University's Walden's IRB (see Walden, 2017). Before collecting data, I obtained IRB approval (Approval No. # 05-22-17-0664306). I assumed the results of this study would assist organizations with understanding the importance of informed consent when studying nonprofit organizations.

Self-Determination Theory

Deci and Ryan's (1985) SDT represents a framework that stipulates individuals require the need for autonomy, competence, and relatedness for psychological growth and well-being. Leaders that understand what engages volunteers and focus on the three constructs associated with SDT increased productivity and retained volunteers (Guntert & Wehner, 2015). Guntert and Wehner (2015) proposed leaders that recruited volunteers that demonstrated the reason for volunteering associated with SDT created value to meet the needs of the organization. Nonprofit healthcare leaders can use the constructs of the SDT theory to assist with developing a volunteer screening process that identifies the reasons why individuals want to volunteer to improve volunteer recruitment, retention,

and engagement. Nonprofit healthcare leaders that fail to meet the basic psychological needs of volunteers reduce volunteer engagement and retention (Bidee et al., 2017).

The need for autonomy relates to an individual's choice of flexibility and the freedom to make choices (Nencini et al., 2016). Nonprofit healthcare leaders that allow volunteers to experience ownership of tasks and autonomy of decision-making increase productivity, enhance levels of engagement, and allow intrinsic motivation to develop (Alfes & Langner, 2017; Chiniara & Bentein, 2016; Kang, 2016). Intrinsic motivation refers to behavior driven by an individual's interest, enjoyment, and satisfaction with a task (Bidee et al., 2017). Nonprofit organizations require high levels of intrinsically-motivated workers to meet the social mission of the organization when monetary compensation is reduced (DeVaro, Maxwell, & Morita, 2017).

The need for competence satisfaction refers to individuals' perceived feeling of effectiveness and confidence to achieve favorable outcomes (Chiniara & Bentein, 2016; Haivas, Hofmans, & Pepermans, 2014). Nonprofit healthcare leaders that implement structured training for volunteers enhance the need to feel efficacy in performing a task while achieving desirable outcomes. Wu et al. (2016) posited competence satisfaction increased intrinsic motivation, job satisfaction, and volunteers' intention to remain loyal to the organization. To measure the constructs from SDT, nonprofit healthcare leaders can use the Perceived Competence Scale (PCS) to assess volunteers' feelings of competence to complete a task. The PCS is a short questionnaire that evaluates an individual's confidence in a task (Wu et al., 2016).

The need for relatedness reflects the desire to have a secure relationship and a sense of belonging (Reznickova & Zepeda, 2016). Job performance increases when volunteers maintain a good relationship with other members of the organization and receive support from staff and other volunteers (Romaioli, Nencini, & Meneghini, 2016). Volunteers remain committed to nonprofit organizations when they identify with the organization, set boundaries to overcome controlled forms of motivation, perceive a positive image of the organization, and receive guidelines that outline consequences of activities (Romaioli et al., 2016). Although meeting the psychological needs of individuals are important (Guntert & Wehner, 2015), the benefits justify strategies for increasing volunteer engagement and retention.

Suddaby (2015) concluded researchers use theories to organize knowledge and provide valuable information to explain or justify a course of action. I chose the SDT as the conceptual framework for this study because of the validity of when leaders focus on the human needs, values, intrinsic motivation, development, culture motivation, individual differences, and workers psychological well-being performance increases and volunteer turnover decreases (Bidee et al., 2017). To study human behavior and volunteer retention alternatives to the SDT, I reviewed clinical theory, communication theory, planned behavior theory, social exchange theory, and volunteer management theory. Nonprofit healthcare leaders should consider reviewing research on alternative theories to gain additional insight into volunteer turnover reduction strategies.

Clinical theory. Researchers use the clinical theory, also referred to as the psychoanalytic theory, to understand human behavior (Houger, 2015; Redekop, Luke, &

Malone, 2017). Houger (2015) conducted a study in a nonprofit organization to examine how to simultaneously engage volunteers in finding meaning in the work they do and satisfy the needs of the organization. The author used the clinical theory and found a relationship existed between the program design, leadership style, and motivation of participants. Houger also found that leaders use a program design to obtain a specific purpose and identify the required resources to meet the needs of an individual. Houger proposed that understanding the needs of volunteers required continuous levels of engagement and an understanding of the energy levels and passion of volunteers, succession planning, and effective communication. Creating a healthy environment for the volunteer and the organization motivates volunteers and meets the needs of the organization, volunteers, and the community (Miller, Adair, Nicols, & Smart, 2014).

Nonprofit healthcare leaders seeking the services of volunteers might consider asking individuals to volunteer to get individuals involved in reaching organizational goals (Houger, 2015). Redekop et al. (2017) posited human beings possess unconscious desires and wishes and encouragement in an empathic, engaged, and regulated manner to identify psychological needs. A leadership style that takes the initiative to improve a volunteer program might provide opportunities to engage volunteers.

The design of a program creates opportunities for success or failure. Swensen, Gorringer, Caviness, and Peters (2016) noted how the culture and organizational design of the nonprofit Mayo Clinic contributed to the success of the organization in meeting the needs of the patients served. Leaders that assess the strengths and weaknesses of needed programs, initiate strategies to address weaknesses, and meet the needs of volunteers

eliminate organizational gaps (Swensen et al., 2016). Nonprofit leaders should consider the importance of a workplace environment that encourages individualized and group sessions to identify factors that reduce volunteer engagement and turnover.

Communication theory. Boezeman and Ellemers (2014) posited when leaders communicate effectively to volunteers, the volunteer workers take pride in the nonprofit organization. The communication theory put forth that there is a relationship between trust and effective communication (Rowe & Alexander, 2015). Bortree and Waters (2014) conducted a study of 1,148 volunteers to examine the relationship between inclusive behaviors and nonprofit organizations volunteers. The authors used the communication theory to suggest that when volunteers feel exclusion, engagement and retention decrease. Nonprofit organizations that work with diverse groups of volunteers improve volunteer retention (Bortree & Waters, 2014). Nonprofit leaders should consider how cultural differences among individuals increase opportunities to attract and retain volunteers.

Bortree and Waters (2014) also offered an insightful overview of how volunteer leaders should consider the importance of communication and creating environments that encourage volunteer collaboration. Creating communication strategies to meet the needs of different individuals attracts different kinds of volunteers (Bathini & Vohra, 2014). Nonprofit leaders that fail to meet the communication requirements of volunteers reduce engagement and retention (Kappelides, 2017).

Planned behavior theory. Researchers use Ajzen and Madden's (1986) theory to predict an individual's intention to engage in behavior based on a specific time and

environment (Moradhaseli, Ataei, & Norouzi, 2017). Lee, Won, and Bang (2014) used the planned behavior theory to explain the retention and behaviors of volunteers. The authors concluded a link existed between perceived behavioral control of volunteers and their willingness to volunteer for future activities. Thus, nonprofit healthcare leaders should implement strategic plans that focus on understanding what motivates volunteers to increase engagement. For example, Lee et al. emphasized the importance of organizations that rely on volunteers to solicit the services of the right individuals, use effective management, and align the tasks to meet the needs of the volunteer and the organization. Hence, with a desirable attitude at the appropriate time in a pleasing environment the retention level of volunteers might increase.

Social exchange theory. The basis of social exchange theory is the notion that others reward behavior. Kappelides (2017) described the social theory as a significant conceptual pattern in the behavior of organizations. Researchers use the social exchange theory to understand the commitment of workers, perceived organizational support, relationships of workers, and satisfaction with volunteering (Kappelides, 2017; Kulik, Arnon, & Dolev, 2016; Walker, Accadia, & Costa, 2016). When researchers use the social exchange theory expectations of an employer-employee relationship determine behavior (Tsai & Lin, 2014).

Walker et al. (2016) used the social exchange theory to conduct a study of 721 volunteers to examine how perceived organizational support, coworker support, and psychological contract breach explained volunteer intention. The authors' concluded perceptions of organizational support and psychological contract breach supported the

intention of volunteers to remain with the organization. Although the need for relatedness reflects the desire to have a secure relationship and a sense of belonging (Reznickova & Zepeda, 2016), Walker et al. found a relationship did not exist between volunteer relationship with coworkers and volunteer retention. The findings of the research suggested organizations that focused on psychological contracts and perceived organizational support environments might increase volunteer retention. Walker et al. proposed leaders may enhance volunteer retention by developing approaches that recognize the contributions from volunteers, providing guidance and personal support, demonstrating a culture of fair treatment, and providing volunteers with training and growth opportunities.

The implications of Walker et al.'s (2016) research suggested that worker satisfaction is determined by an exchange process based on the rewards volunteers receive from their activity and the personal sacrifice made to perform the task. Ertas (2016) argued individuals engage in behaviors that provide them benefits and rewards to meet a psychological need. Thus, nonprofit healthcare leaders should consider although volunteers receive no pay for their service identifying ways to demonstrate their worth to the organization reduces turnover.

Volunteer management theory. The volunteer management theory postulates leaders use the brand heritage of the organization to engage and retain volunteers (Curran, Taheri, MacIntosh, & O’Gorman, 2016). Healthcare leaders may consider using the history and mission of the organization through effective marketing to enhance a volunteerism program. Rose, Merchant, Orth, and Horstmann (2016) stipulated

committed individuals relate to the heritage of an organization. The reasons individuals volunteer varies (Stukas, Hoye, Nicholson, Brown, & Aisbett, 2014) for some it provides an opportunity to give back to their community.

Curran et al. (2016) used the volunteer management theory to explore how brand heritage affected volunteer retention, engagement, and satisfaction of active volunteers. Satisfaction with the administration and the use of brand heritage increases levels of engagement for volunteers (Curran et al., 2016). For example, Curran et al. noted a symbolic representation of providing volunteers with uniforms and including them in company activities increased participation of volunteers. Therefore, nonprofit leaders should implement strategies that enhance brand heritage to meet the relatedness need belonging to the organization to demonstrate a sense of value and appreciation for service.

Nonprofit healthcare leaders can use brand heritage to market to existing and potential volunteers to meet the needs of the organization. Branding of an organization that aligns with culture increases the engagement of volunteers and stakeholders (Curran et al., 2016). Positive brand perception and trust in leadership increase a volunteer's intention to remain loyal to the organization (Coetzer, Bussin, & Geldenhuys, 2017).

Factors Affecting Engagement

A range of factors effect reasons volunteers remain engaged and committed to the organization. This section includes factors affecting engagement. The subheadings include studies related to (a) collaboration, (b) communication, (c) feedback, (d) knowledge management, (e) psychological empowerment, (f) training, and (g) trust and

transparency. Engaged individuals that find meaning with assignments contribute to the organization and remain loyal (Howell, 2017).

Collaboration. Leaders who focus on creating an environment that encourages collaboration, team building, and developing the skills of workers may create value for volunteer healthcare organizations. Leaders with a strategy to develop and support individuals that demonstrate the ability to collaborate eliminate the barrier of division amongst stakeholders (Sanford, 2016). A collaborative approach and input from all healthcare stakeholders, including patients, payers, and providers provide solutions to the financial solvency of the United States healthcare system (Bosco, Iorio, Barber, Barron, & Caplan, 2016). Team collaboration amongst individuals inspires relatedness satisfaction, competence satisfaction, and autonomy satisfaction (Bidee et al., 2017).

Corporate leaders that encourage employees to volunteer for nonprofit organizations might increase their social responsibility (Caligiuri & Thoroughgood, 2015). To increase the reputation of the corporate organization leaders should consider a marketing strategy of collaborating with a nonprofit organization to enhance a volunteerism program. Andriopoulou, Birkos, and Lymberopoulos (2015) researched the benefits of collaboration in the healthcare sector. Data results showed that collaboration with the use of a peer-to-peer approach increased opportunities to share data and eliminated errors with individuals that shared a common interest. Nonprofit healthcare leaders that implement collaboration approaches may increase the relatedness need for volunteers and enhance engagement, retention, and productivity. Nonprofit organizations

that collaborate with other organizations decrease duplication of efforts that increases access to care to reduce healthcare disparities (Meng, Gull, Ashby, & Akiko, 2017).

Volunteers are vital in communities with healthcare disparities associated with high levels of palliative care (Pesut et al., 2018). The use of volunteers providing navigation support for nonprofit healthcare organizations through collaboration with community leaders and other healthcare stakeholders ensure the resolution of the most vulnerable healthcare needs (Pesut et al., 2018). Nonprofit volunteer healthcare organizations with a limit of volunteers to meet the supply and demand of healthcare disparities and medical needs should consider the benefits of implementing a community health workers program. Vareilles, Pommier, Marchal, and Kane (2017) focused on the benefits of community health volunteers (CHVs), to generate positive outcomes to meet healthcare needs in underserved areas. Vareilles et al. explored ways to improve CHVs performance in communities to reduce service gaps in organizations. The researchers noted trained CHVs in underserved areas enhance task sharing strategies and reduce worker shortages.

Communication. In today's healthcare market focused on quality of care outcomes and patient satisfaction, successful communication skills and team collaboration approaches create value for healthcare organizations. Landry and Erwin (2015) found useful communication skills reduced misunderstandings in healthcare organizations. Nonprofit healthcare leaders that effectively communicate with volunteers may help volunteers achieve increased productivity and inspire innovative thinking. Landry and Erwin also found drivers that influenced team effectiveness included the

quality of team communication, the accuracy of information, the effectiveness of the communication process, and openness in sharing information. Servant leadership enhances communication in the workplace through communicative techniques focused on the best interests of subordinates and helping subordinates to grow (Abu Bakar & McCann, 2016). Likewise, Kang (2016) concluded effective communication with volunteers improved the reputation of organizations through positive word of mouth marketing techniques. Thus, while Landry and Erwin's findings demonstrated how communication approaches determined the motivation level of individuals, Kang showed how ineffective communication with volunteers might damage the reputation of organizations. Management style and precise communication create value to keep workers motivated and engaged (Grujicic, Bata, Radjen, Novakovic, & Grujicic, 2016).

A range of factors determine volunteer engagement that leaders should consider developing strategies to enhance productivity and while understanding the consequences of work engagement. Whiteoak and Mohamed (2016) proposed communication created value to enhance worker engagement. However, Swensen et al. (2016) emphasized that culture and operation design increased engagement in the workplace. From a distinct perspective, Van der Walt and Swanepoel (2015) proposed workplace spirituality linked to job involvement enhanced engagement. Failure to communicate effectively at all levels of the organization may result in adverse health outcomes and reduce volunteer engagement to meet the organizational goals in nonprofit healthcare organizations.

Feedback. Nonprofit leaders that acknowledge the value the volunteer brings to the organization increase volunteer engagement and retention (Howell, 2017; Soria &

Thomas-Card, 2014). Soria and Thomas-Card (2014) found volunteer students that receive positive feedback on how their contributions created positive community change inherited interest to continue volunteering after graduation. However, Romaioli et al. (2016) emphasized that volunteers remain loyal to nonprofit organizations when they do not anticipate positive feedback from recipients. A serving culture encourages followers or individuals to focus on helping others (Liden, Wayne, Chenwei, & Meuser, 2014). Developing approaches that recognize the contributions from volunteers, providing guidance, and support increases volunteer engagement and retention (Walker et al., 2016). Leaders that satisfy the relatedness need of volunteers through effective feedback, support, and recognition increase engagement and retention (Fallon & Rice, 2015). Harrison, Xiao, Ott, and Bortree (2017) noted leaders that thanked and recognized volunteers developed workplace environments of trust, commitment, and satisfaction. A gesture of appreciation or verbally acknowledging the value of a volunteer's contribution to the organization increases volunteer commitment.

Knowledge management. Volunteers that identify with the organization remain loyal (Minjeong, 2016). Zapata Cantu and Mondragon (2016) conducted a study of 28 Monterrey, Mexico nonprofit organizations to identify how knowledge management practices benefit the nonprofit organization. The researchers focused on identifying organizational and personal elements that allowed nonprofit organizations to generate and transfer knowledge to increase sustainability. The results showed knowledge management in Mexican nonprofit organizations provided strategies to enhance the

organization's mission, strengthen communication between the organization and stakeholders and increase transparency in operations.

Zapata Cantu and Mondragon (2016) suggested effective knowledge transfer strategies required a commitment to the organizations' mission and trust amongst colleagues. Leaders of nonprofit organizations with limited resources to gain knowledge can benefit from Zapata Cantu and Mondragon's research when developing strategies to engage and retain volunteers through knowledge transfer approaches. Mentoring systems, innovative environment, documentation of processes, and collaboration practices enhance knowledge management (Zapata Cantu & Mondragon, 2016). From a different perspective, Hume and Hume (2016) examined the value of nonprofit organizations implementing knowledge management strategies to identify gaps in knowledge.

Hume and Hume (2016) proposed the success of a knowledge sharing process that increases skills and innovative thinking requires leaders to understand the psychological elements of socialization. In their research, Hume and Hume identified the requirements of a knowledge management process and how leaders can capture and share knowledge within the organization at a minimal cost. For example, nonprofit healthcare leaders should consider implementing an internal marketing process of volunteers sharing knowledge to provide guidelines to enhance policies and procedures to complete assigned tasks efficiently. Nonprofit healthcare leaders can consider the benefits of implementing knowledge management protocols to increase autonomy, relatedness, and competence needs of volunteers.

Psychological empowerment. Chen (2016) concluded elderly volunteers learned new or enhanced skills while volunteering to help others. The impact of volunteerism creates opportunities like educating the public about health and safety issues, answering phones at healthcare organizations, providing medical care to patients, or reducing other healthcare disparities in communities. For example, a volunteer health organization might empower volunteers with decision-making power regarding outreach to meet the needs of the nonprofit organization and community. Sips et al. (2014) posited leaders that implemented a successful outreach program increased their referral networking to link individuals to the organization.

Paparella-Pitzel, Eubanks, and Kaplan (2016) concluded empowerment helps increase individual self-efficacy and enhances the ability to bring about change in communities. Likewise, Sheerin, Stonebanks, Jeffery, and Schouten (2016) suggested empowered individuals handle their own beliefs and organizational change occurs. Thus, healthcare organizations that seek strategies focused on empowering volunteers and meeting their psychological needs may create value for the individuals, organizations, and communities. Begzadeh and Nedaei (2017) provided information that suggested a servant leadership style that consisted of serving, humility, reliability, kindness, and empowering people created an atmosphere of innovative thinking, increased productivity, and a competitive advantage. Begzadeh and Nedaei also suggested organizations that use an empowerment strategy created efficiency, productivity, and a happy working environment.

A psychological empowerment environment creates value in motivation, engagement, and organizational behavior (Ugwu, Onyishi, & Rodríguez-Sánchez, 2014). Van Winkle, Allen, De Vore, and Winston (2014) concluded servant leaders created innovative thinking environments that empowered followers to do their jobs while increasing knowledge, skills, and productivity. Van et al. also recommended encouraging servant leadership in organizations enhanced the perception of empowerment to motivate and engage workers towards higher levels of work engagement. Supporting the work of Houger (2015), Wellens and Jegers (2014) posited the need for nonprofit organizational leaders to develop an effective governance strategy that outlined meeting the needs of volunteers. Thus, creating an environment of innovative thinkers equipped with the necessary empowerment tools and self-determination to succeed may enhance the engagement levels of volunteers, retain loyal volunteers, and increase sustainability for healthcare organizations (Begzadeh & Nedaei, 2017; Ugwu et al., 2014; Van Winkle et al., 2014).

Training. Volunteers with confidence in their ability to contribute to the organization and the community remain engaged and loyal to the organization (Harp, Scherer, & Allen, 2017). Structured training to meet competence satisfaction in a comfortable environment increases loyalty to the organization (Gorski et al., 2017). Bang (2015) encouraged nonprofit organizations to implement training strategies that focused on the age of volunteers to increase recruitment and loyalty. Nonprofit leaders that develop and implement training programs that reflect the needs of volunteers for different

ages might increase volunteerism programs. Tsai and Lin (2014) implied self-improvement training programs increase team collaboration and increase productivity.

Yamashita, López, Soligo, and Keene (2017) conducted research to explore the motivational factors of older adults' volunteering in urban communities. The results of the study of 277 middle-aged to older adults concluded creating a learning environment increased volunteer participation and productivity. However, Tang (2016) concluded the use of social networking of middle-aged and older Americans determined volunteering behavior. Tang suggested organizations interested in recruiting older adults to volunteer focus on individuals at retirement age or individuals who have recently retired.

Tang (2016) included valuable benefits of recruiting recent or partial retirees to provide the skills and motivation to volunteer their services. Organizations that focus on recruiting retirees that have withdrawn from the work environment for an extended period are less likely to recruit older volunteers. Marketing strategies that focus on collaboration with other stakeholders, adjustment to retirement through volunteering, and giving back to the community might increase volunteer engagement for older adults (Tang, 2016). Firmin, Luther, Lysaker, and Salyers (2015) provided sufficient evidence that suggested older adults volunteer in healthcare organizations to help those in need, to give back to the community, and to improve medical recovery outcomes for themselves and others. Leaders of nonprofit organizations that identify reasons volunteers offer their services may identify the appropriate task to motivate engaging behavior and recruit needed workers (Firmin et al.,2015). Nonprofit healthcare leaders should consider marketing to older adults with medical licenses to help maintain their licenses and

continue using their skills to meet the needs of the organization and the community (Chen, 2016; Harp et al., 2017; Tang, 2016).

Trust and transparency. Leaders that enhance organizational trust and psychological empowerment in individuals increase engagement (Ugwu et al., 2014). Harrison et al. (2017) emphasized volunteers that trusted the organization and worked in environments that encouraged openness continued to volunteer. Nonprofit leaders that fail to initiate positive impressions of the organization reduce volunteer retention (Carvalho & Samapaio, 2017). Individuals that feel part of the organization and trust the leaders remain loyal (McGeehan, Takehara, & Daroszewski, 2017). Rowe and Alexander (2015) suggested environments of transparency and openness increase trust in organizations. Likewise, Block (2016) proposed a strategic plan enhance recruitment and retention processes through transparency and accountability.

Leadership Styles and Engagement

Leaders that understand and meet the psychological needs of volunteers may sustain the services of the volunteers. Nonprofit leaders struggle to effectively manage and engage millions of volunteers yearly to meet the needs of the organization (York, 2017). Nonprofit leaders must adopt innovative strategies and leadership styles to attract and retain volunteers (Hume & Hume, 2016; Oostlander et al., 2014; Posner 2015). This section includes studies on different leadership styles that influence volunteer engagement: (a) ethical, (b) inspirational, (c) servant, (d) transformational, (e) transactional, and (f) participative.

Ethical leadership. Ethical behavior is a necessary component of actual business practice and therefore a source of continuous inquiry and understanding (Jones & Chin-Yen, 2015). The beliefs of ethical leadership include: respecting others, serving others, showing justice, manifesting honesty, and building community (Northouse, 2016). Trust and implementing compliance guidelines create value to ensure proper ethical behavior in healthcare organizations. Engelbrecht, Heine, and Mahembe (2017) concluded with questionnaires completed by 204 workers that leaders that encourage and use ethical behavior empower workers to support ethical behavior. Ethical leadership combined with leader integrity enhances relationships between leaders and followers (Engelbrecht et al., 2017).

Northouse (2016) suggested ethical leaders serve others by being altruistic and meeting the needs of others for the common good. Management style and precise communication keep employees motivated (Grujicic et al., 2016). Leadership styles focused on teamwork and collaboration may eliminate gaps in communication, ensure stakeholders work together to reach a common goal, enhance accountability, and increase ethical behavior. Pozgar (2016) concluded organizations that implement codes of ethics guidelines created environments of trust, awareness of unethical behavior, increased decision-making, and encouraged individuals to report instances of misconduct. Further contributing to ethical leadership, Wolin (2016) posited healthcare leaders should eliminate creating unrealistic goals to avoid ethical compliance failure. Nurses assessed high ethics in healthcare organizations reduced adverse outcomes of emotional work

efforts and promoted environments to engage workers (Mauno, Ruokolainen, Kinnunen, & De Bloom, 2016).

Inspirational leadership. Leadership is a process whereby individuals influence a group of people to achieve a common goal; it is about how individuals work with people to reach a goal (Northouse, 2016; Solomon, Costea, & Nita, 2016). Bonau (2017) posited inspirational leaders connect with others on an emotional level, the vision they develop is clear, and their communication is effective. Spender (2016) suggested leadership is a way to compensate for failure when management theories fail to develop the science of managing. Spender further noted leadership is the practice of attaching a leader's imagination to specific material contexts of human activity

Participative leadership. Individuals with participative leadership traits encourage collaboration approaches with decision making and autonomy behavior (Alfes & Langner, 2017). In organizations leaders that use a participative style reduce the amount of control they have with making decisions (Lam, Wong, & Tong, 2015). Specifically, participative leaders believe sharing information with workers increase productivity. However, Buengeler, Homan, and Voelpel (2016) posited the age of a leader determined the success of a participative leader. For example, the authors concluded young leaders with limited experience lack the status-related characteristics of experience and competence developed over a period. Researchers that provided an opposing view was Alfes and Langner (2017), who postulated volunteer managers, enhance the productivity of volunteers through a participative leadership style. The

authors suggested participative and directive leadership behavior engages volunteers in nonprofit organizations.

Alfes and Langner (2017) suggested although volunteers require satisfaction of autonomy, relatedness, and competence needs a participative leadership style without direction might increase product-harm to an organization. For example, in nonprofit organizations volunteers not provided guidance or direction on task might reduce organizational outcomes and decrease volunteer engagement. It is, therefore, apparent that nonprofit healthcare leaders cannot focus on a single style that contributes to effective leadership.

Servant leadership. The importance of leadership is critical to all organizations and preferred leadership styles vary depending on the culture or country (Gahye, Youngsam, Froese, & Shin, 2016). Thus, the leadership styles in nonprofit organizations staffed with volunteers differ from organizations that pay workers for services performed (Posner, 2015). Servant leadership increases behaviors of trust, commitment, and empowerment in individuals (Begzadeh & Nedaei, 2017). Servant leaders use a role model behavior to assist followers in their development and growth (Abu Bakar, & McCann, 2016; Neubert, Hunter & Tolentino, 2016). The personality traits in leaders impact the engagement levels of workers (Howell, 2017). Servant leaders possess strong theoretical skills, high levels of honesty, and demonstrate a genuine concern for followers (Liden et al., 2014). A servant leader creates innovative thinking environments that empower followers to perform their task while encouraging them to learn and grow (Neubert et al., 2016). Minjeong (2016) concluded volunteers satisfied with leadership,

sense of empowerment, and recognized for contributions to the organization remain engaged and committed to the organization. Furthermore, studies indicate that servant leaders reduce worker burnout and enhance work engagement (Coetzer et al., 2017). Leadership styles that focused on trust, commitment, integrity, and meeting the psychological needs of volunteers increased engagement, productivity, and produced innovative thinking environments (Birtch, 2016; Chiniara & Bentein, 2016; Kang, 2016; Waters & Bortree, 2012).

Transformational leadership. Communities benefit from leadership styles that articulate commitment to the mission of the organization and inspire engagement behavior in volunteers (Posner, 2015). Valero, Jung, and Andrew (2015) noted individuals with transformational leadership traits possess innovative, inspirational, and innovative characteristics to meet the needs of followers. Mayr (2017) explored the relationship between transformational leadership and volunteer engagement of 213 firefighter volunteers. Mayr noted transformational leaders enhance the workers intention to continue volunteering. Transformational leadership encourages innovative thinking, personal growth, and supports individual coaching and support of workers (Hentrich et al., 2017). Furthermore, Hildenbrand, Sacramento, and Binnewies (2018) noted transformational leadership style reduced burnout and stress levels only for individuals with medium to high levels of open-minded behavior traits. Nonprofit volunteer leaders might benefit from a transformational leadership style when volunteers join the organization with a belief and support of the organization's mission.

Further contributing to transformational leadership, Tung (2016) examined the role of transformational, ambidextrous, and transactional leadership plays in employee innovation and psychological empowerment. The author concluded that leaders that demonstrate transformational or ambidextrous leadership behaviors have followers that have a higher degree of psychological empowerment. Leaders that possess a transformational trait have workers that seek high degrees of reward for performance (Tung, 2016).

Creativity and innovative thinking improve work environments that encourage openness between leaders and workers (Tung, 2016). Sudha, Shahnawaz, and Farhat (2016) posited a transformational leadership style included mutual admiration with a shared vision, and creative exchange of ideas. Leaders with traits of ambidexterity possess the capability to alter styles depending on the circumstance (Kelman, Sanders, & Pandit, 2016). Hence, ambidextrous leaders use different behaviors when making decisions that affect the organization (Kelman et al., 2016). It is, therefore, apparent that leaders cannot focus on any meticulous or consistent leadership style in determining strategies to engage and retain the services of volunteers to maintain organizational sustainability (Howell, 2017; Scherer et al., 2016; Van Schie et al., 2014).

Other notable contributors to the development and knowledge of the transformational leadership style include Hawkes, Biggs, and Hergerty (2017). The authors examined the relationship of transformational leadership on resources with a moderating role of recovery experiences. Hawkes et al. hypothesized job resources would mediate the relationship between transformational leadership and engagement. Hawkes et

al. determined that recovery experiences did not mediate job resources and engagement. The development of an engaged workforce is the foundation for organizational success. Transformational leadership links to high organizational performance, and innovation crucial for the development of engagement. Researchers concluded that there is a definite positive correlation between transformational leadership and engagement (Hawkes et al., 2017; Mayr, 2017).

Hawkes et al. (2017) posited that leaders who demonstrate transformational leadership behaviors link to higher engagement, however no direct correlation exists between transformational leadership and engagement. The implications of Hawkes et al.'s study include a deeper understanding of how transformational leadership behaviors impact workers. When leaders use transformational leadership styles, they use their psychological empowerment to enhance and encourage creativity in workers (Tung, 2016).

Transactional leadership. Transactional leaders provide the resources followers need to complete goals. Buch, Thompson, and Kuvaas (2016) explored the impact leader political skills have on follower's work performance in the context of transactional leader-member exchange theory. Previous researchers have found a relationship between leader-member exchange quality and follower work performance. The authors found that leader political skills moderated the negative impacts of transactional leader-member exchange. A single downward flow of influence typically defines transactional leader-member exchange relationships (Buch et al., 2016).

Buch et al. (2016) hypothesized that there is a negative relationship between transactional leader–member exchange relationships when a leader restrains follower work performance with high political skill. Transactional leader–member exchange relationships correlated with lowered work performance (Buch et al., 2016). Social leader–member exchange relationships correlated with higher work performance. The moderator is the skill of the leader and the variable is the work performance of the follower. The study by Buch et al. provided additional data about the impact of transactional leader-member exchange and the behavioral outcomes of followers.

The Relationship Between Engagement and Sustainability

In today's healthcare environment, communities benefit when volunteers develop work habits to improve economic growth and continue serving the organization. Volunteerism is a pervasive activity in the United States and 62.6 million people engaged in volunteering in 2016 (U.S. Bureau of Labor Statistics, 2016). Stukas et al. (2014) implied volunteerism benefits communities with positive outcomes and enhanced the physical and mental health of volunteers. Individuals that volunteer for organizations work without pay and make choices to provide services to organizations that will help society (Loosemore & Bridgeman, 2017). Hence, engaged volunteers help to meet the needs of nonprofit organizations and support continued sustainability.

Conrad, Ghosh, and Isaacson (2015) suggested physicians demonstrated motivated behaviors in environments focused on variety, challenges, and engagement. Grijicic et al. (2016) reported results consistent with findings in Ferreira, Neto, Vasconcelos, and Souki (2016) study. These authors' consistent results suggested that

financial incentives do not represent the fundamental motivational factor for healthcare professionals. For example, health professionals in urban areas are significantly more motivated than rural health workers (Grujicic et al., 2016). An individual's work location may determine the level of engagement. Alfes, Shantz, and Bailey (2016) defined engagement as a positive and fulfilling work environment with dedicated and active participants that benefit individuals and organizational outcomes.

Leaders that meet the needs of volunteers increase donated hours and accomplish the needs of the organization (Scherer et al., 2016). Additionally, McGeehan et al. (2017) provided information that suggested physicians may volunteer their services through marketing focused on volunteering during a discretionary time with the focus on eliminating burnout. Herd, Adams-Pope, Bowers, and Sims (2016) suggested healthcare organizations that implemented strategies focused on programs to support future leaders through education and ongoing development created value to address change. For example, independence, reduction in administrative duties, and strategies to enhance knowledge may motivate clinical professionals to volunteer and benefit the nonprofit healthcare organization. Thus, understanding the psychological needs of workers provide nonprofits with the knowledge to motivate and empower volunteers towards increased engagement and productivity.

Chiniara and Bentein (2016) used the autonomous motivational framework of SDT to determine the relationship between a servant leadership style and meeting the psychological needs of workers. Chiniara and Bentein found a positive correlation existed between a servant leader approach and the three psychological needs of SDT (autonomy,

competence, relatedness). A servant leader approach creates increased productivity and positive organizational outcomes (Chiniara & Bentein, 2016). Likewise, Haivas et al. (2014) proposed organizations implement strategies focused on two types of subpopulations to motivate and engage individuals. For example, one subpopulation focused on tasks with favorable challenges, autonomy, and constant feedback to satisfy independent and competence needs. The second subpopulation focused on fulfilling the relatedness need of individuals through team collaboration. However, Purohit, Maneskar, and Saxena (2016) concluded job acknowledgment ranked highest to meet psychological needs and motivate individuals towards high productivity. Thus, substantiating individuals are different, what motivates one volunteer towards increased engagement and loyalty depends on the psychological needs of the individual.

Various factors link volunteer engagement that leaders should consider when developing strategies to enhance productivity and sustainability. Healthcare organizations focused on implementing strategies to engage volunteers should consider management styles, collaboration techniques, communication approaches, volunteer empowerment, and psychological needs of volunteers to increase motivation and innovative thinking. Ugwu et al. (2014) suggested the leadership style of managers determined the motivation level of individuals. However, Muckaden and Pandya (2016) concluded people inherited the desire to volunteer, possessed a need to help others, received personal growth, and enjoyed volunteering to meet the needs of the community.

People volunteer for a range of reasons, and volunteering plays a vital role in strengthening communities by bridging a gap in healthcare disparities. Understanding

what motivates individuals to volunteer and implementing strategies to recruit, retain, and engage volunteers in enhancing teamwork and collaboration in healthcare organizations and the community. Scherer et al. (2016) suggested understanding factors that decreased volunteer engagement created value. In nonprofit healthcare organizations, successful leaders understand the approach taken to engage volunteers requires understanding the low motivation cause. For example, healthcare organizations seeking physician volunteers may market to the primary barrier eliminating doctors from volunteering.

Leaders who understand and meet the psychological needs of volunteers recruit and retain engaged volunteers (Bidee, 2017; Engelbrecht et al., 2017). Healthcare organizations must adopt innovative strategies to engage volunteers. Thus, improving the sustainability of healthcare organizations and meeting the needs of individuals served. Healthcare organizations that focus on innovative approaches create value for patients served, the community, volunteers, and other stakeholders. Nonprofit healthcare leaders must understand traditional ways of providing care to patients for services rendered no longer exist. The various changes in policies and regulations to sustain a competitive edge require implementing effective strategies and engaging all stakeholders.

Additionally, engaged volunteers increase a positive effect on the quality of care for patients, volunteers, and community members. Nonprofit leaders that engage volunteers may create value in the workplace meet the needs of patients served, maintain a competitive advantage to reduce healthcare disparities, and increase sustainability. Toader (2014) posited the United States spends more on healthcare than any other developed economy. Alfes and Langner (2017) suggested engaged volunteers increased

productivity and sustainability for nonprofit organizations. Hence, nonprofit healthcare organizations with engaged volunteers help to meet the medical needs of patients and communities. Healthy patients can become productive members of society and reduce the cost of healthcare. Nonprofit healthcare leaders that influence the quality of patient satisfaction, engage volunteers, and improved professionalism of healthcare organizations may increase sustainability.

Transition

The existing body of literature on strategies to reduce volunteer turnover for nonprofit organizations varied. Researchers who explored nonprofit strategies to reduce volunteer turnover offered nonprofit healthcare leaders limited evidence on processes to engage and retain volunteers. My analysis of literature review findings revealed the need for nonprofit healthcare leaders to explore strategies to engage and retain volunteers. My analysis of professional and academic literature review included peer-reviewed journal articles related to the topic of strategies for increasing volunteer engagement in nonprofit healthcare organizations, including rationalizations of collective ideas and theories that nonprofit organizations can use or enhance in future research.

In Section 2, I included a comprehensive analysis of the research methodology and design, the role of the researcher, population and sampling, data collection instruments, and techniques. I included information about data analysis techniques, reliability, validity, and data collection instruments. To ensure ethical behavior, I included the measures to protect the study participants as human subjects and identified data storage requirements.

In Section 3, I included a comprehensive account of the research conducted for the Doctor of Business Administration (DBA) Consultant Capstone. I used the 2017-2018 Baldrige Performance Excellence Framework and its Criteria for Performance Excellence to conduct in-depth research for and about my client. Furthermore, my use of an integrated and systems-based approach to complete the research in Section 3 helped me to explore the following key areas: leadership; strategy; customers; measurement, analysis, and knowledge management; workforce; operations; and results.

Section 2: The Project

In Section 2, I will discuss the research methodology and design, the role of the researcher, population and sampling, and data collection methods and techniques. In this study, I used semistructured telephone interviews as the primary method to collect data from each participant. I also reviewed organizational documents to collect information and data relevant to how nonprofit healthcare leaders explored strategies to reduce volunteer turnover.

Purpose Statement

The purpose of this qualitative single-case study was to explore strategies nonprofit healthcare leaders use to reduce volunteer turnover. The targeted population comprised five healthcare leaders of a nonprofit organization located in the southwestern United States who had developed strategies to reduce volunteer turnover. The implications for positive social change include the potential to contribute to nonprofit leaders' effective strategies to reduce volunteer turnover rates, enhance operational processes, and improve nonprofit healthcare organizations' overall performance, thereby improving healthcare services and meeting the needs of communities.

Role of the Researcher

The researcher is often the primary instrument for data collection and the conduction of semistructured interviews in a qualitative method (Van den Berg & Struwig, 2017). In the research process for this qualitative, single-case study, I served as the primary data collection instrument. Hietanen, Sihvonen, Tikkanen, and Mattila (2014) asserted that to achieve relevant outcomes, case study researchers aspire to support the

phenomenon through feedback from management. Kenno, McCracken, and Salterio (2017) posited that researchers set the tone for the study process while building and maintaining positive relationships. To start the collection of data, I developed research questions aligned with my topic on volunteer retention and my experience as a nonprofit healthcare operations consultant. I have worked in leadership roles in nonprofit healthcare organizations for over 20 years; one of my primary responsibilities has been to provide consulting services and train workers and boards to increase productivity and sustainability.

According to *The Belmont Report*, researchers follow three basic principles: respect, beneficence, and justice (U.S. Department of Health and Human Services, 2016). To ensure that I acted in a manner to meet the principles, each participant in the study signed a consent form indicating their participation as a voluntary participant in the study. I treated each participant ethically and abided by Walden University's IRB requirements and U.S. federal regulations. Pozgar (2016) noted that protecting the rights and welfare of human subjects is the primary function of the IRB.

Before collecting data, I obtained IRB approval. I reviewed documents provided by the client and public websites including GuideStar, an online source providing information on Internal Revenue Service (IRS) registered nonprofit organizations to analyze performance outcomes. I conducted semistructured interviews by telephone as the primary method for collecting information from the participants. Manetti and Toccafondi (2014) concluded that semistructured interviews help to obtain information when nonprofit organizations do not report information required in sustainability reports.

Kenno et al. (2017) validated this notion by stipulating that a semistructured interview provides clarity to data. Kenno et al. further noted semistructured interviews help researchers stay focused on a topic. Hence, the use of questionnaires alone reduces opportunities to obtain clarity and comprehensive data when participants do not answer all the questions (Emrich & Pierdzioch, 2016). I aligned the semistructured interview questions with the 2017–2018 Baldrige Excellence Framework and my central research question.

Researchers aspire to gain the trust of the interviewees and establish a comfortable environment that allows the participant to speak freely (Cairney & St Denny, 2015). To complete the interviews, I used an interview protocol (see Appendix A) to collect data and ensure I asked all participants the same questions. The interview protocol confirmed data saturation and bias mitigation. Kenno et al. (2017) posited that researchers who use an interview protocol might obtain details on *what*, *how*, *when*, and *why* participants do what they do.

Consulting for nonprofit healthcare organizations for years gave me a heightened sense of awareness regarding the research topic. To minimize bias during the interview and data collection process, I listened, remained open to new information, and audiotaped all interviews. Sokolova and Krishna (2016) suggested that a researcher must challenge what is known and distinguish vulnerability to help minimize bias. To identify any areas that I might have included bias, I transcribed notes from each interview. To further eliminate bias ensure my study was trustworthy, and demonstrate ethical behavior, I implemented member checking. Member checking allows participants the opportunity to

validate the transcripts, eliminate misrepresentation, and enhance the credibility of the researcher's findings (Debono et al. 2017; Varpio, Ajjawi, Monrouxe, O'Brien, & Rees, 2017).

Participants

Marks, Wilkes, Blythe, and Griffiths (2017) concluded that developing a strategy to recruit appropriate participants for a study ensured timely collection of in-depth data. Hence, me taking the time to create a plan to recruit participants for this study ensured alignment with the research question. The participants for this study were five leaders of an assigned nonprofit healthcare organization who had demonstrated the ability to reduce volunteer turnover. As part of this Walden University DBA consulting project, I followed the preapproved data collection procedures created by Walden University administrators with requirements and protocols for the professional doctorate and the Baldrige Performance Excellence Framework (Baldrige Performance Excellence Program, 2017). I provided consulting services to a partner organization that Walden administrators vetted and assigned to me and identified this nonprofit organization with the pseudonym ABC. Eligibility for this study required participants at the nonprofit organization located in the southwestern United States who actively engaged with volunteers. Researchers select participants with knowledge of the research topic (Grafton, Reid, & Coyne, 2016; Rauscher & Dean, 2017). Newton (2017) and Wolgemuth et al. (2015) asserted that choosing individuals who fit the characteristics of a study help to define the participants' experiences. The eligible participants had identified successful strategies to reduce

volunteer turnover and could best address the research question to enhance the understanding of the phenomenon.

Kelly, Margolis, McCormack, LeBaron, and Chowdhury (2017) noted that providing participants with valuable information increased participation. I gained access to the participants through a Walden University consulting capstone project and a partnership with the nonprofit organization. Once I received IRB approval to conduct the study and a completed copy of the DBA research agreement between Walden University and ABC Company, I contacted the designated client leader via e-mail to introduce myself and schedule a telephone conversation. The telephone conversation with the client leader emphasized my goal to collaborate with leaders of the organization to identify and improve key work processes, overcome strategic challenges, increase overall performance, and help the nonprofit organization bring about positive social change. I further explained my plans to keep the conversations with leaders and data confidential. Establishing the relevance and benefits of the research encourages participation (Grafton et al., 2016). Researchers should obtain participation consent and establish protection guidelines before the collection of data (Kenno et al., 2017; Phillippi & Lauderdale, 2018).

To establish a working relationship, I provided the senior leader participants with a consent form for interviews via e-mail. Newton (2017) posited that reassuring participants verbally and in writing that their participation in the study is voluntary enhances the relationship. All participants in the study received a participant number; I represented them as Participant 1, Participant 2, and so on in the coded data. To engage

with each participant, obtain essential data, and increase trust, I scheduled conversations with the leaders of ABC at times convenient to their schedule. Kenno et al. (2017) asserted that discussing commonalities in backgrounds help develop rapport with participants in research projects. I provided the participants with information on my 20 years of experience working for nonprofit healthcare organizations to develop a rapport with them. I maintained biweekly scheduled telephone conversations and e-mail communication with the client leader of the organization. Thomas (2017) concluded that engaging in dialogue with participants' increases their willingness to participate. To maintain rapport with the five healthcare leaders of the organization, my use of the interview protocol (see Appendix A) helped collect data and ensure all participants answered the same questions.

My use of member checking built a lasting relationship and established trust with the five healthcare leaders of the organization. To ensure accuracy, I sent participants an e-mail of the transcribed audio taping and notes to validate the information gathered during the interviews. Chen (2016) noted member checking increases the validity of data collected in research projects.

Research Method and Design

Research Method

By exploring strategies that nonprofit healthcare leaders used to reduce volunteer turnover, the findings of this qualitative study provides value to the field. Crane, Henriques, and Husted (2018) noted the appropriate methodology depends on the research question. Researchers use the qualitative research method to explore a

phenomenon and obtain a clearer understanding of the underlying reasons and motivations to answer a research question (Crane et al., 2018; Phillippi & Lauderdale, 2018; Yates & Leggett, 2016). To collect data, I conducted in-depth interviews to obtain information on the lived experiences of nonprofit healthcare leaders. Qualitative research is a crucial component to understanding lived experiences, bridging gaps, and developing strategies in healthcare organizations (Alderfer, 2017; Lewis, 2015). On the other hand, quantitative research seeks to confirm hypotheses and examine relationships among variables (Barczak, 2015; Christenson & Gutierrez, 2016; Crane et al., 2018). A quantitative approach would not have provided the necessary data to understand the strategies nonprofit healthcare leaders used to reduce volunteer turnover. Researchers use a mixed method research approach to capitalize on the strengths of qualitative and quantitative methods (Christenson & Gutierrez, 2016; Sligo, Nairn, & McGee, 2018; Yin, 2018). Neither the quantitative method, nor the mixed method was appropriate for this study to explore reasons and motivations in a real context (Yates & Leggett, 2016).

I chose a qualitative method because interviews were the primary source to collect data from in this study. Interviews help researchers obtain rich data, provide clarity, and sanction in-depth qualitative analysis (Kenno et al., 2017; Manetti & Toccafondi, 2014; Rostami, Ashcroft, & Tully, 2018). The qualitative method was appropriate to collect data and allow for the anonymity needed for individuals to speak openly. Qualitative researchers must consider the fact that in-depth data increases confidence in the study and the research method provides thorough descriptions of the phenomena (Barczak, 2015;

Sousa, 2014). The use of a qualitative research method ensured alignment with my research question and provided in-depth data on strategies to reduce volunteer turnover.

Research Design

I selected a single-case study design for this study. Researchers use a case study design with multiple types of evidence to explore a phenomenon in-depth in real-life settings to produce relevant outcomes (Aulgur, 2016; Loosemore & Bridgeman, 2017; Yin, 2018). The qualitative, single-case study design allowed me to focus on the strategies nonprofit healthcare leaders implemented to reduce volunteer turnover. Ridder (2017) stated that a single-case study design allowed detailed descriptions and analysis to understand *how* and *why* things happen. When collecting information from in-depth interviews, the case study design allowed participants to communicate and explain their perceptions relevant to volunteer turnover strategies.

Other research designs include phenomenology and ethnography. Researchers use the phenomenological design to describe, understand, and explore the meanings of participants' lived experiences (Adams & van Manen, 2017; Levy, 2015; Sousa, 2014). Capturing the experiences of nonprofit healthcare leaders was not the purpose of this study, so I did not use a phenomenological design. Phenomenological research to describe rather than explain would not have been appropriate to explore strategies nonprofit healthcare leaders use to reduce volunteer turnover. Researchers use the ethnographic design to interpret culture in a real-life setting through extended participant observation (Brooks & Alam, 2015; Waring & Jones, 2016). The ethnographic design was not appropriate because the intent of this study was not to explore a group's culture

through extended observation. Furthermore, an ethnographic approach would be excessive and beyond the scope of my doctoral study (see Ross, Rogers, & Duff, 2016).

Researchers use open-ended questions to gather information in qualitative research (Lewis, 2015). In the semistructured interviews with participants, I asked open-ended questions to stay focused on and obtain clarity from their responses (see Kenno et al., 2017). Open-ended questions allowed the study participants to provide more in-depth responses to the questions and reach data saturation (Tran, Porcher, Tran, & Ravaud, 2017).

Boddy (2016) concluded that the sampling size determines data saturation in qualitative research. Boddy also found large sampling sizes reduced in-depth understanding and become too unmanageable to analyze. To achieve data saturation and help to ensure the accuracy of this qualitative study, I continued the interview process of five nonprofit healthcare leaders and data collection until no new information related to the research question existed. Tran et al. (2017) posited that researchers achieve data saturation when the same data or themes are recurring. Reaching data saturation helped to answer my research question on the strategies nonprofit healthcare leaders use to reduce volunteer turnover.

Population and Sampling

The population and group mix for this single-case study included the president, board member, directors, and a manager. This study used a purposeful sampling method consisting of five leaders of a nonprofit healthcare organization in operation for 6 years in the southwestern United States. Qualitative researchers use purposeful sampling to obtain

rich data related to the phenomenon studied when limited resources exist (Benoot, Hannes, & Bilsen, 2016; Palinkas et al., 2015). Duan, Bhaumik, Palinkas, and Hoagwood (2014) stated that purposeful sampling identifies common patterns to formulate and evaluate assumptions.

Boddy (2016) suggested a method did not exist to enumerate the appropriate sample size for a qualitative study, but sampling until data saturation reached justifies the size. Saturation in case study research occurs when the selection of participants or data examined does not lead to new information and themes (Boddy, 2016; Palinkas et al., 2015; Valeau, 2015). I reviewed the data to determine if saturation occurred within the first three participants. The data did not provide sufficient evidence that saturation occurred; therefore, I interviewed two more participants until no new information and themes occurred (Tran et al., 2017). When data and information gathered from semistructured interviews and documents reviewed revealed no new information, I achieved data saturation.

The participants for this study had to meet the eligibility criteria of being leaders of a nonprofit healthcare organization in the southwestern United States and agree to participate in an interview by providing their consent. The administrators at Walden University created the DBA consultant capstone with specific requirements and protocols for the professional doctorate program. The Walden University protocol included Walden University vetting a client organization to me as a stipulation for acceptance in the DBA Consultant Capstone. The client leader signed the DBA research agreement that served as the master agreement between Walden University and ABC Company for the consulting

relationship. I used the assigned client leader, the president, and three department leaders as participants in this study. Diversity in the participants provided a rich quality of data from different leadership levels within the organization. The assigned client leader ensured I received the signed informed consent agreements to interview the participants via e-mail.

The semistructured interviews consisted of open-ended questions that lasted around 60 minutes over the telephone. Using open-ended questions allowed participants to reflect on their familiarity and provide more in-depth and new insights on the subject (Lewis, 2015; Loosemore & Bridgeman, 2017). All participants answered the same questions but allowed follow-up questions to probe for unique insights. I aligned the interview questions with the 2017-2018 Baldrige Performance Excellence Framework to ensure coverage of all areas. Methodological triangulation was used to analyze the data from the participants, documents gathered to study the phenomenon, and achieve data saturation (Lorhan, van der Westhuizen, & Gossmann, 2015). The information gathered grouped into individual themes that expressed a coherent idea. I used an Excel spreadsheet to track themes from the interviews. The themes aligned with ABC Company's operational challenges related to volunteer turnover.

To collect rich and thick data, I conducted an organizational assessment of ABC Company and factors that impacted volunteer turnover. The data types included but were not limited to: financial statements, patient demographic documents, ABC Company website, board minutes, promotional material for volunteers and stakeholders, volunteer orientation documents, and public competitor data. Analyzing the collected data

determined the effectiveness and efficiency of leadership and organizational sustainability.

Ethical Research

The administrative unit of the IRB establishes the guidelines for informed consent for research with human participants (Nakkash et al., 2017). Porter, Wilfond, Danis, Taylor, and Cho (2018) posited researchers conducting consulting services should engage in ethical research through transparency and open communication. Before collecting data, researchers should initiate ethical research processes to protect the rights of participants (Phillippi & Lauderdale, 2018). After receiving Walden University IRB approval, I began the research process. The approval number for this study is 05-22-17-0664306. To ensure compliance with Walden University's ethical standards and ethical guidelines, leaders of ABC Company signed informed consent forms. The leaders received e-mailed copies of the informed consent that included the purpose of the study, outlined the interview procedures, emphasized voluntary participation, identified risks and benefits, privacy information, and contact information to allow participants to make informed decisions about whether to participate in the case study. Perrault and Keating (2018) suggested participants fail to read consent forms delivered via e-mail for online studies. I reviewed the context of the consent form verbally with all participants at the beginning of the interviews. Moreover, to ensure the ethical protection of participants and ensure a full understanding of the interview process the interview protocol (Appendix A) includes an introduction script that reminded the participants of their rights to withdraw from this study at any time.

Researchers should develop ethical guidelines to maintain confidentiality and protect the rights of the participants (Hiriscau, Stingelin-Giles, Stadler, Schmeck, & Reiter-Theil, 2014; Morse & Coulehan, 2015). To ensure privacy, I assigned the participants pseudonyms and a fictional name to the nonprofit client organization. The leaders of the nonprofit organization received no compensation for participating in the study. Largent and Fernandez Lynch (2017) suggested IRBs do not support payments to participants that may increase coercion or undue influence. A secured flash drive and file will maintain the data for 5 years to protect the rights of participants. At the end of the 5-year term, I will destroy the data.

Data Collection Instruments

In qualitative research, the researcher is often the primary instrument for data collection (Fusch & Ness, 2015; Van den Berg & Struwig, 2017). I served as the primary data collection instrument in this qualitative single case study. Setia (2017) posited researchers collect data using different methods in qualitative research including, interviews or focus group discussions. I used semistructured interviews, public documents, and data supplied by the leaders of the nonprofit healthcare organization. The research questions and objectives determine methods to gather data and how to efficiently use the data (Gummer & Mandinach, 2015).

I used the 2017-2018 Baldrige Performance Excellence Framework and criteria to collect the data from the five leaders of the nonprofit healthcare organization. The semistructured interviews provided insight on the strategies nonprofit healthcare leaders used to reduce volunteer turnover. Semistructured interviews facilitate opportunities to

obtain information, provide clarity, and help the researcher stay focus (Kenno et al., 2017; Manetti & Toccafondi, 2014). Romaioli et al. (2016) found semistructured interviews in a study on volunteer commitment allowed participants to attribute meaning to their voluntary work. Interviews with the five nonprofit healthcare leaders include eight open-ended interview questions and started with an interview protocol (Appendix A). In qualitative research researchers use open-ended questions to gather information, enhance an environment that allows participants to reflect on their familiarity, and provide in-depth insights to achieve data saturation (Fusch & Ness, 2015; Lewis, 2015; Loosemore & Bridgeman, 2017). Leaders participated in 30 to 45- minute interviews. However, up to 60 minutes allowed additional time to gather the leader's perceptions or experiences. With the permission of the participants, I audio-recorded the interviews, transcribed and de-identified with a member checking process to ensure the accuracy of information gathered.

Researchers use member checking as part of the data collection process to check for accuracy of dialogues and eliminate misrepresentation (Debono et al. 2017; Thomas, 2017; Varpio et al., 2017). Hence, using member checking involved inviting the research participants to review, comment on, and contribute additional information that enhanced the reliability and validity of the study. To clarify statements, confirm the accuracy of semistructured interview transcriptions, clarify public documents, and data supplied by the research participants, I used member checking. Methodological triangulation supported understanding the unmet needs and resolutions, analyzing the data, achieving data saturation, and increasing the validity of the case study (Hussein, 2015; Lorhan et

al., 2015). Last, I provided the client leader with a copy of this doctoral study to review and approve before publication.

Data Collection Technique

Upon receiving IRB approval, I began the data collection process to explore strategies nonprofit healthcare leaders use to reduce volunteer turnover. Semistructured interviews with five leaders, reviewing internal and external public documents on ABC, and analyzing known competitors supported the data collection technique. Qualitative researchers use purposeful sampling to identify participants, obtain rich data related to the phenomenon studied, and identify common patterns to evaluate assumptions (Benoot et al., 2016; Duan et al., 2014; Palinkas et al., 2015).

The semistructured interviews included overarching interview questions drawn from historical literature and the research question focused on nonprofit healthcare leader's strategies to reduce volunteer turnover. The participants responded to eight open-ended interview questions following the interview protocol (see Appendix A). Researchers use open-ended questions to explore the different aspects of a concept from research participants and to obtain clarity (Kenno et al., 2017; Lewis, 2015; Tran et al., 2017). The semistructured interviews provided in-depth knowledge and new ideas focused on enhancing the understanding of the phenomenon.

The internal and external documents included background information, competitor information, and federal nonprofit organizational requirements to support the validity and reliability of this qualitative single-case study. Internal documents included bylaws, board minutes, financial reports, volunteer promotional material, and volunteer

orientation-documents. External documents included the organizational website, performance outcomes data from the nonprofit database GuideStar and Free Clinics Federal Tort Claims Act (FTCA) Program Policy Guide (2014). To prevent problems with the data collection, researchers should follow specific practices to collect the data (Sheehan, 2018). A member checking process provided leaders of ABC Company the opportunity to validate their responses to the semistructured interviews, as well as the accuracy of internal and external data analyzed for the study.

Data Organization Techniques

To stay organized, I created a file-naming system to keep track of electronic data, maintained a journal of conversations and thoughts and stored all hard copies in a locked file in my home office. Ganapathy (2016) suggested researchers should maintain a journal of ideas to provide additional data to analyze throughout the qualitative analysis process. Hua, Jiang, Zhu, Feng, and Xu (2014) suggested researchers that create an innovative process to organize data provide ease and efficiency to access data. I used pseudonyms for the participants and a fictional name for the organization studied to ensure confidentiality. Separate secured files for each participant contained the transcribed interview audio taping notes, the informed consent form, and the transcribed journal notes. The secured electronic file entitled ABC Company contained data collected on the organization. I used Microsoft Office products on a Windows operating system to manage the data and a thumb drive stored in a locked file. All the data will remain stored for 5 years after the completion of the doctoral study to meet the Walden University and IRB requirements. After 5 years, I will destroy the items.

Data Analysis

Researchers use a qualitative data analysis process to discover new ideas and increase the understanding of the phenomenon (Ganapathy, 2016). Ganapathy (2016) also posited the first process of data analysis included identifying raw data. Fusch and Ness (2015) concluded methodological triangulation ensures rich in-depth data to gain an understanding of a phenomenon. To analyze raw data from multiple sources and study strategies nonprofit healthcare leaders use to reduce volunteer turnover, I used methodological triangulation. Lorhan et al. (2015) concluded researchers use methodological triangulation to collect data to study the phenomenon, analyze the data, and achieve data saturation.

In this study, by interviewing five leaders of a nonprofit healthcare organization and collecting internal and external documents, I gained an understanding of the phenomenon. The data collected and transcripts generated raw data. A coding process using Microsoft Excel software, a cost-effective method uncovered patterns and overriding themes. I reviewed and combined the codes into themes to explore what strategies ABC leaders used to reduce volunteer turnover. Researchers select a coding process to identify and create themes from transcripts and to organize and highlight meaning to code qualitative data (Kroll, 2017; Vaughn & Turner, 2016). Themes in qualitative studies describe information related to the foundation of the study (Wieland et al., 2016). During the coding process, I remained aware of my personal bias and open to new information due to my 20 years of experience working for nonprofit healthcare organizations. My experience working for nonprofit healthcare organizations was a

considerable asset to data collection and analysis. At the completion of the coding process and analyzing the data collected, to ensure reliability, member checking validated the interpretation of the themes.

To explore strategies nonprofit healthcare leaders use to reduce volunteer turnover, I used the SDT. Deci and Ryan's (1985) theory suggest leaders that focus on the human needs, values, intrinsic motivation, development, culture motivation, individual differences, and psychological well-being of workers enhance performance. I correlated key themes with studies focused on three constructs underlying the SDT conceptual framework competence, autonomy, and relatedness.

Reliability and Validity

Reliability

To establish quality in qualitative research, Abdalla, Oliveira, Azevedo, and Gonzalez, (2018) noted researchers implement methods to ensure reliability, credibility, transferability, and confirmability in the research study. East (2016) suggested bias increases when a researcher finds it challenging to measure the quality of the study. Researchers establish reliability in qualitative studies to enhance consistency in the research methods and findings as well as minimize bias and errors (Yin, 2018). Noble and Smith (2015) declared incorporating methodological strategies in qualitative research increases the reliability of the study. Reliability for this study began with a purposeful sampling method to obtain rich data related to the phenomenon. Triangulation and member checking ensured data dependability. Houghton, Casey, Shaw, and Murphy (2013) suggested the use of several methods to obtain triangulation enhanced credibility

to improve the validity and reliability of the research study. Triangulation helped with bias, document data quality, and maximized confidence in the findings of the qualitative study. Fusch and Ness (2015) suggested getting data triangulation created a means to data saturation.

I improved the data dependability of this study by increasing the amount of literature reviewed to verify emergent theorizing, triangulating across multiple sources of data, and regularly debriefing participants on interpretations. Member checking ensures the accuracy of data collected, increases validity, and establishes trust in the research process (Chen, 2016; Debono et al. 2017; Thomas, 2017; Varpio et al., 2017). Member checking in this study allowed participants to ensure interpretations made sense in the context of their lived experience on strategies to reduce volunteer turnover.

Validity

The goal of this study was to explore reliable and valid processes and data that mitigate the chance of bias and misinterpretation. Smith and Noble (2014) noted bias in research decreases validity and reliability of the study. Researchers that collect data from multiple sources increase the validity of their study and reduce bias (Chiniara & Bentein, 2016; Starr, 2014). To establish validity, I used triangulation and member checking to verify the accuracy and credibility of this study. Fusch and Ness (2015) revealed researchers who fail to reach data saturation impact the quality and validity of their research study.

Houghton et al. (2013) concluded researchers achieve credibility through prolonged engagement, triangulation, peer debriefing and member checking. Rowe and

Alexander (2015) suggested researchers increase credibility in their study through transparency, openness, clarity, peer review, and reproducing results of other studies. Hence, credibility correlates to trust and researchers that fail to obtain trust develop studies of false knowledge (Rowe & Alexander, 2015). I enhanced credibility by integrating member checking, using methodological triangulation, and using an interview protocol. Manetti and Toccafondi (2014) posited researchers that fail to engage stakeholders reduced the credibility of the study findings. Throughout the research process, I engaged feedback and clarification from the leaders of ABC to enhance credibility.

To ensure this study is conducted in a rigorous manner, another criterion to consider is confirmability that others can support the results. Noble and Smith (2015) concluded addressing methods of *truth value*, *consistency*, and *applicability* achieve confirmability. In this study, the strategies used to ensure confirmability included triangulation, member checking, and maintaining an audit trail. To eliminate bias, I collected data from multiple sources, used an interview protocol, transcribed notes from the interviews, and allowed leaders of ABC to validate my findings (Chiniara & Bentein, 2016; Debono et al. 2017; Starr, 2014).

Kroll (2017) noted researchers achieve trustworthiness of a qualitative study when others can transfer the findings to other contexts or settings. Cavalcanti (2017) concluded researchers use different approaches to facilitate transferability. For example, in this research study using purposeful sampling, member sampling, and collection of in-depth data enhanced trustworthiness and transferability. Purposeful sampling identifies

common patterns to formulate and evaluate assumptions (Duan et al., 2014).

Transparency and the use of detailed descriptions of study participants, framework, and location enhance transferability in a qualitative study (Connelly, 2016). Providing detailed information about the role of the researcher, participants, research method and design, ethical practices, data collection instruments and techniques, data organization, and data analysis allows readers and future researchers to determine transferability of my findings.

Transition and Summary

In Section 2, I included the purpose of the study topic, the research methodology and design, the role of the researcher, population and sampling, data collection methods and techniques. I also provided details on the ethical research of the study, the reliability of the study, and validity of the study. Five leaders of a nonprofit organization in the southwestern United States participated in semistructured telephone interviews to explore strategies nonprofit healthcare leaders use to reduce volunteer turnover. I continued interviews with each participant until I achieved data saturation and analyzed organizational documents using methodological triangulation.

In Section 3, I included a comprehensive account of the research conducted for the DBA Consultant Capstone. I used the 2017-2018 Baldrige Performance Excellence Framework and its Criteria for Performance Excellence to conduct an in-depth, systems-based assessment of ABC Company. Research conducted in Section 3 began with the organizational profile and the following key areas: leadership; strategy; customers; measurement, analysis, and knowledge management; workforce; operations; and results.

Finally, Section 4 included findings from this study, an executive summary of key themes, a summary of the project, and contributions and recommendations for future research.

Section 3: Organizational Profile

ABC is a nonprofit primary care clinic located in the southwestern United States. The organization's leaders and workforce provide quality care, with respect and dignity, to medically-marginalized people 3 days a week by appointment. The founders of ABC developed the clinic from the knowledge gained as street medics providing medical support at rallies, such as the Arizona SB 1070 protests to protect the rights of immigrants. The clinic started in 2012 with a goal to reduce healthcare disparities and improve health outcomes for individuals with low or no income. The leaders of the clinic believe all people deserve quality care. The board of directors (BOD), volunteers, and donations support the operations at ABC. The leaders of the nonprofit, volunteer-run, free clinic strive to provide socially conscious access to medical care, programs to promote growth within communities, and education to foster self-reliance.

The volunteer leaders of ABC understand that empowering the community and reducing healthcare disparities requires meeting the medical needs of the people. The leaders of ABC rely on the dedication of volunteers, suppliers, and partners to sustain the clinic. ABC serves the community in a dedicated setting with limited space to meet the medical needs of the uninsured and underserved working poor. Despite multiple approaches to reduce healthcare disparities in the community and improve health outcomes, the ability to recruit and retain volunteers remains a challenge for leaders of the volunteer-run organization.

Key Factors Worksheet

Organizational Description

Founded in 2012, ABC received 501(c)(3) status in 2014. Clinic leaders rely on donations from community members, suppliers, and volunteers as well as some grant funding for sustainability. The purpose of ABC is to improve health outcomes in marginalized, low-income communities where the underserved have minimal access to the primary care they deserve. The leaders of ABC strive to improve the health outcomes of the underserved residents in the organization's service area in the southwestern United States who have limited access to medical care.

There are 25,230 501(c)(3) nonprofit organizations in the state, 236 characterized as nonprofit clinics, with 92 nonprofit clinics located in the organization's service area. The gross receipts of the 92 local clinics range from \$0 to \$299,027,565. Twenty-four of the 92 nonprofit clinics characterized as volunteer-run, free medical clinics with a gross receipt range \$0 to \$151,678,249. The attribute free clinic indicates charitable care for individuals with no insurance or access to care. Five clinics represent 21% of volunteer free medical clinics with gross receipts ranging from \$0 to \$100,000, four clinics or 17% with gross receipts \$101,000 to \$200,000, three clinics or 13% with \$201,000 to \$500,000 gross receipts, and 12 clinics represent 49% of the clinics with gross receipts over \$500,000 annually (see Figure 1). ABC's gross receipts represent 21% of volunteer nonprofit clinics with total gross receipts range \$0 to \$100,000.

Comparison of ABC Revenue to Other Nonprofit Service Area Free Clinics

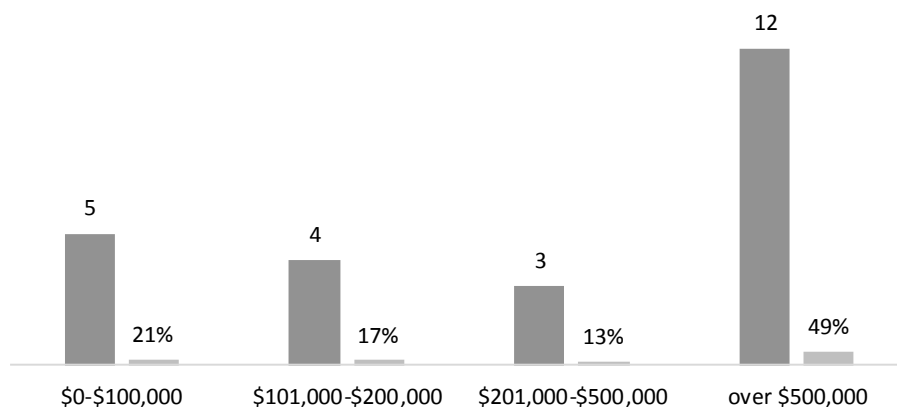


Figure 1. ABC's comparison of revenue to other nonprofit free clinics.

Organizational Environment

Product offerings. ABC's product offerings include: (a) primary medical care services, (b) home visits, (c) peer-support groups (d) public health education programs, (e) product sales, (f) clinical rotations, and (g) educational practicums. The clinic offers primary care services to over 400 active patients of all ages and demographic backgrounds. The licensed medical providers at ABC treat chronic diseases associated with high blood pressure, diabetes, thyroid dysfunction, high cholesterol, minor infections, and wound care. Patients are treated regardless of their immigration status or inability to pay for services.

Leaders and staff of ABC regularly conduct home visits and deliver medications to those in need. The organization adopted a policy to review the medical charts of patients that missed appointments to provide home visits. The home visits by ABC staff are designed to provide diagnosis, treatment, psychosocial support, and lifestyle

education to help individual's live healthy lives. Almost all of the 400 active patients are immigrants that lack legal status or, cannot afford health insurance, prescriptions, and trips to see a doctor. On average, the dedicated and committed staff at ABC conducts 250 home visits monthly.

ABC is also home to peer-support groups that include diabetes support groups and stress and anxiety talking circles. The public health education program topics include nutrition and cooking classes, sex education classes, domestic violence classes, and know-your-rights classes. ABC offers donated products at a 50% retail savings at the clinic and online. Other products include t-shirts and mugs with the clinic logo. Profits from the sales are used to offset operation costs. The leaders of ABC use a mixture of resources to deliver products, including web-based media, social media, and on-site and off-site community events.

The clinical rotations program offered at ABC allows nurses, nurse practitioners, prephysician assistants, physician assistant students, premedical and medical students, and public health students the opportunity to put their classroom knowledge into practice during supervised sessions. Public health students do not have clinical rotations but rather a practicum. The program provides professional development and reduces the gap between needed volunteers to serve in patient care roles and administration tasks of the clinic. ABC leaders aim to make the experiences of the students positive to bring awareness to healthcare disparities, share the vision of the clinic, and increase their willingness to volunteer at the clinic at the end of the clinical rotation or practicum.

Leaders at ABC encouraged the core competency of the company, which was volunteer-based, free, patient-centered health services to medically-marginalized people with respect and dignity. The core competency directly correlates and supported the mission, vision, and value (MVV) of leaders at ABC Company (see Table 2). Leaders at ABC reinforced the core competency by encouraging a supportive and open communication environment that adhered to organizational values that guided ethical behavior.

Table 2

ABC Mission, Vision, and Values

Mission
To provide volunteer-led health services.
Vision
To use an integrative and sustainable model to identify the rights of all people to have accessible and equitable health services. Promote cultural humility and inspire health justice advocacy by challenging the dominant culture of healthcare.
Values
Improve health outcomes; Provide care that is more than a free version of the broken healthcare structure in America; Collaborate with organizations committed to social justice; Train active and future healthcare professionals.

ABC's organizational structure enhances opportunities for competitiveness in the healthcare industry. Leaders of ABC dedicate their time and available resources to meet the healthcare needs of people that deserve quality care to maintain healthy lives. All individuals that work at ABC donate their knowledge and skills as volunteers to ensure the MVV of the organization make a difference to those in need. The leaders of ABC

perform multiple duties to bridge gaps that hinder their commitment to improving health outcomes, support social justice, and train future healthcare professionals.

Workforce profile. The volunteer workforce hierarchy of ABC comprises seven board members and 12 core volunteers (see Figure 2). Core volunteers consist of a group of people who are committed to ABC and its mission. The core volunteers serve as directors and coordinators and volunteer over 8 hours a week. The number of donated hours from the core volunteers varies from 10 hours to over 20 hours a week. The board chair of ABC serves as the president. ABC's workforce also includes 95 active volunteers; 22 designated as clinical (providers and nurses); and 73 nonclinical (interpreters, intake, and public health workers). The core volunteers at ABC have earned medical degrees, master's degrees, and one leader has earned a PhD. The active 22 clinical volunteers have earned bachelors or advanced education degrees. The majority of nonclinical volunteers at ABC are pursuing baccalaureate degrees.

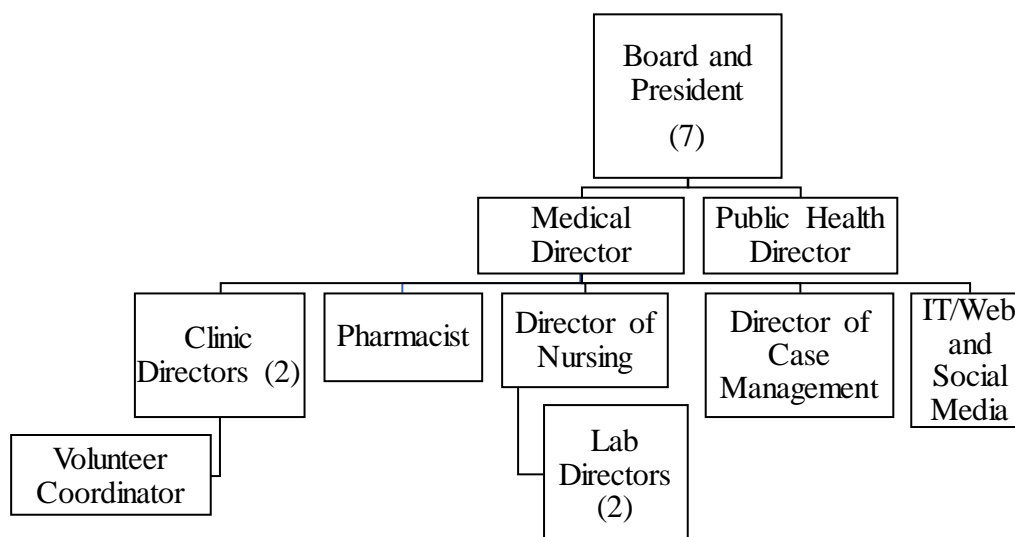


Figure 2. ABC's senior leaders' organizational chart.

Assets. The founders of ABC own the building where the organization is housed in an industrial area with a charitable lead trust arrangement with the leaders of the clinic. The building has 2,500 square feet of floor space. ABC leaders benefit from the founders' (i.e., donors') generosity through ongoing donations that help offset the cost of operations at the clinic. The leaders' knowledge of the industry, charitable gifts from donors, and grant funding provide medical support services to immigrants, refugees, families, and newcomers. Leaders of ABC maintain a wish list on the website to generate funding for needed supplies and equipment. The website includes a list of the equipment needed to enhance operations at the clinic and methods to deliver the equipment. ABC company has assets valued at \$60,000, which comprises office furniture, medical equipment, and computers.

Regulatory requirements. In 2014, the founders of ABC in collaboration with

the IRS, met all requirements to become licensed as a 501(c)(3) tax-exempt, charitable, free clinic. As a 501(c)(3) nonprofit organization, ABC leaders are required to annually complete and file IRS Form 990 to satisfy financial requirements. To maintain medical malpractice liability coverage under the FTCA for all volunteers, ABC leaders must annually submit an FTCA renewal application.

Organizational Relationships

Organizational structure. The leaders of ABC perform interlocking and dual responsibilities for three main areas: board, clinic, and public health (see Figure 3). The organizational structure of ABC consists of a skills-based BOD or primary organizers, cofounder and president that serves as the board chair, program directors, coordinators, and clinical and nonclinical volunteers. ABC is a 501 (c)(3) nonprofit organization. The governing board is accountable for the policies of the organization and responsible for assisting the president with meeting the MVV via specific specifications in the bylaws.

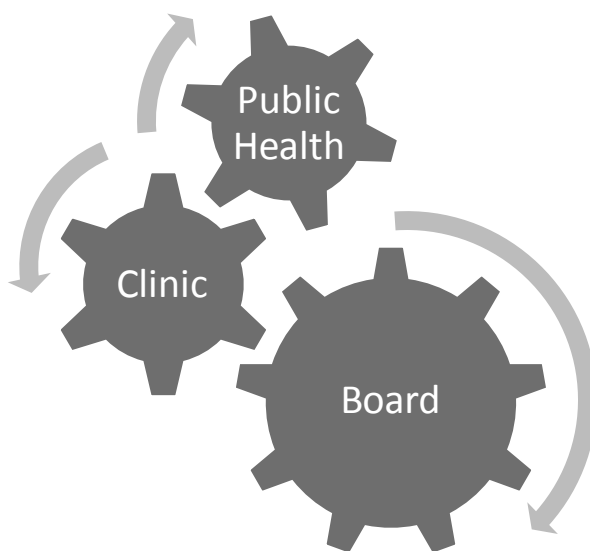


Figure 3. ABC's interlocking departments.

Customers and stakeholders. ABC's key customers are uninsured and underserved individuals with limited access to primary care. Immigrants represent 78% of the total demographics, with 98% only speaking Spanish. The leaders of ABC market to uninsured and underserved patients and other stakeholders committed to increasing positive health outcomes. ABC's stakeholders and customers hold similar behaviors with the development and sustainment of the nonprofit organization. Table 3 shows key customers and stakeholders of ABC responsible for achieving the objectives of the organization.

Table 3

Key Customer and Stakeholder Requirements

Key Customers	Key Requirements
Patients	Uninsured or underserved with limited access to primary care.
Key Stakeholders	Key Requirements
Board of directors	Meet skills-based requirements Community involvement Dedicated to social justice Support the MVV of the organization
Volunteers	Maintain credentials/certifications/licenses. Commitment of three shifts per month for six months. Advocate for patients. Demonstrate behavior to work well as a member of a team.
Partners and donors	Shared understanding of expectations. Transparency Collaboration Respect Knowledge of the essentials of day-to-day operations.
Students	To shadow licensed or certified health professionals.
Community	Provide support for organization to complete and maintain the mission and objectives of the organization.
Federal government	Provide tax exemptions, tax deduction, and government grants.

Suppliers and partners. Key collaborators, partners, and suppliers for ABC and their influence on organizational systems innovations and competitiveness are outlined in Table 4. Collaborators are the groups committed to increasing positive health outcomes and reducing healthcare disparities. The leaders of ABC share a collaborative relationship with support groups including local faith communities, neighborhood associations, social

justice organizations, and community outreach organizations that directly support the mission. Partners are the many members of the local schools and social justice community with whom formal partnerships help to support the ABC mission. Suppliers for ABC provide needed medical supplies and nutritious meals to support the health of patients. The leaders of ABC regularly meet throughout the year with suppliers, partners, and collaborators to maintain two-way communication.

Table 4

Key Collaborators, Partners and Suppliers

Suppliers, Partners, and Collaborators		Influence on Organizational Systems	Influence on Innovation and Competitiveness
Suppliers	Homeless organizations	Provides nutrition for patients	Understands trends and best practices to empower poor communities.
	NWB	Provides education supporting growth and resources.	
Partners	Shot in the Dark	Provides workshops and resources to individuals in the community.	Helps communicate the mission, vision, and values of ABC to the community.
	Peace Work	Provides resources and support to Transgender population.	
	Chamberlain University, College of Nursing, and GC University	Provides medical students for clinical rotations and educational <i>practicums</i> .	
Collaborators	Amazon Smile, Mission of Mercy, and St Vincent DePaul	Provides money and specialized medical care	Provides funding and safety-net of medical services

Organizational Situation

Competitive environment.

Competitive position. In the southwestern United States there are 24 organizations including ABC characterized as 501(c)(3) free medical clinics. Although ABC does not have a direct competitor operating a 100% volunteer workforce model the leaders seek opportunities to increase volunteers, enhance operations, and increase funding to maintain sustainability. Three nonprofits and medical clinics in the area directly secure donated hours of volunteers to help with a variety of tasks and medical care. For example, leaders of Mission of Mercy (MM) offer free medical services to over 24,000 patients a year using medical and nonmedical volunteers. MM is not 100% volunteer-led because the CEO, medical director, and other key leaders receive compensation for their services. However, the medical staffs in the 19 mobile medical clinics at MM located in Arizona, Pennsylvania, Maryland, and Texas volunteer their time.

The leaders of a medical clinic in the organization's service area provide medical services to over 10,000 patients annually at the cost of \$30 per medical visit using volunteers and paid employees. Another nonprofit organization located in ABC's service area employs over 100 paid employees and use the services of over 12,000 volunteers annually to provide medical and dental care, housing, food, and clothing to the homeless and working poor at a minimum or no cost to the customer. Through partnerships with humanitarian organizations, local universities, and using collaborative safety-net approaches, the leaders of ABC decrease health-related disparities for individuals in the community and enhance the professional development of future medical professionals.

Competitiveness changes. Changes in leadership to encourage ethical behavior and meeting the psychological needs of volunteers may increase the number of individuals volunteering at ABC. Although the leaders of ABC implemented a volunteer software management system, customization, and training is needed. For example, Participant 4 advised the software does not filter data put into the system to generate reports. Generating reports on data put into the system by potential volunteers may increase knowledge on the characteristics of individuals seeking to volunteer at ABC. Additionally, the leaders of ABC acknowledged annual volunteer appreciation events and participation in healthcare fairs impact the awareness of needed volunteers and mission of the organization.

Comparative data. Collecting comparative and competitive data proved a challenge for ABC leaders because of the size of the organization and 100% volunteer-led model. A source of competitive and comparative data for ABC is the National Association of Free and Charitable Clinics, County Safety Net Groups, and GuideStar that offers information on surrounding medical clinics. The leaders of ABC maintain a quarterly safety-net collaborative meeting with the organizations mentioned above to eliminate duplication of services. For example, if patients present at ABC requiring cardiology services, a referral process is initiated to refer the patient to MM. The limitations that affect the ability for leaders of ABC to obtain comparative and competitive data include time, lack of volunteers, and healthcare leaders belief that safety-net clinics work together to meet the needs of the uninsured or working poor without competition.

Strategic context. The strategic advantages reinforce ABC's sustainability and support the mission of the organization. The strategic advantages include patient satisfaction, dedicated core volunteers, developing student learning, loyal donors, and patient-centered care. Another strategic advantage is the charitable lead trust arrangement for the clinic building. The strategic challenges that influence ABC's future success include volunteer recruitment and turnover, strategic planning process, funding, meeting 501(c)(3) requirements, training and board engagement. Leaders of ABC strive to enhance advantages and decrease challenges through relationships, restructuring leadership, volunteer engagement, and eliminating operation barriers that affect sustainability (see Figure 4).



Figure 4. ABC's key strategic challenges and advantages.

Performance improvement system. Leaders of ABC use training improvement

systems and processes to evaluate and improve volunteer productivity and engagement. Although leaders of ABC restructured leadership roles, enhanced the working environment to reflect ethical behavior, and increased leadership meetings, no formal strategic plan exists to set priorities focused on ABC's core competency. For example, leaders of ABC use a crisis management approach creating an operations disadvantage. The president and board chair of ABC implemented a strategy to appoint BODs and leaders with skills to create a performance improvement system integrated with the day-to-day operations. To enhance the volunteer experience, ABC leaders implemented processes and projects focused on volunteer appreciation and recognition. For example, leaders plan and implement annual community volunteer appreciation events to thank, encourage, and show appreciation to volunteers.

In 2018, a documentary focused on ABC's commitment to bring the community together while meeting the needs of uninsured and underserved to break the cycle of oppression will air. While proud of the recognition of their commitment to the community, leaders of ABC noted the need for continuous improvement. Leaders at ABC advised understanding the areas in clinic operations requiring improvement enhance volunteer engagement, recruitment, and sustainability.

Leadership Triad: Leadership, Strategy, and Customers

Leadership

Senior leadership.

Mission, vision, and values. ABC's seven board members and 12 core volunteers that serve as directors and coordinators establish the vision and values of the

organization. The MVV established in 2012 with the founder's goal to reduce healthcare disparities and improve health outcomes for medically marginalized people. The BODs and president of ABC collaborate with the core volunteers to ensure the daily operations of the organization correlate to the MVV. The BOD at ABC meets monthly to review resolutions, receive updates on volunteer engagement, and identify community partnerships. The core leaders and ABC's president meet monthly to provide insight on areas working and areas requiring improvement.

Commitment to legal and ethical behavior. New volunteers at ABC must complete a cultural sensitivity and awareness training before attending orientation and interacting with patients. The volunteer orientation process includes structured training and a review of the Health Insurance Portability and Accountability Act (HIPAA) guidelines that require a signature acknowledging a complete understanding. Clinical volunteers must provide proof of a up-to-date medical license, certifications, proof of hepatitis B vaccine, and annual tuberculous screening. Restructure of board members, established policies and procedures, and creating an environment that encourages open communication demonstrates ABC's commitment to ethical and legal behavior. The leaders of ABC lead by example to encourage respect and dignity for patients and volunteers.

Communication and engagement of workforce and customers. Leaders of ABC communicate and engage the volunteers and other stakeholders through the use of social media, ABC website, e-mails, weekly and monthly meetings, and community events (see Table 5). The BODs and core leaders encourage a collaborative workplace to enhance

awareness and two-way communication to promote the MVV's of ABC. Recognizing the importance of volunteers to have a sense of belonging and satisfaction in knowing how their efforts affected favorable outcomes, the leaders of ABC encourage transparency and open communication.

Leaders of ABC encourage an environment of two-way communication to identify gaps in processes and resolutions to challenges. The use of social media platforms and the ABC website provide valuable information on upcoming events and resources to meet the needs of volunteers and patients. To further enhance communication and engagement monthly meetings with volunteers and established on-going training protocols ensure volunteers know what to expect. Additionally, volunteers receive information on the chain of command on whom to address their questions without experiencing verbal confrontations or abuse in a toxic environment.

ABC leaders recognize the value of volunteers verbally and through annual community events to enhance engagement and reduce volunteer turnover. Moreover, leaders feed the volunteers and recognize special events in the lives of volunteers. Participant 3 noted she focuses on what makes her continue to volunteer at the clinic. For example, identifying personal challenges of volunteering at ABC provides insight on needed improvements. To further enhance engagement leaders implemented structured training and orientation protocols to ensure volunteers work in areas that meet the needs of the clinic and the volunteer. Additionally, leaders of ABC respect flexibility and freedom to make choices of volunteers through the implementation of a online software system. The online system allows volunteers to schedule themselves in available open

slots. The actions of leaders of ABC to create an environment of collaboration, two-way communication, training, trust, transparency, flexibility, and recognition enhance success now and in the future.

Table 5

Workforce and Stakeholder Communication Methods

	ABC Website	Social Media	E-mails	In-person Meetings	Community Events and Appreciation
Patients	O	O		O	A
Students	O	O	AN	O	A
Volunteers	O	O	O,AN	M,AN	A,O
Community	O	O	AN	AN	A
Partners	O	O,AN	AN	W,AN	A
Suppliers	O	O,AN	AN	M,AN	A
Collaborators	O	O,AN	AN	Q	A

Note. W = Weekly, M = Monthly, Q = Quarterly, A = Annually, O = Ongoing, AN = As Needed.

Focus on action. The leaders of ABC believe in the vision of the organization, articulate, and share the MVV to the community and workforce. Leaders of ABC consistently work with community leaders to address healthcare disparities and identify how a collaborative approach will enhance awareness and reduce healthcare disparities. During monthly board meetings, leaders provide updates on accomplishments and improvements needed. The BOD and leaders review a profit and loss financial report monthly to determine financial stability and availability of funds for new patients. After

six years there is no evidence that leaders of ABC initiated a formal strategic planning plan outlining timeframes for achievement of overall long-term organizational goals. The absence of a formal strategic planning may limit programs to promote growth within communities, and education to foster self-reliance. ABC's president and board chair initiated processes focused on board engagement, accountability, and development of a strategic plan. Although, a formal strategic plan does not exist ABC's president outlined key tasks that focus on understanding what motivates volunteers to increase engagement, building relationships, enhancing organizational professionalism, developing programs, and increasing volunteer recruitment. A scheduled BOD annual meeting will provide value to set goals and objectives, monitoring processes, and specific timeframes to achieve objectives.

Governance and Societal Responsibilities

Governance system. ABC governed by a seven-member elected board serving 3-year terms ensure performance in relation to the mission, strategic objectives, financials, community, and other stakeholders (Figure 5). The BODs exert control over the management of the organization with bylaws adopted in 2015. The governance system requires no less than three and no more than eight directors. No obligation exists to fill vacant positions unless the number of members falls below the minimum. In the event of a vacancy created by resignation, removal, or death the BOD may fill the position with a 60% vote at a monthly BOD meeting. The roles of BODs guidelines include accountability of the board members. A board removal process goes into effect when a board member is absent from three meetings during a yearly fiscal period without

reasonable cause or fails to act in the best interest of ABC. The election of new members requires a quorum of board members.

During the last quarter of each fiscal year, the board elects new members for directors with terms expiring at the end of the fiscal year. The skills-based directors elected at an annual general meeting begin serving the beginning of a new year. For effectiveness, an executive committee consisting of the president, vice-president, secretary, and treasurer serves as the nominating committee. However, any member of the board can nominate a board member to fill a vacancy. ABC's skills-based board members serve as liaisons to the clinic directors, public health director, and coordinators. During monthly BOD and leadership meetings, guidelines and measures determine leader's accountability and performance. Clinic and public health leaders are permitted to attend board meetings and give reports.

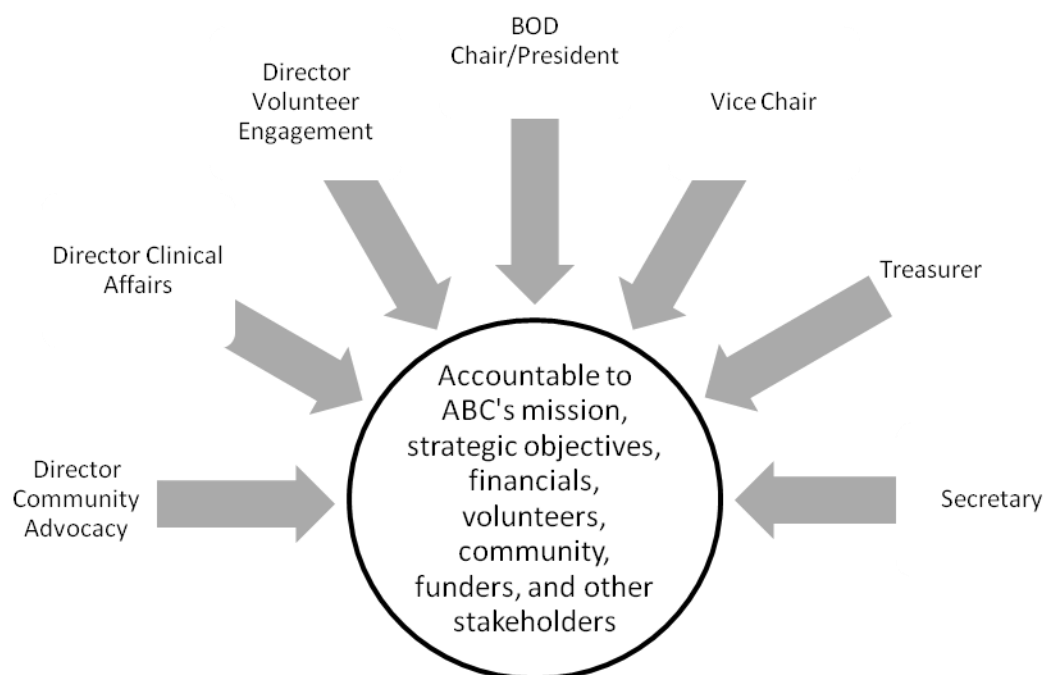


Figure 5. ABC's responsible governance.

Performance evaluation. The president, director of clinical affairs, director of community advocacy, and director of volunteer engagement board members work directly with the 12 core leaders to ensure leaders achieve societal responsibilities. To evaluate the performance of the BOD and leaders, the president meets every 2 weeks with board members to discuss key tasks. The tasks outlined for discussion include regrouping and rebuilding, improving the professionalism of ABC to increase sustainability, recruiting volunteer providers, building the public health education program, and enhancing healthy relationships with other organizations.

Monthly, responsible leaders of tasks provide updates to the BOD. To ensure accountability and evaluation of the board and leaders' performance the monthly board agenda includes unresolved tasks. The executive committee and ad hoc committees

analyze the progress and provide feedback for improvement. To minimize conflicts, leaders of ABC established conflict of interest guidelines, established board members and leaders' responsibilities and roles, bylaws, protocols and procedures, financial auditing tracking systems, and volunteer guidelines.

Regulatory and community concerns about products and operations. ABC used a quality assurance (QA) and quality improvement (QI) approach to minimize and analyze legal responsibilities and risks. The QA/QI leaders including board members, medical director, and director of nursing ensure compliance with regulatory, legal, and safety medical requirements of products and operations. The two clinic directors identify and resolve nonclinical or nonmedical concerns about operations.

Initial compliance requirements for a nonprofit 501(c)(3) in the organization's region include forming a nonprofit corporation under state law. Completing the compliance process requires selecting the initial directors, choosing a name for the nonprofit, filing articles of incorporation with the Corporation Commission in the service area, preparing bylaws, holding board meetings and creating minutes that accurately record the actions taken by the board. To continue as a nonprofit 501(c)(3) in good standing, the state requires annual registration as a charity along with financial reports and the IRS requires nonprofit leaders file an annual 990 tax form for the organization.

Ethical behavior. To ensure ethical behavior throughout the organization, the ABC leaders implemented a grievance policy incident report system through the Google platform. The Google platform includes a range of options for volunteers to provide feedback, concerns, and suggestions to improve ethical behavior through a secured site.

Leaders of ABC only consider volunteers that complete a cultural sensitivity and awareness training prior to volunteering at the organization. Moreover, leaders of ABC demonstrate ethical behavior through their actions of leading by example to encourage respect and dignity in an open communication environment. To further ensure ethical behavior the bylaws at ABC include protocols to ensure the organization operates in a manner of ethical behavior and activities. For example, periodic reviews conducted ensure ABC operates consistent with charitable guidelines and joint ventures do not jeopardize the mission of the organization.

Societal well-being. Leaders of ABC strive to work with other nonprofit organizations to increase societal responsibility throughout the community. The BOD consistently reviews the practices of other nonprofit organizations to determine whether their mission aligns with a partnering relationship to improve and produce positive change within the community. To further enhance societal well-being the leaders of ABC provide healthcare events and workshops free to the public to improve health outcomes and disparities. Additionally, ABC's core competency and MVV to meet the healthcare needs of people with limited or no resources to maintain healthy lives, demonstrates a commitment to societal well-being.

Community support. ABC leaders serve as a resource to immigrants and other people with limited access to healthcare to strengthen the community. The leaders of ABC collaborate with other healthcare organizations to identify disparities affecting the well-being of community members. The collaboration approach helps to develop and support necessary resources and eliminate healthcare disparities. To further strengthen

and support the community the leaders of ABC collaborate with local schools, support groups including local faith communities, neighborhood associations, social justice organizations, and community outreach organizations that directly support the mission.

Strategy

Strategy development. There is not a formal strategic planning document at the ABC nonprofit organization. The needs of patients, available funds, and needed supplies determine key processes accomplished by the volunteer workforce, suppliers, and partners. The board chair and leaders of ABC discuss and analyze relevant data at monthly board meetings. For example, monthly board meetings include discussions on moving the organization towards a professional setting, regrouping, rebuilding, building robust relationships with other organizations, recruiting providers, and building the public health education program.

During monthly board meetings ABC leaders, discuss opportunities for innovation working with community organizations. Opportunities for innovation include partnering with nonprofit organizations focused on determining the health aspects of how clean air practices of energy companies impact the health of individuals in low-income communities. The BOD chair committed to an annual retreat with board members and staff members to develop a formal strategic plan. The annual retreat will focus on setting goals and objectives, monitoring processes, responsible parties, and specific timeframes to reach objectives. Although leaders of ABC set priorities for the organization discussed at monthly board meetings, by following through with the annual retreat, the leaders of ABC can provide a more transparent plan on the direction of the organization with

measurable goals.

Strategy implementation. The leaders of ABC transform the tasks discussed in monthly board meetings into actionable items. The board chair and president of ABC meet with board members every 2 weeks to discuss tasks. The leaders of ABC consider regrouping and rebuilding the nonprofit, development of the public health program, and recruitment of volunteer providers as short-term action plans. The long-term action plans include moving the organization towards a professional setting and building robust relationships with other organizations. To track the achievement and effectiveness of critical tasks and encourage knowledge sharing to make necessary modifications in action plans, ad hoc board committees work with individuals responsible for actionable items.

Customers

Voice of the customer. The key customers at ABC include uninsured or underserved patients with limited access to primary care. Almost 78% of active patients are immigrants that lack legal status. The leaders of ABC recognize a formal process of determining patient satisfaction, dissatisfaction, and engagement does not exist. Prior implementation of formal surveys concluded a lack of participation from patients due to the mentality of patients fearing deportation. Leaders of ABC determined the patients appreciate the free medical services and resources offered by the organization. Hence, no data exist to determine the percentage dissatisfaction ratio with services, products and leaders of ABC.

Although there is not a formal survey completed by patients, part of the intake follow-up includes questions on their satisfaction with the services received. A limitation

to available volunteer hours by leaders reduces opportunities to handle administrative duties at ABC to provide data on feedback received from patients. The president is working with members of the community to identify and train health promoters to conduct one-on-one surveys with patients in 2019. The goal of the surveys will promote opportunities to obtain actionable information and increase patient engagement.

Customer engagement. The available funds at ABC determine the product offerings and ability to increase patients seen. Leaders of ABC use social media platforms and the website to provide patients with information on clinic hours and schedules of support groups. Additionally, leaders of ABC implemented a successful outreach home visit program to link individuals to the clinic and increase their referral networking. Local newspapers routinely showcase the achievements of leaders of ABC and their commitment to improving health outcomes in marginalized low-income communities where the underserved have minimal access to primary care.

Leaders of ABC use patient health outcomes and information gathered from quarterly safety-net collaborative meetings with organizations to determine the needs of individuals in the community. Intake volunteers use a patient screening technique to determine if a patient is eligible for services at ABC. Additionally, knowledge gained providing medical support to those in need and focus on unmet needs within the community helps leaders of ABC determine patient groups and market segmentation.

The leaders of ABC build and manage patient relationships through direct communication and community events. For example, weekly events advertised on the ABC website, an annual volunteer appreciation day, and provider recruitment events help

to manage relationships and bring awareness to serve the needs of patients. Patient complaints at ABC are minimal. However, to address complaints leaders of ABC implemented a QA/QI committee to resolve medical complaints and clinic directors resolve nonmedical complaints (Figure 6).

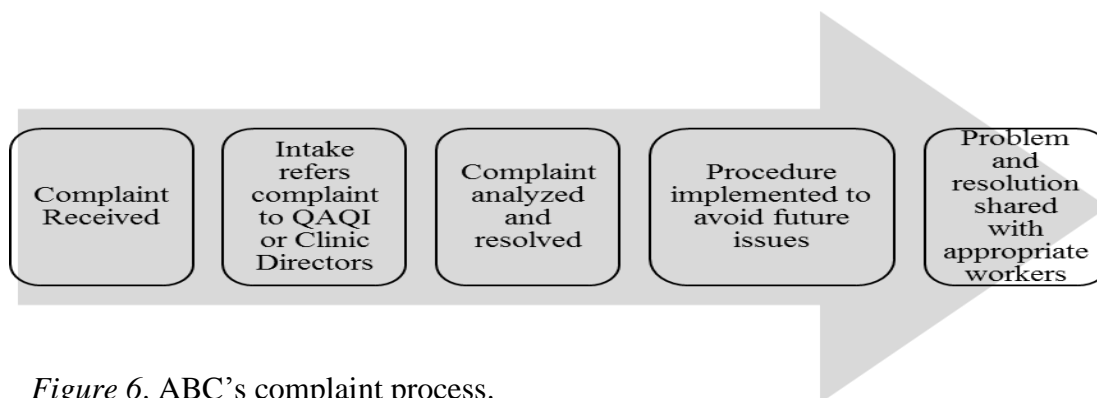


Figure 6. ABC's complaint process.

Results Triad: Workforce, Operations, and Results

Workforce

Workforce environment. Leaders of ABC encourage a productive and supportive workforce environment of respect, trust, and collaboration. The leaders of ABC implemented training and intake skilled sign off sheets (see Appendix B) to evaluate workforce capability and capacity needs. Experienced intake volunteers, the volunteer coordinator, and clinic managers evaluate volunteers on their ability to perform assigned tasks and their training needs. New clinical volunteers receive feedback and training through a real-time learning process to achieve the goals at ABC as future practitioners.

ABC leaders recruit new volunteers through community events, referrals from active volunteers, and using a link on their website. The leaders of ABC require new volunteers to complete an application to optimize and engage the right individuals to change the lives of medically marginalized people. The application includes questions on demographics and language, clinical and nonclinical skills, the motivation for wanting to volunteer at ABC, society and discrimination beliefs, and health differences across populations. Furthermore, the application includes choices for potential volunteers to choose the days and hours of preference to volunteer at ABC and identify their qualifications to determine a good match for needed tasks. The leaders of ABC encourage a collaborative working relationship amongst volunteers. To understand what motivates the volunteers, leaders of ABC use the answers on the volunteer application form and training to meet the needs of volunteers and retain their services.

The leaders of ABC prepare the volunteers for changing capability and capacity needs by ensuring all workers understand who the core leaders are in the different departments. The working environment at ABC encourages networking and collaboration with leaders, community organizations, and volunteers. Furthermore, the training and support volunteers receive help leaders to match the skills of volunteers with organizational needs and capacity. Volunteers at ABC use an online scheduling tool to schedule their hours. The volunteer coordinator at ABC monitors the schedule to ensure adequate support to meet the needs of scheduled patients. Hence, the number of scheduled patents determines the number of volunteers needed to handle the workload.

The workforce at ABC consists of 100% volunteers with no paid staff. The BOD and leaders of ABC established policies and procedures to ensure workplace health, security, and accessibility for the workforce. To ensure the safety of the workforce at ABC, leaders use a locked gate to secure the building and a security code to gain access to the facility. A building escape plan for fires and evacuations that includes maps and routes posted in all exam rooms, hallways, conference room, laboratory, pharmacy, and bathrooms further ensure workplace health, security, and accessibility. Additionally, ABC leaders ensure the facility meets Americans with Disabilities Act standards for individuals requiring wheelchair accessibility. ABC leaders support the workforce via a two-way communication environment to identify gaps in processes and resolutions to challenges. Leaders also continuously ensure volunteers feel appreciated and welcome their suggestions on building a healthy working relationship.

Workforce engagement. The leaders of ABC encourage a supportive, collaborative, and an open communication working environment to enhance volunteer engagement. The key drivers of volunteer engagement used by leaders include open communication fostered through e-mails, weekly and monthly meetings, and the commitment of volunteers to the MVV of the organization. Leaders of ABC start determining the critical drivers of volunteer engagement with the application process. Volunteer applicants respond to probing questions on their motivation for wanting to volunteer at the organization.

The training, collaboration, and support techniques provide valuable information to ABC leaders on the needs of volunteers to enhance volunteer engagement. The leaders

of ABC assess volunteer engagement through the longevity of volunteers. For example, study participants noted no formal systems exist to determine volunteer engagement. The length of time a volunteer remains loyal to the organization determines volunteer engagement. Participant 4 stated leaders are working to improve in this area by developing a formal volunteer survey. Leaders of ABC encourage open discussions with volunteers to assess volunteer engagement. All study participants noted their commitment to asking volunteers how they feel about volunteering at ABC and ensuring they felt supported at the organization.

To support high performance and workforce engagement, leaders of ABC use a training form and team building meetings to discuss organizational goals. Volunteer clinical students receive hands-on training and feedback daily to support high performance and workforce engagement. The workforce at ABC consists of 100% volunteers. To enhance volunteer engagement, leaders encourage an environment of trust, building healthy relationships, and appreciation. For example, supporting the psychological needs of volunteers with structured training, food, appreciation events, respecting schedules, and volunteer recognition support high performance and volunteer engagement at ABC. Figure 7 outlines the strategies leaders use to engage volunteers.

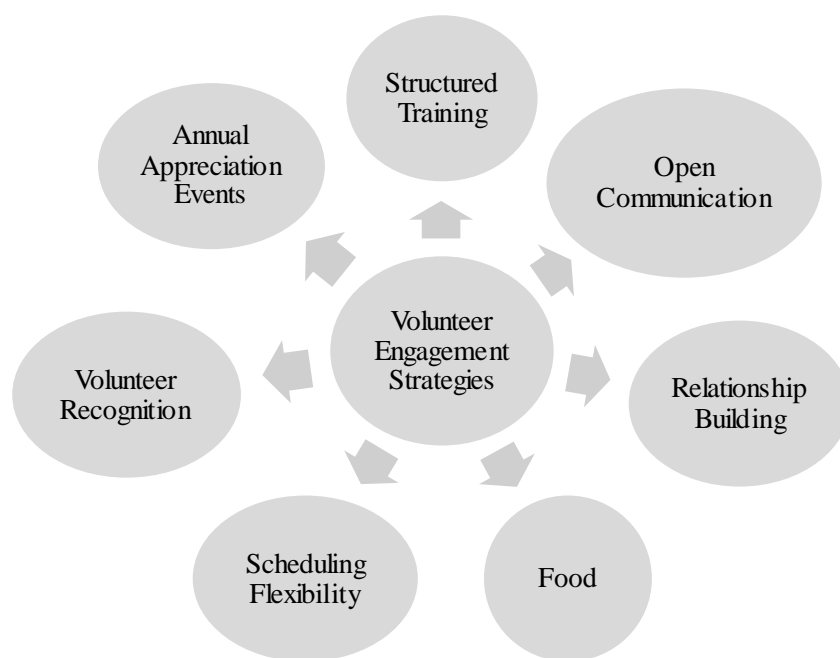


Figure 7. ABC’s volunteer engagement strategies.

The structured training protocols, BOD meetings, and monthly meetings with volunteers support the organization’s needs and personal development of leaders and clinical and nonclinical volunteers at ABC. The training techniques and meetings identify the specific improvement needed to meet the goals at ABC. To further support the organization’s needs and support knowledge sharing, leaders of ABC allow experienced volunteers to collaborate and train new volunteers. ABC leaders believe knowledge sharing will increase the personal development of volunteers and encourage innovative thinking.

Leaders of ABC evaluate the effectiveness and efficiency of their learning and development system through feedback received from volunteers and completed task. The training and orientation program at ABC improve the volunteer’s ability to complete tasks. Encouraging an open communication environment at ABC allows leaders to

address effectively and efficiently the development needs of volunteers. Although the workforce at ABC consists of 100% volunteers, leaders support and encourage individuals with skills to serve as future volunteer core leaders of the organization. Additionally, the clinical rotation and public health programs allow student volunteers to put the knowledge gained at ABC into practice and become future healthcare leaders.

Operations

Work processes. The products at ABC include primary medical care services, home visits, peer-support groups, public health education programs, product sales, clinical rotations, and educational practicums. ABC's core competency, volunteer-based free patient-centered health services to medically marginalized people with respect and dignity, available funding, and free clinic state and federal guidelines determine key product and work process requirements. The leaders of ABC use training sign off sheets, open communication, and meetings to ensure volunteers meet work process requirements. The training process at ABC helps to improve work processes and enhance an understanding of how to meet the needs of patients. Students participating in clinical rotations at ABC receive feedback daily to improve work processes at the organization. The BODs monitor the organization's progress towards achieving established goals. Additionally, ABC's president meets with core leaders monthly to review, discuss, analyze, and resolve work processes.

The BOD at ABC established protocols to discuss and review all quarterly and annual federal deadlines required for 501(c)(3) nonprofit clinic compliance. To pursue opportunities for innovation leaders of ABC participate in quarterly safety-net

collaborative meetings with other community organizations. Additionally, the BOD at ABC reviews monthly reports from the Director of Community Advocacy (DCA) on opportunities for innovation. After understanding and analyzing the report from the DCA, the BOD determines if innovative opportunities align with the MVV and core competency of volunteer-based free patient-centered health services to medically marginalized people with respect and dignity. The bylaws at ABC include information that all board members participate in the advancement and long-term interest of the organization to meet the needs of the community.

Operational effectiveness. ABC BOD's review and analyze a financial report from the treasurer monthly. ABC's president and treasurer authorize payments for all expenses at the organization. No protocols exist to outline signature authority of expenses over a specific dollar amount. Leaders of ABC use donations from community members, suppliers, vendors, and volunteers to control the overall cost of operations. The cost of labs for uninsured patients represents a significant expense at ABC. To control the cost of labs, leaders negotiated special prices with lab companies.

The leaders of ABC follow HIPAA and the Occupational Safety and Health Administration guidelines and use secure electronic medical record (EMR) software to store patient records and privileged information. Paper documents not scanned into the EMR remain in locked filing cabinets, once scanned volunteers immediately shred the documents. ABC's BOD and president provide a safe operating environment by equipping the property with security codes and posted escape plans for fires and evacuations. Leaders of ABC perform evacuation drills twice a year and drills for

immigration raids and white supremacist threats annually.

Measurement, Analysis, and Knowledge Management

Measurement, analysis, and improvement of organizational performance.

The leaders of ABC use financial reports and information discussed in monthly meetings to track data and information on daily operations. The leaders of ABC do not conduct formal surveys or use comparative data to support fact-based decision making.

Volunteers at ABC use the intake process to capture patient related information.

However, the limitation of clinic hours and volunteers to handle administrative duties at ABC reduces opportunities to market the data and other information.

ABC Company experienced a rapid change with leadership at the beginning of 2018. The absence of succession and strategic plans may limit leaders' ability to project future performance. The president of ABC works closely with core volunteers and the BODs at ABC to mobilize and motivate volunteers through open communication and promoting teamwork to handle rapid change. Leaders of ABC focus on the medical needs of patients seen at the clinic on a day to day basis and the service rendered by volunteers to determine capabilities and organizational performance. The information gathered from volunteer intake training forms, supervised sessions with students, monthly meetings, and positive relationships with partners and community collaborators help leaders of ABC to develop priorities for continuous improvement and innovation opportunities.

Information and knowledge management. Leaders of ABC ensure the quality of organizational data and information using a certified secure EMR system. Each leader at ABC works closely with other volunteers and the software vendor to ensure all

volunteers receive adequate training on the user-friendly system. To eliminate risk exposure of patient information and ensure HIPAA compliance, leaders of ABC developed access levels that designate a user's authority within the system. Data obtained during training sessions, ad hoc reports developed from information obtained from the EMR system, and an intake skills sign off sheet discussed at monthly BOD and workforce meetings increase organizational knowledge. ABC leaders use the monthly meetings to share best practices.

Information is provided internally through open communication, training sessions, e-mail, and established policies and procedures. Leaders of ABC share information with external stakeholders at monthly community collaboration meetings, ABC's website, social media and community events. The president and BODs at ABC determine the type and amount of information shared with external sources.

ABC leaders use an open communication and collaboration approach to build and manage organizational knowledge. For example, the open communication approach allows the workforce to share knowledge gained and discuss any hindrance with completing an assigned task. Medical students at ABC receive hands-on training from licensed professionals to embed learning that benefits operations at the organization to meet the healthcare needs of patients. In addition, the knowledge gained from medical and nonmedical students during mandated training sessions increases professional development and increases opportunities to reduce healthcare disparities.

Collection, Analysis, and Preparation of Results

Product and Process Results

ABC leaders operate the nonprofit healthcare clinic three days a week with 100% volunteer workers. The leaders of ABC opened the clinic in 2012 with a goal to reduce healthcare disparities and improve health outcomes for individuals with low or no income. Since ABC's nonprofit ruling year in 2014, the leaders of ABC have met the medical needs of more than 400 individuals that lack legal status or cannot afford health insurance. In 2016, the leaders of ABC saw 450 active patients that averaged 3.82 visits per individual. In 2018 from the period May through July, leaders provided medical services to 501 active patients averaging 1.58 visits per individual. Figure 8 depicts a comparison of active patients and visits for FY2016 and FY2018 (May-June). During this study, ABC company switched EMR systems. The lack of a succession plan to protect archived data prevented leaders from extracting data from the old EMR system for FY2017 and FY2018 (January-April).

The public health department that started in March 2018 conducts health education classes and support groups to support the mission of the organization. Participant 1 noted space constraints, scheduling conflicts, and lack of patient buy-in contribute to the low participation average of 2.6 patients per month for the diabetic support group (Figure 9). ABC leaders advertise and sell t-shirts and mugs to market the services of the organization and to offset the cost to operate the organization. Leaders of ABC acknowledge a breakdown number of t-shirts and mugs sold does not exist. Figure

10 delineates the results of gross product sales for t-shirts and mugs for FY2014–FY2015.

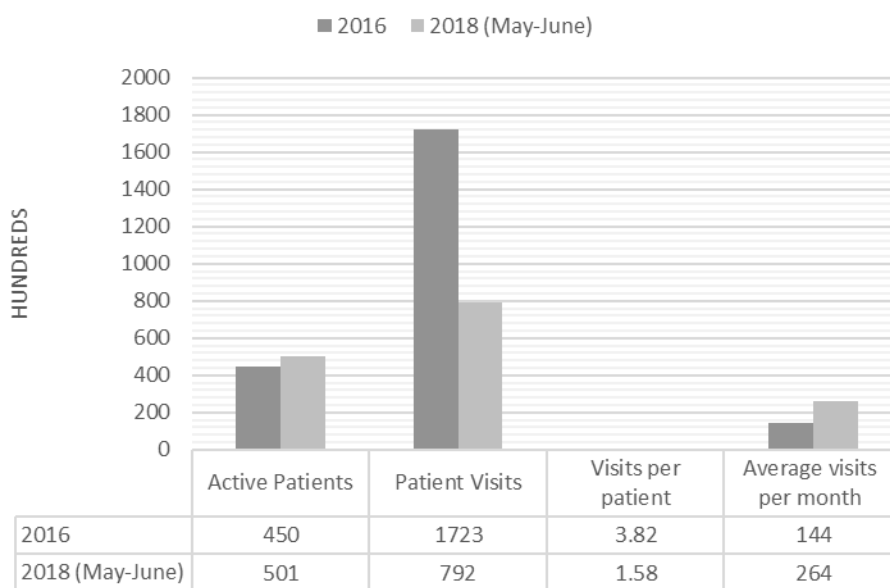


Figure 8. ABC’s patient visits for FY16 and FY18 (May-June).

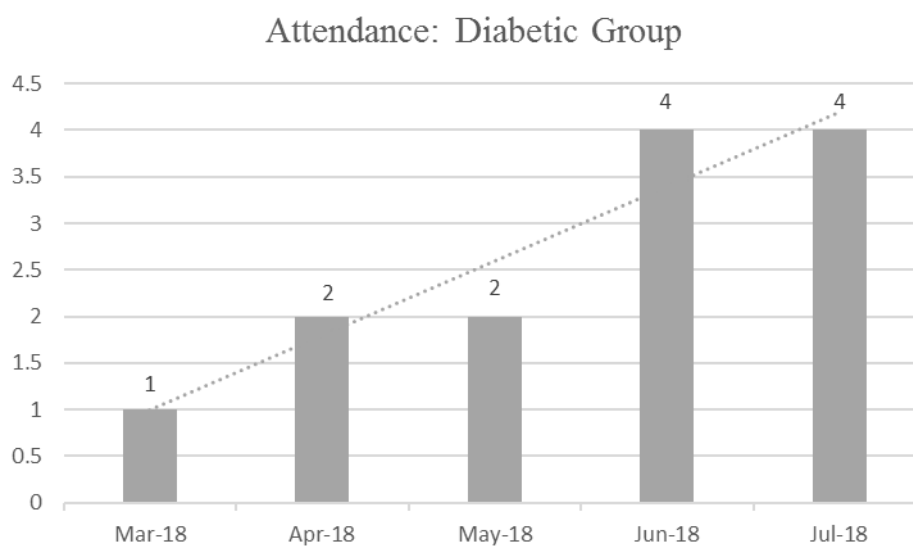


Figure 9. ABC’s diabetic group attendance: March 2018-July 2018.



Figure 10. ABC's gross product sales for t-shirts and mugs 2014 to 2017.

Customer Results

The leaders of ABC acknowledged a formal process of determining patient satisfaction, dissatisfaction, and engagement does not exist. Leaders of ABC plan to implement formal processes in 2019 and use volunteers from the community to serve as health promoters to conduct patient surveys. The information from the surveys will promote opportunities to obtain actionable information and increase patient engagement.

Workforce Results

Changes in the leadership at ABC resulted in a new president, board chair, and board members with a goal to improve volunteer engagement, capability, and capacity. All participants interviewed suggested a hostile working environment as a critical reason volunteers left the organization. The leaders of ABC use a student clinical rotation program to provide professional development of students and plan to implement formal protocols to encourage volunteer participation at the end of the clinical rotation. All study

participants noted a system does not exist to learn more about the long-term goals of students to continue volunteering at the end of clinical rotations or practicums. Data received from ABC leaders indicate more than 95% of the volunteers at the organization represent students. Figure 11 depicts the breakdown of active volunteers for FY2017 to August 2018 excluding core volunteers.

In 2018, leaders of ABC designed a promotion to bring awareness of volunteer needs and recruit additional volunteers to meet the needs of patients served. ABC leaders used the organization's social media account for a volunteer promotion. The promotion ran for about three days to recruit physicians, nurses, physician assistants, and nurse practitioner volunteers. The promotion achieved 2,577 views, was shared by 12 individuals, and created a network of individuals with ABC receiving 26 messages from potential volunteers. Figure 12 and Figure 13 depicts the accomplishments, breakdown of women and men by age, and percentage of women and men by age that viewed the 2018 volunteer promotion.

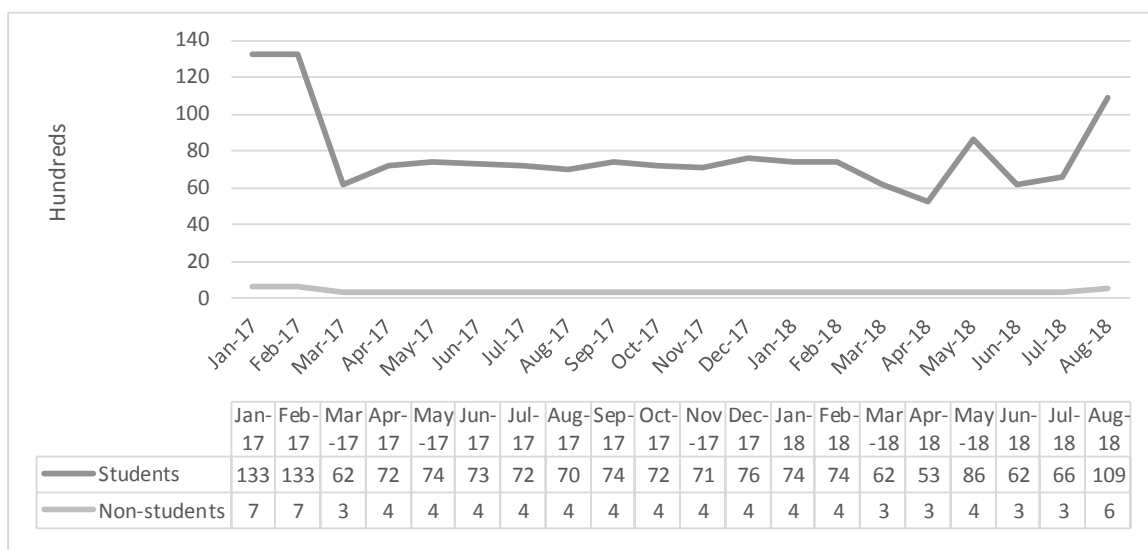


Figure 11. ABC's active volunteers, FY17 to August 2018.

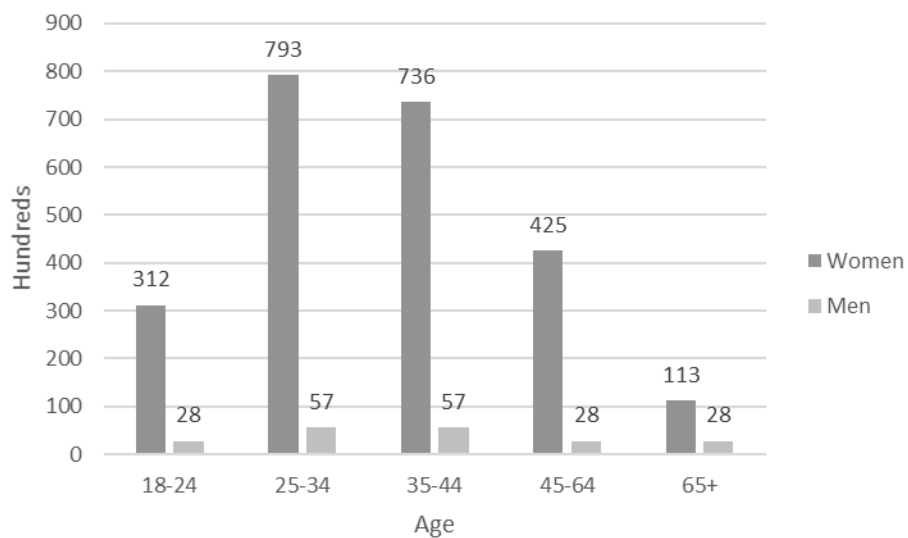


Figure 12. ABC's volunteer promotion views by gender and age.

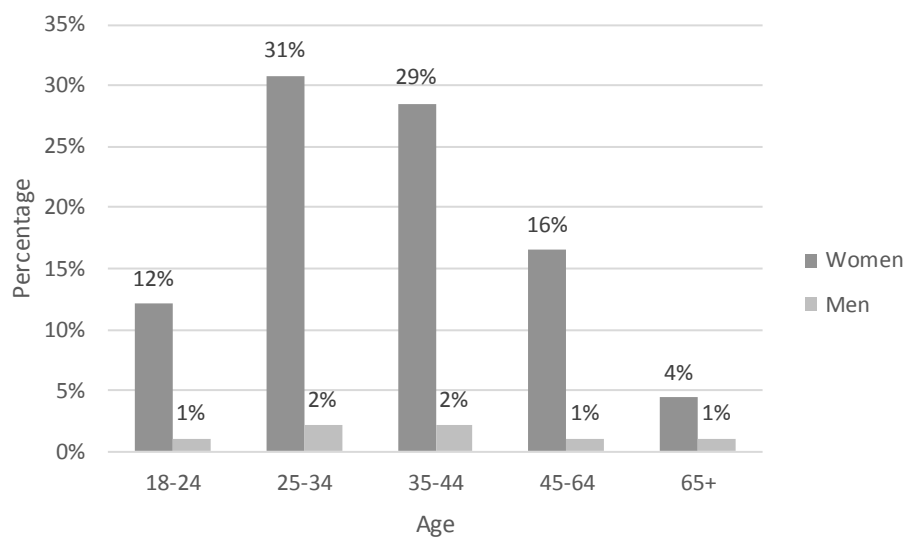


Figure 13. ABC's volunteer promotion percent views.

Leadership and Governance Results

The absence of a strategic plan may limit leaders' ability to empower the community and reduce healthcare disparities. The leadership of ABC consist of elected board members appointed in 2018 and 12 core volunteers. Participant 2 noted core volunteers spend 10 hours to over 20 hours a week at the clinic or demonstrate their dedication to the mission through their longevity of service. Figure 16 delineates the tenure of the core volunteers at ABC by individual and the tenure of the core volunteers by the percentage. One individual represents 8% of the core volunteers serving more than 30 hours a week, six individuals represent 50% of the core volunteers serving 1-3 years, three individuals represent 25% of the core volunteers serving 3-5 years, and two individuals represent 17% of core volunteers serving about six and a half years.

All participants noted to improve volunteer engagement transparency, two-way communication, meeting the needs of volunteers, and ensuring a favorable working

environment exist at the organization with the new leadership. Participants further acknowledged a formal tracking system does not exist to determine if new approaches demonstrate favorable outcomes to engage volunteers. Participant 4 noted efforts to increase the percentage of nonstudent volunteers from 2% might provide opportunities to track volunteer engagement. Participant 1 noted 98% of volunteers only volunteer to get required student hours. Hence, at the completion of the student and clinic relationship and no efforts to learn more about long-term goals the leaders of ABC loose opportunities to increase volunteer engagement.

To increase societal responsibilities and support key communities, leaders of ABC use a social media website to engage volunteers and other stakeholders. The social media website provides information on needs and accomplishments within the organization. Additionally, leaders of ABC use the website and social media site to recognize volunteers. Leaders of ABC noted the social media site provides opportunities to increase a sense of belonging by recognizing the hard work of volunteers and increasing volunteer engagement. The social media site depicts a reduction in daily total reached, engaged, and viral reach users for March 2018, May 2018, and July 2018 (Table 6). The first half of August 2018 shows a significant increase in the number of unique people engaged with ABC leader's social media post. Table 6 and Figure 14 depicts the key metrics of unique social media users, engaged page users, and the viral reach for FY2018 (January, March, May, July, and August 1-15, 2018). Forty percent of ABC's social media site depicts engagement on Saturday, 30% on Thursday, 15% on Sunday, 15% on Friday, and 0% on Monday through Wednesday (see Figure 15).

Table 6

2018 Social Media Website Engagement

	January 2018	March 2018	May 2018	July 2018	August 1-15, 2018
Lifetime Total Likes (Unique Users)	2072	2160	2190	2194	2197
Daily Total Reached	147	554	46	25	440
Daily Page Engaged Users	12	45	6	3	44
Daily Viral Reach	47	37	23	22	184

Note. Lifetime = the total number of people who have liked the social media page (unique users).

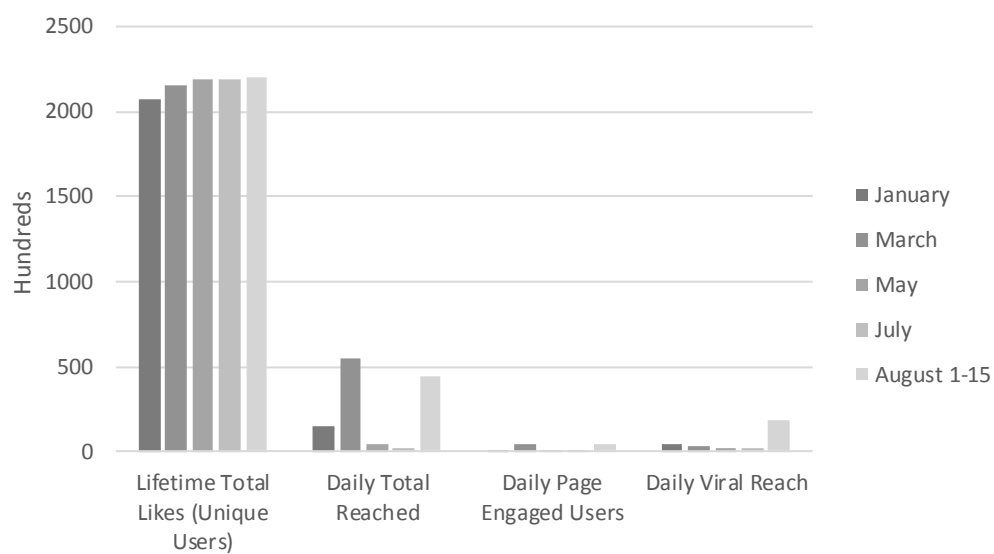


Figure 14. ABC's 2018 social media engagement.

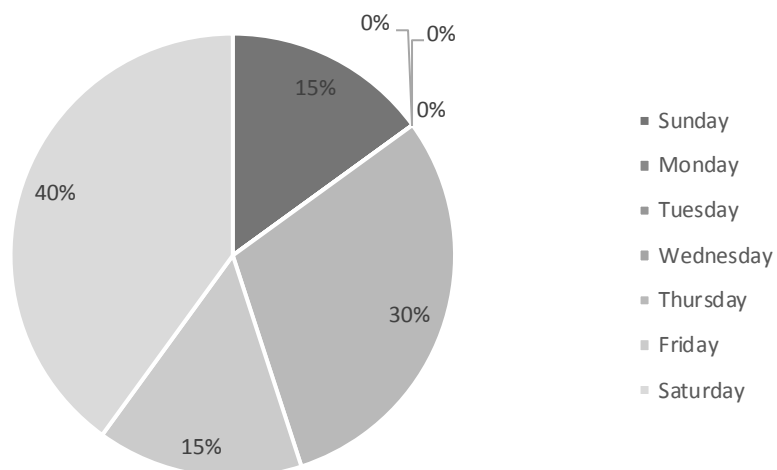


Figure 15. ABC's engagement percent views for days of the week.

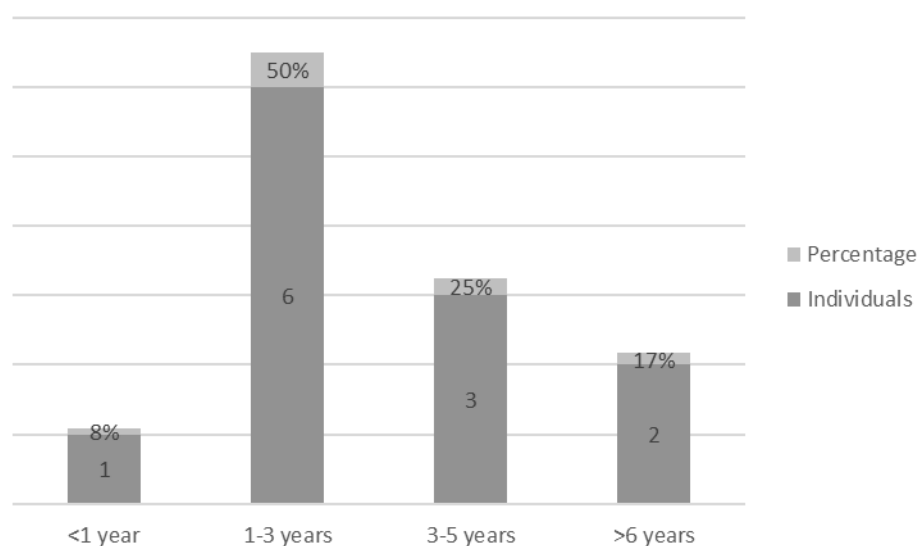


Figure 16. ABC's tenure of core volunteers (individuals and percent), FY18.

Financial and Market Results

Leaders of ABC operate the company with limited financial resources from donors. In 2016, leaders of ABC secured a one-time grant and increased individual financial contributions to increase assets between 2015 and 2016 (see Figure 17). Figure

18 depicts a summary of ABC’s expenses and revenue from 2014 to 2017. Although the leaders of ABC show a deficit in expenses to revenue in 2017 of \$34,173, the carryover revenue from past years indicates a positive cash balance over \$90,000 at the end of 2017 (Figure 19). Figure 1 and Figure 20 show a comparison of ABC’s revenue to other service area free clinics. Revenue at ABC represents 21% of free clinics operating with revenue between \$0 and \$100,000.

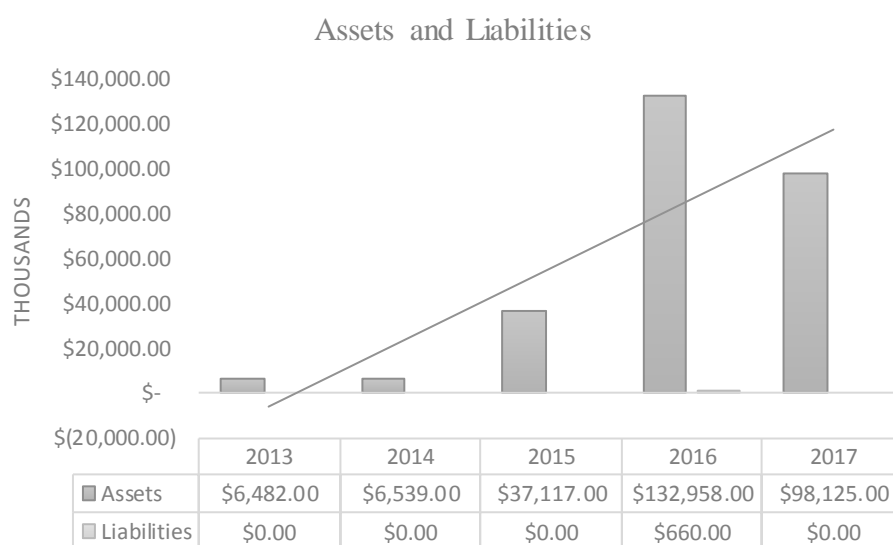


Figure 17. ABC’s assets and liabilities, FY13-17.

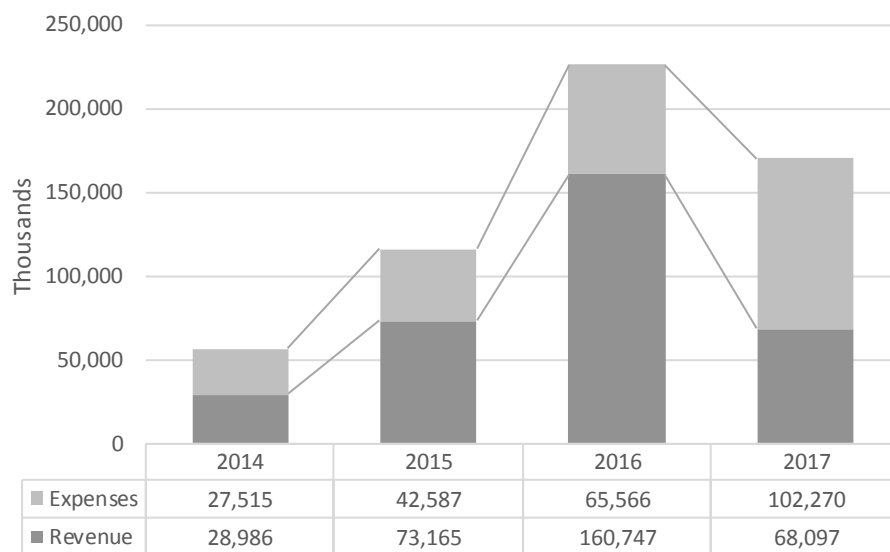


Figure 18. ABC's expenses and revenue, FY14-17.

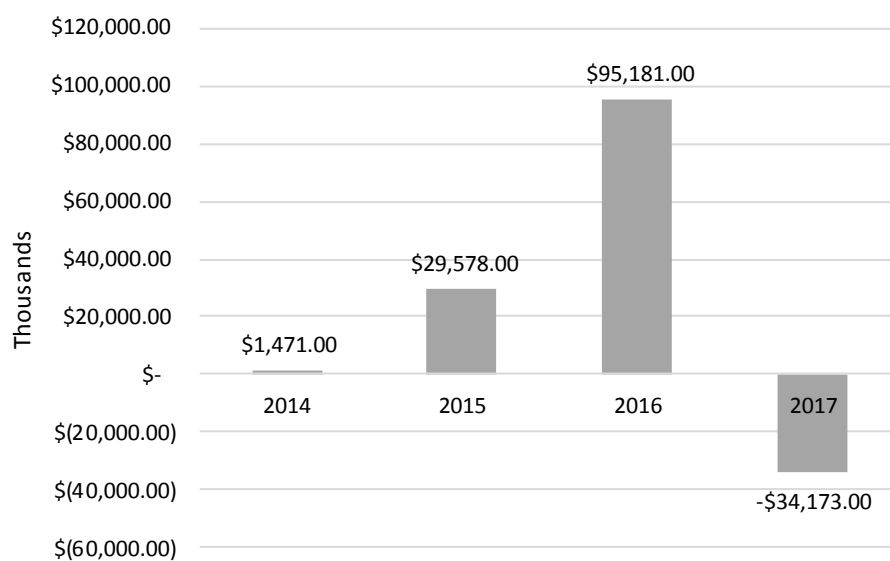


Figure 19. ABC's revenue carryover, FY14-17.

Percent of Service Area Nonprofit Free Clinics by Total Revenue

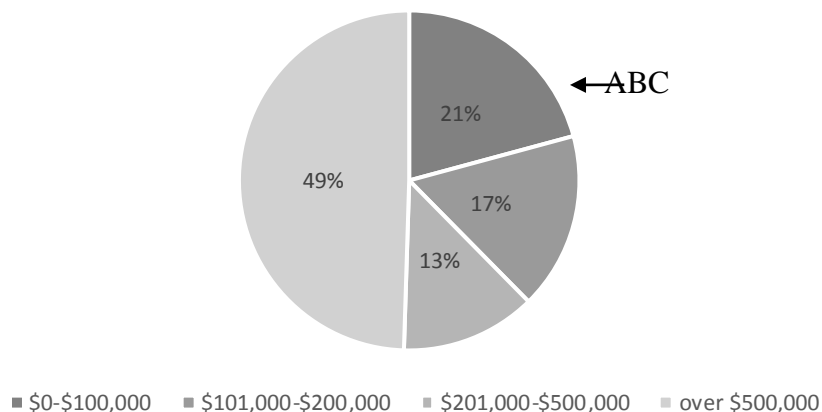


Figure 20. ABC's comparison of revenue percent to nonprofit free clinics.

Key Themes

Process strengths. ABC leader's process strengths included meeting the psychological needs of volunteers through two-way communication and recognizing the efforts of the volunteer workforce to promote the MVV's of ABC. Fallon and Rice (2015) posited leaders that recognize workers increase engagement and retention. Lam et al. (2015) noted leaders that use two-way communication and implement training strategies allow the workforce to understand their roles, expectations, and increases participation. Additional process strengths for ABC leaders include the use of social media platforms and a website to market to potential volunteers and inform stakeholders of weekly events.

Another process strength to emerge was the volunteer application process to determine the critical drivers of volunteer engagement and training. Lack of training reduces the commitment of volunteers to remain loyal to the organization (Kappelides,

2017). Monthly BOD and workforce meetings, and encouraging an environment of trust, knowledge sharing, and collaboration emerged as additional process strengths for ABC leaders. The leaders of ABC also use a safety-net networking approach with other organizations to eliminate duplication of services. The networking allows leaders of ABC to refer patients to other organizations and exchange information to meet the needs of the uninsured or working poor.

Process opportunities. After analysis of semistructured interviews, financial statements, patient demographic documents, ABC Company website, board minutes, promotional material for volunteers and stakeholders, and volunteer orientation emergent themes for process opportunities to improve are (a) strategic planning with measurable goals; (b) customization and formal training of volunteer software management system; (c) developing a formal survey or process to determine patient satisfaction, dissatisfaction, and engagement; (d) a systematic approach to determine critical drivers of volunteer satisfaction, dissatisfaction, and engagement; (e) enhance website accessibility; (f) develop succession planning strategies; and (g) BOD orientation and training.

The absence of a systematic approach to strategic planning may limit leaders' ability to collaborate effectively with organizations committed to social justice to achieve shared goals and objectives. The leaders of ABC use a crisis management approach to handle threats aimed at harming the sustainability of the organization. Implementing a formal strategic plan provides opportunities to clarify priorities and guide decisions to enhance sustainability where limited financial resources exist (Brosan & Levin, 2017). Although leaders of ABC implemented a volunteer software system that allows

volunteers the flexibility of scheduling their volunteer hours, Participant 4 noted the lack of training to retrieve statistical data on volunteers exist.

A formal process of determining patient satisfaction, dissatisfaction, and engagement may allow the leaders of ABC the opportunity to determine if their efforts to meet the needs of medically marginalized people with respect and dignity exist. Additionally, no implementation of patient satisfaction, dissatisfaction, and engagement data reduces opportunities to determine positive community growth and education to foster self-reliance. Lorhan et al. (2015) suggested engaged volunteers enhance a favorable experience for patients. Another process opportunity identified for improvement exist with understanding the satisfaction and dissatisfaction with volunteers at ABC company. All participants of this study noted a formal process of recording reasons volunteers leave the organization and long-term goals of student volunteers does not exist. Developing a formal process for determining volunteer satisfaction and dissatisfaction through an exit interview protocol may provide leaders of ABC with strategies to improve volunteer engagement.

Though 98% of the patients serviced at ABC speak Spanish, a gap exists between the 2% that speak English. For example, the ABC website structure only advertises upcoming groups available to patients and other stakeholders that follow the site in Spanish. Hence, reducing opportunities to engage non-Spanish speaking people. Jorde Bloom and Abel (2015) posited organizations expand leadership through a leadership succession plan to ensure the sustainability of a program. The absence of a succession planning strategy to eliminate gaps in leadership when critical BODs and other critical

volunteer workers depart the organization may increase worker burnout and a reduction of engaged volunteers. The leaders of ABC can implement a succession plan to recruit BODs and other critical volunteers to ensure volunteers are developed continuously to handle worker gaps within the organization.

The skills-based BOD at ABC Company is accountable for the policies of the organization and responsible for assisting the president with meeting the MVV via specific specifications in the bylaws. Although the BOD chair discussed strategies to engage BODs, implementation of a formal BOD orientation and training does not exist. The leaders of ABC can initiate formal orientation, training and an annual board retreat to increase accountability and develop a clear plan on the direction of the organization with measurable goals to maintain sustainability.

Results strengths. A result strength of ABC leaders included the ability to increase the number of active patients requiring medical services. Although the patient visits and visits per patient declined, data indicates the attention to primary medical healthcare needs requires fewer clinic visits. A review of data on peer-support groups supports the core competency and MVV of ABC leaders to meet the healthcare needs of people with limited or no resources to maintain healthy lives, demonstrating a commitment to societal well-being. Leaders of ABC used the sales of t-shirts and mugs to offset operation cost. In 2015, an increase in community events contributed to the increase in sales. Though the data reviewed depicts a decline in sales from 2015 to 2016, leaders increased sales in 2017.

A review of ABC companies social media platform provided insight on the engagement of people by gender, viral distribution of the leader's post, and success with bringing awareness of the MVV and needs of the organization. Additionally, the increase in lifetime unique users helped ABC leaders to promote brand heritage and reveal their commitment to demonstrate the value and appreciation of the volunteer workforce. The breakdown of active volunteers for FY2017 to August 2018 depicts a commitment to recruit volunteers. The leaders of ABC increased student volunteers in 2018 from 74 volunteers in January 2018 to 109 volunteers in August. Additionally, nonstudent volunteers increased from four volunteers in January 2018 to six in August.

The ABC president, lab director, and social media coordinator celebrated about seven years of volunteer service to meet the needs of medically marginalized people in 2018. Finally, leaders of ABC increased assets and revenue from 2014 to 2017 (Figures 17 and 18). Although a decline in revenue existed between 2016 and 2017, data depicts a favorable cash flow over \$90,000 for the period ending 2017 (see Figure 19).

Results opportunities. Though ABC leaders increased the number of active patients and reduced the number of patient visits, a need exists for leaders to strategize on opportunities to increase available clinic hours and available clinic space. Participant 1 noted the available space and clinic design allows for limited volunteers. Hence, reducing the number of medically marginalized people requiring assistance. To increase volunteer engagement, leaders of ABC should consider modifying the operation design. Swensen et al. (2016) noted culture and operation design increased engagement in the workplace.

Leaders of ABC should increase patient buy-in of the peer-support groups available to medically marginalized people. Firmin et al. (2015) suggested understanding the disparities of targeted participants may lead to increasing peer-support group involvement. In 2017, the leaders of ABC increased sales of t-shirts and mugs, but no data exist on the actual number of items sold. The leaders of ABC could implement a tracking procedure to capture items in stock, actual items sold, and modify financial reports to show trends in profit and loss.

Social media outcomes show ABC leader's ability to engage stakeholders. Though the clinic only operates on Thursdays, Fridays and Saturday's opportunities exist to increase stakeholder engagement on Sundays, Mondays, Tuesdays, and Wednesdays. Leaders can schedule posts for the social media account ahead of time to increase site engagement and increase the number of potential volunteers. According to ABC's active volunteer results, leaders of ABC increased student and nonstudent volunteers in 2018. Leaders of ABC should consider implementing strategies to increase nonstudent volunteers and processes to encourage student volunteers to remain at the end of course assignments. All the study participants noted a formal system of learning long-term goals of student volunteers and implementing change may increase volunteer engagement. Finally, ABC leaders' financial results show the organization operates with minimal resources. Leaders of ABC should consider increasing funding from grants and creating an appreciation process to recognize donors. Pressrove and Pardun (2016) suggested nonprofit organizations focused on building loyal relationships increased financial

sustainability. Leaders of ABC have impressive social media engagement results. The leaders should adopt effective social media strategies to reach out to potential donors.

Project Summary

Various factors link stakeholders to organizations that leaders should consider when implementing strategies to enhance the productivity and sustainability of a volunteer nonprofit organization. Overcoming the challenges of volunteer recruitment and engagement in nonprofit organizations is critical for sustainability. Selcoe (2016) posited volunteers manage 85% of charitable nonprofits and contributed 7.97 billion hours of volunteer labor in 2014. Hence, nonprofit leaders that understand what motivates individuals to volunteer and focus on the individual's experience of autonomy, competence, and relatedness, will as Guntert and Wehner (2015) noted retain volunteers.

In this study, I analyzed various engagement strategies leaders of ABC use to secure donated hours from a volunteer workforce. The ability for leaders to maintain an environment of respect and dignity was critical to engage volunteers and increase sustainability. Kumnig et al. (2015) posited a positive correlation exists between meeting individual psychological needs and future participation. Understanding volunteers' psychological needs increase engagement and sustainability of a volunteer workforce.

Participants in this study provided valuable information for short- and long-term action plans and insight on areas requiring improvement to engage volunteers. The results of this study provided evidence requiring leaders to implement policies and procedures, strategic planning, funding strategies, and board engagement. Additionally, the data analyzed provided knowledge of leadership, strategy, customers, measurement, analysis,

and knowledge management, workforce, and operations for a volunteer-run nonprofit primary care clinic located in the southwestern United States. Leaders of other nonprofit organizations that rely on volunteer workforce for sustainability may benefit from the strategies and recommendations identified in this study to recruit, engage, and retain volunteers. The implication for social change from the findings of this study includes the potential to contribute to nonprofit leaders' effective strategies to reduce volunteer turnover, enhance operational processes, improve overall performance, and meet the needs of the community by engaging volunteers.

Contributions and Recommendations

Nonprofit leaders rely heavily on volunteers, but most nonprofit healthcare leaders lack strategies to reduce volunteer turnover. Recruiting, engaging, and retaining volunteers can lead to empowering the community and reduction in healthcare disparities. Engaging the right volunteers and developing a strategic approach to managing the volunteer workforce can fill gaps in operational processes and increase donated hours for long periods of time. This study provided ABC leaders with strategies to catalyze volunteer engagement and meet the needs of medically marginalized people. Based on the data analyzed, ABC leaders operating with limited financial resources meet the needs of more than 500 active medically marginalized people with more than 100 volunteers.

Implementing a formal strategic plan with measurable goals provides leaders of ABC opportunities to enhance sustainability and enhance volunteer engagement. I recommend ABC leaders follow through on plans for an annual BOD and core volunteers retreat. Additionally, I recommend leaders of ABC implement formal training of BODs

that outline the specific roles and responsibilities to serve on the ABC board. Interviews with ABC leaders and review of internal documents revealed a lack of training of BODs to encourage engagement. Hence, reducing opportunities to fulfill accountability requirements for the policies of the organization and assisting the president with meeting the MVV.

Leaders of ABC use effective methods through social media accounts and volunteer appreciation events to engage, motivate and maintain good relationships with workers. It is my recommendation that leaders of ABC implement a formal PCS questionnaire to assess volunteers' feelings of competence. The PCS questionnaire used by ABC leaders can provide valuable information to implement needed policies, procedures, and enhance volunteer engagement through perceived feelings of effectiveness and confidence to complete tasks. Additionally, implementing formal training of the volunteer management software system will provide leaders of ABC with valuable statistical data on the volunteers. For example, knowing the types of individuals that volunteer at the organization; sex, age, education level, retiree stage may provide leaders of ABC with a marketing strategy to increase volunteers.

Developing a formal process to determine patient satisfaction, dissatisfaction, and engagement provides leaders of ABC with another opportunity to close gaps in healthcare disparities. Leaders of ABC are encouraged to work with members of the community to identify and train volunteer health promoters to conduct one-on-one surveys with patients. Attendance at community events and working with other community stakeholders provides leaders of ABC with opportunities to promote and implement a

health promoter team capable of analyzing and understanding the needs of patients serviced at the organization. Hence, further supporting the MVV of the organization.

Although leaders of ABC implemented processes to engage volunteers through open communication, formal processes to record reasons individuals volunteer and stop volunteering for the organization provides essential data for volunteer workforce engagement, recruitment, and retention. Leaders of ABC can create and implement quarterly volunteer engagement satisfaction and dissatisfaction questionnaires along with the open communication strategy. Creating an exit interview process for volunteers that stop volunteering provides leaders of ABC with answers to reasons individuals stop volunteering at the organization. The leaders of ABC can initiate the exit interviews when an individual provides verbal notification of intent to stop volunteering or through e-mail if the volunteer stops volunteering at the organization without providing notification.

Another recommendation for ABC leaders focuses on the need to increase space and clinic design. The leaders of ABC noted regrouping and rebuilding the nonprofit, development of the public health program, and recruitment of volunteer providers as short-term action plans. Space restraints and patient buy-in of services offered through the public health program reduce opportunities for growth. ABC leaders operate the clinic three days a week. To increase participation and meet the needs of the community, I recommend ABC leaders consider changing the design of the public health education program to operate on the available nonclinic days. Additionally, public health education leaders should develop a referral strategy process to engage volunteer providers. For example, recognition strategies for volunteer providers that refer and follow-through the

process to ensure patient buy-in of available resources offered through the public health program to reduce healthcare disparities.

Leaders of ABC increased the number of volunteers donating hours to meet the MVV of the nonprofit organization. Most of the volunteers at ABC represent students required to complete course hours with no intentions of remaining at the completion of course assignments. Hence, creating an operation strain with limited hours to consistently train new volunteers. I recommend ABC leaders enhance processes aimed to make the experiences of the students positive to bring awareness to positive change within the community, reduce healthcare disparities, and share the vision of the clinic to increase their willingness to volunteer at the end of the clinical rotation or practicum.

Additionally, I recommend leaders of ABC implement strategies to increase processes to encourage nonstudents to volunteer. The leaders of ABC could partner with the local Chamber of Commerce, the County Board of Supervisors, Census Bureau division, and other key stakeholders to identify new residents to the community. A cost-efficient and straightforward process of sending a welcome to the community postcard that outlines the MVV of ABC Company may increase volunteer intrinsic motivation among new and existing residents.

Leaders of ABC operate with minimal funding to meet the needs of more than 500 patients. I recommend the leaders of ABC increase funding opportunities through grants and increased donations. Volunteers at ABC Company receive no financial compensation for donated hours. Strategies to respect the choice of volunteers' flexibility and freedom on when to volunteer help leaders of ABC to meet autonomy needs of

volunteers. However, through increased funding leaders of ABC could increase outreach events, expand on volunteer appreciation events, and optimize the layout and design of the organization. I recommend leaders of ABC to adopt detailed financial management systems, to include detailed records of t-shirts, mugs, and additional donated items used to offset the cost of operations.

Researchers who review my research may benefit from strategies identified and recommendations for nonprofit leaders who rely on the services of donated volunteer hours for sustainability. Future research can focus on engagement factors in-depth by exploring the role of age and gender in volunteering amongst volunteers in nonprofit organizations. Conducting a case study design with multiple nonprofit organizations may provide additional information on strategies leaders use to reduce volunteer turnover. I recommend future researchers use qualitative and quantitative research methods of multiple nonprofit organizations to identify additional strategies for increasing volunteer engagement. Future studies can also benefit from an examination of both volunteers and managers of a volunteer workforce in other geographical regions with more than 3 years of service. The results of this study when disseminated in academic literature, conferences, and training workshops can provide leaders with strategies on motivating, engaging, and retaining the services of a volunteer workforce. Additionally, this study may benefit nonprofit and for-profit organizations seeking to understand strategies to reduce volunteer turnover.

Section 4: Executive Summary of Key Themes

Project Summary

The purpose of this qualitative single-case study was to explore strategies nonprofit healthcare leaders use to reduce volunteer turnover. As a participant in Walden University's consulting capstone, I worked with an assigned client organization. In this study, I incorporated a purposeful sampling method to recruit five leaders of a nonprofit healthcare organization located in the southwestern United States. To gain an understanding of the operations and identify gaps in processes and procedures, I gathered data from semistructured interviews with the five leaders, reviewed internal and external public documents, social media platforms, and analyzed known 501(c)(3), free medical clinics in the client service area. Data collected and analyzed resulted in the identification of four themes: process strengths, process opportunities, results strengths, and results opportunities.

I provided leaders of the client organization with recommendations to improve volunteer engagement and recruitment, enhance policies and procedures, and improve the overall performance of operations to meet the needs of the community. The results of this study supported the need for nonprofit and for-profit leaders who rely on a volunteer workforce for sustainability to understand the psychological needs of individuals donating hours. The leaders of the client organization operate with a 100% volunteer workforce and rely on donations for sustainability, so understanding how to recruit, engage, and retain volunteers is imperative to the organization's sustainability.

Contributions and Recommendations

The results of this study are evidence of the reasons leaders should develop and implement effective strategies to engage their volunteer workforce. The contributions to business practice include the data analyzed and information learned to improve processes for managing volunteers and achieving organizational sustainability. The contributions to social change include the client organization learning additional strategies and processes that improve volunteer engagement and reduce healthcare disparities to empower the community.

My recommendations for future implementation include BOD succession planning to set the protocols for board engagement and performance, creation and implementation of onboarding training for new board members, review and revision of job descriptions of all board members and leaders of the organization to establish accountability, the elimination of conflicts of interest and burnout of the president and board chair by separating the roles, and the identification of opportunities to participate in community events to market the needs of the organization. Furthermore, my recommendations include implementing an active recruitment and retention program for nonstudent volunteers, developing a stewardship section on the website and social media account that can appeal to both one-time donors and recurring donors, and resolving complaints quickly.

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Appendix A: Interview Protocol

Introduction Script: Thank you for your time. Per the conversation I had with you over the phone and the e-mail I sent to you, I am a Doctor of Business Administration student at Walden University. The purpose of this interview is to explore the strategies nonprofit healthcare leaders use to reduce volunteer turnover. Your participation is important in this study to help understand the sustainability implications of volunteer engagement in nonprofit healthcare organizations. Your participation is voluntary so if I ask a question you do not want to answer, if you want to stop the interview at any time or want to withdraw from the study at any time let me know. I will take notes during the interview and audio tape to make sure I capture exactly what you say. Once I transcribe the audio taping and notes, I will schedule time with you to review my interpretations for accuracy.

1. I will turn on the audio recording device, note the date and time.
2. I will introduce the participant to his or her pseudonym name (i.e., Participant1, Participant 2, Participant 3, Participant 4, Participant 5).
3. I will begin the interview.
4. I will start with question number one and follow through to the final wrap-up question.
5. I will continue with targeted follow-up questions if time permits.
6. I will end the interview process and thank the participant for his or her time.
7. I will reiterate the member checking process and confirm the contact information for the participants.

8. I will convey my contact information for follow-up questions and any concerns from the participants.
9. The interview protocol ends.

Appendix B: Intake Skills Sign Off Sheet

Intake Skills Sign Off Sheet

By the end of your first five shifts, all of these should be signed off on by your experienced intake, the volunteer coordinator, clinic managers, or interpreting coordinator(s). If all skills are signed off on before five shifts, you still have to complete remaining training shifts. If you need more than five training shifts to complete skills sheet or to feel more comfortable with the process, that is fine too!

Intake Trainee Name:

Experienced Intake/Intake Supervisor:

Changes patient status from "pending" to "in lobby" and blacks out their name on the sign in sheet.	
Fills out intake form and makes any necessary changes to patient information.	
Ensures patient HIPAA form, FTCA consent to treat form, pharmacy, phone number and address are up to date in their chart.	
Vitals patient. Changes patient status from "in lobby" to "vitals".	
At vitals station, correctly measures and records into chart the following: height, weight, blood pressure, temperature, pulse, respiratory rate, O2 saturation, NFBG or FBG, & UA (if pt is prescribed a -flozin (like Farxiga)).	
Complete vitals certification test with clinic staff member. Vitals test consists of correctly completing and entering patient vitals in EMR within 5 minutes.	
If there is a room available, puts patient in that room and changes status from "vitals" to "room x". If there is no available room, puts patient back into lobby and changes status from "vitals" to "LOB-V". Puts pt in a room as soon as one becomes available.	
Brings chart back to the providers and lets them know the pt is ready. If a UA was run, includes those results with the patient's chart.	

When provider/interpreter brings patient to the front, makes appropriate follow up appointment per provider instructions. *Checks to see if patient already has an upcoming appointment first, and only makes additional appointments if necessary*.	
Confirms that patient understands when their next appt. is, makes them an appt. card.	
Changes patient status from in "Room X" to "Seen".	
Cleans exam rooms, kitchen, bathrooms, and lobby. Organizes conference room. Takes out trash.	
Upon arrival at clinic, check into Volgistics & put your belongings in lockers.	
Log into computer and log into EMR. If you need a log in, ask Michael, Cristina, or Heather for that information.	
Keep cell phone and personal computer usage to a minimum.	
It is very important to ensure that the EMR correctly reflects WHERE the patient is at all times.	

Notes: