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Leadership Strategies to Improve Nurse Retention

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Walden University

College of Management and Technology

This is to certify that the doctoral study by

F. Jordan Colwell

has been found to be complete and satisfactory in all respects,
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Walden University
2019

Abstract

Leadership Strategies to Improve Nurse Retention

by

F. Jordan Colwell

MS, Walden University, 2012

BS, University of Nebraska Medical Center, 2009

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Business Administration

Walden University

April 2019

Abstract

The nursing shortage and high turnover rates are a problem in the United States. The purpose of this multiple case study was to explore leadership strategies that hospital senior nurse managers in the Rocky Mountain states use to improve nurse retention. Participants were 6 hospital senior nurse managers including 3 chief nursing officers, 1 assistant chief nursing officer, and 2 directors who had demonstrated effective leadership strategies in retention of nurses. The leadership-motivated excellence theory was the conceptual framework. Semistructured interviews with open-ended interview questions were used to collect data; organization websites and documents were used to help corroborate evidence for triangulation. Data were analyzed using Yin's data analysis method. The major themes were leadership and retention strategies. The leadership strategies were senior nurse managers guiding, coaching, and mentoring registered nurses, and the retention strategies were tools used to motivate and retain registered nurses. The results may bring about positive social change by providing hospitals with leadership strategies to retain nurses. Improved retention rates of registered nurses may enhance the competitive advantage for hospitals by improving patient satisfaction scores and improving care. This improvement may result in increased hospital reimbursements and may influence organizational commitment to improving patient outcomes.

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Dedication

I dedicate this study to my grandfather, Floyd E. Colwell, who instilled in me a love for education and learning. Although he is no longer physically with us on this earth, I carry him with me every day. I also dedicate this study to my children, Ryker and Reid; you are the future.

To my wife, Tiann, thank you for your support, patience, and unconditional love while I was working on my study. You now have your husband back on the weekends!

To my parents, thank you for always supporting me. You have instilled in me that hard work and dedication will get you far in life, and I will be forever grateful.

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I would like to say thank you to Drs. Scott Burrus and Peter Anthony for their guidance and support throughout this journey. Without you, I would have never been able to complete my study.

I would also like to say thank you to my fellow classmates, friends, colleagues, and family who have supported and helped me.

Table of Contents

Table of Contents..... i

Section 1: Foundation of the Study.....1

Background of the Problem 1

Problem Statement.....2

Purpose Statement.....2

Nature of the Study.....3

Research Question 4

Interview Questions 4

Conceptual Framework.....5

Operational Definitions.....6

Assumptions, Limitations, and Delimitations.....6

Assumptions..... 6

Limitations 6

Delimitations..... 7

Significance of the Study.....8

Contribution to Business Practice..... 8

Implications for Social Change..... 8

A Review of the Professional and Academic Literature.....9

Conceptual Framework..... 10

Health Care Environment 12

Affordable Care Act..... 13

Factors Affecting the Nursing Shortage 15
Nurse Faculty Shortage 15
Shortage of Nurses 16
Nursing Turnover 17
Job Satisfaction 19
Job Burnout 20
Nurse Leadership Strategies 22
Succession Planning 22
Nurse Manager Leadership Development 24
Span of Control 27
Emotional Intelligence 28
Transformational Leadership 28
Transition and Summary 30
Section 2: The Project 33
Purpose Statement 33
Role of the Researcher 33
Participants 34
Research Method and Design 35
Research Method 35
Research Design 36
Population and Sampling 37
Ethical Research 39

Data Collection Instruments 40
Data Collection Technique 41
Data Organization Technique 43
Data Analysis 44
Reliability and Validity 45
Reliability 45
Validity 46
Transition and Summary 47
Section 3: Application to Professional Practice and Implications for Change 48
Introduction 48
Presentation of the Findings 48
Emerging Themes 50
Theme 1: Leadership Strategies 51
Theme 2: Retention Strategies 52
Literature Review and Conceptual Framework Application 54
Applications to Professional Practice 58
Implications for Social Change 61
Recommendations for Action 62
Recommendations for Further Research 65
Reflections 66
Conclusion 67
References 68

Appendix A: Interview Protocol.....87

Appendix B: Interview Questions.....89

Appendix C: Participants' Invite Letter.....90

Section 1: Foundation of the Study

There are many ways that a company can play a significant role in staff turnover rates (Anvari, JianFu, & Chermahini, 2014). Understanding the causes for loss of nurses in the workforce is important because nurses can dictate patient care and access to health care (Kruse, Bolton, & Freriks, 2015). Nurses are needed to take care of patients in hospitals. The focus of this qualitative case study was to discover leadership strategies that senior nurse managers use to improve staff nurse retention in hospitals.

Background of the Problem

Understanding what leadership strategies senior nurse managers are using to retain staff nurses is important. The health care challenges require new methods of leadership to achieve organizational strategies (Vitalari, 2013). Traditional management practices such as not addressing the difficult problems, not using interpersonal skills, and not encouraging unique strategic alliances are ineffective in the 21st century (Graen & Schiemann, 2013). Without proper leadership strategies, hospital senior nurse managers will not succeed. The ability to use effective leadership strategies is vital for the success of a hospital.

The nursing shortage and high turnover rates remain a problem worldwide (Currie & Carr Hill, 2012). To reduce nursing turnover, senior nurse managers should measure and monitor nursing turnover rates and develop, implement, and evaluate retention strategies (El-Jardali, Merhi, Jamal, Dumit, & Mouro, 2009). Given the complexity of the situation, no one strategy will address nursing turnover; several strategies together are the key (Currie & Carr Hill, 2012). Al Mamun and Hasan (2017) found that management

should work on understanding why employees quit organizations and identify what attracts and retains employees to organizations. Possible recruitment and retention strategies that organizations should consider are levels of pay, promotional opportunities, and manager style (Alhamwan & Mat, 2015). Nursing leadership should adopt new strategies to improve the retention of the nursing workforce.

Problem Statement

In 2015, the RN turnover rate averaged 14% and has continued to increase (Collini, Guidroz, & Perez, 2015). The average turnover cost for hospital RNs ranged from $20,561 to $88,000 (Duffield, Roche, Homer, Buchan, & Dimitrelis, 2014). The general business problem was that some senior nurse managers lack leadership strategies to manage staff nurse retention in hospitals. The specific business problem was that some hospital senior nurse managers lack leadership strategies to improve nurse retention.

Purpose Statement

The purpose of this qualitative multiple case study was to explore the leadership strategies that hospital senior nurse managers use to increase nurse retention. The targeted population sample consisted of six senior nurse managers, one from each of six hospitals located in the Rocky Mountain states, who had established effective leadership strategies in retention of nurses. Findings from this study may contribute to social change by improving retention rates of nurses, which may improve the competitive advantage for hospitals by improving patient satisfaction scores and care. This improvement may result in increased hospital reimbursements and may influence organizational commitment to improving patient outcomes.

Nature of the Study

I used a qualitative multiple case study design to explore the strategies nurse managers used to increase nursing retention in the Rocky Mountain states. A multiple case study is beneficial when the limitations between the phenomenon and the context are not easily notable (Amerson, 2011). This qualitative research study involved exploring strategies of how to increase retention rates of nurses, which may enhance the competitive advantage for hospitals. Yilmaz (2013) stated that a quantitative study involves testing a theory, examining relationships, and analyzing statistical data. In the current study, the primary intent was to understand leadership strategies and significant factors that may play a role in employee turnover; therefore, the quantitative approach was not appropriate. A mixed-methods approach may be used when previous research is either inconclusive or equivocal (Venkatesh, Brown, & Sullivan, 2016). A mixed-methods approach was appropriate for my study because the focus of the research was to explore nurses' real-life experiences and observations.

Research designs that I considered for this study were phenomenological, narrative, ethnographic, and case study. Researchers use phenomenology to study lived experiences of individuals (Gill, 2014). The phenomenological design was not appropriate for my study because the focus was on methods of human behavior and improvement strategies. The purpose of an ethnographic study is to explore the culture of social behaviors (Reeves, Peller, Goldman, & Kitto, 2013). An ethnographic design was not appropriate for this study because social behavior within a culture of nursing managers was not the focus. Researchers use the narrative design to explore a human

experience by telling a story (Salkind, 2010). A narrative design was not appropriate for my study because I interviewed and collected data from nurse managers to find common themes. A multiple case study was the most appropriate research design for my study. A multiple case study involves studying a case in real life by collecting data from direct observations, interviews, and archival documents from participants and developing an understanding to explain a phenomenon (Hoon, 2013; Hyett, Kenny, & Dickinson-Swift, 2014; Yin, 2013). When the phenomenon is understood, the researcher can use the study as a tool to make change by understanding the theoretical concepts that are necessary to make a case analysis (Ates, 2013). I used a multiple case study to understand how the retention rate of hospital nurses could be increased.

Research Question

What leadership strategies do hospital senior nurse managers use to improve nurse retention?

Interview Questions

The interview questions were the following:

1. What leadership strategies did you use to improve nurse retention?
2. How do you measure the effectiveness of your nurse retention strategies?
3. What challenges have your organizational leaders encountered in developing strategies to increase retention?
4. How did your organizational leaders overcome challenges when developing strategies to increase retention?
5. Which of these strategies worked best?

6. What has been the effect of implementing these strategies?
7. What would you do differently if you were to begin again the implementation of these leadership strategies to improve nurse retention?
8. What other information not addressed would you would like to share regarding strategies to improve nurse retention?

Conceptual Framework

I used a conceptual framework in this qualitative study as a basis for underscoring nurses' job satisfaction factors, motivators, and the elements of retention. I used the leadership-motivated excellence theory (LMX-T) for this study. Graen and Schienman (2013) developed the LMX-T to enhance leadership processes through the commitment of employees and teamwork. The postmodern definition of LMX-T is when managerial leadership forms strategic alliances with instrumental people to work on common problems within the organization (Graen & Schienman, 2013). When alliances form between nurse managers and nurses, organizations are usually successful.

The LMX-T has three tactics that help develop new leaders. The tactics are (a) enhancing skills, (b) changing rewards, and (c) recognizing those who model effective behaviors (Graen & Schiemann, 2013). The realization of these three tactics and other quality outcomes require superior leadership skills to motivate staff to embrace change and assess care practices (Sanford, 2011). The LMX-T emphasizes the role of the leader and team member exchange in managing and retaining employees (Graen & Schiemann, 2013). By informing employees of organizational change that will occur in the future, leaders can positively influence employees' reactions to change and thereby retain the

employees (Mehta, 2016). When senior nurse managers use these tactics (Mehta, 2016), new managers will know that their superior cares about the development of their management style.

Operational Definitions

Job satisfaction: An individual's state of mind about his or her work (Wheeler, Harris, & Harvey, 2010).

Retention: An act to hold or retain (Levoy, 2010) as it pertains to employment.

Turnover: The retention challenges organizations face when employees quit their jobs (Parry, 2008).

Assumptions, Limitations, and Delimitations

Assumptions

According to Wahyuni (2012), a research paradigm is a set of important assumptions and principles as to how the world is perceived, which then serves as a framework that guides the behavior of the researcher. The assumptions in my study were claims that served as a framework for my research. The four assumptions were (a) interviewees would respond to interview questions quickly, (b) interviewees would be willing to participate in the study when they were not working, (c) interviewees would respond to questions truthfully, (d) I would obtain a 100% completion rate from the interviewees.

Limitations

According to Anderson (2010), research quality is dependent on the skills of the researcher and is influenced by the researcher's personal beliefs and biases. This

qualitative multiple case study was limited to a sample of six senior nurse managers in the Rocky Mountain states. This study addressed leadership strategies that hospital senior nurse managers use to improve retention. There was still a risk that I could not find six senior nurse managers to participate in the study. The three limitations in this study were potential weaknesses and could have impeded completion. The first limitation was not being able to obtain written consent from potential interviewees. The second limitation was not being able to find six senior nurse managers in the Rocky Mountain states to participate in the study. The third limitation was not obtaining an interviewee return rate of 100%, which would have prevented achieving data saturation.

Delimitations

In order to mitigate potential limitations, I established delimitations that would address the problematic areas (see Cunliffe, 2011). The three delimitations in this study were the established boundaries in this study. The first delimitation was the selection of six senior nurse managers in the Rocky Mountain states. Because I live in a Midwestern state, I communicated with the six senior nurse managers via phone and e-mail. The second delimitation was the geographic area. Because I was looking for six senior nurse managers throughout the Rocky Mountain states, they would not all be in one place. The third delimitation was the expected return rate from the interviewees. I had to make sure to follow up with them to make sure the study information would be returned to me. The qualitative study exposed strategies that could help senior nurse managers prepare middle managers and frontline nurses for their careers in the Rocky Mountain states.

Significance of the Study

Contribution to Business Practice

The significance of the study was to contribute to the existing literature on nurse retention and turnover. Factors related to health policy and health care delivery are important to the future of nursing. The results of the study may provide nursing management strategies to reduce the level of nursing turnover and increase nursing retention, which may have a positive impact on the health care industry. The results may also contribute to the practice of nursing and may be applicable to social change. Traditional management practices such as not addressing the difficult problems, not using interpersonal skills, and not encouraging unique strategic alliances are ineffective in the 21st century (Graen & Schiemann, 2013). Nursing leaders should adopt new strategies to improve the retention of the nursing workforce because nurses are an important component of the health care industry. Without adequate staff nurses, adverse patient outcomes that lead to mortality could occur.

Implications for Social Change

Social change is finding knowledge and resources to make a difference at the community level. Identifying evidence-based managerial strategies to promote positive change and outcomes was the foundation for this study. Nurse retention is important to overall health care because nurses can dictate patient care and access to health care (Kruse et al., 2015). Therefore, understanding what leadership strategies senior nurse managers are using to retain staff nurses is important because it may affect the economy and contribute to positive social change. Health care challenges involve new leadership

strategies for achieving organizational objectives (Vitalari, 2013). Managers of hospital nurses are essential for achieving workplace results (Porter, 2012). Without adequate leadership and training, hospital nurse managers may not succeed, and patient care and access that can influence social change may decline. With proper leadership strategies, patient care may improve. With the improvement in health care, patients may live longer and have higher quality lives.

A Review of the Professional and Academic Literature

In 2015, the average RN turnover rate was 14% and has continued to increase (Collini et al., 2015). The average turnover cost for a hospital RN ranged from $20,561 to $88,000 (Duffield et al., 2014). Because turnover is a major health care problem, the purpose of this qualitative multiple case study was to explore leadership strategies that hospital nursing managers can implement to increase nursing retention. Some senior nurse managers lack leadership strategies to manage staff nurse retention in hospitals.

This review of the professional and academic literature provides a foundation for the topic of nurse retention. The peer-reviewed literature includes key themes, such as the current health care environment and the needs associated with the Affordable Care Act, and factors affecting the nurse shortage such as nurse faculty shortage, job satisfaction, and job burnout. Nurse leadership strategies such as succession planning, nurse manager leadership development, span of control, emotional intelligence, and transformational leadership may help improve nurse retention. Understanding the causes of decreased retention is necessary for leaders to address the antecedents of retention.

I searched academic resources such as books, databases, and websites for the literature review. I used multiple peer-reviewed journal articles, dissertations, and books. Research databases used were ABI/INFORM Collection, CINAHL, MEDLINE, CINAHL PLUS, EBSCOhost, ProQuest, and Pub Med. I also used the Google Scholar search engine. Key words searched included *nurses*, *new nurse managers*, *nursing turnover*, *leadership behaviors*, *effective leadership skills and strategies*, *strategic leadership*, *increase-nursing retention*, *retention strategies*, *increase healthcare job satisfaction*, *new nurse managers skills* and *strategies*, *leadership motivated excellence theory*, *nurse manager strategies*, *nurse burnout*, *nurse job satisfaction*, *nurse manager span of control*, *emotional intelligence*, and *transformational leadership*. I ensured 85% of the total sources were peer-reviewed with a minimum of 60 different peer-reviewed sources. I also ensured that 85% of the total sources were published within 5 years of the anticipated completion date.

Conceptual Framework

Leadership-motivated excellence theory (LMX-T) provided the framework for the study. Graen and Schienman (2013) developed an extension of the original leader-member exchange theory (LMX) and labeled it LMX-T. LMX is a theory that leaders use to develop differential relationships with their subordinates through interactions involving role expectations, resources, and rewards over time, resulting in relationships of varying quality (Mehta, 2016). According to LMX-T, administrative leadership forms unique strategic alliances with capable employees in order to work on shared problems within the organization (Graen & Schienman, 2013). When alliances form between

managers and subordinates, excellence in performance increases. When strong alliances form between subordinates and managers, communication increases. When communication increases concerning challenging new projects and new problems, subordinates and managers can talk through situations and spend time on problem-solving before the project matures (Graen & Schienman, 2013). When communication increases, nurse job satisfaction can increase and a productive team can take care of patients.

In the LMX-T theory, the responsibility of managing people is a privilege and not a right (Graen & Schienman, 2013). Employees have managers who are professional and competent. The position of a manager consists of two parts: leadership of direct reports and other colleagues and the technical administrations of the business unit regarding its mission (Graen & Schienman, 2013). Today's managers feel more competent with the technical management part than the leadership part. As a result, the engagement of employees such as nurses does not occur, and therefore a productive team does not emerge.

The LMX-T theory has three tactics that help develop new leaders. The tactics are (a) enhancing skills, (b) changing rewards, and (c) recognizing those who model effective behaviors (Graen & Schiemann, 2013). The realization of these three tactics and other quality outcomes require refined leadership skills to motivate staff to embrace change and evaluate care practice (Breevaart, Bakker, Demerouti, & van den Heuvel, 2015). The LMX-T theory is used to develop an important role of leader and team member exchange in managing and retaining employees (Graen & Schiemann, 2013). By informing

employees of organizational change that will occur in the future, leaders can positively influence employees' reactions to change and thereby retain the employees (Mehta, 2016).

Health Care Environment

Research indicated that the U.S. health system is complex. Approximately $2.7 trillion, or nearly 18% of the gross domestic product, is spent on health care (NSW Nurses and Midwives Association, n.d.). Shi and Singh (2008) argued that access to medical care is one of the key determinants of an individual's health status. Shi and Singh also argued that environment, lifestyle, and heredity factors play a role. Geyman (2015) found that with the implementation of the Affordable Care Act, access to health care for employees is worse now than it was before the implementation of the law. In 2013, a study conducted by the National Institutes of Health indicated that among 17 high-income countries studied, the United States had some of the highest prevalence of (a) infant mortality, (b) sexually transmitted infections, (c) heart and lung disease, (d) adolescent pregnancies, (e) disability, (f) injuries, and (g) homicides (NSW Nurses and Midwives Association, n.d.). On average, hospital care accounts for approximately 31% of the total health expenditure in comparison to other countries (Lorenzoni, Belloni, & Sassi, 2014). Public programs such as Medicare and Medicaid cover most hospital expenditures. Due to the high costs of hospital care, there is a growing shift from inpatient hospital stays to outpatient clinic visits (Lorenzoni et al., 2014). The U.S. health care system remains unreliable, inefficient, and expensive for most patients (Dafney &

Lee, 2016). With these negatives in the health care system, nurse retention must be a focus for patient care.

Affordable Care Act

In 2010, the intention of the Affordable Care Act (ACA) law was to shift payments from volume-based to value-based, meaning the quality of care is more important than the quantity of care (Mayes, 2011). The law's primary intention was to contain costs and achieve universal access to affordable health care that would improve quality (Geyman, 2015). However, in 2012, the U.S. Supreme Court ruled that states could choose not to expand Medicaid, and 24 of the 50 states opted not to expand (Geyman, 2015). Because of the Supreme Court's ruling, approximately 4.8 million patients became uninsured (Geyman, 2015). Because an estimated 4.8 million patients are uninsured, this leaves a portion of Americans with no access to basic health care, causing them to use health care when necessary. The ACA added to the nursing shortage problem because nurses had to take care of more patients. The increased demand led to a nurse-to-patient population ratio of RNs between 1,000 per100, 000 (Wallis & Kennedy, 2013). Because the number of patients is increasing, RNs will have more leadership roles to help the primary care system (Smolowitz, Speakman, Wohnar, & Haynes, 2015).

In 2015, Congress passed a bipartisan bill called the Medicare Access and CHIP Reauthorization Act (MACRA). MACRA focuses on moving from fee-for-service payment to an alternative payment model that requires physicians to assume the risk of the cost and quality of care (Pryor, Pizzo, & York, 2016). By replacing the sustainable growth rate formula, MACRA focuses on rewarding physicians for providing value-

based care through a two-track system. The advanced alternative payment model track incentivizes providers who are taking a risk by quality and cost of care for particular episodes or defined patient populations and requires use of certified electronic health record technology (Pryor et al., 2016). The merit-based incentive payment system is a fee-for-service model directly tied to performance in four areas: quality, clinical practice improvement, advancing care information, and resource use (Pryor et al., 2016). MACRA changed how health care providers would receive reimbursement and influenced competition in the health care environment. Competition in health care would continue to improve quality and efficiency that would spur innovation. With more competition, the cost of health care had the potential to decrease. Health care leaders would have to learn how to master lean management and high-reliable cultures in their organizations to contain operation costs (Dafney & Lee, 2016). With the mastery of lean management and high-reliability cultures, the organization may thrive and be competitive.

Patient satisfaction is an important measure of health care quality because it gives information on the provider's success at meeting patients' expectations. Patient satisfaction correlates to important outcomes such as compliance with treatment, decreased utilization of medical services, and better patient outcomes (Xesfingi & Vozikis, 2016). Because of the adoption of patient satisfaction, quality of care focuses on making care safer and ensuring that all patients engage with their plan of care. Quality of care promotes effective communication, prevention, and treatment; supports widespread uses of best practices to enable healthy living; and makes quality care more affordable for

patients and their families (Burstin, Leatherman, & Goldmann, 2016). The health care of patients depends on RNs (Smolowitz et al., 2015).

Factors Affecting the Nursing Shortage

Nurse Faculty Shortage

In 2012, nursing schools turned away approximately 79,659 qualified applicants resulting from the (a) limited number of faculty, (b) classroom space, (c) clinical sites, (d) clinical preceptors, and (e) budget constraints (Grant, 2016). Many nursing instructors are part of the aging population of RNs, and without the faculty, nursing schools cannot expand or meet the demand. Another factor that affects nursing school programs is the clinical sites for the students (Grant, 2016). Because most hospitals are experiencing nursing shortages, the hospitals do not have the staff necessary to take on additional RN students (Grant, 2016). More RN students without clinical sites will not help the nursing shortage.

Another factor that affects the nurse faculty shortage is that new nursing faculty lack confidence in what they are teaching to nursing students (Oprescu, McAllister, Duncan, & Jones, 2017). When nursing faculty lack confidence, nursing students' education is affected. Nursing students need nurse faculty who are confident in what they are teaching so they can help nursing students connect theory to nursing practice (Oprescu et al. 2017). Highly poised and committed nursing faculty will be needed to educate in the changing health care landscape.

Shortage of Nurses

According to the Bureau of Labor Statistics, between 2014 and 2022 1.2 million vacancies for registered nurses will emerge, which is twice the scarcity since the introduction of Medicare and Medicaid (Grant, 2016). An additional burden on the health care system is that the baby boomer generation will need more care as they age (Acree-Hamann, 2016). This is a problem because RNs make up the largest section of the health care workforce. Approximately three million nurses are in the U.S. health care industry (Grant, 2016). The shortage is due to an aging population, the increasing occurrence of chronic diseases in patients, and the limited capacity of nursing schools (Grant, 2016). Patients who have chronic illness will need more health care services than patients who are healthy and have fewer chronic diseases.

The aging patient population is only one element of the health care workforce shortage. Another element is that the RN workforce is also aging (Snavely, 2016). Approximately one million RNs are currently over the age of 50, which means that there will be a higher number of retirements in the next 10-15 years (Grant, 2016). Therefore, there will need to be more RNs hired to replace the retiring workforce. Snavely (2016) suggested that an inability to match the supply with the demand will have a significant impact on the health care system. The ability to improve recruitment and retention strategies is necessary to match the supply with the demand.

The nursing shortage directly affects patient safety, the ability to detect complications, and nursing well-being (Brunetto et al., 2013). Higher patient-to-nurse ratios can be associated with an increase in urinary tract and surgical infections and high

admission rates (Snavely, 2016). There is a direct correlation between workload and quality of care when hospitals have a shortage of nurses to look after their patients (Shammika & Alwis Chamaru, 2015). Nurses who have to take care of more patients with fewer resources cannot provide the same quality of care they can when there is optimal staffing. Shammika and Chamaru (2015) suggested that hospitals administrators should review RN workloads in their facilities. This can be hard for organizations to do as they continue to face financial constraints due to economic limitations. This leads to increasing spans of control and job complexity for not only staff nurses but also nurse managers (Simpson, Dearmon, & Graves, 2017). Greater spans of control limit the success of nurse managers and decrease satisfaction and performance by nurses.

Nursing Turnover

Staff and workplace turnover is the rate at which an organization gains or loses employees. Turnover is how long an employee stays in his or her employment (Currie & Carr Hill, 2011). Employee turnover costs U.S. companies billions annually (Collins, McKinnies, Matthews, & Collins, 2015). There are two types of turnover: voluntary and involuntary. Each type has its cause and effect (Anvari et al., 2014). Understanding the underlying causes of turnover of employees in the workplace is necessary when exploring nursing turnover. Nursing turnover is important due to health care organizations experiencing nursing shortage and high turnover rates (Currie & Carr Hill, 2012).

Nursing turnover for hospitals can cost anywhere from $10,000 to $88,000 per nurse (Duffield et al., 2014). High rates of nursing turnover in which staff are voluntarily leaving their primary employment for another position in nursing or another profession

are anywhere between 12% and 50% (Dawson, Stasa, Roche, Homer, & Duffield, 2014). There are many ways that a company can play a significant role in staff turnover rates (Anvari et al., 2014). Understanding the causes of loss of personnel in the workforce is important to retain nursing staff. However, causes are hard to isolate with the complex interrelated factors that play a role in decreasing nursing turnover (Currie & Carr Hill, 2012).

Nursing labor markets in other developed countries such as Canada, the United Kingdom, and Australia are also exhibiting extreme staff shortages and high levels of turnover (Currie & Carr Hill, 2012). Nurses in the United States have the highest turnover percentage at 41% compared to 32.9% in Canada (Alhamwan & Mat, 2015). These numbers show that nursing turnover is not just a problem in the United States but also in the international community. In Australia, a 2014 report indicated turnover rates of 1% compared to 1.4% per month (Dawson et al., 2014). Lu, Barriball, Zhang, and While (2012) found common issues across the world with some of the problems being of greater significance in different countries due to societal norms and differences in labor markets. This highlights the importance of understanding the impact and implementing interventions to improve retention in the nursing workforce (Lu et al., 2012).

The problem of the nursing shortage and high turnover rates remains a problem worldwide (Currie & Carr Hill, 2012). To help improve nursing turnover, senior nursing leaders should measure and monitor nursing turnover rates and develop, implement, and evaluate retention strategies (El-Jardali, Merhi, Jamal, Dumit, & Mouro, 2009). Given the complexity of the situation, it has been determined that no one strategy by itself will

address nursing turnover but several strategies together is the key (Currie & Carr Hill, 2012).

Al Mamun & Hasan (2017) found that management should work on understanding why employees' quit organizations and identify what attracts and retains employees to organizations. Van der Heijden, Homburg, and Valkenburg (2013) found nurse employee dissatisfaction emerged first over pay, then benefits, and finally management. Possible recruitment and retention strategies that health care organizations should consider are an even level of pay, promotional opportunities, and manager style (Alhamwan & Mat, 2015). By identifying, what attracts future nurses to certain organizations will help organizations recruit and retain to their health care organization.

Job Satisfaction

One of the main reasons for high nursing turnover is nursing job satisfaction (Fallatah & Laschinger, 2016). Dyrbye, et al. (2017) identifies that decreased job satisfaction correlates to the institution's inefficiencies and their organizational climate. Dawson et al., (2014) found higher workloads associated with decreased job satisfaction. High turnover relates to lower employee morale and diminished employee engagement (Collins et al., 2015). For organizations to help increase nursing job satisfaction, strategies included salaries, workload organization, and personal and career development (Buchan, 2013).

Another strategy related to improving job satisfaction was identifying other factors related to a nurse's life both inside and outside of their employment (Currie & Carr Hill, 2012). Health care leaders can use work-life balance strategies to retain

employees and improve employee engagement/retention. Using work-life balance activities as a strategy for reducing turnover is vital for any organization (Lyness & Judiesch, 2014). Work-life balance has the potential to increase health care employee's engagement and as a result, increase retention.

Al Mamun and Hasan (2017) explained employee turnover as a situation in which employees leave the organization for several reasons, and as a result, negatively affects the organization regarding overall expenditure and leaves other employees short staffed. Nurses leave organizations when their values and beliefs do not connect to the organization's values and beliefs regarding nursing practice (Bragg & Bonner, 2014). When turnover occurs, hospitals lose their ability to meet patient needs and provide high-quality care. A loss of individual and organizational performance, low staff morale, and increased costs affect nursing turnover (Portoghese, Galletta, Battistelli, & Leiter, 2015). Currie & Carr Hill (2012) suggests nursing care with better nursing staff ratios or teams help improve patient conditions and avoid staff dissatisfaction and employee turnover rate. When nurses have real job satisfaction, patient care and satisfaction are met, and absenteeism and turnover are decreased (Portoghese et al., 2015).

Job Burnout

Simha, Elloy, and Huang (2014) identified burnout as a syndrome that involves both chronic emotional and interpersonal stressors that employees experience when working. Workplace stress relates to high workloads, stressful work situations, or negative relationships with colleagues (Currie & Carr Hill, 2012). Nurses can experience detachment and a lack of compassion, ineffective communication, and loss of empathy

for others (Brennan, 2017). Simha et al. (2014) suggested that an essential tool to use when trying to tackle nursing turnover is to identify burnout from staff before it is too late. Burnout affects turnover, and hospital administrators need to maintain adequate staff to take care of patients, so turnover is no longer an obstacle. If administrators do not take care of their employees by having adequate staffing, patient care could be in jeopardy or burnout could increase.

Nurse leaders are affected by burnout. When nurse leaders resign, a cost for temporary nurse leadership through a recruitment agency can exceed approximately $180,000 for a 5-month contract (Ramseur & Fuchs, 2017). Burnout for leaders develop from, personnel issues, improper work-life balance organizational stress, lack of boundaries, and technology overload (Kelly & Adams, 2018). When this occurs, the work environment is in jeopardy and has the potential to trickle down to the frontline nursing staff, which could affect direct patient care. Although many nurse leaders may no longer be in a position that connects them directly to patient care daily, the nature of their work has to provide connections to their original source of compassion satisfaction that can help with prevention of burnout in the workplace (Kelly & Adams, 2018). When nurse leaders recognize and foster their own happiness and engagement, burnout is prevented and patient care is improved.

So what can health care facilities do to decrease burnout? Personal resilience can help nurses cope to minimize distress (Yu-fang et al., 2017). Personal resilience is a dynamic process that helps one adjust to adversity and moderate potential damage due to harmful events. Garcia-Izquierdo et al., (2017) noted nurses with great resilience had

lower scores in emotional exhaustion and cynicism and higher professional efficacy. Yu-fang et al., (2017) concluded that nurse managers should note the value of resilience and take effective management to increase nurse resilience. Magtibay et al., (2017), implemented a SMART program that showed to improve stress, anxiety, resilience, mindfulness, happiness, and burnout among nurses. The SMART program can be used for nurses who cannot attend traditional on-site training.

Resilience training is not only important for frontline nurses to prevent burnout but also for nursing leaders (Cline, 2015). Resilience is a factor that is important to authentic leadership and employee leadership. Resilience is a protective feature for nurse leaders' physical and emotional health and helps enhance a supportive workplace (Cline, 2015). Resilience enables the nurse leader to transcend beyond simple survival (Stagman-Tyler, 2014). Resilience in nurse managers has the potential to change focus from a negative to positive experiences, from a principle-based approach to flexibility, from the organization to family, and from task-centered to person-centered thinking (Kim & Windsor, 2014). Nurse leaders can build and enhance resilience through self-awareness and strategic mental modeling (Cline, 2015).

Nurse Leadership Strategies

Succession Planning

Nursing workforce predictions indicate a shortage of nurse leader candidates. Sources estimate a deficit of 67,000 nurse manager vacancies by 2020 (Titzer, Shirey, & Hauck, 2014). Currently, nurse manager selection has candidates who are excellent clinicians but lack in formal management education and mentoring support. To ensure a

competent nurse manager channel, a succession plan is necessary (Titzer et al., 2014). Nursing leaders must prioritize and invest in leadership development to help ensure effective succession planning (Ramseur & Fuchs, 2018). A good example of leadership development is assigning a leadership mentor to new nursing management leaders. When a new leader has a mentor, the manager will know the mentor can help guide them through real work scenarios.

What is succession planning? Succession planning is a business strategy that allows organizations to take on challenges effectively (Phillips et al., 2017). It is a strategic plan that involves identification, development, and evaluation intellectual capital allowing leadership continuity in the organization (Tizer & Shirey, 2013). Leadership development and succession planning are interchangeably used but they differ in objectives and strategies (Phillips et al., 2017). Healthcare leadership succession planning lags behind other industries (Tizer & Shirey, 2013). Part of nurse managers strategic planning includes succession planning, however; competing priorities hinder this process (Tizer et al., 2013). Succession planning also helps in recruitment and retention of high-potential leaders (Tizer et al., 2014).

There are several nursing succession planning designs, one must use current literature and best practice to determine the best plan (Tizer et al., 2013). A proactive, thoughtful succession planning approach creates a healthy pool of competent, promotable, well-prepared nurse leaders for future generations (Tizer et al., 2013). The Chief Nursing Officer should evaluate how succession planning fits into the organization’s strategic plan and workforce initiatives. The cost included in the

operational budget (Tizer et al., 2014). For effective succession planning, support from top executives is imperative to its success (Tizer & Shirey, 2013). Once in place, an annual leadership gap analysis using nursing leadership competencies is imperative (Tizer et al. 2014). With annual analysis leadership vacancies, projected promotions, and retirements can be identified and the succession planning can be designed to target these vacancies (Tizer et al., 2014).

Nurse Manager Leadership Development

Leadership is a high position in an organization, a personal characteristic, and a relationship between leaders and followers (Silva, 2014). Leaders should have a moral standing for their followers to move in their direction. A leader is also accessible and visible for their followers especially in times of stress and crisis (Gabriel, 2015). Albagawi, Laput, Pacis, and AlMahmoud (2017) suggest that nurse leaders be self-motivated, possess the internal drive to finish the job at hand and to share common goals because they have significant roles in their nursing organization, which affect people's lives and attitudes towards their profession.

Followership is a tool that leaders must use to establish high-performing, safety-conscious nursing teams that will focus on quality improvement with patient care (Whitlock, 2013). If leaders are not there for their followers in the time of need, they are looked at as not being supportive or deserting their followers. Leaders must also be creative thinkers and problem-solvers to be successful in the workplace (Peachey, Zhou, Damon, & Burton, 2015).

Effective nurse leadership depends on effective leadership development (MacPhee, Skelton-Green, Bouthillette, & Suryaprakash, 2012). For nurse managers to have the right skills, training, and mentoring to be successful, senior nurse leaders have to continue to train their managers throughout their career. The practice of hiring the most experienced and highest performing nurses into the role of nurse manager often results in personal conflict, ineffective leadership, and confusion with other nurses (Nelson, 2017). When this occurs, roles between the manager and staff nurses are not clear which adds unnecessary confusion and as a result makes the new manager unsuccessful.

Lack of support is one of the major factors related to nursing manager turnover. Nurse Managers often report they have strong peer support but lack senior leadership support (Loveridge, 2017). The lack of senior leadership support is concerning because there is a declining number of nurses undertaking the nurse manager role which will affect the clinical setting (Manning, Jones, Jones, Fernandez, 2015). McKinney & McKay, 2016, reported that 86% of the nurse managers lacked formal training in leadership when coming into the role. Loveridge, 2017 found the first year as a nurse manager was the hardest due to lack of orientation and mentorship. A comprehensive manager orientation, support group, and mentorship are encouraged to help the nurse manager be successful (Loveridge, 2017). When new nurse managers are able to talk through situations with fellow colleagues and senior nurse leaders, ideas are created because situations are clarified. Nurse leaders need the training to help enhance their supervision/management of staff for professional nursing practice and support the achievement of career goals (Tsang et al., 2017).

Delmatoff and Lazarus (2014) determined that leadership development with continuous improvement does not end upon the hiring of a manager. One strategy to use is for a manager to lead by example and go back to the front lines, and see how their employees are working. (Davies, 2013). Macphee et al., 2012 found that a theoretical empowerment framework could empower nurse leaders leading to nursing empowerment. If the manager creates positive practice environments, this will ultimately improve nurse retention rates and patient care outcomes (Twigg & McCullough, 2014). Clark-Burg & Alliex, (2017), recommended a series of short courses for nursing managers on leadership development and management skills. The American Organization of Nurse Executives and other national nurse organizations collaborated to develop the Nurse Manager Learning Partnership. This partnership focuses on three domains, the science, the art, and the leader within while being in the nurse manager role (Ramseur & Fuchs, 2018). This program has proven to be a valued resource for developing future nurse leaders in health care organizations.

Another successful strategy is to identify what the nurse manager needs to succeed. The senior nurse leader needs to conduct a training needs assessment for the nurse manager. Kvas, Seljak, & Stare, 2014, list the following categories in their needs assessment (a) positive attitude towards education, (b) excellent interprofessional relationships, (c) realization skills, (d) execution of procedures, and (e) communication tools with staff. Brennan, 2017 suggests nurse managers having emotional intelligence, diplomacy, facilitating team learning and adequate resiliency skills. Twigg &

McCullough, 2014 explains the importance of honing of emotional and social intelligence, appreciative inquiry, and critical incident analysis.

Span of Control

An important factor in leadership success is the leader's span of control. In response to increasing financial costs for hospitals, they have strategically increased nurse manager's span of control (Simpson, Dearmon, & Graves, 2017). The span of control is the number of employees under the direct supervision of a manager. The smaller the span of control, the more opportunities for effective leadership (Havaei, Dahinten, Macphee, 2015). Havaei et al, 2015 found that there were adverse effects on novice nurse leaders with a wider span of control and senior management should consider this when mentoring these managers.

Wong et al., 2015 noted that organizations must create strategies to manage the span of control for frontline managers to ensure they can achieve successful outcomes and have the time to facilitate staff work. Meyer et al., 2011 explains that the span and operational hours that nurse managers have, can affect their capacity to influence nurse satisfaction and outcomes to improve. Simpson et at., (2017) states that research supports the importance of measuring the manager's span of control and providing strategic support to those with a larger span of control. If frontline managers are not able to focus on specific tasks starting out, they may never be able to learn the foundation they need to be a successful nurse/frontline manager.

Emotional Intelligence

Senior nurse leaders also need to measure if their managers have enough emotional intelligence (EI) for them to be successful in their positions. If they do not have EI, the senior nurse leader needs to help foster and develop their EI. EI is the ability to manage, perceive, and evaluate emotions of oneself, in others, and in groups (Clancy, 2014). In the health care field, employees use ranges of emotions each day and it is important for nurse managers to be able to identify if their employees use the appropriate emotion.

Other characteristics of EI are self-regulation, motivation, empathy, and social skills (Phillips & Harris, 2017). Each employee is different so the manager has to be able to evaluate their employees to identify what type of EI they have. Tyczkowski, Vandenhouten, Reilley, Kubsch, 2015, noted the importance of emotional intelligence and even recommended an assessment of EI pre-employment to recruit the strongest applicants. Leaders with emotional intelligence are high performers who contribute to organizational success. Emotional intelligence increases in leaders by having them explore, analyze, and foster their EI leadership skills (Heckemann, Schols, & Halfens, 2015). Senior nurse leaders need to show new nurse managers how to manage their emotions to create positive work environments (Heckemann et al., 2015).

Transformational Leadership

In today's rapidly changing environment a healthcare organization should not only have a vision and mission, but their leaders must practice the vision and mission daily (Waterbury, 2016). If employees see the leaders not practicing the vision and

mission daily, they will not see the importance of practicing it themselves. Leadership development programs for nurse managers using the initial principles of transformational leadership (TL) can contribute to organizational goal achievement and improved patient outcomes (Simpson, Dearmon, & Graves, 2017). TL collaborates with subordinates to form mutual goals and is associated with better patient outcomes, fewer medical errors, and reduced staff turnover (McRae, 2017). Transformational leadership is a strategy used in today's health care environment to help meet challenging demands (Choi Goh, Adam, & Tan, 2016).

Transformational leadership can affect job satisfaction positively and is a framework for developing leadership competencies to cultivate a team-focused culture (Fischer, 2017; (McRae, 2017). The four dimensions of transformational leadership are: (a) taking a personal interest in a colleague that has potential, (b) the ability to solve problems, (c) the ability to communicate expectations and significant undertakings and to motivate people, and (d) charisma or the ability to provide a clear vision, instill pride, and earn the respect of followers (Liang & Steve Chi, 2013). When leaders earn respect, the followers will do whatever they need to and the organization will be successful.

Health care clinical leaders should consider using these strategies to improve employee engagement and retention. Leggat & Balding, (2013), emphasize that transformational clinical leaders are critical to an organization with or without organizational structure. This is because this leadership characteristic is used in a team approach and with health care professionals; patient care is all about teamwork. Nurses entering practice today must be adequately trained to meet the demands for rapid-cycle

improvement within a blustery environment of advancing technology, shifting demographics, and shrinking resources (Fischer, 2017).

Henrick, Brennan, & Monturo, (2016), found that midlevel managers were less engaged in leadership but focused more on tasks. Making it important to implement transformational leadership in all roles. Albagawi et al. (2017), show in their study that there is a need to develop leadership behaviors that are proven effective in implementing positive and adaptive behaviors among nurse leaders. Weber, Ward, & Walsh, (2015), successfully implemented a transformational leadership curriculum to help support a successful transition of nurses to nursing managers providing a framework to strengthen their overall nursing department. Buck & Doucette, 2015 also found that with transformational leadership practiced in their Chief Nursing Officers it created a collaborative, civil, and healthy environment with better patient outcomes. When the health care environment is civil and nurses and other clinical staff are using teamwork, the patient wins every time.

Transition and Summary

Nursing leadership should adopt new strategies to improve the retention of the nursing workforce. High rates of turnover where staff is voluntarily leaving their primary employment are anywhere between 12 and 50% (Dawson et al., 2014). One of the main reasons for high nursing turnover is nursing job satisfaction (Fallatah & Laschinger, 2016). Despite the demand for nurses, senior nurse managers continue to face challenges in retaining nurses. Previous research provides evidence of the nature of these challenges, including job losses in the workplace and the constantly changing healthcare

environment, which justifies the need for senior nursing managers to use retention strategies to retain nurses. Traditional management practices such as not addressing the tough problems, not using interpersonal skills, and not encouraging unique strategic alliances are ineffective under the new leadership into the 21st century (Graen & Schiemann, 2013).

For nurse managers to have the right skills, training, and mentoring to be successful, senior nurse leaders have to continue to train their managers throughout their career. Lack of support is one of the major factors related to nursing manager turnover, therefore, affecting frontline staff. Nurse Managers often report they have strong peer support but lack senior leadership support (Loveridge, 2017). McKinney & McKay, 2016, said that 86% of the nurse managers lacked formal training in leadership when coming into their role. Retention strategies uncovered by the literature review includes development and training, reward and recognition, compensation, work-life balance, and quality of leaders. A transformational leadership curriculum that is supported and that successfully transitions nurses to nursing managers by providing a framework to strengthen their overall nursing department is important (Weber et al., 2015). Successful leadership development may contribute toward the overall nursing satisfaction and retention rates.

In Section 1, I discussed the background of the problem, the problem, purpose, nature of the study, interview questions, conceptual framework, and operational definitions. Section 1 also addressed assumptions, limitation, delimitations, the significance of the study, and review of the professional and academic literature. Section

2 includes the role of the researcher, participants, research method, research design, population and sampling, and ethical research. Section 2 also includes data organization techniques, data analysis, and reliability and validity. Section 3 includes the findings of my qualitative study relating to LMX-T, application for professional practice, implications for social change, recommendations for action, and recommendations for future research into leadership strategies that will help improve nurse retention. Section 3 also includes personal reflections, personal biases on the research, and the conclusion of the study.

Section 2: The Project

Purpose Statement

The purpose of this qualitative multiple case study was to explore the leadership strategies that hospital senior nurse managers use to improve nurse retention. The targeted population sample consisted of six senior nurse managers, one from six different hospitals located in the Rocky Mountain states, who had demonstrated effective leadership strategies in retention of nurses. Findings from this study may contribute to social change by improving retention rates of nurses, which may enhance the competitive advantage for hospitals by improving patient satisfaction scores and improving care. These improvements may result in increased hospital reimbursements and may influence organizational commitment to improving patient outcomes.

Role of the Researcher

The role of the researcher in the data collection process is to separate personal perceptions, beliefs, and morals when engaging in research (Cornelius, 2014). For the public to trust research, researchers need to conduct data collection truthfully and mitigate bias (Batura et al., 2014). I strived to collect information accurately and to reduce bias. I am familiar with the topic of this study because I am a senior nurse leader in the health care industry. I conducted the doctoral study in metropolitan areas where I do not live. I did not have a personal or working relationship with the participants. My role was to create a reliable study by focusing on a phenomenon and limiting personal biases (see Yin, 2014). I was the primary data collection instrument. I did not have any

prior relationship with the research topic of leadership strategies to improve nurse retention.

I preserved all ethical principles throughout my study by adhering to the protocols outlined in The Belmont Report involving human subjects (U.S. National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1979). The Belmont Report focuses on three ethical principles for researchers: (a) beneficence—maximizing benefits, minimizing risks; (b) justice—fair distribution of benefits and burdens of the research; and (c) respect for persons—protecting individual rights/welfare (U.S. National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1979). I mitigated bias and avoided viewing data through a personal lens by using bracketing. Bracketing helps keep the interview objective despite the researcher's knowledge of the research topic (Sorsa, Kiikkala, & Astedt-Kurki, 2015). By using bracketing, I did not influence the participants when interviewing. I used an interview protocol to help eliminate bias. I focused on guiding questions during the interviews; that way I could ask follow-up questions when seeking clarification. The guiding questions were also designed to avoid simple yes or no answers. The role of the researcher as the primary data collector requires the researcher to outline biases, values, and assumptions.

Participants

Participants consisted of six senior nurse managers from six different hospitals located in the Rocky Mountain states. The participants each had 5 to 10 years of experience as RNs. Written consent was required before each interview. I selected senior

nurse managers who had experience with hiring responsibilities using leadership strategies that focused on retention of nurses. Senior nurse managers who met the criteria were eligible to participate in the study. Individual who served as vice presidents, directors, and assistant directors met the requirements and were eligible to participate in the study.

My strategy to gain access to participants was first to search potential participants' contact information on Google. I searched for health care facilities in the Rocky Mountain states. Once I obtained contact information such as a telephone number or e-mail address, I began to reach out to my potential participants via phone and e-mail.

My strategy for working with participants was to introduce myself via e-mail and telephone. In establishing a working relationship with participants, I was clear about my intentions. I made sure the participants felt comfortable, and I did not use influence to control their thoughts. I developed a professional relationship with the participants through frequent communication by telephone and e-mail to ensure accuracy once the individual agreed to participate in the study. Prospective participants received an invitation to participate via e-mail (see Appendix C) along with the informed consent form. I received via e-mail the informed consent attachment indicating their agreement to participate.

Research Method and Design

Research Method

I used a qualitative multiple case study. The purpose of the study was to explore strategies to prepare nurse managers with effective leadership strategies to increase

nursing retention in the Rocky Mountain states. A multiple case study is beneficial when the boundaries between the phenomenon and the context are not easily translated (Amerson, 2011). A multiple case study design allowed for evaluation of participants' responses regarding strategies to improve retention rates of nurses, which may enhance the competitive advantage for hospitals.

Yilmaz (2013) stated that a quantitative study involves the analysis of a theory, relationships, and statistical data. The main objective of the current study was to understand leadership strategies and important aspects that could play a role in the turnover of employees; therefore, a quantitative method was not appropriate. A mixed-methods study may be used when previous research is either inconclusive or equivocal (Venkatesh et al., 2016). A mixed-methods approach did not meet the needs of my study because the purpose of the research was to explore nurses' real-life experiences and observations.

Research Design

A multiple case study was the most appropriate research design for this study. A multiple case study involves studying a case in a real-life context by collecting data from direct observations, interviews, and archival documents to explain a phenomenon (Hoon, 2013; Hyett et al., 2014; Yin, 2013). The researcher can use the study as a tool to make change by understanding the theoretical concepts that are necessary to make a case analysis (Ates, 2013). I used a multiple case study design to explore strategies that prepare senior nursing managers with effective leadership approaches to increase the retention of nursing in the Rocky Mountain states.

Other research designs that I considered for this study were phenomenology, ethnography, narrative, and case study. Researchers use phenomenology to study lived experiences of individuals (Gill, 2014). The phenomenological design did not meet the needs of my study because the purpose was to focus on methods of human behavior and improvement strategies. The focus of the ethnographic design is an exploration of the culture of social behaviors (Reeves et al., 2013). An ethnographic design did not meet the needs of my study because social behavior within a culture of nursing managers was not explored. Researchers use a narrative design to explore a human experience by telling a story (Salkind, 2010). A narrative design did not meet the needs of my study because I interviewed and collected data from nurse managers to find common themes. The researcher strives for data saturation to the point of diminishing returns (Marshall, Cardon, Poddar, & Fontenot, 2013). I reached data saturation when I heard no new information from my participants.

Population and Sampling

The sample population for this study consisted of six senior nurse managers from six different hospitals in the Rocky Mountain states. The participants each had 5-10 years of experience as RNs. I selected senior nurse managers who had experience with hiring responsibilities using leadership strategies that focus on the retention of nurses. Individuals who served as vice presidents, directors, and assistant directors met the requirements and were eligible to participate in the study. I used purposeful sampling to identify participants for my multiple case study interviews. Data for this multiple case

study came from interviews, documents, and direct observations (see Yin, 2014), which prevented the need for a large sample size.

Eligible participants met the following criteria for inclusion in the study: They currently held a senior nurse manager position such as vice president, director, or assistant director in a hospital in a Rocky Mountain states. They also had hiring responsibilities and 5-10 years of experience as RNs. Nurses who did not meet these criteria were not eligible to take part in the study. I made sure that all participants complied with these requirements by filling out the signed form. To select participants, I used purposeful sampling. Purposeful sampling is a technique used to identify a group of people with exceptional knowledge of a subject (Palinkas et al., 2015). Purposeful sampling was the best approach because it allowed me to focus on the subject matter experts in the industry without having to waste valuable time focusing on multiple professionals. This sampling was also the best for my study because my interviewees were people who had the ability to communicate experiences and opinions in a clear, open, and reflective way (see Palinkas et al., 2015).

Data saturation determines whether the sample size is adequate. An appropriate sample size is one that yields sufficient data to answer the research question and provides enough information to replicate the study (Fusch & Ness, 2015). Researchers cannot assume data saturation just because the resources are exhausted. To obtain saturation, the study needs to have at least two to 50 participants (Shahgholian & Yousefi, 2015). I collected data by interviewing participants in a suitable setting. The interview setting provided a comfortable and non-threatening environment and allowed participants to be

honest about their health care experiences (see Shahgholian & Yousefi, 2015). I conducted interviews via Skype, FaceTime, or regular telephone due to the distance I was from the hospitals. I asked participants to select the best setting that would minimize interruptions for them. The schedule interviews were for 60 minutes.

Ethical Research

Before obtaining informed consent from participants, I provided them with information that explained the background of my study, the potential role of participants, and how their input would benefit the study and improve management strategies that affect the retention of nurses. Consent requires revealing risks to people to acquire scientific knowledge (Resnik, 2015). Once the participants had reviewed the information, I asked them to sign the form to show their willingness to participate in my study. Participants were also informed about confidentiality and secure data storage to prevent or minimize harmful effects on participants or the associated organization. Participants could withdraw from my study in writing or verbally without penalty at any time. I did not offer any monetary incentives for contributing to the research, but participants were told they would receive a thank you letter and a copy of the final research document once it was published.

According to Rashid, Caine, and Goez (2015), ethics goes beyond the consent form and ensures that participants' privacy and confidentiality are maintained throughout the study. I coded the names of participants and research organizations to ensure confidentiality and privacy. I assigned each participant a number (e.g., Participant 1). Participants' contact information and organization names were removed from the study.

Paper files will be stored in a locked cabinet, and electronic data will be password protected on my personal computer. I will store the data from my study securely for 5 years to protect the confidentiality of the participants. After 5 years, the data will be destroyed via shredding documents and deleting electronic data. Walden University's institutional review board (IRB) ensures compliance with ethical standards as well as U.S. regulations. The Walden University IRB approval number for this study was 07-25-18-0241085.

Data Collection Instruments

I was the primary data collection instrument in this study. I used semi-structured interviews with open-ended interview questions to gather quality data from participants (see McIntosh & Morse, 2015). The interviews took place via Skype or landline. The interview protocol (see Appendix A) guided participants' responses regarding my research topic. I used a recorder in each interview with permission from the participant. The recorder helped with the data analysis process by ensuring an accurate transcript.

To enhance the reliability and validity of the data collection process, I used member checking, interview notes, and transcript review. Member checking is a mode of knowledge production in which the researcher interviews the interviewees and then repeats the gathered information back to the interviewees for accuracy (Caretta, 2016). Member checking, interview notes, and transcript review are essential to ensure that the researcher has captured meaning as well as word choice (Truglio-Londrigan, 2013).

After interviewing each participant via Skype or landline, I transcribed each participant's responses and conducted a transcript review for accuracy by giving

interviewees the transcripts to review and provide feedback. I made sure that I accurately represented their responses to my questions. Reviewing the findings through member checking allows for more validation to the study (Caretta, 2016). Member checking occurred after each participant validated and verified the transcripts. Participants had 1 week to review and respond to the transcripts via e-mail. Once I reached data saturation, I examined the data and organized the information into themes.

Data Collection Technique

The primary data collection technique for my study was semi-structured interviews with open-ended interview questions to gather quality data from participants (see McIntosh & Morse, 2015). I contacted the participants by phone to obtain agreement for participation in my study. During my initial phone call, I explained the goal of my research and the reason why I wanted to collect data from each participant. During the first phone call, I also worked with the participant to identify the best way to conduct the interview. After the call, I e-mailed each participant with the following information: date, time, and location of the interview; consent form; and confidential agreement forms. The interview protocol (see Appendix A) was used to guide the interview.

Once I received the signed informed consent letter, I conducted the interviews at the scheduled date and time. The interviews were recorded on my phone. I also took handwritten notes and observed nonverbal cues such as body language, hesitation, and facial expressions. All questions were asked of all the participants in the same order, and all data were analyzed item-by-item systematically (see McIntosh & Morse, 2015). I planned for each interview to last between 45 and 60 minutes. The interview questions

are in Appendix B. When the interview was ending; I asked each participant if there were further comments or questions that they wanted to add. After interviewing each participate, I transcribed each participant's responses and conducted a transcript review for accuracy by giving participants the transcript to review and provide feedback. I wanted to make sure that I accurately represented their answers to my questions. Reviewing the findings through member checking allows for more validation to the study (Caretta, 2016). Member checking occurred after participant validated and verified the transcripts. Participants had one week to review and respond to my transcripts via email.

An advantage of semi-structured interviews is the flexibility and that the interviewer can see facial expressions and body language of the participant; a disadvantage is that some participants may not be comfortable or shy with face-to-face semi-structured interviews (Wilson, 2016). Face-to-face interviews do take time, but the data gathered from all participants develop the study. Verbal language emerged from face-to-face communication (Butler, 2015).

I used member checking, interview notes, and transcript review. Member checking is an instinctive mode of knowledge production in which the researcher interviews the interviewees and then repeats the gathered information back to the interviewees for accuracy (Caretta, 2016). The use of member checking, interview notes, and transcript review are essential to ensure that the researcher has captured meaning as well as word choice (Truglio-Londrigan, 2013).

After interviewing each participates at their work location via Skype, or via landline, I transcribed each participant's responses and conducted a transcript review for

accuracy by giving interviewees the transcripts to review and provide feedback. I want to make sure that I accurately represented their responses to my questions. Reviewing the findings through member checking allows for more validation to the study (Caretta, 2016). Member checking occurred after participants validated and verified the transcripts. Participants had one week to review and respond to my transcripts via email. Once I reached data saturation, I examined the data and organized the information into themes.

Data Organization Technique

After interviewing each participant via Skype or landline, I transcribed each participant's responses and conducted a transcript review for accuracy by giving interviewees the transcripts to review and provide feedback. I wanted to make sure that I accurately represented their responses to my questions. Reviewing the findings through member checking allows for more validation to the study (Caretta, 2016). Each participant was labeled from P1 to P6 for confidentiality purposes. I used a reflective journal to record my insights, observations, and notes taken during each interview.

I obtained data coding to confirm that the meaning of the analysis is the same between each participant (Morse, 2015). Once all data was collected and verified, the codes and themes were transferred to NVivo12. Using NVivo12 was my method to organize the data so the underlying messages portrayed could become clearer to me (Theron, 2015). All raw data (paper files) will be in a locked cabinet, and electronic data will be password protected on my personal computer. I will store the raw data from my study securely for 5 years to protect the confidentiality of the participants. Five years

after completing the study, the raw data will be destroyed via shredding documents and deleting electronic data.

Data Analysis

Graue (2015) explains data analysis as a process of classification, description, and interconnection of phenomena with the researcher's concepts. In this multiple case study, data analysis provided a framework to understand leadership strategies that hospital senior nurse managers use to improve nurse retention. I analyzed the data using Yin's (2014) data analysis method. This method includes the following five steps: (a) compiling the data; (b) disassembling the data; (c) reassembling the data; (d) interpreting the meaning of the data, and (e) concluding the data (Yin, 2014).

I used semi-structured face-to-face interviews with open-ended interview questions to gather quality data from participants and comparing participants by item (McIntosh & Morse, 2015). My analysis was not limited to issues that I thought were important. I also included issues that participants raised. To enhance the reliability and validity of the data collection process, I used member checking, interview notes, and transcript review. I asked the participants eight questions and the interviews lasted from 45 – 60 minutes. I grouped participants' words, idioms, and experiences that appeared to be similar in the same category. I also used participants' quotes to illustrate themes. The use of semi-structured face-to-face interviews, member checking, and transcript review support the application of triangulation for my study.

Microsoft Word was used to transcribe the interviews I conducted with each participant. I used data coding to confirm that the meaning of the analysis is the same

between each participant (Morse, 2015). Once all data is collected and verified, the codes and themes were developed in NVivo12. NVivo12 was my method to organize the data so the underlying messages portrayed can become clearer to me (Theron, 2015). I verified that the themes I analyzed aligned with my research question and purpose statement by linking the themes with some of the major themes that have been found in the literature. I analyzed themes to connect to my study's conceptual framework of LMX-T, by re-examining established topics and critically used the framework as a guide to explore, analyze, and interpret data.

Reliability and Validity

Reliability

Morse (2015) explains that reliability is when the same results of the study are found if the study were conduct a second time. To enhance the reliability and validity of the data collection process, I used member checking, interview notes, and transcript review. The use of member checking, interview notes, and transcript review are essential to ensure that the researcher has captured meaning as well as word choice (Truglio-Londrigan, 2013).

Dependability is possible when triangulation, splitting data and duplicating the analysis, and use of an audit trail are used in the study (Morse, 2015). I confirmed dependability in my study by reviewing my interview questions to make sure that participants could understand what I was asking in order to answer effectively. To enhance the reliability and validity of the data collection process, I used member

checking, interview notes, and transcript review. I used data coding to present the participants' responses in a truthful and unbiased way.

Validity

Credibility involves using triangulation or peer debriefing to ensure that the participant's responses are recorded accurately (Sousa, 2014). To develop credibility, I grouped participants' words, idioms, and experiences that appeared to be similar in the same category. I also used participants' quotes to illustrate themes. Member checking was also used to accurately interpret the data. I used interviews, observations, and organization websites and documents to help corroborate evidence for triangulation. Triangulation enhances the validity of the research (Leung, 2015).

Transferability is when original findings are transferred to another context or an individual (Morse, 2015). I provided detailed and thorough explanations of data findings for transferability. My study audience is the health care industry. For this study to be transferable, the results must apply to the health care industry so that senior nurse managers will use leadership strategies to help improve nurse retention.

Morse (2015) explains that confirmability is when the researcher uses objectivity such as triangulation and the audit trail. To show confirmability, I used quotes from the participants and described how the results came directly from interviews. I stopped interviewing participants when data collection had no new topics to report, no new category associations and when I reached a point in the data analysis that more data was not related to my research question. Data saturation is the stage when further collection of evidence provides little in terms of themes, perspectives, insights, or information (Suri,

2011). To ensure data saturation, I verified that the sample size is one that addresses the research question and determines if there is enough information to replicate the study (Fusch & Ness, 2015). The usage of triangulation for data saturation helped with data saturation in my study.

Transition and Summary

Section 2 included specific details of the nature of the study, the participants, the role of the researcher, research ethics, and how I conducted the research with data collection, techniques, organization, and analysis while focusing on the reliability and validity of the study. Section 3 includes the findings of my qualitative study relating to LMX-T, application for professional practice, implications for social change, recommendations for action, and recommendations for future research into the recruitment of nurses. Section 3 also reveals personal reflections, personal biases on the research, and the conclusion of the study.

Section 3: Application to Professional Practice and Implications for Change

Introduction

The purpose of this qualitative multiple case study was to explore the leadership strategies that hospital senior nurse managers use to improve nurse retention. The targeted population sample consisted of six senior nurse managers, one from six different hospitals located in the Rocky Mountain states, who had demonstrated effective leadership strategies in retention of nurses. I collected data from interviews, observations from participants, and companies' websites using the data collection protocol approved by the Walden University IRB (approval number 07-25-18-0241085).

The interviews took place via Skype and conference calls. The interviews were audio recorded, transcribed, and coded. I used NVivo 12 software to identify major themes from data sources. By using NVivo12, I was able to associate themes, phrases, and codes among data collection sources. Based on the data analysis of interview responses, the following three subthemes emerged: (a) development/training, (b) organization challenges, (c) recruitment strategies. The two major themes that emerged during analysis were (a) leadership strategies and (b) retention strategies. The identification of similar terms, phrases, and themes among participant's data sources provided me with an understanding of participants' experiences and an assortment of evidence to authenticate my findings.

Presentation of the Findings

The study's central research question was the following: What leadership strategies do hospital senior nurse managers use to improve nurse retention? Participants

responded to interview questions based on their experiences of creating and implementing strategies to recruit and retain RNs to the Rocky Mountain states. Participants were six senior nurse managers, one from each of six hospitals located in the Rocky Mountain states, who had demonstrated effective leadership strategies in retention of nurses. My study's findings are significant to the senior nurse leaders in hospitals that recruit and retain RNs in the health care industry. In the presentation of my findings, the study participants are referred to as follows:

1. P1 for the first participant,
2. P2 for the second participant,
3. P3 for the third participant,
4. P4 for the fourth participant,
5. P5 for the fifth participant, and
6. P6 for the sixth participant.

I used semistructured interviews consisting of eight open-ended interview questions to collect data from participants. I interviewed six senior nurse managers. The average interview time was 30 minutes. Data saturation began to occur during the fourth interview and was confirmed in the sixth and final interview. After six interviews, no new information came forth, and therefore no more interviews were needed for my study.

After each interview, I transcribed my written and recorded notes into a Word document. Each participant was e-mailed a copy of my notes and was asked to review them and provide revisions, if necessary, within 1-2 weeks. Member checking occurs when the researcher interviews the interviewees and then has the interviewees review the

gathered information for accuracy (Caretta, 2016). After I received all the participants' notes back, I entered the notes into NVivo12 to rank the most frequently used words.

Keywords

I created a list of keywords from NVivo12, which helped me develop my themes. Table 1 highlights the most frequently used words by my participants in their responses. When I was reviewing my interview questions and the participant's responses, I coded the data by using NVivo12. It was during this time that my themes started to emerge. The words/terms that were used over 10 times in my interview notes were leader/leadership/strategies-41, nurse/retention/strategies-37, strategies-31, and turnover-14.

Emerging Themes

In this section, I elaborate on my results by describing emerging themes. There were two major themes and three subthemes. The two major themes that emerged as strategies from the health care facilities that I interviewed were (a) leadership strategies and (b) retention strategies. The three subthemes were (a) development and training, (b) organizational challenges, and (c) recruitment strategies. Theme 1 was leadership strategy. The subthemes under leadership strategy were development and training and organizational challenges. Theme 2 was retention strategies. The subtheme was recruitment strategies. There were overlapping subthemes in both major themes. The overlapping subthemes were organizational challenges and retention strategies. The major themes contained the three subthemes.

Theme 1: Leadership Strategies

To be successful in health care, senior nurse managers have to have leadership strategies that they can use with frontline staff and nurse managers. Without effective nurse managers, the frontline staff will not feel like they are being heard, and as a result, they will move to another organization. P1 said that "my employees have to know I have their back." P2 said that "interviewing people and choosing the right employees from the interviews is also an important strategy."

The leadership strategies performed by all the participants indicated that regardless of the national nursing shortage, the participants continuously forged ahead to guide, coach, and mentor RNs. A common approach from the participants was to have mentoring, internship, and leadership development for frontline RNs as well as nurse managers. P4 said, "we have to show our staff that they are invested in and heard." P1 said that "the best way to find out what is going on in your organization is by actively rounding on employees."

Organizations have to be creative in their leadership strategies. All of the senior nurse managers agreed that there is not just one strategy; it has to be a multifaceted approach. Even though there was not just one strategy, most of the participants' hospitals are Magnet organizations, which shows that they have similar structures in how the nursing division is set up and run. The biggest takeaway from Magnet organizations is that bedside/frontline nurses are involved in making the decisions for their organization.

Leadership strategies were successful by all participants based on the outcomes or results of patient care, nurse retention, and management retention. To fully implement

leadership strategies, managers have to have a manageable span of control with employees. P1 said, “my span of control was lessened so I was able to build my management team and together we were successful.” P4 said that “it was important to hire the right managers that can manage employees.” The senior nurse managers agreed that listening to employees to make a positive change was important.

Theme 2: Retention Strategies

With the national nursing shortage, health care facilities are recruiting the same nurses for employment. What each organization is offering and where the applicants want to live will determine where the RNs will work. All of the study’s participants acknowledged that market adjustments for nurses are constantly being reviewed to be competitive with other local health care facilities. All of the study’s participants acknowledged that the rate of pay with benefits was only one factor.

All of the study’s participants agreed that having the right manager in place to manage nurses as well as having a recognition program was very important to employees. Another important strategy is to have career mapping and discuss with each nurse what his or her goals and aspirations are. The focus of this program is to make sure nurses are happy where they work and do not leave because they cannot transfer to another department within the facility. P3 stated, “you have to be responsive to nurses that want to transfer to another department.” Nurses may want to transfer to another department due to career aspirations or because they are trying to get away from low-performing employees. P1 stated, “you have to move toxic/low performer employees out sooner because if not, you will lose your good employees.” Managers have to be able to

recognize who their low-performing employees are and actively coach them up or coach them out of the department.

The study's participants reported that shared governance is a useful strategy for retaining nurses because it gives each RN the ability to get involved and to make changes. P2 stated, "shared governance ensures nursing staff has a voice." When RNs know that their voices are being heard and they have a say in how to take care of patients, nurses will want to work for the organization. P5 stated, "managers need to find out what is important to the bedside nurses." "In order to find out what is important to RNs, managers need to actively round on their departments and follow up on rounding issues," according to P1.

Other retention strategies reported by the participants are the amount of time an RN is on shift and whether the RN has to rotate nights, days, and weekends. According to P6,

> Different amount of working shifts is important. For example, working 12 hours versus 8-hour shifts. This is a huge retention factor for staff nurses. Managers have to look at nurse retention by the type of worker. We are starting to see our 15-20 year workers leave. We need to see what we are doing to retain them if they want to continue working limited hours. In some cases, veteran nurses that are not quite ready to get out of the working environment work longer if they are able to decrease the number of hours they work each week.

Literature Review and Conceptual Framework Application

Senior nurse managers in the Rocky Mountain states are not oblivious to the nursing shortage in their state or around the country. According to the Bureau of Labor Statistics (as cited in Grant, 2016), between 2014 and 2022 1.2 million vacancies for registered nurses will emerge, which is twice the scarcity since the introduction of Medicare and Medicaid. An additional burden on the health care system is that the baby boomer generation will need more care as they age (Acree-Hamann, 2016). All of the senior nurse managers interviewed in the current study reported that other health care facilities are facing challenges with recruiting and retaining RNs.

The aging patient population is only one element of the health care workforce shortage. Another part that senior nurse managers are experiencing is the fact that the RN workforce is aging (Snavely, 2016). Approximately one million RNs are currently over the age of 50, which means that there will be a higher number of retirements in the next 10-15 years (Grant, 2016). There will need to be more RNs hired to replace the retiring workforce. Snavely (2016) suggested that an inability to match the supply with the demand will have a significant impact on the health care system. All of the study participants acknowledged the impact of the retiring workforce.

Another reason for high nursing turnover is nursing job satisfaction (Fallatah & Laschinger, 2016). All of the study participants are working to improve the working environment with hopes that this will help with nursing job satisfaction. P2, P4, and P6 agreed that shared governance can help with nursing job satisfaction. Another strategy related to improving job satisfaction was identifying other factors related to a nurse's life

both inside and outside of her or his employment (Currie & Carr Hill, 2012). Senior nursing managers can use work-life balance strategies to retain employees and improve the commitment and retention of employees. For any organization, it is essential to use work-life balance activities as a strategy to reduce turnover (Lyness & Judiesch, 2014). Work-life balance has the potential to increase health care employees' buy-in, and as a result, increase retention.

Al Mamun and Hasan (2017) explained employee turnover as a situation in which employees leave the organization for several reasons, which negatively affects the organization regarding overall expenditure and leaves other employees short staffed. Nurses leave organizations when their personal standards do not match the organization's standards when it comes to nursing practices (Bragg & Bonner, 2014). When turnover occurs, hospitals lose their ability to meet patient needs and provide high-quality care. A loss of individual and organizational performance, low staff morale, and increased costs affect nursing turnover (Portoghese et al., 2015). Currie and Carr Hill (2012) suggested nursing care with better nursing staff ratios or teams helps improve patient conditions and reduces staff dissatisfaction and employee turnover. When nurses have job satisfaction, patient care and satisfaction are met, and absenteeism and turnover are decreased (Portoghese et al., 2015). When absenteeism and turnover are decreased, real patient satisfaction can occur.

The literature review highlighted the importance of using transformational leadership with nurses. Transformational leadership is the key to create a supportive work environment in which nurses are empowered to provide optimal patient care (Boamah,

Spence Laschinger, Wong, & Clarke, 2018). When nurses know that their leaders support their work, participation with decisions on the unit will occur. Nursing leaders who implement transformational leadership improve working performance of their nursing employees and increase the effectiveness of their health care facility (Krepia, Katsaragakis, Kaitelidou, & Prezerakos, 2018). It is important for nursing managers to try to engage in transformational leadership to ensure that work environments are empowering, which will lead to better outcomes for patients and improve nurse retention.

Leadership-motivated excellence theory was the study's conceptual framework. According to LMX-T, administrative leadership forms unique strategic alliances with capable employees to work on shared problems within the organization (Graen & Schienman, 2013). When alliances form between managers and subordinates, excellence in performance increases. When communication increases concerning challenging new projects and new problems, subordinates and managers can talk through situations and spend time on problem-solving before the project matures (Graen & Schienman, 2013). When communication increases, nurse job satisfaction can increase and a productive team can take care of patients. P5 admitted that "there are many details in regards to improving retention." In order to improve retention, managers have to use many small strategies.

Another strategy to improve nurse retention is effective nurse leadership development. For nurse managers to have the right skills and mentoring to be successful, senior nurse leaders have to continue to train their managers throughout their career. The practice of hiring the most experienced and highest performing nurses in the role of nurse

manager often results in personal conflict, ineffective leadership, and confusion with other nurses (Nelson, 2017). When this occurs, roles between the manager and staff nurses are not clear, which adds unnecessary confusion and makes the new manager unsuccessful.

Lack of support is one of the major factors related to nursing manager turnover. Nurse managers often report they have strong peer support but lack senior leadership support (Loveridge, 2017). The lack of senior leadership support is concerning because there is a declining number of nurses undertaking the nurse manager role, which will affect the clinical setting (Manning et al., 2015). McKinney et al. (2016) reported that 86% of the nurse managers lacked formal training in leadership when coming into the role. Loveridge (2017) found the first year as a nurse manager was the hardest due to lack of orientation and mentorship. A comprehensive manager orientation, support group, and mentorship are encouraged to help the nurse manager be successful (Loveridge, 2017). When new nurse managers are able to talk through situations with fellow colleagues and senior nurse leaders, ideas are created because situations are clarified. Nurse leaders need the training to enhance their supervision/management of staff for professional nursing practice and support the achievement of career goals (Tsang, 2017).

Delmatoff and Lazarus (2014) determined that leadership development with continuous improvement does not end upon the hiring of a manager. One strategy to use is for a manager to lead by example and go back to the front lines, and see how their employees are working. (Davies, 2013). Macphee et al., 2012 found that a theoretical empowerment framework could empower nurse leaders leading to nursing empowerment.

If the manager creates positive practice environments, this will ultimately improve nurse retention rates and patient care outcomes (Twigg & McCullough, 2014). Clark-Burg & Alliex, (2017), recommended a series of short courses for nursing managers on leadership development and management skills. The American Organization of Nurse Executives and other national nurse organizations collaborated to develop the Nurse Manager Learning Partnership. This partnership focuses on three domains, the science, the art, and the leader within while being in the nurse manager role (Ramseur & Fuchs, 2018). This program has proven to be a valued resource for developing future nurse leaders in health care organizations.

Another important strategy in leadership success is the leader's span of control. In response to increasing financial costs for hospitals, they have strategically increased nurse manager's span of control (Simpson, Dearmon, & Graves, 2017). The span of control is the number of employees under the direct supervision of a manager. The smaller the span of control, the more opportunities for effective leadership (Havaei, Dahinten, Macphee, 2015). Havaei et al, 2015 found that there were adverse effects on novice nurse leaders with a wider span of control and senior management should consider this when mentoring these managers. P1 mentioned, "that when her span of control was lessened, she was able to be more successful with her nurses in her department."

Applications to Professional Practice

The main objective of this study was to explore leadership strategies that hospital senior nurse managers use to improve nurse retention. The findings test current thinking and industry practices by recommending a multi-faceted approach on how to improve

retention of RNs. The findings from this study may contribute to industry practices by increasing retention rates of nurses, which may boost the competitive advantage for hospitals by improving patient satisfaction scores and improving care. Understanding the causes for loss of nurses in the workforce is important because nurses can potentially dictate patient care and access to health care (Kruse, Bolton, & Freriks, 2015). This development may result in increased hospital reimbursements and influence employee commitment to improving patient outcomes. The themes that came from participants indicated that effective leadership and retention strategies could significantly affect the nursing shortage.

In order to be competitive in health care today, senior nurse managers have to have leadership strategies that work with frontline staff and nurse managers. P1 stated, "that employees have to know I have their back." P2 said, "that interviewing people and choosing the right employees from the interviews is also an important strategy." The leadership strategies performed by the study's participants were to guide, coach, and mentor RNs. A common approach from the participants was to have leadership development for frontline RNs as well as nurse managers.

Another important strategy is to have career mapping with each nurse to determine what his or her goals and aspirations are. The focus of this program is to make sure nurses are finding satisfaction where they work and do not leave because they cannot transfer to another department within the facility. P3 stated, "you have to be responsive to nurses that want to transfer to another department." Nurses may want to transfer to another department due to career aspirations or because they are trying to get away from

low performing employees. P1 stated, “you have to move toxic/low performer employees out sooner because if not, you will lose your good employees.” Managers have to be able to recognize who their low performing employees are and actively coach them up or coach them out of the department.

All of the senior nurse managers that were interviewed agreed that there is not just one strategy to retain nurses in the workforce; the manager’s approach has to be multifaceted. All of the participating hospitals are Magnet organizations. In addition, all of them have shared governance in their nursing division. Shared governance is a useful strategy for retaining nurses because it gives each RN the ability to get involved and to make changes. P2 stated, “shared governance ensures nursing staff has a voice.” When RNs know that their voices are being heard, nurses will want to work for organizations that use this strategy.

Another retention strategy discussed by participants was the amount of time an RN is on shift and if the RN has to rotate nights, days, and weekends. According to P6, “different amount of working shifts is important.” For example, working 12 hours versus 8-hour shifts. Managers have to look at nurse retention by the type of worker. For example, there are many generations in the workforce and not all employees have the same work goals. In some cases, veteran nurses that are not quite ready to get out of the working environment work longer if they are able to decrease the number of hours they work each week. This study may help hospital senior nurse managers increase retention rates of nurses, which may enhance the competitive advantage for hospitals by improving patient satisfaction scores and improving patient care.

Implications for Social Change

The results of this study may provide senior nurse managers with additional information on how to improve nurse retention. Effective retention strategies and access to resources can lead to increased retention rates of nurses, which can enhance the competitive advantage for hospitals by improving patient satisfaction scores and improving patient care. Nurse retention is important to overall health care because nurses can potentially dictate patient care and access to health care (Kruse, Bolton, & Freriks, 2015). Without proper leadership training, hospital nurse managers are not set up to succeed this will ultimately cause a decline in patient care and access which can affect social change. With proper leadership strategies, patient care may improve.

Health care organizations have to use a multifaceted strategy to improve nurse retention. Being a magnet organization with shared governance was a popular strategy. The magnet program with shared governance empowers bedside/frontline nurses to be involved in making decisions for their organization. When empowerment occurs, RNs are engaged and satisfied with the job, which can provide better patient care. Having the right manager in place to manage nurses as well as having a recognition program was very important to RNs. If the right manager is not hired, RNs will leave departments where they cannot trust or feel supported by their managers. If RNs do not feel appreciated for their good works, they will move onto another department or facility to receive recognition. Active management with low performing employees has to occur to promote change or high performing RNs will move on because they do not want to work with the low performers anymore. Another implication for positive social change is to have career

mapping and discuss with each nurse what his or her goals and aspirations are. The focus of this program is to make sure nurses are happy where they work and do not leave because they cannot transfer to another department within the facility. When nurses leave departments without managers knowing why they are leaving, can impede patient care due to staffing levels. Nurses are crucial positions to initiate change and lead health care, interdisciplinary teams, to care for patients and their families.

Recommendations for Action

Every hospital in the United States is unique with varying factors that determine its mission, vision, values, services provided to patients, and strategies to compete successfully in the ever-changing health care industry. In order to be successful, senior nurse managers must establish a multifaceted tool when using leadership strategies to increase nurse retention. Hospitals will also need to be able to evaluate the effectiveness of their multifaceted tool. Senior nurse managers should reach out to surrounding organizations to determine what leadership strategies other organizations are using to increase nurse retention. The senior nurse managers interviewed are learning from other local health care facilities on what they are doing so that they can compete for RNs. Senior nurse managers who are trying to improve their leadership development program for middle managers in order to retain nursing staff may benefit from this information. I recommend the following actions based on the results of my study:

- Senior nurse managers have to have leadership strategies that work with frontline staff and nurse managers. If the strategies do not work with the frontline staff and nurse managers, the senior nurse manager will fail. The

leadership strategies performed by the study's participants were to guide, coach, and mentor RNs.

- Provide leadership development for frontline RNs as well as nurse managers. Often times RNs are assigned to be in a leadership role due to their great bedside care to patients. This often makes the RNs not be successful in their leadership role because very few have furthered their leadership training since nursing school.
- Provide career mapping with each nurse to determine what his or her goals and aspirations are. The focus of this program is to make sure nurses are finding satisfaction where they work and do not leave because they cannot transfer to another department within the facility. Nurses may want to transfer to another department due to career aspirations or because they are trying to get away from low performing employees.
- Recognize whom are the low performing nurse are and actively coach them up or coach them out of the department. The main reason for this is so departments do not end of losing the quality nurses because they do not want to work with low performing nurses.
- Work towards becoming a Magnet organization and have shared governance. Shared governance is a useful strategy for retaining nurses because it gives each RN the ability to get involved and to make changes. When RNs know that their voices are being heard, nurses will want to work for organizations that use this strategy.

- Senior nurse managers must look at the amount of time an RN is on shift and if the RN has to rotate nights, days, and weekends. For example, working 12 hours versus 8-hour shifts. When RNs are able to have flexibility and stability with their work schedules, they have better balance with work and home life.
- Senior nurse managers have to look at nurse retention by the type of worker. For example, there are many generations in the workforce and not all employees have the same work goals. In some cases, veteran nurses that are not quite ready to get out of the working environment work longer if they are able to decrease the number of hours they work each week. The veteran nurses might be interested in the possibility of job-sharing with another veteran nurse in order to continue to work limited hours.
- The literature highlighted the importance of using transformational leadership with nurses. When nurses know that their leaders support their work, participation with decisions on the unit will occur. Nursing leaders who implement transformational leadership can improve working performance. It is important for senior nurse managers to try to engage in transformational leadership in order to ensure that work environments are empowering, which will lead to better outcomes for patients and improve nurse retention.

The results of this study could be dispersed through lectures, workshops, to hospitals leaders and senior nurse managers through continuing education. The results could also be discussed at professional conferences and circulate through scholarly and health care business journals.

Recommendations for Further Research

There is research regarding the nursing shortage; however, research on successful leadership strategies that help retain nurses is limited. The literature specified that the health care industry has struggled with dealing with the shortage of RNs. Continued studies regarding leadership strategies to help improve nurse retention should be explored to address areas not addressed in my study and to review delimitations. My motivation for this study was to highlight leadership strategies that senior nurse managers and hospital leaders can use to help retain RNs because there are few studies that exist. A further study to determine a categorical set of key indicators that business leaders may exercise that is transferable to businesses in other industries is highly recommended.

Further studies could reveal information associated with researching the views of RNs in hospitals. The limitations of this study were the geographical location and the small number of participants. Another recommendation would be to perform another case study in another state. Future studies could be performed in other parts of the world to gain a broader perspective of leadership strategies. Additionally, researchers in different geographical locations could collaborate to magnify the study. Multiple research methods could be performed to expand the existing findings and improve legitimacy that could add further awareness into retaining RNs. Finally, the proposed topics for additional research may assist senior nurse managers to focus their attention on the factors with significant impact on leadership strategies that help retain RNs.

Reflections

The research study involved six senior nurse managers from the Rocky Mountain states. Each participant shared his or her perception on leadership strategies that would help with nurse retention. To validate I was able to obtain broad, ample data about the study participants lived experiences, and I developed semi-structured face-to-face interviews with open-ended interview questions that would not limit their responses. I first began the process by searching potential participant's contact information on Google. I searched for health care facilities in the Rocky Mountain states. Once I obtained contact information such as telephone number and email address, I began to reach out to my potential participants via phone. Before I interviewed any participant, I made sure that I reviewed research bias to assure that there would be no impact on my findings. Once I received the informed consent letter signed via email, I conducted the interviews. The interviews were recorded by phone and the interviews took place either by face-time, skype, or landline only. When the interview was ending; I asked each participant if there were further comments or questions that they wanted to add. After interviewing each participate, I transcribed each participant's responses and conducted transcript review for accuracy by giving participants the transcripts to review and provide feedback. I wanted to make sure that I accurately represented their answers to my questions. I followed the protocol throughout the research process.

When I first started my Doctoral study, I expected there to be one strategy that worked to retain nurses. From my research findings, I have more understanding and clarity in reference to the impact leadership strategies have on nurse retention. Even

though there were different perspectives by the participants, I was able to recognize that many of their challenges were similar in order to retain nurses. The findings from my study uncovered additional strategies that I can use in my retention efforts. From my research results, I noticed the need for senior nurse managers to understand the strategies as it pertains to retention. Senior nurse managers should clearly define all of the themes from the research results. The research findings also made me mindful of what is necessary to be effective in engaging nurses and creating leadership strategies for the future.

Conclusion

Understanding the causes for loss of nurses in the workforce is important because nurses can potentially dictate patient care and access to health care (Kruse, Bolton, & Freriks, 2015). Nurses are needed to take care of patients in hospitals and quality care is dependent upon nurses. Without proper leadership strategies, hospital senior nurse managers will not succeed. The ability to use effective leadership strategies is essential to a hospital's success. Given the complexity of the situation, it has been determined that no one strategy by itself will be effective in addressing the situation. Nursing leadership should adopt multiple strategies to improve the retention of the nursing workforce. When there are sufficient nurses, patient care improves, and hospitals see positive economic and social change.

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Appendix A: Interview Protocol

- Confirm receipt of CONSENT FORM to and from participant.
- Arrive 10 minutes early to set up my cell phone recording device and prepare the location for the interview.
- Greet participant upon arrival and offer them a beverage (water) before we start the interview.
- Explain the interview process and what will happen during our time together. Remind them that I will be using my cell phone as a recording device for the entire interview. If at any time throughout the interview they feel uncomfortable or need to stop, they may do so with no questions asked.
- Answer any questions they may have.
- Begin interview with interview instrument.
- Take observation notes during the interview of the participant.
- Upon completion of my interview questions, ask each participant if there is anything else they feel is important for me to understand or anything they want to elaborate on at this time.
- Shut off my recording device on my cell phone; thank the participant for their interview.
- Remind each participant about the member checking process that will need to occur. Schedule this appointment time now if they can commit a time slot via face-to-face, Skype, or on the telephone. Reiterate the importance of member checking for my study.

- Part ways with the participant; having scheduled the member-checking interview.

Appendix B: Interview Questions

1. What leadership strategies did you use to improve nurse retention?
2. How do you measure the effectiveness of your nurse retention strategies?
3. What challenges have your organizational leaders encountered in developing strategies to increase retention?
4. How did your organizational leaders overcome challenges when developing strategies to increase retention?
5. Which of these strategies worked best?
6. What has been the effect of implementing these strategies?
7. What would you do differently if you were to begin again the implementation of these leadership strategies to improve nurse retention?
8. What other information not addressed would you would like to share regarding strategies to improve nurse retention?

Appendix C: Participants' Invite Letter

Dear Sir/Madam,

I am a doctoral candidate at Walden University pursuing a Doctor of Business Administration with a concentration in leadership. I am conducting a qualitative research study as part of my doctoral study project titled, *Effective Leadership Strategies that Leads to an Increase in Nursing Retention.* If you are a senior nurse manager (Vice President, director, or assistant director) with five to ten years of experience as an RN with hiring responsibilities, I am asking for your participation. Your participation will include a confidential 1-hour discussion of lived experiences on your effective leadership strategies that help increase nursing retention. This study, supervised by my committee chair, Dr. Scott Burrus will aid in fulfilling my academic requirements for this degree.

Participants will be asked to share their lived experiences through their own objectivity and insights of the strategies that have made them successful. The confidential meetings will be conducted using a standardized open-ended interview approach to understand the problem and seek clarification regarding the phenomena. Based on your acceptance and agreement to participate in this study, please sign and return the consent form that is included.

Most Sincerely,

F. Jordan Colwell, MHA, RN