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Managerial Practices That Contribute to Mitigating Nursing Turnover Intentions

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Walden University
2019

Abstract

Managerial Practices That Contribute to Mitigating Nursing Turnover Intentions

by

Marcia Adams

MBA, Ottawa University, 2014

BS, Ottawa University, 2006

ADN, North Central Missouri College, 1993

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Business Administration

Walden University

October 2019

Abstract

The U.S. health care industry incurs a high level of employee turnover year over year, which results in significant costs for organizations in the sector. Specific to the field of nursing, some pharmaceutical health care managers lack effective management strategies to successfully mitigate nursing turnover intentions to reduce organizational losses. The purpose of this single case study was to explore the strategies health care managers used to mitigate nursing turnover intentions. The conceptual framework was social exchange theory. Data were collected using semistructured interviews. The targeted population included 9 managers from a pharmaceutical company in the state of New Jersey who demonstrated successful strategies for mitigating nursing turnover intentions as evidenced by meeting 3 defined inclusion criteria. Interviews were conducted, recorded, transcribed, and member checked for accuracy. Data were analyzed using Yin's 5-step approach, that included compiling data, disassembling data, reassembling data, interpreting data, and concluding data. Three major themes were identified, which included individualization, communication, and development. Findings from this study may contribute to positive social change by providing health care managers with strategies they can use to decrease nursing turnover. Decreased nursing turnover may lead to increased nursing skills, improved patient outcomes, and a higher positive perception of care within the community, which could have a positive influence on organizational profitability and sustainability.

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Dedication

I dedicate this study to the most influential people in my life. In memory of Betty Francis and Leah Nadine Hall. The two most amazingly intelligent, strong, and confident women, despite lifelong medical challenges, that I ever had the privilege of knowing. Their commitment to family and community, their belief in God, and their drive to do more than anyone thought was possible, it is my mission in life to be just like them. In memory of my grandpa Bob, the man by which all standards are measured. The most patient, loving, and strong person I have ever known. Through his eyes we were perfect, and no mistake was ever allowed to define us. He was the epitome of love.

To my mother, for showing me through example that anything is possible and that sticking up for what's right may not be popular, but it is necessary. I watched you go from having nothing to being one of the most admired professionals in your industry. I will always be in your professional shadow, but that's a place I am honored to be; I only hope my children will one day admire me as I do you.

To my children, Jordan Elizabeth, Tanner Laine, and Jamison Grace. The love, the laughter, and the tears have made my life perfect. It is only because of you that I want to be better tomorrow than I am today. No degree, no credential, and no accomplishment I have compares to the pride I feel as I watch each of you grow and succeed in school, sports, life, and love. Life is nothing without you, and nothing I do parallels being your mom. I love you infinitely!

To my husband, Brent. Oh, the times I did not want to work or study, and you pushed me to stick it out. The times when it was late, and you helped me by holding my

coffee cup while I typed, or you went to play golf, so I could work. Through all this you believed in me more than I believed in myself. You were and still are my biggest cheerleader; for that I thank you and love you!

Acknowledgment

First and foremost, to our amazing God. The answered and unanswered prayers that put me in this place, in this moment. The amazing family you have blessed me with and the people you put in my life at just the right time, all the glory be to you! I would also like to thank Dr. Jamiel Vadell, Dr. Theresa Neal, and Dr. Janie Hall, who cared enough to push back, send back, and challenge me with new thoughts. The phone calls, e-mails, and text messages were countless, and your responses provided me the guiding light I needed to move forward with a new level of confidence. Words of thanks simply do not do justice to my appreciation. Because of you I am ending this journey a better student, an independent scholar, and a doctor! Thank you!

I want to thank my study's partner organization for all the support provided to conduct this research study. Your professional assistance and personal encouragement provided the foundation for why this study became so important to finish. I thank you for having faith in this study, trusting me with your intellectual resource, and allowing me to share it with the world.

Lastly, to the colleagues without whom this journey would not have been the same. Joyce Conner-Boyd and Damian Dunbar, meeting at the first residency was one of the greatest things about the past 2 years. We committed to each other to get through this, and we did…we will walk that stage as a team! Through the tears and screams, through the conflicts of life, we overcame by keeping each other focused and accountable. Thank you both for more than just the journey, thank you for committing to me in school, in life, and in friendship. Congratulations to us, we did it!

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Section 1: Foundation of the Study

Background of the Problem

Practitioners and researchers agree that the most significant cost to an organization is associated with recruiting, interviewing, and training new employees (Memon, Salleh, & Baharom, 2015). Hiring efficient and committed employees is an essential function to maintain retention within an organization (Roczniewska, Retowski, & Higgins, 2017). In addition to promoting retention, effective hiring strategies can allow hiring managers to lower organizational costs (Poddar & Madupalli, 2012). As researchers have noted, an organization can incur significant costs through loss of productivity, employee morale, and reputation within the community from disengaged employees (Stromberg, Aboagye, Hagberg, Bergstrom, & Lohela-Karlsson, 2017). A leader's inability to maintain effective engagement strategies with their employees can cost an organization approximately 34% of every $10,000 earned, according to Maylett and Warner (2014); an employee who earns $100,000 annually who is disengaged could potentially cost an organization $34,000 in lost productivity, for instance.

Job disengagement is one of the main reasons employees choose to leave their job (Pengqian, Xiangli, Lingxiao, Xiaoyan, & Zi, 2014). Employees often choose to terminate their positions when they do not feel fulfilled and experience low organizational commitment (Wen & Liu, 2015). The termination of employees can compromise organizational sustainability and profitability. Therefore, the ability to use effective engaging and retaining strategies is essential to an organization's success and sustainability.

Problem Statement

Nursing turnover rates in the United States set a decade-high record in 2017 (NSI Nursing Solutions, Inc., 2018). The expense of turnover, including recruitment, training, and loss of productivity, may cost an organization up to $8.5 million per year (Halter et al., 2017). The general business problem is that nursing turnover results in increased organizational costs. The specific business problem is that some pharmaceutical health care managers lack effective management strategies to successfully mitigate nursing turnover intentions.

Purpose Statement

The purpose of this qualitative single case study was to explore the management strategies of health care managers who successfully mitigated nursing turnover intentions. The targeted population included health care managers in one pharmaceutical company in the U.S. state of New Jersey who had demonstrated successful strategies in mitigating nursing turnover intentions. The findings of this study may contribute to positive social change by providing organizational leaders with strategies that may decrease nurse turnover. Decreasing nurse turnover may lead to increased nursing skills, improved patient outcomes, and a more positive perception of care within the community, which may positively influence organizational profits and job sustainability.

Nature of the Study

The three research method options are qualitative, quantitative, and mixed methods (Saunders, Lewis, & Thornhill, 2015). For the purpose of this study, I used the qualitative research method to explore the strategies managers use to mitigate nursing

turnover intentions. Researchers use qualitative studies to gain an understanding of the life experiences of the study participants (Marshall & Rossman, 2016). Using a qualitative methodology allows the researcher to demonstrate multidimensional relationships among individuals and consider how these complexities influence outcomes (Van Den Berg & Struwig, 2017). By contrast, the quantitative research method is applicable when testing relationships or determining the causes and effects of the phenomena (Saunders et al., 2015). The emphasis of quantitative research is on gathering numerical data and generalizing it across groups of people to explain a particular phenomenon (USC Libraries, 2016). Researchers use a mixed-methods approach when combining qualitative and quantitative data collection techniques and analytical procedures (Saunders et al., 2015). Because an existing identifiable relationship between management strategies and nursing turnover intentions did not previously exist, a qualitative method was the most appropriate type of study to conduct.

After concluding that a qualitative approach would work best for the study, I considered various designs, including case study, ethnography, phenomenological, and narrative. Researchers use the ethnography design to study an entire culture of individuals and gain perspective on their experiences (Eika, Dale, Espnes, & Hvalvik, 2015). Because researchers use the ethnography design to monitor individuals in their environment, they conduct interviews face-to-face and perform observations to collect data (Eika et al., 2015). Because the emphasis of the study was an applied business problem versus an entire culture, the ethnography study design was not appropriate. The phenomenology design is used to explore a phenomenon from the view of those living

the phenomenon—that is, the central focus is on human experiences (Eika et al., 2015). As the focus of this study was on the strategies of the hiring manager rather than the employees who contemplate leaving an organization, a phenomenology study design was also not appropriate for this study. The narrative research design is best suited for sociocultural research. Researchers using a narrative design extract stories from the participant using interview questions and open-ended questions. While use of the narrative design would have given me a great deal of latitude with the interpretation of information received from the participants, it was not appropriate for this study because the research I conducted did not consider to the social or cultural aspects of the participants.

The case-study design can be either exploratory or conclusive. Researchers use an exploratory case study design to answer *how* and *why* questions to assess historical and contemporary events (Ridder, 2017). Use of a case-study design does not require the researcher to control behavioral measures (Ridder, 2017). Additionally, the exploratory case-study design is used to gain an understanding of an issue, problem, or phenomenon when uncertainty exists of its precise nature (Saunders et al., 2015). Using the conclusive case-study design, as opposed to the exploratory study design, allows the researcher to define characteristics of the phenomenon; however, it does not allow flexibility for the researcher to consider all aspects of the participants responses (Saunders et al., 2015). Because I sought to gain an understanding of the strategies health care managers use to successfully mitigate nursing turnover intentions, I determined the most appropriate study design was the exploratory case study.

Research Question

What management strategies do pharmaceutical health care managers use to successfully mitigate nursing turnover intentions?

Interview Questions

To capture data relevant to the research question in the context of the identified conceptual framework, I posed the following questions to participants:

1. What management strategies worked the best in helping you mitigate nursing turnover intentions?

2. What strategies did you implement to minimize the nurses' personal disadvantage of working on your team?

3. What strategies did you implement to maximize the nurses' personal benefit of working on your team?

4. What strategies did you use to keep your nurses engaged with your team?

5. What barriers did you encounter when attempting to mitigate nursing turnover intentions?

6. How did you overcome the barriers to implementing the strategies for mitigating nursing turnover intentions?

7. What more can you add to benefit this study concerning strategies that helped you mitigate nursing turnover intentions?

Conceptual Framework

George Homans developed the social exchange theory (SET) in 1958 theorizing that individuals seek to maximize his or her own personal benefits. Specifically, Homans

(1958) indicated individuals will seek rewards as a result of social interactions. The theory was further expanded upon by Peter Blau in 1960 (Blau, 1960; Emerson, 1976) and by 1964, Blau defined the SET more explicitly by explaining how the actions of one individual are contingent on the rewarding reactions from another individual (Blau, 1960; Emerson, 1976). The SET was the conceptual framework for this study. A proposition of the theory is that social behavior results from a process of exchange based on the desire to maximize personal benefits and minimizing personal disadvantages (Miller & Bermudez, 2003). Relative to employment strategies, this method suggests that when employees meet the demands of their employers but do not receive the desired responses, they perceive an inequitable employee-employer relationship (Birtch, Chiang, & Esch, 2016). Employees' perceptions of an unjust employee-employer relationship is associated with a decline in the level of job satisfaction and organizational commitment (Birtch et al., 2016). The application objective of the SET is to validate benefit for both persons involved, which cannot be achieved by each party independently (Mukherjee & Bhal, 2017).

Within the field of health care, nurses are considered essential to patient care and organizational outcomes. Ensuring nurses are capable and committed to performing a highly demanding job is not only vital to patient outcomes but to the health care organization (Birtch et al., 2016). The employment exchange represents a central cognitive process which contributes to job fulfillment, according to SET. Birtch et al. (2016) proposed that job satisfaction and mitigation of turnover intention is accomplished when an employee believes there is an equitable return for the work he or she puts forth.

That is, when an employee believes the employer has fulfilled their portion of the employment exchange, the employee's emotional feelings of satisfaction are met (Birtch et al., 2016). When an employee recognizes a balanced employee-employer relationship, the employee is more inclined to maintain employment. In conducting this study, I was concerned with how the equitable relationship between the health care manager and the nurse contributes to mitigating nursing turnover. I anticipated that applying the theory of social exchange would allow me to explore strategies health care managers use to mitigate nursing turnover intentions and consider how they connect to the relationship between the manager and the employee.

Operational Definitions

Employee engagement: Employee engagement refers to the discretionary attachment of one's self to one's work (Gupta & Shaheen, 2017).

Employee retention: Employee retention refers to the strategies that organizational leaders use to create an environment in which employees feel encouraged and motivated to remain with the organization (Pittino, Visintin, Lenger, & Sternad, 2016).

Employee turnover: Employee turnover is the act of the employee separating from an organization, and includes resignations, layoffs, and discharges (Ozoglu, 2015).

Job satisfaction: Job satisfaction is the employee's level of contentment toward various aspects of his or her job, which include pay, benefits, support from the organization, and level of perceived involvement (Gozukara & Colakoglu, 2016).

Organizational commitment: Organizational commitment is the measure of an employee's effort, demonstration of appreciation of the value and goals of the organization, and level of desire for organizational connectedness (Hafiz, 2017).

Turnover intention: Turnover intention is the determination to end employment within a specific organization (Coetzee & Dyk, 2018).

Assumptions, Limitations, and Delimitations

Assumptions

Assumptions are ideas assumed by the researcher without proof and often taken for granted while conducting research (Marshall & Rossman, 2016). As the researcher, my first assumption was that some hiring health care managers would have concrete strategies for mitigating nursing turnover intentions. My second assumption was that I would establish the most apporiate eligibility criteria to identify health care managers with effective strategies for mitigating nursing turnover intentions. Third, I assumed that these health care managers would answer all interview questions truthfully and to the best of their ability. Finally, I assumed that participants would schedule and sit for their interviews within two weeks of receiving the request.

Limitations

Limitations are constraints on the findings of the study that are beyond the control of the researcher (Marshall & Rossman, 2016). They may affect the validity of the study and should be noted as probable weaknesses (Olufowote, 2017). In conducting this qualitative study, my objective was to gain a standardized population of managers. I anticipated the limitations associated with this study to include first, that some managers

might be reluctant to share their strategies for mitigating nursing turnover. Some managers might have been reluctant, for instance, to reveal strategies that did not align with the hiring expectations of their organizations. A second limitation was scheduling variability, which includes time off and unexpected work demands; because of scheduling variability, I was not able to conduct all interviews in the time frame established. The third limitation was that all interview participants came from the same geographical location, New Jersey. Including participants from other organizations of the United States may have provided different perspectives on the study phenomenon. The fourth limitation was that strategies used to mitigate nursing turnover are unique to each manager, thus making the obtainment of data saturation more difficult. The final limitation was that the findings from this study cannot be generalized to other businesses, industries, or locations because of the small sample size.

Delimitations

Delimitations are boundaries within the study that are created due to the choices of the researcher (Marshall & Rossman, 2016). Establishing delimitations ensures that the researcher's goals do not become too great and risk incompletion of the study (Jahan, Naveed, Zeshan, & Tahir, 2016). Within the context of this research study, I identified four delimitations. The first is that the participants were limited to the experiences of pharmaceutical health care managers and excluded employees in other health care organizations. The second delimitation relates to my decision to only include pharmaceutical health care managers who currently have hiring responsibilities so that responses would be consistent with current social and professional demands. The third

delimitation was the location of study participants. For consistency, I selected

participants who were based in New Jersey. The final delimitation was my decision to

include only those managers with nurse turnover rates less than 20% in the previous

cumulative 12 months. The eligibility criteria provided assurance that the strategies each

participant identified, in fact, was effective in mitigating nursing turnover intentions.

<center>**Significance of the Study**</center>

Contribution to Business Practice

Employee turnover is the most expensive business problem which exists within an

organization (Altman, 2017). Low turnover has positive implications for the profitability

of the organization and an ability to provide more exceptional patient care. The quality

and performance of the health care organization are dependent on the service provided by

the nursing staff. When nursing retention is mitigated, the skill set of the nurse members'

increases which result in higher quality of care and better patient outcomes (Kvist et al.,

2012).

Employee turnover levies financial burdens on an organization which not only

include the costs of training and loss of productivity but also creates a climate of low

employee morale and low public image of the organization (Guha & Chakrabarti, 2016).

Employee turnover is detrimental to an organization's profitability, leading to a decrease

in assorted financial and intellectual resources (Arnoux-Nicolas, Sovet, Di Fbio, &

Bernaud, 2016). Ineffective management strategies can cost 25% of the worker's salary

in turnover costs (Al Mamun & Hasan, 2017).

Organizations may benefit from this study's findings by aligning their

management practices to the strategies revealed by successful managers in mitigating

nursing turnover intentions. Understanding the strategies that successfully mitigate

turnover may materialize into cost savings to the organization (Thoma, Ganger, Peterson,

& Channell, 2017). As cost savings are realized, the organization may provide greater

employee benefits, enhance product quality, increase marketing opportunities to sell more

products, and spend more in innovation strategies to strengthen the business model. As an

organization is able to strengthen their commitment to the community and employees, the

reputation of the company builds which influences a greater desire to work for or utilize

the service of the organization.

Implications for Social Change

The implications for positive social change are observed among the assets of

employee, organization, and community. As financial resources are preserved through

mitigating unwarranted turnover within an organization, the cost savings may be directed

toward employee development, employee reimbursement, and expanding the resource

opportunities to a community. The quality and performance of the health care

organization are dependent on the service provided by the nursing staff.

An organization which supports nursing satisfaction and retention may reduce

nursing turnover, as satisfied employees are less likely to leave an institution (Lee, Esen,

& DiNicola, 2017). Creating a positive work environment which meets the needs of the

individual nurse has a positive influence on job satisfaction, which in turn, impacts

nursing retention (Lee et al., 2017). Meeting the needs of the nurse requires the nursing

manager to understand the nurse's distinct physical and emotional needs. Behaviors and activities of the nursing manager influences the satisfaction and commitment of the nurse to the organization (Bakotic, 2016).

Employees seek organizations where they can relate to an organizational culture which reflects their personal and professional values (Winkler & Fyffe, 2016). Research has identified job satisfaction is relative to the employee's attitude toward the job itself (Kvist et al., 2012). As the manager is able to determine the alignment of organizational values and cultural needs of the employee, they foster a culture of teamwork, commitment, job satisfaction, and increased productivity. As job satisfaction and organizational commitment increases, the skillset of the nurses' increases, which lead to a better reputation and enhanced utilization of services provided within the community.

The findings of this study may contribute to positive social change by identifying strategies that mitigate nursing turnover intentions. When nursing retention is mitigated, the skill set of the nurse members increase which results in better quality of care to the patients, improved patient outcomes and a healthier organizational perception in the community (Kvist et al., 2012), further contributing to improved profits. As organizational profits are positively impacted from low turnover, the nurse may benefit by having greater development opportunities or greater compensation, thus increasing personal value and their ability to contribute to society.

A Review of the Professional and Academic Literature

The purpose of this qualitative single case study was to explore the management strategies of health care managers who successfully mitigate nursing turnover intentions.

Through the review of the professional and academic literature, I provide information on influences that contribute to organizational turnover. Additionally, I discuss nursing management strategies that contribute to mitigating nursing turnover intentions. The review has a thematic organization.

The literature review includes peer-reviewed articles from a variety of journals in the areas of human relations, business psychology, organizational behavior, and leadership. To explore the literature, I used an exhaustive list of key terms and phrases in my searches and cross-referenced searches. Via Walden University Library, I gained access to EBSCOhost and the extensive ProQuest database, which was the primary database used to locate information related to this study topic. I attempted to limit the resources in the literature review to only those published within 5 years of my anticipated graduation date yet found that to be challenging. Of the references reviewed for this study, 87% were peer-reviewed sources. In total, of the 199 resources used to complete this study, 87% were within the compliance threshold of fewer than 5 years of the anticipated study completion date (see Table 1).

Table 1

Frequency and Percentage of Sources Used in the Literature Review

Sources	Less than 5 years*	More than 5 years*	Total
Books	9 (53%)	8 (47%)	17 (9%)
Peer-reviewed articles	160 (92%)	14 (8%)	174(87%)
Other resources	5 (63%)	3 (37%)	8 (4%)
Total	174 (87%)	25 (13%)	199 (100%)

*From the anticipated date of study completion, 2019.

Conducting a thorough literature review allows researchers to gain knowledge of the subject matter, develop interview questions, and perform the interviews with an established level of authority and credibility (Marshall & Rossman, 2016). I have organized the literature review into three fundamental categories: (a) theoretical foundation, (b) employment sensitivities, and (c) retention contributions. First, I define the conceptual framework used for this study. In keeping with the study objective to identify strategies that pharmaceutical nursing managers can use to mitigate nurse turnover within their organizations and promote effective leadership, I then compare and contrast a variety of leadership theories. The literature review also includes discussion of the factors underlying employee retention and the implications of turnover.

Social Exchange Theory

I used the SET as the conceptual framework for this study. According to the SET, an employee will become more engaged with his or her job and organization when values and norms are a match to that of the supervisor and organization (Blau, 1960; Memon et al., 2015). The interpretation of reward satisfaction is determined by whether a person is intrinsically oriented (relational) or extrinsically oriented (transactional; Birtch et al., 2016). Relational awards are viewed as recognition or sense of achievement, while transactional rewards are promotions, salary changes, public recognition, or prizes (Birtch et al., 2016). When an employee feels adequately rewarded, the employee becomes increasingly committed to the job and organization.

When an employee is satisfied with his or her job demands but does not receive appropriate recognition in return, he or she can perceive an inequitable employee-employer relationship (Birtch et al., 2016). The perception of an unjust relationship can result in decreased job outcome and performance. When employees believe that an employer has fulfilled its obligations in the employment exchange, feelings of fulfillment are stimulated, which results in increased positive job satisfaction and organizational commitment (Birtch et al., 2016; Homans, 1958). Spielman (2017) indicated employees are motivated to maximize the benefits of social exchanges, or relationships, and minimize their costs. Employees prefer to have more benefits than costs and experience dissatisfaction if costs start to outweigh the benefits. If an individual determines the benefits outweigh their costs, the individual is likely to return greater benefits to others (Chang, Lu, Chang, & Johnstone, 2013).

Illustrating the SET, employees explain how a perceived level of management support justifies the fairness of evaluations (Colquitt & Zipay, 2015), which further leads to alterations in retention (George, 2015). Individuals weigh rewards against the costs (or efforts) to select the most beneficial social relationships in which to engage, meaning a person will assess their personal profits and losses associated with relationships and decide upon those which maximize a personal benefit (Miller & Bermudez, 2003). Individuals typically have a threshold in which the profit/loss ratio is no longer worth the exchange and ultimately end the relationship (Miller & Bermudez, 2003); this is purely based on the perception of the individual with a need at the particular time (Miller &

Bermudez, 2003). Behavior which a manager desires to be repeated is associated with a reward action in one form or another (Miller & Bermudez, 2003).

In a communal relationship in which an individual finds a balance between his or her norms and values and those of the organization and leader, the employee will become more engaged with his or her job and organization (Memon et al., 2015). Mukherjee and Bhal (2017) theorized that exchanges are affected by emotions, leading to an emotional bonding which only reciprocity can foster. Individuals whose values are consistent with those of the organization generate a favorable attitude toward the organization, thereby creating a reduced tendency to leave (Memon et al., 2015).

Lewin's Field Theory

Kurt Lewin was a leading psychologist in his time between 1890 and 1948 and is best known for the development of the field theory (Hermann, 2015). I used Lewin's field theory as a supporting theory for this study because it provides a mechanism to understand the forces which sustain behavior and identify which behaviors need to be increased or decreased to bring about the desired outcome (Burnes & Cooke, 2013; Lewin, 1948). Lewin (1948) indicated change is brought about when a balance between the forces which maintain social self-regulation is breached. In defining the field theory, Lewin furthered understanding of how particular social groups are formed, motivated, and maintained (Hermann, 2015).

Lewin noted six characteristics that define the field theory. These include the following:

- Constructive method: This portion of the approach allowed Lewin to establish the relationship between the living space and the elements which compromise it (as cited in Burnes & Cooke, 2013).

- Dynamic approach: Lewin believed groups of people maintain a dynamic equilibrium in social life where change occurs. When an unfilled need disrupts the balance, it can only be restored when needs are met (as cited in Burnes & Cooke, 2013).

- Psychological approach: Dynamics of an individual or group is based on the perception of their reality at a specific time, rather than it being formed from the viewpoint of the observer. Therefore, to understand a person's behavior, it is necessary to understand everything about the individual and his or her perception of the event (as cited in Burnes & Cooke, 2013).

- Analysis begins with the situation: Viewing the scenario considering all events taking place. When one contemplates the case in its entirety, it becomes possible to judge the importance or unimportance of the life event (as cited in Burnes & Cooke, 2013).

- Behavior as a function of the field at the time it occurs: Behavior is not instigated by something in the past or the future but is substantiated by the perception of the present situation (as cited in Burnes & Cooke, 2013).

- Mathematical representations of the psychological situation: Psychology has to characterize behavior in accurately (as cited in Burnes & Cooke, 2013).

Lewin expressed his theory in the formula, B = f (p, e), where behavior B is a function of the interaction between the person p (or group) and the environment e (as cited in Burnes & Cooke, 2013; Lewin, 1948). When a person resides in a positive and meaningful environment, that person tends to demonstrate positive results in return (Memon et al., 2015). The cognitive and psychological traits of a leader's behavior offer insights into how a leader's behavior affects other people within the workplace (Hermann, 2015). Accordingly, administrators may need to reflect on and examine their leadership behavior and change their cognitive thinking if they are to promote a vision of success in the future (Asrar-ul-Haq & Kuchinke, 2016).

Transformational Leadership Theory

Developed in 1978 by J. M. Burns (Burns, 1978), the transformational leadership framework was later expanded upon by Bass in 1985 (Bass, 1985; Northouse, 2016). I used the framework as a supporting theory in this study. The transformational leadership theory is one of the most popular academic frameworks in the leadership area to date (Jati, Hassan, Harman, Jabar, & Majid, 2015). Transformational leaders have two dimensions: idealized influence or charisma, and inspirational motivation (Jati et al., 2015). The transformational leader encourages employees to exceed expectations (Burns, 1978; Hulett, 2016) and extends their latitude of inspiration past the typical duties of a manager through their ideas, personality, creativity, and transformational capacities (Agyapong, Osei, Farren, & McAuliffe, 2015).

The fundamental concept for transformational leadership is the leader's inspiration and stimulation of the followers to work toward team-oriented goals rather than short-

term goals (Burns, 1978; Hentrich, et al., 2017). Hentrich et al. (2017) identified

influence, inspirational motivation, intellectual stimulation, and individual consideration

as fundamental attributes underlying the transformational leadership theory.

Transformational leadership is not as much a characteristic as it is a process by which a

manager uses his or her intelligence and perseverance to influence employees to grow in

their potential to achieve set goals (Jati et al., 2015).

Bass (1985) contended the transformational leader functions in four dimensions,

which include (a) individual consideration, or taking a personal interest in each person;

(b) intellectual stimulation, the ability to promote creativity, encourage understanding,

and solve problems; (c) inspirational motivation, the ability to communicate expectations

in a manner that effecively motivates people; and (d) idealized influence, which refers to

the ability to provide a clear vision, impart pride, and generate respect from the followers

(as cited in Choi, Gho, Adam, & Tan, 2016). Transormational leaders promote individual

growth and provide distinctive coaching, support, and intellectual stimulation (Hentrich,

et al., 2017). By going above the traditional methods of exchanges and rewards,

transformational leaders inspire and motivate followers to accomplish a mutually agreed

upon objective (Aarons, Ehrhart, Farahnak, & Hurlbert, 2015).

Leadership at the transformational level operates best when employee and

employer are in close proximity, at least when having regular encounters. This is because

the transformational leader focuses on developing an individual relationship with the

follower (Aarons et al., 2015; Burns, 1978). Transformational leadership influences

followers' intrinsic motivational factors as they become inspired to promote the values

and goals of the leader (Aarons et al., 2015). Through the establishment of an independent relationship with the follower, the transformational leader is able to inspire followers to strive beyond expectations (Aarons et al., 2015) on the basis of their own desire, leading to greater job satisfaction and potentially having a positive influence on mitigating employee turnover intentions

In hiring for organizational fit, the transformational leader is considered a high-rated facilitator for improving hiring strategies (Gholston, 2015). Higher job commitment can be achieved as a leader is able to inspire and motivate a team with competence and encouragement (Gholston, 2015). Employee retention is based on a leader's ability to create environments of trust and personal relationship (Boyd, 2017), which is a crucial aspect of the transformational leader's role in improving performance and increasing employee retention (Gholston, 2015). Developing leadership is pivotal in safeguarding exceptional followers and enhancing organizational outcomes (Aarons et al., 2015). I used the theory of transformational leadership as a supportive theory in this research study.

Human Capital Theory

Introduced by Becker in 1962, human capital theory (HCT) is defined as the evaluation of an employee's education and training compared to the employee's salary (Becker, 1962; Fitzsimmons, 2017). HCT further supported the SET conceptual framework of this study. Human capital refers to knowledge, attitudes, and skills which are developed and valued primarily for the financial benefit they will create (Watson, 2015). Furthermore, Watson (2015) stated that a tenet of the HCT is that a person's

formal education determines his or her earning power. As such, a person with higher education has a higher earning capacity than someone with less education.

Although an organization may gain a competitive advantage through employee resources of intellectual capital, it does not own employees, who can resign at any time for any reason. However, if the employee believes to be compensated equitably for the human capital he or she provides the organization, the employee is more likely to stay in the organization (Al-Emadi, Schwabenland, & Wei, 2015). The employees benefit the organization and their employer by providing increased knowledge, performance, and productivity. An organization can create or sustain a competitive advantage by encouraging employee resources which are valuable and unique to the industry.

Conflict Theory

Originated by Karl Marx in 1864, conflict theory focuses on the causes and consequences when a disruption of power exists between two identified parties (Marx, 1867). Because of its theoretical premise, targeting the imbalance in the employee-employer relationship, this theory presents an opposing view to that of the SET. Marx theorized that the existence of a powerful minority class (the leader) and an opposed majority class (the employee) can create change—however, only as conflict exists between them (Marx, 1867). Finally, Marx proposed that domination and power provide maintenance to the social order, rather than consensus and conformity (Marx, 1867).

In 1959, Ralph Dahrendorf further developed Marx's conflict theory, identifying that different classes exist within society and there are inequities between the classes, which include disproportionate service to the higher class (Dahrendorf, 1959).

Dahrendorf further concluded that those in authority positions are considered the higher class and will hold on to power by any means possible, predominantly by suppressing the poor and powerless (Dahrendorf, 1959).

According to the conflict theory, change occurs when one determines his or her needs are not being met, and then find resource in defining new ways in which their needs will be met (Dahrendorf, 1959; Marx, 1867). In other words, only when one determines they are not satisfied with a current condition, will they generate the struggle to have that need met (Dahrendorf, 1959). Without the struggle to generate a change, the status quo in which the higher class has defined, will remain a constant.

As the higher and lower classes are in conflict, it is understood that the higher class often aims to further their interests at the expense of the lower class (Dahrendorf, 1959; Holmes, Hughes, & Julian, 2015). The physical and mental domination the higher class has over the lower class contributes to the continued power they hold and becomes a form of acceptability among society. As the higher class is capable of maintaining control, they are capable of continuing their materialistic influence and demand to meet those needs through the utility of the lower class.

Marx (1867) contended that those who own the means of material products, or those who comprise the higher class, own the means of intellectual capital generated by the lower class, since ultimately, they own the ideas that are generated out of those beneath them (Holmes et al., 2015). The higher class is capable of benefiting from the value created by the lower class. As is understood by the capital theory, there is no ownership of creations by the laborer (Dahrendorf, 1959). Marx contended a class

struggle between that of higher class versus lower class is the central fact of social

evolution (Marx, 1867). The class struggle hinges that those of higher power have the

means of production, whereas those of the lower class have no means of production

outside of revolting against the higher class. Opposing that of the SET, the conflict theory

implies no relationship exists between that of the higher class and lower class, or

employer and employee.

Employee Turnover

The U.S. Bureau of Statistics reported, in 2018, 65.5 million employees were

involved in employment separations, an increase of 1.0% from 2017 (U.S. Department of

Labor, 2019). An organization loses $1M to recruit, interview and train an average of 10

new professional employees (Memon et al., 2015). Other consequences of high turnover

include low employee morale, loss of organizational memory, and low productivity.

Recent statistics reflect RN turnover rates will exceed 25% by 2030 (Oncology

Nursing Society, 2018). Within an industry which projects growth in the need for nurses,

the statistic of RN turnover should generate great concern for an organization's

profitability. For new graduates, nurse turnover is in upwards of 17.5% within the first

year of employment, growing to nearly 33% turnover within three years (Oncology

Nursing Society, 2018). Experienced nurses have a global turnover rate of 16.5%

annually (Oncology Nursing Society, 2018), and regardless of their age can cost an

organizational 50% or more of their salary when they depart (Puni, Agyemang, &

Asamoah, 2016). While causes for turnover between new nurses and experienced nurses

may vary, there is an agreement it correlates to what they are looking for in the work

environment, which is in direct control of the nursing manager (Oncology Nursing Society, 2018).

Nurse turnover is increasing for a variety of reasons over the last several years, and some attribute it to the nature of the leadership (Puni et al., 2016). High performing employees leave organizations when they become dissatisfied, believe their compensation is too low or unproportionate with their skill or experience or become unmotivated (Schlechter, Syce, & Bussin, 2016). Competing companies often understand this well and tailor their hiring strategies to meet this unmet need, making a new opportunity for a nurse undeniably attractive. Tuckett, Eley, and Ng (2017) indicated the demand for health care professionals creates turnover because skilled health care professionals can easily find new jobs.

Excessive employee turnover causes an organization to incur significant direct and indirect costs related to recruiting, training, loss of productivity, and brand damage (Puni et al., 2016). As each employee leaves an organization, they take with them their experiences, knowledge, and relationships with co-workers and patients. Turnover is also associated with decreased customer satisfaction, decrease future growth, and lower organizational profitability. Nursing turnover can lead to higher general business destruction including staffing instability and an inability to continue to meet the demand of customer needs (Oncology Nursing Society, 2018).

Turnover is not always detrimental to an organization's performance and profitability. Some benefits can exist with turnover which prevails over the cost it generates. Benefits of turnover can include acquiring lower paid replacement employees,

more significant opportunities to promote health care professionals who stay in the organization (Vega, 2016), also, to bring in new employees with new ideas, knowledge, and experiences. It is estimated that an annual turnover rate of 10-12 percent is considered optimal or healthy (Lider, Harper, Shon, Sellers, & Castrucci, 2016).

Employee Retention

Employee retention is defined as the strategy organizational leaders use to create an atmosphere where employees feel encouraged and inspired to remain with the organization (Pittino et al., 2016). Employee retention is further defined as an organizations initiative to maintain their employees by offering performance rewards to employees, fostering open and harmonious working relationships between employees and employers, and creating a safe and healthy work environment (Harmon, Kim, & Mayer, 2015). Based on frequent technological and organizational changes, health care turnover is increasing, yet it is known that some organizations do not have retention strategies implemented to retain health care professionals (Holtzman, Brady, & Yehia, 2015)

The nursing workforce has grown by 1 million since 2008, with a reported 3.7 million nurses in the U.S. workforce, with the average RN being 44.6 years of age (Oncology Nursing Society, 2018). It is estimated the RN workforce will grow by more than 1 million employees before 2030 (Oncology Nursing Society, 2018). Organizations face challenges with retention because of the increased competition in the market (Haider et al., 2015). Employees are vital to the success of any organization (Ganesh, 2016). Employers should invest in recruitment, development, and rewards to retain valued employees for long-term success (Sutanto & Kurniawan, 2016).

Employee Retention Strategies

Retention is the strategic activity implemented by an organization to maintain health care professionals for an extended period (Darkwa, Newman, Kawkab, & Chowdhury, 2015). Retention of health care professionals is a critical concern for the medical profession (Bhattacharya & Ramachandran, 2015). The largest generation by volume is the baby boomers, as this generation reaches retirement age and beyond, it is assumed the need for nurses will increase, generating a concern with supply and demand of the nursing profession (Feldacker et al., 2015). As demand increases, so does competition. Due to the state of the current labor markets, it is critical for an organization to proactively develop employee retention strategies which focus on meeting a variety of needs of the nurse employee (Darkwa et al., 2015).

The most common misunderstandings about employee turnover are that employees frequently leave organizations because of pay and benefits, employees resign because they are dissatisfied with their job, managers cannot influence employee turnover, and finally, that organizations should implement organizational wide employee retention strategies (Harbert & Tatlow, 2015). Retaining high performing nurses not only eliminates excessive hiring and training costs, but it also allows the nurses to develop higher levels of skills which translates to better patient care. Better patient care can result in higher reimbursements for services from insurance companies and a reputation for being the best, ultimately drawing in a higher patient population.

Retention of health care professionals is more important than hiring new professionals and cannot take an approach of 'one size fits all' (Darkwa et al., 2015).

Strategies should include realms of leader-employee relationship, valuing staff, higher compensation, and better communication (Carlson, 2015). The recognition of work-life balance is a strategy which is demonstrating more significant influence in retaining high-quality employees (Agyapong et al., 2015). Employee retention strategies are vital for an organization to consider and implement. Cosgrave, Hussain, and Maple (2015) suggest there are two distinct types of strategy: systemic and targeted. Systemic strategies are those who work together for a common cause and commonly focus on broad organizational benefit. Targeted strategies are those which focus specifically on a set group of people whose turnover could result in higher risk to the organization (Darkwa et al., 2015).

Employee retention strategies often impose a cost to an organization. Costs can be related to the actual strategy such as offering more time off, a gift for service, or other tangible benefits. The cost of employee retention strategies is related to the administrative time invested in the development of such strategies (Gallego et al., 2015). Retention costs are minimal compared to the costs of productivity and intellectual capital lost with the turnover. Without understanding the underlying cause of turnover, investment in resources and time is not productive (Gallego et al., 2015).

Proper employee retention strategies which should be considered by an organization include proper recruitment of health care professionals, training and growth opportunities, compensation and incentives, stimulating the health care professional and strong leadership relationships (Gallego et al., 2015). Further supported by Bhattacharya and Ramachandran (2015), and Agyapong et al. (2015) who indicate employee

appreciation, reward, salary, benefits, work-life balance, training, growth opportunities, and prospects for promotion are common themes for employee retention strategies. Health care professionals with higher levels of education, looking to increase in their roles and responsibilities within an organization are more inclined to stay in an organization which offers flexibility and an appropriate level of job challenge.

Organizational leaders should not rely on a single strategy to retain employees. Employee retention strategies are most beneficial if they align with the individual needs of the health care providers. Health care leaders who utilize reward and recognition, training and education, and flexibility as employee retention strategies in their respective departments were more successful in improving employee engagement and retention (Llywelyn-Strachan et al., 2015).

Cost of Voluntary Turnover

A health care organization can experience up to an $800,000 loss when a trained physician resigns. This loss considers losses in gross billings, potential inpatient revenue, and the loss of intellectual capital (Fibuch & Ahmed, 2015). Health care turnover and employee disengagement not only cost an organization the expense to replace the employee but also cost an organization from no longer possessing their knowledge and skills to provide appropriate patient care (Zhicheng, Zhuoer, Shung, & Wah, 2016).

Meyer-Rath et al. (2015) found senior health care executives focus both on the tangible costs of employee turnover, in addition to the intangible costs associated with it. The tangible costs associated with employee turnover include administrative costs, advertising costs, pre-employment screening expenses, costs to conduct the interview,

training expenses, public relations cost, and increases in employment insurance expenses (Meyer-Rath et al., 2015); additionally, employers must pay accrued vacation time to the departing employee (Matheson & Uppal, 2015). The cost of turnover among health care employees impacts the available finances to impact health care delivery effectively.

It is estimated that organizations with 3,000 employees with an average salary of $45,000 can save $1.3 million per year with each 1% reduction of employee turnover (Hanzlik, 2014). Haider et al. (2015) estimate organizations could spend 250% of a former employee's salary in onboarding costs to replace them. Intangible costs include the former employee's knowledge of job skills and relationships they had developed with colleagues and patients, and efficiencies by merely understating the organizational system, work layout, and organizational procedures for the conduction of specific job duties (Kuranchie-Mensah & Tawiah, 2015). Since the nurse is more acquainted with the workplace policies, their familiarity minimizes the risk of procedures being done incorrectly, thereby decreasing the potential for legal liabilities. This level of knowledge primarily comes from consistent exposure and direct experience with the organizational policies and procedures. Organizations with a decreased level of knowledge among staff are more likely to produce mediocre quality products and services (Dusek, Ruppel, Yurova, & Clarke, 2014).

Employers invest in an employee's skills because customers form their attitudes, behaviors, and opinions from their direct interactions with the organization's employees (Shah, Irani, & Sharif, 2016). Employees who provide a community service, such as medical centers and hotels, must consider their interpersonal interactions an important

aspect of the care they provide the customer while they deliver services to their customers (Shier, Graham, & Nicholas, 2016). Consumers make decisions to conduct prospective business with an organization by assessing the quality of the service they previously received from the organization's employees. Low-quality care results in lower consumer return for service. Turnover costs an organization not only tangible turnover costs but also intangible costs associated with lower consumer return.

Employee Engagement

An engaged employee is different from a satisfied employee (Oncology Nursing Society, 2018). The engaged employee is one who is beyond satisfied with their immediate responsibilities and is equally motivated to ensure the organization is successful (Oncology Nursing Society, 2018). The terms *engagement* and *job satisfaction* are often used interchangeably. Research has exposed similarities and differences in the components that relate employee engagement to satisfaction.

Direct links exist to demonstrate nurse engagement and workforce variables including absenteeism, burnout, and turnover (Oncology Nursing Society, 2018) (Oncology Nursing Society, 2018). Three essential attributes exist that identify an engaged employee, they include: (a) the employee is inspired to do their best work, (b) willing to exceed the expected level of effort, and (c) personally motivated to help the organization succeed (Oncology Nursing Society, 2018). Job satisfaction has more to do with whether the employee is personally happy than with whether the employee is actively involved in advancing organizational goals (Stromberg et al., 2017).

The level of employee job satisfaction in an organization is often correlated to factors controlled by the organization such as pay, benefits, and job security. Employee engagement is a factor often influenced by the employee's manager. Job assignments, trust, acknowledgement and day to day interactions most often contribute to the degree of employee engagement (Stromberg et al., 2017).

Engagement and productivity can be affected by social cohesion, feelings which are supported by one's supervisor, being involved with information distribution, shared goals and vision, communication, and trust. Employees want to be valued and respected; they want to know their work is meaningful, and their ideas are heard. Highly engaged employees are more productive and committed to the organizations in which they work (Stromberg et al., 2017). One consequence of low employee engagement is turnover (Gupta & Shaheen, 2017).

Some experts define engagement according to an employees' feelings and behavior (Gupta & Shaheen, 2017). Engaged employees report feeling motivated and deeply involved in the work they do. They are passionate and have a sense of determination. Engaged behavior is persistent, proactive and adaptive in ways which develop the role as is necessary to achieve greater results (Glaves, 2016). Engaged employees are dedicated and committed in their approach to the tasks they do, whereas satisfied employees, in contrast, are friendly, comfortable and content with their work.

Data indicates a direct link between workforce engagement and the achievement of organizational outcomes (Oncology Nursing Society, 2018). Executives from around the world indicate one of their top 5 global business objectives is to enhance employee

engagement. Employee engagement has the potential to affect employee retention, productivity, and allegiance, it also has a crucial relationship to customer satisfaction, organizational reputation, and unmitigated stakeholder value (Glaves, 2016). Increasingly, organizations rely on the Human Resource departments to set the strategy to increase employee engagement in order to create greater commitment and competitive advantage. and commitment to establish a competitive advantage (Stromberg et al., 2017).

Most organizational executives appreciate how employee engagement directly affects an organization's financial well-being and profitability. According to Gallup's engagement survey, only 32% of workers are engaged at work (Corbin, 2017), indicating much can be done to increase levels of engagement within the workplace. Low employee engagement levels, in addition to poor financial performance, are both factors which contribute to voluntary employee turnover (Glaves, 2016).

It is understood that employee engagement increases dramatically when the work experiences of employees include developing positive relationships with their direct supervisors (Stromberg et al., 2017). Employee engagement surveys have recently become a systematic approach to determining levels of engagement, as it is postulated that employees leave managers rather than companies (Goler, Gale, Harrington, & Grant, 2018); demonstrating the motive of why many organizations associate bonuses with engagement scores.

Middle managers can positively influence employee engagement by creating respectful and trusting relationships with their employees, communicating company

values, and being clear about the day-to-day expectations for conducting business (Stromberg et al., 2017). The middle manager cannot be relied upon to be the sole determinant of an employee's engagement level. Staff who perceives their manager as being useful are five times more likely to be engaged than staff who perceives their managers as being ineffective (Oncology Nursing Society, 2018).

Job Satisfaction

Employee job satisfaction depends on a productive, achieving relationship between staff and management. An employee's perception and belief about their job is directly correlated to their level of job satisfaction (Bakotic, 2016). Researchers define job satisfaction as the behavior and attitude and employees has toward his or her job (Bakotic, 2016). As the level of and employee's job satisfaction increases, the organization may experience higher financial gains. As the level of an employee's job satisfaction decreases, the organization may experience negative organizational profit.

The manner in which employees view their work environment and how it meets their personal needs will determine one's level of job satisfaction and organizational commitment (Birtch et al., 2016). Job satisfaction is the sum of the employees emotional and mental attitude toward their job, work environment, work conditions, and workload (Harper, Castrucci, Bharthapudi, & Sellers, 2015; Tepret & Tuna, 2015). Employees use tangible aspects of the job to establish their comprehensive job satisfaction rate, these include employment benefits, salary, role within the organization, level of stress associated with completing the work, relationships with co-workers, the working

environment, relationship with the manager, and volume of work expected (Bakotic, 2016).

Research indicates up to 45% of health care workers are dissatisfied with their jobs (Birtch et al., 2016), yet only the employee can articulate the measurement of their job satisfaction (Hanaysha, 2016). While the manager may influence job satisfaction within the workplace, it is understood that satisfaction is primarily influenced by the supplementary concerns within one's personal life. For instance, as an employee's life situation changes with marriage or with the birth of a child, working their previous shift may no longer provide them with the same level of job satisfaction.

The managers' leadership traits have been found to have a dramatic influence on the positivity or the negativity of the work environment, including retention and job satisfaction (Oncology Nursing Society, 2018). Research consistently correlates the direct relationship between an effective nurse manager on nurse satisfaction and engagement, turnover, and the general health of the work environment (Oncology Nursing Society, 2018). Building more satisfied and committed relationships impact organizational commitment and performance outcomes (Birtch et al., 2016).

An employee who is satisfied with their job is content with their direct responsibilities and is primarily focused on his or her identified role (Oncology Nursing Society, 2018). It is also understood that professionals who have a high level of respect in the community can experience low job satisfaction because of the workload, work schedule, or hostile work environments (Dubey, Gunasekaran, Altay, Childe, & Papadopoulos, 2016). Job satisfaction is considered the baseline for employee

engagement (Oncology Nursing Society, 2018) and often is cited as being the primary determinant as to why an employee leaves their organization (Tarvid, 2015).

Job Demands

The level of managerial stress has a dramatic impact on the operational effectiveness of the nurse and cannot be underestimated (Oncology Nursing Society, 2018). Managers are tasked with the challenges of demonstrating high-level productivity for the organization; all while developing team members also to become high performing individuals. Managers are challenged not only with the idiosyncrasies of employees, but also contend with the challenges they face in life outside of the workplace, including that of their employees as well. It should be understood that not all employees want to be high performers, there are some who are content with being average, and lack the drive to do more than what is expected to perform the day to day activities. The point of highest pressure is when the manager believes he or she is held to a higher standard than what the team is willing to give, or what personal life situations allow to exist. The evidence links increased manager stress levels with an impact on the health of the work environment, clarifying a manager's stress level will contribute to detrimental nurse retention and general organizational performance (Oncology Nursing Society, 2018).

Jobs with higher job demand conditions report higher levels of dissatisfaction (Dall'Ora, Griffiths, Bull, Simon, & Aiken, 2015). Employees may experience work burnout when subjected to extraordinary job demands for extended periods of time. Burnout and exhaustion are also evident at the manager level when executive supervisors hold the manager responsible for meeting high team productivity expectations.

Employees and managers should be acutely self-aware of their emotions and stress points

before engaging in efforts to balance them. An imbalance between stress and well-being

will alter a person's emotional behavior (Anitha & James, 2016), leading to negative

thoughts about the current work situation and contributing to inclinations to leave the

organization. Leaders and employees alike are affected by high turnover due to increased

workloads and higher job demands. As stress increases with team members following a

turnover, the emotional strain to those remaining may lead them to contemplate resigning

as well (Kumar & Yakhlef, 2016).

Work Environment

To truly engage a positive work environment, the nurse manager must be skilled

to focus less on the control of nurse work, and more on the coordination and facilitation

of nurse work (Oncology Nursing Society, 2018). The nurse leaders who empower

behaviors have a direct influence on how nurses perceive their work environment,

thereby increasing the total work environment effectiveness (Oncology Nursing Society,

2018).

The American Nurses Credentialing Centers (ANCC) developed a model for

evaluating and advancing the work environment for nursing. Health care systems have

adopted this model as they pursuit magnet designation, the highest recognition of nursing

excellence (Oncology Nursing Society, 2018). The ANCC model consists of

transformational leadership, structural empowerment, exemplary professional practice,

new knowledge, innovation, improvement, and empirical quality results (Oncology

Nursing Society, 2018). The ANCC model provides a framework for improving the work

environment for nurses and is believed to influence the quality of the work environment needed by clinical staff to influence job satisfaction and decrease workplace turnover (Oncology Nursing Society, 2018).

Eldor and Harpaz (2016) note employee engagement at work has a dependency on the climate of motivation and support. Organizational leaders need skills which strategize with purpose and motivate health care professionals (Bruyere, 2015). Leaders must be creative thinkers and problem-solvers to be successful in creating a work environment conducive to the satisfaction of employees (Peachey, Zhou, Damon, & Burton, 2015).

Organizational Fit

Organizational fit is defined as the congruence between the values and culture of the employee and the values and culture of the organization (Memon et al., 2015). When a person's personal and professional values align with the values of the organization, he or she may become more engaged in their job and organization which ultimately increases their intentions to stay. Organizational fit is conceptualized regarding value congruence and goal congruence (Memon et al., 2015). Memon et al. (2015) suggested the fit between the employee and the organization may produce a feeling of workplace engagement, which will lead to less voluntary turnover intentions.

An employee's level of engagement may determine their relationship between organizational fit and turnover intention. A higher level of employee engagement reduces employee turnover and may explain the relationship between organizational fit and turnover intention (Memon et al., 2015). Memon et al. (2015) identified an earlier study which did not identify a positive correlation between organizational fit and turnover

intention as possibly being related to a missing link of employee engagement strategies. The author of this paper postulates that EE will mediate the relationship between the organizational fit and turnover intention.

A comprehensive approach to ensuring that the nurse manager is effectively supporting the frontline leaders of the organization includes hiring for fit (Oncology Nursing Society, 2018). To accomplish the capabilities of the nurse manager being able to identify them requires the nurse manager to be present in the daily activities (Oncology Nursing Society, 2018). A leader's inability to identify organizational fit can lead to employees with low organizational commitment, which can decrease operating income by as much as 32.7% (Mohan, Norton, & Deshpande, 2015). The 2004 Leadership Council listed managers as the principal promoters of employee commitment (Harter & Adkins, 2015). It is estimated that only 10% of leaders possess the skills needed to increase the level of organizational commitment with their employees (Harter & Adkins, 2015).

Transformational Leadership

The fundamental concept of transformational leadership is the leader's inspiration and stimulation of their followers to work toward team-oriented goals rather than independent short-term goals (Bormann & Rowold, 2016). Transformational leadership styles are noted to have high relevance to the connection between the leaders influence on the work environment and how it relates to turnover and job satisfaction (Oncology Nursing Society, 2018). Bormann and Abrahamson's study in 2014 indicated that transformational leadership has a positive correlation with nurse satisfaction, whereas a

passive-avoidant leadership style had a direct negative correlation to nurse satisfaction (Oncology Nursing Society, 2018).

Transformational leaders help people let go of old models which may have worked in the past for new models with a better fit for the developing environment (Oncology Nursing Society, 2018). Transformational leadership can draw on the triple axes of top-down direction setting, bottom-up performance improvement and core process redesign across an organization; real transformations in performance present themselves only when all three axes are coordinated and engaged (Oncology Nursing Society, 2018). Transformational leadership is recognized for possessing the most significant impact on turnover among health care professionals and is widely known to have a superior organizational effect due to the manner in which these leaders motivate and gain commitment to perform tasks which exceed the status quo (Choi et al., 2016).

Transformational leaders are praised for their positive relationships with subordinates which promotes higher satisfaction, performance, motivation, commitment, and ratings of leader effectiveness over transactional leaders (Jati et al., 2015). In the health care setting, transformational leaders manifest a definite commitment to the job and organization (Bayram & Dinc, 2015), which leads to lower turnover rates. Transformational leaders promote individual development, distinctive coaching, encouragement, and intellectual motivation (Hentrich et al., 2017).

Transformational leaders influence their followers through intellectual stimulation. Followers respect the transformational leaders' vision because the leader allows the followers to challenge, question, and be a part of their vision.

Transformational leaders express concern for follower wellbeing on a regular basis, which increases the follower's level of consideration (Mullen, Kelloway, & Teed, 2017). Transformational leaders contemplate the needs of each follower and commit to meet them, exhibiting individual consideration (Hentrich et al., 2017). Based on the full spectrum of transformational leadership capacity and the capability to promote radical change, leaders who demonstrate transformational characteristics have become preferred leaders in the twenty-first century (Dike, Odiwe, & Ehujor, 2015).

Personality

The word personality derives from the Latin word persona and is defined as the social, motivational, experimental, and emotional need individuals draw upon in varied situations (Yildirim, Gulmez, & Yildirim, 2016). Personality refers to the long-standing traits and patterns which propel a person to think, believe, and behave in a specific way (Spielman, 2017). Evidence supports the link between personality characteristics on the capabilities of a person to deal with stress and burnout, thereby demonstrating a link between personality and job satisfaction (Magnano, Paolillo, & Barrano, 2015). Personality is what makes a person unique and is considered long-term, constant, and not easily altered (Spielman, 2017).

As early as 370 BCE Hippocrates theorized personality traits and human behaviors are based on four separate personalities according to the four human fluids of the body: choleric personality (yellow bile from the liver), melancholic personality (black bile from the kidneys), sanguine personality (red blood from the heart), and phlegmatic personality (white phlegm from the lungs) (Spielman, 2017). Centuries later, Greek

physician and philosopher Galen expanded upon Hippocrates's theory, suggesting each person exhibits one of the four personalities. For example, the choleric person is passionate, ambitious, and bold; the melancholic person is reserved, anxious, and unhappy; the sanguine person is joyful, eager, and optimistic; and the phlegmatic person is calm, reliable, and thoughtful (Spielman, 2017).

Every person has a distinctive manner in which he or she interacts with other individuals and the world around them. Five factors asses a person's personality traits, called the Five-factor model and consist of extraversion, agreeableness, conscientiousness, neuroticism, and openness to experience (Escolas, Ray, & Escolas, 2016). Extraversion and neuroticism are noted as the prominent two personality characteristics (Fischer, Lee, & Verzijden, 2018). Extraversion and neuroticism directly indicate what the employees believes about their work, while the remaining agreeableness, conscientiousness, and openness to experience are predictors of how well employees will work (Camps, Stouten, & Euwenna, 2016).

Pre-employment personality tests are becoming more and more popular within the health care industry as a means of finding quality nurses during the hiring process. Using personality tests, employers can ascertain whether the applicant is a good fit within the organization (Yildirim et al., 2016). Identification of organizational and leader values and needs is critical to identify first before trying to align an appropriate staff member. Utilization of pre-employment assessment tools will allow the organization to assess clinical knowledge, personality and behavioral responses to circumstances and situational judgment (Leng, Steggers-Jager, Born, & Themmen, 2018). Predicting a match between

the organization and the employees' culture and personality characteristics may lead to higher job satisfaction and decrease turnover intentions. The Gallup assessment tool, when used to assess for employee personality traits, was shown to decrease voluntary turnover from 1.26% to 1.11%, and total turnover declined from 1.66% to 1.51% (Sloan, 2011).

To create harmony between employees and their jobs, employers ensure the employee's abilities and personality correspond to their positions (Yildirim et al., 2016). Evidence has determined a relationship exist between personality characteristics, job satisfaction, and burnout, concluding personality characteristics best suited for a particular nursing role can result in increased workplace efficiency, job satisfaction, and staff retention (Magnano et al., 2015). Utilizing personal inventory tools can identify nurses with personalities which will fit best within the health care organization. These instruments can be beneficial for personal growth and team building, assist in embracing personality and behavioral diversity in the workforce, which results in improved hiring decisions (Oncology Nursing Society, 2018).

Leadership Skills and Behaviors

The nurse manager's role is fundamental to the creation of work environments which support the work of the team. Leaders should have the ability to encourage team members to finish work-related tasks and embrace the culture of the organization (Chen, Zhu, & Zhou, 2015). The American Organization of Nurse Executives (AONE) has a competency model which consists of three domains of nursing leadership: the science of managing the business, the art of leading people, and the leader within (Oncology

Nursing Society, 2018). A leader who is successful in the three domains identified will experience vaster success in maintaining a stabilized following of nursing staff.

The extent to which employees engage in the workplace may depend on leadership behaviors (Shu & Luzatkhan, 2017) and the leader's character (Demirtas & Akdogn, 2015). It is suggested a leader's humility is an essential characteristic for maintaining efficiency within the workplace (Oc, Bashshur, Daniels, Greguras, & Diefendorff, 2015). Additional behaviors correlate to creating a productive work environment include commitment and understanding, concerning both the employee and also to the organization. A measure of a leader's capability also includes establishing a sound business strategy (Kernbach, Eppler, & Bresciani, 2015). The transformational leader is exceptional at presenting the organizational strategy to the health care workers and gaining their acceptance and commitment to the change. This presentation and effective implementation lead to superior policies, a productive workforce, competitive advantage, and reduced business costs, primarily related to employee turnover (Mackay, 2016).

Emboldening behaviors demonstrated by nurse managers positively correlates to nurses feeling empowered, consequently leading to improved clinical outcomes (Oncology Nursing Society, 2018). Employers should share some organizational power with their employees to increase employee empowerment (Heerwagen, Kelly, & Kampschroer, 2016).

Transition

In Section 1, I provided a discussion of the background of the problem, the problem statement, the purpose statement, the nature of the study, the research questions, the conceptual framework, operational definitions, assumptions, limitations, and delimitations, significance of the study, and a review of the professional and academic literature. The literature review provides a detailed examination of job satisfaction and its relationship to employee engagement and turnover intentions.

In Section 2, I discuss the role of the researcher, qualitative research design, case study method, population and sampling, ethical research, validity and reliability, data collection instruments, data collection and organization techniques, data analysis, and transition. In Section 3, I present the study findings and their application to professional practice, list implications for social change, offer recommendations for actions, propose recommendations for further research, provide reflections to the study, and close with a conclusion. I use the findings of this study to identify the strategies health care managers use that lead to mitigating nursing turnover intentions.

Section 2: The Project

Purpose Statement

The purpose of this qualitative single case study was to explore the management strategies of health care managers who successfully mitigated nursing turnover intentions. The targeted population included health care managers in one pharmaceutical company in New Jersey who had demonstrated successful strategies in mitigating nursing turnover intentions. The findings of this study may contribute to positive social change by providing organizational leaders with strategies that may decrease nurse turnover. Decreasing nurse turnover may lead to increased nursing skills, improved patient outcomes, and a more positive perception of care within the community, which may positively influence organizational profits and job sustainability.

Role of the Researcher

In a qualitative study, the role of the researcher is to be the central data collector and to outline the required values, assumptions, and any bias in the research proposal (Marshall & Rossman, 2016). As the researcher for this study, I was the primary data collection instrument and facilitated semistructured interviews with participants. In addition, I conducted data analysis and member checking and integrated the data to answer the research question. The nature of this role allowed me to become intimately involved in the study and to properly explore the research question (see Marshall & Rossman, 2016), while ensuring reliability and validity during the research process. I followed Yin's (2018) 5-stage analysis process to identify the meanings and themes of

the interview data (compiling the data, disassembling the data, reassembling the data, interpreting the meaning of the data, and concluding the data).

My reason for conducting this study stemmed from my personal experience. I am involved in the recruitment and hiring of team members for a variety of health care projects within my organization. I am also accountable for the implications of employee turnover within my organization, including low morale, excessive costs of training, and loss of costs related to low productivity. My experience in the health care industry of hiring and addressing the implications of turnover spurred my desire to explore and share strategies that might mitigate nursing turnover intentions.

The authors of the *Belmont Report* noted three basic principles that apply to research interactions with humans: respect for persona, beneficence, and justice (see U.S. Department of Health & Human Services, 1979). By allowing participant autonomy in scheduling and responses to the interview questions the value of respect was appropriately demonstrated (see U.S. Department of Health & Human Services, 1979). In exercising beneficence, I treated every participant in an ethical manner by respecting his or her decisions and ensuring his or her well-being through protection from harm (see U.S. Department of Health & Human Services, 1979). In keeping with the principle of justice, I acted reasonably and treated all participants in the same manner (see U.S. Department of Health & Human Services, 1979). Based on the protocol (see Appendix), the participants were made aware of the methods used for confidentiality, the withdrawal process, and the data storage methods used. No incentives were provided to the participants.

After obtaining Institutional Review Board (IRB) approval (#03-20-19-0744361, expiration date March 19, 2020) from Walden University, I identified potential participants using purposeful sampling. I sent the potential participants an e-mail inviting them to participate in this voluntary study. Once a prospective participant responded positively, the participant received an electronic version of the informed consent along with a request to provide date and time options for scheduling of the interview. Upon receipt of the electronic signature to participate I confirmed the interview date and time and provided the study protocol (see Appendix). The study protocol offered the participant information contained in the informed consent, including the list of questions I would ask during the interview. I provided the participant the list of questions ahead of the interview to allow the participant to thoughtfully consider and reflect on the questions being asked and thereby provide the most accurate and detailed response for each.

As it related to scheduling conflicts, I accommodated alternate times, days, and methods (face-to-face or virtual) of conducting the interview. Once the date and time were confirmed, I conducted the semistructured interview either face-to-face or virtually, based on participant availability. I used the Quick Time app on my Mac computer to record all interviewees who consented to the recording, then dictated each interview by using Dragon Naturally Speaking software.

Self-awareness was a primary way I mitigated bias during this study. As I have experience in the field in which this study was conducted, it was vital to accept my personal bias, and understand the vantage point of the participants. To mitigate the risk of personal bias, I utilized a study protocol (see Appendix) as the data collection tool for all

participants (Yin, 2018). Marshall and Rossman (2016) indicated that a researcher could use a study protocol to educate study participants on what to expect during the interview process. The study protocol outlined the guiding questions to be asked during the interview; however, based on responses, I was able to probe further with follow up questions to gain greater clarity of the participants' response. Zhao, Zhou, He, Cai, and Fu (2014) observed that eliminating bias can be accomplished when the interviewer asks valid questions, listens to responses, and is insightful. To gain further training on ethical research procedures, I also completed the training course offered by the National Institutes of Health.

Participants

Eligibility Criteria

When conducting a qualitative study, researchers may include multiple study participants from a single unit, according to Yin (2018). All participants in this study worked in a health care organization in the pharmaceutical industry that is based in New Jersey. The eligibility criteria for the study participants was as follows: Participants must have been a manager in the pharmaceutical health care industry for 2 years or longer, must have experienced less than 20% voluntary employee turnover during the last 12 months, and must have been wholly responsible for the hiring of their team members over the previous 2 years. To ensure the participants met eligibility criteria, I listed the criteria on the consent form for the potential participant to identify if the criteria were met or not. To allow for purposeful sampling, I identified potential participants from the

management population within the pharmaceutical nursing industry located in New

Jersey.

Accessing Participants

Upon receiving IRB approval (#03-20-19-0744361, expiration date March 19,

2020) to conduct this research, I noted the approval number and expiration date in the

study consent. I also immediately extended the Letter for Partnership to an organization

based in New Jersey, to which I received an immediate signed electronic agreement to

partner for this study. I forwarded the electronic signature and Letter of Partnership to the

IRB for data retention. Upon confirmation of receipt from the IRB, and authorization to

proceed with the study data collection procedure, the partner in the partnership

organization provided a list of 18 health care managers at the organization who were

thought to have met the eligibility criteria, including their e-mail addresses. I e-mailed

each of the 18 managers a request to participate in this research study within 3 days of

receiving IRB approval, which included the study consent and eligibility criteria. In the e-

mail, I instructed each potential participant to review the consent and eligibility criteria,

and if interested in participating, to respond to the e-mail request with "I Consent," which

would then represent a signed consent and would be retained as such.

Of the 18 emails sent requesting participation, nine were returned within a 4-day

time frame confirming consent. I supplied each of the nine participant consents with the

Study Protocol including interview questions and a request to schedule the face to face

interview. Each participant was scheduled, and subsequently conducted their live

interview within a 2-week time frame. Only one interview needed to be conducted virtually using the Skype for Business web application.

Snowball sampling allows participants to refer colleagues into the study (Woodley & Lockard, 2016), which can contribute to the exponential growth of the sampling size. Snowball sampling was an option with this study, however based on the achievement of data saturation with the nine interviews conducted, snowball sampling was not method that needed to be induced.

Establishing a Relationship

An essential component to conducting a successful qualitative research study is for the researcher to develop an effective working relationship with the study participants (White & Hind, 2015). I intentionally connected with participants regularly by email and phone, reiterating my role as the researcher and responsibility to maintaining their confidentiality, an ethic-of-care approach as described by White and Hind (2015). Confidentiality and trust were fundamental to conducting this study with the participants and with the organization in which participant partnership was established, assuring all data collected was securely maintained. The data secured includes all videotape recordings, dictations of information, consents, files with turnover data rates, and anything else shared by participants or partner organization. To provide security of data, I have secured all information in a personal safe located in my private home, of which is locked for 5 years. After 5 years, I will remove and destroy the data.

Research Method and Design

Research Method

Researchers are often challenged by using methods and designs they do not entirely understand (Molina-Azorin, 2016). The three research method options are qualitative, quantitative, and mixed (Saunders et al., 2015). In qualitative research, researchers seek to understand the meaning behind the participants' stories (Patton, 2015). In this study, I used a qualitative method to guide the research as a means of understanding people from an economic, cultural, and social perspective as it relates to their professional experiences. Using the qualitative research method allowed me to investigate people's feelings and attitudes (Sutton & Austin, 2015). Gaining a deeper understanding of the how and why behind moderating employee retention (Yin, 2018) was the compelling influence to use the qualitative research method for this study.

One alternative to the qualitative research method is a quantitative research method. Features of a quantitative study include ensuring the researcher has a clear understanding of what he or she is looking for in advance, use of formal instruments to collect and analyze their data, testing a hypothesis, and using numerical data to decrease the changes of subjectivity (McCusker & Gunaydin, 2015). Researchers note the benefits of using a quantitative research method in analyzing the behavior or attitude of people as opposed to a qualitative method that is used for studying organizations (Groenveld, Tummers, Bronkhorst, Ashikali, & Van Thiel, 2015). Utilizing the quantitative research method requires the researcher to formulate and test hypotheses against a dependent variable (Babones, 2015). Since the purpose of this study was to explore the strategies of

hiring managers, not to a hypothesis on a specific strategy and how it effects turnover or to examine correlations between dependent and independent variables, a quantitative methodology for this study was not appropriate.

Another alternative to a qualitative study is a mixed method approach. One disadvantage of the mixed method approach is the length of time it takes to collect the data and the disruption it may create for the participants' personal or professional environment (Yin, 2018). Scholars actively debate the mixed method design, indicating that qualitative and quantitative research methods should not be combined (Santos, et al., 2017), while proponents of the mixed methodology contend it provides enhanced triangulation opportunity. Using the mixed method allows researchers to determine outcomes based both on subjective qualitative data and quantitative numerical data (McKim, 2015). Because I explored the subjective analysis of participant strategies and not collecting numerical or statistical data of responses, a mixed method study was also not appropriate.

Research Design

I used a single case study design for this qualitative research study. Alternatives to the case study design include grounded theory, narrative, ethnography, or phenomenological designs to explore this study's phenomenon. The grounded theory design is often a struggle for new researchers as they contest bias in their study. The grounded theory obtains data from a selected sampling rather than random sampling and categorizes this data into pre-conceived themes, rather than allowing the data to dictate the themes (Hussein, Hirst, Salyers, & Osuji, 2014). The manner in which data is

categorized in a grounded theory design is thought to influence results, which propensities more significant opportunity for bias in a study (Ranalho, Adams, Huggard, & Hoare, 2015).

The narrative research design helps the researcher become the learner of organic methods of analysis and social phenomena (Yin, 2018). Through the use of instruments such as interviews with open-ended questions, the narrative design helps tell the story of the participants (Stapleton & Wilson, 2017). The narrative design is considered a participatory learning experience for the researcher (Stapleton & Wilson, 2017) as the researcher seeks to understand why the participants use the strategies they do. Although this study used open-ended questions in an interview format, this study was not consistent with the researcher understanding the reason behind the strategy, but instead, merely discovering how the strategies influence turnover intentions. Based on this, I did not consider using the narrative design for this study.

The ethnographic or phenomenological designs require extensive data collection from individuals or groups over lengthy periods of time (Yin, 2018). Based on the timeframe involved with data collection, performing ethnographic or phenomenological study designs can be difficult for researchers. Phenomenological study designs are associated with the researcher studying the experiences of an individual from their lived perspectives and assemble data from individuals with similar experiences (Patton, 2015). Based on this, I did not choose the phenomenological study design because the focus of my study was not founded on the basis of the participants' lived experiences.

Researchers use the ethnographic study design to understand one or more cultural groups in their natural environment over a prolonged timeframe (Yin, 2018). Using this type of study design assists in uncovering themes that challenge fundamental or normative assumptions (Tumilowicz & Neufeld, 2015). Siwale (2015) recommended that researchers understand the ethnographic study design may be expensive due to the time it takes, and related expenses associated with conducting this type of study design. Due to limitations of time I anticipated of the participants, I chose not to use the ethnographic study design for this study.

The use of a case study design allowed exploration of a specific phenomenon and enables an investigation and description of the phenomenon within a particular, contemporary context, not requiring the researcher to control behavioral events (Yin, 2018). Researchers of a case study represent multiple realities expressed by study participants, subsequently interpret data collected from document reviews, observations, and interviews to construct meaning (Raeburn, Schmied, Hungerford, & Cleary, 2015). The case study design is used to gain an understanding of an issue, problem, or phenomenon when uncertainty exists of its precise nature (Saunders et al., 2015). The case study does not allow the researcher to manipulate behavior to observe a particular response such as other experimental designs would (Yin, 2018). Performing a case study allowed me to involve a minimum number of participants and gain a comprehensive understanding of leadership strategies used to mitigate nursing turnover.

Shangholian and Yousefi (2015) suggested a researcher should focus on the quality of the data rather than the quantity of the data. Within the context of a qualitative

study, data collection continues until data saturation is achieved. Data saturation is not predictable (Patton, 2015) and is only achieved when no new information is received from the participant data (Fusch & Ness, 2015). A large sample size may not always guarantee data saturation, while a small sample size may not be enough to elicit it (Wei, Dengsheng, Yanlan, & Jixian, 2015). I recognized data saturation was met when no novel information, patterns, or themes were collected from the responses of the participants.

Population and Sampling

Population

The typical number of interviews in a qualitative study is 11-16 as noted by Marshall, Cardon, Poddar, and Fontenot (2013) with an estimation of six interviews to establish data saturation (Saunders, et al., 2018). I utilized purposeful sampling with the intention of conducting interviews with up to16 participants, ceasing only upon achievement of data saturation. Saunders et al. (2018) indicated data saturation can be achieved with six or fewer participants. Supported further by Shangholian and Yousefi (2015), who indicated large sample sizes are not necessary to achieve balance and thoroughness of a qualitative study. I utilized health care managers from one pharmaceutical company in New Jersey as the sample population for this study, whom are supervisors, directors, or managers with hiring and management responsibilities to a team of nursing members. I used the single case study design to explore and understand the strategies these managers use to mitigate nursing turnover intentions.

Sampling Method

I applied the single case study design to explore the phenomenon of how managers are successful in mitigating nursing turnover intentions. Qualitative researchers understand that poor choices relative to sampling decisions may compromise the credibility of the study (Marshall & Rossman, 2016) and that every participant's perception of the phenomenon may add value to a qualitative study (Sutton & Austin, 2015). Purposeful sampling allows researchers to sample an intentional group of people who have the best information about the problem being studied (Palinkas, et al., 2016). Purposeful sampling requires all participants meet specific eligibility criteria and have the ability to answer the research question (Patton, 2015). Boardman and Ponomariov (2014) indicate purposeful sampling allow the researcher to select and vet participants for their study by choosing participants who meet specific requirements of the study.

Eligibility criteria for inclusion into this study consisted of: (a) the participant must have been a manager in the pharmaceutical health care industry for two years or longer, (b) the participant must have experienced less than 20% voluntary employee turnover during the previous 12 months, and (c) the participant must have been responsible for the hiring of team members over the previous two years. Managers who did not meet all three of the criteria were not be eligible to participate. I provided all eligible participants with an email request for participation in the study, then scheduled interviews upon receipt of the electronically signed consent. Such an approach allowed the purposeful sampling also to be considered random since interviews were only

conducted until data saturation is achieved. The approach of purposeful random sampling demonstrates superior creditability to the study (Patton, 2015).

I interviewed participants at a mutually agreed upon location, including one which was conducted virtually using the Skype for Business platform, both of which provided an atmosphere for appropriate moderation of the discussion as Yin (2018) indicates is necessary. The location of the interview was determined during the scheduling process, post consent, and I allowed the participant to propose the location based on where they would feel the most comfortable, and which would provide an optimal environment for comfortable dialogue. It is noted, the furnishings of a participant's office may be an indicator of their significance within the organization (Yin, 2018).

Data Saturation and Sampling

Interviews continued to be scheduled until data saturation was reached. Shangholian and Yousefi (2015) suggested data saturation in a qualitative study can be reached in as little as two interviews; however, Marshall et al. (2013) argue the typical participation for a qualitative study before data saturation is reached is 11-16 samples. Interviewing until data saturation was met provided the mechanism of purposeful random sampling, which offers greater credibility to the study (Patton, 2015). Unfortunately, random sampling may result in lack of study generalizability (Palinkas, et al., 2016). Lacking generalizability may mean some readers interpret the lack of specific strategies to mean they were not helpful, but rather, the reader should understand these strategies simply may not have been included in the data collected.

Random sampling and snowball sampling were additional options for a qualitative research study, however not appropriate for this study based on the volume of interviews that must take place to obtain data saturation (Martinez-Mesa, Gonzalez-Chica, Duquia, Bonamigo, & Bastos, 2016). I was concerned that the volume of interviews necessary to reach data saturation in a random sample may put a strain on my resources available to conduct this study. Based on the time and financial resource constraints, random sampling was not a viable option for this study.

Member checking continued until no new data was collected, thus indicating data saturation (Harper et al., 2015). As the researcher, through the member checking process, I was able to validate my interpretation of the participant responses to the interview questions (Birt, Scott, Cavers, Campbell, & Walter, 2016). Opposed to transcript review, member checking allowed the participant to validate the interpretation of the context rather than validation of word-for-word transcript. The process of member checking provided the participant an opportunity to review the data, checking for completeness of thoughts, correct term usage, and accurate interpretation (McKim, 2015), and was the most appropriate technique for determining data saturation for this study.

Ethical Research

To ensure I conducted ethical research, the study did not begin until Walden's IRB approved my proposal (#03-20-19-0744361; expiration date 3.19.2020). The purpose of the IRB is to ensure the protection of the participant and researcher while minimizing harm relative to data confidentiality and integrity during all phases of the project (Rubin & Rubin, 2012). Upon approval, I contacted the partner organization and requested their

assistance in providing contact information for health care managers who might be interested in participating in my study. The partner organization was provided a consent, with provided agreement to provide requested information, which was returned with electronic signature. Upon receipt of the signed partnership agreement, I e-mailed each of the potential participants identified by the partner organization and explained my intent and the purpose of the study, requesting they respond if they had interest in participating. Upon receipt of their initial interest, I emailed the study consent and requested each respond with "I consent" to identify consent to participate. After receiving electronic consent to participate, I then provided each participant with the study protocol and scheduled the interview day and time (see Appendix).

Consent did not imply an obligation to continue with the study. The consenting process included the following considerations: some form of personal interaction with the people interested in completing the survey, the informed consent document, and the individual's own decision to participate in the study (Hallinan, Forrest, Uhlenbrauck, Young, & McKinney Jr, 2016). A central ethical concern in research is allowing the participant voluntary participation and voluntary withdrawal from the study at any time (Rubin & Rubin, 2012). The participants were advised of their right to withdraw from the study at any time by verbally indicating their desire to do so. Additionally, the withdrawal process was specifically stated in the consent, the study protocol (see Appendix), and verbally reiterated with the participant at the onset of the study interview. Lentz, Kennett, Perlmutter, and Forrest (2016) recommended that the researcher remind

the participant continually of their participation rights even after the informed consent has been signed.

The participants in this study did not receive incentives. Participation was on a voluntary basis with the benefits of adding social value to the health care community and informing leaders of the successful strategies for mitigating employee turnover being explained as the only benefit they were afforded. Upon publication of the study, I offered to provide each participant an electronic copy of the final study findings.

To guarantee confidentiality and privacy and ease concerns there within, Fisher (2015) recommended coding the names of the participants and the organization. Each independent team within the partner organization was coded with sequential alphabetic letters, which include A and B. The participants within each team were ultimately assigned alpha numeric codes aligned to the team they worked with, ranging from A1 – A7, and B1 – B2. Upon completion of the study, I extracted all data collection documents from the computer and stored in a locked safe in my residence to protect the confidentiality of the participant. All documentation is being stored for a period of 5 years. Upon expiration of 5 years, I will shred the data collection tools, destroy the audio recordings stored on a password-protected flash drive, and delete the password protected zip computer files. I am fulfilling the actions of protecting the confidentiality of the participants by storing data, informing the patients of their rights, and developing a plan to properly destroy the data upon expiration of 5 years from the time it was collected.

Data Collection Instruments

The researcher of a qualitative study is the primary data collection instrument (Saunders et al., 2015). According to Ozer and Douglas (2015), semistructured interviews, member checking, focus groups, archived data, observations, or a combination of these approaches is an acceptable practice in conducting qualitative interviews. As the secondary data collection instrument, I utilized the semistructured interview technique with study protocol (see Appendix) to document the participants responses. The study's central research question was supported by nine open-ended questions which covered the participants experience with hiring and management strategies to mitigate nursing turnover intentions of their team members. The central research question was the focus of the interview questions, with the participant's answer providing the foundational resource for the outcomes of this study.

To guide the interview, I utilized a study protocol (see Appendix), however, remained mindful that each interview may exhibit diverse dynamics that may dictate preparation for unanticipated opportunities. Interviews may present the researcher an opportunity to query follow-up questions or elicit more detailed responses from the interview candidates when answers are vague (Ownes, 2014). The study protocol (see Appendix) guided the interview process and ensure each participant is provided consistent information as it relates to the study objectives, data collection procedures, protocol questions, and how the documentation of the study information is handled. Additionally, the study protocol (see Appendix) provided a detailed explanation of their rights as a participant and will include eligibility criteria and explain that the participant

can withdrawal from the interview process at any time simply by stating their desire to stop. Yin (2018) contended the study protocol ensures the data collection, analysis, and reporting techniques align with the study's comprehensive objective.

I utilized other sources of evidence such as reflective journals to explore information regarding employee engagement indicators and employee retention strategies to triangulate data. Collaboration of information from multiple resources, although a greater burden to the researcher, is strongly advised in case study research (Yin, 2018). Case studies using multiple sources of evidence are considered to be of higher quality than studies that use only single source information (Yin, 2018).

The tertiary data collection instrument to be used is member checking. Member checking allowed me, as the researcher, to interpret what the participant shared (Birt et al., 2016) and provide a synthesis of the interview responses. Opposed to transcript review, member checking allows the participant to validate the interpretation of the context rather than validation of word-for-word transcript. The member checking instrument allowed the participant to review the data to check for completeness of thoughts, correct term usage, and accurate interpretation (McKim, 2015). Member checking provides the maximum benefit for reliability and validity of the study (Harper et al., 2015). Simpson and Quigley (2016) indicated member checking creates a study with increased trustworthiness and academic credibility. For each interview, I transcribed and synthesized the data and return it to the study participant to validate the content and interpretation. I adjusted any mis-interpretation on my part according to the participant's recommendations.

I enhanced the reliability and validity of the data collection process by using interview notes and member checking (Harper et al., 2015). Member checking allowed for advanced credibility, trustworthiness, and validation of the findings, and enhance the assurance that no gaps exist in the understanding of the phenomenon (Bellhouse, Crebbin, Fairley, & Bilardi, 2015). The member checking process continued until no new data was collected, thus indicating data saturation (Harper et al., 2015).

Data Collection Technique

Following IRB approval, and before conducting any interviews, I provided the participants an email invitation to participate in this study, a consent, and a study protocol (see Appendix). Upon email confirmation of the participant's interest to participate I forwarded a consent for review and signature. After receiving the signed consent form, I confirmed the participant met all eligibility criteria, and then I forwarded the study protocol (see Appendix) with interview questions. At the time the study protocol (see Appendix) was provided, I requested to schedule a 1 ½ -hour block of time for the face-to-face interview. If scheduling conflicts arose and were prohibitive for completing the interview otherwise, the interview was conducted telephonically by the Skype for Business application. I encouraged each participant to openly ask questions throughout the duration of the interview. As guided by the study protocol (see Appendix), I scheduled opportunities at the beginning and at the end of the interview for the participant to ask questions or express concerns relative to the study.

I interviewed each participant individually and recorded the interview with an electronic chronicling device, to which I obtained each participants' verbal consent to

utilize, as guided by the study protocol (see Appendix). The recording device was prepared before the interview commenced to ensure proper working condition. I supported the audio recordings with hand written journal entries to ensure accurate documentation of the participant's responses. In the event a participant would have refused to have responses recorded, I would have planned to synthesize the participant's responses only through hand-written journal entries. Throughout the interview, I asked targeted, clarifying questions to gain a deeper understanding of the strategies the health care managers utilize to mitigate the turnover phenomenon. The fundamental motivation for investigators to conduct qualitative research is to explore a phenomenon (Harrison, Birks, Franklin, & Mills, 2017). Asking targeted questions to clarify participant response was an appropriate interviewer tactic in qualitative research studies (Palinkas, et al., 2016).

Semistructured interviews offer both advantages and disadvantages. Increasing the probability of participant honesty and transparency relative to their experiences is one clear advantage (Hammarberg, Kirkman, & Lacey, 2016). The location in which the interview is conducted can provide an advantage or disadvantage, as participants may experience a higher level of discomfort based on it (Yin, 2018). To avoid geographical discomfort to the participant, I accommodated any location requested. To ensure participants had an opportunity to view the study protocol (see Appendix), I made a copy available and reviewed upon arrival to the interview.

Direct observation is a collection tool frequently used by researchers conducting a qualitative study (Sutton & Austin, 2015). Qualitative methods are explanatory and

textual, and include passive and participant observations, in addition to open-ended interviews (Bekhet & Zauszniewski, 2012). The opportunity to observe the participant during the interview provided information about the confidence of behaviors, the occurrence of behaviors, and if environmental or organizational influences existed to promote or discourage behavior (Yin, 2018).

Data Organization Technique

There are four principles of data collection including the following: using multiple sources of evidence, creating case study database, maintain a chain of evidence, and exercising care in using data from electronic sources (Yin, 2018). The six acceptable sources of evidence include documentation, archival records, interviews, direct observations, participant-observation, and physical artifacts (Yin, 2018). Possessing multiple sources of evidence unquestionably provides a solid foundation for the research and gives rise to why the study was conducted initially.

A database is the compilation of all the data from the study, both in numeric and narrative form (Yin, 2018). The database represents facts that supports the outcome, however also includes information which may contradict the outcome (Yin, 2018). Acquiring a database significantly increases the reliability of the study and consists of four components: notes (information documented from interviews, observations or document analysis), documents (annotated bibliographies), tabular materials surveys, and narratives (evidence relative to themes) (Yin, 2018). The chain of evidence increases the construct validity of the information by allowing the reader to conceptualize the relationship between the evidence that supports the outcome (Yin, 2018) and provides a

link between the protocol questions and the original study question. Exercising care in using data from electronic sources such as social media or conducting electronic interviews or surveys is essential to securing a non-bias study (Yin, 2018).

To organize study participant data, I used a naming convention for data tracking. The participants were referenced according to their organizational team A or B and assigned a unique participant number. For example, A, A2, or B1, B2, etc. which protected their confidentiality and ensured privacy. None of the participants knew their unique study identifier. After gathering the participant data, I stored the information in word format on my personal computer with secured and unidentifiable password protection. At the conclusion of the study, I removed the data from my personal computer and placed it on a USB jump drive for storage in my personal locked safe, where I will store for 5 years ensuring confidential data storage.

I utilized the NVivo Pro 12 as the qualitative analysis software tool. The NVivo Pro 12 tool was used to code the raw data into themes and align the study analysis. An electronic folder was created for each participant which will house their specific interview transcripts, signed consent, and any other notes obtained from the interviewee, before, during, and after the interview session. Placing data into manageable folders allows the researchers to break down, analyze, rebuild, and reflect on the data to gain greater understanding of the context and realities of the participants responses (Yazan, 2015).

Data Analysis

In qualitative research, the most significant aspect is the process of data analysis (Potestio et al., 2015). Relative to this study, the analysis of the data provided the framework to understand the strategies utilized by health care managers to mitigate nursing turnover intentions. To synthesize the data, I determined consequential themes from the participant responses that answered the central research question. Within each of the themes identified, responses were coded accordingly. Through developing themes, I was able to define codes and utilized them throughout the study (Patton, 2015). Coding facilitated the identification of core concepts, ideas, and specific strategies common across all interviews (Marshall & Rossman, 2016).

Yin (2018) indicated data analysis consists of five steps that include compiling the data, disassembling the data, reassembling the data, interpreting the meaning of the data, and concluding the data. The data analysis procedure for this study incorporated all five steps of data analysis as indicated by Yin (2018). From the coding and data analysis process, I anticipated the information I receive provided answer to the research question (Yazan, 2015).

Utilizing multiple sources of evidence, known as data triangulation, can strengthen the case study for a researcher (Yin, 2018). A triangulation approach to data analysis may increase the quality of a study and mitigate potential bias in research of the phenomenon (Carter, Brynt-Lukosius, DiCenso, Bythe, & Neville, 2014). Data triangulation is the utilization of multiple sources to verify the accuracy of data. Data

triangulation is accomplished through method triangulation, investigator triangulation, theory triangulation, and data source triangulation (Adams, Bateman, & Becker, 2015).

Three or more researchers involved in the same study whom have similar findings from previous studies is known as investigator triangulation (Yin, 2018). Using multiple theories for the analysis and interpretation of data is considered theory triangulation (Carter et al., 2014). Methodological triangulation involves the use of more than one method to gather data; this can include interviews, observations, questionnaires, and documents (Yin, 2018). Data source triangulation includes using multiple spaces, times, or persons (Yin, 2018).

For this qualitative study, I used the data source and methodological triangulation approaches while ensuring uniformity with the method to avoid affecting the validity of the study (Brown, Stickland-Munro, Kobryn, & Moore, 2017).Through methodological triangulation, a researcher can provide confirmation of study findings and more comprehensive data (Bekhet & Zauszniewski, 2012). When data is collected from multiple sources, such as through interviews and observations, the researcher can obtain greater perspective of the underlying phenomena; this is methodological triangulation (Bekhet & Zauszniewski, 2012).

Data triangulation is achieved when the researcher uses multiple sources of data that corroborate the same finding (Yin, 2018). Through conducting multiple interviews in conjunction with observation, I can effectively triangulate the data when multiple participants substantiate responses to the interview questions. Triangulation may strengthen the findings and the conclusions and may yield more comprehensive results,

which could lead to a better understanding of the phenomena for the researcher and the participants (Yazan, 2015).

Utilizing NVivo 12 Pro software, I uncovered themes and create codes to utilize for the duration of the analysis. NVivo 12 Pro software allowed me to identify, categorize, and arrange collected information and explore complex relationships between each response. NVivo12 Pro was recommended by other research students based on its ability to analyze information from both audio and narrative files, which decreased the probability of human error in transcription (Oliveira, Bitencourt, Zanardo dos Santos, & Teixeira, 2016). The NVivo 12 Pro software sequentially allowed me to move through seven steps in analyzing the data. These steps include sources, nodes, classifications, clusters, consultations, reports, and models (Oliveira et al., 2016). Upon uploading the data, NVivo 12 Pro created categories that aligned with the research question and determine the number of times each theme is referenced in the data. Following the classification of the categories and sources, the NVivo 12 Pro determined if any new emerging themes were identified. Once the NVivo 12 Pro software completed the analysis, I developed charts and graphs to demonstrate the outcomes.

Through development of the specific themes and subthemes within the context of the interview responses, I identified opportunities for additional literature review topics and searched for new articles related to information uncovered. I utilized the revelations identified in the themes to compare to this study's identified conceptual framework; the theories in support of the SET, and those contradicting the SET to provide answer to this study's research question.

Reliability and Validity

Reliability and validity substantiate the objectivity of the study (Auer et al., 2015). The doctoral research study can be negatively affected by data sources independent of the factors surrounding the data collection strategies. Further, when conducting interviews for data collection, if the sample of participants has a bias, it could have negative implications for the study result. These quality issues could have a negative impact both on the reliability and validity of the study (Hsieh & Kocielnik, 2016). Qualitative researchers use dependability, credibility, transferability, confirmability, and data saturation to achieve study reliability and validity.

Reliability

Researchers seek reliability to ensure their data is accurate. Relative to the data collection of a study, reliability refers to the extent in which the same results would be obtained if data were collected again using the same process (Yin, 2018). Dependability is the parallel principle to reliability (Saunders et al., 2015). A qualitative research study is dependable when other researchers can replicate the research (Marshall & Rossman, 2016).

For this study, the process of member checking confirmed dependability. I provided the participants a synthesis of their interview to review, correct, confirm, and clarify their responses. If the participant requested changes to the interpretation of the data, I made the requested changes and repeated the member checking process to validate accuracy. Tracking all decisions, research steps, and activities involved in the research process contributed to enhancing the trustworthiness of a study (Hong, Pluge, Bujold, &

Wassef, 2017). This process allowed for advanced credibility, trustworthiness, and validation of the findings, and enhanced the assurance that no gaps existed in the understanding of the phenomenon (Bellhouse, Crebbin et al., 2015).

Validity

Validation is the process of data verification, analysis, and interpretation to assist the researcher in establishing credibility and authenticity (Leung, 2015). The researcher must establish a perspective of the participants that is believable while ensuring the intended purposes of the research are emblematic of the experiences of the participants (Gibson, 2017). The investigator of a qualitative study confirms validity by ensuring the tools, processes, and data are appropriately aligned to the purpose of the study (Leung, 2015). If the researcher can demonstrate that the phenomenon being studied aligns well with the measure used to consider it, the study will prove valid (Saunders et al., 2015).

Utilization of internal and external validation tests provides the researcher the opportunity to understand if the study's findings are generalized beyond the immediate study (Moustakas, 1994; Petrova, Dewing, & Camilleri, 2014; Yin, 2018). To minimize the possibility of threats to validity, qualitative researchers utilize internal validation methods. Internal validation methods are strategies that allow a researcher to increase the accuracy of the research findings (Moustakas, 1994; Petrova et al., 2014). Within the context of this qualitative single case study, internal validation is accomplished through pattern matching, explanation building, and addressing rival explanations (Yin, 2018).

The form of the initial research question can directly influence the strategies used to obtain validity (Yin, 2018). The structure of the research question in the format of

"what" may prove difficult for me to arrive at a generalized analysis of a nursing

population (Yin, 2018). While concern exists for internal validity in case study research,

the participants expression of events allowed me, as the researcher, to infer the outcome

was a direct result. In conducting a case study design in which I elicit an indiscriminate

understanding of the participant responses, posing the interview questions in the manner

of "what," and using a log to identify replication of responses allowed this researcher to

confirm this study's validity.

Credibility. In qualitative research, validity parallels the credibility of the

findings (Leung, 2015). Semistructured and in-depth interviews can achieve a high level

of validity and credibility when clarifying questions are used to guide the interview

(Saunders et al., 2015). To ensure credibility, I performed semistructured qualitative

interviews in which data is conceptually analyzed by means of interpretation; this

provided internal validation (Bleijenbergh, Korzilius, & Verschuren, 2011). I conducted

member checking by providing the participants a transcript of their interview to review,

correct, confirm, and clarify their comments. Caretta (2015) contended allowing the

participant to confirm accuracy of the interview transcript will increase the credibility of

the research outcome. Finally, to influence greater credibility, I considered the responses

that counter the majority. When a researcher accounts for negative responses in the data

analysis, credibility increases as the researcher demonstrates a reflexive response to the

information presented (Saunders et al., 2015).

Confirmability. Confirmability describes the level of trustworthiness a study

exhibits (Nowell, Norris, White, & Moules, 2017). Confirmability is the degree of

neutrality in the study and independence of the researcher (Bengtsson, 2016). To the extent of this study, to establish confirmability, I utilized a study protocol (see Appendix) and reflective journal. I used a reflective journal to record all notes and personal reflections during the interview and data analysis process. The study protocol (see Appendix) and strict use of interview questions ensured that I introduced no bias into the study and accordingly, demonstrated neutrality and impartiality.

Lincoln and Guba (1982) indicated data should be unitized, meaning reduced to the smallest units of measuring, and categorized into an appropriate category system. To enhance confirmability, I asked probing questions during the interview when uncertainty about responses existed, or if I perceived additional information could be solicited according to a vague response. Additionally, asking questions from different perspectives allowed me to explore in greater detail the strategies managers use to mitigate nursing turnover intentions. Member checking and triangulation strategies were used to complete the opportunity for optimal enhancement of confirmability. The use of the NVivo 12 Pro software allowed me to perform these tasks to create confirmability within this study.

Transferability. Through utilization of the study protocol (see Appendix) and meticulous adherence to the same collection process with each participant, I am able to influence the transferability of this study's findings. Transferability is defined as the capacity of the study findings conveying to another qualitative research (Vaismoradi, Jones, Turumen, & Snelgrove, 2016), yet it must be understood that transferability is determined by the readers ability to apply results to other research. Providing a complete description of the research questions, design, context, findings, interpretations, and

reaching data saturation, the researcher offers the greatest prospect for transferability (Saunders et al., 2015). On the basis of this study being qualitative, I was unable to confirm that this study is transferrable. Transferability is based on the perception and applicability to the reader and future studies (Marshall & Rossman, 2016), rather than implication made by the creative researcher.

Data saturation occurs when a researcher achieves stability and diligence of the information collected, demonstrating a number of responses that ensure suitable depth and diversity of viewpoints and insights offered (Orri, Revah-Levy, & Farges, 2015). The participants must answer the same questions in the interview to reach data saturation in the data collection process (Cleary, Horsfall, & Hayter, 2014). For this study, I used a study protocol (see Appendix) to guide the interview and ensure each participant was asked the same 7 open ended questions. Data saturation was evident when the responses of the participants werre repetitive. The process of member checking allowed participants to authenticate their interview information (Petrova et al., 2014). To ensure data saturation was achieved, I conducted participant interviews until no novel information was received. An appropriate sample size is one that is adequate to address the research question, yet not too big to hinder the depth of analysis (McNulty et al., 2015)

In summary, for this study, I achieved reliability and validity as dependability, credibility, transferability, confirmability, and data saturation were demonstrated. Dependability and credibility were achieved through the use of multiple data sources, member checking, and data triangulation. Confirmability was recognized when credibility, transferability, and dependability were established. I anticipated data

saturation to be achieved in as little as six participant interviews, however, continued until no original information is received, which was confirmed after the ninth interview. This single case study's results may not represent comparable health care managers. Based on the study's findings, further research may be warranted.

Transition

In Section 2, I provided a thorough description of the study and rationale for the study methodology and design. Additionally, I presented the role of the researcher, study participants, research method and design, population and sampling method, the need for ethical research, data collection, data analysis, data organization techniques, reliability, and validity. Conducting a qualitative, single case study design enabled an exploration of the management strategies that mitigate nursing turnover intention. In Section 3, I present my findings, discuss my findings application to professional practice, list implications for social change, offer recommendations for action, propose recommendations for further research, provide my reflections of this study experience, and close with study conclusions.

Section 3: Application to Professional Practice and Implications for Change

Introduction

The purpose of this qualitative single case study was to explore the strategies that health care managers use to mitigate nursing turnover intentions. To guide the conduction of the semistructured interviews, I used the study protocol in Appendix. The nine pharmaceutical health care managers from New Jersey who participated in the study met the inclusion criteria of being a manager in the pharmaceutical industry for 2 years, having employee turnover rates of less than 20% over the previous 12 months, and being solely responsible for the hiring and direct management of their team employees for the previous 12 months. The health care managers who participated in this study offered their insights and best practices for mitigating employee turnover by answering seven interview questions. Three themes were revealed through the process of data analysis; these included individualism, communication, and development. I used interview data to answer this study's central research question, which was, What management strategies do pharmaceutical health care managers use to successfully mitigate nursing turnover intentions? In Section 3, I include the findings of my research, review its applicability to professional practice, make recommendations for action and further research, and discuss the study's implications for social change. I conclude Section 3 by offering my personal reflections and a conclusion to the study.

Presentation of the Findings

The key research question for this qualitative single case study was as follows: What management strategies do pharmaceutical health care managers use to successfully

mitigate nursing turnover intentions? Upon receipt of IRB approval (#03-20-19-

0744361), I solicited partnership for this study from one pharmaceutical company in New

Jersey and received electronic consent them to contact potential participants from their

organization. As a measure of confidentiality, the partner organization was not identified

or coded in my research materials; however, the independent teams within this

organization were coded as A and B. Each participant who completed the interview was

identified by the team letter, followed by a unique number. I e-mailed the participation

invitation to 17 potential participants whose contact information was provided by the

partnering organization. The response rate for the 17 e-mails sent was 76%, as is

summarized in Table 2.

Table 2

Response Rate for Invitation E-mail to Potential Participants

Pharma company team	# of invitations sent	# of positive responses	# of Negative Response	# of Undeliverable Responses	# of nonresponses	Total
A	9	7	0	0	2	9
B	8	6	1	1	0	8
Total	100%	76%	6%	6%	12%	100%

Upon receipt of each e-mail response of interest, I e-mailed the 13 potential

participants the Study Protocol (see Appendix) and the Informed Consent, indicating my

desire to schedule the face-to-face interviews within a 3-week time frame. Over a period

of 4 days, I received signed Informed Consents from nine participants. I received e-mail

responses from two potential participants that revealed they did not they met the

eligibility criteria of having less than 20% turnover in the previous 12 months. One potential participant who returned the signed consent indicating all eligibility criteria were met indicated she would not be able to accommodate a face-to-face interview any time in the upcoming 3 weeks. This participant was therefore not included in the study. One potential participant did not provide consent before the date on which I began conducting interviews, which also resulted in this participant not being included in the study. The consent rate was 69.2% and is summarized in Table 3.

Table 3

Rate of Consent

Company	# consents sent	# consents signed	# consents who did not meet eligibility criteria	# consents who could not participate in a timely interview	# consents not returned	% consent rate
A	8	7	1	0	0	88%
B	5	2	1	1	1	40%
Total	13	9	2	1	1	69.2%

Upon receipt of the signed consents from the nine participants, I contacted each by e-mail and requested they propose a date, time, and location to conduct the face-to-face interview. All nine participants responded within 2 days. I scheduled eight interviews to take place in New Jersey within 2 weeks, one interview was scheduled to be conducted virtually. All nine semistructured interviews were completed within 4 weeks of receiving IRB approval.

During the semistructured interviews, all participants responded to each of the seven interview questions with insights I considered well thought out and meaningful. I recorded each interview using my Mac computer in addition to handwriting responses in a study journal. In addition to writing the participant responses, I was able to observe behavioral activity as it related to participant responses, such as level of confidence and hesitation in uncertainty in responding to questions. I made note of body language and other emotional levels of response provided by participants. The analysis of observational techniques in relation to the interview question responses constituted methodological triangulation, which increases the level of confidence with the findings (Su, Wang, Lv, Wu, & Li, 2016).

Prior to conducting the interviews (both face-to-face and virtual), I verbally reviewed the study protocol in detail, providing each participant with information on how to withdraw from the study, the objective of the study, and the questions that would be asked during the study, in addition to gaining each participant's verbal consent for the interview to be recorded. Each interview was conducted in mutually agreed-upon locations in which the participant seemed comfortable with providing the information without reservation or concern of interruption or lack of privacy. I was able to meet four participants in a hotel lobby following work hours. I met three participants at a local Starbucks before starting work activities. One interview was conducted at the participant's work site, and one participant was scheduled for a virtual phone interview due to travel restrictions.

After each interview was complete, I uploaded the audio file into Dragon Naturally Speaking software for transcription. Upon completion of each transcription, I reviewed it for accuracy against my journal entries and added observational details. Once complete, I e-mailed each participant a synthesized review of the responses and requested that they review and provide confirmation of the transcript's accuracy, or identification of discrepancies. This process is known as member checking and allows an opportunity for participants to validate the accuracy of the information collected (McKim, 2015). Each participant reviewed and provided a response confirming accuracy within five days.

Upon completion of member checking, I uploaded the transcripts into the NVivo 12 Pro Software for coding and theme development. I was able to identify three themes associated with this study on the strategies managers use to mitigate nursing turnover intentions. After uploading the eighth interview transcript, I found that no new themes emerged, indicating data saturation had been met. I chose to conduct and upload the ninth scheduled interview response, which, upon analysis, further confirmed data saturation, as no new information was revealed. Data saturation is not predictable (Patton, 2015) and is only achieved when no new information is received from the participant data (Fusch & Ness, 2015). Table 4 represents the nodes from the various coding stipes. In developing the themes, I grouped the significant influences related with the responses from pharmaceutical nursing managers to demonstrate associations to themes.

Table 4

Word Frequency of Emerging Themes

Emerging theme	*N*	Word *f*	% of word *f*
Individualism	560	188	33.6%
Flexibility			
Personal Promotion			
Engagement			
Feeling Cared For			
Relationship			
Communication	560	176	31.4%
Involved in Decisions			
Feedback			
Clear Expectations			
Collaboration			
Shared Values			
Trust			
Development	560	91	16.3%
Innovative			
Growth			
Total	560	455	81.2%

The significant findings of this study, as identified by the three themes of individualism, communication, and development, aligned to the conceptual framework of the SET. Findings revealed the level of influence the relationship between the manager and the employee has on mitigating turnover intentions. The data obtained during the face-to-face interviews and the document review determined the correlation with the findings, the three themes, and the SET.

Theme 1: Individualism

Participant responses demonstrated that pharmaceutical leaders practice an individualized approach with their nursing team members, which is believed to mitigate turnover intentions. Individualism became the first major them identified within this

study and was the most consistent premise among all interview participant responses. Within the theme of individualism, it is noted this level of approach to management is demonstrated through flexibility, personal promotion, engagement, feeling cared for, and a relationship which became subthemes of the individualism theme.

Flexibility in the workplace is thought to be associated with the ability to empower employees, giving them control over the specific aspects of their job; often including work duration and location (Canibano, 2019). It is recognized that inflexibility in the workplace restricts a person from effectively juggling career and personal demands and is a critical factor in why a person leaves the workforce (Subramaniam, Tan, Maniam, & Ali, 2018). Participants A3, A4, and B1 ascertained that flexibility, as it relates to work hours and providing the opportunity for the employee to craft their unique work day within the parameters of full-time expectation, provides a level of work-life balance which increased an employee's desire to stay on their team. Participants A2 and A3 recognize that flexibility and empowering employees to dictate their daily work structure increased collaboration not only with immediate team members but also increased levels of collaboration with cross-functional business units. Participant B2 noted an individualized approach to management by way of offering flexibility increased levels of trust and creativity.

Interviewee B2 expressed how the differences in which employees approach their business provided an opportunity for others to learn new ways to be successful. Ultimately, individualizing the work to meet the needs of the employees' personal circumstance when appropriate, generated a greater commitment to the team and led to

more significant success opportunities. As success opportunities increase, an opportunity for greater recognition or personal promotion increases, thus increasing the level of job commitment (Saunderson, 2016). Individualized flexibility in the workplace offers benefit to both the employee and the organization (Subramaniam et al., 2018), subsequently identified as an aspect of the relationship that exists between the employee and the manager (Canibano, 2019).

Feeling cared for and loved was reported by Participants A1, A3, A4, A6, and B2 as key indicators which fostered other components of the employer-employee relationship. Increased trust with the leader is garnered when the employee feels cared for and recognizes a genuine concern for their well-being by the leader (Page, Boysen, & Arya, 2019). Trust develops from a relationship exchange established with the partners of an organization and is a result of the experiences from this relationship (Ozyilmaz, Erdogan, & Karaeminogullari, 2018). The foundational principle of the SET is based on the relationship between the follower and the leader, and the influence it has upon creating job satisfaction, thereby mitigating turnover intentions. Trust contributes to an employee's confidence and satisfaction in performing their job, which contributes to mitigating turnover intentions (Ozyilmaz et al., 2018).

The interpretation of the reward value is based on whether the employee is intrinsically or extrinsically motivated (Birtch et al., 2016). Recognition by way of external motivators include promotions, salary changes, and bonuses, and provide motivation specific to the employee (Memon et al., 2015). Intrinsic motivation is generally accomplished by relational activities which include recognition (Birtch et al.,

2016). Participants A1, A2, A4, A5, A6, and A7 revealed an organizational recognition system they use regularly. This system allows the manager to make recognition to their employees for a variety of accomplishments that align with the organization's cultural expectations. The recognition is in the form of an email that is sent to the employee; however, it also has a monetary value associated with the recognition that is customized to the recognition being made. A7 revealed that sometimes expenses are incurred personally based on budgetary limitations placed on the employee recognition program by the organization. Participants B1 and B2, who align to a different team within the partnering organization, acknowledge recognition as being important, however, expressed a lack of organized recognition strategies offered by their team. Both B1 and B2 participants actively engage in sending employee recognition is an essential way to influence employee morale, which aligns to job satisfaction and organizational commitment (as associated with Page et al., 2019).

The foundational concept of the SET is the relationship between the manager and the employee (Blau, 1960). Canibano (2019) contend that the aspect of providing individuality in the work environment, often expressed as flexibility, is a vital component of the employment relationship. Table 5 represents the major theme of Individualism and the frequency of this theme. Subthemes were created to capture the full diversity of the individualism theme and were represented and consistent in the interview transcripts.

Table 5

Frequencies From NVivo 12 for Individualism

Major theme	*f* of major theme	Subthemes	*f* and % of subthemes	Major theme % of total
Individualism	188	Individual	47 (25.0%)	33.6%
		Flexibility	31 (16.5%)	
		Recognition	29 (15.4%)	
		Engagement	26 (13.8%)	
		Cared	20 (10.6%)	
		Loved	18 (9.6%)	
		Relationship	17 (9.0%)	

Theme 2: Communication

Participant responses demonstrated that pharmaceutical leaders identify with their level of communication being directly aligned to mitigating nursing turnover intention. Specific activities in which leaders use communication to relate to their team members, which was found to also align with individualism, included having team members involved with decisions, feedback, clear expectations. The communicative activities identified became specific sub-themes for the communication theme.

Leadership has a general definition of using conscious means of communicating as a measure of influencing behaviors of others and achieving goals (Kramer, Day, Nguyen, Hoelscher, & Cooper, 2019). Communication in the workplace was recognized by the participants as a means of maintaining engagement between the manager and employees, in addition to the level of communication that existed between each of the employees. Participant A1 specifically pointed out how a regular text stream between all team members often influenced inclusivity of team members and provided a mechanism for real-time sharing of recognition. Participants A2, A3, A5, A6, A7, and B1 indicated

that the use of email was an immediate means of communicating expectations, needs, and important job information. With the level of technology utilization today, and the general expectation for a pharmaceutical nurse in the field is to have iPad, phone, and laptop generally available and serves to provide information in real time. Participants A4, A6, A7, and B1 included how handwritten notes provided a sense of individualization and being cared for, which align directly to the first major theme identified as individualization.

By virtue of the pharmaceutical nursing teams working across the United States, it was recognized that communication strategies can be complicated, and are often individualized, noting the most significant complication of communication with a virtual team is determining how to maintain effective communication amongst the team members. To offset the virtual challenge, Participants A1, A5, A6, A7, and B1 note having conference calls in which the video camera is used on a relatively frequent basis, lends to a feeling of being more united. Further communication strategies, according to Participants A1, A3, A4, A5, B1, and B2 include having individual time during field rides, weekly calls, and constant two-way dialogue. During each of these opportunities, it was noted that transparent and genuine feedback was vital, so no questions about the management position and expectations were left unknown; participants acknowledged on occasion it resulted in acrimonious dialogue, however, felt the dialogue was communicated and received well due to the level of trust they previously developed with the team member. Ozyilmaz et al., (2018) explained trust as being an expectancy of positive outcomes from the other party in the face of uncertainty. As supported by the

SET, trust is developed through a perception of equitable exchanges and a feeling of a fair balance between them.

All participants agree, providing an opportunity for communication influences collaboration amongst the team members. Weaver and Hessels (2019) indicated that a high level of collaboration increases job satisfaction, which stems from effective communication. Collaboration was thought by Participants A2, A3, A6, and B2 to include finding means by the manager to recognize the values and strengths of each team member and find ways in which to unit team members through this identification. Participants A2 and A6 expressed explicitly how the alignment of values and strengths between team members when working on projects lends to greater efficiency with project deliverables and success. Effective leadership can be conceptualized as one working with collaborators rather than acting upon subordinates (Kramer et al., 2019).

All participants highlighted the necessity of communication to express immediate and long-term expectations of the manager and organization. It was noted by participant A3, that communication also served the purpose of garnering excitement for future opportunities by keeping all team members aware of the organizations greater outlook and marketing plans. Communicating a vision is foundational for building confidence, instilling optimism and influencing more significant commitment (Kramer et al., 2019). Participants indicated the awareness of organizational and team initiatives before implementation, providing a greater feeling of team members being a part of the decisions. Employees who feel a greater ability to make a difference at work are more

satisfied because they feel they can create conditions that will garner greater personal

satisfaction (Ozyilmaz et al., 2018).

Expressing expectations through periodic evaluations was noted by Participants

A1, A2, A4, A5, and A7 as a critical component of communication. Participant A1 stated

evaluations are a defining moment to determine if a manager has developed an adequate

level of trust with the employee; trust is a fundamental necessity when delivering

constructive feedback and when it is accepted in its most authentic approach. The level of

trust an employee has toward the manager provides facilitation and support to the

employee in the face of mistakes, offering a more positive outcome (Ozyilmaz et al.,

2018). When expectations are expressed, it is received as cognitive trust and is a

reflection on the organization as demonstrated by leadership (Ozyilmaz et al., 2018).

Trust is a reflection of the confidence an employee has with the context in which

their organization operates, and a person's confidence in their role is higher when they

trust the organization and leadership (Ozyilmaz et al., 2018). Participants A2, A3, A4,

A7, and B2 indicate trust is created through transparent communication, genuine

curiosity in the employee including personal interests, and providing individualized

support of the employee's goals and developmental opportunities. Participant A2 and A4

specify a key component of trust to be the skill of active listening. Providing a safe

environment in which the employee feels afforded the opportunity to fail without

consequence was expressed by Participants A1, A7, B1 and B2 as fundamental for

establishing trust. Ozyilmaz et al., (2018) indicated an employee would leave an

organization or a manager they do not trust, further that an employee who demonstrates

confidence in their capabilities will seek to leave an organization they do not trust

because they have confidence in finding another job. When there is a breakdown of trust,

organizations are not successful (Page et al., 2019).

Findings from this study indicated that the second greatest theme for mitigating

nursing turnover intentions was communication. The theme of communication

incorporated how leaders provided feedback, express expectations, influence

collaboration among team members, identify and recognized shared values and how they

contribute to greater collaboration, and finally the manners in which managers express

communication strategies. Leadership within an organization emerges from groups,

teams, or individuals who foster a vision, shared values, and reach goals; this is

established by the leader (Page et al., 2019). The breakdown of the subthemes that

demonstrate the full diversity of the major theme of communication is expressed in Table

6.

Table 6

Frequencies From NVivo 12 for Communication

Major theme	*f* of major theme	Subthemes	*f* and % of subthemes	% of total
Communication	176	Communication	38 (21.6%)	31.4%
		Involved in Decisions	29 (16.5%)	
		Feedback	27 (15.3%)	
		Clear Expectations	26 (14.8%)	
		Trust	22 (12.5%)	
		Collaboration	21 (13.6%)	
		Shared Values	13 (8.5%)	

Theme 3: Development

The final major theme was revealed through participant responses that demonstrated that pharmaceutical leaders recognize development as an essential aspect of their management strategies that impact turnover intentions. Subthemes emerged relative to development that included innovation, and growth. Development, as it relates to innovation, is thought to be a product of effective communication through the identification of shared values and developing an understanding of the organization's overall direction (Grabner, Posch, & Wabnegg, 2018). Further, Grabner et al. (2018) contended that offering flexibility with performance expectations and management is more suited in the context of development, bringing the third theme in direct alignment with the previous two themes.

The health care industry can be a volatile marketplace as it relates to lay-offs and changes to roles to better meet the needs of the customer. Continuous development of skills and competencies is a critical necessity for maintaining job security and having an assurance of finding a new job in the event of employment changes (Jawahar, 2012). The principle of the SET is based upon an equitable employment exchange when one party provides benefit to another, and it leads to an obligation for one to reciprocate (Blau, 1960). Benefits which are considered at will, or discretionary, are perceived to have more considerable influence on job satisfaction than those benefits in which an organization is required to have; skill development is not required; therefore, a greater sense of obligatory return is generated (Blau, 1960; Jawahar, 2012).

Innovation is the ability of an organization to generate new solutions to current and future needs of a team or organization (Grabner et al., 2018). Innovation is a product of a team member having flexibility in the manner in which they approach their business, as reported by Participant B2 in the individualization theme. Participant B2 explains how a team member who can flex their tactic for meeting the customers' needs can gain new knowledge and generate variety, which further contributes to innovation and development. Having highly skilled and committed employees help an organization integrate knowledge within a variety of business units which strengthens innovative capacities (Grabner et al., 2018).

Mechanisms that identify an employee's interests, strengths, values, and personality characteristics can provide guidance to a manager as to the most appropriate development opportunities. Participants A1, A2, A3, A4, A5, A6, and A7 expressed using one specific tool which identified an employee's top strengths have been elementary in aligning and creating development opportunities to a team member, that resonate with interest to them. Participant A3 and A6 expressly indicated a strategy that aligns the team member with their strengths would ensure it becomes work they love. Participant A5 explained how providing an explanation for the decisions that are made and involving the team member with decisions will further their personal development and position them for future opportunities more readily. Most importantly, as reported by Participants A7 and B2, is to maintain individuality when it comes to development opportunities. Participant B2 stated some team members are happy to stay in their current position while others want to develop into new ones, the role of the manager is to do their

best to recognize and respect the individual driver and appropriately create opportunities
to meet that desire.

Findings from this study indicated that the third and final theme for mitigating
nursing turnover intentions was development. The theme of development incorporated
how leaders influence growth, foster an environment of innovation and create sufficient
levels of trust between the team members and the manager. Development is believed to
occur through job experiences (Jawahar, 2012), which is correlated with the relational
exchange between the employee and employer. The breakdown of the sub-themes that
demonstrate the full diversity of the major theme of development is expressed in Table 7.

Table 7

Frequencies From NVivo 12 for Development

Major theme	f of major theme	Subtheme	f and % of subthemes	% of total
Development	91	Development	41 (36.3%)	16.3%
		Innovation	29 (25.6%)	
		Growth	21 (18.6%)	

Summary of Thematic Findings

The SET was the conceptual framework established for this study. Memon et al.
(2015) indicated a communal relationship between the follower and the leader would
result in the follower having a higher level of engagement with the organization and job.
Page et al., (2019) further support the SET principle by indicating leadership connectivity
must be focused on relationship-oriented behaviors that foster the employee-employer
bond. When a mutually equitable relationship exists between the manager and the
employee feels a sense of adequate value (Blau, 1960; Memon et al., 2015). When

employee values and norms are a match to that of the supervisor and organization, relationships form and the employee becomes more engaged (Blau, 1960; Memon et al., 2015).

The SET is based on the foundational principle of equitable exchange of effort to benefit. As the employee feels they are adequately recognized for the efforts they put in, the employee becomes increasingly committed to the job and organization. Recognition is achieved through extrinsic factors such as salary changes, public recognition, and prizes (Britch et al., 2016). As identified through this studies data analysis, managers who successfully mitigate nursing turnover intentions attribute personal promotion, including recognition and rewards as a mediating factor that minimizes nursing turnover intentions. Recognition is additionally achieved through internal factors which are relationally oriented, as described by the SET (Birtch et al., 2016). Managers who successfully mitigate nursing turnover intention validated the alignment of this study with the SET by identifying substantial relationally oriented factors that determined the most prominent theme of individualization. Such factors specified included developing a relationship, collaboration, individualized management, caring for their employees, understanding the values of the employee, and involving the team members in decisions.

Relational rewards, as identified by the SET, include recognition or having a sense of achievement (Blau, 1960). When an employee is satisfied with the level of recognition received in relation to the effort of work put forth, there is an equitable sense of the employee-employer relationship (Birtch et al., 2016). Feelings of fulfillment with the employee-employer relationship influence the level of job satisfaction and

organizational commitment (Homans, 1958). As identified through nine independent interviews for this study, managers who are successful at mitigating nursing turnover intentions make establishing a relationship with the employee a priority. As a consistent measure amongst all interview participants, recognition is a crucial component to establishing a relationship and instituting trust.

Employees will use the SET to explain and justify the fairness of evaluation (Colquitt & Zipay, 2015) by weighing the reward against the cost, or effort put forth (George, 2015). By affording flexibility and giving the employee some control over their approach to work, the managers influence a greater level of reward as it relates to the effort the employee decides to put forth. The flexibility element provides the employee with an opportunity to determine the level of effort they need to put forth as it relates to a particular time. Flexibility, as it was noted through data analysis, allows an employee to craft their business to uniquely meet personal and professional needs, which leads to more profound creativity, innovation, and success. Greater success and recognition, which was also identified as a mitigating factor for turnover intentions, align to the SET through providing extrinsically oriented, or transactional motivators such as promotions, public recognition, or prizes (Birtch et al., 2016).

Memon et al. (2015), as identified by the SET, determined a communal relationship occurs when balance exists between the values of the employee and that of the employer or organization. Specific to the second dominant theme of communication, successful managers recognize that identifying values and aligning them to workplace responsibilities is a factor that mitigates nursing turnover intentions. Trust in an

organization represents an employee who understands the relationship exchanges; as the principle of the SET indicates, when the relational exchange is perceived as equitable, there is a positive influence on job satisfaction and organizational commitment. Trust is developed as a result of accumulated positive experiences (Ozyilmaz et al., 2018).

Participants were requested, in interview question # 5, to identify barriers and how they overcame them as it relates to mitigating turnover intentions. Participants A4, A6, A7, and B1 identified the manager response to unexpected events creates or eliminates trust levels with the team members. Participant A6 specifically stated the emotional response and confidence the manager displays during crisis contributes to the level of trust the team member has in the capability of the manager to overcome challenges. Participant B1 explained that trust is developed when the team member believes the manager has their best interest in mind and puts forth efforts to demonstrate that. Factors that compromise the psychological safety in the work environment include lack of trust (Page et al., 2019). Building trust among team members, in addition to ensuring a high level of trust exists between the manager and the team member will increase certainty, development, collaboration, and relationship (Page et al., 2019).

Through a multitude of factors identified through data analysis from nine independent interviews, direct alignment with the foundational premise of the SET was identified. As recognized by the dominant theme of individualization, which influenced the remaining two themes of communication and development, management which provides individualized leadership is thought to align precisely to meet the needs of the individual. When the individual felt their needs were being met in a fair manner

according to their circumstances, satisfaction and commitment rose, and turnover intentions decreased. Individual beliefs about an organization are shaped by the unique perception of the employment relationship and the level of equitable exchange; employees will make a mental note of their contributions in comparison to the inducements the organization offers (Canibano, 2019). When the employee feels what they receive from a leader and an organization is equitable to the efforts they put forth for the leader or organization, turnover intentions decrease.

Applications to Professional Practice

The main objective of this study was to explore the strategies pharmaceutical managers use to mitigate nursing turnover intentions. As recognized, employee turnover is the most expensive business problem which exists within an organization (Altman, 2017). The cost of turnover can have a negative impact on an organization profits which can lead to a decrease in assorted financial resources due to the cost of training and loss of productivity (Arnoux-Nicolas et al., 2016). Additionally, turnover can levy burdens on intellectual resources through creating an environment of employee morale and low public image of the organization (Guha & Chakrabarti, 2016).

The findings of my research study are applicable to the practices of health care managers in the pharmaceutical industry by providing strategies which have been successful as it pertains to mitigating nursing turnover intentions. Managers from two teams within one pharmaceutical company in New Jersey who have demonstrated success with mitigating nursing turnover provided insight to their strategies, which aligned to three distinct themes, including (a) individualization (b) communication, and

(c) development. Through a macro analysis of the data, it was recognized that while the themes identified are distinctly unique, the strategies identified within each theme, provided the foundation that made each subsequent theme successful. For instance, the strategies identified with this dominant theme for individualization provided the foundation for implementing strategies for the subsequent theme of communication, which further provided the foundation for implementing strategies for the final theme of development. The sequencing of strategies from one theme to the next, recognizing the foundation of individualization, align effortlessly to the SET and support the premise of the relationship having a strong correlation to job satisfaction, organizational commitment, and ultimately turnover intention. It is recognized, through the findings of this study, if an individualized relationship exists between the employee and employer, all subsequent aspects of the employment exchange work to mitigate nursing turnover intentions.

Organizational leaders can mitigate nursing turnover intentions by understanding and utilizing the strategies identified in this study to create environments which attribute to greater job satisfaction and organizational commitment. As recognized by leadership who successfully mitigate turnover, and supported by the SET, leaders should prioritize establishing an individualized relationship with the employee, which include providing a flexible work environment, making recognition personal, regular engagement, and ensuring the employee feels genuinely cared for. Additionally, successful managers at mitigating nursing turnover intentions focused on communication strategies that involved the team members in decision-making opportunities gave clear, concise, and immediate

feedback which was recognized as favorable only when a foundation of trust had been established. Further communication strategies consisted of identifying and recognizing the individual values and aligning collaborative opportunities as such. Finally, managers who are successful at mitigating turnover focused on the development strategies of their team members. It was acknowledged that development strategies interlinked with the individualization strategies and communication strategies in that flexibility lead to creativity, which influences innovation and growth opportunities. Aligning values to opportunities as was managed in the communication theme also led to finding growth opportunities for the employee. The final theme of development demonstrates outcomes of successful strategies for individualization and communication and continue to contribute as mechanisms that create job satisfaction, organizational commitment, and mitigate nursing turnover intentions.

When nursing retention is mitigated, the skill set of the nurse members' increases which result in a higher quality of care and better patient outcomes (Kvist et al., 2012). Understanding the strategies that successfully mitigate turnover may materialize into cost savings to the organization (Thoma et al., 2017). As cost savings are realized, the organization may provide more significant employee benefits, enhance product quality, increase marketing opportunities to sell more products, and spend more on innovation strategies to strengthen the business model. As an organization is able to strengthen their commitment to the community and employees, the reputation of the company builds which influences a greater desire to work for or utilize the service of the organization.

Implications for Social Change

The findings from this study propose implications for positive social change, which may affect the health care organization, the health care professionals including employers and employees, the patients, the families of the employees and patients, and the local community. Patients place a great deal of trust in a health care professional to be proficient and competent in the management required for the patient's successful outcome. When turnover is high, the level of care is negatively impacted as a result of lack of experience and level of established trust. Further, as turnover increases morale within the employee sector decreases which has negative implications on job satisfaction and engagement. When patients forego utilization of an organization based on the perception of poor quality of care, the organization risks sustainability. The specific implications for social change include intellectual capital, community perception, and job satisfaction.

Study participants revealed that employees are the greatest intellectual and financial capital of an organization. As employees leave an organization, a great deal of knowledge leaves, that often takes a great deal of time to instill in a new employee; this includes knowledge of processes and procedures, safety measures, and best practices of efficiencies. The costs to an organization can become unsustainable when the tangible costs of turnover, which represent the cost of hiring, and the intangible costs of turnover, which represent a loss of intellectual capital, factor into the cost of conducting business.

An organization which supports nursing satisfaction and retention may reduce nursing turnover, as satisfied employees are less likely to leave an institution (Lee et al.,

2017). Creating a positive work environment which meets the needs of the individual nurse has a positive influence on job satisfaction, which in turn, impacts nursing retention (Lee et al., 2017). As identified in this study, creating a positive work environment can be established through developing relationships with the team members, maintaining sufficient levels of communication, and committing to the continual development of the intellectual capital.

The findings of this study may contribute to positive social change by identifying strategies that mitigate nursing turnover intentions in the pharmaceutical industry. When nursing retention is mitigated, the skill set of the nurse members increase which results in increased quality of service to the consumer, improved outcomes, and a stronger organizational perception in the community (Kvist et al., 2012). As organizational profits are positively impacted by low turnover, the nurse may benefit by having greater development opportunities or higher compensation, thus increasing personal value and their ability to contribute to society.

Recommendations for Action

As can be ascertained from the study findings, employee turnover can be successfully mitigated through strategies that focus on the individualization, communication, and development of the employee. It is understood that the personality differences of leaders can contribute to some being more adept at focusing relational efforts on the employee than others. Organizations have a responsibility to ensure that the leaders they put in place have the capacity and capabilities to effectively manage team members in the dominion of individualization, communication, and development.

Personality refers to the long-standing traits and patterns which propel a person to think, believe, and behave in a specific way (Spielman, 2017). Evidence supports the link between personality characteristics on the capabilities of a person to deal with stress and burnout, thereby demonstrating a link between personality and job satisfaction (Magnano et al., 2015). Evidence has determined a relationship exists between personality characteristics, job satisfaction, and burnout, concluding personality characteristics best suited for a particular nursing role can result in increased workplace efficiency, job satisfaction, and staff retention (Magnano et al., 2015).

Organizations are continually seeking opportunities to find greater advantage in the industry which often translates to employees working longer hours, with a correlating report of higher stress levels and burnout (Jawahar, 2012). High levels of stress and burnout lead to lower job performance (Eaton & Kilby, 2015; Jawahar, 2012), lower job satisfaction, lower organizational commitment, and lower levels of creativity and innovation (Jawahar, 2012). The extent to which employees engage in the workplace may depend on leadership behaviors (Shu & Luzatkhan, 2017) and the leader's character (Demirtas & Akdogn, 2015). Page et al. (2019) suggested that leaders will impact an employee's organizational commitment by creating meaningful and long-term relationships with their employees.

In a large organization, one manager may not be able to have a significant impact on organizational profitability as it relates to mitigating turnover. Organizational stakeholders involved in the retention of employees should consider this study's findings and align leadership expectations on the premise of managing the relationship orientation

with employees. As indicated by the SET, and as the findings of this study supports, the employee whom feels an equitable benefit received for the effort given will have an increased level of job satisfaction, engagement, and less risk of turnover.

Findings from this study are essential for organizational managers, senior leaders, and health care professionals. Dissemination of the findings from this research study will first be published through the ProQuest/UMI dissertation database for academia for others. I will further seek opportunities to speak of this study's findings to collegial health care managers during meetings, forums, and leadership conferences.

Recommendations for Further Research

The results of this qualitative study on the strategies used by health care managers to mitigate nursing turnover intentions suggest there are opportunities to expand on this phenomenon and gain a holistic understanding of the relationship link between the employee and the employer, and how it affects nursing turnover intentions. While it was revealed that individualization, communication, and development are success strategies used to mitigate turnover, it is not fully understood what level of utilizing these strategies impacts the rate of turnover most. One area for further study would be to conduct observational interviews in which the researcher observes the interactions between leaders with low turnover rates and their employees, versus how those with somewhat higher turnover rates interacts with their employees. Research in this forum could determine if there are personality characteristics and behavioral traits associated with managerial capacities that contribute to developing deeper relationships with team members that may influence lower nursing turnover intentions.

Another idea for further research would be to understand the hiring patterns of the managers with low turnover rates versus those with higher turnover rates. As was identified in the study, aligning values is a critical factor in influencing job satisfaction and low turnover. Further research on this topic could reveal if there is a correlation to hiring strategies and candidate selection to low turnover rates. As noted in my second limitation of the study, it can be ascertained that some managers may have independent hiring strategies that may not align to that of the organization. When the values of the employee do not align to that of the organization, job satisfaction measure can decrease, which can increase turnover.

Third, I would recommend research on how managers engage with remote team members. It was established from this study, that managers often have to communicate, manage behaviors, and develop relationships virtually. Understanding how the retention strategies may differ for a remote population of employees versus how they may be implemented for an on-site team may contribute to a broader footprint of application to different industries.

Finally, I would recommend a study conducted in the same fashion as this study, however in a different industry. Identified as another limitation to this study, it is known that other industries also suffer turnover challenges. It would be reasonable to learn if the strategies identified in the pharmaceutical nursing industry translate to effective strategies within other industries, which may materialize into organizational profitability. Personalities of nurses tend to be more relational by nature, and it is not understood if

within industries outside of nursing if a relational approach to mitigating turnover strategies would be applicable.

Reflections

Personal Bias

Before conducting this research study, I had worked professionally in the health care industry as a manager of nurses for 25 years. While I understood the emotional and logistical hardship of employee turnover, I failed to adequately understand the financial strain an organization faces when such is not managed well. Further, I failed to realize the social implications that could be had when a team and an organization was managed well by mitigating employee turnover. I considered turnover was constant and justified particular positions within the organization, such as training, which would not be needed without the attribution of turnover. Such a mindset isolated my comprehension of how mitigating turnover could influence organizational profitability and have both business and social impact.

I expected various strategies to be revealed in this study; however, I did not expect such strategies to be relationally oriented. Within the pharmaceutical industry, teammates tend to be competitive and motivated by a challenge. Through the interview questions and responses provided by the participants, it became apparent to me that team members, whether competitive or not, ultimately sought to be in a place that values them for the unique characteristics they can bring to a team or a role. I observed health care managers who have a genuine passion for connecting to their employees and derived as much gratification from having a relationship with them, as the study results revealed the

team members do. This reciprocal relationship suggests the mitigation of turnover may be as relevant with leadership roles as it is with team member roles. It appears the relationships that mitigate nursing turnover intentions most effectively are genuine and reciprocated between the leader and the follower.

Changes in My Thinking

The courses offered by Walden University, in pursuit of my doctoral degree, created a greater understanding of the overall business objectives and the degree of impact business decisions can have on a greater social function. As a manager, I failed to understand the magnitude of how my actions contributed to organizational profitability and sustainability, or how my lack of attention to the greatest asset within the organization (employees) could have calamitous consequences. It was during my first residency in Atlanta, Georgia, in August 2017, that I realized the business of health care could be positively impacted through work I could present. Through conversations with student colleagues and professors, I gained a level of confidence that I could indeed be successful in this journey. With hard work, commitment, and dedication to the outcome, I could be a doctor and have a respected voice in this industry.

The journey to get to this point was traitorous and long. The course work and study required a great deal of attention, often becoming difficult to navigate with family and work obligations. It was during this time my step-dad was diagnosed with stage 4 gastric cancer. Through our ten months journey and the difficulties of tending to his care, a full-time job, and a family of 5, finding time to work on this study became a commodity. There were many sleepless nights and thoughts of defeat, yet those

colleagues and professors I met during residency continued to provide support, encouragement, and tough love.

Though the process of conducting and writing this study, many times I would get lost in the progression. I often lost track of the alignment between my conceptual framework and the research interview questions. I often contemplated I was writing without a definitive resolution, simply to get through to the next topic without significant consideration as to how what I just wrote aligned to other sections within the prospectus or proposal. It was not until the study section started taking shape, and I began the data analysis segment of the interviews that the entire project started to make sense. The information revealed through the coding process seemed to shed light on the entirety of the project, making what seemingly made no sense before, make complete sense now. I do not anticipate being a doctoral researcher; however, being an independent investigator and navigating through the process from beginning to end has given me a new perspective on how gratifying the research process can be.

Conclusion

My goal throughout this qualitative research study was to explore the strategies that successful managers used to mitigate nursing turnover intentions. Through my personal managerial experiences and student research, it became evident to me that across the health care spectrum, the cost of turnover within an organization can create financial hardship as it relates to tangible and intangible costs. The purpose of this qualitative exploratory case study was to explore strategies that health care managers use to mitigate nursing turnover intentions. The results from nine participant interviews

provide concrete strategies which can translate to other nursing managers and provide an opportunity to influence organizational profitability and sustainability.

The complexities organizations face in today's competitive environment require collaborative efforts in an attempt to maintain a motivated, engaged, and satisfied workforce (Kramer et al., 2019). Collaboration can be accomplished by having a leadership team that works to maintain an equitable risk-benefit balance between the employee and the employer. The foundational principle of the SET indicates an employer to employee equitable exchange is influenced by relational tendencies and was supported by nine successful managers who revealed their strategies for mitigating turnover intentions. Health care organizations who have a desire to decrease turnover, increase job satisfaction levels of their employees, achieve a competitive advantage (Jawahar, 2012) and increase profitability will benefit from having the information revealed in this study.

References

Aarons, G., Ehrhart, M., Farahnak, L., & Hurlbert, M. (2015). Leadership and
    organizational change for implementation (LOCI): A randomized mixed method
    pilot study of a leadership and organization development interventions for
    evidence-based practice implementation. *Implementation Science, 10*, 8-14.
    doi:10.1186/s13012-014-0192-y

Adams, J., Bateman, B., & Becker, F. (2015). Effectiveness and acceptability of parental
    financial incentives and quasi-mandatory schemes for increasing uptake of
    vaccinations in preschool children: Systematic review, qualitative study and
    discrete choice experiment. *Health Technology Assessment, 19*(94), 1-176.
    doi:10.3310/hta19940

Agyapong, V., Osei, A., Farren, C., & McAuliffe, E. (2015). Factors influencing the
    career choice and retention of community mental health workers in Ghana.
    Human Resources for Health, 13(5), 1-11. doi:10.1186/s12960-015-0050-2

Al Mamun, C. A., & Hasan, N. (2017). Factors affecting employee turnover and sound
    retention strategies in business organization: A conceptual view. *Problems and
    Perspectives in Management, 15*, 63-71. doi:10.21511/ppm.15(1).2017.06

Al-Emadi, A., Schwabenland, C., & Wei, Q. (2015). The vital role of employee retention
    in human resource management: A literature review. *IUP Journal of
    Organizational Behavior, 14*(3), 7-32. Retrieved from https://search-proquest-
    com.ezp.waldenulibrary.org/docview/1703567195?accountid=14872

Altman, J. (2017, January 19). How much does employee turnover really cost?

    Huffington Post. Retrieved from https://www.huffingtonpost.com

Anitha, J., & James, P. (2016). The impact of emotional demand and job demand on

    emotional exhaustion: A study on sales executive of automobile showrooms. *IUP*

    Journal of Organizational Behavior, 15(2), 25-37. Retrieved from

    https://www.jstor.org

Arnoux-Nicolas, C., Sovet, L. L., Di Fbio, A., & Bernaud, J. (2016). Perceived work

    conditions and turnover intentions: The mediating role of meaning of work.

    Frontiers in Psychology, 7, 1-9. doi:10.3389/fpsyg.2016.00704

Asrar-ul-Haq, M., & Kuchinke, P. (2016). Impact of leadership styles on employees

    attitude towards their leader and performance: Empirical evidence from Pakistani

    banks. *Future Business Journal, 2*(1), 54-64. doi:10.1016/j.fbj.2016.05.002

Auer, S., Graessel, E., Viereckl, C., Kienberger, U., Span, E., & Luttenberger, K. (2015).

    Professional care team burden (PCTB) scale for reliability, validity and factor

    analysis: A qualitative study. *Health & Quality of Life Outcomes, 13*(17), 2-8.

    doi:10.1186/s12955-014-0199-8

Babones, S. (2015). Interpretive quantitative methods for the social sciences. *Sociology,*

    50(3), 453-469. doi:10.1177/0038038515583637

Bakotic, D. (2016). Relationship between job satisfaction and organisational

    performance. *Economic Research, 29*(1), 118-130.

    doi:10.1080/1331677X.2016.1163946

Bass, B. M. (1985). *Leadership and performance beyond expectations*. New York, NY: Free Press.

Bayram, H., & Dinc, S. (2015). Role of transformational leadership on employee's job satisfaction: The case of private universities in Bosnia and Herzegovina. *European Researcher, 93*(4), 270-281. doi:10.13187/er.2015.93.270

Becker, G. S. (1962). Investment in human capital: A theoretical analysis. *National Bureau of Economic Research*, *70*(5)*,* 9-49. Retrieved from http://www.nber.org

Bekhet, A., & Zauszniewski, J. (2012). Methodological triangulation: An approach to understanding data. *Nurse Researcher, 20*(2), 40-43. doi:10.7748/nr2012.11.20.2.40.c9442

Bellhouse, C., Crebbin, S., Fairley, C. K., & Bilardi, J. E. (2015). The impact of sex work on women's personal romantic relationships and the mental separation of   their work and personal lives: A mixed-methods study. *Plos ONE, 10*(10), 1-20. doi:10.1371/journal.pone.014575

Bengtsson, M. (2016). How to plan and perform a qualitative study using content analysis. *Nursing Plus Open, 2*, 8-14. doi:10.1016/jnpls.2016.01.001

Bhattacharya, I., & Ramachandran, A. (2015). A path analysis stud of retention of health care professionals in urban India using health information technology. *Human Resources for Health, 13*(1)*,* 1-14. doi:10.1186/s12960-015-0055-x

Birt, L., Scott, S., Cavers, D., Campbell, C., & Walter, F. (2016). Member checking: A tool to enhance trustiworthiness ormearly a nod to validation. *Qualitative Health Research, 26*(13), 1802-1811. doi.10.1177/1049732316654870

Birtch, T. A., Chiang, F. F., & Esch, E. V. (2016). A social exchange theory framework for understanding the job characteristics-job outcomes relationship: The mediating role of psychological contract fulfillment. *International Journal of Human Resource Management*, 27(11), 1217-1236. doi:10.1080/09585192.2015.1069752

Blau, P. M. (1960). A theory of social integration. *American Journal of Sociology, 65*, 545-556. doi:10.1086/222785

Bleijenbergh, I., Korzilius, H., & Verschuren, P. (2011). Methodological criteria for theinternal validity and utility of practice oriented research. *Quality and Quantity, 45*(1), 145-156. doi:10.1007/s11135-010-9361-5

Boardman, C., & Ponomariov, B. (2014). Management knowledge and the organization of team science in university research centers. *Journal of Technology Transfer, 39*(1), 75-92. doi:10.1007/x10961-012-9271-x

Bormann, K. C., & Rowold, J. (2016). Transformational leadership and followers objective performance over time: Insights from German basketball. *Journal of Applied Sport Psychology, 28*(3), 367-373. doi:10.1080/10413200.2015.1133725

Boyd, J. I. (2017). *Voluntary employee turnover: Retaining high-performing health care employees* (Doctoral dissertation). Available from ProQuest Dissertations and Theses database. (Accession No. 1944007537)

Brown, G., Stickland-Munro, J., Kobryn, H., & Moore, S. (2017). Mixed methods participatory GIS: An evaluationof the validity of qualitative and quantitative

mapping methods. *Applied Geography, 79*, 153-166.

doi:10.1016/j.apgeog.2016.12.015

Bruyere, B. (2015). Giving direction and clarity to conversation leadership. *Conversation Letters, 8*(5), 378-382. doi:10.1111/conl.12174

Burns, J. (1978). *Leadership* (1st Ed.). New York, NY: Harper & Row.

Burnes, B., & Cooke, B. (2013). Kurt Lewin's field theory: A review and re-evaluation. *International Journal of Management Reviews, 15*(4), 408-425. doi:10.1111/j.1468-2370.2012.00348.x

Camps, J., Stouten, J., & Euwenna, M. (2016). The relation between supervisors big five personality traits and employees experiences of abusive supervisor. *Frontiers in Psychology, 7*, 112. doi:10.3389/fpsyg.2016.00112

Canibano, A. (2019). Workplace flexibility as a paradoxical phenomenon: Exploring employee experiences. *Human Relations, 72*(2), 444-470. doi: 10.1177/00|87267|87697|6

Caretta, M. (2015). Member checking: A feminist participatory analysis of the use of preliminary results pamphlets in cross-cultural, cross-language research. *Qualitative Research*, 6(3), 305-318. doi:10.1177/1468794115606495

Carlson, J. (2015). Factors influencing retention among part-time clinical nursing faculty. *Nursing Education Perspectives, 36*(1), 42-45. doi:10.5480/13-1231

Carter, N., Brynt-Lukosius, D., DiCenso, A., Bythe, J., & Neville, A. (2014). The use of triangulation in qualitiative research. *Oncology Nursing Forum, 41*(5), 545-547. doi:10.1188/14.ONF.545.547

Chang, J. W., Lu, K. M., Chang, Y. Y., & Johnstone, S. (2013). Voice behavior and work

    engagement: The moderating role of supervisor-attributed motives. *Asia Pacific*

    Journal of Human Resources, 51(1), 81-102.

    doi:10.1111/j.17447941.2012.00030.x

Chen, Z., Zhu, J., & Zhou, M. (2015). How does a servant leader fuel the service fire? A

    multilevel model of servant leadership, individual self-identity, group competition

    climate, and customer service performance. *Journal of Applied Psychology,*

    100(2), 511-521. doi:10.1037/a0038036

Choi, S., Gho, C., Adam, M., & Tan, O. (2016). Transformational leadership

    empowerment, and job satisfaction: The mediating role of employee

    empowerment. *Human Resource Health, 14*:73. doi:10.1186/s12960-016-0171-2

Cleary, M., Horsfall, J., & Hayter, M. (2014). Data collection and sampling in qualitative

    research: Does size matter? *Journal of Advanced Nursing, 70*(3), 473-475.

    doi:10.1111/jan.12163

Coetzee, M., & Dyk, J. (2018). Workplace bullying and turnover intention: Exploring

    work engagement as a potential predictor. *Psychology Reports, 121*(2), 375-392.

    doi:10.1177/0033294117725073

Colquitt, J., & Zipay, K. (2015). Annual review of organizational psychology and

    organizational behavior. *Annual Review of Organizational Psychology and*

    Organizational Behavior. 2, 523-550. doi:10.1146/annurev-orgpsych-032414-

    111457

Corbin, J. (2017). *The Gallup 2017 employee engagement report is out: And the results...nothing is changed.* Gallup. Retrieved from https://www.theemployeeapp.com

Cosgrave, C., Hussain, R., & Maple, M. (2015). Factors impacting on retention amongst community mental health clinicians working in rural Australia: A literature review. *Advances in Mental Health, 13*(1), 58-71. doi:10.1080/18374905.2015.1023421

Dahrendorf, R. (1959). Karl Marx's model of the class society. In R. Dahrendorf. *Class and class conflict in industrial society* (pp. 3–71). Stanford CA: Stanford University Press. Retrieved from https://archive.org/details/classclassconfli0000dahr

Dall'Ora, C., Griffiths, P., Bull, J., Simon, M., & Aiken, L. (2015). Association of 12-hour shifts and nurses job satisfaction, burnout and intention to leave: Findings from a cross-sectional study of 12 European countries. *BMJ Journals: Health Services Research, 5*(9), 1-7. doi:10.1136/bmjopen-2015-008331

Darkwa, E., Newman, M., Kawkab, M., & Chowdhury, M. (2015). A qualitative study of factors influencing retention of doctors and nurses at rural health care facilities in Bangladesh. *BMC Health Services Research, 15*(1), 1-12. doi:10.1186/s1293-015-1012-z

Demirtas, O., & Akdogn, A. (2015). The effect of ethical leadership behavior on ethical climate, turnover intention, and affective commitment. *Journal of Business Ethics, 130*(1), 1-9. doi:10.1007/a10551-014-2196-6

Dike, V., Odiwe, K., & Ehujor, D. (2015). Leadership and management in the 21st-century organizations: A practical approach. *World Journal of Social Science Research, 2*(2), 139-159. doi:10.22158/wjssr.v2n2p139

Dubey, R., Gunasekaran, A., Altay, N., Childe, S., & Papadopoulos, T. (2016). Understanding employee turnover in humanitarian organizations. *Industrial and Commercial Training, 48*(4), 208-214. doi:10.1108/ICT-10-2015-0067

Dusek, G., Ruppel, C., Yurova, Y., & Clarke, R. (2014). The role of employee service orientation in turnover in the U.S. hotel industry. *Journal of Organizational Culture, Communications & Conflict, 18*(2), 87-104. Retrieved from http://alliedacademies.org

Eaton, D., & Kilby, G. (2015). Does your organizational culture support your business strategy? *Journal for Quality and Participation, 37*(4), 4-7. Retrieved from http://www.asq.org

Eika, M., Dale, B., Espnes, G., & Hvalvik, S. (2015). Nursing staff interactions during the older residents' transition into long-term care facility in a nursing home in rural Norway: An ethnographic study. *BMC Health Services Research, 15*(1), 1-12. doi:10.1186/s12913-015-0818-z

Eldor, L., & Harpaz, I. (2016). A process model of employee engagement: The learning climate and its relationship with extra-role performance behaviors. *Journal of Organizational Behavior, 37*(2), 213-235. doi:10.1002/job.2037

Emerson, R. (1976). Social exchange theory. *Annual Review of Sociology*, *2*, 335-362. doi:10.1146/annurev.so.02.080176.002003

Escolas, H., Ray, L., & Escolas, S. (2016). Personality traits and family styles of combat

medics in training. *Military Medicine, 181*(6), 546-552. Retrieved from

https://watermark.silverchair.com

Feldacker, C., Chicumbe, S., Dgedge, M., Cesar, F., Augusto, G., Robertson, M., &

O'Malley, G. (2015). The effect of pre-service training on post-graduation skill

and knowledge retention among mid-level healthcare providers in Mozambique.

Human Resources for Health, 31(1), 1-12. doi:10.1186/s12960-015-0011-9

Fibuch, E., & Ahmed, A. (2015). Physician turnover: A costly problem. *Physician

Leadership Journal, 2*(3), 22-25. Retrieved from http://www.acpe.org

Fisher, C. (2015). Enhancing the responsible conduct of sexual health prevention research

across global and local contexts: Training for evidence-based research ethics.

Ethics & Behavior, 25(2), 87-96. doi:10.1080/10508422.2014.948956

Fischer, R., Lee, A., & Verzijden, M. (2018). Dopamine genes are linked to extraverion

and neuroticism personality traits, but only in demanding climates. *Scientific

Reports, 8*, 1733. doi:10.1038/x41598-017-18784-y

Fitzsimmons, P. (2017). Human Capital Theory and Education. In: Peters M.A.(Eds.),

Encyclopedia of Educational Philosophy and Theory (pp.1050-1053). Springer,

Singapore. doi:10.1007/978-981-287-588-4_331

Fusch, P., & Ness, L. (2015). Are we there yet? Data saturation in qualitative research.

Qualitative Report, 20(9). 1408-1416. Retrieved from https://nsuworks.nova.edu

Gallego, G., Dew, A., Bulkeley, K., Veitch, C., Lincoln, M., Bundy, A., & Brentnall, J.

(2015). Factors affecting retention of allied health professionals working with

people with disability in rural New South Wales, Australia: Discrete choice experiment questionnaire development. *Human Resources for Health, 13*(1), 1-11. doi:10.1186/s12960-015-0013-7

Ganesh, A. (2016). Understanding the relationship between employee motivation and customer retention. *Vilashan: XIMB Journal of Management, 13*(1), 101-114. Retrieved from http://www.ximb.ac.in

George, C. (2015). Retaining professional workers: What makes them stay? *Employee Relations, 37*(1), 102-121. doi:10.1108/ER-10-2013-0151

Gholston, S. (2015). *Developing strategies for hiring managers: A case study on hiring employees (Doctoral Dissertation).* Retrieved from Walden University ProQuest Dissertations and Theses database. (ProQuest #3742964)

Gibson, C. (2017). Elaboration, generalization, triangulation, and interpretation: On enhancing the value of mixed method research. *Organizational Research Methods*, *20*(2), 193-223. doi:10.1177/1094428116639133

Glaves, A. (2016). Corporate social responsibility and employee engagement: Enabling employees to employ more of their whole selves at work. *Frontiers in Psychology, 7*:796, 1-10. doi:10.3389/fpsyg.2016.00796

Goler, L., Gale, J., Harrington, B., & Grant, A. (2018). Why people really quit their jobs. *Harvard Business Review*. Retrieved from https://hbr.org

Gozukara, I., & Colakoglu, N. (2016). The mediating effect of work-family conflict on the relationship between job autonomy and job satisfaction. *Procedia - Social and Behavioral Sciences, 229*, 253-266. doi:10.1016/j.sbspro.2016.07.136

Grabner, I., Posch, A., & Wabnegg, M. (2018). Materializing innovation capability: A management control perspective. *Journal of Management Accounting Research, 30*(2), 163-185. doi:10.2308/jmar-52062

Groenveld, S., Tummers, L., Bronkhorst, B., Ashikali, T., & Van Thiel, S. (2015). Quantitative methods in public administration: Their use and development through time. *International Public Management Journal, 18*(1), 61-86. doi:10.1080/10967494.2014.972484

Guha, S., & Chakrabarti, S. (2016). Differential in attitude and employee turnover propensity: A study of information technology professionals. *Global Business and Management Research: An International Journal, 8*(1), 1-17. Retrieved from https://www.gbmr.ioksp.com

Gupta, M., & Shaheen, M. (2017). Impact of work engagement on turnover intentions: Moderation by psychological capital in India. *Business: Theory and Practice, 18*(1), 136-143. doi:10.3846/btp.2017.014

Hafiz, A. (2017). Relationship between organizational commitment and employee's performance evidence from banking sector of Lahore. *Arabian Journal of Business and Management Review, 7*(2), 1-7. doi:10.4172/2223-5833.1000304

Harrison, H., Birks, M., Franklin, R., & Mills, J. (2017). Case study research: Foundations and methodological orientations. *Forum: Qualitative Social Research Sozialforschung, 18*(1), 1-17. doi:10.17169/fqs-18.1.2655

Haider, M., Rasli, A., Akhtar, S., Yusoff, R., Malik, O., Aamir, A., . . . Tariq, F. (2015). The impact of human resource practices on employee retention in the telecom

sector. *International Journal of Economics and Financial Issues, 5*(1), 63-69.
Retrieved from http://www.econjournals.com

Hallinan, Z., Forrest, A., Uhlenbrauck, G., Young, S., & McKinney, R., Jr. (2016).
Barriers to change in the informed consent process: A systematic literature. *IRB Ethics and Human Research, 38*(3), 1-10. Retrieved from https://www.jstor.org

Halter, M., Boiko, O., Peloe, F., Beighton, C., Harris, R., Gale, J., . . . Drennan, V.
(2017). The determinant and consequences of adult nursing staff turnover: A systematic review of systematic reviews. *U.S. National Library of Medicine; National Institutes of Health, 17*, 824. doi:10.1186/s12913-017-2707-0

Hammarberg, K., Kirkman, M., & Lacey, S. (2016). Qualitative research methods: When to use them and how to judge them. *Human Reproduction, 31*(3), 498-501. doi:10.1093/humrep/dev334

Hanaysha, J. (2016). Examining the effects of employee empowerment, teamwork, and employee training on organizational commitment. *Procedia - Social and Behavioral Sciences, 229*, 298-306. doi:10.1016/j.sbspro.2016.07.140

Hanzlik, V. (2014). Video is a sound employee engagement investment. *Workforce Solutions Review, 5*(4), 32-34. Retrieved from http://www.futurapublising.com

Harbert, A., & Tatlow, J. (2015). *Literature review: Recruitment and retention in health and human services.* Southern Area Consortium of Human Services. Retrieved from https://theacademy.sdsu.edu

Harmon, D., Kim, P., & Mayer, K. (2015). Breaking the letter vs. spirit of the law: How the interpretation of contract violations affect trust and the management of

relationships. *Strategic Management Journal, 36*(4), 497-517.

doi:10.1002/smj.2231

Harper, E., Castrucci, B., Bharthapudi, K., & Sellers, K. (2015). Job satisfaction: A

critical, understudied facet of workforce development in public health. *Journal of*

Public Health Management and Practice, 21(6), 46-55.

doi:10.1097/PHH.0000000000000296

Harter, J., & Adkins, A. (2015). What great managers do to engage employees. *Harvard*

Business Review. Retrieved from https://hbr.org

Heerwagen, J., Kelly, K., & Kampschroer, K. (2016). The changing nature of

organizations, work, and workplace. *National Institute of Building Sciences*.

Retrieved from: https://www.wbdg.org

Hentrich, S., Zimber, A., Garbade, S., Gregersen, S., Neinhaus, A., & Petermann, F.

(2017). Relationships between transformational leadership and health: The

mediating role of perceived job demands and occupational self-efficacy.

International Journal of Stress Management, 24(1), 34-61.

doi:10.1037/str0000027

Hermann, K. (2015). Field theory and working with group dynamics in debriefings. *Sage*

Journals, 46(2), 205-220. doi:10.1177/1046878115596100

Holmes, D., Hughes, K., & Julian, R. (2015). *Australian sociology: A changing society,*

(2nd ed.). Frenchs Forest, N.S.W.: Pearson Education Australia. Retrieved from

https://trove.nla.gov

Holtzman, C., Brady, K., & Yehia, B. (2015). Retention in care and medication
adherence: Current challenges to antiretroviral therapy success. *Drugs, 75*(5),
445-454. doi:10.1007/s40265-015-0373-2

Homans, G. C. (1958). Social behavior as exchange. *American Journal of Sociology,
63*(6), 597-606. doi:10.1086/222355

Hong, Q., Pluge, P., Bujold, M., & Wassef, M. (2017). Convergent and sequential
synthesis designs: Implications for conducting and reporting systematic reviews
of qualitiative and quantitiative evidence. *Systematic Reviews, 6*.
doi:10.1186/s13643-017-0454-2

Hsieh, G., & Kocielnik, R. (2016). You get who you pay for: The impact of incentives on
participation bias [Abstract]. *Human Centered Design and Engineering*, 823-835.
doi:10.1145/2818048.2819936

Hulett, K. (2016). *Leadership strategies for retaining healthcare professionals (Doctoral
dissertation).* Available from ProQuest Dissertations and Theses database.
(Accession No. 10253207)

Hussein, M., Hirst, S., Salyers, V., & Osuji, J. (2014). Using grounded theory as a
method of inquiry: Advantages and disadvantages. *Qualitative Report, 19*(13), 1-
15. Retrieved from https://www.nova.edu

Jahan, N., Naveed, S., Zeshan, M., & Tahir, M. (2016). How to conduct a systematic
review: A narrative literature review. *Cureus, 8*(12). doi:10.7759/cureus.864

Jati, M. K., Hassan, S., Harman, M. H., Jabar, S. A., & Majid, M. A. (2015). Transformational leadership and organizational culture: A case of MAHB. *Science Direct*, *31,* 425-435. doi:10.1016/S2212-5671(15)01217-4

Jawahar, I. (2012). Mediating role of satifaction with growth opportunitis on the relationship between employee development oportunities and citizenship behaviors and burnout. *Journal of Applied Social Psychology, 42*(9), 2257-2284. doi:10.1111/j.1559-1816.2012.00939.x

Kernbach, S., Eppler, M., & Bresciani, S. (2015). The use of visualization in the communication of business strategies an experimental evaluation. *International Journal of Business Communication, 52*(2), 164-168. doi:10.1177/2329488414525444

Kramer, M., Day, E., Nguyen, C., Hoelscher, C., & Cooper, O. (2019). Leadership in an interorganizational collaboration: A qualitatice study of a statewide interagency taskforce. *Human Relations, 72*(2), 397-419. doi: 10.1177/00|87267|8763886

Kumar, N., & Yakhlef, A. (2016). Managing business-to-business relationships under conditions of employee attrition: A transparency approach. *Industrial Marketing Management, 56*, 143-155. doi:10.1016/j.indmarman.2016.01.002

Kuranchie-Mensah, E., & Tawiah, K. (2015). Employee motivation and owrk performance: A comparative study of mining companies in Ghana. *Journal of Industrial Engineering and management, 9*(2), 255-309. doi:10.3926/jiem.1530

Kvist, T., Mantynen, R., Partanen, P., Turunen, H., Miettinen, M., & Julkunen, K. (2012). The job satisfaction of Finnish nursing staff: The development of a job

satisfaction scale and survey results. *Nursing Research and Practice. 2012,* 1-11. doi:10.1155/2012/210509

Lee, C., Esen, E., & DiNicola, S. (2017). Employee job satisfaction and engagement: The doors of opportunity are open. *Society for Human Resource Management.* 1-12. Retrieved from https://www.shrm.org/hr-today

Leng, W., Steggers-Jager, K., Born, M., & Themmen, A. (2018). Integrity situational judgement test for medical school selection: Judging 'what to do' versus 'what not to do'. *Medical Education, 52*(4), 427-437. doi:10.1111/medu.13498

Lentz, J., Kennett, M., Perlmutter, J., & Forrest, A. (2016). Paving the way to a more effective informed consent process: Recommendations for the Clinical Trials Transformation Initiative. *Contemporary Clinical Trials, 49*, 65-69. doi:10.1016/j.cct.2016.06.005

Leung, L. (2015). Validity, reliability, and generalizability in qualitative research. *Journal of Family Medicine and Primary Care, 4*(3), 324-327. doi:10 .4103/2249-4863.161306

Lewin, K. (1948). Resolving Social Conflicts. In G. W. Lewin (Ed.), *Social Forces. 27*(2), 167-168. New York: Harper & Brothers. doi:10.2307/2572316

Lider, J., Harper, E., Shon, J., Sellers, K., & Castrucci, B. (2016). Job satisfaction and expected turnover among federal, state, and local public health practitioners. *American Journal of Public Health, 106*(10), 1782-1788. doi:10.2105/AJPH.2016.303305

Lincoln, Y., & Guba, E. (1982). Establishing dependability and confirmability in naturalistic inquiry through an audit. *American Educational Research Association.* New York. Retrieved from https://files.eric.ed.gov

Llywelyn-Strachan, D., Kallander, K., Nakirunda, M., Ndima, S., Muiambo, A., & Hill, Z. (2015). Using theory and formative research to design interventions to improve community health worker motivation, retention, and performance in Mozambique and Uganda. A qualitative study. *Human Resources for Health, 13*(1), 1-13. doi:10.1186/s12960-015-0020-8

Mackay, M. (2016). The link between employee attitude and employee effectiveness: Data matrix of meta-analytical estimates based on 1161 unique correlations. *Data in Brief, 8*, 1391-1394. doi:10.1016/j.dib.2016.08.002

Magnano, P., Paolillo, A., & Barrano, C. (2015). Relationships between personality and burn-out: An empirical study with help professions workers. *International Journal of Humanities and Social Science Research, 1*, 10-19. Retrieved from https://eprints.kingston.ac.uk/41889/1/Paolillo-A-41889-VoR.pdf

Marshall, B., Cardon, P., Poddar, A., & Fontenot, R. (2013). Does sampling size matter in qualitative research? A review of qualitative interviews in IS research. *Journal of Computer Information Systems, 54*(1), 11-22. Retrieved from https://www.iacis.org

Marshall, C., & Rossman, G. B. (2016). *Designing qualitative research* (6th ed.). Thousand Oaks, CA: Sage Publications, Inc.

Martinez-Mesa, J., Gonzalez-Chica, D., Duquia, R., Bonamigo, R., & Bastos, J. (2016). Sampling: How to select participants in my research study. *Brazilian Society of Dermatology, 91*(3), 326-330. doi:10.1590/abd1806-4841.20165254

Marx, K. (1867). The process of production of capital. In K. Marx, *Capital: A critique of political economy* (S. Moore, & E. Aveling, Trans., Vol. 1). Moscow, USSR: Progress Publishers. Retrieved from https://www.marxists.org

Matheson, M., & Uppal, P. (2015, October 11). *Pay for accrued PTO at termination is not guaranteed.* AZCentral. Retrieved from: http://www.AZcentral.com

Maylett, T., & Warner, P. (2014). *Magic: Five keys to unlock the power of employee engagement.* Austin, TX: Greenleaf Book Group Press.

McCusker, K., & Gunaydin, S. (2015). Research using qualitative, quantitative or mixed methods and choice based on the research. *Perfusion, 30*(3), 537-542. doi:10.1177/0267659114559116

McKim, C. (2015). The value of mixed methods research: A mixed methods study. *Journal of Mixed Methods Research*, *11*(2), 202-222. doi:1177/1558689815607096

McNulty, C., Ricketts, E., Rugman, C., Hogan, A., Charlett, A., & Campbell, R. (2015). Qualitative study exploring the acceptability of the McNulty-Zelen design for randomised controlled trials evaluating educational interventions. *BMC Family Practice*, *16,* 1-11. doi:10.1186/s12875-015-0356-0

Memon, M., Salleh, R., & Baharom, M. (2015). Linking person-job fit, person-organization fit, employee engagement and turnover intention: A three-step

conceptual model. *Asian Social Science, 11*(2), 313-320.

doi:10.5539/ass.v11n2p313

Meyer-Rath, G., Pienaar, J., Bringk, B., Van Zyl, A., Murihead, D., Grant, A., &

Vickerman, P. (2015). The impact of company-level art provision to a mining

workforce in South Africa: A cost-benefit analysis. *Plos Medicine, 12*(9), 1-26.

doi:10.1371/journal.pmed.1001869

Miller, S., & Bermudez, M. (2003). Intersecting gender and social exchange theory in

family therapy. *Journal of Feminist Family Therapy, 16*(2). 25-42

doi:10.1300/j086v16n02_02

Mohan, B., Norton, M., & Deshpande, R. (2015). Paying up for fair pay: Consumers

prefer firms with lower CEO-to-workers pay ratios. *Harvard Business School. 15,*

Retrieved from https://dash.harvard.edu/bitstream/handle/1/16080249/15-091

Molina-Azorin, J. (2016). Mixed methods research: An opportunity to improve our

studies and our research skills. *European Journal of Management and Business

Economics, 25*(2), 37-38. doi: 10.1016/j.redeen.2016.05.001

Moustakas, C. (1994). *Phenomenological research methods*. Thousand Oaks, CA: Sage.

Mukherjee, T., & Bhal, K. T. (2017). Understanding promotional service interactions

through social exchange theory of effect. *Journal of Promotion Management,

23*(5), 689-707. doi:10.1080/10496491.2017.1297985

Mullen, J., Kelloway, E., & Teed, M. (2017). Employer safety obligations,

transformational leadership and their interactive effects on employee safety

performance. *Safety Science, 91*, 405-412. doi:10.1016/j.ssci.2016.09.007

Northouse, P. B. (2016). *Leadership theory and practice* (7th ed.). Los Angeles, CA: Sage.

Nowell, L., Norris, J., White, D., & Moules, N. (2017). Thematic analysis: Striving to meet the trustiworthiness criteria. *International Journal of Qualitative Methods, 16*(1), 1-13. doi:10.1177/1609406917733847

NSI Nursing Solutions, Inc. (2018). *2018 National healthcare retention and RN staffing report.* NSI Nursing Soutions, Inc. Retrieved from www.nsinursingsolutions.com

Oc, B., Bashshur, M., Daniels, M., Greguras, G., & Diefendorff, J. (2015). Leader humility in Singapore. *Leadership Quarterly, 26*(1), 68-80. doi:10.1016/j.leaqua.2014.11.005

Oliveira, M., Bitencourt, C., Zanardo dos Santos, A., & Teixeira, E. (2016). Thematic content analysis: Is there a difference between the support provided by the MAXQDA and NVivo software packages? *Brazilian Journal of Management, 9*(1), 72-82. doi:10.5902/1983465911213

Olufowote, J. (2017). Limitations of research. In M. Allen (Ed.), *Sage Encyclopedia of Communication Research Methods*, 863-864. doi:10.4135/9781483381411.n297

Oncology Nursing Society. (2018). *21st century nursing leadership.* Pittsburg, PA: Author.

Orri, M., Revah-Levy, A., & Farges, O. (2015). Surgeons' emotional experience of their everyday practice - a qualitative study. *Plos ONE, 10*(11), 1-15. doi:10.1371/journal.pone.0143763

Ownes, T. (2014). *User centered digital memory*. Where to start? On research questions in digital humanities: Retrieved from http://www.trevorowens.org

Ozer, E., & Douglas, L. (2015). Assessing the key processes of youth-led participatory research psychometric analysis and application of an observational rating scale. *Youth & Society, 47*(1), 29-50. doi:10.1177/0044118X12468011

Ozoglu, M. (2015). Mobility-related teacher turnover and the unequal distribution of experienced teachers in Turkey. *Educational Sciences: Theory & Practice, 15*(4), 891-909. doi:10.12738/estp.2015.4.2619

Ozyilmaz, A., Erdogan, B., & Karaeminogullari, K. (2018). Trust in organization as a moderator of the relaionship between self-efficacy and workplace outcomes: A social cognitivce theory-based examination. *Journal of Occupational and Organizational Psychology, 91*, 181-204. doi:10.1111/joop.12189

Page, L., Boysen, S., & Arya, T. (2019). Creating a culture that thrives. *Organization Development Review, 51*(1), 28-35. Retrieved from https:www.cbservices.org

Palinkas, L., Horwitz, S., Green, C., Wisdom, J., Duan, N., & Hoagwood, K. (2016). Purposive sampling for qualitative data collection and analysis in mixed method implementation research. *Administration and Policy in Mental Health and Mental Health Services Research, 42*(5), 533-544. doi:10.1007/s10488-013-0528-y

Patton, M. (2015). *Qualitative research & evaluation methods* (5th ed.). Thousand Oaks, CA: Sage.

Peachey, J., Zhou, Y., Damon, Z., & Burton, L. (2015). Forty years of leadership research in sports management: A review, synthesis, and conceptual framework. *Journal of Sports Management, 29*(5), 570-587. doi:10.1123/jsm.2014-0126

Pengqian, F., Xiangli, L., Lingxiao, H., Xiaoyan, Z., & Zi, F. (2014). Factors that influence the turnover intention of Chinese village doctors based on the investigation results of Xiangyang City in Hubei Province. *International Journal for Equity in Health, 13*(1), 7-24. doi:10.1186/s12939-014-0084-4

Petrova, E., Dewing, J., & Camilleri, M. (2014). Confidentiality in participatory research: Challenges from one study. *Nursing Ethics, 23*(4), 442-454. doi:10.1177/0969733014564909

Pittino, D., Visintin, F., Lenger, T., & Sternad, D. (2016). Are high-performance work practices really necessary in family SMEs? An analysis of the impact on employee retention. *Journal of Family Business Strategy, 7*(2), 75-89. doi:10.1016/j.jfbs.2016.04.002

Poddar, A., & Madupalli, R. (2012). Problematic customers and turnover intentions of customer service employees. *Journal of Services Marketing, 26*(7), 551-559. doi:10.1108/08876041211266512

Potestio, M. L., Boyd, J. M., Bagshaw, S. M., Heyland, D., Oxland, P., Doig, C. J., & Stelfox, H. T. (2015). Engaging the public to identify opportunities to improve critical care: A qualitative analysis of an open-ended community forum. *Plos ONE, 10*(11), 1-11. doi:10.1037/journal.pone.0143088

Puni, D. A., Agyemang, C. B., & Asamoah, D. E. (2016). Leadership styles, employee turnover intentions, and counterproductive work behaviors. *International Journal of Innovative Research & Development, 5*(1), 1-7. Retrieved from https://www.ijird.com

Raeburn, T., Schmied, V., Hungerford, C., & Cleary, M. (2015). The contribution of case study design to supporting research on clubhouse psychosocial rehabilitation. *BMC Research Notes, 8*(1), 1-7. doi:10.1186/s13104-015-1521-1

Ranalho, R., Adams, P., Huggard, P., & Hoare, K. (2015). Literature review and constructivist grounded theory methodology. *Forum: Qualitative Social Research, 16*(3), 1-13. doi:10.17169/fqs-16.3.2313

Ridder, H. G. (2017). The theory contribution of case study research designs. *Institute of Human Resource Management, 10*(2), 281-305. doi.10.1007/s40685-017-0045z

Roczniewska, M., Retowski, S., & Higgins, T. (2017). How person-organization fit impacts employees perceptions of justice and well being. *Frontiers in Psychology, 8*:2318. doi:10.3389/fpsyg.2017.02318

Rubin, H. J., & Rubin, I. S. (2012). *Qualitative interviewing* (3rd ed.). Thousand Oaks, CA: Sage.

Santos, J., Erdmann, A., Meirelles, B., Lanzoni, G., Pecini da Cumha, P., & Ross, R. (2017). Integrating quantitative and qualitiative data in mixed methods research. *SciElo Analytics, 26*(3), 1-9. doi.10.1590/0104-07072017001590016

Saunders, B., Sim, J., Kingstone, T. B., Waterfield, J., Bartlan, B., Burroughs, H., & Jinks, S. (2018). Saturation in qualitative research: Exploring its conceptualization

and operationalization. *U.S. National Library of Medicine, 52*(4), 1893-1907. doi:10.1007/s11135-017-0574-8

Saunders, M., Lewis, P., & Thornhill, A. (2015). *Research methods for business students* (7th ed.). Essex, England: Pearson Education Limited.

Saunderson, R. (2016). Employee recognition: Perspectives from the field. *The Psychologically Healthy Workplace*, 181-198. doi: 10.1037/14731-009

Schlechter, A., Syce, C., & Bussin, M. (2016). Predicting voluntary turnover in employee using demographic characteristics: A South African case study. *Acta Commerii-Independent Research Journal in the Management Sciences, 16*(1), 1-10. doi:10.4102/ac.v16i1.274

Shah, N., Irani, Z., & Sharif, A. (2016). Big data in HR context: Exploring organizational change readiness, employee attitudes, and behaviors. *Journal of Business Research, 70*, 366-378. doi:10.106/j.jbusres.2016.08.010

Shangholian, N., & Yousefi, H. (2015). Supporting hemodialysis patients: A phenomenological study. *Iranian Journal of Nursing & Midwifery Research, 20*(5), 626-633. doi:10.4103/1735-9066.164514

Shier, M., Graham, J., & Nicholas, D. (2016). Interpersonal interactions, workplace violence, and occupational health outcomes among social workers. *Journal of Social Work, 18*(5), 525-547. doi:10.1177/1468017316656089

Shu, C., & Luzatkhan, J. (2017). Effect of leader-member exchange on employee envy and work behavior moderated by self-esteem and neuroticism. *Journal of Work and Organizational Psychology, 33*, 69-81. doi:10.1016/j.rpto.2016.12.002

Simpson, A., & Quigley, C. (2016). Member checking process with adolescent students: Not just reading a transcript. *Qualitative Report*, *21*(2), 376-392. Retrieved from http:///www.nsuworks.nova.edu

Siwale, J. (2015). Why did I not prepare for this? The politics of negotiating fieldwork access, identity, and methodology in researching microfinance institutions. *Sage Open, 5*(2), 1-12. doi:10.1177/2158244015587560

Sloan, C. (2011). Pre employment talent based assessments and their impact on voluntary and total employee turnover rates. *Baptist health System Human Resources*. Retrieved from https://www.baylor.edu

Spielman, R. M. (2017). *Psychology.* Houston, TX: Rice University.

Stapleton, K., & Wilson, J. (2017). Telling the story: Meaning making in a community narrative. *Journal of Pragmatics, 108*, 60-80. doi:10.1016/j.pragma.2016.11.003

Stromberg, C., Aboagye, E., Hagberg, J., Bergstrom, G., & Lohela-Karlsson, M. (2017). Estimating the effect and economic impact of absenteeism, presenteeism, and work environment-related problems on reductions in productivity from a managerial. Perspective. *Value in Health, 20*, 1058-1064. doi:101016/j.jval.2017.05.008

Su, T., Wang, W., Lv, Z., Wu, W., & Li, X. (2016). Rapid Delaunay triangulation for ranodmly distributed point cloud data using adaptive Hilbert curve. *Conputers& Graphics,* 5465-74. doi:10.1016/j.cag.2015.07.019

Subramaniam, G., Tan, P., Maniam, B., & Ali, E. (2018). Flexibility at the workplace: Does it impact empowerment and quality of life? *Asian Journal of Behavioural Studies, 3*(11), 97-106. doi: 10.21834/ajbes.v3i11.105

Sutanto, E., & Kurniawan, M. (2016). The impact of recruitment, employee retention and labor relations to employee performance on batik industry in Solo Coty, Indonesia. *International Journal of Business and Society, 17*(2), 375-390. Retrieved from https://core.ac.uk/download/pdf/78372196

Sutton, J., & Austin, Z. (2015). Qualitative research: Data collection, analysis, and management. *Canadian Journal of Hopital Pharmacy, 68*(3), 226-231. Retrieved from https://www.ncbi.nlm.nih.gov

Tarvid, A. (2015). Job satisfaction determinants of tertiary graduates in Europe. *Procedia Economics and Finance, 24*, 682-690. doi:10.1016/S2212-5671(15)00674-7

Tepret, N., & Tuna, K. (2015). Effect of management factor on employee job satisfaction: An application in telecommunication sector. *Procedia - Social and Behavioral Sciences, 195*, 673-679. doi:10.1016/j.sbspro.2015.06.264

Thoma, E., Ganger, M., Peterson, K., & Channell, L. (2017). Reducing annual hospital and registered nurse staff turnover - A 10-element onboarding program intervention. *Open Nursing, 3*, 1-13. doi:10.1177/2377960817697712

Tuckett, A., Eley, R., & Ng, L. (2017). Transition to practice programs: What Australian and New Zealand nursing and midwifery graduates said. *Science Direct, 24*(2), 101-108. doi:10.1016/j.colegn.2015.10.002

Tumilowicz, A., & Neufeld, L. P. (2015). Using ethnography in implementation research to improve nutrition interventions in populations. *Maternal and Child Nutrition, 11*(3), 55-72. doi:10.1111/mcn.12246

U.S. Department of Health & Human Services. (1979). *Belmont Report.* National Commission for the Protection of Human Subjects and Biomedical and Behavioral Research. Retrieved from http://www.hhs.gov

U.S. Department of Labor. (2019). *Bureau of Labor Statistics.* Retrieved from https://www.bls.gov

USC Libraries. (2016). *Organizing your social sciences research paper: Quantitative methods.* Retrieved from http://www.libguides.usc.edu

Vaismoradi, M., Jones, J., Turumen, H., & Snelgrove, S. (2016). Theme development in qualitative content analysis and thematic analysis. *Journal of Nursing Education and Practice, 6*(5), 100-110. doi:10.5430/jnep.v6n5p100

Van Den Berg, A., & Struwig, M. (2017). Guidelines for researchers using an adapted consensual qualitative research approach in management research. *Electronic Journal of Business Research Methods, 15*(2), 109-119. Retrieved from https://www.ejbrm-volume15-issue2-article463%20(3).com

Vega, K. (2016). Getting a handle on staff turnover. *HMFA: Revenue Cycle Forum.* Retrieved from https://www.hfma.org/Content.aspx?id=50309

Watson, B. (2015). *Human Capital Theory - Distorting reality with neo-classical economics.* Improving Vocational Education and Training: Retrieved from https://brucedwatson.wordpress.com

Weaver, S., & Hessels, A. (2019). Administrative supervisors and nursing unit-based managers: Collaboration and job satisfaction. *Nursing Economics, 37*(2), 67-76. http://www.nursingeconomics.net/necfiles/2019/MA19/67.pdf

Wei, G., Dengsheng, L., Yanlan, W., & Jixian, Z. (2015). Mapping impervious surface distribution with integration of SNNP VIIRS-DNB and MODIS NDVI data. *Remote Sensing, 7*(9), 12459-12477. doi:10.3390/rs70912459

Wen, Y., & Liu, L. (2015). Career plateau and turnover intention in Chinese employees: Career anchor as moderator. *Behavior and Personality, 43*(5), 757-766. doi:10.2224/sbp.2015.43.5.757

White, D., & Hind, D. (2015). Projection of participant recruitment to primary care research: A qualitative study. *Trials, 16*:473, 161. doi:10.1186/s13063-015-1002-9

Winkler, M., & Fyffe, S. (2016). Strategies for cultivating an organizational learning culture, 1-16. Urban Institute. Washington, DC. Retrieved from https://www.urban.org

Woodley, X., & Lockard, M. (2016). Womanism and snowball sampling: Engaging marginalized populations in holistic research. *Qualitative Report, 21*(2), 321-329. Retrieved from http://nsuworks.nova.edu

Yazan, B. (2015). Three approaches to case study methods in education: Yin, Merriam, and Stake. *Qualitative Report, 20*(2), 134-152. Retrieved from http://www.nsuworks.nova.edu

Yildirim, B. I., Gulmez, M., & Yildirim, F. (2016). The relationship between the five-factor personality traits of workers and their job satisfaction: A study on five-star hotels in Alanya. *Science Direct, 39*, 284-291. doi:10.1016/S2212-5671(16)30325-2

Yin, R. K. (2018). *Case study research design and methods.*Thousand Oaks, CA: Sage.

Zhao, P., Zhou, H., He, Y., Cai, K., & Fu, J. (2014). A nondestructive online method for monitoring the injection modling process by collecting and analyzing machine running data. *International Journal of Advanced Manufacturing Technology, 72*(5-8), 765-777. doi:10.1007/s00170-014-5711-0

Zhicheng, L., Zhuoer, C., Shung, T., & Wah, S. (2016). The impact of intellectual capital on companies performances: A study based on MAKE award winners and non-MAKE award winner companies. *International Conference on Knowledge Management, ICKM 2016,* Vienna, Austria. Retrieved from http://web.hku.hk/~samchu/docs

Appendix: Study Protocol

<div align="right">

Interview #_____

Date_____/_____/_____

Time_____

Interviewee Initials_____

</div>

Study Protocol

Purpose of Study

The purpose of this study is to explore the management strategies of health care managers who successfully mitigate nursing turnover intentions.

Participation Statement

Your participation in this study was agreed upon by you according to your signature on the signed consent and as you indicated the eligibility criteria was met. Participation is on a voluntary basis with the only benefit of adding social value to the health care community and informing leaders of the successful strategies for mitigating employee turnover. Upon publication of the study, I will offer to provide each participant an electronic copy of the final study findings.

Participation may be revoked at any time by simply telling me you no longer wish to participate; at which time I will immediately cease asking questions. If, at any time, you would like to take a break or stop the interview for any reason, please let me know. Participation or lack thereof will have no bearing, positive or negative, on the relationship between the researcher and participant.

Confidentiality Statement

All responses are kept confidential. To guarantee confidentiality and privacy I will code the names of each participants and organization. The organization is referred to as *A, and B* while each participant is identified by a number following the organization identifier; for example, *A1, or B2*. I will securely store the data for 5 years in a locked safe in my residence to protect your confidentiality. Upon expiration of 5 years, I will shred the data collection tools, destroy the audio recordings which will be stored on a password-protected flash drive, and delete the password protected zip computer files.

Contact Information

I, Marcia Adams, am the primary investigator and your point of contact for anything relating to this study: you can reach me at 816.616.9538, or marcybrent0422@gmail.com.

Permission to Record

I would like your verbal permission to digitally record this interview, so that I will later be able to create a transcript of our conversation. After the transcript has been made, I will send you a copy, and in return, will ask that you validate the its accuracy. May I have your permission to record this interview?

_____ (Yes) If at any time during this interview, you would like me to stop recording, please feel free to let me know.

_____ (No)

(Begin recording)

Do you have any questions or concerns before we get started?

Interview Questions

1. What management strategies worked the best in helping you mitigate nursing turnover intentions?

2. What strategies did you implement to minimize the nurses' personal disadvantage of working on your team?

3. What strategies did you implement to maximize the nurses' personal benefit of working on your team?

4. What strategies did you use to keep your nurses engaged with your team?

5. What barriers did you encounter when attempting to mitigate nursing turnover intentions?

6. How did you overcome the barriers to implementing the strategies for mitigating nursing turnover intentions?

7. What more can you add to benefit this study concerning strategies that helped you mitigate nursing turnover intentions?

Close of Interview

Are there any questions or concerns I can address?