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Employee Commitment Among Direct Care Professionals in an Intermediate Health Care Facility

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Abstract

Employee Commitment Among Direct Care Professionals in an Intermediate Health Care

Facility

by

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Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Business Administration

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Abstract

Lack of employee commitment affects the overall practice in healthcare organizations and can cause a disruption in the lives of people with intellectual disabilities who are receiving care. Researchers have demonstrated that increasing employee commitment and decreasing employee turnover are related to employee commitment in healthcare organizations. The purpose of this single case study was to explore strategies that leaders of an intermediate care facility for individuals with intellectual disabilities in the northwestern United States used to enhance employee commitment. Meyer and Herchovitch's model of employee commitment was the conceptual framework for this study. Data were collecting from semistructured interviews with 2 home managers and 1 area supervisor of a healthcare facility with experience in employee commitment. Data were transcribed, analyzed, and coded for themes and subthemes; data validity was established using member checking of the findings for accuracy and credibility. Three main themes emerged from the data analysis: organizations' healthcare insurance, bonuses, and teamwork. Healthcare leaders might implement the findings of this study to increase and develop employee commitment, improve profitability and sustainability, improve patient care, and improve safety to bring about a positive and effective social change to benefit patients, families, and communities.

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Dedication

Give all praises to my heavenly father above for keeping me in my time of need. I dedicate this to my heavenly cheering section; my mother Mrs. Dorothy Nicholson, my father Mr. Albert Nicholson, and my brother Mr. Freddie Nicholson for watching over me during this project.

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Table of Contents

iii

List of Figures

iv

Section 1: Foundation of the Study

Healthcare officials of the United States federal government, United States Department of Health and Human Services (USDHHS, 2006), have recognized the need to attract and retain experienced direct care professionals. The USDHHS has addressed the need for direct care professionals who provide care to individuals with intellectual disabilities. The Administration of Community Living (2017) asserted that the needs of people with disabilities belong at the forefront of the system of service provided by direct care professionals. Organizational leaders of healthcare organizations struggle to develop strategies to increase job satisfaction (Lee, Grace, Sirgy, Singhapakdi, & Lucianetti, 2018) resulting from low employee commitment (Mory, Wirtz, & Göttel, 2017). Nica (2016) identified data linked to catalysts of employee turnover and the relationship between employee turnover, job satisfaction, and human resources practice. Rajan (2015) explained that the objectives of identifying and distinguishing the insight of healthcare workers who work in their area of expertise in hospitals and in other areas of healthcare factor into the push and pull of employee turnover.

Background of the Problem

Healthcare in the United States has encountered challenges, including staff shortages, increasing costs, and heavy caseloads of employees (Asamani, Naab, & Ofei, 2016). The possibility of turnover intention can take place, and the increase of stress can develop if changes of leadership do not occur (Brandis et al., 2016). The financial implication of replacing an employee is expensive to a healthcare organization, with costs

ranging from $42,000 to $64,000 (Chagani, 2015). Asamani et al., 2016 stated the shortage of healthcare staff impacts the recruitment costs. Thus, reexamining the position of healthcare leadership and the cost of replacing employees is imperative to the organization.

Organizational managers must ensure their employees' commitment to proper care, high level of care, and patient safety for their patients (Asiri, Rohrer, Al-Surimi, Daar, & Anwar, 2016). Employee turnover may prompt healthcare leaders to review strategies to increase the retention of employees. Organizational managers must strategize to find a solution for employee turnover intention (Long & Perumal, 2014).

Problem Statement

Employee commitment affects organizations' effectiveness and continues to emerge as a challenge for U.S. intellectual and developmental disabilities healthcare organizations (Enyart, Kurth, & Davidson, 2017; Hasbollah, Aziz, Yaziz, Nasir, & Rosdi, 2016). Although employees commit to maintaining their association with an organization, 39% of workers voluntarily leave during the first 5 years of employment (Bagga, 2013). The general business problem is that the lack of employee commitment to direct care professionals diminishes organizational effectiveness. The specific business problem is that some healthcare leaders of intermediate care facilities for individuals with intellectual disabilities lack the strategies to enhance employee commitment.

Purpose Statement

The purpose of this qualitative, single case study was to explore what strategies healthcare leaders of an intermediate care facility for individuals with intellectual disabilities use to enhance employee commitment. The target population consisted of healthcare leaders at an intermediate care facility located in Northwestern United States who successfully implemented and deployed strategies to enhance employee commitment of more than 1,500 direct care professionals. The findings from my doctoral study may contribute to social change by enhancing employee commitment and increasing the quality of patient care, which could lead to lower unemployment rates.

Nature of the Study

I used a qualitative research method to explore social and behavioral issues related to the participants' experiences and perspectives, which are not achievable with quantitative methods (see Isaac et al., 2014). I used the qualitative method to explore employee commitment using face-to-face interviews with healthcare leaders (see Hannon, Swami, Rodin, Pope, & Zimmermann, 2017). The quantitative method was not appropriate for my doctoral study as quantitative researchers focus on examining relationships and differences among variables (Denzin & Lincoln, 2011). The mixed method approach consists of both qualitative and quantitative methods (Christiansen et al., 2018). Mixed method researchers examine relationships or differences among variables.

Researchers use the narrative design to understand the phenomenon from the stories of participants' lives (Marshall & Rossman, 2016). A narrative design was not appropriate because I did not collect data by using the participants' stories. Ethnography consists of data collection using observations of cultural group activities, communications, and interactions with people or informal and formal interviews (Poirier, 2017). The emphasis of my study was not on exploring culture; therefore, I did not use the ethnography design. The phenomenological approach is an understanding of the issue from participants' lived experiences (Poirier, 2017). The phenomenological design was also not appropriate for my doctoral study because the objective was not to gain an understanding of meanings of participants' lived experiences (Greenfield & Jensen, 2016).

I used a single case study design to explore strategies to enhance employee commitment from the approach of a healthcare leader. I chose to use a single case study design to analyze and understand data from organizational leaders and healthcare managers who care for intellectually disabled individuals in Michigan. A researcher's purpose is to depict the appropriate circumstances surrounding everyday conditions (Yin, 2017). Using a clear method of a plethora of sources, such as interviews, observations, and exit interviews, the researcher can better understand the social phenomenon (Fisher, 2017). As a result, a qualitative single case study was an appropriate method to use for organizational managers and leaders to increase employee commitment and reduce turnover.

Research Question

The overarching research question that I used to direct my doctoral study was as follows: What strategies do leaders of an intermediate care facility for individuals with intellectual disabilities in Northwest, United States use to enhance employee commitment?

Interview Questions

To address the research question, I used the following interview questions to guide my exploration:

1. How have your organization's healthcare leaders incorporated strategies to enhance employee commitment in the organization?

2. How has your organization successfully utilized strategies to motivate employees to enhance employee commitment?

3. What strategies have you implemented to enhance employee commitment among direct care professionals in the organization?

4. What challenges have you encountered when attempting to enhance employee commitment among direct care professionals in the organization?

5. What actions have you taken when direct care professionals express their desire to seek employment outside the organization?

6. How do you assess the effectiveness of your strategies for increasing direct care professionals' commitment to the organization?

7. Would you like to add any additional information regarding employee commitment among direct care professionals of intermediate care facilities for individuals with intellectual disabilities?

Conceptual Framework

Meyer and Herscovitch's (2001) model of workplace commitment was the conceptual framework for my doctoral study. Meyer and Herscovitch developed the model of workplace commitment to establish a general model of workplace commitment as a guide in research and practice. The key concepts of the model of workplace commitment bind individuals to multiple organizational leaders in the workplace who can shape employees' behaviors (Meyer & Herscovitch, 2001). Meyer and Herscovitch identified eight theoretical configurations of commitment based on effective commitment, normative commitment, and continuance commitment (Meyer, Stanley, & Vandenberg, 2013).

Healthcare leaders may use the model of workplace commitment to consider the outcome of employee commitment to achieving organizational goals (Meyer & Herscovitch, 2001). Employees commit to organizations based on the organization's goals that will lead to affective commitment, continuance commitment, or normative commitment (Bouckenooghe, Schwarz, & Minbashian, 2015). The model of workplace commitment is applicable because healthcare organizational leaders should effectively communicate the vision of the organization and strategies to enhance employee commitment (Goleman, 2017).

Leaders of intermediate care facilities for individuals with intellectual disabilities can use the model of workplace commitment to empower their employees and increase employee performance (Han, Seo, Li, & Yoon, 2016). Empowerment can increase employee commitment and develop a lasting effect on the employee and the organization (Han et al., 2016). Having committed employees within an organization is important because they promote organizational performance (Andrews, Beynon, & Genc, 2017). Leaders should develop strategies to enhance employee commitment, as it may contribute to affective, continuance, or normative commitment (Meyer & Herscovitch, 2001). Employee commitment can also increase profitability for an organization if the commitment of employees and leaders of the organizations are on one accord.

Operational Definitions

Affective commitment: Affective commitment is an employee's emotional attachment to remain in the organization (Chan & Mak, 2014).

Continuance commitment: Continuance commitment refers to the cost-effectiveness of an employee leaving an organization (Chan & Mak, 2014).

Direct care professionals: Direct care professionals are people who care directly for people in need of daily assistance, including persons with intellectual disabilities (Ineland, Sauer, & Molin, 2017).

Idealized influence: Idealized influence is transformational leaders who create a certain work ethic that results in becoming role models for their followers (Van Dierendonck, Stam, Boersma, de Windt, & Alkema, 2014).

Intellectual disabilities: Intellectual disabilities are disabilities that are characterized by limitations of intellectual functioning and adaptive behavior, and the diagnosis occurs before the age of 18 (Papazoglou, Jacobson, McCabe, Kaufmann, & Andrew, 2014).

Normative commitment: Normative commitment is an employee's obligation to remain with an organization because they feel obligated (Chan & Mak, 2014).

Assumptions, Limitations, and Delimitations

Assumptions

Assumptions are the researcher's views accepted as valid and applicable to convey the reliability and validity of the research study (Fan, 2013). The first assumption was that participants would openly share their experiences and proven solutions during the face-to-face semistructured interviews. The second assumption was that the participants would honestly answer the interview questions. The last assumption was that participants' descriptions would be based on their years of experience and provide the data necessary to understand the phenomenon.

Limitations

Limitations are weaknesses in a study that will restrict the implications of the study (Marshall & Rossman, 2016). The first limitation was scheduling the research time at the facility that would not interrupt patient care. The second limitation was that the selection of organizations that delivers service to persons with intellectual disabilities creates a weak relationship with other agencies. The first limitation I encountered was the

time schedule of the participants, not all participants adhered to the time I set for the study. Another limitation was that not all healthcare leaders first targeted for this study were available to participate. Another limitation was using only one facility to conduct research, which limited the scope of the data. The focus to implement strategies for employee commitment could require further research from future healthcare researchers as a result of the study limitations. The participants were eager to share their own experiences in the organization but were reluctant to share too much information for unknown reasons. Additionally, multiple geographical areas of healthcare constituted a limitation to the research.

Delimitations

Delimitations are the controls of the researcher that limit the scope (Fan, 2013). The first delimitation was the population, which included only healthcare leaders at an intermediate care facility in Michigan. The second delimitation was that participants only included healthcare leaders at one intermediate care facility for individuals with intellectual disabilities who had the ability to answer the research question and who had a considerable number of years on the job. I chose to focus my doctoral case study on healthcare leaders and some nurses, which limited the range of my doctoral study. The issues concerning employee commitment are critical attributes that make individuals remain with their organization rather than recognizing the reasons that make them leave (George, 2015).

Significance of the Study

Contribution to Business Practice

The value of my doctoral study to businesses is that care facility leaders can gain insight into strategies to enhance employee commitment among direct care professionals. The findings could also provide healthcare leaders with workplace commitment strategies for reducing turnover intent, thus reducing costs and potentially increasing the profitability of care facilities for the developmentally disabled. The results may provide additional information through the exploration of workplace commitment regarding effective strategies they use to increase employees' retention and job satisfaction.

Implications for Social Change

The findings could contribute to social change by providing healthcare leaders insight for developing strategies to enhance employee commitment among direct care professionals, which could lead to lower unemployment rates. Healthcare leaders of intermediate care facilities for individuals with intellectual disabilities can use the results for understanding the reasons that employees voluntarily commit to the organization. Employees with 5 to 10 years of employment with an organization are less likely to leave (Bagga, 2013). The results could also assist healthcare providers in creating strategies that will ultimately reduce the cost of healthcare and improve the continuity and delivery of quality patient care.

A Review of the Professional and Academic Literature

In this literature, I explored what healthcare managers used to enhance employee commitment of direct care professionals. I used the following material to find literature: ProQuest Central, Google Scholar, ProQuest Dissertations, Sage Journals, seminal books, and government documents. I applied the following keywords: *employee commitment, turnover, organizational commitment, job satisfaction, qualitative research, turnover rates, turnover retention*, and *employee burnout*. Out of 222 sources used, 85% were peer-reviewed, and 85% were within the allowance of 5 years of publication from 2015 to 2019.

Healthcare organizational leaders must directly focus on the employee commitment of direct care professionals and implement a strategy to have a better understanding of the components involved (Ginter, Duncan,& Swayne, 2018). To gain the necessary literature, I reviewed relevant resource literature for direct care professionals and employee turnover to support the idea of commitment among direct care professionals of healthcare facilities. Literature reviews are analyses, in this case to provide resources for organizational leaders who employ the necessary strategies to embark upon employee commitment and turnover rates of direct care professionals (Boell & Cecez-Kecmanovic, 2015).

Workplace Commitment Model

Meyer and Herscovitch (2001) developed the model of workplace commitment based on Meyer and Allen's (1991) and Deconinck, Johnson, and Busbin (2017) three-

component models of organizational commitments. An organization's retention surrounds

the delegation of how to address the multiple ways of commitment consideration; the

consideration is given to the organization and the employees for their well-being

(Musringudin, Akbar, & Karnati, 2017). Leaders must directly address the concerns of

organizational commitment to reduce the implication of turnover intent (Jackson, Alberti,

& Snipes, 2014). The different styles of healthcare organizational leaders determine the

retention and job satisfaction of employees (Asamani et al., 2016). Organizational leaders

specialize in the idea of representing the best practices across the public and charity

sector (Trebble, Heyworth, Clarke, Powell, & Hockey, 2014). It is imperative for

healthcare organizations to employ workers with the knowledge to address the changes in

healthcare and economic circumstances (Ginter et al., 2018). Healthcare leaders continue

to support the best method to sustain the theoretical framework (Trebble et al., 2014).

Employee turnover is a negative connotation which associates with organizational

change (Brandis et al., 2016). The retention of trained healthcare workers is critical to an

organization (Jefferson, Klass, Lord, Nowak, & Thomas, 2014). The turnover intention of

employees can be reduced if the organization increases the commitment of employees

(AlAzzam, AbuAlRub, & Nazzal, 2017). Healthcare leaders of organizations must

understand the retention in the organization on the level of the employee (Humphreys et

al., 2017). Managers and directors of facilities supporting persons with intellectual

disabilities must create strategies to enhance the quality of their employee commitment

(Alharbi, 2017). Direct care professionals are at a higher risk of leaving their job and

obtaining other positions (Hasbollah et al., 2016). Turnover intent can hurt the professional worker, and the influences they have are subject to various effects on the organization and the healthcare profession (George, 2015). Employee turnover affects organizational commitment, and because of these issues, there is a need for further investigation by a future researcher (Jaiswal & Dhar, 2016).

Staff who intend to remain with their job is job satisfaction (Asamani et al., 2016). Healthcare leaders must use innovative strategic actions to create a stronger level of employee behavior that may help to reduce the employee turnover and increase commitment (Al Afari &Abu Elanain, 2014). Some turnover intentions can be good for an organization, allowing an influx of employees to bring new and inventive ideas to the organization (Moon, 2017). Noncommitment and high levels of turnover can create issues in an organization (Deconinck et al., 2017). The healthcare industry will have detrimental issues with high levels of turnover and low levels of commitment (Bukach, Ejaz, Dawson, & Gitter, 2017).

Overview of Employee Commitment

Employee commitment (affective, continuance, and normative) empowers individuals when organizations incorporate both psychological and structural drivers (Balli & Yanik, 2014; Xiong, Ye, & Wang, 2017). When there is a stronger relationship between the employee loyalty and employee commitment, there will be more commitment to the organization (Noranee et al., 2018). A positive relationship between

organizational leaders and their staff will increase employee commitment, and turnover will decrease (Beane, Ponnapalli, & Viswesvaran, 2017).

There are positive and negative issues of organizational commitment; the negative issues will affect patient safety, and employees leaving the organization, and the positive effects would allow the organization to provide a positive work environment and increase good work ethics for healthcare workers (Alharbi, 2017). The change in the healthcare sector globally is in a state of advancement (Budak & Kar, 2014). Organizational leaders must address the personal needs of their employees such as burnout, stress, and emotional aggravation. Job satisfaction and success have an effect on the role the manager plays (Jackson et al., 2014).

Three factors are knowingly indicators of employee turnover intent for healthcare employees. One is distributive justice, which is the strongest of them all; the second is procedural justice; and the third is interactional justice (AlAfari & Abu Elanain, 2014). Organizations should adopt a new leadership team where the team members give equally, and the contributions distribute to produce better performances (Alzougool, Elbargathi, Habib, Khalaf, & Al-Qutub, 2015). The leadership styles of leaders reflect how they portray their direction and plans for the employees in an organization (Belias & Koustelios, 2014). Leadership needs to develop the appropriate strategies to create a relationship with their employees. Subordinates who question their leaders without the fear of consequences are followers of leaders known as intellectual stimulation (Afsar, Badir, & Saeed, 2014). Encouragement is a requirement to motivate the employees, and

lack of encouragement will eventually affect their overall performances (Asiri et al., 2016). The elevation of employee commitment and organizational development will help with employees remaining with the organization (Gilbert-Ouimet, Trudel, Brisson, Milot, & Vézina, 2014). When there is a decrease in power from the leaders, the dissatisfaction will display through criticism from their employees (Chagani, 2015). The different point of views of management show a better development of knowledge of organizational citizenship, and the behavior of employee turnover intention will allow them to function proficiently (AlAfari & Abu Elanain, 2014). Persons with direct care knowledge of working with people with intellectual disabilities are important in the hiring process and to the organization (Hasbollah et al., 2016).

During the hiring process, the organizational leaders could develop a strategy directly matches the candidate with the position for which they have applied (Kim & Kao, 2014). Organizations that match the employee to the job applied will help with employee commitment. Asamani et al. (2016) agreed that healthcare leaders have the responsibility of retaining hired employees. Employees not satisfied with their current positions will seek employment with another organization (Asamani et al., 2016). Employees bring benefits such as experience and new ideas to an organization when they commit to the company (Jing, Lin Xie, & Ning, 2014). When employees have positive things to say about their organization and coworkers, they tend to show improvement in their workplace (AlAfari & Abu Elanain, 2014). To accomplish commitment strategies, an organizational leader must factor in the commitment of the organization. With the cost

of employee turnover, the cost has exceeded 100% of the gross annual salary for a vacated position. The high turnover is a direct result of increasing cost of recruitment and selection of employees (Hasbollah et al., 2016).

Banks, McCauley, Gardner, and Guler (2016) concluded that a leader must be able to balance out the productivity of his or her team, assuring its efficiency. Transformational healthcare organizational leaders assure the retention strategies when they focus on the turnover intent of healthcare employees, which focuses on education and promotion of direct care professionals. Healthcare organizational leaders should offer a variety of options to align the employee commitment and the mission of the organization. Healthcare leaders' individualized consideration helps followers understand the mission of the organization by giving them constant attention and feedback (Afsar et al., 2014). The change in the healthcare sector of the world is in a state of advancement (Budak & Kar, 2014). Kazemi, Shapiro, and Kavner (2015) found investment in employee training related well to employee turnover intention.

Types of Commitment

Chan and Mak (2014) described three different styles of commitment. An effective commitment identifies the employee involvement in the organization. Continuous commitment refers to the cost of an employee leaving the organization. Lastly, normative commitment is the obligation to remain with an organization (Chan & Mak, 2014). The way an employee feels about an organization is evident through the

psychological bond they have for the organization, and this is an organizational commitment (Noranee et al., 2018).

An employee will remain committed to the organization until the employee does not feel the organization is no longer committed to them (Jernigan & Beggs, 2015). Team building is a continuous progress which standout among the healthcare manager's primary tasks. Healthcare managers should develop an everyday mission to enhance their commitment to the organization (Jose' Sousa, Dias, Saldanha, & Caracol, 2017). Some organizations have adopted a new leadership team where the team members give equally and the distributions produce better performance (Alzougool et al., 2015). Job satisfaction is in relation to organizational commitment; it embodies the employee's feelings and their attachment and trustworthiness to the organization. Guha and Chakrabarti (2016) indicated that the representation of behavior the employee has a lot to do with the way the employee treats his or her job.

Workplace commitment to healthcare. Commitment to an organization begins with the leadership and the bond set by the leader with their subordinate. Transformational leaders can change the convictions and points of view of their subordinates to fit their organization (Gokce, Guney, & Katrinli, 2014). Employees will remain in an organization, show positive feelings and extend levels of procedural and distributive justice, and eventually show organizational citizenship behavior (Afari & Elanain, 2014). The subordinates will better follow the guide of the leader and improve the commitment of the organization (Chan & Mak, 2014).

A vital issue of retention of professional workers seems to be the workplace (George, 2015). The inner makings of the relationship between the leadership and the employee will help to define how the leader will outline the goal of the organization and the focus the employee should have in the workplace (Jackson, Alberti, & Snipes, 2014).Organizational leaders should examine the preferences of the part-time employees and the casual workers to determine the important cause of issues of retention, rather than employing a *one size fits all* strategy (Brymer & Sirmon, 2018). A strategy, which seems to work for one situation may not fit for another situation.

Employee commitment to direct care professional. Direct care professionals are an essential part of an organization; the need for direct care professionals is another reason the organization should develop a retention strategy. Patient safety is a sensitive ethical concern to all stakeholders (Carayon et al., 2014). The organizational leaders must ensure their direct reports are giving the proper care and provide a high level of care for patient safety (Asiri et al., 2016). Facilities across the nation have tested the use of patient safety standards into clinical education (Fura & Rothenberger, 2014). Failure to implement safety guidelines and rules may have negative associations with healthcare workers emotional exhaustion.

Direct care professionals include many other healthcare professionals, such as registered nurses and staff, who directly care for persons with intellectual disabilities suffer from burnout in their jobs (Shead, Scott, & Rose, 2016). Persons with intellectual disabilities make up 71% of patients who live at home; and of this percentage, a caregiver

who is over 60 years of age (Heller, Gibbons, & Fisher, 2015) cares for 25% of them. Direct care professionals perform an arduous task, which can be critical to patient care and the operational development of the organization. The skills needed as a professional direct care staff are vast (Bogenshutz, Nord, & Hewitt, 2015).

Organizational leaders must understand the turnover of employees bring the stress level of the other employees who remain with the organization. Gibson and Petrosko, (2014) further explain direct care shortages articulate turnover as an issue. Organizational leaders must incorporate strategies to retain direct care professionals who prove to have the skills and determination to remain dedicated to the organization supporting individuals with intellectual disabilities. Stress caused by the care given to the intellectually disabled can cause the burden of illness and complication (Chu, Wodchis, & McGilton, 2014).

Employee Investment

Employees with the proper training, guidance, and performance evaluation have a significant influence on organizational commitment. Many things challenge the human resource department to retain the employees of the organization (Arekar, Jain, Desphande, & Sherin, 2016). If organizational leaders lack having ample direct care professionals who have a commitment to the organization, they will face multiple challenges. These employees will remain committed to the organization if organizational leaders offer compensation for their employees. Healthcare continues to improve year after year as the need for better care occurs. Regarding the terms or the factors, that

characterize a sustainable healthcare system, there is no consensus. One example

provides existing literature on the sustainability of the healthcare system, and the

literature to understanding the sustainability and the strengths and weaknesses of the

different ways it is approached (Fischer, 2014).

Education and training given to the administrators will aid in the daily operations

of a healthcare facility (Martin & Ramos-Gorand, 2017). Kris-Etherton et al. (2014)

concluded direct care professionals who received an adequate education would allow

them the abilities to enhance the care they give to their patients. Through education, an

empowered healthcare leader will motivate their subordinates and display their talents

and education on their patients (Chagani, 2015).

Organizational leaders must decide the proper training to implement and retain

their direct care workers in their organization (Long & Perumel, 2014). Proper training

will increase the success of an organization. Investing in the proper training of staff can

include apprenticeship programs, which will eventually be an asset to the organization.

Organizations must have knowledge of competencies and a sense of knowledge and

expertise to have the edge over other organizations (Long & Perumal, 2014). Human

resource leaders and directors of human services of organizations must have the

knowledge of training available for their subordinates (Asiri et al., 2016). Some programs

such as on-the-job training will assist in the retention of employees as well as programs

offering mentoring (Bogenschutz, Hewitt, Nord, & Hepperlen, 2014). A change in the

healthcare system around the world has required human resource leaders and directors of

human services to become more knowledgeable of leadership roles to strengthen the

workforce (Asiri et al., 2016). Organizations should incorporate the use of

transformational leadership to connect retention and turnover.

Organizational leaders, addressing employee commitment, employee burnout and

other issues of employee engagement may consider incorporating a transformational

leadership. Transformational leadership is essential to the healthcare profession, which

incorporates patient safety, expands work hours and extreme physical work required of

medical caregivers (Fardellone, Musil, Smith, & Click, 2014). Healthcare leaders of

facilities serving persons with intellectual disabilities can offer training to offset

aggressive behaviors to avoid burnout of their staff (Chagani, 2015). Burnout

characterizes the enthusiastic depletion of employees in the community service industry

can lead to employee dissatisfaction (Fein, Tziner, Vasiliu, & Felea, 2015).

Stress, burnout, and job turnover are all a part of job satisfaction of staff who feels

they have not reached their potential in their job (Chou, Li, & Hu, 2014). Stress and

hardship link parents and professional caregivers with burnout that will ultimately affect

the quality of care of the patient (Hwang & Kearney, 2014). Direct care professionals

should identify their stressors in an effort to reduce the burnout intent. The importance of

the healthcare system is a direct association with issues concerning absenteeism turnover

and illness (Adriaenssens, De Gucht, & Maes, 2015). Employees perceive

transformational leaders as individuals with values and ethical standards, fair, and

respectful when addressing remuneration and decision-making (Van Dierendoncket al., 2014).

Work-related stress is increasing the overtime in healthcare organizations with the newly restructured healthcare and technology change. Changes are beginning to occur in the healthcare system, such shortages have started to place demands upon the nurses, which increases the work-related stress the nurses suffer (Khamisa, Oldenburg, Peltzer, & Ilic, 2015). In management, the healthcare division is suffering due to the overworked healthcare employees. Competitions in the healthcare sector and the lack of employees who are available have many qualifications from other workers with the same capacity as their counterparts (Brandis et al., 2016).

In addition to burnout, the shortage of healthcare workers causes stress of remaining employees increasing their workload and an unfavorable burden on the delivery of quality patient care (Ha, Hwang, Kim, & Lee, 2014). The training and education the healthcare managers receive will help them become aware of fairness among the older workers, and in turn, the older workers will remain with the organization (Armstrong-Stassen, Cameron, Freeman, & Rajacic, 2015). A common education in an organization has a positive reaction to the well-being of the patients who receive service. A common education also focuses on several types of teams, such as novice and experts, visible and invisible teams. Future healthcare workers will want to have the knowledge of creating strategies, which will teach different methods of care to their patients (Kris-Etherton et al., 2014). Understanding a leader is to see it from a situational perspective

(Burian, Maffei III, Burian, & Pieffer, 2014). Healthcare workers can provide quality and exhibit professionalism in part of the organization they are affiliated (Noranee et al., 2018). Organizations healthcare systems are central to managing the learning complex interconnection where everyone has common knowledge. Healthcare workers will need to have the knowledge and the responsibilities to execute standard functions and communicate pertinent information about patient care in a professional manner (Ratnapalan & Uleryk, 2014).

Strategies to Increase Retention

Organizational leaders have the biggest challenge attracting and retaining qualified direct care professionals because the competition for these employees is increasing (Terera & Ngirande, 2014). Organizational leaders must understand the importance to develop a better strategy to retain employees, starting with an appropriate screening method. During the selection process of employees, organizational leaders must ensure the job qualifications and the employees are a match according to the duties they are assigned. Direct care professionals must thoroughly train for the job responsibilities (USDHHS, 2006).

An organization loses its competitive advantage when the quality of care for the patients and productivity are reduced (Gupta, 2017). Organizational leaders of healthcare facilities consider superiority and patient safety as their number one priority (Clark & Yoder-Wise, 2015). Continued employment has become an issue and a major concern of organizational leaders who face a high turnover of their employees. The competitive

environment with skilled employees differentiates the factors of an organization (Hasbollah et al., 2016).

There are many challenges the healthcare system is facing, it shows the managers and leaders of organizations need to learn multiple solutions to encourage their employees to remain committed to the organization (Asiri et al., 2016). Some organizational leaders are experiencing high turnover rates of their direct care professionals. While organizations experience shortages, turnover is still an issue (Gibson & Petrosko, 2014). Organizations supporting persons with intellectual disabilities found an increase in turnover among direct care professionals, and these turnovers have an effect on higher cost in overtime, recruitment of replacement staff, and training costs (USDHHS, 2006). The high cost of healthcare, turnover, and retention can become a factor in the healthcare sector, causing mistakes and other issues in a care facility for persons with intellectual disabilities (Bingham & Ruhl, 2015).

The cost of recruiting new employees will cost the organization as much as having few employees, the overtime, and advertisement will affect the overall profitability. Turnover issues are a major concern in healthcare; the retention of workers is empowerment, displeasure, and compatibility (Cramer et al., 2014). Healthcare turnover jeopardizes patient safety when employees leave the job, and increases healthcare cost (Dawson, Stasa, Roche, Homer, & Duffield, 2014).

Losing valuable employees can affect the overall profitability when they leave the organization, the need to train new employees; can affect the organization's image and

cause multiple turnovers (Guha & Chakrabarti, 2016). The financial cost of turnover of

employees can affect the quality care of persons with intellectual disabilities and the

services they receive (Asamani et al., 2016). Patient safety is a concern for healthcare

organizations when the turnover intent is at a high rate (Hasbollah et al., 2016). Many

strategies exist to reduce the turnover rate of employees.

Afari and Elanain (2014), explored the different turnover and turnover intention

other researchers examined in organizations. Transformational leadership is evident

through the various techniques the healthcare managers endure during training (Asiri, et

al., 2016). Organizational leaders can help to increase employee commitment by

investing in the well-being of their employees. The multiple selections of education and

promotional advances of workers will further the skills and abilities of employees while

the evaluation and compensation will improve the motivation of the employees (Gupta,

2017). Reducing the turnover of direct care staff may increase the life expectancy of

people with intellectual disabilities (Thanacoody, Newman, & Fuchs, 2014). Many

attributes connect with low turnover rates with direct care staff. These include clarity of

the expected set of responsibilities, a charming physical workplace, capable and reliable

collaborators, staff input on choices, and socially delicate (Fein, Tziner, Vasiliu, & Felea,

2015).

Healthcare employees are at a greater risk of leaving to seek other employment,

and healthcare decision makers should consider a strategy to increase the retention

(Hudgins, 2016). Leaders who implement more than one strategy to retain employees

may be more encouraging as opposed to utilizing just one solution to retain nurses

(Roulin, Mayor, & Bangerter, 2014). Healthcare leaders should improve and reverse

turnover intent and increase commitment and develop the performance of the

subordinates. The content, which begins an organization's success, starts with the

leadership (Anantadjaya, Nawangwulan, Pramesty, & Gunawan, 2015). Healthcare

retention can improve by implementing a strategy to improve management performance

and work design (Dawson et al., 2014).

Reasons for Employee Commitment

Although there are many challenges the healthcare system is facing currently,

managers and leaders of healthcare facilities need to learn multiple solutions to encourage

their staff to remain committed to the patients and the organization (Asiri et al., 2016). If

organizational leaders intend to attract direct care professionals, they must assure the

employees are a fit for the organization (Asamani et al., 2016). Employees must

adequately match the job they are assigned and the position they hold in the organization.

Organizational leaders should recruit experienced employees who are competent as a

direct care professional to support individuals with intellectual disabilities. Leaders of

organizations must have employees who appropriately complement their organization

and its culture (Cifre et al., 2013).

Increasing the loyalty of employees will decrease the turnover rates of direct care

professional (Kim & Kao, 2014). When employees are an equal match for the

organization, the job duties must fit the organization. Job satisfaction (JS) and

organizational justice (OJ) are two factors that influence the work atmosphere, and the commitment to the organization (Brandis et al., 2016). Charismatic or transformational leaders achieve effective communication of an organization's mission by articulating the teams' mission of collective ideas, portraying self-confidence, and demonstrating the commitment to the team's mission (Moriano, Molero, Topa, & Mangin, 2014). Their meaning of life is less complex motivate the lifestyles of employees; this will have an impact on their work performance (Long & Perumal, 2014). Work experience and work assessment produce a positive and pleasant work attitude of JS (Lin & Chang, 2015).

Healthcare leaders at different organizational levels factor in the personal, professional and organizational environment can be helpful in resolving the ethical issues. The leaders show the factors are in relation to the organization where they are to be very helpful about their profession (Chiumento, Rahman, Frith, Snider, & Tol, 2017). The absence of pressure to compromise a person's ethical standards is a highly rated factor in an organization (Chiumento et al., 2017). Suggestions of a one-way healthcare organization can assist the healthcare worker as well as the healthcare leaders either overtly or unconditionally pressuring them to go against their ethical standards (Cooper, Frank, & Shogren, 2014).

Transformational Leadership Theory

Transformational leadership is commonly in use in more organizations (Arekar, Jain, Desphande, & Sherin, 2016). Bass (1985) developed the transformational leadership theory based on Burns' (1978) notion of transformational leadership and transactional

leadership. Leaders who motivates their followers by inspiring them, developing their continuous journey to achieve higher heights, are transformational leaders (Jose' Sousa et al., 2017). Transformational healthcare leaders of organizations must answer the question of retaining direct care professionals. The relationship between the leader and their subordinate are the center of interaction and communication (Jackson, Alberti, & Snipes, 2014).

The point of view of the transformational leadership theory elevates the concerns of their subordinates (Alasousi & Alajmi, 2017). Maslow's theory to increase an individuals' awareness of the vision of the organization, can move their followers beyond their self-interests to focus on organizational goals (Bass, 1985). Transformational leaders raise the awareness of employee relevance and the organization values and outcomes (El Amouri & O'Neill, 2014). Transformational leaders instill their followers with pride, faith, and respect causing the followers to imitate their leaders (Goswami et al., 2016). Extra responsibilities can create conflict for a healthcare worker who has training in their profession but may not have training in management (Jefferson et al., 2014).

The leadership of intermediate care facilities for individuals with intellectual disabilities individualizes consideration when addressing employees' needs for the achievement to enhance employee commitment. Chai, Hwang, and Joo (2017) examined the possibility of an individual's perceptions of organizational justice, and job characteristics mediate the relationship between transformational leadership and the

organizational commitment. Both a direct and indirect relationship exists between transformational leadership and employee organizational commitment (Chai, Hwang, & Joo, 2017). The transformational leadership theory can apply to my study because healthcare organization leaders need to communicate the vision of the organization and strategies to enhance employee commitment.

Leaders of intermediate care facility for individuals with intellectual disabilities can use the transformational leadership style to empower their employees and increase employee commitment (Chan & Mak, 2014). Transformational leadership has subordinates who have high esteem, trust, and loyalty to their leadership style (Alzougool et al., 2015). As a transformational leader, the mission of the organization is continuously reiterated (Chagani, 2015). The transformational leadership theory is leaders who inspire their followers to develop their leadership capacity by using idealized influence, inspirational motivation, intellectual stimulation, and individualized consideration (Afsar, Badir, & Saeed, 2014). Empowering staff with respect and value and using emotional intelligence is a transformational management style of leadership (Mittal & Dhar, 2015).

The transformational leadership style, as opposed to the transactional leadership style, helps to build trust, motivate, and gain commitment among their employees (El Amouri & O'Neill, 2014). Transformational leadership is essential to leaders of organizations, which incorporate patient safety, expand work hours, and extreme physical work required of medical caregivers (Fardellone, Musil, Smith, & Click, 2014). Transformational leadership style and transactional leadership style has different views;

the transformational leadership style instills values and the vision of the organization in the employee (El Amouri & O'Neill, 2014). The transactional leadership style rewards the accomplishments of their subordinate (Holten & Brenner, 2015).

Transactional style of leadership is similar to leader-member exchange theory (LMX) is unassuming only if an employee wanders away from the company and relies on the manager to award the punishment (Jackson, Alberti, & Snipes, 2014). Leadership is the essential aspect of an organization. Different leadership styles can successfully direct an organization to a higher level (Landis, Hill, & Harvey, 2014). Strong leadership will strive for improvement throughout their organization so their internal branding of the organization can thrive (Anantadjaya, Nawangwulan, Pramesty, & Gunawan, 2015).

Healthcare managers with transformational leadership qualities will have an effective way of carrying out the mission of the organization and instill the vision of the mission in their subordinates (Asiri et al., 2016). Empowerment inspires transformational leadership (Jackson, Alberti, & Snipes, 2014). Leadership has little to no research knowledge of turnover in small resource-limited settings (Fardellone, Musil, Smith, & Click, 2014). Healthcare and leadership association will indirectly have challenges (Fardellone et al., 2014). There are relevant references and approaches to leadership, these strategies include; clear vision shared leadership and paying attention to relations in management. There is more research needed to develop a more stable leadership within the healthcare field across all levels and in various political, socioeconomic and cultural

contexts to better work with the healthcare workers in various systems (Chigudu et al., 2014).

Strategies to Enhance Employee Commitment

For future employees to have knowledge of creating a solid case exemplary, they will need to focus solely on strategies, which will teach different methods of patient care (Källberg et al., 2017). It is important for direct care professionals to receive the adequate education to allow them to be able to enhance the care they give to the patients they serve (Källberg et al., 2017). As the organization grows, so does its effectiveness and the strategies of its leaders (Belias & Koustelios, 2014). Leaders of organizations will need to develop a better strategy to increase retention and decrease turnover.

The administration is a factor of achievement or disappointment of association. It begins with performance initiative and beneficial relationships, which mirror their authority (Kettl, 2015). Work-related attitudes and behaviors develop from many different facets of JS (Jackson, Alberti, & Snipes, 2014). Attendance and behavior can influence employee commitment (Horwitz & Horwitz, 2017). Organizational commitment and commitment to the career of the employee has a major effect on Leader-member exchange as a construct (Shuck, Twyford, Reio, & Shuck, 2014).

There are many challenges of the human resource department to retain the employees of the organization (Arekar, Jain, Desphande, & Sherin, 2016). Healthcare leaders resort to multiple leadership styles depending on their current position; this is a supportive leadership, or the achievement-oriented leadership style or participative

leadership style (Asamani, Naab, & Ofei, 2016). Open communication, a clear understanding, solving issues, plays a major part in the leadership of organizations (Kim & Hopkins, 2015). The importance of communication and other interpersonal behaviors can affect the organizational and national culture; these may change the behavior the leader express (Fein, Tziner, Vasiliu, & Felea, 2015). Organizational leaders can use strategies to retain employees for education, and chances for promotions in the organization, with this, the organization can increase employee commitment. Hwang and Hopkins (2015) agree organizational leaders with employee commitment should focus on strategies and training to reduce turnover. The effectiveness of an organization can link to the outcome of the success, growth, failure, and demise (Gibson & Petrosko, 2014). Until recently, it is the expectation that the reasons why individuals remain in an organization are the same reasons the same people leave organizations (George, 2015).

Consequences of employee commitment. When organizations implement rules, management should consider the fairness of the rules regarding rewards and treatment of their employees (Afari & Elanain, 2014). Leaders must display high skill levels of alignment with organizational goals during clinical care (Fardellone, Musil, Smith, & Click, 2014). Patient safety is a significant driver of the ethical professional codes of conduct in healthcare, which have moral and legal consequences (Godycki-Cwirko et al., 2015). Charismatic or transformational leaders achieve effective communication of an organization's mission by articulating the team mission regarding collective ideas, portraying self-confidence, and demonstrating the commitment to the team's mission

(Strom, Sears, & Kelly, 2014). Employees should have compensation for the work they do, skill level, the knowledge of the job and employee turnover intention (Long & Perumal, 2014). An increase of organizational commitment is a definite association with character action, which decreases intention to look for other employment and reduce turnover (Erdogan & Yildirim, 2017). Staff turnover is when employees voluntarily leave their positions at an organization (Hasbollah et al., 2016).

      Employee commitment and business effectiveness. A subordinate will better follow the guide of the leader and improve the commitment of the organization (Chan & Mak, 2014). Leadership is a process of influencing both leaders and subordinates, attaining the goal of the organization and directing all activities towards attainment to accomplish the task (Yahaya & Ebrahim, 2016). In today's business world, the success of an organization will depend upon the leader of the organization (Anantadjaya, Nawangwulan, Pramesty, & Gunawan, 2015). The change in the healthcare sector of the world is in a state of advancement (Brandis et al., 2016). The leadership of healthcare organizations need to adopt a retention strategy to increase the effects of JS. Healthcare workers are independent thinkers and have ideas beneficial to the empowerment of an organization (Chagani, 2015). The leadership of healthcare organizations is essential to maintaining good results. Creating a custom living where the people are encouraged and enthused for the same reason (Jose' Sousa et al., 2017).

      The idea of culture has turned into a critical figure understanding financial and business environment (Fein,Tziner, Vasiliu, & Felea, 2015). The relevant connections

between social esteem introductions and administration conduct have value by numerous associations (Fein et al., 2015). Transformational leaders offer their insight for a successful business if the follower succeeds, they will receive compensation, but if the follower does not succeed, punishment will follow (Gokce, Guney, & Katrinli, 2014). Leadership has an understanding from other perspectives (Burian, Maffei III, Burian, & Pieffer, 2014). More businesses have begun recognizing how dedicated employees add worth to the organization (Long & Perumal, 2014). One primary factor crucial to the success of an organization is service excellence (Asamani, Naab, & Ofei, 2016). The level of understanding of transformational leadership will affect the performance of the organizational literature (Arekar, Jain, Desphande, & Sherin, 2016). The styles of leadership managers portray have an influence on the healthcare staff and their job satisfaction (Asamani, Naab, & Ofei, 2006).Leadership should implement service-led improvements to increase the commitment of healthcare workers (Gousy & Green, 2015).

The familiarities of leaders and leadership styles have a lot to do with the way the relationship evolves in an organization (Burian, Maffei III, Burian, & Pieffer, 2014). Women in leadership roles face challenges to gain a higher leadership position in an organization; these challenges have more issues and lack the confidence with a disadvantage of stereotypes (Alzougool, Elbargathi, Habib, Khalaf, & Al-Qutub, 2015). Alzougool et al., (2015) also state depending on the gender of the leader will depend upon the way the followers will react to their leaders. The leadership of organizations

should work together with their subordinates to assure the organization's mission (Chagani, 2015).

A representation of leader-member exchange and person-organization fit are life expectancies for employees, and influence workplace attitudes and behaviors (Shuck, Twyford, Reio, & Shuck, 2014). Servant leadership has materialized as an alternative leadership (Latham, 2014). The communication theory is the depiction of the use of oratory in small groups depends on the emergence of the leader (Landis, Hill, & Harvey, 2014). The implementation and adoption of a new residency program compared the resident retention and cost associated savings. There were tools used to evaluate the work satisfaction of direct care professionals with clinical decision-making, organizational commitment, and skill development after their training (Senge, 2014).

The commitment of other healthcare organizations. Organizations factor in patient care, ethical standards and guide their ability to facilitate service to their patients. Direct care professionals are equal to nurses in home settings. The direct care professional administers medication as a nurse would in a hospital; their turnover rates are as detrimental to their organization as it is with direct care workers. Direct care staff and nurses have an important role in providing care for individuals with intellectual disabilities (Lee & Klemle, 2015). There are a variety of healthcare professionals who practice in many areas of the world and have different experiences at work. One cannot assume because someone has a positive experience in a field of work it will replicate at another workplace, even if it is in the same organization (Hoek et al., 2017).

The impact of workplace retention, job satisfaction, organizational commitment, and turnover intentions of nurses' perceptions of empowerment, supervisor incivility, and cynicism has a strong relationship to job stability (Williams et al., 2017). Medical errors are a factor in the medical industry, medical errors occur with 19% of nurses in a one-year span (Hwang & Park, 2014). Nurses with more of a positive outlook can have medical errors; these nurses were not likely to leave their jobs (Afari & Elanain, 2014). If healthcare facilities incorporate workplace ethics, the retention of nurses will improve. Nurse leaders demonstrate the strategies on how to alleviate the shortages of nurses and the promotion of organizational efforts, which can improve the nurses' recruitment and the retention (Basogul & Özgür, 2016). The quality of the nurse work environment is an association with the outcomes of nurse retention. With the increase of healthcare changes, nurses are at the forefront to assist in these changes to increase the high demand for healthcare (Gousy & Green, 2015). The ethical leadership of nurses has decreased over the past several decades (Makaroff, Storch, Pauly, & Newton, 2014).

Job satisfaction and organizational commitment. Job satisfaction and commitment is the attitude an employee has toward their work; pleasant or positive emotion can come from the work environment (Lin & Chang, 2015). Jernigan and Beggs (2015) agreed job satisfaction is the overall sense of satisfaction or dissatisfaction employees feel with their jobs. Since 1970, organizational commitment is still in need of improvement and is subject to new research (Rafiee, Bahrami, & Entezarian, 2015). In the 1990s, the definition of organizational commitment transpired. (Laflamme, Beaudry,

& Aguir, 2014). The workforce of the twenty-first century faced the issues of JS, and the commitment of employees (Pradhan & Pradhan, 2015).

Employees gain satisfaction from their jobs and develop a perspective when they accept their overall work environment, colleagues, and their job potential as JS (Belias & Koustelios, 2014). Leader-member exchange and person-organization fit are examples of life's expectation of the job for employees and affects the behavior in the workplace (Shuck, Twyford, Reio, & Shuck, 2014). Organizations should successfully manipulate the environmental pressure that causes burnout in the organization daily (Latham, 2014).In a sense, there has been a disconnection of employees, which leads to a reduction of productivity and higher costs for the organization (Choi, Tran, & Park, 2015).

The attitude and behavior of subordinates are directly associated with their commitment to the organization (Jing & Avery, 2016). Subordinates stay in organizations because they feel a part of the organization (In-Jo & Heajung, 2015; Zhang, 2015). Managers must understand of the work ethics of different generations, and how their work ethics may or may not affect the development of the workplace (Noranee et al., 2018). Another point identified with direct care staff in burnout is job satisfaction, which relies on representative communication, individual attributes, and the estimation of the association (Fein, Tziner, Vasiliu, & Felea, 2015).

Organizational commitment and job satisfaction are important in multiple businesses (Celik, Dedeoglu, & Inanir, 2015). The guidance of employees will regulate

the organizational culture and assures the organizations' policy based on the relationship with both the management and the subordinates (Belias & Koustelios, 2014). Organizational commitments help organizational leaders to envision better job performance, rotation of jobs, and employee absenteeism (Rafiee, Bahrami, & Entezarian, 2015). When a leader gives their employees the independence and control to display their talent, it lifts the morale of the organization (Chagani, 2015). Having skilled and qualified healthcare workers will permit an organization to create skilled, talented, knowledgeable employees, and organizational improvement (Hasbollah et al., 2016).

Organizations are a socialization structure, which depends on the survival of the relationship between the citizen elements (Farzanjoo, 2015). In the era of globalization, organizations are interested in handling their staff turnover analytically (Asiri et al., 2016). The success of businesses today globally characterizes their competition; with technological changes and innovation in healthcare, organizations want their employees to have the knowledge and commitment, including management of other organizations (Farzanjoo, 2015; Hasbollah et al., 2016). The use of knowledge has increasingly been a method Nurses have incorporated into their job; education is an expectation for new nurses to work independently as professionals (Jefferson et al., 2014). Organizational leaders make use of different methods for various measures, such as training new experienced staff with an education will expand their staff's organizational commitment (Farzanjoo, 2015).

Ja et al. (2017) define job demands- resource as the depletion of energy of healthcare workers. If a manager treats their employee with respect and dignity, the employee will perceive their employer is fair, and this will help the employee promote organizational citizenship; at this point, the employees are less likely to leave their jobs (Afari & Elanain, 2014; Ja et al., 2017). Studies of turnover intent often do not include a discussion of employees and the influence of them leaving the job (Afari & Elanain, 2014). A range of employee turnover intent include predictors such as (a) morally committed,(b) calculatingly committed, and (c) alternatively committed to an organization, and each can play a significant part in the turnover intent of staff of job performance (Jernigan & Beggs, 2015). Eliacin et al. (2018) stated mental ability, personality, motivation, knowledge, and skills play a significant part in job performance and turnover intent. Inspirational motivation encourages the subordinate an opportunity to believe in their selves can achieve higher expectations and give them the motivation to continue moving forward in what they set out to complete (Afsar, Badir & Saeed, 2014).

Research establishes employees' commitment has a significant positive influence on their performance and result in an increase in organizational performance (Shrestha & Mishra, 2015). Trends within the employment sector offer better jobs at competing firms, the effect of the overall financial performance of an organization when employees leave, suggest companies need to pay better attention to turnover and retention issues (Boedkeret al., 2017). The reduction of the turnover intent of healthcare employees will factor in the organization's human resource, and the satisfaction and interest of

management as to the intent of employees leaving their jobs (Sankalpana & Jayasekara, 2017). Managers can improve the productivity of employees if they recognize their JS and creativity (Talachi et al., 2014). Employees will address their behaviors according to the way they value their organization (Karkoulian, 2015). Behavior and fairness have a definite link to the work attitude and behavior of employees. The input of employees is a welcome voice to the desired output enhancing the value of the workforce (Li & Zheng, 2014). The proper attitude of employees depends on the environment they perceive (Fu & Deshpande, 2014). Organizations will advance and improve when they seek to value their employee's suggestions (Xu, Bei, & Min, 2014).

Boamah, Read, and Laschinger, (2017) stated the use of the Likert-type scale was appropriate in measuring 200 students who were undergraduates of a university, were employed at least 12-hours during the week, and had experience of at least 5-years on the job. Job performance, turnover intent, and the distribution process fairness measured their effectiveness, and process fairness has a positive effect on employees who planned to remain with the organization (Boamah et al., 2017). Healthcare managers of organizations are essential to the success of companies (Rafiee, Bahrami, & Entezarian, 2015). Managers must sufficiently create an organizational commitment to achieving the goal of the organization effectively (Lin & Chang, 2015).

An organization with committed employees is a prospering organization (Lissy & Venkatesh, 2014). Organizational commitment is a person whose commitment to the organization influences the person and the organization (Rafiee et al., 2015). High

esteem, trust, and loyalty to their leader are a consideration of appreciation for the management of organizations (Alzougool et al., 2015). The commitment and pattern of employees and their career development differ, as the employees understand the organization does not assure their tenure (Fein, Tziner, Vasiliu, & Felea, 2015). As a result, employees make a commitment to their career development (Kim et al., 2014).

Both turnover intent and work satisfaction inspire psychological endeavors (Reina et al., 2018). Communication of employees and their superiors can reduce any chance of turnover intent (Labrague et al., 2017). Job designing identified as modifying a job or redesigning a job, this form of management and commitment has received a lot of attention (Jipeng, Jie, & Qiusheng, 2014). One of the most focused ideas of job designing is the employees' opinion about the opportunities to design their jobs (Jipeng, Jie, & Qiusheng, 2014).

Transition

The basis of my doctoral study features issues of employee commitment, and strategies to reduce turnover, and patient safety, which are voluntary by nature, and a significant driver of the ethical professional codes of conduct in healthcare (Hignett, Albolino, & Catchpole, 2018). Guha and Chakrabarti (2016) noted voluntary turnover of employees depends on how high the opportunities are in the job market. Job satisfaction is related to high performance, (JS) is somewhat related to turnover intention of employees (Ha, Kim, Hwang, & Lee, 2014). Turnover management does not eradicate turnover, however turnover and the retention of employees gives the competitive edge to

an organization. It is necessary to maintain the competitive advantage to retain employees who are talented and committed to the organization (Guha & Chakrabarti, 2016). Section 1 consists of an overview of literature pertaining to employee commitment, and how organizational leaders will need to maintain the turnover of their employees, rather than implementing a strategy to eliminate turnover in their organization. The elimination of turnover intent will not cease to exist but understanding turnover and retention of employees will help to offer organizations the competitive edge to keep their employees. In my qualitative single case study, an overview of how organizational leaders and healthcare managers successfully address employee commitment. Section 1 gives a thorough assessment of employee commitment, the literature review explores information of transformational leadership in healthcare, and how transformational leaders instill goals and success in their employees.

Section 2 will include details of the research design, the method, and role of researcher, participants, data collection, and analysis. In Section 3, I will include the discussion of (a) presentation of the findings, (b) applications to professional practice, (c) implications for social change, (d) recommendations for action, (e) recommendations for future research, and (f) a conclusion.

Section 2: The Project

The data collection for my doctoral study included semistructured interviews and review of policy records to answer the research question: What strategies do leaders of an intermediate care facility for individuals with intellectual disabilities in Michigan use to enhance employee commitment? The conceptual framework of my doctoral study was to provide information on turnover and the advancement of education of employee commitment of direct care professionals. The drivers of my doctoral study consisted of addressing the turnover intent and commitment of direct care professionals.

Purpose Statement

The purpose of this qualitative, single case study was to explore what strategies healthcare leaders of an intermediate care facility for individuals with intellectual disabilities use to enhance employee commitment. The target population consisted of healthcare leaders at an intermediate care facility located in Michigan who have successfully implemented and deployed strategies to enhance the employee commitment of more than 1,500 direct care professionals. The findings from my doctoral study may contribute to social change by enhancing employee commitment and increasing the quality of patient care, which could lead to lower unemployment rates.

Role of the Researcher

I was the primary data instrument for this study. A qualitative researcher interprets an in-depth method to assist in understanding the strategic question (Vass, Rigby, & Payne, 2017). My role as the researcher in this qualitative single case study was

to gather data from semistructured interviews and direct observation of work-flow processes. As an individual with over 30 years of healthcare experience, I am familiar with multiple facets of the healthcare industry in the Midwestern United States as a manager, lead staff, and medical coordinator.

To adhere to the ethical practices outlined in the Belmont Report, I completed an ethical training course and received certification from the National Institute of Health Office of Extramural Research (1552587). The Belmont Report protocol requires researchers to protect the rights and well-being of participants (USDHHS, 2006). After receiving Walden University Institutional Review Board (IRB) approval to conduct research, I followed-up with a telephone call to the healthcare leaders to inform them of IRB approval and requested permission to gain access to the facility to recruit participants. Upon gaining access to the research site, the potential participants received an invitation to participate in the study. The invitation included information explaining the intent of the study and the requirements to participate. Participants received information about the intent of the study, voluntary participation, and their right to withdraw via email or telephone at any time. Shredding of all paper documents and deletion of all electronic files will occur after storing collected data in a secure file cabinet for 5 years. To avoid bias, I, as the researcher, employed open communication with the participants and listened for clear and concise responses when the participants gave their answers (see Krehenwinkel et al., 2017). The interview protocol served as a guide for me to follow during data collection (see Wright et al., 2018). Using an

interview protocol allowed me to present questions in the same way for each participant (see Appendix).

Participants

During the participant selection process, I considered experience, years on the job, and strategic experience with employee commitment (see Carroll, Wu, Shih, & Zheng, 2016; Muniz-Terrera et al., 2017; Murale, Singh, & Preetha, 2015). The participants included healthcare leaders at one intermediate care facility in Michigan who have implemented strategies that decreased turnover and increased the employee commitment of direct care professionals. It is an important part of qualitative research to select qualified participants. I contacted participants through email to set interviewing time. I networked with leaders to gain access to the research site and to recruit qualified participants according to the required criteria, healthcare leaders who have successfully implemented strategies to enhance employee commitment. Upon gaining access to the research site, I accessed three potential participants (one human resource professional and two managers of intermediate care facilities) who received an invitation to participate in the study.

I sent information to all participants about the intent of the study, voluntary participation, and the right to withdraw via email or telephone at any time. Initial contact with the healthcare leaders consisted of a telephone call to explain the purpose of the study and request permission to conduct research at their facility. During the interviews, I maintained professionalism and remained conscious of the interviewer-interviewee

relationship. I followed up with healthcare leaders, reiterating the purpose of the study

and requesting confirmation of permission to conduct research at the organization. I

followed-up with the healthcare leaders with a telephone call to inform them of IRB

approval and requested permission to gain access to the facility to recruit participants.

Research Method and Design

The method of research is a design to identify an issue or concern. The area,

which requires research, is a business problem (Doody & Noonan, 2013). The direction

of focus for this study is how healthcare leaders of intermediate care facilities for people

with intellectual disabilities address employee commitment of direct care professionals.

My focus was to gather information to identify a less bias method as in a quantitative

study and understand the phenomenon, which occurs in qualitative research. The

healthcare systems lose when trained employees voluntarily leave the organizations

(Hasbollah et al., 2016).

Research Method

I used a qualitative research method to explore the strategies leaders of healthcare

facilities use to enhance employee commitment. Researchers use the qualitative research

method when the goal is to capture the experiences of the participants in detailed

interviews (Carrick, 2014; Guest, Namey, Taylor, Eley, & Mckenna, 2017; Guha &

Chakrabarti, 2016). I also considered the quantitative method for my doctoral study.

Quantitative research entails using closed end questions and the determination of the

assumption being correct (Barnham, 2015; Cunningham, 2014; Doody & Bailey, 2016).

The quantitative approach was inappropriate because my purpose was to gather data through semistructured face-to-face interviews to explore the experience of direct care professionals and not to examine the relationship between any dependent variables or independent variables as in the quantitative method. The mixed method approach is a combination of quantitative and qualitative methods (Archibald, Hanson, Radil, & Zhang, 2015). The mixed method approach was unsuitable because the goal was to study the leaders' practices for enhancing employee commitment with the organization without statistical data to strengthen results.

Research Design

In my doctoral study, a qualitative single case study explores the strategies related to employee commitment from the experiences and perspectives of healthcare leaders. A qualitative single case study allows researchers to study the phenomenon from the experiences of the participants within one unit (Baškarada & Koronios, 2014; Chigudu et al., 2014; Nourian, Farahnaz, Kian, Rassouli, & Biglarrian, 2016). Using a single case study design, I, as the researcher, understood the topic from the perspective of the interviewee (see Kumar, Jayant, Arya, Magoon, & Sharma, 2017; Sewell, 2014; Tate et al., 2016). In a case study, I, as the researcher, focused on answering *how* or *why* questions.

The purpose of my doctoral study was to explore the strategies organizational leaders used to enhance employee commitment. The focus of my study was not to explore the lived experiences of the participants; therefore, a phenomenology design was

not appropriate. Qualitative researchers use a phenomenological model to describe the lived experience of the participants (Doody & Baily, 2016; Moustakas, 1994; O'Cathain et al., 2015). Ethnography entails studying a phenomenon based on the beliefs of a cultural group. The ethnography design consists of spending a significant amount time conducting the field investment in a cultural group in their natural setting (Draper, 2015; Molloy, Walker, Lakeman, & Skinner, 2015; Yin, 2014). The narrative approach was unsuitable for this study because my intent was to explore participants' experiences within a real-life context versus individuals' reflection of their stories. To ensure data saturation, I gathered information through semistructured interviews until no new information emerged. Researchers achieve data saturation when replication of gathered data occurs (Finn, Lori, Lee, & Gordani 2018).

Population and Sampling

The method for selecting the participants involved purposive sampling. Purposive sampling helps to align the theoretical diversity and conceptually align the synthesis purpose (Benoot, Hannes, & Bilsen, 2016; Bonevski et al., 2014; Çetin, Ergün, Tekindal, Tekindal, & Tekindal, 2015). In purposive sampling, a researcher decides if the participant serves a purpose (Fu & Deshpande, 2014; Hall, 2017; Suen, Huang, & Lee, 2014). I chose two healthcare leaders and a director of human services who met the criteria: (a) have implemented strategies to improve employee commitment, (b) have experience in healthcare, (c) have been employed for a minimum of ten years in the healthcare system in Michigan. The first step to obtain the necessary data was to identify

the participants who could present the information for the research study. This included

the participants who had the knowledge in the area of study (see Thurgate, 2018). The

sample size is conducive to the richness of the data collected (Boddy, 2016;Duncanson,

Rourke & Dubayah, 2015; Malone, Nicholl, & Coyne, 2016). The data collection should

have reference to the participants and the purpose of my study (Kenny, Gordon, Griffiths,

Kraemer, & Siedner, 2017; Klingler et al., 2017; Lyesen, Van den Eynden, Gielen,

Bastiaens, & Wens, 2015.

     Qualitative researchers must understand the data obtainment (Hancock,

Amankwaa, Revell, & Mueller, 2016; Fusch & Ness, 2015; Gagliardi et al., 2017). To

ensure data saturation, I gathered information through semistructured interviews until no

new information emerged. The interviews took place in the private office of the leader of

the healthcare organization with only the researcher and the interviewee. (Mitchell, 2015;

Oates, 2015; Smith, 2018). Interviews are a distinct form of data collection in a

qualitative study, the answers from the participant can explain the phenomenon of the

study (Yin, 2017; Kitchin, 2014; Oltmann, 2016). Yin (1984) also stated through detailed

data or conjectural logic the achievement of saturation may occur. Factual duplication

and distinction can occur in theoretical replication (Keutel et al., 2014; Vega, 2018; Yin,

1984). The examination of factual duplication may occur in two to three cases in a

qualitative study; however, theoretical replication would involve the examination of four

to six cases (Leppäaho, Plakoyiannaki, Dimitratos, 2016; Lucas, Morrell, & Posard,

2013; Yin, 1984).

Ethical Research

Initial contact with the healthcare leaders consisted of an email to explain the purpose of my proposed study and request permission to conduct research at their facility. After receiving IRB approval of my doctoral proposal, I presented electronically an informed consent letter to all participants who met the criteria to participate in my study. I made contact by email through the facilities website. I contacted the leaders of intermediate care facilities with a follow-up e-mail reiterating the purpose of my proposed study with a letter of cooperation and requested confirmation of permission to conduct research at the organization. Following the ethical guidelines of Walden University, after receiving approval of the Walden University Institutional Review Board(IRB) to carry out research (IRB approval number 11-21-18 0367083), I made a follow-up contact with the healthcare leaders that consisted of a telephone call to inform them of IRB approval and request permission to gain access to the facility to recruit participants. Ethical committees set guidelines for the protection of the participants (Linda, Garvare, & Nystrom, 2017). Upon having access to the research site, potential participants received an invitation to participate in the study. The request included information explaining the intent of the study and the requirements to participate.

In addition, healthcare leaders signed a consent form at the time of the interview. I sent information to participants about the intent of the study, voluntary participation, and their right to withdraw via email or telephone at any time. Healthcare leaders and human resource managers received an incentive of a $5.00 gift card to Starbucks for

participating in this study. I advised the participants that they can refuse to answer any questions. If, at any time a member expresses discomfort with the interviewing process, data collection will cease to minimize any risk or harm to the participants, and any collected data destroyed.

I stored all data in a safe secure place for 5 years. After 5 years I will shred all paper documents and electronic files will be deleted. For the protection and confidentiality of the participants, all names were pseudonyms for the participants and the organization. For example, P1 and P2 will serve as the identification of participating individuals.

Data Collection Instruments

For my doctoral study, I served as the primary instrument during data collection. The researcher is an essential part of the data collection process, as the researcher is the tool to complete the study (Marshall & Rossman, 2016). Yin (1984) explored the use of multiple sources to understand the phenomenon in case research. Archival documentation, interviewing protocol, and records are some of the sources where evidence is stored (Keutel et al., 2014; Marshall & Rossman, 2016; Yin, 1984).To enhance reliability and validity, I used member-checking and methodological triangulation and reflexivity.

As the primary data collection instrument, I conducted semistructured interviews with open-ended questions and direct assessment of the interactions between leaders and direct care professionals, archival organizational documentation on turnover data. When

conducting a qualitative research, a researcher must choose the appropriate data analysis from the beginning. In qualitative research, the interview protocol serves as a guide for researchers to follow during data collection (Taylor, Bogdan, & DeVault, 2015).

Collection of data using semistructured interviews with organizational leaders reflected various considerations when conducting interviews. Gathering rich information by using an interview protocol from research participants are recommended (Doody & Noonan, 2013). I, as the researcher, remained vigilant and did not try to guide the participants' responses to open-ended questions to obtain the generalized answer (Sarma, 2015). In a qualitative single case study, using a semistructured interview technique should have questions, which are prepared prior to the interview, but allow for clarity when it is necessary (Doody & Noonan, 2013; Morse, 2015; Rich, Worlitz, Peplowsky, & Woll, 2018). Cyr et al. (2012) found using a standard interview protocol would increase the interviewers' technique during an interview and bring value to the data collection during the study. I used semistructured interviews to explore organizational leaders' knowledge and viewpoints of managing employee commitment.

The appendix lists the interview protocol for my proposed research study. I used the interview protocol an in effort to identify the interviewing time; date, purpose of the interview, the interviewee, and an outline of open-ended questions to ask the organizational leaders. Enhancement of the reliability and validity must occur throughout the data collected during interviews (Tan, Lee, Lim, Leong, & Lee, 2015).

Data Collection Technique

After receiving Walden University IRB approval to conduct research, follow-up contact with healthcare leaders consisted of a telephone call and emails to request permission to gain access to the facility to recruit participants with a letter of cooperation and a consent form. The emails sent to the facilities explained the purpose of the study explained in a consent form. The consent form included information explaining the intent of the study and the requirements to participate. I requested a return email before scheduling a face-to-face interview. Using an interview protocol allowed me to present questions in the same way for each participant. I interviewed participants in a private relaxing environment, where they felt free to answer questions openly. At this point, I coded the organization (O1) and the participants (P1, P2, and P3). I advised the participants they could refuse to answer any questions. During the interview, the participants did not express any discomfort with the interviewing process, if discomfort had occurred, I would have ceased the interview to prevent any risk or harm, and all data collected destroyed.

In addition, healthcare leaders of intermediate care facilities signed a consent form at the time of the interview. The consent form included information about the risks and the benefits associated with my proposed study. Participants received information about the intent of my proposed study, voluntary participation, and their right to withdraw via email or telephone at any time, participants received incentives for their participation in my proposed study. Participants will receive an incentive of $5 gift card

for Starbucks. To enhance reliability and validity, I used member-checking after I conducted my interviews. All information collected was stored in a locked safe for 5 years. After 5 years, I will shred all collected information.

Data Organization Technique

Data collection journals included recorded interviews, direct observation notes, and reflective journal notes. I transcribed interviews into a Microsoft Word document. Data organization will consist of labeling each participant's interview transcription by pseudonyms such as P1 and P2 to ensure participants' confidentiality. I used semistructured interviews, recorded interviews, reflective journal notes, any strategies the organization utilized to maximize employee commitment, positive results of challenges faced by the organization and direct observation notes.

I stored electronic data on a password-protected Universal Serial Bus (USB) drive and reflective notes on a password-protected digital recorder in a locked safe in my home for 5 years to protect the confidentiality of participants. Destruction of all data will involve shredding of the hard copies of data collected and erasing electronic data after the 5 years.

Data Analysis

I used methodological triangulation to process the data analysis of my qualitative study. I used methodological triangulation to compare the information received from conducted interviews, access information from the company's public accessible website,

including but not limited to any annual reports, and other written material from the organization.

I used semistructured interviews, recorded interviews, reflective journal notes, and direct observation notes (Fusch & Ness, 2015). The credibility of the research warrants the use of several data sources in methodological triangulation (Borg & Young, 2018). I gathered data through face-to-face interviews and analyze data as I prepared the interviewing transcript for the theme and coding process.

To assist in the identification of themes, I used interview questions, data collection of analyzing text, and preparing the data for a better understanding of the data interpretation (Yin, 2011). I uploaded the findings of my interview questions to NVivo11 to permit me to analyze and transcribe interviews and code data. Qualitative research assists the researcher in understanding the phenomenon of the proposed study (Palacios, 2015; Silverman, 2016; Stapelton, Young, & Senstock, 2017). The goal of the data analysis guarantees the development of the results match the proposed research question (Gravetter & Forzano, 2018; Sarma, 2015: Wilkinson, Ferraro, & Kemp, 2017).

I used methodological triangulation to process the data analysis for my proposed case study. Methodological triangulation assists with helping the researcher collect data from multiple levels of perspectives of the topic researched (Fusch & Ness, 2015). The credibility of the research warrants the use of several data sources in methodological triangulation and interviews (Dack, 2018; Holloway & Galvin, 2016; Joslin & Müller,

2016). I gathered data through face-to-face interviews and analyze data as I prepared the interviewing transcript for the theme and coding process.

The process of data analysis I used, consist of interview questions, data collection of analyzing text, and preparing the data for a better understanding of the data interpretation (Hogan, 2017; Wright et al., 2016; Yin, 2011). I was the primary research instrument. I met face-to-face with the participants to gather data to understand their experiences with employee commitment.

Reliability and Validity

There are variations in the external and internal reliability and the external and internal validity, which may modify the qualitative research. The qualitative question depicts the research question, and the data collection formulates a theory to answer the research question. Quantitative research separates from the given data to explore the issue or problem that can explain several theories and can test further data research. Qualitative research is parallel to quantitative research; however, qualitative research chooses a certain theory (top-down analysis) or qualitative chooses to build its theory from data (bottom-up analysis). The findings of validity and reliability must be present in an effort for data collection and analyze to take place (Morse, 2015).

Reliability

The reliability of the research conducted is dependable when the data continues to have consistency (Sarma, 2015). A study will have reliability when other researchers note the same conclusion while conducting a similar study to answer the same research

question (Morse, 2015). My doctoral study will be trustworthy when the method of data collection is consistent (Wahyuni, 2012).

Documenting the process used in the study is essential to the accuracy and reliability (Marshall & Rossman, 2016). The basic interview procedures will guide in the critique of the interviewers' execution while completing the interviewing process and will improve the quality of data collected (Cyr et al., 2012). I ensured the reliability of the data collected was consistent with the interviewing protocol. Qualitative researchers established reliability and validity when all information is recorded, and the researcher has explained the findings (Venkatesh, Brown, & Bala, 2013).

Validity

Qualitative researchers focus on a different method of design as they integrate a methodological strategy to guarantee the trustworthiness of the research (Noble & Smith, 2015). I ensured the credibility and validity by utilizing member-checking and triangulation. To achieve this, I used the data from my interviews and the direct observations to authenticate my proposed study. Triangulation uses more than one method to collect the validity of the data study (Kulkarni, 2017). My doctoral study's findings will be validated through methodological triangulation (Fusch & Ness, 2015). Methodological triangulation uses multiple sources of data collection from multiple sources to obtain results (Yin, 2009). I used semistructured interviews, recorded interviews, reflective journal notes, and direct observation notes. Utilizing more than one

source will help to obtain the data needed to confirm the findings of the purposed study (Houghton, Casey, Shaw, & Murphy, 2013).

Member-checking will encompass the interviewee validating the accuracy and interpretation of the interview. The credibility of the proposed qualitative research will be defined through member-checking (Houghton, Casey, Shaw, & Murphy, 2013; Morse, 2015). I used transferability while documenting my findings during data collection. Transferability means other researchers may use the same techniques and abilities to apply to the same or similar situation (Sarma, 2015). I ensured the details of all consent processes, interview protocols, direct observation, and data analysis procedures using rich descriptions.

Confirmability is achievable when the study establishes its credibility, it also reflects similarly in qualitative research as objectivity during quantitative research (Morse, 2015). Confirmability suggests the findings and analysis found by the researcher are of a dependable data collection (Bryman & Bell, 2015; Farrelly, 2013; Lincoln & Guba, 2013). I achieved confirmability when credibility, transferability, and dependability were established (Morse, 2015). I included member-checking along with follow-up interviews to assure data saturation. Data saturation was reached when the participants presented no new information (Fusch & Ness, (2015).

Transition and Summary

In section 2, I described, in detail, why a qualitative single case study was the appropriate method in completing my doctoral study. The section included a discussion

of the data collection, population, and methodology and design. Section 2 also included

how I established confirmability, transferability, dependability, and credibility. Section 3

will include the discussion of (a) presentation of the findings, (b) applications to

professional practice, (c) implications for social change, (d) recommendations for action,

(e) recommendations for future research, and (f) a conclusion.

Section3: Application to Professional Practice and Implications for Change

Introduction

The purpose of this qualitative, single case study was to explore what strategies healthcare leaders of an intermediate care facility for individuals with intellectual disabilities use to enhance employee commitment. The findings provided the methods healthcare leaders used to enhance employee commitment to create a better work ethic. The conceptual framework for this study was Meyer and Hercovitch's (2001) model of commitment. I identified three themes and two subcategories related to the research question: (a) teamwork, (b) healthcare insurance, (c) bonuses, (d) scheduling, (e) competitive wages. Theme 1 is a reflection of the overall strategies used by the facility to increase employee commitment. Theme 2 is an overview of the affordable insurance offered by the organization, and Theme 3 represents the strategies the organization uses to keep employees engaged in the organization.

Presentation of the Findings

The overarching research question used to guide this study was as follows: What strategies do leaders of an intermediate care facility for individuals with intellectual disabilities in Michigan use to enhance employee commitment? I selected two healthcare managers based on successfully implementing employee commitment and one area supervisor based on years working in the healthcare field with developmentally disabled individuals.

After data collection was completed, three themes emerged from the participant's responses and publicly accessible information from the organization's website. I also connected the findings with the conceptual framework and literature review. I used Nvivo 11 software to create themes and coding that related to the research question.

Targeted Organization and Participant Concerns

The targeted company for this study was an organization located in Michigan. This facility has more than 250 employees who encompass the healthcare community. This organization has a sustainability of over 7 years of successfully building and taking pride in the people they serve. The healthcare facility leaders have provided quality care to the individuals they serve with pride and dignity. This facility has multiple levels of management, including home managers, assistant managers, and area supervisors. Figure 1 shows the placement of the personnel in the company.
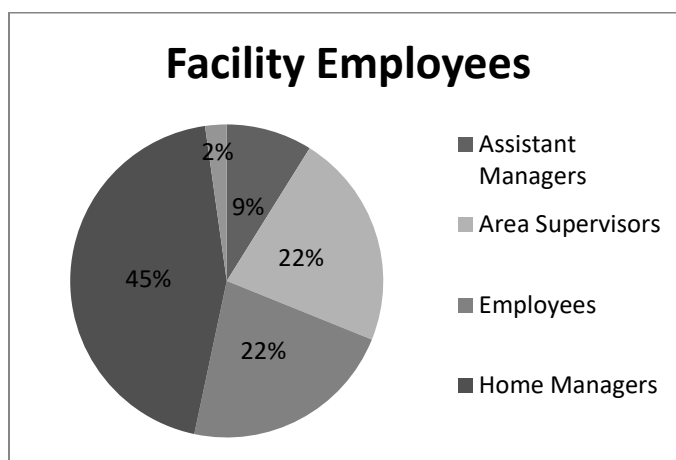

Figure 1. A composite of the facility targeted organization. The total number of facility employees at the time of this study included 45% home managers, 22% area supervisors, 22% direct care professionals, 9% assistant managers, and 2% providers (Organization A, 2018).

For my study, I chose three participants, two home managers who were successful with implementing a strategy to enhance employee commitment in a facility for developmentally disabled individuals, and one area supervisor who has assisted in implementing employee commitment. All participants were experienced in the healthcare field for a minimum of 10 years. All participants were responsible for the training and management of 250 trained employees in the organization. P1 was responsible for four to six employees in one of the facilities in the organization, assuring all staff were well trained in medication administration, cardiopulmonary resuscitation (CPR), and virtual computing environment. P2 was also responsible for several employees in one of the facilities, with six to 10 trained employees, and P3 was responsible for overseeing every aspect of the organization, assuring the managers and the employees have the proper training and qualifications to satisfy the requirements of the state of Michigan. P3 also had the responsibility to assure all employees were clear through the state of Michigan database to work with developmentally disabled adults. Figure 2 depicts the overall interview coding and percentage frequently mentioned by each participant.
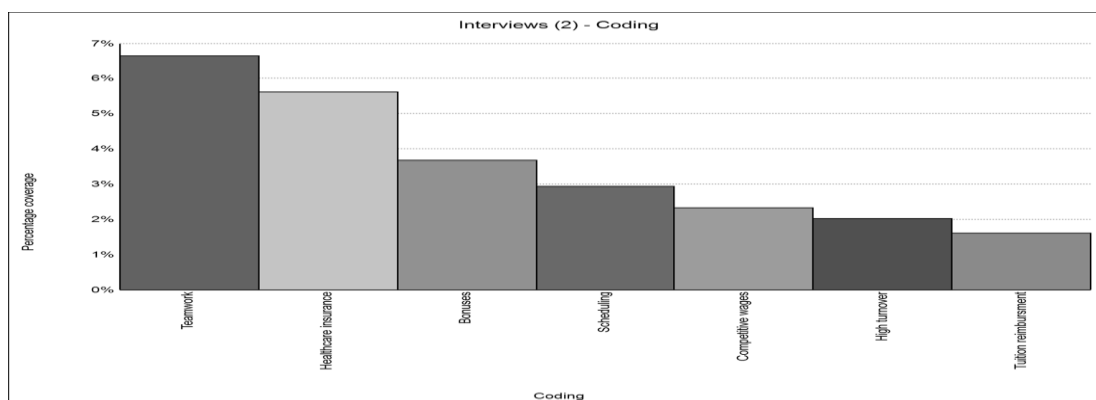
Figure 2. Three themes and two subthemes and coding derived from identifying and addressing employee commitment. Percentages are a representation from all participants.

Theme 1: Teamwork. P1 shared how being a manager of a group home has increased the development of employee commitment among the staff working with the developmentally disabled adults in a home setting. The employee stated,

> There are many things that I can do such as scheduling to make it convenient
>
> where it is not hurting anyone, we're not going a day with having an employee
>
> there for the purpose of taking care of the individuals in need there, so that's the
>
> strategy I have committed, I have structured it, I am leading it to where my
>
> employees have been with me for over three years. Instilling trust in the home
>
> among staff and persons served will ignite the strategies set forth by the
>
> organization.

P1 added that "trust is also key to employee commitment. Everyone deserves the truth, so when they are applying for the organization, being truthful in the beginning as per the policy of the company". Meyer and Hercovitch (2001) argued that an individual will psychologically attach themselves and bind the employee to the organization with a satisfactory commitment.

Subtheme 1: Developing a strategy to increase employee commitment in a group home setting. P2 stated examples of how the organization keeps loyal employees:

> There is nothing at this time to offer the employees who are employed in the
>
> organization for 5 years or more, they are still remaining committed to the

organization. The organization takes into consideration the employees and gives

bonuses in an effort to say that they (organization) appreciate their work.

The participants agreed that offering sick days, vacation days, and quarterly bonuses

keeps employees happy and remaining with the organization. All of their responses tied

in with the organization's continuous appreciation of their employees. Both p1 and p2

exhibit the epitome and integrity of the organization and the management skills they have

been taught through training in the organization while gaining the trust of their

subordinates. All participants reflected back on the organizations open door policy where

the employees, as well as the management, can feel free to come in and discuss any

issues that can diminish their work environments.

All participants explained that it is very important to have open communication

with upper management and home managers. P1 stated, "Although upper management is

good at maintaining office regulations, they are not as good when it comes to the

strategies managers implement to run the homes and keep employees working." P1 also

stated, "Communication is keyto keeping the persons served and employees satisfied." P3

expressed flexibility and creating a well-rounded work environment makes everyone

involved more at ease when any concerns arise. Decreasing employee commitment has

an effect on work behavior, and the implementation of strategies has encouraged a

positive environment. All the participants shared that the main factor is to establish a

trustworthy relationship. P2 stated how a manager "instills positive vibes and integrity in

the employees." Each participant identified the same approach to employee

commitment,trust, and communication. All participants agreed that workplace behavior can occur if upper management and managers come together to create a better understanding of employee commitment. With thorough strategies in place, all participants were willing to resolve any issues that may arise with employee commitment in the organization.

Subtheme 2: Schedule-Connecting employee commitment to organizational effectiveness. The effectiveness of employee sustainability may tie employee commitment to the organization. Using the link between the two constructs, I found that organizational awareness can intercede with long-term short-term effects of healthcare employee commitment. Organizational leaders reduce employee turnover and increase employee commitment with an open-door policy in the organization. Connecting these two themes, organizational leaders can not only directly engage the reasons employees lack commitment but reduce the intent of turnover. In prior research, researchers have identified reasons for a lack of employee commitment in organizations, including long working hours, stress, minimal pay, and unpleasant work environment (Jorgensen & Becker, 2015; Odle-Dusseau, Hammer, Crain, & Bodner, 2016; Porter, Woo, Allen, & Keith, 2018). Meyer and Hercovitch (2001) argued that employees remain with an organization when rewards are conducive and predicated to the value of the organization. The participants discussed benefits of employee commitment. P1 stated, "I am the supervisor of employees in my home, and we are committed and work as a team and develop our own strategies. If someone needs a day off, then we work as a team to make

that possible." Working in an entity of the organization, managers recognize they must implement a strategy that works best for their homes to reduce employee turnover and increase employee commitment. P3 stated, "Being a salary-based employee, I have benefited from the strategies incorporated from this company."

Theme 2: Healthcare insurance. Healthcare insurance offered through the employer is expensive and can deter an employee away from getting coverage (Xie, Yang, Jiang, Cai, & Adagblenya, 2018). All three participants spoke about the insurance rates the organization offers, and stated how important it is to the homes, because if the staff can have something, they can afford such as health insurance, they are more likely to stay with the company. P2 stated, "While the insurance offered through the employer is expensive, we have been offered rates that will be conducive to the rate of pay we are given."

> P3 explained; I am a salary employee, and my position here does not specify that I get a lesser insurance quote than any other employee, however there is someone hired within the company to…well that persons job is to search for a better rate of insurance for the employees, and in my opinion, that is a plus. High cost of medical insurance is not standard for all group home employees; however, any cost cutting rates is a plus (P3).

Insurance rates keep employees happy, stated p1, the high cost of insurance nowadays is ridiculous, but this company has found a way to cut those cost, I am not sure

how HR does it, or what secrets they have up their sleeve, but I hope they can continue saving us money.

The Affordable Care Act has made it mandatory for insurance companies to cover certain procedures for employees (Bitler & Carpenter, 2017). Meyer and Hercovitch (2001) argued employees have affective commitment when an organization offers their employees affordable insurance. Organizational leaders' knowledge of employee commitment is a vital necessity to the organization.

Theme 3: Bonuses. Participants 1 and 3 stated bonuses have a good place in the organization; both participants state their own conclusions about bonuses that are offered by their employer. Employees have a positive reaction when rewarded for patient care and are less likely to leave the organization. Voluntary employee turnover is reduced when the organization focus on highly skilled employees, and as a result create employee commitment throughout the organization.

> P3 stated; I have been with this company for several years now, and I would have to say that most every holiday we (the supervisors) get the day off with pay. I can remember a time when I was working in another company, we worked harder than ever, and never received any bonuses, and the head of the company would tell us that they did not have the funding available. "That was one of the reasons why I left that company."

P3 added; "the organization offers Accrued paid leave (APL) time off and sick time that is a plus, because some jobs don't offer that in this field."

Subtheme 3: Competitive wages. Competitive wages can be a particularly testing environment; it may have negative effects on employees (Bennett & Chioveanu, 2017).

P1 stated; "because of the growing competition, staff can go to McDonalds and make the same money they are offered in this organization; however, the strategies I implement within my home structure plays a part in staff staying for multiple years."

P2 also replied; "staff is welcome to do as they feel as far as leaving for a better paying job". P2 described a situation with one employee "one of the employees came to me and stated an interest in taking a position somewhere else, (in another company)." P2 stated that the company paid more, but there was more to do, and the work seemed harder. I stated to the employee to figure out what would best suit their needs. After our talk, the employee realized that the organization did not offer raises or any other benefits. That being said, the better competitive wages are not always worth leaving for, it's better to weigh your options."

P3 added; competitive wages are discussed under certain circumstances, "I am in the front office, and if a manager has an employee whom they think is worth the risk of promotion or raise, we go ahead and make it happen after review of all paperwork is completed, it is as simple sometimes as that."

Snell, Thomas, and Wang (2015) stated the downward rigid of competitive wages will affect the hiring process and increase the variability of both the unemployment and vacancies in response to productivity shocks. Snell, Thomas, and Wang (2015) stated, there are no issues of paying higher wages to new employees. Continuance commitment

to an organization is beneficial to the employee as well as the organization (Snell, Thomas, & Wang, 2015).

Connecting Themes to the Conceptual Framework

Strategies to reduce employee commitment are an issue organizational leader are faced with on a daily basis (Meyer & Hercovitch, 2001). My findings showed organizational leaders need to implement a strategy to increase employee commitment and reduce the intent of turnover in a healthcare facility. Having a strategy in place will help to increase employee commitment among direct care professionals in a healthcare facility. Satisfaction of the employees is an important factor because direct care professionals are an important component in an organization (Dalkrani & Dimitriadis, 2018). Meyer and Hercovitch (2001) argued employee commitment and organizational commitment play a major part in employee emotional ability to handle conflict.

Some issues surround the direct care professionals and cause negative effects, such as conflict in the workplace. From the aspect of the organization, an employee leaving voluntarily or involuntarily is very meaningful to the organization. P1 explained "employees often express their own issues with remaining with the organization; however, they utilize the open-door policy implemented by the organization to express their problems they may have in the home."

<div align="center">Applications to Professional Practice</div>

The purpose of this qualitative single case study was to explore the strategies healthcare leaders need to use to develop an understanding of employee commitment.

Information from participants, publicly accessible information from the company website and research offered supportive information for the causes and effects of employee commitment among direct care professionals. Subsequently, employee commitment will have a vast effect on sustainability in the organization. All participants agreed; the organization will lose good staff if adequate strategies are not in place. Developing a positive work environment will help the morale of employee commitment (Stanley & Meyer, 2016).

Participants of this study stated if the organizations do not implement a strategy to increase employee commitment,they will lose revenue as well as staffing. Not having a clear and concise strategy in place to curb the negative effects of employee retention, may increase the high turnover rate of healthcare employees. In addition, participants reiterated that healthcare leaders must focus on the dynamics of employee engagement in an effort to reduce employee turnover. Participants stated that the implementation of strategies such as training courses, company meetings to engage the staff with company policy and procedures will help to develop a higher level of teamwork. P1 stated, "Implementing my own strategies has worked so far, but the company must back me up with their own form of employee engagement to keep employees here." P2 also stated, "I make sure that all my staff are well equipped with the tools they need to do their job." P3 added, "If the management show that they are a positive leader, staff will more likely remain and be trustworthy." Job satisfaction has an effect on employee commitment to an organization (Haar, Russo, Sune, & Ollier-Malaterre, 2014). Utilizing effective

communication skills will increase employee commitment and lessen the results of turnover among healthcare employees (P1, P2, and P3).

Participants mentioned that cross-training employees will make up for the reduction of staff. P3 stated "All staff, which includes area supervisors, are required to have multiple levels of training which exceeds the in-home training." P1 added, "Virtual training is a requirement for staff to work in the homes, this does not make them particularly trained to fully work alone, but however, they will be on the right track of being prepared to work alone." A trained staff is an essential part of the workforce in the healthcare system (Lee et al, 2018). Area supervisors and home managers will need to come together with the providers and foster in ideas to reinforce training and reduce turnover while increasing employee commitment.

Employee commitment has become more prevalent in the healthcare system and has a dramatic effect on healthcare employees (Fu & Deshipande, 2014). When turnovers occur, it weakens the relationship between the employees and the organization (Kim & Beehr, 2018). The findings from this study may assist healthcare leaders in addressing employee commitment and reducing the intent of turnover in a facility that serves developmentally disabled adults.

Implications for Social Change

Organizational healthcare leaders need to understand the effectiveness of employee job performance and the consequences it has on social change. A high turnover rate can have a negative effect on an organization's sustainability (Fischer, 2014). Some

issues concerning employee turnover may be costly to the organization. An organization that has a high level of turnover and do not have a strategy in place for employee commitment, may have difficulty recruiting qualified staff (Werang & Pure, 2018). When individuals with intellectual disabilities receive support from the federal, state, and local levels of government, and strategies to reduce high turnover rates are not readily available in the organization, funding will become a priority and a social issue (USDHHS, 2006).

The relationship between workload, stress, and dysfunctional employee relations intensifies the negative attributes of employee commitment (Erdogen & Yildirim, 2017). This study may influence healthcare leaders to adhere to the need for a structured strategy to reduce turnover and increase the need for highly skilled healthcare workers. Also, the findings from this study may modify employee commitment, which may improve and contribute to the United States economy. Leaders of healthcare organizations can sustain a more profitable facility if they reduce turnover cost and enhance employee commitment among direct care professionals (Delegach et al., 2017). Healthcare leaders must develop an understanding of how to run a successfully globalized business such as a facility which services developmentally disabled adults. Healthcare leaders can establish and develop good supportive and strategic communications skills with employees by teaching and motivating employees with empowerment and up-to-date training (Glavas, 2016). With these skills, employee organizational commitment could strengthen, and in turn, the

turnover rates might reduce, and employee commitment may increase in the healthcare field.

Recommendations for Action

Leaders of organizations encounter various issues with employee commitment in the healthcare industry. The first recommendation for organizational leaders is to commit to constructing a logical strategy for employee commitment. Organizational leaders will need to minimize turnover intent and maximize employee commitment. There are components influencing employee turnover; however, managers implementing strategies to reduce employee turnover and increasing employee commitment does not mean it will fully eliminate turnover intent. Employee turnover and job satisfaction is two main reasons for employee commitment in an organization (Wombacher & Felfe, 2017). Job satisfaction, overworked employees, and unhealthy work environments can have a negative effect on employee commitment (George, 2015).

The second recommendation is a manager increasing employee commitment should include (a) job satisfaction, (b) a healthier work environment, and (c) an open-door policy. Employees' intentions to leave an organization with a healthier work environment are reduced when satisfaction has been achieved. All participants (p1, p2, and p3) agreed on work incentives will help to increase employee awareness and organizational goals. Employees feel more involved when they are a part of a positive solution (Ozturk & Guven, 2016). Job satisfaction encompasses employee performance,

the effectiveness of leadership, and the influential characteristics of employee accession (Bouckenooghe, Zafar, & Raja, 2015).

Organizational leaders can instill a model of competency in employees, which may ensure the growth of the organization. Leaders who are effective in their leadership can enhance employees' performances. Recommendations for leaders to implement strategies to enhance employee performances are highly recommended. A successful strategy to enhance employee commitment may increase the mobility of employees and increase the profitability of the organization (Colorafi, & Evans, 2016). The findings from this study may interest other researchers and healthcare workers working with intellectually disabled adults. I will be sure to provide to the participants of this study a summary of the findings. I plan to disseminate my study at a conference or any platform relevant to my study. Finally, I will work with my committee to submit my final study for publication in the ProQuest dissertation database.

Recommendations for Further Research

The findings from this qualitative single case study did not include open dialog with the provider of the organization for creating training classes to educate the employees in the organization. Future research may allow leaders to incorporate different strategies in many other levels of healthcare to increase employee commitment and decrease turnover intent. A recommendation for further research could include how healthcare leaders can enhance employee commitment and increase organizational awareness. Healthcare leaders play an exceedingly large role in employee commitment,

fostering in strategies in ongoing training for managers within the organization will assist with strengthening the organization (Hwang & Hopkins, 2015). In addition, the basic knowledge managers will receive from training will help organizational leaders incorporate a better understanding of employee commitment to the employees of the organization.

A final recommendation for the study is to allow future researchers to conduct a critical study of license facilities and part-time employees and view their behavior on the culture. I also recommend other qualitative researchers expand the number of participants used in the study. Future researchers of a similar study may also conduct a quantitative or mixed method study to comprehend the importance of the strategies to enhance commitment. Future researchers can choose a different geographical location, such as a larger facility to conduct research. There are not many studies reviewed of license facilities versus an unlicensed facility and the impact on employee commitment. A licensed facility is under a different set of rules than the studied facility. Future research could include more findings and bring healthcare closer to reducing turnover and increasing employee commitment.

Reflections

When I decided to tackle this challenging task of being the first person in my family to be called Doctor, I felt like it would not be as hard as achieving my Master of Business Administration (MBA). I thought this particular study would be easy because I have worked in the healthcare field for years. I thought I knew all it was to know about in

this field, so much so I thought I could write this study with no problem or any biases and would turn out to be so far from the truth. Tackling this study has really given me a whole new outlook on the healthcare field. When I started this school, I stumbled over many blocks, starting from my very first class to the end. My life began to be surrounded by my computer and the discussion board, but I stuck in there and got it done. I thought that when I began my interviews, I would be full of my own opinions, because of my own experiences, and I thought my own biases would get in the way of the actual realization of other people experience.

As I started the process of interviewing my participants, I tried not to allow my personal experience with employee commitment and turnover to get in the way of my research. My participants enlightened me about things I was not aware of and they were excited to share their thoughts and experiences with me, and in exchange, they hoped my study would help to make a change in the healthcare industry. The study participants gave me a lot of positive strategic information that could change the thinking process of not only healthcare organizations, but other organizations with turnover issues.

Conclusion

Meyer and Herscovitch (2001) reflected on workplace commitment to healthcare employees with organizational leaders who have successfully reshaped employees, behaviors. The employee commitment theory depicts the ability of leaders, who symbolize the strength leaders need in multiple organizational industries. Employee commitment can have a positive reaction on vulnerable individuals who rely on

committed staff. When trusted staff abruptly leaves, it not only affects the organization, but the individuals who have mentally attached themselves to the employees (Arianto, 2018).

My study's findings reflect leaders of organizations should instill positive ethics and trustworthiness in the employees working in the facilities. Drivers to increase and motivate employees are established when employees feel they are needed in the organization (Reina et al., 2018). Organizational leaders can increase sustainability by reducing the turnover intent of their employees, offering more incentives such as; decreasing the out-of-pocket cost of insurance for employees, bonuses, vacation time, open-door policies for all employees, and a positive work environment which may increase employee commitment.

References

Administration of Community Living. (2017). *A statistical profile of older African Americans*. Retrieved from https://www.acl.gov

Adriaenssens, J., De Gucht, V., & Maes, S. (2015). Determinants and prevalence of burnout in emergency nurses: A systematic review of 25 years of research. *International Journal of Nursing Studies, 52,* 649–661. doi:10.1016/j.ijnurstu.2014.11.004

Afsar, B., Badir, Y. F., & Saeed, B. B. (2014). Transformational leadership and innovative work behavior. *Industrial Management & Data Systems*, *114,* 1270–1300. doi:10.1108/imds-05-2014-0152

Al Afari, T. S., & Abu Elanain, H. M. (2014). Procedural and distributive justice as mediators of the relationship between interactional justice and work outcomes: An empirical study of the UAE public healthcare sector. *Journal of Applied Business Research, 30*, 1091–1108. doi:10.19030/jabr.v30i4.8657

Alasousi, H., & Alajmi, B. (2017). Motivating academic librarians: Implications of Maslow's hierarchy of needs theory. *Knowledge Discovery and Data Design Innovation*,*14*, 207–231. doi:10.1142/9789813234482_0011

AlAzzam, M., AbuAlRub, R. F., & Nazzal, A. H. (2017). The relationship between work–family conflict and job satisfaction among hospital nurses. *Nursing Forum*, *52*, 278–288. doi:10.1111/nuf.12199

Alharbi, A. Y. (2017). Leadership styles of nurse managers and their effects on nurse and organizational performance, issues and problems. *International Journal of Information Research and Review 4,* 4516-4525.Retrieved from http://www.ijirr.com

Alzougool, B., Elbargathi, K., Habib, H., Khalaf, B., & Al-Qutub, D. (2015). Women's leadership styles in private sector in Jordan. *International Journal of Innovation, Management and Technology*, *6*, 166–173. doi:10.7763/ijimt.2015.V6.596

Anantadjaya, S., Nawangwulan, I., Pramesty, A., & Gunawan, A. (2015). Measuring customers' intimacy*:* Evidence from Indonesian service-based companies. *Ekonomika*, *61*, 11–28. doi:10.5937/ekonomika1502011a

Andrews, R., Beynon, M., & Genc, E. (2017). Strategy implementation style and public service effectiveness, efficiency, and equity. *Administrative Sciences, 7* (1), 1–19. doi:10.3390/admsci7010004

Archibald, M. M., Radil, A. I., Zhang, X., & Hanson, W. E. (2015). Current mixed methods practices in qualitative research: A content analysis of leading journals. *International Journal of Qualitative Methods*, *14*, 5–33. doi:10.1177/160940691501400205

Arekar, K., Jain, R., Desphande, B., &Sherin, P. (2016). Relationship between individual and structural determinants on job satisfaction-analysis of employee turnover in the Indian context. *Journal of Developing Areas*, *50*, 387–398. doi.10.1353/jda.2016.0149

Arianto, A. (2018). The influence of reward on turnover intention with the organizational commitment as an intervening variable (A study on group I and II employee at djatiroto sugar factory). *KnE Social Sciences*, *3*, 308–323. doi:10185021kss.v313.1891

Armstrong-Stassen, M., Freeman, M., Cameron, S. J., & Rajacic, D. (2015). Nurse managers' role in older nurses' intention to stay. *Journal of Health Organization and Management*, *29*, 55–74. doi:10.1108/jhom-02-2013-0028

Asamani, J. A., Naab, F., & Ofei, A. M. A. (2016). Leadership styles in nursing management: Implications for staff outcomes. *Journal of Health Sciences*, *6*, 23–36. doi:10.17532/jhsci.2016.266

Asiri, S. A., Rohrer, W. W., Al-Surimi, K., Daar, O. O., & Anwar, A. (2016). The association of leadership styles and empowerment with nurse's organizational commitment in an acute healthcare setting: A cross-sectional study. *BMC Nursing*, *15*, 2–10. doi:10.1186/s12912-016-0161-7

Bagga, G. (2013). How to keep the talent you have got. *Human Resource Management International Digest*, *21*, 3-4. doi:10.1108/09670731311296401

Balli, H., &Yanik, A. (2014). The evaluation of organizational commitment in health employees. *International Refereed Academic Social Sciences Journal*, *5*, 79–95. doi:10.17364/iib.20151611000

Banks, G. C., McCauley, K. D., Gardner, W. L., & Guler, C. E. (2016). A meta-analytic

    review of authentic and transformational leadership: A test for redundancy. *The*

    Leadership Quarterly, *27*, 634–652. doi:10.1016/j.leaqua.2016.02.006

Barnham, C. (2015).Quantitative and qualitative research: Perceptual foundations.

    *International Journal of Market Research, 57,*837–854.doi.102501/ijmr-2015-020

Basogul, C., & Özgür, G. (2016). Role of emotional intelligence in conflict management

    strategies of nurses. *Asian Nursing Research*, *10*, 228–233.

    doi:10.1016/j.anr.2016.07.002

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

    Free Press.

Beane, D., Ponnapalli, A., & Viswesvaran, C. (2017). Workplace religious displays and

    perceptions of organization attractiveness. *Employee Responsibilities and Rights*

    Journal, 29, 73–88. doi:10.1007/s10672-016-9286-9

Belias, D., & Koustelios, A. (2014). Transformational leadership and job satisfaction in

    the banking sector: Are view. *International Review of Management and*

    Marketing, *4*, 187–200. Retrieved from www.econjournals.com/index.php/irmm

Bennett, J., & Chioveanu, I. (2017). The optimal minimum wage with regulatory

    uncertainty. *Journal of Publication Economic Theory, 19,* 1099–1116.

    doi:10.1111/jpet.12276

Benoot, C., Hannes, K., & Bilsen, J. (2016). The use of purposeful sampling in a

    qualitative evidence synthesis: A worked example on sexual adjustment to a

cancer trajectory. *BMC Medical Research Methodology*, *16(*1), 1–12. doi:10.1186/s12874-016-0114-6

Bingham, D, & Ruhl, C. (2015). Planning and evaluating evidence-based perinatal nurse staffing. *Journal of Obstetric, Gynecologic, & Neonatal Nursing*, *44,* 290–308. doi:10.1111/1552-6909.12544

Bitler, M. P., & Carpenter, C. S. (2017). Effects of state cervical cancer insurance mandates on pap test rates. *Health Services Research, 52,* 156–175. doi:10.1111/1475-6773.12477

Boamah, S. A., Read, E. A., & Spence Laschinger, H. K. (2017). Factors influencing new graduate nurse burnout development, job satisfaction and patient care quality: A time-lagged study. *Journal of Advanced Nursing*, *73,* 1182–1195. doi:10.1111/jan.13215

Boddy, C. R. (2016). Sample size for qualitative research. *Qualitative Market Research*, *19*, 426–432. doi:10.1108/qmr-06-2016-0053

Boedker, C., Meagher, K., Vidgen, R., Cogin, J., & Mouritsen, J. (2017). Doing more with less: Productivity or starvation? The intellectual asset health check. *Public Money & Management*, *37*, 31–38. doi:10.1080/09540962.2016.1249229

Boell, S. K., & Cecez-Kecmanovic, D. (2015). On being 'systematic' in literature reviews in IS. *Journal of Information Technology*, *30*, 161–173. doi:10.1057/jit.2014.26

Bogenschutz, M. D., Hewitt, A., Nord, D., & Hepperlen, R. (2014). Direct support workforce supporting individuals with IDD: Current wages, benefits, and

stability. *Intellectual and Developmental Disabilities*, *52*, 317–329.

doi:10.1352/1934-9556-52.3.317

Bonevski, B., Randell, M., Paul, C., Chapman, K., Twyman, L., Bryant, J., & Hughes, C.

(2014). Reaching the hard-to-reach: A systematic review of strategies for

improving health and medical research with socially disadvantaged groups. *BMC*

Medical Research Methodology, *14,* 42. doi:10.1186/1471-2288-14-42

Bouckenooghe, D., Schwarz, G. M., & Minbashian, A. (2015). Herscovitch and Meyer's

Three-Component model of commitment to change: Meta-analytic findings,

European Journal of Work and Organizational Psychology, *24,* 578–595.

doi:10.1080/1359432x.2014.963059

Bouckenooghe, D., Zafar, A., & Raja, U. (2015). How ethical leadership shapes

employee's job performance: The mediating roles of goal congruence and

psychological capital. *Journal of Business Ethics, 129,* 251–264.

doi:10.1007/s10551-014-2162-3

Brandis, S., Fisher, R., McPhail, R., Rice, J., Eljiz, K., Fitzgerald, A., & Marshall, A.

(2016). Hospital employees' perceptions of fairness and job satisfaction at a time

of transformational change. *Australian Health Review*, *40*, 292.

doi:10.1071/ah15031

Bryman, A., & Bell, E. (2015). *Business research methods* (4th ed.) New York, NY:

Oxford University Press.

Brymer, R. A., & Sirmon, D. G. (2018). Pre-exit bundling, turnover of professionals, and

firm performance. *Journal of Management Studies*, *55*, 146–173.

doi:10.1111/joms.12315

Budak, F., & Kar, A. (2014). The importance of strategic leadership in healthcare

management. *IIB International Refereed Academic Social Sciences Journal*, *5*,

155. Retrieved from http://www.iibdergisi.com

Bukach, A. M., Ejaz, F. K., Dawson, N., & Gitter, R. J. (2017). Turnover among

community mental health workers in Ohio. *Administration and Policy in Mental

Health and Mental Health Services Research*, *44*, 115–122. doi:10.1007/s10488-

015-0706-1

Burian, P. E., Maffei III, F. R. S., Burian, P. S., & Pieffer, M. A. (2014). Leadership

systems model: An integration of people, process, and behaviors in a dynamic and

evolving environment. *International Journal of Management & Information

Systems*, *18*, 261–270. doi:10.19030/ijmis.v18i4.8821

Carayon, P., Wetterneck, T. B., Rivera-Rodriguez, A. J., Hundt, A. S., Hoonakker, P.,

Holden, R., & Gurses, A. P. (2014). Human factors systems approach to

healthcare quality and patient safety. *Applied Ergonomics*, *45*, 14–25.

doi:10.1016/j.apergo.2013.04.023

Carrick, L. (2014). Person-centred counsellors' experiences of working with clients in

crisis: A qualitative interview study. *Counselling & Psychotherapy Research*, *14*,

272–280. doi:10.1080/14733145.2013.819931

Carroll, J. M., Wu, Y., Shih, P. C., & Zheng, S. (2016). Re-appropriating a

    question/answer system to support dialectical constructivist learning activity.

    Educational Technology, Research and Development, *64*, 137–156.

    doi:10.1007/s11423-015-9405-6

Çetin, S., Ergün, M. A., Tekindal, M. A., Tekindal, B., & Tekindal, M. (2015). A

    qualitative evaluation of the knowledge levels of nurses regarding informatics and

    health informatics: The case of Ataürk training and research hospital.

    International Journal of Caring Sciences, 8, 555–566. Retrieved from

    http://internationalcaringsciences.org

Chagani, S. M. I. (2015). Transformational leadership in emergency department for

    nursing staff retention. *I-Manager's Journal on Nursing, 5*, 4–9.

    doi:10.26634/jnur.5.2.3570

Chai, D. S., Hwang, S. J., & Joo, B. K. (2017). Transformational leadership and

    organizational commitment in teams: The mediating roles of shared vision and

    team-goal commitment. *Performance Improvement Quarterly*, *30*, 137–158.

    doi:10.1002/piq.21244

Chan, S. C. H., &Mak, W. M. (2014). Transformational leadership, pride in being a

    follower of the leader and organizational commitment. *Leadership &*

    Organization Development Journal, *35*, 674–690. doi:10.1108/lodJj-12-09-0076

Chigudu, S., Jasseh, M., d' Alessandro, U., Corrah, T., Demba, A., & Balen, J. (2014).

    The role of leadership in people-centred health systems: A sub-national study in

the Gambia. *Health Policy and Planning*, *33*, e14–e25.

doi:10.1093/heapol/czu078

Chiumento, A., Rahman, A., Frith, L., Snider, L., & Tol, W. A. (2017). Ethical standards

for mental health and psychosocial support research in emergencies: Review of

literature and current debates. *Globalization and Health*, *13(*1), 1–19.

doi:10.1186/s12992-017-0231-y

Choi, S, B., Tran, T. B. H., & Park, B. I. (2015). Inclusive leadership and work

engagement: Mediating roles of affective organizational commitment and

creativity. Social behavior & personality: *An International Journal*, *43*, 931–943.

doi:10.2224/sbp.2015.43.6.931

Chou, L. P., Li, C. Y., & Hu, S. C. (2014). Job stress and burnout in hospital employees:

Comparisons of different medical professions in a regional hospital in Taiwan.

BMJ Open, *4(*2), 1–7. doi:10.1136/bmjopen-2013-004185

Christiansen, A., Coventry, L., Graham, R., Jacob, E., Twigg, D., & Whitehead, L.

(2018). Intentional rounding in acute adult healthcare settings: A systematic

mixed method review. *Journal of Clinical Nursing*. doi:10.1111/jocn.14370

Chu, C. H., Wodchis, W. P., &McGilton, K. S. (2014). Turnover of regulated nurses in

long-term care facilities. *Journal of Nursing Management*, *22*, 553–562.

doi:10.1111/jonm.12031

Cifre, E., Vera, M., Rodriguez- Sanchez, A. M., & Pastor, M. C. (2013). Job person fit and well-being from a gender perspective. *Journal of Work and Organizational Psychology*, *29*, 161–168. doi:10.5093/tr2013a22

Clark, T. J., & Yoder-Wise, P. S. (2015). Enhancing trifocal leadership practices using simulation in a pediatric charge nurse orientation program. *The Journal of Continuing Education in Nursin*g, *46,* 311–317. doi:10.3928/00220124-20150619-02

Colorafi, K. J., & Evans, B. (2016). Qualitative descriptive methods in health science research. *HERD: Health Environments Research & Design Journal*, *9,* 16-25. doi:10.1177/1937586715614171

Cooper, R., Frank, G., & Shogren, C. (2014). Considerations in dealing with ethical conflict encountered in healthcare reform: Perceptions of nurse leaders. *Open Journal of Nursing*, *4,* 695–704. doi:10.4236/ojn.2014.410074

Cramer, M. E., High, R., Culross, B., Conley, D. M., Nayar, P., Nguyen, A. T., & Ojha, D. (2014). Retooling the RN workforce in long-term care: Nursing certification as a pathway to quality improvement. *Geriatric Nursing*, *35*, 182–187. doi:10.1016/j.gerinurse.2014.01.001

Cunningham, K. B. (2014). Social research design: Framework for integrating philosophical and practical elements. *Nurse Researcher*, *22,* 32–37. doi:10.7748/nr.22.1.32.e1276

Cyr, M., Dion, J., McDuff, P., & Trotier-Syslvain, K. (2012). Transfer of skills in the context of non-suggestive investigative interviews: Impact of structured interview protocol and feedback. *Applied Cognitive Psychology*, *26,* 516–524. doi:10.1002/acp.2822

Dalkrani, M., & Dimitriadis, E. (2018). The effect of job satisfaction on employee commitment. *International Journal of Business and Economic Science Applied Research*, *3*, 16–23. doi.10.25103/ijbesar.113.02

Dawson, A. J., Stasa, H., Roche, M. A., Homer, C. S. E., & Duffield, C. (2014). Nursing churn and turnover in Australian hospitals: Nurse's perceptions and suggestions for supportive strategies. *BMC Nursing*, *13(*11), 1–10. doi:10.1186/1472-6955-13-11

Deconinck, J., Johnson, J., & Busbin, J. (2017). The effect of organizational justice on salespersons' perceived ethical climate, organizational commitment and turnover intentions. *GSTF Journal on Business Review (GBR)*, *2*. doi:10.5176/20104804_2.2.182

Delegach, M., Kark, R., Katz-Navon, T., & Van Dijk, D. (2017). A focus on commitment: the roles of transformational and transactional leadership and self-regulatory focus in fostering organizational and safety commitment. *European Journal of Work and Organizational Psychology*, *26,* 724–740. doi:10.1080/1359432x.2017.1345884

Denzin, N. K., & Lincoln, Y. S. (2011). The discipline and practice of qualitative

research. In N.K. Denzin, & Y.S. Lincoln (Eds.), *Sage handbook of qualitative

research.* Thousand Oaks, CA: Sage.

Doody, O., & Bailey, M. E. (2016). Setting a research question, aim and objective. *Nurse

Researcher*, *23,* 19–23. doi:10.7748/nr.23.4.19.s5

Doody, O., & Noonan, M. (2013). Preparing and conducting interviews to collect data.

Nurse Researcher, 20, 28–32.doi:10.7748/nr2013.05.20.5.28.e327

Draper, J. (2015). Ethnography: Principles, practice and potential. *Nursing Standard*, *29*,

36-41. doi:10.7748/ns.29.36.36.e8937

El Amouri, S., & O'Neill, S. (2014). Leadership style and culturally competent care:

Nurse leaders' views of their practice in the multicultural care settings of the

United Arab Emirates. Contemporary Nurse*: A Journal for the Australian

Nursing Profession*, *48,* 3552–3573. doi:10.5172/conu.2014.3552

Eliacin, J., Flanagan, M., Monroe-DeVita, M., Wasmuth, S., Salyers, M. P., & Rollins, A.

L. (2018). Social capital and burnout among mental healthcare providers. *Journal

of Mental Health*, *27*, 388–394. doi:10.1080/09638237.2017.1417570

Enyart, M. J., Kurth, J. A., & Davidson, D. P. (2017). Building positive, healthy,

inclusive communities with positive behavior support. *Handbook of Positive

Psychology in Intellectual and Developmental Disabilities*, 81–95.

doi:10.1007/978-3-319-59066-0_7

Erdogan, V., & Yildirim, A. (2017). Healthcare professionals' exposure to mobbing behaviors and relation of mobbing with job satisfaction and organizational commitment. *Procedia Computer Science, 120*, 931-938. doi.org/10.1016/j.procs.2017.11.328

Fan, X. (2013). "The test is reliable"; "The test is valid": Language use, unconscious assumptions, and education research practice. *The Asia-Pacific Education Researcher*, *22,* 217–218. doi:10.1007/s40299-012-0036-y

Fardellone, C., Musil, C. M., Smith, E., & Click, E. R. (2014). Leadership behaviors of frontline staff nurses. *The Journal of Continuing Education in Nursing*, *45,* 506–513. doi:10.3928/00220124-20141023-05

Farrelly, P. (2013). Issues of trustworthiness, validity and reliability. *British Journal of School Nursing*, *8*, 149–151. doi:10.12968/bjsn.2013.8.3.149

Farzanjoo, M. (2015). The role of education and well construction in promoting organizational commitment and its relationship with job satisfaction: From the perspective of faculty members of state and Islamic Azad Universities of Sistan and Baluchestan. *International Journal of Academic Research*, *7,* 344–350. doi:10.7813/2075-4124.2015

Fein, E. C., Tziner, A., Vasiliu, C., & Felea, M. (2015). Considering the gap between implicit leadership theories and expectations of actual leader behaviour: A three-study investigation of leadership beliefs in Romania. *Journal for East European Management Studies*, *20*, 68–87. doi:10.5771/0949-6181-2015-1-68

Finn, K., Lori, J., Lee, M., & Giordani, B. (2018). Interdisciplinary Ugandan perspectives on computerized intervention implementation for child survivors of severe malaria: A qualitative analysis. *Applied Nursing Research*, *39*, 154-159. doi:10.1016/j.apnr.2017.11.022

Fischer, M. (2014). Fit for the future? A new approach in the debate about what makes healthcare systems really sustainable. *Sustainability*, *7,* 294–312. doi:10.3390/su7010294

Fisher, M. (2017). *Qualitative computing: Using software for qualitative data analysis*. New York: Taylor & Francis Group

Fu, W., & Deshpande, S. P. (2014). The impact of caring climate, job satisfaction, and organizational commitment on job performance of employees in a China's insurance company. *Journal of Business Ethics*, *124*, 339–349. doi:10.1007/s10551-013-1876-4

Fura, L. A., & Rothenberger, C. D. (2014). Integrating national patient safety initiatives into prelicensure clinical learning. *Journal of Nursing Education*, *53*, 363–364. doi:10.3928/01484834-20140521-12

Fusch, P. I., & Ness, L. R. (2015). Are we there yet? Data saturation in qualitative research. *The Qualitative Report*, *20,* 1408–1416. Retrieved from http://nsuworks.nova.edu/tqr/

Gagliardi, A. R., Lehoux, P., Ducey, A., Easty, A., Ross, S., Bell, C., & Urbach, D. R. (2017). "We can't get along without each other": Qualitative interviews with

physicians about device industry representatives, conflict of interest and patient

safety. *PLOS ONE*, *12(*3), 1-12. doi:10.1371/journal.pone.0174934

George, C. (2015). Retaining professional workers: What makes them stay? *Employee

Relations*, *37*, 102–121. doi:10.1108/er-10-2013-0151

Gibson, D., & Petrosko, J. (2014). Trust in leader and its effect on job satisfaction and

intent to leave in a healthcare setting. *New Horizons in Adult Education & Human

Resource Development*, *26*, 3–19. doi:10.1002/nha3.20069

Gilbert-Ouimet, M., Trudel, X., Brisson, C., Milot, A., & Vézina, M. (2014). Adverse

effects of psychosocial work factors on blood pressure: Systematic review of

studies on demand-control-support and effort-reward imbalance models.

Scandinavian Journal of Work, Environment & Health, 40, 109–32.

doi:10.5271/sjweh.3390

Ginter, P. M., Duncan, W. J., & Swayne, L. E. (2018). *The strategic management of

healthcare organizations* (5th ed.) Newark, NJ: John Wiley & Sons.

Glavas, A. (2016). Corporate social responsibility and employee engagement: Enabling

employees to employ more of their whole selves at work. *Frontiers in

Psychology*, *7*(1), 1–10. doi:10.3389/fpsyg.2016.00796

Godycki-Cwirko, M., Esmail, A., Dovey, S., Wensing, M., Parker, D., Kowalczyk, A., &

Kosiek, K. (2015). Patient safety initiatives in Central and Eastern Europe: A

mixed methods approach by the LINNEAUS collaboration on patient safety in

primary care. *European Journal of General Practice*, *21*, 62–68.

doi:10.3109/13814788.2015.1043727

Gokce, B., Guney, S,. & Katrinli, A. (2014). Does doctors' perception of hospital

leadership style and organizational culture influence their organizational

commitment. *Social Behavior and Personality*, *42*, 1549–1561.

doi:10.2224/sbp.2014.42.9.1549

Goleman, D. (2017). *Leadership that gets results (Harvard Business Review Classics).*

Harvard Business Press. Retrieved from: www.hbr.org

Goswami, A., Goswami, A., Nair, P., Nair, P., Beehr, T., Beehr, T., & Grossenbacher, M.

(2016). The relationship of leaders' humor and employees' work engagement

mediated by positive emotions: Moderating effect of leaders' transformational

leadership style. *Leadership & Organization Development Journal*, *37*, 1083–

1099. doi:10.1108/lodj-01-2015-0001

Gousy, M., & Green, K. (2015). Developing a nurse-led clinic using transformational

leadership. *Nursing Standard*, *29*, 37–41. doi:10.7748/ns.29.30.37.e9481

Gravetter, F. J., & Forzano, L. A. B. (2018). *Research methods for the behavioral*

sciences (6th ed.). Boston, MA: Cengage.

Greenfield, B. H., & Jensen, G. M. (2016). Understanding the lived experiences of

patients: Application of a phenomenological approach to ethics. *Physical*

Therapy, *90,* 1185–1197. doi:10.2522/ptj.20090348

Guest, G., Namey, E., Taylor, J., Eley, N., & McKenna, K. (2017). Comparing focus
groups and individual interviews: findings from a randomized study. *International
Journal of Social Research Methodology*, *20,* 693–708.
doi:10.1080/13645579.2017.1281601

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

Gupta, M. (2017). Corporate social responsibility, employee–company identification, and
organizational commitment: Mediation by employee engagement.
CurrentPsychology, *36*, 101-109. doi:10.1007/s12144-015-9389-8

Ha, J. G., Kim, J. M., Hwang, W. J., & Lee, S. G. (2014). Impact of organisational
characteristics on turnover intention among care workers in nursing homes in Korea:
A structural equation model. *Australian Health Review*, *38*, 425–431.
doi:10.1071/ah13204

Haar, J. M., Russo, M., Sune, A., & Ollie-Malaterre, A. (2014). Outcomes of work- life
balance of job satisfaction and mental health: A study of seven cultures. *Journal of
Vocational Behavior, 85*, 361- 373. doi:10.1016/j.jvb.2014.08.010

Hall, R. R. (2017). Factors contributing to the persistence of African American and
Hispanic undergraduate males enrolled at a regional predominantly White
institution. *Administrative Issues Journal*, *7*, 51–65. doi:10.5929/2017.7.1.4

Han, S., Seo, G., Li, J., & Yoon, S. W. (2016). The mediating effect of organizational commitment and employee empowerment: How transformational leadership impacts employee knowledge sharing intention. *Human Resource Development International*, *19,* 98–115. doi:10.1080/1378868.2015.1099357

Hancock, M. E., Amankwaa, L., Revell, M. A., & Mueller, D. (2016). Focus group data saturation: A new approach to data analysis. *The Qualitative Report*, *21*, 2124–2130. Retrieved from http://nsuworks.nova.edu/tqr/

Hannon, B., Swami, N., Rodin, G., Pope, A., & Zimmermann, C. (2017). Experiences of patients and caregivers with early palliative care: A qualitative study. *Palliative Medicine*, *31*, 72–81. doi:10.1177/0269216316649126

Hasbollah, H. R., Aziz, N. A. A., Yaziz, N. A. M., Nasir, M. F. M., & Rosdi, S. N. M. (2016). Conceptual framework in retaining staff for nursing homes in Malaysia: Content analysis based on expert interviews. *International Journal of Innovation, Management and Technology*, *7*, 120–124. doi:10.18178/ijimt.2016.7.3.657

Heller, T., Gibbons, H. M., & Fisher, D. (2015). Care giving and family support interventions: Crossing networks of aging and developmental disabilities. *Intellectual and Developmental Disabilities*, *53,* 329–345. doi:10.1352/1934-9556-53.5.329

Hignett, S., Albolino, S., & Catchpole, K. (2018). Health and social care ergonomics: Patient safety in practice. *Ergonomics*, *61(*1), 1–4. doi:10.1080/00140139.2017.1386454

Hoek, R. J. A., Havermans, B. M., Houtman, I. L. D., Brouwers, E. P. M., Heerkens, Y.
F., Zijlstra-Vlasveld, M., &Boot, C. R. L. (2017). Stress prevention@work: A
study protocol for the evaluation of a multifaceted integral stress prevention
strategy to prevent employee stress in a healthcare organization: A cluster
controlled trial. *BMC Public Health*, *18(*1) 1–8. doi:10.1186/s12889-017-4585-0

Hogan, B. (2017). Online social networks: Concepts for data collection and analysis. *The
Sage Handbook of Online Research Methods* (2nd ed.), 241–257. London,
England: Sage Publication.

Holloway, I., & Galvin, K. (2016). *Qualitative research in nursing and healthcare*.
Chichester, West Sussex, UK: John Wiley & Sons.

Holten, A., & Brenner, S. O. (2015). Leadership style and the process of organizational
change. *Leadership & Organization Development Journal*, *36,* 2–16.
doi:10.1108/lodj-11-2012-0155

Horwitz, S. K., & Horwitz, I. B. (2017). The effects of organizational commitment and
structural empowerment on patient safety culture. *Journal of Health Organization
and Management, 31*, 10–27. doi:10.1108/jhom-07-2016-0150

Houghton, C., Casey, D., Shaw, D., & Murphy, K, (2013). Rigour in qualitative case-
study research. *Nurse Researcher*, *20,* 12–17.
doi:10.7748/nr2013.03.20.4.12.e326

Hudgins, T. A. (2016). Resilience, job satisfaction and anticipated turnover in nurse
leaders. *Journal of Nursing Management*, *24*, 62–69. doi:10.1111/jonm.12289

Humphreys, J., Wakerman, J., Kuipers, P., Russell, D., Siegloff, S., Homer, K., & Wells, R. (2017). *Improving workforce retention*: Developing an integrated logic model to maximise sustainability of small rural and remote healthcare services. Retrieved from: https://openresearch-repository.anu.edu.au/

Hwang, J., & Hopkins, K. M. (2015). A structural equation model of the effects of diversity characteristics and inclusion on organizational outcomes in the child welfare workforce. *Children and Youth Service Review, 50*, 44–52. doi:10.101617.childyouth.2015.01.012

Hwang, J. I., & Park, H. A. (2014). Nurses' perception of ethical climate, medical error experience and intent-to-leave. *Nursing Ethics*, *21*, 28–42. doi:10.1177/0969733013486797

Ineland, J., Sauer, L., & Molin, M. (2017). Sources of job satisfaction in intellectual disability services: A comparative analysis of experiences among human service professionals in schools, social services, and public healthcare in Sweden. *Journal of Intellectual & Developmental Disability*, *43*, 421–430. doi:10.3109/13668250.2017.1310817

In-Jo, P., &Heajung, J. (2015). Relationships among future time perspective, career and organizational commitment, occupational self-efficacy, and turnover intention. *Social Behavior & Personality: An International Journal*, *43*, 1547–1561. doi:10.2224/sbp.2015.43.9.1547

Isaac, C., Byars-Winston, A., McSorley, R., Schultz, A., Kaatz, A., & Carnes, M. L.
(2014). A qualitative study of work-life choices in academic internal medicine.
Advances in Health Sciences Education, *19*, 29–41.doi:10.1007/s10459-013-
9457-5

Jackson, A. R., Alberti, J. L., & Snipes, R. L. (2014). An examination of the impact of
gender on leadership style and employee job satisfaction in the modern
workplace. *Journal of Organizational Culture, Communication and Conflict*, *18*,
141–153. Retrieved http://www.abacademies.org/journals/journal-of-
organizational-culture-communications-and-conflict-home.html

Jaiswal, D., & Dhar, R. L. (2016). Impact of perceived organizational support,
psychological empowerment and leader member exchange on commitment and its
subsequent impact on service quality. *International Journal of Productivity and
Performance Management*, *65*, 58–79. doi:10.1108/ijppm-03-2014-0043

Jefferson, T., Klass, D., Lord, L., Nowak, M., & Thomas, G. (2014). Context and the
leadership experiences and perceptions of professionals. *Journal of Health
Organization and Management*, *28*, 811–829. doi:10.1108/jhom-07-2012-0129

Jernigan, E., &Beggs, J. M. (2015). An examination of work attitudes of public sector
employees. *Journal of Organizational Culture, Communication and Conflict*, *19*,
103–117. Retrieved from http://www.abacademies.org/journals/journal-of-
organizational-culture-communications-and-conflict-home.html

Jing, F. F., & Avery, G. C. (2016). Missing links in understanding the relationship between leadership and organizational performance. *The International Business & Economics Research Journal*, *15*, 107–117. doi:10.19030/iber.v15i3.9675

Jing, R., Lin Xie, J., & Ning, J. (2014). Commitment to organizational change in a Chinese context. *Journal of Managerial Psychology*, *29*, 1098–1114. doi:10.1108/JMP-08-2011-0042

Jipeng, Q., Jie, L., & Qiusheng, Z. (2014). How organizational embeddedness and affective commitment influence job crafting. *Social Behavior & Personality: An International Journal*, *42*, 1629–1638. doi:10.2224/sbp.2014.42.10.1629

Jorgensen, F., & Becker, K. (2015). Balancing organizational and professional commitments in professional service firms the HR practices that matter. *International Journal of Human Resource Management*, *26*, 23–41. doi:10.1080/09585192.2014.92594

Jose' Sousa, M., Dias, I., Saldanha, A., & Caracol, C. (2017). Project managers perceptions about more effective leadership styles. Journal of International Business Research and Market, *2*, 7–13. doi:10.18775/jibrm.1849-8558.2015.23.3001

Joslin, R., & Müller, R. (2016). Identifying interesting project phenomena using philosophical and methodological triangulation. *International Journal of Project Management*, *34*, 1043–1056. doi:10.1016/j.ijproman.2016.05.005

Källberg, A. S., Ehrenberg, A., Florin, J., Östergren, J., & Göransson, K. E. (2017).

Physicians' and nurses' perceptions of patient safety risks in the emergency

department. *International Emergency Nursing*, *33*, 14–19.

doi:10.1016/j.ienj.2017.01.002

Karkoulian, S. (2015). The reign of leadership & power in just organizations.

Contemporary Management Research, *11*, 153–178. doi:10.7903/cmr.12051

Kazemi, E., Shapiro, M., & Kavner, A. (2015). Predictors of intention to turnover in

behavior technicians working with individuals with autism spectrum disorder.

Research in Autism Spectrum Disorders, *17*, 106–115.

doi:10.1016/j.rasd.2015.06.012

Kenny, A., Gordon, N., Griffiths, T., Kraemer, J. D., &Siedner, M. J. (2017). Validation

relaxation: a quality assurance strategy for electronic data collection. *Journal of

Medical Internet Research*, *19 (*8), 1–10.doi:10.2196/jmir.7813

Kettl, D. F. (2015). *The transformation of governance: Public administration for the

twenty-first century* (1st ed.). Baltimore, MD: JHU Press.

Keutel, M., Michalik, B., & Richter, J. (2014). Towards mindful case study research in

IS: A critical analysis of the past ten years. *European Journal of Information

Systems, 23,* 256–272. doi:10.1057/ejis.2013.26

Khamisa, N., Oldenburg, B., Peltzer, K., & Ilic, D. (2015). Work related stress, burnout,

job satisfaction and general health of nurses. *International Journal of

Environmental Research and Public Health, *12*, 652–666.

doi:10.3390/ijerph120100652

Kim, H., & Kao, D. (2014). A meta-analysis of turnover intention predictors among U. S.

child welfare worker. *Children and Youth Services Review*, *47*, 214–223.

doi:10.1016/j.childyouth.2014.09.015

Kim, M., & Beehr, T. A. (2018). Organization-based self-esteem and meaningful work

mediate effects of empowering leadership on employee behaviors and well-being.

Journal of Leadership & Organizational Studies, *25*, 385–398.

doi:10.1177/154805181876233337

Kitchin, R. (2014).*The data revolution: Big data, open data, data infrastructures & their

consequences.* London, England: SAGE Publications Ltd.

Klingler, C., Silva, D. S., Schuermann, C., Reis, A. A., Saxena, A., & Strech, D. (2017).

Ethical issues in public health surveillance: A systematic qualitative review. *BMC

Public Health*, *17*. 17–295. doi:10.1186/s12889-017-4200-4

Krehenwinkel, H., Wolf, M., Lim, J. Y., Rominger, A. J., Simison, W. B., & Gillespie, R.

G. (2017). Estimating and mitigating amplification bias in qualitative and

quantitative arthropod metabarcoding. *Scientific reports*, *7*, 2045–2322.

doi:10.1038/s41598-017-17333-x

Kris-Etherton, P. M., Akabas, S. R., Bales, C. W., Bistrian, B., Braun, L., Edwards, M.

S., & Pratt, C. A. (2014). The need to advance nutrition education in the training

of healthcare professionals and recommended research to evaluate

implementation and effectiveness. *The American Journal of Clinical Nutrition*, *99*, 1153S-1166S. doi:10.3945/ajcn.113.073502

Kumar, A., Jayant, A., Arya, V., Magoon, R., & Sharma, R. (2017). Delirium after cardiac surgery: A pilot study from a single tertiary referral center. *Annals of cardiac anesthesia*, *20*, 76-82. doi:10.4103/0971-9784.197841

Labrague, L. J., McEnroe Petitte, D. M., Gloe, D., Tsaras, K., Arteche, D. L., & Maldia, F. (2017). Organizational politics, nurses' stress, burnout levels, turnover intention and job satisfaction. *International Nursing Review*, *64*, 109-116. doi:10.1111/inr.12347

Laflamme, J., Beaudry, C., &Aguir, M. (2014). Organizational commitment as an antecedent of relationship commitment in financial services. *Advances in Business-Related Scientific Research Journal*, *5*, 153-170. Retrieved from https://www.researchgate.net

Landis, E. A., Hill, D., & Harvey, M. R. (2014). A synthesis of leadership theories and styles. *Journal of Management Policy and Practice*, *15*, 97-100. Retrieved from http://www.na-businesspress.com/jmppopen.html

Latham, J. R. (2014). Leadership for quality and innovation: Challenges, theories, and aframework for future research. *The Quality Management Journal*, *21*, 11-15. doi:10.1080/10686967.2014.11918372

Lee, D. J., Grace, B. Y., Sirgy, M. J., Singhapakdi, A., & Lucianetti, L. (2018). The effects of explicit and implicit ethics institutionalization on employee life

satisfaction and happiness: The mediating effects of employee experiences in work life and moderating effects of work–family life conflict. *Journal of Business Ethics*, *147*, 855-874. doi:10.1007/s10551-015-2984-7

Leppäaho, T., Plakoyiannaki, E, & Dimitratos, P. (2016). The case study in family business: An analysis of current research practices and recommendations. *Family Business Review*, *29*, 159-173. doi:10.1177/0894486515614157

Li, X.Y., & Zheng, Y.S. (2014) The influential factors of employees' innovative behavior and the management advices. *Journal of Service Science and Management*, *7*, 446-450. doi:10.4236/jssm.2014.76042

Lin, C., & Chang, C. (2015). Job satisfaction of nurses and its moderating effects on the relationship between organizational commitment and organizational citizenship behaviors. *Research and Theory for Nursing Practice*, *29*, 226-244. doi:10.1891/1541-6577.29.3.226

Lincoln, Y., & Guba, E. (2013). *The constructivist credo*. Walnut Creek, CA: Left Coast Press, Inc.

Linda, R. S., Garvare, R., & Nystrom, M. E. (2017). Reaching beyond the review of research evidence: A qualitative study of decision making during the development of clinical practice guidelines for disease prevention in healthcare.*BMC Health Services Research*, *17 (*1), 1-14. doi:10.1186/s12913-017-2277-1

Lissy, T. A., & Venkatesh, J. (2014). Factors that influence the organizational commitment: A case of paramedical staff at private hospitals. *International*

Journal of Multidisciplinary Approach & Studies, *1*, 195-206. Retrieved from

http://www.ijmas.com

Long, C. S., & Perumal, P. (2014). Examining the impact of human resource

management practices on employees' turnover intention. *International Journal of

Business and Society*, *15*, 111-126. Retrieved from http://www.ijbs.unimas.my

Lucas, J. W., Morrell, K., & Posard, M. (2013). Considerations on the 'replication

problem' in sociology. *The American Sociologist*, *44*, 217-232.

doi:10.1007/s12108-013-9176-7

Lyesen, B., Van den Eynden, B., Gielen, B., Bastiaens, H., & Wens, J. (2015).

Implementation of a care pathway for primary palliative care in 5 research

clusters in Belgium: Quasi-experimental study protocol and innovations in data

collection (pro-SPINOZA). *BMC Palliative Care*, *14 (*1). doi:10.1186/s12904-

015-0043-x

Makaroff, K. S., Storch, J., Pauly, B., & Newton, L. (2014). Searching for ethical

leadership in nursing. *Nursing Ethics*, *21*, 642-658.

doi:10.1177/0969733013513213

Malone, H. E., Nicholl, H., & Coyne, I. (2016). Fundamentals of estimating sample size.

Nurse Researcher, *23*, 21-25. doi:10.7748/nr.23.5.21.s5

Marshall, C., & Rossman, G. B. (2016). *Designing qualitative research* (6th ed.).

Thousand Oaks, CA: Sage.

Martin, C., & Ramos-Gorand, M. (2017). High turnover among nursing staff in private

    nursing homes for dependent elderly people in France: Impact of the local

    environment and the wage. *Economie et Statistique/Economics and Statistics*,

    493, 49-66. doi:10.24187/ecostat:2017493s.1912

Meyer, J. P., & Allen, N. J. (1991). A three-component conceptualization of

    organizational commitment. *Human Resource Management Review*, *1*, 61-89.

    doi:10.1016/1053-4822(91)90011-z

Meyer, J.P., & Herscovitch, L. (2001) "Commitment in the workplace: Toward a general

    model", *Human Resource Management Review*, *11,* 299-326. doi:10.1016/S1053-

    48220000053-x

Meyer, J. P., Stanley, L. J., &Vandenberg, R.J. (2013). Aperson-centered approach to the

    study of commitment. *Human Resource Management Review,23,*190-202.

    doi:10.1016/j.hrmr.2012.07.007

Mitchel, G. (2015). Use of interviews in nursing research. *Nursing Standards, 29* (43),

    44-48. doi.10.7748/ns.2943.44.e8905

Molloy, L., Walker, K., Lakeman, R., & Skinner, I. (2015). Ethnonursing and the

    ethnographic approach in nursing. *Nurse Researcher* (2014), *23*, 17-21.

    doi:10.7748/nr.23.2.17.s5

Moon, K. K. (2017). Voluntary turnover rates and organizational performance in the US

    federal government: The moderating role of high-commitment human resource

practices. *Public Management Review*, *19*, 1480-1499.

doi:10.1080/14719037.2017.1287940

Moriano, J. A., Molero, F., Topa, G., &Mangin, J. P. L. (2014). The influence of

transformational leadership and organizational identification on entrepreneurship.

International Entrepreneurship and Management Journal, *10*, 103-119.

doi:10.1007/s11365-011-0196-x

Morse, J.M. (2015). Critical analysis of strategies for determining rigor in qualitative

inquiry. *Qualitative Health Research*, *25*, 1212-1222.

doi:10.1177/1049732315588501

Mory, L., Wirtz,B. W.,& Göttel, V. J. (2017).Corporate social responsibility the

organizational view. *Journal of Management and Governance, 21,* 145-

179.doi:10.1007/sr0997-015-9337-x

Moustakas,C.(1994).*Phenomenological Research Methods.* Thousand Oaks,

CA.doi.10.4135/9781412995658.

Muniz-Terrera, G., Robitaille, A., Kelly, A., Johansson, B., Hofer, S., & Piccinin, A.

(2017). Latent growth models matched to research questions to answer questions

about dynamics of change in multiple processes. *Journal of Clinical*

Epidemiology, *82*, 158-166. doi:10.1016/j.jclinepi.2016.09.001

Murale, V., Singh, J., & Preetha, R. (2015). Employee commitment and patient

satisfaction: An initial reflection from Indian healthcare sector. .*International*

Journal on Customer Relations, *3*, 2-153. doi:10.21863/ijcr/2015.3.1.004

Musringudin, M., Akbar, M., &Karnati, N. (2017). The effect of organizational justice, job satisfaction, and organizational commitment on organizational citizenship behavior (OCB) of the principles. *Ijer-Indonesian Journal of Educational Review*, *4*, 155-165. Retrieved from: http://pps.unj.ac.id/journal/ijer

Nica, E. (2016). Employee voluntary turnover as a negative indicator of organizational effectiveness. *Psychosociological Issues in Human Resource Management*, *4*, 220-226. doi:10.22381/pihrm4220169

Noranee, S., Abdullah, N., Mohd, R., Khamis, M. R., Aziz, R. A., Som, R. M., & Ammirul, E. A. M. (2018). The influence of employee empowerment on organizational citizenship behavior. *In Proceedings of the 2nd Advances in Business Research International Conference,* 305-313. *Springer, Singapore*. doi:10.1007/978-981-10-6053-3_29

Nourian, M., Farahnaz, M. S., Kian, N. T., Rassouli, M., &Biglarrian, A. (2016). The lived experiences of resilience in Iranian adolescents living in residential care facilities: A hermeneutic phenomenological study. *International Journal of Qualitative Studies on Health and Well-being, 11 (*1),1-12. doi:10.3402/qhw.v11.30485

O'Cathain, A., Hoddinott, P., Lewin, S., Thomas, K. J., Young, B., Adamson, J., & Donovan, J. L. (2015). Maximizing the impact of qualitative research in feasibility studies for randomized controlled trials: *Guidance for researchers. Pilot and Feasibility Studies*, *1(*1), 1-13. doi:10.1186/s40814-015-0026-y

Odle-Dusseau, H. N., Hammer, L., Crain, T. L., & Bodner, T. E. (2016). The influence of family supportive supervisor training on employee job performance and attitudes: An organizational work-family intervention. *Journal of Occupational Health Psychology*, *21*, 296-308. doi:10.1037/a0039961

Oltmann, S. (2016). Qualitative Interviews: A methodological discussion of the interviewer and respondent contexts [37 paragraphs]. *Forum Qualitative Sozialforschung / Forum: Qualitative Social Research*, *17(*2), 1-16. doi:10.17169/fqs-17.2.2551

Ozturk, T., &Guven, B. (2016). Evaluating students' beliefs in problem solving process: A case study. *Eurasia Journal of Mathematics, Science & Technology Education*, *12*, 411-429. doi:10.12973/eurasia.2016.1208a

Palacios, W. (2015). *Qualitative Research in Criminology*. New York: Routledge.

Papazoglou, A., Jacobson, L., McCabe, M., Kaufmann, W., & Andrew, Z. (2014). To ID or Not to ID? Changes in classification rates of intellectual disability using DSM-5. *Intellectual and Developmental Disabilities*. *52,* 165-174. doi:10.1352/1934-9556-52.3.165.

Poirier, L. (2017). Devious design: Digital infrastructure challenges for experimental ethnography. *Design Issues*, *33*, 70-83. doi:10.1162/desi_a_00440

Porter, C. M., Woo, S. E., Allen, D. G., & Keith, M. G. (2018). How do instrumental and expressive network positions relate to turnover? A meta-analytic investigation. *Journal of Applied Psychology*. *104*, 511-536. doi:10.1037/apl0000351

Pradhan, S., & Pradhan, R. K. (2015). An empirical investigation of relationship among transformational leadership, affective organizational commitment and Contextual performance. *Vision: Journal of Business Prospective19*, 227-235. doi:10.1177/0972262915597089

Rafiee, N., Bahrami, M. A., & Entezarian, S. (2015). Demographic determinants of organizational commitment of health managers in Yazd Province. *International Journal of Management, Accounting & Economics*, *2*, 91-100. Retrieved from http://www.ijmae.com

Rajan, D. (2015) Employee turnover and employee performance: *A comparative study among nurses*. MOJ App Bio Biomech*1*, 161-173. doi:10.15406/mojabb.2017.01.00025

Ratnapalan, S., & Uleryk, E. (2014). Organizational Learning in HealthCare Organizations. *Systems*, *2*, 24-33. doi:10.3390/systems2010024

Reina, C. S., Rogers, K. M., Peterson, S. J., Byron, K., & Hom, P. W. (2018). Quitting the boss? The role of manager influence tactics and employee emotional engagement in voluntary turnover. *Journal of Leadership & Organizational Studies*, *25*, 5-18. doi:10.1177/1548051817709007

Roulin, N., Mayor, E., & Bangerter, A. (2014). How to satisfy and retain personnel despite job-market shortage: Multilevel predictors of nurses' job satisfaction and intent to leave. *Swiss Journal of Psychology*, *73*, 13-24. doi:10.1024/1421-0185/a000123

Sankalpana, W. S., & Jayasekara, P. (2017). Impact of organizational rewards on

    employee job satisfaction: An investigation of non-managerial employees in

    selected apparel organizations in Gampaha District, Sri Lanka. *Human Resource*

    Management Journal, *3 (*2). 1-11 doi:10.31357/hrmj.v3i2.2865

Sarma, S. K. (2015). Qualitative research: Examining the misconceptions. *South Asian*

    Journal of Management 22(3), 176-191. Retrieved from

    http://www.sajmamdisa.org

Senge, P. M. (2014). *The fifth discipline field book*: Strategies and tools for building a

    learning organization. New York: Crown Publishing Group.

Sewell, M. (2014). *The use of qualitative interviews in evaluation*. Retrieved from

    http://ag.arizona.edu/sfcs/cyfernet/cyfar/Intervu5.htm

Shead, J., Scott, H., & Rose, J. (2016) Investigating predictors and moderators of burnout

    in staff working in services for people with intellectual disabilities: The role of

    emotional intelligence, exposure to violence, and self-Efficacy. *International*

    Journal of Developmental Disabilities, *62*, 224-233.

    doi:10.1179/2047387715y.0000000009

Shrestha, A. K., & Mishra, A. K. (2015). Interactive effects of public service motivation

    and organizational politics on Nepali civil service employees' organizational

    commitment. *Business Perspectives & Research*, *3*, 21-35.

    doi:10.1177/2278533714551862

Shuck, B., Twford, D., Reio, T.W., & Shuck, A. (2014). Human resource development practices and employee engagement. Examining the connection with employee turnover intention. *Human Resource Development Quarterly, 5,* 239-270. doi:10.1002/hrdq.21190

Silverman, D. (2016). *Qualitative research*: London. Sage Publication.

Smith, P. R. (2018). Collecting sufficient evidence when conducting a case study. *The Qualitative Report*, *23*, 1054-1048. Retrieved from https://nsuworks.nova.edu/tqr

Snell, A., Thomas, J. P., & Wang., Z. (2015). A competitive model of worker replacement and wage rigidity. *Economic Inquiry*, *53*, 419-430. doi:10.1111/ecin.12110

Stanley, D. J., & Meyer, J.P. (2016). *Employee commitment and performance*. Handbook of Employee Commitment, 208-221. China: Edgar Elgar Publishing

Strom, D. L., Sears, K. L., & Kelly, K. M. (2014). Work engagement: The roles of organizational justice and leadership style in predicting engagement among employees. *Journal of Leadership & Organizational Studies*, *21*, 71-82. doi:10.1177/1548051813485437

Suen, L. W., Huang, H., & Lee, H. (2014). A comparison of convenience sampling and purposive sampling. *Hu Za Zhi, 61* (3) 105-111. doi:10.6224/JN.61.3.105

Talachi, R. K., Gorji, M. B., &Boerhannoeddin, A. B. (2014). An investigation of the role of job satisfaction in employees' organizational citizenship behavior. *Collegium Antropologicum*, *38*, 429-436. Retrieved from:https//www.researchgate.net

Tan, S. C. H., Lee, M. W. H., Lim, G. T. X., Leong, J. J., & Lee, C. (2015). Motivational interviewing approach used by a community mental health team. *Journal of Psychosocial Nursing & Mental Health Services*, *53*, 28-37. doi:10.3928/02793695-20151020-03

Tate, R. L., Perdices, M., Rosenkoetter, U., Shadish, W., Vohra, S., & Barlow, D. H...(2016). The single-case reporting guideline in Behavioural interventions (SCRIBE) 2016 statement. *Journal of Clinical Epidemiology*, *73*, 142-152. doi:10.1016/j.jclinepi.2016.04.006

Taylor, S. J., Bogdan, R., & DeVault, M. (2015). *Introduction to qualitative research methods*: A guidebook and resource. Canada: John Wiley & Sons Publications.

Terera, S. R., & Ngirande, H. (2014). The impact of rewards on job satisfaction and employee retention. *Mediterranean Journal of Social Sciences*, *5*, 481-487. doi:10.5901/mjss.2014.v5n1p481

Thanacoody, P. R., Newman, A., & Fuchs, S. (2014). Affective commitment and turnover intentions among healthcare professionals: The role of emotional exhaustion and disengagement. *The International Journal of Human Resource Management*, *25*, 1841-1857. doi:10.1080/09585192.2013.860389

Thurgate, C. (2018). Supporting those who work and learn: A phenomenological research study. *Nurse Education Today*, *61*, 83-88. doi:10.1016/j.nedt.2017.11.010

Trebble, T. M., Heyworth, N., Clarke, N., Powell, T., & Hockey, P. M. (2014). Managing hospital doctors and their practice: What can we learn about human resource

management from non-healthcare organizations? *BMC Health Services Research*, *14(*1), 1-11. doi:10.1186/s12913-014-0566-5

United States Department of Health and Human Services. (2006). The supply of direct support professionals serving individuals with intellectual disabilities and other developmental disabilities: *Report to Congress*. Retrieved from http://aspe.hhs.gov/daltcp/reports/2006/DSPsupply.htm

Van Dierendonck, D., Stam, D., Boersma, P., De Windt, N., & Alkema, J. (2014). Samedifference? Exploring the differential mechanisms linking servant leadership and transformational leadership to follower outcomes. *The Leadership Quarterly*, *25*, 544-562. doi:10.1016/j.leaqua.2013.11.014

Vass, C., Rigby, D., & Payne, K. (2017). The role of qualitative research methods in discrete choice experiments: a systematic review and survey of authors. *Medical Decision Making*, *37*, 298-313. doi:10.1177/0272989x16683934

Vega, D. (2018). Conducting In-Depth Case Studies in Humanitarian Logistics: *The Case of MSF*. London, NI: Palgrave, MacMillan.

Venkatesh, V., Brown, S., & Bala, H. (2013). Bridging the qualitative- quantitative divide: Guidelines for conducting mixed methods research in information systems. *Management Information Systems Quarterly*, *37*, 21-54. Retrieved from http://www.misq.org/

Wahyuni, D. (2012). The research design maze: Understanding paradigms, method and methodologies. *Journals of Applied Management Accounting Research*, *10*, 69-80. Retrieved from http://hdl.handle.net/10536/DRO/DU:30057483

Werang, B. R., & Pure, E. A. G. (2018). Designing strategy for improving teacher's organizational commitment in the remote elementary schools of Merauke district, Papua, Indonesia. *International Journal*, *7*, 15-28. doi:10.5861/ijrse.2017.1702

Williams, A. M., Tompa, E., Lero, D. S., Fast, J., Yazdani, A., & Zeytinoglu, I. U. (2017). Evaluation of caregiver-friendly workplace policy (CFWPs) interventions on the health of full-time caregiver employees (CES): *Implementation and Cost-Benefit Analysis. BMC Public Health*, *17(*1), 1-9. doi:10.1186/s12889-017-4722-9

Wombacher, J. C., & Felfe, J. (2017). Dual commitment in the organization: Effects of the interplay of team and organizational commitment on employee citizenship behavior, efficacy beliefs, and turnover intentions. *Journal of Vocational Behavior*, *17(*1), 1-14. doi:10.1016/j.jvb.2017.05.004

Wombacher, J. C., & Felfe, J. (2017). The interplay of team and organizational commitment in motivating employees' inter team conflict handling. *Academy of Management Journal*, *60*, 1554-1581. doi:110.54651amj.2014.0718

Wright, S., Daker-White, G., Newman, W., & Payne, K.(2018).Understanding barriers to the introduction of precision medicines in non-small cell lung cancer: A qualitative interview protocol. *Wellcome open research, 1*, 3-24.doi:10.12688/wellcomeopenres.139761

Xie, Y., Yang, J., Jiang, C., Cai, Z., & Adagblenya, J. (2018). Incidence, dependence structure of disease, and rate making for health insurance. *Mathematical Problems in Engineering*, *2018*(4265801). doi:10.1155/2018/426801

Xiong, Z., Ye, J., & Wang, P. (2017). Psychological contract and turnover intention of dispatched employees: Mediating effects of job satisfaction and organizational commitment. *Revista De Cercetare Si Interventie Sociala, 56*, 19-43. Retrieved from https://www.rcis.ro/

Yahaya, R., & Ebrahim, F. (2016). Leadership styles and organizational commitment: literature review. *Journal of Management Development*, *35*, 190-216. doi:10.1108/jmd-01-2015-0004

Yin, R.K. (1984). *Case study research*: Design and methods (5th ed.). Beverly Hills, CA: Sage Publications, Inc

Yin, R. K. (2011). *Applications of case study research*. Thousand Oaks, CA: Sage Publications, Inc.

Yin, R.K. (2014). *Case study research*: Designs and methods. Thousand Oaks, CA: Sage Publications, Inc

Yin, R. K. (2017). *Case study research and applications*: Design and methods. Thousand Oaks, CA: Sage publications Inc.

Appendix: Interview Protocol

Interview Protocol	
What I will do	What I will say
Introduce the interview and set the stage. I will ensure the participant understands the content of my consent form and address any concerns the participant may have. Acquire verbal consent to progress with the interview. Begin audio taping the interview.	Hello. My name is Sharron Nicholson-McCall, I am a Doctorate student at Walden University. The primary goal of this interview is to explore strategies used to address employee commitment. The entire interview will take 15-20 minutes. On this day you are granting me consent to interview you. Do you have any concerns you might want to address before we proceed? Will I have your permission to go on with the interview? I will turn on the recorder.
Watch for non-verbal queues Paraphrase as needed. Ask follow-up probing questions to get more in depth: Can you expound on that more? What is an example of that?	1. How have your organization's healthcare leaders incorporated strategies to enhance employee commitment in the organization? 2. How has your organization successfully utilized strategies to motivate employees to enhance employee commitment?

3. What strategies have you implemented to enhance employee commitment among direct care professionals in the organization?

4. What challenges have you encountered when attempting to enhance employee commitment among direct care professionals in the organization?

5. What actions have you taken when direct care professionals express their desire to seek employment outside the organization?

6. How do you assess the effectiveness of your strategies for increasing direct care professionals' commitment to the organization?

7. Would you like to add any additional information regarding employee commitment among direct care professionals of intermediate care facility for individuals with intellectual disabilities?

Wrap up interview by thanking the participant.	This will wind up our interview. I really want to thank you for participating and assisting me in completing my doctoral study.

Schedule Follow-up member checking interview. Did I miss anything? Or, What would you like to add?	The information you shared today, will be categorized accordingly. I will send the information to you to review the proper interpretation of the information given. When will be best for you to get together?