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Strategies for Reducing Nurses' Turnover in Specialty Care Clinics

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Lawrence Benjamin

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Walden University
2019

Abstract

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by

Lawrence Benjamin

MSc, University of Liverpool, 2016

BSc, University of Guyana, 1994

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Business Administration

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August 2019

Abstract

The nursing shortage and high turnover rates are a problem in Canada and the world over. The purpose of this single case study was to explore leadership strategies that nurse leaders in specialty care clinics in Canada use to reduce nurse turnover. The participants were 7 nurse leaders from a single organization with specialty care clinics across Canada who all had above average nurse retention rates when compared to the case organization's average nurse retention rate. The authentic leadership theory was the conceptual framework. Data sources for this study were company documents, participants' semistructured interview responses, member checking of the interviews, and reflexive journal notes. Methodological triangulation was used to enhance validity. Data were analyzed using Yin's 5-step approach to qualitative data analysis. Data analysis yielded 4 categories of strategy themes for reducing nurse turnover: moral perspective, self-awareness, relational transparency, and balanced processing. The results of this study have the potential for positive social change in specialty care by providing senior leadership and nurse leaders of specialty care clinics with strategies that can contribute to nurse-retention initiatives. The availability of more nurses might improve the outcomes of patients who depend on these clinics for their regular infusion of specialty medicines to treat their critical illnesses, such as cancer or rare genetic diseases, where delay in treatment due to the unavailability of nurses can result in adverse consequences for patient care.

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Dedication

This dissertation is dedicated to my father, Mr. James R. Anthony, who saw my potential, believed in my abilities, and who always supported and encouraged me to excel beyond my wildest dreams. Although you were not fortunate to have the opportunity to get a tertiary education, you saw the value in getting an education, and you understood the power of knowledge; because of you, I am the man I am today. I am deeply saddened that you are not here to see me take this next step in my education, but I feel your spirit and continue support all around me.

I dedicate this work to my wife, Melanie, thank you for making me believe again that anything was possible and that I was capable of completing this journey. You supported me both in words and action; this would not be possible without your understanding, support, and patience. To my son, Kristian, thank you for your encouragement; you are my inspiration. To my sister, Laura; brothers, Raj, Kenneth, Jerome, and Leroy; and to Basil Obermuller and Laurane Harding, thank you for all of your support and encouragement over the years.

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Section 1: Foundation of the Study

Voluntary nurse turnover is a global phenomenon with negative consequences for healthcare delivery businesses and health systems. High nurse turnover rates have an adverse effect on the profitability of healthcare organizations all over the world (De Simone, Planta, & Cicotto, 2018). An understanding of the nuances influencing the factors that affect nurses' decision to stay or leave the job or profession is critical for developing strategies for retaining nurses (Nelson-Brantley, Park, & Bergquist-Beringer, 2018). According to Shirey (2017), research is needed in specific contexts to fine-tune leadership approaches for creating work environments that are conducive for nurses' retention. The development of effective leadership strategies for retaining nurses could lead to higher profitability for healthcare organizations.

Background of the Problem

Nurse employee retention is a major concern for healthcare delivery organization leaders because of the negative influence employee turnover has on the financial performance of the organization and the quality of patient care delivered (Phillips & Harris, 2017). High nurse employee turnover could have a negative impact on healthcare organizations' budgets and profits. The cost associated with replacement labor, separation, recruitment, onboarding, and lost revenues for a single registered nurse may be as high as $90,000 (Koppel, Deline, & Virkstis, 2017), which puts the annual cost to the healthcare industry in the billions (Phillips & Harris, 2017). Therefore, reducing nurses' employment turnover should be a priority for nurse leaders looking to improve profitability; however, some nurse leaders lack effective strategies for retaining nurses.

Researchers have suggested that leadership is central to the creation of work environments that are conducive to nurse retention (Brewer et al., 2016). Nurses' decisions to stay or leave an organization or the profession is the product of several interrelated work environment and personal factors (Hayward, Bungay, Wolff, & Macdonald, 2016). Exploring the perceptions and strategy implementation experiences of nurse managers with success in retaining nurses is critical to understanding leadership strategies successfully used by nurse leaders at private, specialty care clinics to reduce nurse turnover. Therefore, the focus of this study was to explore leadership strategies that private, specialty care clinic leaders use to reduce nurse turnover. The results of this study could help private, specialty care clinic leaders develop strategies to reduce nurse turnover.

Problem Statement

The high cost of nursing employee turnover is a significant problem for healthcare service providers, affecting their organizations' performance (Barrientos-Trigo, Vega-Vázquez, De Diego-Cordero, Badanta-Romero, & Porcel-Gálvez, 2018). In Canada, the cost to replace each nurse is approximately CAD 27,000 (Hughes, 2017). The general business problem was that healthcare business leaders who do not engage and retain nurses incur high employee turnover costs. The specific business problem was that some private, specialty care clinic leaders lack leadership strategies to reduce nurse turnover.

Purpose Statement

The purpose of this qualitative single case study was to explore leadership strategies that private, specialty care clinic leaders use to reduce nurse turnover. The

target population for this single case study was private, specialty care clinic leaders at a

leading specialty care service provider in Canada, who over the last 12 months had

improved the rates of nursing retention in their departments. The results of this study

could have positive social change implications for patients, nurses, and healthcare

systems. A reduction in nurse turnover could improve patient outcomes due to better

care, thereby reducing the economic impact on healthcare systems and families by

increasing the available resources for the provision of accessible care. Creating a positive

work environment for nurses might also encourage them to stay in their chosen

profession longer, which might help alleviate the nursing shortage in the healthcare

industry and improve the availability of nursing care for the growing number patients due

to an aging population.

Nature of the Study

Researchers use the qualitative research method to gain a better understanding of

a phenomenon (Castleberry & Nolen, 2018). According to Marshall and Rossman

(2016), qualitative research is naturalistic, interpretive, context focused, and emergent.

Researchers also use the qualitative method to identify the meaning and interpretation of

a phenomenon using nonnumerical data analysis to find meaning and insights (Fusch,

Fusch, & Ness, 2017). Quantitative researchers aim to explain their observation by

classifying features, counting them, then using statistical models for analysis or

hypothesis testing; data collection is via questionnaires or equipment that collects

numerical data (McCusker & Gunaydin, 2015). Using the mixed methods approach,

researchers employ both quantitative and qualitative data collection and analytical

methods (McKim, 2017). Neither the quantitative method nor a mixed method approach was appropriate for this study because there was no testing of hypotheses or any statistical analysis. The purpose of this study was to explore how nurse leaders are reducing turnover; therefore, a qualitative research method was best suited to answer the research question.

Some of the main design options available to qualitative researchers are phenomenology, ethnography, and case study (Marshall & Rossman, 2016). Phenomenological researchers seek to explore, describe, and analyze the meaning of individuals' lived experiences (Marshall & Rossman, 2016). Ethnographical researchers seek to describe and interpret a culture or group by conducting an in-depth study of the everyday behavior of participants (Fusch et al., 2017). The objectives of my research were not to derive meaning through participants' lived experiences or to describe and interpret a group's culture; therefore, phenomenology and ethnography were not appropriate research designs for this study.

A single case study design is appropriate when the environment is unique (Yin, 2018) as was this case of private, specialty care clinics in a single organization. Qualitative case study researchers can answer *how* and *why* research questions in situations in which the researcher does not have control of the behavioral events and when the focus is on contemporary events (Yin, 2018). The qualitative single case study design can also allow for researcher discovery of new concepts (Yazan, 2015). According to Baxter and Jack (2008), a qualitative case study allows the researcher to explore a phenomenon within its context using a variety of data sources. Therefore, a

single case study design was the most suitable design to answer the research question in this study because I was exploring the strategies that nurse leaders in private, specialty care clinics use to reduce nurse turnover.

Research Question

What leadership strategies do private, specialty care clinic leaders use to reduce nurse turnover?

Interview Questions

1. How would you describe your role as a leader when implementing strategies to reduce nurse turnover?

2. How would you describe your overall relationship strategies with your team members that are specific to reducing nurse turnover?

3. How did you develop your strategies for retaining your nurses?

4. What strategies do you use to retain your nurses?

5. What key obstacles did you experience while implementing the strategies?

6. How did your organization overcome the key obstacles to implementing the strategies for reducing nursing turnover?

7. How do you measure the success of your organization's strategies for retaining nurses?

8. What other relevant information would you like to share that would enhance my understanding of the strategies your organization uses to reduce nurse employee turnover?

Conceptual Framework

I chose authentic leadership theory as the conceptual framework for this case study. The authentic leadership theory, which is relatively new, has its roots in previous organizational behavior theories of trust, hope, emotional identification, and identity (Avolio, Gardner, Walumbwa, Luthans, & May, 2004). Luthans and Avolio first defined the authentic leadership theory constructs in the early 2000s (Avolio & Gardner, 2005). The four tenets of the authentic leadership theory are (a) self-awareness, (b) internalized moral perspectives, (c) balanced processing, and (d) relational transparency (Avolio & Gardner, 2005).

The authentic leadership theory is still developing; however, its application within the healthcare environment began shortly after its identification. Shirey (2006) was one of the first researchers to introduce the theory to healthcare settings by testing its usefulness in the development of a healthy work environment for nurses. Several researchers have since conducted studies in which they examined and explored the link between authentic leadership and nurses' work environment (Malila, Lunkka, & Suhonen, 2018). Fallatah, Laschinger, and Read (2017) examined the influence of authentic leadership on the turnover intentions of newly graduated nurses and found that the authentic leadership approach was vital in creating environments that were conducive to nurse retention. Leaders with an authentic leadership approach have positive effects on nurses' engagement, well-being at work, overall work environment, and patient care (Malila et al., 2018). Therefore, the authentic leadership theory was an appropriate

conceptual framework for facilitating the exploration strategies that private, specialty care clinic leaders use to reduce nurses' turnover.

Operational Definitions

Burnout: A psychological syndrome characterized by emotional exhaustion, cynicism, and inefficacy, brought on by prolonged exposure to stress (Boamah, Read, & Spence Laschinger, 2017).

Employee engagement: When employees are in a motivational state characterized by high energy, dedication, and absorption (Havens, Gittell, & Vasey, 2018).

Nurse turnover: When a staff nurse leaves employment or transfers to a different employee position within an institutional environment, which might be voluntary or involuntary (Rondeau & Wagar, 2016).

Turnover intention: The intention to quit a job or nursing profession within the next 2–3 years (Fallatah et al., 2017).

Well-being: The state of individuals' mental, physical, and general health as well as their satisfaction both on and off the job (Nielsen et al., 2017).

Assumptions, Limitations, and Delimitations

Assumptions

Assumptions are things that the researcher accepts as accurate without having concrete proof (Marshall & Rossman, 2016). A foundational assumption of this study was that the study design and interview questions were appropriate for answering the research question. I also assumed that the participants of this study were representative of the target population and that the answers they provided were honest and truthful.

Limitations

Limitations refer to the weakness of the study or what it is or is not (Marshall & Rossman, 2016). The limitations of this study included those attributed to the single case study design. Researchers use the case study design to conduct an in-depth scientific investigation into a real-life phenomenon within its environmental context (Ridder, 2017). Therefore, the results of this study are not for generalization. Instead, the results of this study could shed empirical light on the phenomenon. Researchers can be the greatest threat to their own qualitative studies because it is impossible for an individual to separate them self from the study (Palaganas, Sanchez, Molintas, & Caricativo, 2017). As I was the single researcher responsible for data collection and analysis, there was a possibility for the introduction of subconscious biases into the research.

Delimitations

Delimitations define the scope of the research or what the researcher is or is not going to do (Yazan, 2015). The delimitations of this study included the restriction to a single case and the target population of a small number of participants. The focused nature of this study on private, specialty care clinics in Canada means that the results might not be applicable in other situations or industries. Only the participants from the case were under examination for this study.

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Significance of the Study

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Contribution to Business Practice

The findings from this study could be significant and relevant due to implications for both business performance and positive social change. The study findings could be of

value to businesses by providing practical knowledge for healthcare business leaders on identifying and adapting strategies that can be effective at reducing nurse turnover. With the identification of these strategies, nurse leaders could then intervene and create work environments that are more conducive to retaining nurses. In Canada, the voluntary nurse turnover rate is 20% (Rondeau & Wagar, 2016) and replacing each nurse costs $27,000 (Hughes, 2017); therefore, nurse turnover can have a significant impact on the profitability of healthcare organizations.

Implications for Social Change

There is a shortage of nurses in Canada; by the year 2020, the projection is for a shortage of over 60,000 nurses in the country (Chachula, Myrick, & Yonge, 2015). The results of this study could affect positive social change for patients, nurses, and healthcare systems as a whole because a reduction in nurse turnover could improve patients' outcomes due to better care as well as reduce the economic impact on the healthcare systems (Sawatzky, Enns, & Legare, 2015) by making more resources available for affordable care. Nurses might also stay in their chosen profession longer (Christopher, Fethney, Chiarella, & Waters, 2018). If nurses stay in their profession longer, more nurses could available for service, thereby mitigating the impending nurse shortage and the associated consequences.

A Review of the Professional and Academic Literature

The purpose of this qualitative single case study was to explore leadership strategies that private, specialty care clinic leaders use to reduce nurse turnover. The business problem was the high costs associated with nurse turnover. The research

question was: What leadership strategies do private, specialty care clinic leaders use to reduce nurse turnover? As the conceptual framework for this study, authentic leadership theory is the first topic covered in this literature review. Once I explain the conceptual framework, I present a synthesis of the topics and ideas that emerged from a review of the relevant literature, including critical and supportive assessments.

Identifying and selecting relevant literature for this review required a comprehensive search strategy. The review of literature is integral to the research process because it helps to inform the identification of research opportunities, including research design, data interpretation and analysis, and the conclusions of previous studies (Marshall & Rossman, 2016). An inadequate literature search strategy could adversely affect the quality of the study. For example, a poor literature search strategy could cause researchers to overlook and exclude relevant articles (vom Brocke et al., 2015). The literature search strategy for this study consisted of using the steps outlined by vom Brocke et al. (2015), which included developing an understanding of the subject, defining the search scope, and testing and applying combinations of search parameters. Keywords or search terms define the scope and nature of the literature search (Ferrari, 2015). Van Wee and Banister (2016) suggested using Boolean Operators such as AND, OR, and NOT and searching a broad cross-section of available databases to strengthen the search strategy.

The keywords and search terms I used to identify relevant literature for this study included *authentic leadership, nurse turnover* OR *retention, nurse leadership* AND *turnover, nurse work environment* AND *turnover* OR *retention, nurse engagement* AND

turnover, leadership AND *turnover, transformational leadership* AND *nurse*, and *nurse*

retention strategies. The databases and sources searched included Google Scholar,

ProQuest, Emerald Management, Thoreau multidatabase search tool, specific business

journals, and research journals along with other multidisciplinary sources. Overall, I

cited 254 sources in this study, including four seminal books, and 90% were published

less than 5 years from my expected chief academic officer approval date of August 2019.

This literature review contains 146 articles, of which, 85% of articles were published less

than 5 years from my expected chief academic officer approval date. Peer-reviewed

articles and seminal books made up 100% of the sources used in this study.

Conceptual Framework: Authentic Leadership Theory

The conceptual framework for this study was the authentic leadership theory. The

authentic leadership theory is a product of the complex challenges leaders must navigate

in the contemporary business environment (Johnsen, 2018). This theory was first

introduced in 2003 by Luthans and Avolio (Wong & Cummings, 2009). According to

Avolio and Gardner (2005), contemporary business challenges ranging from ethical

meltdowns to terrorism to rapidly emerging technology to changing markets and

customer demands have renewed the focus for genuine leadership. The focus on the need

for genuine leadership was a catalyst for researchers to find new leadership approaches

that were more suitable for the contemporary business environment (Cooper, Scandura,

& Schriesheim, 2005). The endeavor to develop leaders with the capabilities to handle

the demands of the business environment led to the identification of a new form of

positive leadership (Avolio et al., 2004). This new positivity-based leadership theory,

called the authentic leadership theory, might help in reducing some of the much-publicized moral leadership failures in business.

Bill George, the former Chairperson and CEO of Medtronic, is often credited with popularizing the authentic leadership theory with the 2003 publishing of the book *Authentic Leadership: Rediscovering the Secrets to Creating Lasting Value*. In the book, George (2003) provided a practical approach to authentic leadership, stating that authentic leaders possess the following five dimensions and qualities: They (a) understand their purpose, evident in their passion for what they do; (b) practice solid values through their behaviors; (c) lead with heart, by showing compassion; (d) build relationships with connectedness; and (e) demonstrate self-discipline through consistency. These leadership characteristics make it possible to develop authentic leadership skills.

The authentic leadership theory has its origins in the positive organizational behavior theories of trust, hope, and emotional identification (Avolio et al., 2004). After some challenges finding a clear definition of the authentic leadership theory, Luthans and Avolio were the first to describe the constructs (Avolio et al., 2004). The four constructs of authentic leadership theory are (a) self-awareness, (b) internalized moral perspectives, (c) balanced processing, and (d) relational transparency (Avolio & Gardner, 2005). These constructs differentiated the theory from the other leadership theories in that authentic leadership theory included the internalized moral perspective (Wong & Cummings, 2009). This moral perspective was theorized as a fundamental value to combat the spate of moral meltdowns in the business world around the time of the

conception of the authentic leadership theory (Cooper et al., 2005). With a foundation of positivity and moral perspective, the authentic leadership theory presented researchers with a new challenge–how to measure the constructs. The description of the authentic leadership constructs was the foundation for researchers to refine the definition further in order to measure the authentic leadership theory.

Despite having distinct constructs, the newness of the authentic leadership theory has subjected it to redefinition and expansion. Walumbwa, Avolio, Gardner, Wernsing, and Peterson (2008) were among the first to develop a reliable instrument for measuring the authentic leadership constructs. Walumbwa et al. developed the Authentic Leadership Questionnaire (ALQ), which allowed for testing the theory in various situations while providing researchers with a starting point to refine the definition of the constructs of the theory. Banks, McCauley, Gardner, and Guler (2016) then provided a more refined definition of the authentic leadership construct. According to Banks et al., (a) self-awareness is an understanding of an individual's strengths and weaknesses along with their values, goals, knowledge, and talents; (b) internalized moral perspective is self-regulation based on deep-seated values and the desire to make a positive difference; (c) balance processing is a consideration of the opinions of others and use of all relevant information in the decision-making process; and (d) relation transparency is openly showing an individual's true self and appropriately sharing information regarding their thoughts and emotions. This definition added more clarity to the constructs of the authentic leadership theory. The ALQ is the most used instrument to measure authentic leadership (Banks et al., 2016). With the ALQ and the refined definition of the

constructs, researchers can reliably quantify the theorized components of authentic

leadership.

While the ALQ is the instrument of choice for most researchers intending to

measure authentic leadership, other researchers have proposed alternative instruments to

measure it. The Authentic Leadership Inventory (ALI), proposed by Neider and

Schriesheim (2011), measured the same dimensions as the ALQ; however, when

compared with the ALQ, the ALI provided increased confidence in the construct validity.

Davidson et al. (2018) performed an analysis of reliability and construct validity of the

ALI among 85 registered nurses in the United States and concluded that the ALI was a

reliable instrument for measuring authentic leadership in nursing. Levesque-Côté,

Fernet, Austin, and Morin (2018) conducted an exploratory structural equation modeling

test with 538 participants from private and public organizations in Canada and found that

there was considerable overlap between the ALQ and ALI instruments. Therefore,

Levesque-Côté et al. proposed a new instrument they called the Authentic Leadership

Integrated Questionnaire, which is an optimized measure of the authentic leadership

style. Levesque-Côté et al. have argued that the Authentic Leadership Integrated

Questionnaire better highlights the theoretical facets of the authentic leadership style.

The three-pillar model based on self-awareness, self-regulation, and ethical

behavior is another instrument for measuring authentic leadership and was proposed by

Beddoes-Jones and Swailes (2015) in their attempt to provide a quick and reliable

instrument to measure the constructs. Researchers have not only questioned the

instruments used to measure constructs, some criticisms have extended to the entire authentic leadership theory.

Criticisms of the authentic leadership theory. Despite the interest in and resulting research that has generated empirical evidence to support the constructs of the authentic leadership theory in different settings, the authentic leadership theory is still the subject of criticism. Ford and Harding (2011) argued that authentic leadership as an indication of an individual's true self is not an attainable goal and that the implementation of the authentic leadership could introduce destructive dynamics within an organization because it might force individuals to adapt to the collective instead of asserting one true self. Critics have also cited that the authentic leadership model does not consider the imperfections of individuals, which can be paradoxical to the core concept of the authentic leadership approach of identifying the notion of the true self (Ford & Harding, 2011). This authentic leadership approach paradox was also supported by Nyberg and Sveningsson (2014) who found that when leaders claim to be their true selves to make others see them as good leaders, they are simultaneously restraining their claimed authenticity by projecting an image of a good leader. Both Ford and Harding and Nyberg and Sveningsson found that for leaders, the authentic leadership approach could result in self-conflict and deception who fail to disclose the critical aspects of themselves by only focusing on perceived positive aspects of their true selves.

Some researchers have also suggested that the authentic leadership theory is nothing more than a repackaged approach to positive leadership theories. Authenticity is a recognized essential characteristic of other leadership styles (Anderson, Baur, Griffith,

& Buckley, 2017; Beddoes-Jones & Swailes, 2015). Some researchers have argued that because the authentic leadership theory can include characteristics from many positivity-based leadership theories, such as transformational, charismatic, servant, and spiritual, the distinctiveness of the theory could be cause for concern (Banks et al., 2016). The debate about whether authentic leadership should be a standalone theory might continue because some have argued that there is too much overlap with other leadership theories, which could complicate the definition and measurement of the constructs.

Another criticism of the authentic leadership theory is whether it is gender neutral. Kapasi, Sang, and Sitko (2016) argued that the gender neutrality perception of the authentic leadership theory is a creation of the media instead of the leaders themselves. Support for the media-created perception of gender neutrality of authentic leadership includes the findings of Liu, Cutcher, and Grant (2015) who conducted an examination of the representation of one male and one female CEO in Australia and found that authenticity was a leader's actions and not something they had or who they were. Instead, authenticity was dependent on traditional societal norms for gender, so the expectation is for leaders to lead within the confines of those societal norms if they were to gain acceptance as being authentic (Liu et al., 2015). Hopkins and O'Neil (2015) also investigated gender representation when applying the authentic leadership theory and found that because women leaders are trying to adapt in a male-dominated business environment and organizations tend to reward individual performance, the work of women is often undervalued and they might feel less authentic. Because the ideals of authentic leadership are individualistic or masculine versus collective or feminine,

women are also not always readily accepted in leadership roles, so they might have feelings of being an outsider and have more challenges gaining trust and acceptance as authentic leaders (Hopkins & O'Neil, 2015). Nursing is a female-dominated profession (Ashkenazi, Livshiz-Riven, Romem, & Grinstein-Cohen, 2017), so the critique that authentic leadership may be unfriendly to female leaders could have implications for nurse leadership, which also tend to be comprising female-dominated positions.

Authentic leadership theory and employee turnover. The positivity-based authentic leadership theory might influence employee turnover. Azanza, Moriano, Molero, and Lévy Mangin (2015) examined the relationship between employees' perception of authentic leadership and turnover and the potential mediating roles of work-group identification and employee engagement. Azanza et al. sampled 623 Spanish employees from various sectors and found that authentic leadership had a negative effect on turnover intentions and positively influenced work engagement and work-group identification. Oh and Oh (2017) examined the relationship between authentic leadership and turnover intentions and whether the size of the organization had any mediating effect on the link between authentic leadership and turnover intentions. Oh and Oh's study took place in South Korea and included 375 participants selected from several firms. The results of Oh and Oh's study indicated that authentic leadership reduced turnover intentions; however, the size of the organization did have a mediating effect (i.e., the positive effect of authentic on turnover intentions was most active in smaller organizations). In the public healthcare sector, Stander, De Beer, and Stander (2015) conducted a South African study sampling 633 participants from 27 public health

organizations and found that authentic leadership was a significant predictor of optimism and trust in the organization, both of which mediated employee engagement. Positive leadership and trust are the foundation of authentic leadership theory, and based on the results of these studies, might have helped to reduce employee turnover.

The authentic leadership theory might hold some promise as possessing characteristics required by leaders to equip themselves with to overcome the challenges present in the contemporary healthcare delivery industry. Existing research results have confirmed the authentic leadership approach as a viable option to address some of the issues present in the healthcare delivery industry, especially nurse turnover (Stander et al., 2015; Wong & Cummings, 2009). Therefore, I used the authentic leadership theory as the conceptual framework for this study, in which I explored the strategies private, specialty care clinics nurse leaders use to reduce nurse turnover.

Other theories considered for the conceptual framework. The other theories considered for this study were the transformational leadership theory introduced by in the mid-1980s by Bass (1985) and the Herzberg two-factor theory posited in the late 1950s (Herzberg, Mausner, & Snyderman, 2017). According to Bass, transformation leaders motivate their followers to perform beyond expectation by raising their followers' awareness of the importance and value of idealized goals and enabling them to transcend self-interest in the interests of the organization. According to the theorist Herzberg, two factors were central to employees' motivation to work these were motivational factors: achievement, recognition, responsibility, and advancement and growth, and hygiene factors, which include work environment, and salary and benefits (Herzberg et al., 2017).

Researchers have used both the transformational leadership theory and the Herzberg two

factor theories to explain nurse turnover.

Researchers have used the transformational leadership theory as for the

conceptual or theoretical framework for studies regarding the nurses' turnover

phenomenon because of the theory's relationship with the development of positive work

environments. According to Cheng, Bartram, Karimi, and Leggat, (2016), adopting a

transformational leadership style could help nurse leaders develop cohesive and adaptive

teams, which help increase job satisfaction and intent to stay. Brooks (2017) conducted a

qualitative single case study to answer the research question, what strategies do health

care leaders use to improve registered nurse retention; the target population for this study

was health care leaders at an organization in Brooklyn, New York. Brooks used the

transformational leadership theory as the conceptual framework for this study. The

study's results showed that the three main emergent themes: supportive leadership,

teamwork, and effective communication all improved registered nurse retention (Brooks,

2017). Therefore, the transformational leadership theory might have been an appropriate

conceptual framework for duplicating Brook's study.

The Herzberg-two factor theory is also a widely used lens for viewing research on

nurse turnover (Dilig-Ruiz et al., 2018). For example, Proctor (2017) used a qualitative

single case study design study to explore the strategies health care leaders used to

improve nurses' job satisfaction and to reduce voluntary employee turnover at a hospital

in the Phoenix, Arizona area. Herzberg-two factor theory was the conceptual framework

used for this study, and the emergent themes were: autonomy and supportive leadership

enhanced job satisfaction, and continued education along with competitive salary and bonuses improved both nurses' job satisfaction and retention rates (Proctor, 2017). Proctor's results showed that the Herzberg two-factor theory was an excellent choice of theory for demonstrating the motivation and hygiene factors driving nurses' retention.

The transformational leadership and Herzberg two-factor theories are decades old, so there is an extensive collection of studies examining nurse turnover using the transformational leadership theory (McCay, Lyles, & Larkey, 2018), and the Herzberg two-factor theory (Dilig-Ruiz et al., 2018) as the theoretical or conceptual framework. The authentic leadership theory introduced in the early 2000s (George, 2003), is a relatively new theory. Therefore, several gaps exist in the literature regarding the application of this theory; for example, the lack of research specific situations and qualitative method research (Alilyyani, Wong, & Cummings, 2018; Malila et al., 2018). The purpose of this study was not to confirm or recreate existing research nor was it to explore the motivation and hygiene factors influencing nurses' retention; instead, this study aimed to explore the nurses' turnover phenomenon in a unique setting and through a different lens. Therefore, the authentic leadership theory was an appropriate conceptual framework for this study, which was an exploration of the leadership strategies that private, specialty care clinic leaders use to reduce nurse turnover.

Nurses' Turnover

Nurses' turnover is a global issue with negative implications for healthcare delivery business and systems. Halter, Boiko, et al. (2017) found that globally, nurses' turnover ranges from 4% to 54%. In North America, the United States had a nurses'

turnover rate of 27%, and Canada had a lower but still significant national nurses'
turnover rate of 20% (Hughes, 2017). Among professionals, nurses have one of the
highest susceptibilities to turnover (Van Waeyenberg, Decramer, & Anseel, 2015). High
nurses' turnover rates have ramifications that reach beyond healthcare delivery
organizations and health systems.

The high nurses' turnover rates are a ubiquitous phenomenon affecting both
developed and emerging economies. High nurses' turnover rates are also contributing to
the global nursing shortage (Wang, Tao, Bowers, Brown, & Zhang, 2018). The
expectation is that the nursing shortage will get worse in the future as both the global and
nursing population ages (Fida, Laschinger, & Leiter, 2018). According to Sawatzky et al.
(2015), by 2022, the United States should expect a shortfall of over 500,000 nurses.
Europe will need 590,000 nurses by 2020 (Pasila, Elo, & Kääriäinen, 2017). In Canada,
the nurse shortage expectations are also dire as the projection is for a shortage of over
60,000 nurses by 2022 (Chachula et al., 2015). Globally, nurse turnover continues to be
unsustainably high, which is further exacerbating the nurse shortage and putting fiscal
and other resourcing pressures on healthcare delivery businesses. The impending nurses'
shortage presents significant performance challenges for the leaders of healthcare
delivery organizations and health systems.

Because of the global distribution of the high nurse turnover problem, researchers
all over the world are investigating, examining and trying to explain the phenomenon;
researchers are uncovering various common trends and insights into the phenomenon of
nurses' turnover. According to Halter, Pelone, et al. (2017), the issue of high nurses'

turnover is garnering international attention due to the size and consequences of this issue. Despite this explosion in nurses' turnover research, many gaps might still exist. Researchers have voiced concerns that the bulk of researchers on the topic of nurse turnover used the quantitative method and self-reported surveys (Alilyyani et al., 2018; Keyko, Cummings, Yonge, & Wong, 2016). Hoff, Carabetta, and Collinson (2019) also suggested that there was a need for more qualitative research on the phenomenon to capture data on the nurses' everyday work experiences in different roles and settings. Wei, Sewell, Woody, and Rose (2018) found that there was a lack of research on the effect of a nurse leader's caring action on nurse turnover. Nurse turnover is a ubiquitous issue, and there is a recognized need for more research to help healthcare business leaders develop an evidence-based solution to the problem.

To provide empirical evidence to address these gaps in nurses' turnover research has lead researchers investigating the phenomenon to the discovery of several factors influencing the high nurses' turnover rates. Nei, Snyder, and Litwiller (2015) conducted a meta-analytic examination of the causes of nurse turnover and found that supportive and communicative leadership, network centrality and organizational commitment were the strong predictors of nurse turnover. The factors associated with nurse turnover are issues associated with nurse leadership, work environment, and organizational characteristics (Cowden & Cummings, 2015). Both Nei et al. and Cowden and Cummings (2015) had findings that indicated that an understanding of the leadership, work environment, and organizational factors influencing nurse turnover is essential to developing effective strategies for reducing nurse's turnover. The findings of these

literature reviews and meta-analysis reinforce the need for more research on the general phenomenon and the factors influencing high nurses' turnover.

Factors influencing nurse turnover. The phenomenon of nurses' turnover is complex, and several factors influence a nurse's decision to stay on the job. Both emotional and relational processes determine nurses' response to their work environment (Cowden & Cummings, 2015). Cote (2016) also found that the decision to stay or leave the nursing profession was the result of a complex process that involved several interwoven factors including personal, family, and social experiences along with some psychological factors. Similarly, Hayward et al. (2016) found that nurses based their decisions on whether to stay or leave on several interrelated work environment and personal factors; these include higher patient acuity, high workloads, and infective working relationship with physicians, deficient leadership and health and well-being. The negative determinants of nurse turnover include uncivility in the workplace, lack of opportunity for personal advancement, work stress, and ethical issues (Alilu, Zamanzadeh, Fooladi, Valizadeh, & Habibzadeh, 2016). Nurses' turnover is driven by many workplace leadership, personal, and work environment factors.

The influence of the nurses' work environment is a recurring theme when researching the nurses' turnover phenomenon. Smith, Morin, and Lake (2018) defined the nurse work environment like the workplace characteristics of an organization either constraint or facilitate professional nursing practice. Several parameters of the nurse work environment contribute to nurses and patient outcomes (Copanitsanou, Fotos, & Brokalaki, 2017). Nurses' outcomes influenced by the work environment include nurses'

employee engagement and job satisfaction (Sawatzky et al., 2015), and burnout (Aronsson et al., 2017; Hoff et al., 2019). Nurses' decision whether to leave or stay on the job or in the profession is multifaceted and based on personal and relational factors along with the physical and emotional toll of the work environment.

A broad range of environmental factors influences nurses' decision to stay or leave the job or profession. According to Hayward et al. (2016), the work environment was a substantial factor in nurses' decision as to whether to leave the organization. Factors influencing the work environment included workload demands, including navigating the healthcare system, shift work, and unreasonable expectations from leadership (Chachula et al., 2015; Hayward et al., 2016). Also, bullying and workplace violence or incivility (Blackstock, Harlos, Macleod, & Hardy, 2015; Fida et al., 2018). The relationships or interprofessional collaboration in the workplace also contributed to the work environment or organizational culture; ineffective workplace relationships increases nurses' turnover intentions (Chachula et al., 2015; Hayward et al., 2016). Also contributing negatively to turnover intentions was work-related stress and wellbeing (Matziari, Montgomery, Georganta, & Doulougeri, 2017). Factors exerting influence on the nurses' work environment includes leadership support workload, work relationships, workplace incivility (bullying and other violence), stress, and well-being. Senior leadership and nurse leaders must account for these factors and their precursors when developing strategies for reducing nurses' turnover intentions. One of the work factors that might influence the work environment is nurse staff engagement.

Employee engagement and nurse turnover. Another recurring theme in the study of nurses' turnover is the effect of employee engagement on the phenomenon. The original characterization of employee engagement was an employee's high levels of energy and strong identification with their work (Bakker, Schaufeli, Leiter, & Taris, 2008). While some researchers are still debating whether there is clarity with the constructs of employee engagement (Green, Finkel, Fitzsimons, & Gino, 2017), for this study, the definition employed was that of Havens et al. (2018), which is that employee engagement is when employees are in a motivational state characterized by high energy, dedication, and absorption. Mackay, Allen, and Landis (2017) suggested that employee engagement might be a direct predictor of job satisfaction, employee involvement, and organizational commitment. According to Delaney and Royal (2017), organizations with high employee engagement tend to attract and retain the best talent. Bailey, Madden, Alfes, and Fletcher (2017) conducted a systematic review of the literature on the topic with a focus on the meaning, antecedents, and outcomes of employee engagement and found that there was a positive association between employee engagement, morale, task performance, extra-role performance, and organizational performance. The research evidence is supportive of a positive association between employee engagement and organizational performance and personal outcomes.

This favorable association between employees' engagement might also exist in healthcare delivery organizations. In the healthcare industry, this positive association between nurses' employee engagement and nurse and patient outcomes is supported by Keyko et al. (2016), who conducted a systematic review of existing literature to examine

the antecedents and outcomes of work engagement and professional nursing practice. Keyko et al. found that nurse employee engagement yielded positive outcomes for organizations, individuals, and patients. Collini, Guidroz, and Perez (2015) also examined the influence of employee engagement in the healthcare delivery scenario when they conducted a quantitative study in the United States to gain an understanding of the interaction between interpersonal respect, diversity climate, mission fulfillment, and engagement to predict turnover in healthcare better. Collini et al. targeted 185 departments at 10 large hospitals, the results of their study indicated that nurse engagement fully mediated the relationship between respect and turnover, and the relationship between mission fulfillment and turnover. Because existing research evidence indicates that a positive relationship might exist between nurse employee engagement and organizational and personal outcomes, it is as vital to examine the drivers of nurse employee engagement.

Dasgupta (2016) examined the effect of organizational, personal, team, and job demand factors on the mediating effect of team and affective commitment (an employee's positive attachment to the organization). The study had 504 participants selected from five hospitals in Kolkata, India. The results from this study indicated that organizational, leader-member exchange, team-member exchange, and workplace friendship were enhancers of employee engagement while work stress had an adverse effect on engagement. Also, affective commitment was a positive mediator for the relationship between perceived organizational support and employee engagement.

Employee engagement also has its own antecedents. Some of the factors that could positively influence nurses' work engagement follows three themes job characteristic, organization characteristics, and individual characteristics (García-Sierra, Fernández-Castro, & Martínez-Zaragoza, 2017). Job characteristics include autonomy, rewards (García-Sierra et al., 2017), job stress, and burnout (Labrague et al., 2017). Organizational characteristics include organizational politics (Labrague et al., 2017), leaders' support, and coworkers' social support (Orgambídez-Ramos & de Almeida, 2017). Individual characteristics include love for the job (García-Sierra et al., 2017) and job satisfaction. Also, Nielsen et al. (2017) found that resources at the individual, group, leadership, and organizational levels were needed to improve employee engagement. The antecedents to employee engagement include aspects of the job, organization, and individual; therefore, it is possible that nurses' engagement might have similar aspects.

Employee engagement may result in lower nurse turnover rates when staff nurses are energized and committed to the job and organization. García-Sierra, Fernández-Castro, and Martínez-Zaragoza (2016) conducted a critical review of the literature to synthesize the existing research regarding the work engagement construct and its application in nursing found that there might be a positive association between nurses' employee engagement and nurses and patient outcomes including nurses' turnover. Therefore, senior leaders and nurse leaders should provide the right level of resources, support, and working conditions that will improve nurses' employee engagement scores, this includes empowering their staff nurses, providing social support, and promoting employee optimism through leadership behaviors and communication.

Burnout and nurse turnover. Work engagement, burnout, and job satisfaction are well-known predictors of nurses' turnover. Burnout is a psychological syndrome which is a response to the exposure of chronic emotional and interpersonal stress in the workplace, the characteristics of burnout are exhaustion, cynicism, inefficacy, and detachment from the job (Maslach & Leiter, 2016). According to Nantsupawat et al. (2017), burnout is a reliable predictor of nurse turnover. Some researchers have classified burnout as the opposite of employee engagement (García-Sierra et al., 2017). The risks factors for burnout among healthcare professionals are workload, control, reward, community fairness values, and job-person fit (Bridgeman, Bridgeman, & Barone, 2018). Whitebird et al. (2017) suggested that the factors influencing employee burnout include decreased work autonomy, low levels of support and increased workloads. The results from Bridgeman et al. (2018) and Whitebird et al. implied that influencing burnout were factors related to leadership and the work environment along with personal factors. Therefore, recognition of the risk factors contributing to employee burnout is necessary for developing strategies to retain nurses.

Like employee engagement, many similar factors influence nurse burnout. Abellanoza, Provenzano-Hass, and Gatchel (2018) conducted a review of literature and interview themes in their study that explored the factors influencing emergency room nurse's burnout. Abellanoza et al. found that social support, leadership, interventions, job demands, and individual differences such as coping behaviors, personality traits, and motivation were burnout drives. To answer the complex research question as to what were the predictors of burnout, work engagement, and nurse outcomes, Kureckova et al.

(2017) conducted a mixed method study that targeted two university hospitals in

Belgium, one in the Dutch-speaking part and the other in the French-speaking part of the

country. The findings of Kureckova et al. indicated that the factors influencing nurse

burnout were workload, negative feelings such as frustration and negativism, and the

inability to meet the patient needs were also contributory factors to burnout. Geuens,

Van Bogaert, and Franck (2017) aimed to examine the combination of personality and

interpersonal behavior of staff nurses in general hospitals in relation to burnout and its

separate dimensions. Geuens et al. sampled 587 Belgian nurses confirmed that

influencing nurse burnout were the following personality factors: openness, neuroticism,

conscientiousness, and extraversion. Also, cooperative behavior, submissive-friendly

behavior, dominant-hostile behavior, and vector length predicted exhaustion. Burnout

among nurses is an antecedent of turnover.

The factors that drive nurses' burnout or mental exhaustion are similar to those

that drive nurse staff engagement (Maslach & Leiter, 2016). However, the effects of

these factors are polar. For example, high workload, negative workplace, and lack of

leadership support were identified as drivers of nurses' burnout whereas manageable

workload, healthy work environments along with supportive leadership were positively

related to nursing staff engagement. Another factor that influences nurse turnover is

incivility in the workplace.

Incivility and nurse turnover. The consequences of incivility in the workplace

can be multidimensional. De Villers and Cohn (2017) suggested that incivility in the

nurses' work environment reduces productivity and could add significant cost to

healthcare delivery organizations' budgets. Workplace incivility also negatively

influence nurse retention and patient care quality (J. G. Smith et al., 2018). Nurses want

a safe working environment, and their perception of workplace safety positively

correlates with turnover intentions (Hughes, 2017). The sources of nurses' incivility can

come from both their leaders and colleagues (Kaiser, 2017). One of the primary sources

of incivility in the nurses' workplace is bullying, which can have devastating

consequences for both the victims and the organization.

Workplace bullying is a common phenomenon. According to Hewett, Liefooghe,

Visockaite, and Roongrerngsuke (2018), workplace bullying is present in many industries

and positions and could lead to unfavorable organizational outcomes. Employees and

victims of workplace bullying exhibit higher levels of burnout, physical symptoms of

stress, and turnover intention, and lower levels of job satisfaction and organizational

commitment (Hewett et al., 2018). Similarly, in the healthcare industry, there is research

evidence that supports the prevalence and effects of workplace bullying (Aronsson et al.,

2017; Blackstock et al., 2015). Despite the adverse outcomes associated with workplace

bullying, it might still be a common phenomenon in the healthcare industry, including the

nurses' work environment.

The nursing profession has a high incidence of workplace bullying. Sauer and

McCoy (2018) conducted a study in the United States in which they sampled 345

registered nurses working in various settings and found that 40% of the respondents had

experienced some form of bullying within the last 6 months. Similarly, Ganz et al.

(2015) investigated bullying with regard to intensive care unit nurses in Israel and found

that 29% of the nurses who participated in the study were victims of bullying. Trépanier, Fernet, Austin, and Boudrias (2016) also found that there was a high prevalence of bullying in the nurses' workplace when they conducted a systematic review of the literature to examine the antecedents of bullying in the nurses' workplace. Trépanier et al. reported that up to 40% of nurses had experienced bullying in the workplace. Nurses are invariably reporting high incidences of workplace bullying, and because bullying has a negative relationship with turnover, exposure to bullying might be a factor for nurses' high turnover rates.

Bullying in the nurses' workplace affects their health and well-being. According to Sauer and McCoy (2017), bullied nurses were more likely to suffer from both poor physical and mental health. Wright and Khatri (2015) in their investigation of 241 nurses from the Midwest United States to examine the types of bullying in the nurses' workplace also found that workplace bullying affects nurses' psychological/behavioral responses such as stress and anxiety and medical errors. The negative relationship between workplace bullying and nurses' turnover was confirmed by Sauer and McCoy (2018), whose study results showed a direct link between workplace bullying and nurse turnover. Because of the high personal and emotional toll that bullying can have on nurses, it is conceivable that workplace bullying might be a contributor to nurses' turnover.

Nurse leaders need to take an active role in incivility intervention and prevention in the nurses' workplace because preventing acts of incivility will lead to reducing turnover (De Villers & Cohn, 2017). Kaiser (2017) suggested that leaders work to ensure that there are positive relationships and interpersonal dynamics among staff and nurse

leaders should create structures that promote empowerment. Nurse leaders also need to develop the skills required to manage human relationships as this could help in reducing nurses' workplace bullying and turnover (Fontes, Alarcão, Santana, Pelloso, & de Barros Carvalho, 2018). Incivility such as bullying might have more to do with the work environment than with individuals and puts the wellbeing of both nurses and patient safety at risk, curbing workplace incivility should be a priority for nurse leaders.

Job satisfaction and nurse turnover. The original definition of job satisfaction was as the satisfying emotional state resulting from the personal assessment of an individual's job as realizing or enabling the achievement of their job values (Locke, 1969). A more straightforward definition of job satisfaction is how much an employee likes his/her job (Christopher et al., 2018). Because job satisfaction is a well-established antecedent to several critical organizational performance measures, it is one of the most measured organizational variables in business research. Job satisfaction is an indicator of how employees feel about their job and their commitment to the organization (Bailey, Albassami, & Al-Meshal, 2016). Job satisfaction is an established predictor of nurse turnover (Asamani, Naab, & Ofei, 2016; Hayes, Douglas, & Bonner, 2015). Nurse leaders must recognize the factors that influence job satisfaction, as this could also help in the development of strategies to reduce nurse turnover.

Researchers have identified several factors that might be responsible for job satisfaction. According to Hayes et al. (2015), the contributors to job satisfaction are multifactorial. In their systematic review of 61 articles on job satisfaction among critical care nurses, Dilig-Ruiz et al. (2018) found that the following factors were positively

associated with critical care nurses job satisfaction: shift work, autonomy, personnel resource, staffing, teamwork, and cohesion. Dilig-Ruiz et al. also found that job stress and burnout were negatively related to job satisfaction. Panagiotoglou, Fancey, Keefe, and Martin-Matthews (2017) conducted a literature review that included 10 studies and found that job characteristics and organizational characteristics, along with personal factors, were contributors to nurses' job satisfaction. Munnangi, Dupiton, Boutin, and Angus (2018), confirmed these previous findings of the relationship between work stress and job satisfaction. Munnangi et al. investigated burnout, perceived stress, and job satisfaction at a level-one trauma center in New York. Munnangi et al. found that there was a significant relationship between job stress, burnout, and job satisfaction. Job satisfaction, or how much an employee liked their job, is one of the primary antecedents of nurse turnover. The drivers of job satisfaction vary and include individual level, work environment, and organizational factors (Hayes et al., 2015). Both engagement – positively and burnout – negatively contribute to job satisfaction. Because job satisfaction is a predictor of nurse turnover, early leadership intervention strategies to improve job satisfaction might help to reduce nurse turnover. The role of job satisfaction in nurses' turnover exists in the examination of most of the other factors influencing nurses' turnover rates for; example, nurse leadership.

Leadership and nurse turnover. Leadership is essential to the performance of the workforce of healthcare delivery organizations. Nurse workforce leadership has a significant influence on nurses' outcomes (Saleh, Connor, Al-subhi, Alkattan, & Al-harbi, 2018). Despite the realization that leadership is essential for building healthy work

environment, implementing new patient care models, and maintaining the already strained nursing workforce, there is a need for more research to explain the relationship between leadership style and healthcare organizational performance and outcomes (Cummings et al., 2018). Understanding the role of leadership in creating work environments that support nurse retention is essential for leaders of healthcare delivery organizations.

The responsibility for leading staff nurses lies with the frontline nurse leaders, and these individuals have a significant role in creating the work environment in which staff nurses operate. According to Loveridge (2017), nurse leaders are critical to organizational success because of the influence they have on the patients' point of care. This finding is also supported by Saleh et al. (2018), who also found that leadership style had a significant influence on nurses' job satisfaction, turnover, and the quality of care delivered. Nurse leaders have the potential to affect everything from staff nurses' retention to patient care to healthcare organizational performance. It is critical that senior leaders ensure that nurse leaders are given the support and tools to be effective in jobs which include creating work environments that are conducive for a high-performing workforce and staff retention. To provide the support and tools needed to create an environment that supports nurses' retention, leaders require an understanding of the influence of leadership approach on staff nurse outcomes and organizational performance.

Researchers trying to gain an understanding of the nurse turnover phenomenon have examined the influence of the transactional leadership style on nurses' intention to

stay. Manning (2016) conducted a quantitative study in the United States, involving 441

participants to examine the relationship between leadership style and nurse engagement.

Manning found that both transactional and transformational leadership styles had a

positive influence on staff nurse work engagement, whereas the passive-avoidant

leadership style negatively influenced staff nurse work engagement and retention.

Contrary to Manning's findings, in a mixed method study conducted in Northern Italy by

Morsiani, Bagnasco, and Sasso (2017) produced results that indicated that transactional

leadership style where nurses' leaders employed a management by exception approach of

monitoring for errors, then intervening to correct and punish offenders had negatively

affected staff nurses job satisfaction. In their systematic review of quantitative studies,

Cummings et al. (2018) concluded that transactional leadership styles had both positive

and negative effects on nurse outcomes. That is, a transactional leadership approach was

associated with improved outcomes regarding job satisfaction and some outcomes

regarding relations among staff; however, transactional leadership style had a negative

association with empowerment, staff health and well-being (Cummings et al., 2018).

Asamani et al. (2016) found that no one leadership style was ideal for every situation,

they recommend that nurse leaders understand their dominant leadership style and assess

each situation so that they then use the approach that will get the optimal results. To

apply the most appropriate leadership approach for a given situation would require nurse

leaders to be self-aware and flexible based on the needs of specific situations.

     Senior leaders could also help to create work cultures that are conducive for nurse

leaders to succeed in their jobs. Frontline nurse leaders need senior management support

(Adriaenssens, Hamelink, & Van Bogaert, 2017; Loveridge, 2017) along with proper orientation and mentorship (Loveridge, 2017). Ultimately, nurse leaders need to have appropriate decision-making authority and control over their work environment, which might reduce their own and their staff nurses' burnout and turnover rates (Adriaenssens et al., 2017; Wong & Spence Laschinger, 2015). A strategy that focuses on the creation of a healthy work culture starts with the senior organizational leaders.

Nurse leaders' engagement and job satisfaction are critical for achieving positive individual and organizational outcomes. Djukic, Jun, Kovner, Brewer, and Fletcher (2017) conducted a study in the United States with 1,392 participants selected from metropolitan and rural areas from 35 states to examine the correlation between job satisfaction and personal and structural variables. Djukic et al. generated results that lead them to postulate that nurse leaders who were satisfied with jobs had lower staff nurse turnover rates with improved patient and staff outcomes. Wong and Spence Laschinger (2015) had similar results in their study of frontline nurse leaders in Ontario, Canada; they found that nurse leaders' job strain had a positive association with burnout, which contributed to lower organizational commitment and high turnover intention among staff nurses. Wong and Spence Laschinger also found that organizational commitment had a negative association with turnover, and there was a positive relationship between job strain and turnover intention among nurse leaders and staff nurses. Another study conducted in Canada by Armstrong-Stassen, Freeman, Cameron, and Rajacich (2015), investigated human resources practices relevant to the retention of older nurses and found those nurse leaders who were perceived to be fair and just in their administration of

human resources practices had better retention of older staff nurses. Therefore, it might

be useful for nurse leaders who are interested in retaining nurses to invest in strategies

that enhance nurses' engagement and job satisfaction. Therefore, the senior leaders of

healthcare delivery organizations should prioritize the support and empowerment of their

nurse leaders, which might keep the nurse leaders engaged and satisfied in their job as

doing so could lead to favorable organizational outcomes.

Researchers have also uncovered other factors that might influence nurse leaders'

job satisfaction. Djukic et al. (2017) found that nurse leaders' job satisfaction might be

dependent on strong procedural justice, and a supportive and empowering work

environment. In a Canadian study involving 95 nurse leaders, Hewko, Brown, Fraser,

Wong, and Cummings (2015) examined the differences between nurse leaders who

intend to stay on beyond 2 years and those who intend to leave. Hewko et al. found that

the factors influencing leaders who intended to leave the job were work overload,

inability to ensure quality care, insufficient resources, and lack of empowerment and

recognition. Managers who intended to leave also had lower job satisfaction, in addition

to a perception of resonant leadership and higher burnout levels (Hewko et al., 2015).

Udod, Cummings, Care, and Jenkins (2017) explored role stressors and coping strategies

in Canadian acute healthcare facilities; their qualitative study had 17 nurse leader

participants. Udod et al. suggested that the reduction of the effect of stressors might help

in preserving the mental and psychological health of nurse leaders. Leaders who

perceived themselves as being more influential in providing access to resources for their

staff were more likely to enhance the professional work environment and raise staff

nurses' engagement (Ducharme, Bernhardt, Padula, & Adams, 2017). Nurse leaders are integral to the work environment and nurse staff engagement. Therefore, creating a supportive workplace, reducing stressors, and making the needed resources available for them to do their jobs might help to keep nurses leaders engaged.

Another related theory often used to explain nurse turnover is the transformational leadership theory. The role of transformational leadership style on work environment and employee turnover are highly researched topics. Also, there is empirical evidence to support the notion that transformational leadership might help in the creation of a positive work environment (Lavoie-Tremblay, Fernet, Lavigne, & Austin, 2016). Transformational leadership might help in the creation of positive work environment because of the affirmative link that exists with workplace empowerment (Boamah, Spence Laschinger, Wong, & Clarke, 2018), thereby reducing intentions to quit (Lavoie-Tremblay et al., 2016). Also, transformational leadership had a positive association with nurses' organizational commitment which is significantly related to nurses' intent to stay with their current organization and in the profession (Brewer et al., 2016). Transformational leadership theory is an alternative to the authentic leadership theory that might explain the phenomenon of nurses' engagement and turnover. Therefore, when studying the phenomenon of employee turnover, it is necessary to examine studies that used the transformational leadership theory as either their theoretical or conceptual framework.

Nurse leaders' emotional intelligence is another leadership characteristic that researchers have investigated in their attempt to explain the reason for nurses' turnover.

Crowne et al. (2017) examined the effectiveness of emotional intelligence by sampling 20 nurse leaders from nursing homes in the United States. Crowne et al. found that a leader's ability to perceive and express emotion accurately; the use of the emotional state to facilitate thoughts and to regulate the emotions of self and others. Wang et al. (2018) conducted a quantitative study in China to examine the role of staff nurse emotional intelligence between transformational leadership and nurses' intention to stay on the job.

Transformational leadership and emotional intelligence are positively related to the reduction in nurses' turnover intention. Wang et al. (2018) conducted a cross-sectional study design and had 335 participants, and the results of their study indicated that transformational leadership and emotional intelligence of the staff nurses were significant predictors of turnover intentions. According to Coladonato and Manning (2017), empathy, which is a critical component of emotional intelligence is an essential leadership quality needed to keep nurses and reduce turnover cost. Resonant leaders demonstrate a high level of emotional intelligence. In a Canadian study, Bawafaa, Wong, and Laschinger (2015) found that resonant leaders were instrumental in creating an empowering nurse work environment that reduced nurse turnover. A literature review conducted by Abraham and Scaria (2017) produced results that also lead them to the conclusion that emotional intelligence can remediate the persistent challenges encountered by nurse leaders and practice. These results underscore the importance of leaders' emotional intelligence on organizational outcomes.

Because nurse leaders have a significant role in creating healthy work environments the ability to empathize or make thoughtful decisions that include

employees' feelings along with other factors is a demonstration of emotional intelligence is an aspect of leadership style and is essential for leaders' success. Both frontline and senior leaders are responsible for the culture and the work environment (Boamah et al., 2018). Leaders with relational leaders' styles might result in positive nursing outcomes and improved organizational performance because nurse leaders have a direct influence on the staff nurses' outcomes, organizational performance, and work environment.

Authentic leadership, which has positive psychology and emotional intelligence built into its construct (Smith, 2015), is an approach to nurse leadership that might provide nurse leaders with the necessary grounding to effect healthy work environments (Shirey, 2017). Alexander and Lopez (2018) stated that the authentic leadership approach might provide a sound foundation for supporting nursing leadership practices; however, there is a need for additional research on its application to nursing. The relationship between authentic leadership theory and work environment and nurse turnover is a growing field of research.

Authentic Leadership and Nurse Turnover

The authentic leadership theory first appeared in the early 2000s in works of the theorists Luthans and Avolio in 2003 and 2005 (Avolio & Gardner, 2005). According to Johnsen (2018), Bill George's 2003 book: *Authentic Leadership: Rediscovering the Secrets to Creating Lasting Value*, was a catalyst for spreading the authentic leadership theory. A breakthrough in the development and application of the theory was facilitated by Walumbwa et al. (2008), who developed the ALQ, which established a method for measuring authentic leadership. The ALQ instrument measures the four tenets of the

authentic leadership theory (a) self-awareness, (b) internalized moral perspectives, (c) balanced processing, and (d) relational transparency. The development of a reliable instrument for measuring the authentic leadership theory, the ALQ allowed for the application of the theory in research.

Since the introduction of authentic leadership theory, other researchers contributed to the expansion of the authentic leadership theory. Shirey (2006), was one of the first researchers to apply the constructs of the authentic leadership theory in investigating nurses' work environment. Shirey had four research paper purposes (a) to expand the definition of an authentic leader, (b) to propose how an authentic leader could create healthy work environments, (c) provide directions on how to become an authentic leader, and (d) propose an agenda for future work to advance authentic leadership in nursing. The proposed expanded definition of an authentic leader included the attributes of genuineness, trustworthiness, reliability, compassion, and believability (Shirey, 2006). As a guide for improving nurses work environment, Shirey suggested engaging nurses in promoting positive behaviors.

Shirey (2009) conducted a qualitative study that highlighted the relationship between organizational culture and a healthy work environment using the conceptual framework of employees' stress and coping. Shirey concluded that in the acute care hospital settings 43% of nurse leaders were in a negative organizational culture and that there were plenty of opportunities to take advantage of the power of authentic leadership in creating healthy work environments for the nurses. Wong and Cummings (2009) also advocated for using the authentic leadership theory as a strategy for creating healthy

workplaces and improving organizational performance by also proposing that the theory holds promise for explaining the underlying process of work outcomes and organizational performance.

Other early research involving the authentic leadership theory and nurses' work environment include Giallonardo, Wong, and Iwasiw (2010), who examined the relationships between authentic leadership, work engagement, and job satisfaction with newly graduated nurses in Canada. Giallonardo et al. found that nurses who had leaders (preceptors) who demonstrated a high level of authentic leadership were more engaged and satisfied. Wong and Laschinger (2013) tested their model that linked the authentic leadership approach of nurse leaders with perceptions of structural empowerment, performance, and job satisfaction. Wong and Laschinger sampled 600 registered nurses in Ontario, Canada, and the results of this study indicated that authentic leadership had a significant and positive influence on nurses' structural empowerment which increased their job satisfaction and self-rated performance. Bamford, Wong, and Laschinger (2013) also examined the relationship between authentic leadership and six areas of work-life – workload, control, rewards, community, fairness, and values, and work engagement. Bamford et al. found those nurse leaders who had a high authentic leadership score also had staff nurses who had more significant overall person-job match in all six areas of work-life and were significantly more engaged, therefore confirming the earlier works by Giallonardo et al. (2010). These early researchers demonstrated that the authentic leadership approach might have some promise in improving the nurses' work environment.

Within a few years of the development of a reliable instrument for measuring authentic leadership, researchers were exploring the use of the approach as a leadership strategy to improve nurses' psychological well-being. Shirey (2009) and Wong and Cummings (2009), pioneered research that examined the link between authentic leadership and nurses psychological well-being. Both Shirey and Wong and Cummings found that there was a positive link between nurses psychological well-being, this was later supported by Nelson et al. (2014), who in their study of authentic leadership and the psychological well-being at work of nurses concluded that authentic leadership had a positive influence on the work climate, thereby increasing the nurses' psychological well-being. Laschinger and Fida (2014) investigated the influence of authentic leadership, an organizational resource, and psychological capital and found that authentic leadership protected the nurses from burnout, job dissatisfaction, and mental health issues. Nurse leaders who used an authentic leadership approach could have a positive effect on the psychological well-being of their staff nurse.

Other empirical evidence to support the positive influence of authentic leadership on the nurses' work environment include the works by Coxen, van der Vaart, and Stander (2016), who investigated the influence of authentic leadership on organizational citizenship behavior, through workplace trust in South African healthcare workers. Coxen et al.'s main findings indicated that authentic leadership had a significant influence on the organization, leaders, and coworkers. Also, trust in both the organization and in coworkers had a positive influence on organizational citizenship behavior, and employees' trust in the organization had the most substantial indirect

influence on the relationship between authentic leadership and organizational citizenship behavior (Coxen et al., 2016). The influence of the authentic leadership style on the nurses' work environment presents opportunities for future research.

Authentic leadership might also have a positive effect on interprofessional collaboration (Regan, Laschinger, & Wong, 2016). Interprofessional collaboration is essential for delivering high-quality patient care, ensuring patient safety, and addressing workload issues, and transforming healthcare systems (Tang, Zhou, Chan, & Liaw, 2018). Malik and Dhar (2017) suggested that authentic leadership had a positive relationship with extra-role behavior among nurses. Extra-role behavior such as extending emotional support and offering words of encouragement to patients and family members might help patients and their loved ones feel better in times of health crisis (Malik & Dhar, 2017). Because the authentic leadership style might help to promote a positive interprofessional environment, the use of this leadership approach could help address some of the concerns that might lead to nurses' turnover.

The influence of authentic leadership on nurses' turnover is a developing field of research. Spence Laschinger, Wong, and Grau (2012) examined the influence of authentic leadership on workplace bullying, burnout, and turnover. Authentic leadership had a positive effect on the antecedent of turnover by reducing burnout, which is a driver of nurses' turnover, and increasing job satisfaction, which has a positive relationship with reducing nurse turnover (Spence Laschinger et al., 2012). Fallatah et al. (2017) examined the influence of authentic leadership on the turnover intentions of newly graduated nurses in Canada through their personal identification with their leaders, organizations, and

occupational coping self-efficacy. The results of this study indicated that authentic leadership positively influenced nurses' personal identification with their leaders and their organization and that personal identification mediated the relationship between organizational identification (Fallatah et al., 2017). The role of authentic leadership in the nurses' workplace presents several opportunities for research.

Since its introduction, the constructs of the authentic leadership theory: self-awareness, internalized moral compass, balance processing, and relationship transparency were identified as characteristics that leaders should have to navigate the challenges of the contemporary business environment. Researchers have used the authentic leadership theory as conceptual and theoretical frameworks to explain a broad array of business problems ranging from organizational performance to employees' (nurses') turnover to patient quality of care (Alilyyani et al., 2018; Braun & Peus, 2018). Despite the growing body of empirical evidence to substantiate linkage between authentic leadership and several individuals, workplace, and organizational performance variables, there are still substantial gaps in research.

The gaps in research using the authentic leadership framework were highlighted by Malila et al. (2018), who in their scoping review of authentic leadership examined and mapped evidence of the main characteristics, and methodologies of authentic leadership in healthcare. Malila et al. reviewed 29 studies that met their inclusion criteria and discovered that studies on the topic of authentic leadership favored Canadian nurses in acute care hospital settings and covered four themes, these were nurses' well-being, patient care quality, work environment and, the promotion of authentic leadership as a

solution. Malila et al. also identified opportunities for future research on the authentic leadership theory in varying settings.

Opportunities for future research include the identification by Alilyyani et al. (2018) and Shirey (2017) that there was a lack of longitudinal and interventional studies means that there was little evidence of causation between the authentic leadership approach and nurses and organizational outcomes. Also, there is a lack of variety in the study population because most of the research targeted nurses in acute care hospital settings and method, and according to Malila et al. (2018), most studies on the topic use the quantitative method. Therefore, qualitative studies on the topic of authentic leadership in a non-acute care healthcare setting have the potential to contribute to a deeper understanding of the phenomenon as it relates to the individual, work environment, and organizational performance and outcomes. Authentic leadership is an approach that might reduce nurse turnover and related consequences.

Consequences of High Nurses' Turnover Rates

The consequences of high nurse turnover present both financial and social challenges for healthcare delivery organizations. High nurse turnover has negative consequences for organizational variables, including revenues and profitability, and customer satisfaction (Nei et al., 2015). Here is an overview of two key variables: financial and patient care quality and satisfaction.

Financial impact. The cost of high nurses' turnover rates is of concern to healthcare delivery organizations and health systems. The financial impact of high nurses' turnover is well-documented. In a comparison of turnover rates and cost in the

United States, Australia, New Zealand, and Canada conducted by Duffield, Roche, Homer, Buchan, and Dimitrelis (2014), Australia had the highest average nurse turnover cost at U.S. $48,790, New Zealand was U.S. $23,211, and Canada was U.S. $26,652. The cost of turnover was confirmed by Hughes (2017), who estimated that the cost to replace a nurse in Canada is $27,000. At the organizational level, the financial cost can be significant according to Fallatah et al. (2017), the annual cost associated with advertising, recruiting, orientating and training replacement nurses can be between $1.4 and 2.1 million per healthcare organization in the United States. Nurses' turnover can cost hospitals about 5% to 8% in annual budget costs (Hurtado, Heinonen, Dumet, & Greenspan, 2018). Along with the direct financial cost associated with high nurses' turnover rates, patient care quality, and patient satisfaction is affected by this phenomenon.

Patient care quality and patient satisfaction. Patient care quality and patient satisfaction are of high importance to the leaders of healthcare delivery organizations. According to Russell, Johnson, and White (2015), patient care quality and patient satisfaction are significant drivers of business and strategic decisions of health care delivery organizations since they are a primary source of competitive advantage. For example, in the United States, the Affordable Care Act to promote consumer-driven healthcare incentivizes those hospitals with high in-patient satisfaction scores with a focus on the patient experience (Kazley Swanson, Ford, Mark, & Menachemi, 2015). Because of the consumer demand and incentives associated with patient care quality and

patient satisfaction, leaders within healthcare delivery organizations should prioritize the quality of care and patient satisfaction to sustain competitive advantage.

From a leadership perspective, situations where there is strong leadership, and healthy work environments have lower incidents of preventable mishaps such as medication errors, healthcare-acquired infections and falls (Murray, Sundin, & Cope, 2018), this implies that leadership style might have a direct influence on the quality of care. According to Fallatah et al. (2017), authentic leadership behaviors might help to create and sustain work environments where nurses are empowered; therefore, reducing nurses' burnout and increasing job satisfaction and quality of care. Gillet et al. (2018) examined the links between nurses' job satisfaction, quality of care, and turnover intentions in the nurses' workplace. Gillet et al. found that nurses who demonstrated a high level of job satisfaction were more likely to deliver high-quality care as they performed extra-role behaviors and were committed to their organization. Organizations with engaged nurse workforce tended to have lower turnover and delivered a better quality of care (Kureckova et al., 2017). Therefore, healthcare and nurse leaders should prioritize strategies that would reduce nurse turnover because high nurse turnover rates will have ramifications sustaining competitive advantage and for all key performance measures including financial and patient care quality and satisfaction are arguably the most critical performance indicators for healthcare delivery organization.

Leadership Strategies for Reducing Nurses Turnover Rates

The factors influencing high nurses' turnover rates are multifaceted and complicated, so there is no panacea for this phenomenon. Leadership strategies that

might help to reduce nurses' turnover should target and address the risk factors that lead to nurses making the multi-staged decision to leave the job or the profession. Cowden and Cummings (2015) conducted a quantitative study to provide experimental verification of their complex model of nurses' intent to stay on the job. Cowden and Cummings sampled 415 nurses in Alberta, Canada for this study and showed that organizational commitment, empowerment had the most substantial influence on nurses' intent to stay and the leadership practices had an indirect influence on intent to stay.

Hughes (2017) conducted a systematic review of the literature using the search terms nurse retention, intent to stay, nurse turnover leadership, and nursing leadership. The broad themes for strategies to reduce nurse turnover proposed by Hughes were trust, loyalty, safety and security, support, and appreciation for contribution. Whereas, Shirey (2017) in a synthesis of 10 prominent research papers on the leadership practices for creating healthy nurses' work environments and reducing turnover, saw the emergence of four themes: quality leadership, relational exchanges, environmental elements, and contextual factors.

Quality leadership. Nurse leadership is critical in creating healthy work environments. According to Shirey (2017), the four requisite components of quality leadership are: (a) leadership attributes and style; (b) emotional intelligence; (c) leadership competence; and (d) vision, advocacy, and messaging. Therefore, employee loyalty or commitment to the organization and profession is a product of many factors, including leadership style.

Yahaya and Ebrahim (2016) conducted a systematic review of existing literature to compare transformational, transactional and laissez-faire leadership style with organizational commitment along with other variables and found that transformational leadership had a positive association with organizational commitment. Also, Brewer et al. (2016) conducted a quantitative study that examined the effect of transformational leadership on early career nurses' intent to stay, job satisfaction, and organizational commitment. Brewer et al. found that transformational leadership had a significant positive association with the nurses' organizational commitment; however, transformational leadership did not have a direct influence on nurses' decision to stay. These mixed results regarding transformation leadership and organizational commitment are supported by Asiri, Rohrer, Al-Surimi, Da'ar, and Ahmed (2016), who conducted a study to measure the effects of nurses' overall perception of the leadership style of their managers, and psychological empowerment on their organizational commitment in acute care units, in Saudi Arabia. Asiri et al. found that contrary to Yahaya and Ebrahim, transformational leadership had a negative correlation with nurses' organizational commitment, and that study transactional leadership had a positive association with organizational commitment.

Authentic leadership's relationship with organizational commitment is an area that has seen a surge in the number of research articles. Based on research evidence, authentic leadership has also shown promise as an approach to improve organizational commitment. Fallatah et al. (2017) examined the influence of authentic leadership on organizational identification and occupational coping self-efficacy on new graduate

nurses' job turnover intentions. Fallatah et al. produced results that indicated a significant positive correlation between the authentic leaders and nurses' identification with the leaders and more confidence in their abilities, thereby lowering the drive to leave. The creation of a healthy work environment is essential for organizational commitment (Jernigan, Beggs, & Kohut, 2016). Nurse leaders can earn employee loyalty by recognizing nurses' sacrifices, providing opportunities for personal development, and developing a culture of respect (Hughes, 2017). The most desirable leadership characteristics for healthy work environments were authenticity, visionary, visible, empowering, approachable, and relational (Shirey, 2017). While authentic leadership might hold some promise for helping to build employee loyalty, this approach might not be a universal solution. In some cultures, especially in highly collective cultures, authentic leadership might have an adverse effect on employees' turnover intentions (Oh & Oh, 2017). Nurse leaders must earn loyalty from employees. Organizational commitment is not solely dependent on leadership style since leadership approach, such as transformational leadership style, might produce mixed results.

Nurse leaders should implement strategies that build healthy nurses' workplaces by being respectful and supporting their staff nurses. The implementation of positive leadership styles that focus on relationships and founded on emotional intelligence, such as authentic, transformational, resonant, and servant leadership styles, can help to improve the risk factors for nurses' turnover (Shirey, 2017). However, nurse leaders must also understand that no one leadership approach will solve all challenges.

Relational exchange. The quality of the relationship between nurse leaders and their staff can determine the nurses and patients' outcomes (Shirey, 2017). Trusting relationships between nurses and their managers, and each other are critical for healthy work environments and the delivery of high-quality patient care. Fleig-Palmer, Rathert, and Porter (2018) conducted a quantitative study to investigate how health care managers' informational and interpersonal mentoring behaviors influence their staff's perception of trustworthiness and how trustworthiness mediated trust on the managers. The study had 315 participants from acute care hospitals and clinics located in the U. S. Midwest. Fleig-Palmer et al. found that managers' mentorship behaviors influenced their staff perception of trustworthiness regarding ability, integrity, and benevolence. Trust is one of the fundamental characteristics of the authentic leadership approach.

Stander et al. (2015) conducted a quantitative study to test the influence of authentic leadership on trust and optimism among healthcare workers. The study had 633 participants from 27 hospitals and clinics in South Africa. Stander et al. employed a cross-sectional design and structural equation modeling. The result of this study showed that authentic leadership predicted employee trust and optimism with the organization, which resulted in enhanced employee engagement. Existing research evidence supports the general notion that increased staff nurses work engagement will lead to better outcomes for nurses and patients (Knight, Patterson, Dawson, & Brown, 2017). Coxen et al. (2016) surveyed 633 health care workers in South Africa to find that authentic leadership had a significant positive relationship with building trust because the authentic

leadership style might provide the framework for leaders with integrity to build trustworthiness with their staff nurses (Hughes, 2017).

Building trusting relationships between nurse leaders and their staff nurses could improve nurse engagement and reduce nurses' turnover, thereby improving organization and patients' outcomes. Implementing strategies that improve leader-member exchanges, communication, teamwork shared decision-making, and respect and consideration could result in healthier work environments (Shirey, 2017). Nurse leaders should focus on strategies that help to build relationships between themselves and nurse staff and also amongst the nurse staff, as this could help to reduce turnover and improve patients' outcomes.

Environmental elements. A safe and secure work environment is a necessity for nurses because their work environment is filled with several stressors. A safe workplace is one that is free of incivility and violence (Hughes, 2017). Shirey (2017) suggested that essential to a healthy work environment were supportive structures, access to resources, and developmental opportunities. Support in the context of nurses' work environment means giving assistance, approval, comfort, and encouragement (Hughes, 2017). Safety and security should be of the highest priority to nurse leaders aiming to reduce turnover. Providing nurses with a healthy and supportive work environment with access to developmental opportunities could help.

Nurses need supportive mechanisms at all levels. Perceived organizational support is a reliable predictor of nurse turnover (Dasgupta, 2016). Organizational support for nursing staff begins with human resources management practices. Rondeau and

Wagar (2016) conducted a study in Canada to examine the relationship between discrete Human Resources management systems and nurses' turnover rates. After analyzing 705 responses from eight discrete workplaces and practice, Rondeau and Wagar found that human resources management systems that were employee friendly and had high-involvement work practices had a role in reducing nurse turnover.

Newly graduated nurses are at higher risks for leaving the job (Cote, 2016; Pasila et al., 2017), and millennials are now making their way into the nursing this could change relational exchange that new nurses need to keep them on the job and in the profession. Tyndall, Scott, Jones, and Cook (2019) investigated the changing retention profiles of the nurse workforce and found that compared to older nurses, commitment and job satisfaction was not as powerful moderators of turnover intention as they were for the older generation of nurses. Instead, job embeddedness, which measured the likelihood of a nurse staying or leaving was a better indicator of turnover. Tyndall et al. recommended that nurse leaders should prioritize transparency and open communication and provide supportive work environments if they want to retain millennial nurses.

Strategies to address the environmental risk factors should include leadership approaches that would reduce the burnout and uncivility and increase employee engagement and job satisfaction. Implementing strategies that will allow for supportive culture with transparency and open communication, access to resources, and developmental opportunities are critical to reducing nurses' turnover. All strategies should be in the context of the nurses' work environment.

Contextual factors. Organizational culture is the way the work occurs in an organization or the way work gets done in the organization (Shirey, 2017). The culture of an organization is its values and practices. According to Matziari et al. (2017), an organization's practices and values have the potential to reduce burnout and increase feelings of job engagement. The importance of the role that nurse leaders have in creating a culture where nurses operate is well-supported by research. As stated by Kaiser (2017), leadership and organizational culture have a profound influence on nurse staff behaviors. A supportive work environment is a necessity for nurses.

Leadership strategies determine organizational culture and practices. Practices that could help in reducing turnover include providing more mentorship, implementing process improvement strategies, such as lean management systems and new technologies, empowering nurses, and implementing flexible work schedules (Kwok, Bates, & Ng, 2016). Nelson-Brantley et al. (2018) found that organizational support in the form of adequate staffing and resourcing significantly reduced nursing turnover. According to Shirey (2017), the cascading effect of leadership at all levels is crucial for developing healthy work environments for nurses. Understanding the work-life influences on nurses' motivation to stay on the job and profession in their contextual situation is critical for nurse leaders needing to develop strategies that will reduce turnover (Aluwihare-Samaranayake, Gellatly, Cummings, & Ogilvie, 2018). Therefore, leadership strategies for reducing nurses' turnover must be multifaceted so that they could address the leadership challenges, relationships, environmental elements, and contextual factors that will result in healthy work environments for the nurses. Authentic leadership, which has

its roots in positive leadership and constructs of self-awareness internalized moral compass, balance processing, and relational transparency might be a leadership approach to combat the challenges facing nurse leaders.

Transition

In Section 1, I presented the foundations of this qualitative single case study design study. The first components are the problem background, which includes an introduction to the nurses' turnover phenomenon, along with an overview of the financial consequences. The research focus was to explore leadership strategies that private, specialty care clinics leaders use to reduce turnover. The target population was nurse leaders who have successfully reduce nurses' turnover at a Canadian organization with specialty care clinics. The research question for this study was: What leadership strategies do private, specialty care clinic leaders use to reduce nurse turnover? The conceptual framework for this study was the authentic leadership theory. The results of this study have the potential to inform nurse leaders' strategies for creating work environments that are conducive for reducing nurses' turnover.

The authentic leadership was theorized by Avolio and Luthans as a positivity-based leadership approach in response to the proliferation of breakdowns in moral leadership at the time of its conception (Avolio et al., 2004). Criticism of the authentic leader approach includes the impression that it might not be gender neutral and may perpetuate the existing stereotypes of female leaders (Kapasi et al., 2016; Liu et al., 2015). Other theories discussed as a possible lens for this study were transformational leadership and Herzberg two-factor theories. Nurses' turnover is a global phenomenon

and a myriad of factors influence nurse's turnover; these include work environment, organizational, and personal factors. Employee engagement and job satisfaction had a positive relationship with nurse turnover (Collini et al., 2015). Burnout and workplace incivility had an adverse effect on turnover (Chachula et al., 2015; Hayward et al., 2016). However, leadership approaches such as authentic leadership and transformational leadership showed promise in enhancing nurse engagement and job satisfaction and may reduce nurse burnout and workplace incivility (Boamah et al., 2018). High nurse turnover affects both fiscal and quality of services provided by healthcare delivery organizations (Nei et al., 2015). The leadership strategies for reducing nurses' turnover include quality leadership, relational exchange, which might help to create work environments and organizational culture which are safe and supportive, and essential to reducing nurses' turnover (Shirey, 2017). Therefore, the authentic leadership constructs of self-awareness, internal moral perspectives, balance processing, and relational transparency might be an appropriate leadership strategy to reduce nurse turnover.

In Section 2, I will be discussing the researcher's role, the study's participants, research methodology and design, population and sampling, ethical concerns and application of principles to address them, data collection, organization and analysis, and, finally, strategies to ensure reliability and validity of this study. In Section 3, I will conclude this study with a presentation and discussion of the study's results and findings along with the implications these might have for business practice and social change. The final components of this study will be future research recommendations, reflections, and conclusion.

Section 2: The Project

Section 2 begins with a reintroduction of the purpose of the study. I will then discuss my role as the researcher and describe the participants, research method and design, population and sampling, and ethical research considerations. In the second half of this section, I will cover the data collection instruments, collection techniques, organization techniques, analysis, and the reliability and validity of the data.

Purpose Statement

The purpose of this qualitative single case study was to explore leadership strategies that private, specialty care clinic leaders use to reduce nurse turnover. The target population for this single case study was private, specialty care clinic leaders at a leading specialty care service provider in Canada, who over the last 12 months had improved the rates of nursing retention in their departments. The results of this study could have positive social change implications for patients, nurses, and healthcare systems. A reduction in nurse turnover could improve patient outcomes due to better care, thereby reducing the economic impact on healthcare systems and families by increasing the available resources for the provision of accessible care. Creating a positive work environment for nurses might also encourage them to stay in their chosen profession longer, which might help to alleviate the nursing shortage in the healthcare industry and improve the availability of nursing care for the growing number patients due to an aging population.

Role of the Researcher

In qualitative research, data collection and analysis are inherently subjective (Twining, Heller, Nussbaum, & Tsai, 2017). According to Fusch and Ness (2015), the qualitative researcher is the data collection instrument, which means that they are also participating in the research. To enhance their research credibility, qualitative researchers must be transparent about their role in data collection, analysis, and interpretation (Tuval-Mashiach, 2017). My role as the researcher in this study included that of the primary data collection instrument because I reviewed company documents, recruited participants, conducted interviews, transcribed and summarized the interviews, and analyzed and interpreted the data.

Having spent several years in the healthcare industry, including 3 years as an employee of the case organization within a division that did not include the target population of this study, I have had infrequent interactions with some of the specialty care clinic leaders. These infrequent contacts and my employment within the same organization could have influenced my perspective of the target population. Additionally, my interaction with nurse managers and my personal values could have resulted in biases that could compromise the credibility of this study; therefore, I used several strategies to mitigate the risk of my biases affecting the research quality.

There are several strategies available for qualitative researchers to address biases. Reflexivity is the process of making researchers' implicit assumptions explicit (Cruz, 2015). Qualitative researchers use reflexivity to enhance research rigor (Palaganas et al., 2017). Reflexivity strategies include reflective journaling (Fusch et al., 2017) and critical

reflection (Phillippi & Lauderdale, 2018). Reflexive journaling was one of the strategies I used to mitigate the effects of my personal biases on the research processes. Throughout the data collection and analysis process, I recorded my explicit and implicit assumptions with the use of a journal.

The interview protocol is an excellent tool for mitigating researcher bias (Fusch et al., 2017). An interview protocol can contribute to the objectivity and trustworthiness of studies (Kallio, Pietilä, Johnson, & Kangasniemi, 2016). The implementation of an interview protocol can increase consistency between interviews and increase the likelihood of conducting all interviews in a similar manner (Goodell, Stage, & Cooke, 2016). The interview questions must align with the research question (Castillo-Montoya, 2016). Because of the usefulness of an interview protocol, I employed it to guide the interview process with every participant. In this way, I was able to maintain consistency between participant interviews. Please see the Appendix for the interview protocol.

Member checking is another strategy for conducting ethical research and enhancing credibility. According to Birt, Scott, Cavers, Campbell, and Walter (2016), member checking is used to validate, verify, or assess the trustworthiness of qualitative results. Sharing the data and interpretations with participants enhances the trustworthiness of the study (Marshall & Rossman, 2016). Member checking is a process for ensuring the accuracy of data collected; it includes returning the transcripts and interpretive summaries to the participants for confirmation and verification of accuracy (Harvey, 2015). The member checking process for this study included a return of the summarized interviews to the participants to confirm that my interpretation of the

interview was an accurate representation of their perspective. By employing the three strategies of reflexivity, using an interview protocol, and member checking, I mitigated the influence of my personal biases and improved the trustworthiness of the study.

The Belmont Report is the standard of ethics for research involving human subjects. The purpose of *the Belmont Report* was to govern the moral conduct of human research (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research [NCPHSBBR], 1979). The ethical principles of *the Belmont Report* are respect for persons, beneficence, and justice; the application of the principles include obtaining informed consent, including an assessment of the risks and benefits, before selecting subjects (NCPHSBBR, 1979). In conducting this study, I complied with *the Belmont Report* standards.

Participants

In qualitative research, both credibility and dependability relate to the research context and the selection of participants (Moon, Brewer, Januchowski-Hartley, Adams, & Blackman, 2016). A participant is a person who provides data to the researcher, for example, through interviews (Yin, 2018). According to Baillie (2015), researchers should explain the eligibility criteria of study participants and the selection process. The target population for this study was private, specialty care clinic nurse leaders at a leading healthcare service provider in Canada, who, over the last year, had used strategies to improve their clinics' nurse retention. According to Marshall and Rossman (2016), the research question can help to focus the study on a specific population or class of individuals. The research question of this study determined the target population.

Access to participants is critical for successful data collection; therefore, there must be a strategy to gain access to the participants because the process of gaining access could be stressful and time-consuming (Monahan & Fisher, 2015). When doing research involving human participants, researchers must address the special ethical consideration that may arise (Yin, 2018). Receiving Institutional Review Board (IRB) approval is necessary before contacting the organization or participants (Marshall & Rossman, 2016). Although I was an employee of the targeted company at the time of the study, though, in a different division from the specialty care clinics, there were some ethical concerns.

The concerns for potential ethical, power dynamic, and role conflict is higher when an individual is researching a phenomenon within their organization (Reid, Brown, Smith, Cope, & Jamieson, 2018). Therefore, I first acquired Walden's IRB approval, then was granted IRB permission and a letter of cooperation from the case organization's leadership before contacting any potential participant or accessing any data for use in this study. Yin (2018) suggested using an ethical process for gaining access to participants. The data collection process only started after I obtained IRB approval and the case organization's leadership permission to conduct the study within the case organization.

I began data collection with a review of the company's documents that helped in the identification of potential participants. After identifying potential participants, an introductory e-mail outlining the elements of the research and the consent form were sent to them. According to Marshall and Rossman (2016), the introductory e-mail should include the who, what, when, where, and why, as well as, the benefits of the research and the specific request. Once participants expressed interest in being in the study, they were

contacted via a follow-up e-mail thanking them and asking them to schedule an appropriate time to conduct the telephone interview. This e-mail also included the consent form and instructions for giving consent to conduct the interview.

According to Høyland, Hollund, and Olsen (2015), engaging in small talk with the prospective participant about the nature of the study and what will happen with the results can help to build bonds and trust between researchers and participants. I used the first section of the telephone call to try to establish rapport with prospective participants to gain their trust. Strategies employed to establish rapport with the participants included answering any questions or concerns they might have had about the study and going over the interview protocol with each participant. Once I established a working relationship with each participant, they gave their consent, at which point I would start recording the interview.

Research Method and Design

Research Method

I employed a qualitative research method in this study. According to Marshall and Rossman (2016), qualitative research is naturalistic, interpretive, context focused, and emergent. Researchers use the qualitative method to seek the meaning of a phenomenon (Welch & Piekkari, 2017). Researchers also use the qualitative method to identify the meaning and interpretation of a phenomenon using nonnumerical data analysis to find meaning and insights (Fusch et al., 2017). The research question for this study was centered on seeking meaning and interpreting a phenomenon; therefore, a qualitative method was the most appropriate method to address it.

The use of the qualitative research method is now widely accepted in management research (Majid & Vanstone, 2018). Qualitative research has become more acceptable to management scholars as the volume of qualitative research has substantially increased along with the impact of this type of research on the management research field (Gehman et al., 2018). The increase in the acceptance of the qualitative approach has occurred because qualitative data has provided new perspectives on theories that have been taken for granted as well as exposed new theoretical directions (Bansal, Smith, & Vaara, 2018). Management researchers recognize that the use of the qualitative method will allow them to collect data that contains rich descriptions and explanations in the identifiable local context, and therefore, providing insights that go beyond just numbers (Castleberry & Nolen, 2018). In healthcare research, the general aim of qualitative research is to understand the experiences and attitudes of the participants (McCusker & Gunaydin, 2015). Consequently, a qualitative approach is best suited for answering research questions that require a deeper understanding of a phenomenon in a specific context, as was the case with this study.

I also considered the quantitative and mixed method methods for this study. The quantitative method gets its name from the type of data and analytical techniques used: numerical data and analysis techniques that make sense of numeric data (Gibson, 2017). The quantitative method is best suited for researchers whose aim is to classify and count features then construct statistical models in their attempt to explain their observations (McCusker & Gunaydin, 2015). Quantitative researchers also focus on statistical analysis, which includes hypothesis testing and mathematical analysis (McKim, 2017).

A mixed method study is a hybrid study in which researchers combine both the qualitative and quantitative methods (Gibson, 2017). Researchers using a mixed method approach share the same research questions to collect complementary data and perform counterpart analysis (Yin, 2018). Because the mixed method approach uses both quantitative and qualitative, the researcher needs to be competent with both methods (McKim, 2017), which might present a challenge for a novice researcher. The purpose of this study was to explore leadership strategies that private, specialty care clinic leaders use to reduce nurse turnover. Both the quantitative and mixed method approaches were not appropriate for this study because there was no testing of hypotheses or any statistical analysis. Therefore, a qualitative research method was best suited to answer the research question because this method provided a rich description and explanation of the leadership strategies used to reduce nurse turnover in private, specialty care clinics.

Research Design

In this study, I used a single case study design. Case study research is an in-depth scientific investigation into a real-life phenomenon within its environmental context (Ridder, 2017). A qualitative case study is a particularistic, descriptive, and heuristic study of a bounded case system (Smith, 2018). Qualitative case study researchers can answer *how* and *why* research questions in situations in which the researcher does not have control of the behavioral events and when the focus is on contemporary events (Yin, 2018). A case study design can assist in gaining a deeper understanding of a complex phenomenon (Woo, Lu, Kuo, & Choi, 2016). The purpose of this study was to explore the complex phenomenon of leadership strategies and turnover in the bounded system of

private, specialty care clinics; therefore, a case study design was the best suited for this purpose. There are two major design approaches available to case study researchers: the multiple case study and the single case study.

The multiple case study design is appropriate for comparing cases, and though this design might be more robust since evidence from multiple cases might be more compelling (Yin, 2018). Researchers usually use the multiple case study approach with a positivist epistemology because this design is used to seek competing explanations and falsify hypotheses (Harrison, Birks, Franklin, & Mills, 2017). Also, for researchers wanting to explore several instances of the same phenomenon, the multiple case study is an excellent design choice (Marshall & Rossman, 2016). However, I was not seeking of rival explanation between cases nor exploration of the phenomenon in multiple cases. Therefore, the multiple case design was not appropriate for this study.

A novice researcher should choose a design that best answer the research question, allow the researcher to reach data saturation, complete the study in a reasonable time at a reasonable cost (Fusch et al., 2017). Qualitative researchers regularly use the case study design because they can focus on context and dynamic interactions (Marshall & Rossman, 2016). Researchers can use a single case study design for either confirmatory or exploratory purposes (Woo et al., 2016). Because this study was an exploratory study that focuses on the phenomenon in the context of a specific situation, private, specialty care clinics, then a single case study design was the best option.

Of significant concern to qualitative case-study researchers is the achieving of rigor or trustworthiness so their study could survive the scrutiny of published works.

However, despite concerns with credibility and limitations, the case study design continues to grow as the design of choice among students (Smith, 2018). As such, it is imperative that researchers who choose the case study design address the quality concerns throughout the research process.

Influencing qualitative research quality is a researcher's ability to achieve data saturation. Data saturation has a direct impact on research quality and content validity (Fusch & Ness, 2015). Data saturation is when the same recurring themes and patterns start repeating, or when further data collection will yield nothing new (Marshall & Rossman, 2016). Research design determines how researchers achieve data saturation (Fusch & Ness, 2015). According to Fusch, Fusch, and Ness (2018), there is a link between data saturation and triangulation. The four types of triangulation methods available to researchers are data triangulation, the triangulation of three data points; investigator triangulation, the use of more than one investigator to interpret the data; theory triangulation, the application of different theory to the dataset; and methodological triangulation, the collection of data from multiple methods (Fusch et al., 2018). Data collection for this study was via interviews, member checking, and company documents. According to Aldiabat and Le Navenec (2018), triangulation via multiple data collection method enhances the thick description of the data allowing for faster data saturation. Methodological triangulation activities provided data saturation for this study.

Population and Sampling

Qualitative research is not meant for generalization; instead, it is used for the exploration of the beliefs, values, and motivation that explains why behaviors occur in a

specific context (Castleberry & Nolen, 2018). Despite the notion that generalization is usually not the purpose of qualitative research results, still, qualitative researchers must clearly articulate the participants' selection process and provide a rich description of them (Twining et al., 2017). The target population for this qualitative single-case study was private, specialty care clinic leaders who were successful at implementing strategies that reduced nurse turnover. The case was an organization with specialty care clinics, located across Canada. According to Hughes (2017), effective nurse leaders is one of the best tools for reducing nurse turnover. Therefore, exploring what strategies these successful nurse leaders used would help to answer the research question. To fully explore the strategies used by these nurse leaders, it was critical to have a sample that yielded the desired information.

When selecting participants for a study, qualitative researchers have several sampling methods available for use. Qualitative sampling methods include purposeful and theoretical sampling, convenience, and snowball or chain sampling (Marshall & Rossman, 2016). Purposeful sampling is the selection of participants based on the knowledge that they are most likely to provide the answers to the inquiry (Gentles, Charles, & Ploeg, 2015). For this study, I employed a purposeful sampling method. First, a review of available company documents helped in the identification the nurse leaders who have improved their nurse staff retention rates. The nurse leaders who met the eligibility criteria of having reduced their staff nurse turnover over the previous year were invited to participate in this study.

Selecting the sample size for qualitative studies could be challenging for researchers. While there are several proposals from researchers regarding the right sample size for qualitative studies, these proposals are usually deficient in rationale (Sim, Saunders, Waterfield, & Kingstone, 2018). One of the characteristics of qualitative studies is that the sample sizes are usually small (Yin, 2018). However, the most crucial factor for qualitative data is not the sample size per se but data saturation (Fusch & Ness, 2015). Therefore, selecting a fixed sample size a priori for qualitative research could be problematic since the sample size is adaptive and emergent (Sim et al., 2018). If the sample population is relatively homogeneous, data saturation is achievable with six to 12 interview participants (Saunders & Townsend, 2016). This single-case study design study had seven participants.

Critical to the trustworthiness of qualitative research is whether the researcher achieved data saturation at collection (Morse, 2015). Achieving data saturation is the gold standard of qualitative research sampling (Saunders & Townsend, 2016). According to Marshall and Rossman (2016), data saturation is when the same patterns begin to repeat, and there is a sense that further data collection will not add anything new. Consequently, data saturation determined the final sample size. The primary data collection method was via semistructured interviews conducted over the phone.

Having a working relationship with the study participants is critical to the success of the data collection process. According to Marshall and Rossman (2016), establishing a working relationship and building trust with the interviewee is essential. Farooq and De Villiers (2017) suggested engaging in a pre-interview conversation with the participant as

a strategy to build rapport and create interest. For example, talking about the day-to-day

work the participants perform, or by letting the participants know how vital their

contribution is to the research and how the results might help others (Farooq & De

Villiers, 2017). The first section of the telephone call was used to establish a working

relationship with the participants.

The telephone interviews began with an introduction and an explanation of the

purpose of the call, and I then asked the participant once consent was received to proceed

with the interview I engaged participant with some small talk including thanking them for

building trust and rapport. After establishing a working relationship, I then asked if they

had had an opportunity to review the invitation letter and interview protocol and if they

had any questions or concerns; after answering any questions, I then went over the

essential elements of the interview protocol including the emphasis on voluntary

participation and consent. After the overview, I obtained permission to begin and record

the interview. Once the interview proper begins, each interview started with the central

questions in the interview protocol and based on the answers; I asked follow-up or

clarifying questions to ensure that the participant provides complete answers to each

question. After the interview, I explained the member checking process. The

participants were thanked for their participation, after which I terminated the call.

Ethical Research

Research in the field of business and management is heavily dependent on human

participants, and when research involves human participants, it is the researchers' duty to

protect these participants from harm. When developing research proposals that have

human participants, it is pertinent that researchers should consider the ethical concerns

that are inherent with human participants (Marshall & Rossman, 2016). *The Belmont*

Report authors summarized the ethical principles that should guide researchers who plan

to use human participants in biomedical or behavioral studies; these guiding principles

are respect for persons, beneficence, and justice (NCPHSBBR, 1979). For research

involving human participants, the IRB is central to protecting participants (Henry,

Romano, & Yarborough, 2016). Because protecting research participants is of the

highest priority, it was imperative that I obtained IRB approval before recruiting and

enrolling participants. To ensure that the study was compliant with the principles of *the*

Belmont Report, I began recruiting participants and gathering data only after receiving

IRB approval. The Walden IRB approval number for this study is 05-02-19-0739459.

Participation in research involving human subjects must be voluntary, and

participants must be able to withdraw at any time without consequences. Respecting

human participants means that they should enter into the research voluntarily after having

the relevant information to support their decision (NCPHSBBR, 1979). According to Yin

(2018), the protection of human participants in research means obtaining informed

consent from each participant, avoiding the use of deception, protecting privacy and

confidentiality, protecting vulnerable participants, and selecting participant equitably.

Therefore, to ensure that the study was compliant with established ethical codes, I

presented every participant with an Informed Consent agreement, and the interview only

proceeded if the prospective participant gives consent to continue with data collection.

Participants of this study received a small cash incentive in the form of a $20.00 prepaid gift card. Medway and Tourangeau (2015) found that small cash incentives increased the participation rates for respondents to telephone surveys without significant compromise to the data quality. Chen, Lei, Li, Huang, and Mu (2015) also found that small cash incentives resulted in higher instances of completed face-to-face surveys. Financial incentives increase the willingness to participate in qualitative research, and nonmonetary incentives might not increase participation (Kelly, Margolis, McCormack, LeBaron, & Chowdhury, 2017). Therefore, a small cash incentive as a thank you gift for participation in the study might result in higher participant recruitment and demonstrate my appreciation to the participants for making the time to take part in the study.

When research is going to be within an individual own organization as this research is, there is additional ethical consideration that researchers must address to ensure adherence to the ethical codes. These considerations include the impact of the researcher's relationship with the participant's behavior, the influence of the researcher's tacit knowledge on the interpretation of data, and the effect of policies, loyalties, and other agendas on the representation and inclusion of the data (Teusner, 2016). Another source of ethical concern when researching within the researcher's organization is the power relationships between the researcher and participants. Wallace and Sheldon (2015) found that participants might feel an obligation to participate because of deference to authority, so participation might not be truly voluntary. The ethical concerns of insider research require a robust approach to ensure the integrity of the study. Addressing these additional ethical concerns is critical for maintaining the integrity of the research. To

mitigate these situational ethical concerns of conducting insider research, Reid et al.

(2018) suggested taking into account power dynamics and role conflicts being aware of

the potential biases and taking a reflexive approach. Reflexivity strategies such as

documenting feelings and other observations during the data gathering process and

critically examining personal assumptions are necessary for maintaining ethical integrity

(Arriaza, Nedjat-Haiem, Lee, & Martin, 2015; Cruz, 2015), and maintain strict ethical

standards (Caruana, 2015). I used reflexive journaling to document my implicit and

explicit assumptions along with adherence to the strict ethical codes of *the Belmont*

Report as one of the strategies to help mitigate some of the additional ethical concerns

that might arise from performing research within my organization. The process for

gaining access to the participants was ethical, with consideration for the protection of the

participants at every step of the research process.

Protecting the privacy and confidentiality of both participants and organizations is

central to ethical research principles. Researchers should do everything to prevent the

unwitting exposure of the participants to any undesirable consequences due to their

participation in any study (Yin, 2018). A well-designed study should include

mechanisms to protect participants' privacy, anonymity, and confidentiality (Shaw

Phillips et al., 2017). Encrypting data and only storing data as long as needed for the

original purpose was to help to protect participants' privacy and confidentiality

(Martínez-Pérez, de la Torre-Díez, & López-Coronado, 2015). Consequently, to protect

the privacy of the participants of this study, I did not disclose the names of participants

and the case organization. To protect the confidentiality of the participants, I anonymized

their names on all data elements collected. For example, I referred to the participants as

P1, P2, P3, P4, P5, P6, and P7. I referred to the participating organization as "the case."

I will keep all data collected for this study on secured digital media protected by

passwords and data encryption. Walden University (2018) rules stipulate that the

research data must be available for up to 5 years after study completion. Therefore, I will

professionally destroy all data collected from participants 5 years after the completion of

this study. Withdrawing from this study by phone, e-mail, or in person, was acceptable.

Data Collection Instruments

Rigorous data collection is the hallmark of a well-designed and executed

qualitative study. Qualitative researchers should devote a significant effort to developing

a systematic and appropriate data collection process (Ranney et al., 2015). The

qualitative researcher is the primary data collection instrument (Yin, 2018). As the data

collection instrument, the qualitative researcher's responsibilities include examining the

events to understand why they occurred, what happened, and meaning of those events to

the participants (Teherani, Martimianakis, Stenfors-Hayes, Wadhwa, & Varpio, 2015). I

was the primary data collection instrument for this study, and I also used multiple

methods to collect data.

Qualitative researchers utilize several data sources. Multiple data sources are a

requirement for achieving data saturation, which contributes to the validity and

trustworthiness of the study (Fusch & Ness, 2015). Multiple data sources are a

requirement for methodological triangulation (Tracy & Hinrichs, 2017). Data sources

available to qualitative researchers using the case study design include documents,

archival records, both researcher and participants' observations and interviews with open-ended interviews (Yin, 2018). Sources for data for this study included relevant company documents, researcher observation (reflexive journaling); and the primary data source; semistructured interviews.

The semistructured interviews are designed to ensure consistency in the data collection process. The distinguishing feature of the semistructured interview is the use of a detailed interview guide or protocol (Ranney et al., 2015). A well-designed interview protocol can improve the quality of the data collected and contribute to the trustworthiness of qualitative studies (Castillo-Montoya, 2016; Kallio et al., 2016). Therefore, to ensure consistency in the data quality collected, I used an interview protocol when collecting data from every participant (see Appendix). The interview protocol was appropriate for the study and supported the research question.

To ensure the alignment between the interview protocol and the research question, I followed the protocol development process proposed by Castillo-Montoya (2016). The step-by-step interview protocol development process has four stages:

1. Align interview questions with the research question and conceptual framework.
2. Construct an inquiry-based conversation.
3. Solicit feedback on the interview protocol.
4. Pilot test the draft protocol.

When using semistructured interviews as a data collection method, researchers can adjust questions during the interview to ensure the coverage and relevance of the

content of the protocol (Kallio et al., 2016). The ability to adjust the protocol ensured alignment with the research question and optimize data quality. The interview protocol included the introduction, purpose of the study, informed consent, and consent to record the interview, the main questions, and a scripted closeout describing the next steps (see Appendix).

I was the primary data collection instrument, and because no researcher is free of biases, assumptions, and personality, I employed strategies to mitigate these considerations. According to Baillie (2015), reflexivity is a technique used to manage the human instrument. Reflexivity is the active acknowledgment by the researcher of their actions and decisions that might ultimately have an impact upon the meaning and context of the investigated experience (Berger, 2015), and the research process (Palaganas et al., 2017). Reflexive journaling is a strategy that might help in the development of reflexivity (Cruz, 2015). According to Phillippi and Lauderdale (2018), field notes and the reflexive journal should include notes about the settings, participants, interview, and critical reflection. I used reflexive journaling to capture and clarify my biases, assumptions, and thoughts at different points throughout the research process. Along with the use of an interview protocol and reflexive journaling, I also used member checking as a strategy for enhancing the trustworthiness of this study.

Member checking is another strategy for conducting ethical research and enhancing credibility. Lincoln and Guba (1985) stated that member checking was critical to establishing credibility in qualitative research. According to Birt et al. (2016), member checking is used to validate, verify, or assess the trustworthiness of qualitative results.

Sharing the data and interpretations with participants will enhance the trustworthiness of the study (Marshall & Rossman, 2016). Member checking is a process for ensuring the accuracy of data collected; it includes returning the transcripts and interpretive summaries to the participants for confirmation and verification of accuracy (Harvey, 2015). The member checking process for this study included the return of the summarized interview data to the participants so that they can confirm that my interpretation of the conversation was correct.

To enhance the validity and reliability of the data collection process, I employed the following strategies: Because I was the primary data collection instrument, I used reflexivity, to mitigate my personal biases and assumptions. The interview protocol use ensured consistency in the data collection process. Employ member checking to ensure the accuracy of the data collected. These strategies helped to enhance the trustworthiness of this study.

Data Collection Technique

There are six possible sources of data available to the case study researcher. Case study data can originate from at least two of the following available sources (a) documentation, (b) archival records, (c) direct observation, (d) participants observation, (e) physical artifacts, and (f) interviews (Yin, 2018). The case study design is often used by researchers who want to delve into a real-life phenomenon in-depth within its environment and context (Ridder, 2017). There are two types of case study designs single or multiple (Yin, 2018). The single case design was appropriate; the aim was to study a specific phenomenon arising from an individual entity (Heale & Twycross, 2018).

The design chosen for this study was a single case study, and the sources of data were interviews and company documentation.

Interviews are often the principal source of data in qualitative research. Qualitative researchers use interviews because this method can be a source of rich and detailed data that can help researchers comprehend participants' experiences and the meanings they ascribe to those experiences (Castillo-Montoya, 2016). According to Yin (2018), interviews can provide targeted data, including insights into the phenomenon from participants including their perceptions, attitudes, and meaning, and is one of the essential sources for case studies (Smith, 2018). Interviews are the most common method used for data collection by qualitative researchers in the field of nursing (Connelly & Peltzer, 2016). One of the most used types of interviews used for qualitative data collection is the semistructured interview.

After receiving approvals from the IRB and the case organization's leadership, I began the data collection process. The first step in the data collection process was a request for relevant company document that would provide information about the case organization's nurse retention rates and along with any reports that would help to identify the nurse leaders with the lowest turnover rates. The information in these documents was used to identify suitable interview participants.

The primary data collection method chosen for this study was semistructured interviews conducted via telephone. Researchers have indicated that telephone interviews were just as reliable for collecting data as face-to-face interviews (Ortiz et al., 2016). Farooq and De Villiers (2017) conducted a thematic analysis of existing literature

and concluded that telephone interviews were an appropriate data collection method for qualitative studies and might even have some advantages over face-to-face interviews. Some of the advantages of telephone over face-to-face interview include easier scheduling, lower cost, allows for the wider geographical distribution of participants, less awkwardness, and might allow for unobtrusive note taking (Oltmann, 2016). The use of semistructured telephone interviews as the primary data collection method for this study was appropriate because of the advantages and convenience it brought to this qualitative study.

Despite these advantages, the use of telephone interviews for qualitative data collection has its limitations. The disadvantages of telephone interviews include the absence of visual cues and contextual data (Farooq & De Villiers, 2017). Also, technical problems such as dropped calls and issues with recording equipment are common (Oltmann, 2016). However, these limitations of using telephone interviews for qualitative data collection does not render this method useless. Ward, Gott, and Hoare (2015) found that participants reported an overall positive experience after participating in semistructured interviews conducted via the telephone. The lack of visual cues should not have a significant negative impact on data quality (Farooq & De Villiers, 2017; Shapka, Domene, Khan, & Yang, 2016). For this study, contextual data such as visual cues were not of high importance because the questions were not of a sensitive nature or deeply personal. Also, the population distribution is over a large geographical area, Canada, so telephone interviews improved the feasibility. I took precautions such as testing the recording equipment extensively to ensure the reliability of the recording

device. Therefore, semistructured interviews conducted via telephone was an appropriate data collection method for this study as it allowed for expediency and lower cost without compromising the data quality.

I used the interview protocol as a guide for every interview. I sent the interview protocol electronically to each participant before scheduling the time for the interview. At the beginning of the interview, I thanked the participants and provided an overview of the purpose of the study and the possible uses of the results. I reminded the participants that their participation was voluntary and that they can withdraw at any time without fear of consequences. The participants also received assurance about the confidentiality of the information they are about to provide. I obtained consent before proceeding with the recording of the interview. Once the interview proper started, I begun with the main questions, and based on the answers received; I asked probing or clarifying questions. At the end of the interview, I told the participant what the next steps would be including a brief explanation of the member checking; I then thanked them and ended the interview. See Appendix for the Interview Protocol.

After transcribing the interviews, I performed member checking to enhance credibility. Member checking is used to validate and verify that the researcher accurately captured the participants' perspective or experience (Birt et al., 2016). Sharing the data and interpretations with participants will enhance the trustworthiness of the study (Marshall & Rossman, 2016). Member checking is a process for ensuring the accuracy of data collection that includes returning interpretive summaries to the participants for confirmation and verification of accuracy (Harvey, 2015). I returned the summarized

transcript of their interview to each participant so that they can confirm that my

interpretation of our conversation was correct and clarify any accidental

misrepresentation. Member checking also helped the trustworthiness of the study.

Another data source was documentation. According to Yin (2018),

documentation is one evidence for case study research. The analysis of documents can

be a source of rich data portraying the values and beliefs of participants in the setting

under investigation (Marshall & Rossman, 2016). Documentation includes documents

created during the research process such as field notes and journal entries (Yin, 2018), or

it can be relevant documentation from the case such as reports, archival documents, and

correspondence (Colorafi & Evans, 2016). For this study, I collected documents from the

organization that help to corroborate data collected via the interviews; these documents

included human resources reports that show turnover rates for specific clinics or

departments.

The advantages of using documentation as a source for case study research

include its stability as a source that is available for review multiple times, its

unobtrusiveness, specificity and the broad area it can cover (Yin, 2018). However,

documentation use might present challenges in the form of retrievability and biases in

selectivity and reporter; also, organizations might deliberately withhold access (Yin,

2018). Another issue with documentation is the ethical concerns regarding the harm

using them could bring to the individuals or organization (Marshall & Rossman, 2016).

Therefore, it was necessary to weigh the benefits and consequences of using the

company's documentation for this study, which reinforces the need for IRB approval

before collecting documentation. After receiving IRB approval, I solicited relevant documentation from the case organization. These documents, along with my journal of reflexive entries and field notes also contributed to the methodological triangulation process.

Data Organization Technique

It is critical that qualitative researchers organize the data collected for their research in a manner that will support analysis, auditing, and protection of the participants and case organization. Yin (2018) stressed the need for case study researchers to create a case study database; this is an orderly compilation of all data from the case study. The study database should include both formal data, for example, interview recordings, and informal data such as field notes (Sutton & Austin, 2015). The case study database should have a separation between the raw data and the reports to facilitate analysis such as triangulation (Smith, 2018). Therefore, to facilitate proper analysis and create an audit trail, I created an electronic case study database where I stored all the data using an orderly structure.

To ensure proper analysis, researchers should log data collected with attributes including type, time, date, person, and location of the source (Marshall & Rossman, 2016). Reflexive journaling, which supports reflexivity is also useful at capturing the audit trail (Baillie, 2015). According to Smith (2018), there should be a clear link between the evidence and the study's findings. I used my journal to capture the attributes of the data and decisions throughout the research; this facilitated analysis and create an audit trail of the path to the research findings. I cataloged and labeled all data collected,

including interview recordings and documents in the case study database to allow for easy retrieval and auditing. Cataloging and labeling took into consideration the protection of the participants and the case.

The confidentiality and protection of the data are paramount to conducting ethical research. Protecting the participants' rights to confidentiality and data protection is the researcher's responsibility (Marshall & Rossman, 2016; Twining et al., 2017). Qualitative researchers must employ various formal and informal strategies to protect human participants during the study process (Kirilova & Karcher, 2017). To protect the confidentiality of the participants, I anonymized their names on all data elements collected. For example, I referred to the participants as P1, P2, P3, P4, P5, P6, and P7. When referring to the participating organization, I used "the case organization," and, I took extra precautions to protect the confidentiality of the participants and the case.

Properly securing the case study database also ensured the confidentiality and protection of the participants and the case. Encrypting data collected and only storing it as long as needed to serve its original purpose helped to protect participants' privacy and confidentiality (Martínez-Pérez et al., 2015). Therefore, I have maintained the case study database on a password-protected encrypted drive and cloud location. I will see to the professional destruction of all study data at the end of the Walden University stipulated retention term of 5 years after the publication of this study.

Data Analysis

Data analysis is the process of making meaning of the data collected. According to Connelly and Peltzer (2016), qualitative researchers use inductive and deductive data

collection and analysis to describe and interpret the data collected on the phenomenon under investigation. One of the methods used to analyze qualitative methodological is triangulation, which is the use of two or more sets of data to answer the same question (Morse, 2015). Methodological triangulation is using data from multiple sources or data collection methods to corroborate each other (Flick, 2016; Fusch et al., 2018). Researchers' use of data from multiple sources adds confidence to the findings because this allows qualitative researchers to explore the phenomenon from different perspectives (Baillie, 2015). Therefore, for this study, I used methodological triangulation to analyze the data. The transcribed interviews and company documentation were the data sources used to corroborate the themes.

To help answer the research question from interview data, qualitative researchers must convert the raw interview into data that they can use for analysis. Castleberry and Nolen (2018) stated that the Yinian process for converting qualitative data such as interviews into findings follow a five steps process: compiling, disassembling, reassembling, interpreting, and concluding. I followed the process outlined by Yin (2018) to get to the extracted meaning from the data collected.

The first step of the Yinian or Yin 5-step process is compiling data. The data compilation process included the transcribing of the interviews and member checking (Sutton & Austin, 2015). Disassembling is characterized by the breaking down of the data into meaningful groupings that can facilitate analysis (Castleberry & Nolen, 2018). Coding is the term given to the process of disassembling data into meaningful bits of data; each code should correspond to an idea or concept (Ranney et al., 2015). The

process of creating codes could be either deductive or a priori or inductive emergent or a combination of both approaches (Stuckey, 2015). A priori coding means the development of codes based on previous research or theory (Castleberry & Nolen, 2018). A hybrid approach to theme development is where both the inductive and deductive methods are used to identify themes. According to Alexander and Lopez (2018), a hybrid approach would allow for the development of themes that are more representative of the data. I used a hybrid approach to theme development, the main thematic categories and some themes originated from the conceptual framework and literature, whereas other the themes emerged directly from the data via deduction.

The reassembling of the data includes the combining of the codes from the transcripts into a coherent and meaningful concept via a process called theming (Sutton & Austin, 2015). I transcribed the interviews to become intimate with the data. Knowing the data firsthand could help with analysis (Twining et al., 2017). After the completion of the coding process, the codes we reassembled into themes. The development of themes can be complicated, time-consuming, and tedious. However, software can help with the development and analysis of themes. According to Marshall and Rossman (2016), software can assist qualitative researchers in the analysis process; however, the researcher must do the analytical thinking. Using software is not a substitute for learning to analyze the data because analysis and coding is the responsibility of the researcher; software use will only help manage and organize the data to quickly identify categories and themes (Salmona & Kaczynski, 2016), and improve credibility (Yin, 2018). I used

software to assist with the analysis of the data collected for this study as this was more efficient than a manual process.

There are several software options to help qualitative researchers with data analysis. Yin (2018) stated that computer-aided qualitative data analysis software packages include ATLAS.ti, QDA miner, WordSmith, and NVivo can help case study researchers analyze qualitative data. NVivo by QSR is often used in research where interviews were the primary data source and can provide extra reliability (Castleberry & Nolen, 2018; Ranney et al., 2015). Therefore, I used NVivo 12 Plus for students to help with data analysis. The theming process consists of the identification of common threads between the codes (Twining et al., 2017) and reassembling them using a deductive or emergent from the data or inductive using the conceptual framework as the basis for theme creation (Ranney et al., 2015). I developed themes inductively using the conceptual framework, the constructs of the authentic leadership theory as the foundation for theme creation and interpretation of the data.

Interpretation of the data is a critical stage of the research process because this is the stage where qualitative researchers will make conclusions based on the evidence gathered. Interpretation is not linear and is continuous throughout the process (Castleberry & Nolen, 2018). According to Marshall and Rossman (2016), as researchers develop the categories, themes, and codes via a process of integrative interpretation of data bringing meaning and coherence data outputs. Therefore, synthesizing the data or telling of the story garnered from the data. Data synthesis, the story of the participants, must be distilled and summarized so that it respects the participants and provides

meaning to users of the research (Sutton & Austin, 2015). The final step in the data analysis process is the conclusion.

Included in the analysis of the data is the conclusion, which is the reporting of the results of the study. According to Castleberry and Nolen (2018), the conclusion is the response to the research question. The conclusion is the interpretation and the meaning given to the codes, themes, and categories from the data and its relationship to the conceptual framework and existing literature (Twining et al., 2017). Ranney et al. (2015) suggested that the research report should include a rich description of the themes. Marshall and Rossman (2016) stated that the case study method of representation is the reporting on data collected from a specific organization. Because the data collected for this study came from a specific organization, I used a case study representation. The results of this study included a rich description of the themes and their relationship to the conceptual framework. The overall conclusion was, the answer to the research question: What leadership strategies do private, specialty care clinic leaders use to reduce nurse turnover?

Reliability and Validity

Reliability and validity are two aspects used to determine the quality of research. Most qualitative researchers establish quality via trustworthiness a concept introduced by Lincoln and Guba (1985) in their seminal work on the topic of naturalistic inquiry (Cypress, 2017). According to Morse (2015), qualitative researchers achieve trustworthiness through credibility, transferability, dependability, and confirmability. Another approach to appraising quality in qualitative research is the one proposed by

Dixon-Woods, Shaw, Agarwal, and Smith (2004), who argued that the tendency to group all qualitative research in a unified field could present a problem when adjudicating the quality of qualitative research and suggested a set of prompts that could help with the assessment of qualitative research quality. The Dixon-Woods et al. prompts for assessing qualitative research quality are as follows. (a) Is the research question clear? (b) Is the research appropriate for qualitative inquiry? (c) Is there a clear description of the sampling, data collection, and analysis? (d) Are the sampling, data collection, and analysis methods appropriate for the research question? (e) Is there evidence to support the claims? (f) Is there an integration of the data, interpretation, and conclusion? And (g) Does this research make a contribution? I used a combination of both Lincoln and Guba and Dixon-Woods et al. approaches to research quality for this study to enhance the trustworthiness.

Reliability

Reliability is the replicability of the processes and the results (Leung, 2015). However, because human behaviors and interactions are not static. Therefore, using only one concept of reliability could present a problem for qualitative researchers (Cypress, 2017). Qualitative researchers must take extra steps to ensure the reliability of their research. Dependability is an aspect of reliability in qualitative research, which is the consistency in the research procedures (Colorafi & Evans, 2016; Marshall & Rossman, 2016). Such tools as interview protocol (Castillo-Montoya, 2016) and member checking (Marshall & Rossman, 2016) contribute to the dependability of the study. Therefore, to ensure reliability, I used an interview protocol as a guide for controlling the interviews so

that every interview followed the same process. Member checking was another strategy I

captured the participants' perspectives accurately. The member checking process

followed the process described by Harvey (2015), which was the confirmation of the

transcribed interview summaries by the participants. Each participant reviewed my

interpretation summary of the interview transcripts and made any corrections if any, was

required. The use of an interview protocol and member checking enhanced the

dependability of this study.

Validity

For their research to be credible, qualitative researchers must present an accurate

representation of the study participants' perspective. Credibility is the accuracy of the

researcher representation of the participants'views, which is an essential aspect of

qualitative research validity (Cypress, 2017; Nowell, Norris, White, & Moules, 2017).

Marshall and Rossman (2016) suggested that strategies such as member checking and the

use of triangulation would help to enhance credibility. Methodological triangulation is

the collection of data from two or more sources or collection to corroborate each other

(Fusch et al., 2018). Therefore, to enhance the credibility of this study, I employed

member checking and methodological triangulation.

Transferability is the degree to which the research findings can be useful to

theory, practice, and future research, a form of external validity or generalizability (Moon

et al., 2016). According to Noble and Smith (2015), generalizability is the transferability

of the study's results into another similar context or to answer a similar research question.

In qualitative research, transferability refers only to the case-to-case transfer of a study's

results (Nowell et al., 2017; Twining et al., 2017). The burden of applying the results of qualitative studies to a similar context to answer similar research questions falls on the reader (Marshall & Rossman, 2016). Therefore, the transferability of this study's findings is the burden of the reader.

Confirmability is the demonstration of objectivity in research), and is dependent on dependability, credibility, and transferability (Lincoln & Guba, 1985; Marshall & Rossman, 2016). Strategies for ensuring confirmability of research include providing the reader with markers throughout the study that describe the reasons for the theoretical, methodological and analytical choices (Eisenhardt, Graebner, & Sonenshein, 2016; Nowell et al., 2017). Also, being transparent and providing a rich, thick description of the population, sampling, data collection and analysis could help with establishing credibility by helping the readers to decide whether the actions and decisions made by the researcher were reasonable (Baillie, 2015). Noble and Smith (2015) suggested that the demonstration of auditability by being transparent with the description of the research process from the initial outline through reporting of the findings. To enhance the credibility of this study, I was transparent and provided rich and thick descriptions of the decisions, methods processes, and analysis so that readers could see the link between the findings and the data in the context of the study.

The failure to reach data saturation can adversely affect the quality of qualitative research. According to Fusch and Ness (2015), not reaching data saturation could have a negative impact on the quality and content validity of the research. How much data is enough to reach saturation is a common question for qualitative researchers (Smith,

2018). Data saturation occurs when the researcher notices that the same themes and patterns continue to emerge and there is a sense that further data collection would not add anything new (Gentles et al., 2015; Marshall & Rossman, 2016). Triangulation could help facilitate data saturation as there is a direct link between triangulation and data saturation because it allows for different levels of perspectives of the same phenomenon (Fusch & Ness, 2015). The use of the member checking process will allow qualitative researchers to confirm the accuracy of their interpretation with the participants (Harvey, 2015). Therefore, I used methodological triangulation and member checking to reach data saturation. Member checking gives more credibility to the data saturation process because it confirmed that the patterns and themes garnered from the data are in alignment with the participants' perspectives and experiences. Because the recognition of recurring themes and patterns is central to reaching data saturation credibility, it was essential for research quality that the themes were a correct representation of the participants' perspective and experiences.

Transition and Summary

In Section 2, I addressed my role as the researcher and primary data collection instrument who will be recruiting participants and collecting and analyzing the data for this study. My perspective of the data could be influenced by my experience in the healthcare industry, and proximity to the target population because this study is within my organization. This study was conducted in compliance with *the Belmont Report*, including the use of informed consent forms to mitigate ethical concerns. Access to the participants and data collection began only after securing IRB approval, and I

anonymized each participant to ensure confidentiality. The use of an interview protocol with every participant and member checking was used to enhance the credibility of this study. This was a qualitative, single case study design study. For this study, I used purposeful sampling, and the sample size was eight participants. Methodological triangulation ensured data saturation.

Data collection was via semistructured interviews conducted over the telephone company documents, reflexive journal notes. The data collected were stored in a case study database stored on password protected encrypted drives. The data retention period is 5 years after this study is published. Data analysis followed the Yinian or five-step approach, and the computer aided qualitative data analysis software NVivo assisted in the coding and analysis. Member checking enhanced reliability. A rich and thick description of the research process, including the population, sampling, data collection, and analysis along with the use of methodological triangulation to ensure data saturation enhanced the reliability of this study.

In Section 3, I will conclude this study with a presentation and discussion of the study's results and findings. In this section I will also highlight the implications these results and findings might have for business practice and social change. The final components of this study will be future research recommendations, reflections, and conclusion.

Section 3: Application to Professional Practice and Implications for Change

Introduction

The purpose of this qualitative single case study was to explore leadership strategies that some private, specialty care clinic leaders use to reduce nurse turnover. The sample for this study consisted of seven nurse leaders employed by the case organization, an operator of specialty care clinics located across Canada. I selected participants for this study based on their success at reducing nurse turnover in their respective business area. Company documents verified that all participants had above average nurse retention rates. Section 3 of this study includes a reporting of sample demographics and the results of the data analysis.

I obtained the data analyzed for this study from multiple collection methods: company documents; semistructured, phone interview transcripts; member checking interview summaries; and reflexive journal notes. A thematic analysis was performed on the data using NVivo-12 qualitative data analytics software. The themes for the analysis were developed using both inductive and deductive theme development strategies. The thematic categories of this study were inductive and aligned with the conceptual framework of the authentic leadership theory and related literature. The results yielded four categories of themes for reducing nurse turnover: moral perspective, self-awareness, relational transparency, and balanced processing. Ten themes emerged from the four thematic categories: supportive workplace, workplace justice and compassion, values-driven leadership, authenticity and emotional intelligence, confidence and optimism, passion and resilience, transparency and open communications, relationship and

connectedness, collaborative decision-making, and hiring nurses with the right fit. These

themes were both inductive from the conceptual framework and literature, and deductive,

or emergent, from the data. I used these strategies to answer the research question. The

presentation of the findings section will include a rich description and explanation of

these themes. Figure 1 shows the summary thematic analysis of the data collected for

this study and the relationship with the conceptual framework.
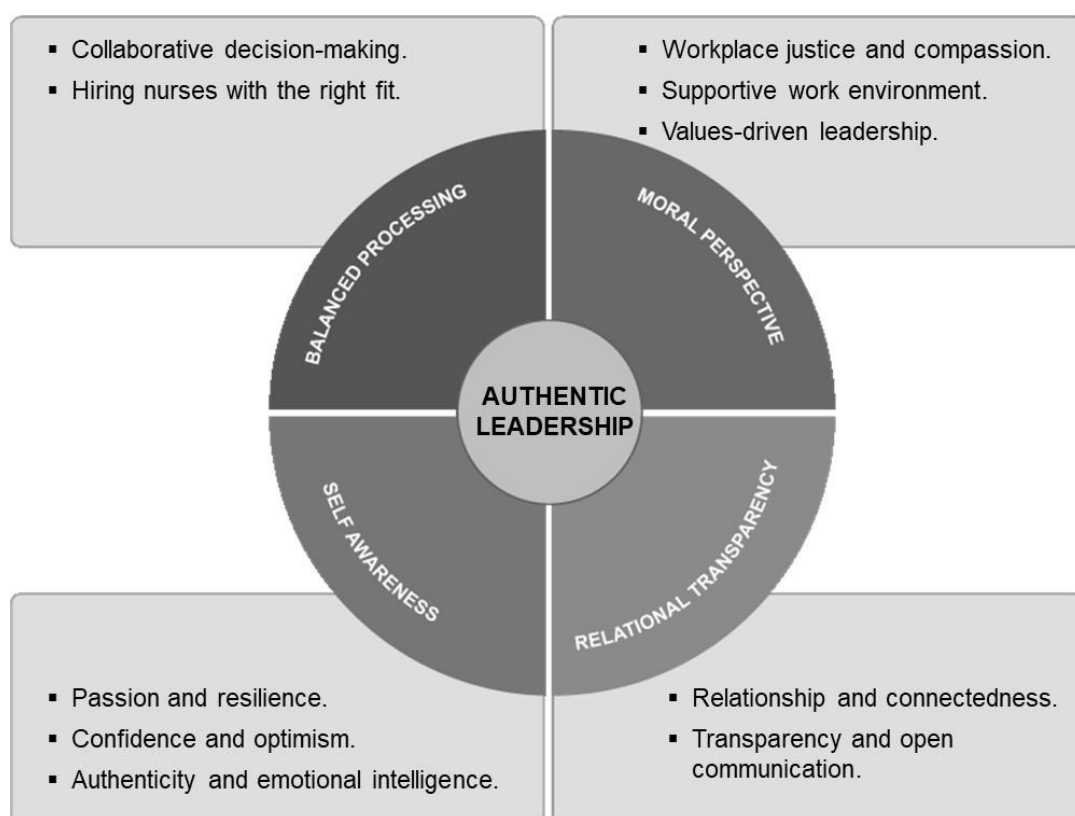

Figure 1. Thematic categories and themes.

Presentation of the Findings

The research question for this study was: What leadership strategies do private,

specialty care clinic leaders use to reduce nurse turnover? Participants worked for a

single organization at locations throughout Canada. All participants had been with the

case organization for more than a year. According to company documents, the case

organization had almost 600 nurses with an annual average turnover rate of

approximately 18%, which was below the Canadian national average, which according to

Guo et al. (2019), was 20% for 2018. Nurse leaders with more than 1-year of tenure had

departmental turnover rates ranging from 4% to 31%. The average departmental turnover

rate for participants in this study was 14%. I refer to the seven participants as P1, P2, P3,

P4, P5, P6, and P7 in the study to protect their confidentiality.

The first data source was company documents that highlighted the retention rates

along with organizational and human resources strategies to retain employees, including

nurses. The collection of company documents that I reviewed also included a report that

showed the retention rates for each of the nurse leaders. These documents were used in

the methodological triangulation process because they provided corroboration of the data

collected via interviews and interview summaries. The nurse leaders' retention rate

report was used to identify potential participants. After reviewing the nurse retention

report, I identified 14 nurse leaders whose nurse turnover rates were below the case

organization's average of 18%. All 14 of the potential participants received an invitation

to participate in this study, and seven participants consented to participate.

The participants provided data via semistructured interviews, which were

transcribed and summarized for the member checking and methodological triangulation

process. After completing the member checking, I coded and analyzed the interview

transcripts and summaries. All seven of the participants referenced characteristics

belonging to the strategies of each of the four thematic categories. These four thematic

categories were ranked based on the number of references they received from the

participants. Moral perspective was the dominant thematic category referred to by the

participants with 260 references. The second-ranked thematic category was self-

awareness with 223 references, followed by relational transparency with 129, and

balanced processing with 116 references. Table 1 lists the thematic categories and their

corresponding references.

Table 1

Thematic Categories: Number of Participants and References.

Thematic category	Number of participants	References
Moral perspective	7	260
Self-awareness	7	223
Relational transparency	7	129
Balance processing	7	116

Thematic Category 1: Moral Perspective

The moral perspective thematic category captured the nurse leaders' use of their

internal moral standards and values to guide them when making complex or critical

decisions. According to Oh and Oh (2017), leaders with a moral perspective have a

sound ethical orientation that guides their decision-making process, and this centering of

decisions on sound ethical principles is evident even when under enormous pressure. The

ethical principles displayed by authentic leaders is a result of lessons learned over their

professional and personal lives; moral leaders have the courage to do what is right

(Alexander & Lopez, 2018). Sound ethical orientation was the foundation for this

thematic category.

After analyzing the data collected for this study, three distinct strategies for reducing nurse turnover emerged: the nurse leaders' ability to create a supportive work environment and be a supporting voice and advocate for the nurses, the demonstration of workplace justice and having compassion, and promoting positive leadership via values-driven behaviors. All seven participants demonstrated the qualities of having a moral perspective. The tabulated results of this thematic category are in Table 2.

Table 2

Thematic Category 1: Moral Perspective and Themes

Thematic category	References
Moral perspective	260
Themes	
Supportive work environment	116
Workplace justice and compassion	80
Values-driven leadership	64

A breakdown of the moral perspective thematic category showed that 45% of the references made regarded to creating a supportive work environment. The theme of workplace justice and compassion received 30% of the references, and values-driven leadership was only referenced 25% of the time by the participants. This thematic category also had two of the top five strategies used by the nurse leader participants of this study. A description of each of the three strategies that emerged from this thematic category follows; the first theme is a supportive workplace.

Theme 1: Supportive workplace. This theme captured the codes regarding the creation of a work environment where staff nurses can talk to their leaders and peers about their concerns and receive assistance and moral support to help them overcome

challenges. There were more than 116 coded references made to this theme, the highest

for any of the 10 themes. Nurse retention is dependent on the fulfillment of the promise

of a supportive social work environment (Sheehan, Tham, Holland, & Cooper, 2019).

All seven participants referenced this theme several times throughout their interviews.

For example, P3 indicated that their primary theme for reducing turnover was to be a

supportive leader, stating,

> I believe my role as a leader in implementing a strategy to reduce nurse turnover
>
> is first and foremost being supportive as a manager of a remote workforce of a
>
> 100% remote workforce. I think being available in support is the main priority for
>
> a team.

According to Tyndall et al. (2019), supervisor and peer support are critical elements for

developing job embeddedness, which is key to reducing nurse turnover. Ensuring the

availability of nurse leaders and peer support is an excellent retention nurse strategy.

Having a supportive work environment is even more important for newly hired

nurses because, according to Han, Kim, Lee, and Lim (2019), nurse turnover tends to be

higher during the first few months of employment. P3, P4, and P5 opined that it was

essential that newly acquired nurses receive extra support during their first months of hire

because this is when they are most vulnerable to quitting. According to P5, frequent

check-ins and the solicitation of feedback from new hires are part of their nurse retention

strategy. P5 stated that,

> So, for me, frequent check-ins are very important for new hires, because the first,
>
> you know, couple of months are so critical in a role like this to really understand

and know what any new associate is doing, how they are doing if they are

handling it or not. Because they think it is very easy to see quick turnover within

that 3 months before probation is done.

Extra support for newly hired nurses was also part of a broader nurse retention strategy.

According to company documents, it was of the highest priority that nurse leaders and

other supporting departments; for example, information technology and nurse education

ensure that newly hired nurses received additional support. Therefore, the expectation

was to see this the adoption of this strategy by the nurse leaders who had lower nurse

retention rates.

Providing nurses with the resources they need to learn and develop so that they

can perform their tasks is another theme highlighted by participants of this study. For

example, P5 stated, "I believe the people that are on our team we need to develop them to

be the best at their jobs and then we need to rely on them. They are the ones who are the

experts." Learning on the job is explicitly motivating to registered nurses (Ahlstedt,

Eriksson, Holmström, & Muntlin, 2019). Providing support for learning and personal

development can be an effective motivator for nurses to stay on the job.

This theme of focusing on the staff nurses' development is also one of the core

employee retention strategies implemented by the case organization. For example,

according to human resources documents reviewed, every employee must have a personal

development plan, and both their immediate manager and senior leaders are supportive of

their development plans. Employees are encouraged to be both mentors and mentees as

part of their developmental plans.

The creation of a healthy work environment is essential to reducing nurse turnover. A supportive workplace that ensures both peers and leader support was a priority for the participants of this study and the case organization. Authentic nurse leaders are associated with creating supportive workplaces for their staff nurses (Alexander & Lopez, 2018; Giordano-Mulligan & Eckardt, 2019). Both the organization and the nurse leader participants of this study prioritized the creation of a supportive workplace because they believe that it was essential to retain nurses.

Theme 2: Workplace justice and compassion. Ensuring that there was workplace justice and leading with compassion was the second most referenced theme in the moral perspective thematic category. Six out of 7 participants referenced workplace justice and compassion as an essential leadership approach used to reduce nurse turnover rates. Company documents also revealed the corporate initiative called "respect at work," with values based on workplace justice and compassionate leadership.

Workplace justice is the extent to which employees are treated fairly (Berthelsen, Conway, & Clausen, 2018). The codes I used to develop this theme included a human approach to leadership and flexibility; promoting fairness in workload distribution, compensation, and recognition; and providing personalized solutions that consider the individual's situation. For participants of this study, taking a human approach to leadership was seen as critical for reducing nurse turnover. For example, according to P6,

> If we have issues with nurses, I think that we like to take. I like to encourage the managers to take a very human approach to managing people. Take into account

maybe their age, their experience level, what background they may be coming

from culturally as well as if they have been coming from a hospital setting. Or if

they are new out of school or if they have had private industry experience in the

past and really gauge your management of each kind of problem or situation

based on all of those factors and not just the situation that's presenting itself.

Fair treatment of staff nurses is a priority for both the organization and nurse leaders, and

this was evident in both company policies and nurse leaders' approach to leadership.

Compassion is one of the fundamental behaviors of authentic leadership. George

(2003), who published one of the seminal pieces on authentic leadership, opined that it is

impossible to lead authentically without compassion. Being compassionate and fair

could also help in the development of trusting relationships between nurse leaders and

their staff. Along with being compassionate, fairness was another referenced code in this

theme.

Fairness is the perception of justice, and it is linked to structural empowerment

and authentic leadership (Spence Laschinger et al., 2019). Fairness in workload

distribution was another theme used to reduce burnout and turnover. Nurse workload is

one of the most prevalent themes when discussing the topic of nurse turnover. According

to Guo et al. (2019), the high workload is one of the most often cited reasons for high

nurse turnover. Six out of the 7 participants explicitly mentioned workload management

as a strategy used to reduce turnover. P6 stated that workload management is also one of

the barriers they must navigate with senior leadership when implementing their retention

strategies, stating that,

Another obstacle sometimes is being in somewhat middle management.

Sometimes decisions are made from the leadership team that directly impact my

team without really having a good understanding of the roles of the nurse and

sometimes of the workload of the nurse. So that is a huge obstacle.

There is a link between nurses' workload and many of the antecedents of nurse turnover.

For example, nurses' high workload is usually a product of inadequate staffing, which

can lead to an unhealthy work environment (Nantsupawat et al., 2017). P1, P3, P4, P6,

and P7 all stated that reducing nurses' workload or task distribution was a priority for

creating a positive work environment.

Several of the company documents reviewed mentioned the issue of workload

distribution and its impact on the nurse retention rates. For example, the case

organization had several initiatives and policies aimed at reducing nurses' workload.

These initiatives include the implementation of technological solutions and hiring

practices to ensure that nurse leaders were proactive in hiring extra nurses based on the

anticipated increase in the volume of work.

Three of the participants (i.e., P4, P5, and P6) referenced fairness in compensation

and recognition as contributory factors for reducing nurse turnover. Lee and Jang (2019)

posited that compensation was a factor in reducing burnout, an antecedent to turnover.

There is a positive link between meaningful recognition and the creation of a healthy

work environment for nurses (Ulrich, Barden, Cassidy, & Varn-Davis, 2019). Therefore,

ensuring that nurses are receiving fair compensation and recognition should be

considered as part of any strategy to reduce nurse turnover.

Authentic leaders are known for having altruistic characteristics. According to Giordano-Mulligan and Eckardt (2019), authentic leaders demonstrate genuine care for their staff nurses by being compassionate and aware of the needs of their staff needs; They also have the courage to determine what is fair and what is not (Alexander & Lopez, 2018). Practicing authentic leadership is a strategy that can help to ensure a workplace where there are workplace justice and compassion.

Theme 3: Values-driven leadership. Authentic leaders practice solid values. According to George (2003), values and character, shaped by personal beliefs and developed over a lifetime are the virtues of an authentic leader. All seven participants referenced having strong values formed over their career and personal life as influencing their leadership strategies. According to P1, their life-long experience as a hospital nurse has a tremendous influence on their approach to leadership. P4 also echoed the narrative that their nursing values were the drivers behind their behavior and the path to good leadership is, "treating people the way you would like yourself to be treated." The strategy of putting people first is also a core value of the company, one the guiding principles is "put people first, and the rest will follow," all company employees encouraged always to be an advocate for the patients they serve.

Nurses are known for having strong values grounded in ethics. This attachment to ethical decision-making is what drive nurse leaders supportive behaviors and always wanting and doing what is best for the patients (Alexander & Lopez, 2018). Having healthy work environments is an essential strategy for reducing nurse turnover (Labrague, McEnroe-Petitte, & Tsaras, 2019) and improving patient safety (Carthon et al., 2019).

According to Frasier (2019), authenticity or authentic leadership is an essential characteristic for successful nurse leaders. The participants of this study were supportive of their staff, focused on having a team that delivers care that was most beneficial for the patient, and found joy in what they do. They saw themselves of having a values-driven moral compass, which was central to their strategies for creating healthy work environments, which in turn had a positive influence on nurses' retention.

Thematic Category 2: Self-Awareness

The second most referenced thematic category was self-awareness, which according to Alilyyani et al. (2018), is the demonstration of an individual's understanding their meaning-making process for the interpreting the world around them and the impact of this meaning how they see themselves and how others see them. Also, the extent to which a leader understand themselves, their strengths, their weaknesses, their values, and what they stand for (Frasier, 2019). All seven participants referenced the self-awareness thematic category, there was a total of 223 references, through the three themes; emotional intelligence, 91 references; passion and resilience, 75 references; and confidence and optimism, 57 references.

Table 3

Thematic Category 2: Self-Awareness and Themes

Thematic category	References
Self-awareness	223
Themes	
Authenticity and emotional intelligence	91
Passion and resilience	75
Confidence and optimism	57

The case organization's purpose document also referenced this thematic category several times. For example, one of the guiding principles of the organization is, "tell the truth and tell it fast," employees are expected to be authentic by following up on their words with action. Employees were also expected to own their mistake and hold other team members accountable. The participants all espoused these values, and they indicated that it was of their nurse retention strategies.

Theme 4: Authenticity and emotional intelligence. Authenticity is the alignment between leaders' words and their actions (Alexander & Lopez, 2018); the alignment of words and action is the epitome of authentic leadership, the conceptual framework of this study. According to Vitello-Cicciu (2019), authentic leaders are self-reflective and have a deep understanding of their strengths and limitations and the effect they have others. A leader's ability to recognize their own and other people's emotions, and distinguish the different feelings, appropriately label them and then use this emotional information to determine their thinking and behavior is emotional intelligence (Abraham & Scaria, 2017). Awareness of their strengths and limitations, along with the expression of emotional intelligence were the common characteristics and behaviors captured in this theme.

This theme included the following codes: The nurse leader's awareness of their strengths and weaknesses; knowing when to seek help and when to use strength to exploit opportunities. Also, the ability to perceive and express emotion assimilate emotions in thought, understand, and reason with emotions, self-regulation and regulate others

emotion, self-disciplined. All seven participants referenced these codes during their interviews.

The nurse leaders reference codes that indicated an awareness of their limitations in terms of capabilities and authority throughout the interviews. P1 stated that many times, they was not in a position to change what is happening; however, this did not prevent them from listening to their nurse's concerns. P7 was also quite confident in their abilities and was open with their staff about what they could and could not do; for example, P7 said:

> There are many times like I said that I could not do that. It is this, and this is the
> way it has to be, I will be supportive of the decision that the leadership team has
> made, and this is what we have to do.

Openly admitting their limitation might help to build trust with their staff and help to build trusting relationships. Self-awareness and openness have a positive correlation with the leader's performance and interpersonal leadership effectiveness (Alexander & Lopez, 2018). According to P7, openness about the things they can change and the ones they could not are integral to their strategies for motivating and retaining nurses.

The company documents also referenced codes belonging to the authenticity and emotional intelligence theme as a strategy for improving nurse retention. For example, both the organization's purpose and values, and human resources correspondences showed that the promotion of honest in leadership as a priority for the organization. The organization also conducts regular self-awareness and emotional intelligence-based

leadership development training; for example, DiSC Profile training, a tool used for discussion of people's behavioral differences.

The ability to manage their emotions and feelings is an essential component of authentic leaders. The ability to understand, self-regulate, and use emotions and feelings are personality traits associated with emotional intelligence (Wang et al., 2018). According to Al-Hamdan, Adnan Al-Ta'amneh, Rayan, and Bawadi (2019), there is a substantive link between emotional intelligence and positive outcomes for nurses. The findings of this study showed that emotional intelligence was a common characteristic among participants, as all seven of them demonstrated some form of emotional intelligence. For example, P1 stated that they deliberately switches between being and friend and confidant to a leader by knowing when to put on the, "management hat." By being able to self-regulate, P1 is able to be consistent in the treatment of their staff and improve their intent to stay.

The role of emotional intelligence and intent to stay is supported by Wang et al. (2018), who found that the nurse leader's perceived emotional intelligence was a significant predictor of nurses intent to stay. Emotional intelligence and authentic leadership are significantly positively related (Miao, Humphrey, Qian, & Pollack, 2018). Nurse leaders should get to know how to identify, self-regulate, and manage both their own and staff members' emotions as this can be a contributing factor to job satisfaction and ultimately reduce nurse turnover. Offering leadership development courses that focuses on enhancing emotional intelligence might help prepare nurse leaders for their role and help in the reduction of nurse staff turnover.

Theme 5: Passion and resilience. People who find their purpose tend to be passionate about what they do. This sentiment is supported by George (2003), who stated that having a purpose will ignite your passion. One of the characteristics commonly demonstrated among participants was the ability to overcome obstacles that promise to derail their retention strategies. Resilience is the ability of nurse leaders to learn and grow from bad experiences (Hudgins, 2016). Six out of the 7 participants described how their passion and resilience were critical to their success as nurse leaders.

Almost all of the participants stated how passionate they were about nursing. They were always a nurse first with a passion for patient care and want the best for their staff. This passion was the driver behind everything they did in their role as nurse leaders. According to P1, their passion for nursing is what kept them on the job. P1 stated:

> Moreover, there have been days that I think, you know that is enough of this. I do not want to do it anymore. That is when I stop and say okay, what has kept me here in the first place and what are the good things.

The participants also referenced purpose and passion as being responsible for them staying on the job. The participants gave partial credit for their better than average nurse retention rates and effectiveness as a leader to their passion and resilience. For example, P4 stated:

> I think my passion gets in the way sometimes because I am a very driven person. I will present a business case on whatever it is. I do not care if it is opening up a new clinic. Then I am relentless until I get what I want.

Passion and resilience were also the sources of their strength to overcome obstacles; it helped with consistency in behavior such as leading by example.

"Walking the talk" was also a characteristic that was a demonstration of the nurse leaders' passion for what they do. Leading by example, is a trait the authentic leaders. According to Lemoine, Hartnell, and Leroy (2019), authentic leaders set ethical examples for their followers. According to P4, they asked their nurses to deliver care as if it was one of their family members they were treating; they lead by example by treating people the way they would treat themselves, as the treatment the nurses received from their leaders was critical to their intention to stay on the job. P4 stated, "So I think retention for me and for the work I have done over the years is I treat people the way I want to be treated myself okay." Authentic leaders are passionate about their work. According to George (2003), when an individual is passionate about their work, they believe in its intrinsic worth, and they can maximize the effect of their leadership capabilities. Another driver of resilience is self-efficacy and positivity.

Theme 6: Self-confidence and optimism. Self-confidence is the belief in oneself or self-efficacy (Carvalho, Ramalhal, & Bernardes Lucas, 2019). Optimism is the practice of viewing situations positively and having a favorable outlook for the future. The participants referenced codes that belonged to the theme of self-confidence and optimism 57 times and all seven of the participants referenced it during the interviews. For example, P3 stated that part of their strategy to retain nurses is by being a positive leader, P3 said:

I tend to focus on the good versus the bad, and I try and find a nugget in any

situation to build upon that is positive and how for nursing how it can improve

their practice or how it can reduce their workload.

Company documents also corroborated the self-confidence and optimism theme as one of

the guiding principles for employees of the case organization is boldness with humility.

Having a positive worldview is necessary for building resilience in both self and

followers (Hudgins, 2016). Nurse leaders have a significant influence on building

resiliency within their workforce (Wei, Roberts, Strickler, & Corbett, 2019). Resiliency

in the workforce is positively associated with reducing turnover (Yu, Raphael, Mackay,

Smith, & King, 2019). Having self-confidence and an optimistic outlook might help

nurse leaders develop their staff resilience, which can help with improving their retention

rates for nurses.

Thematic Category 3: Relational Transparency

Relational transparency is the third tenet of the authentic leadership theory; this is

the degree to which nurse leaders cultivate openness with their staff (Shapira-

Lishchinsky & Benoliel, 2019). Successful leaders often mention transparency as an

essential strategy (Alexander & Lopez, 2018). Research supports the idea that

transparency has a strong association with trust and honesty, and leaders who present

themselves as open and truthful in relationships result in synergistic connections and

high-performing teams (Alexander & Lopez, 2018). The codes included in this thematic

category were: the participants' forthrightness with their interactions, the provision of

essential information to nurses so that they can perform their duties, openly sharing

information, being responsive, understanding and communicating the mission, and

building enduring and empowering relationships with staff. All seven participants

mentioned that some aspects of this theme and included it in their retention strategy; there

were 129 references to the codes of this thematic category. This thematic category had

two themes: Transparency and open communications with 85 references and

connectedness with 44 references.

Table 4

Thematic Category 3: Relational Transparency and Themes

Thematic category	References
Relational transparency	129
Themes	
Transparency and open communications	85
Relationships and connectedness	44

Included in the company documents, were several references to the transparency

and open communication and. the relationship and connectedness themes. For example,

the company's strategic initiative to build a culture that value and celebrate knowledge

sharing and feedback; this strategy would not succeed without transparency and open

communication. Transparency and open communication was a strategy promoted by the

case organization leadership for improving employee engagement.

Theme 7: Transparency and open communications. All of the participants

referenced the codes belonging to the transparency and open communication theme for

retaining nurses. The seven participants of this study reference the codes for this theme

85 times. For example, P7 passion for nursing and the need to see that the frontline

nurses have responsive managers led to the decision to compete for leadership roles. P7

believed that nurse leaders should be open and responsive in their communication with nurse staff. P7 stated:

> I was extremely passionate that as a field nurse we were missing a level of
>
> management that allowed us to have some communication with our manager or
>
> some support from a manager you could send an e-mail and not hear back from
>
> your manager for 3 and 4 days.

Having an open dialogue and being responsive was also central to P2's strategy for reducing turnover. According to P2, great relationships begin with open communications. Therefore, they practiced and encouraged open dialogue among their team members. For example, P2 had a regular team meeting where team members freely exchange ideas and discuss solutions to common challenges.

Transparency in communication and relationships are essential for developing healthy nurse workplaces. Leaders who communicate with openness create empowered nurse teams by providing them with access to information and teams that have sufficient access to information are more likely to be supportive of their leader's decisions (Hopkinson, Oblea, Napier, Lasiowski, & Trego, 2019). The participants of this study all had a nurse retention strategy based on transparency and open communication. For example, P3 said that sharing the *why* and *how* for decisions made was a priority, P3 stated:

> Then I go back to them and explain to them you know what. Yes, you are right,
>
> your opinions matter; but based on these rationales, that is why we could not
>
> totally get what you wanted. But these are what we got. Okay. Explaining the

rationale, I find with my team of nurses is very important to share why they really

need to understand the "why."

Transparency and open communication were one of the top five strategies that emerged

from the results of this study.

Frequent communication about both their individual performance and about the

organization; for example, performance, financials, and changes are suggested for

retention (Tyndall et al., 2019). The regular sharing of individual performance

information along with organizational performance information was referenced by five

out of the seven participants of this study. For example, P4 advocated for the sharing of

more financial performance data with the staff nurses and succeeded in getting leadership

to provide more detailed performance data to the nurses. P4 said that openly sharing the

detailed financial information with the nurses helped with their buy-in on the strategies

and engagement. Transparency is fundamental to trust and trust in management is a

crucial component of nurse employee engagement and a healthy workplace (Spence

Laschinger et al., 2019), which is a predictor of nurse retention. Being forthright with

their staff and openly sharing information was credited with improved retention for the

participants.

Theme 8: Relationships and connectedness. Establishing empowering

relationships based on trust integrity and honesty was a component of all seven

participants' nurse retention strategies. Codes related to this theme was mentioned 44

times during the interviews. For some of the participants, the process of establishing a

trusting relationship began even in the prehire stage of nursing staff. For example, P1

stated that part of their hiring process includes lengthy interviews, which allows both

them and the prospective candidate the opportunity to get to know each other. P1 stated:

> So, I want to make sure before I even hire them that it's a good fit and that they're
>
> in a good place in their lives to be able to because this isn't especially if they're
>
> casual it isn't like a hospital casual job you go in and do a shift, and you leave.

Most of the participants said that they set aside time to get to know their nurse employees

beyond the work environment. According to P6, they does a tour of their territory to

meet with their nurses in a personal setting outside of work to get to know them better, P6

stated:

> I know that I am going to say it again, but for myself, I am doing that tour that I
>
> have just done and even having coffee or lunch with the nurses and having more
>
> of a personal kind of meeting with them.

Reserving time to meet and get to know their staff nurses was a standard code with all of

the nurse leaders who participated in this study.

Enduring relationships built on trust and empowerment might help to improve

commitment to the organization. According to Coxen et al. (2016), when nurses trust

their leaders, they tend to have higher organizational citizenship behavior, which

correlates positively with nurse retention. Also, connected relationships and shared

purposes can enhance team performance as they work towards a common goal, and

authentic leaders tend to build enduring relationships (George, 2003). Strong

relationships with nursing staff. Strategies such as, empowering nurses by giving them

autonomy with clinical decisions and having formal and informal one-on-one meetings to

discuss concerns and get to know staff nurses might help to reduce nurse turnover and improve patient outcomes.

Thematic Category 4: Balanced Processing

The fourth thematic category for this study was balanced processing. According to Frasier (2019), authentic leaders display balanced processing by being fair-minded; that is they solicit and objectively consider viewpoints from diverse sources before making decisions. Codes in this thematic category were: Soliciting feedback from nurses when needed to make difficult or critical decisions such as hiring new staff, openly discussing the causes and outcomes of issues, earning the trust of their staff nurses, being comfortable with not having all the answers, listening to other's perspectives. All seven participants referenced at least one of the codes during their interviews, and there was a total of 116 references to these codes.

Table 5

Thematic Category 4: Balanced Processing and Themes

Thematic category	References
Balanced processing	116
Themes	
Collaborative decision-making	76
Hiring nurses with the right fit	40

Documented company policies and values supported both of the emergent themes in this category. Hiring the right people was part of the overall human resources strategy, and collaborative decision making was a promoted value within the case organization's culture. Creating a collaborative workplace for nurses was one of the top strategies used by the participants to drive up their nurse retention rates.

Theme 9: Collaborative decision-making. Seeking the opinions of staff nurses when making decisions that will affect them is one on the sub-construct of authentic leadership. Seeking sufficient input and viewpoints to make informed decisions is a hallmark of authentic leadership (Regan et al., 2016). All seven participants referenced this theme, with 76 total mentions.

Participants P1, P3, P4, P5, P6, and P7, all said that they had regular touchpoints where they solicit feedback from their staff nurses on strategies and other decisions that might affect them. For example, P3 stated:

> I always seek to better understand from my team what the challenges are; what points that need to be addressed. And, I let my team know that I appreciate their feedback, and I am going to use their feedback to guide me in discussions with senior leadership and how we are making decisions.

This theme of collaborative decision-making was also well-documented in the case organization's overall nurse retention strategies. For example, one of the strategies in the company's purpose and principles document stated: the organization's greatest strength is when staff use their collective expertise to generate solutions to existing, and potential challenges. Based on the interview, 6 out of the 7 participants model this approach to decision-making.

Collaborating with staff when making impactful decisions is a form of showing staff that they are valued and respected. According to Ulrich et al. (2019), respect is the foundation for open communication and collaboration. Critical to a supportive workplace is the creation of collaborative relationships among teams (Regan et al., 2016). Also,

developing collaborative relationships between nurse leaders and their staff is essential

for leadership success (Whitney-Dumais & Hyrkäs, 2019). The importance of a

collaborative workplace in nurse retention is supported by Ulrich et al., who found that

respect from nurse leaders would influence nurses to stay on the job. Authentic leaders

foster the development of collaborative work environments (Vitello-Cicciu, 2019). All

the participants of this study agreed that collaborative decision-making and workplace

was essential to their retention strategies.

Theme 10: Hiring nurses with the right fit. This was one of the surprises of

this study. The emergent of the theme, finding the nurses with the right fit was a critical

piece of their retention strategy for four of the participants (P1, P4, P6, and P7). While

only 4 out of the 7 participants explicitly mentioned this theme as a strategy for retention.

The participants who did referenced hiring for fit believed that this strategy was central to

their better than average nurse retention rates. According to P4:

> I think my role as a leader is a key aspect to being able to, first of all, hire the
>
> right type of people and then as well through that process to retain the staff and a
>
> lot of that depends on the identification of the right person and then through the
>
> hiring process.

According to the company's nurse retention rate reports, these four participants also had

the lowest turnover rates among the eligible participants.

This theme is within this thematic category because of the approach the

participants took to finding nurses with the right fit. All of the participants who

referenced this theme stated that they used multiple sources of information to inform their

decisions as to whether a candidate was the right fit for a position on their team. Some of

the sources of information include several interviews, talking to former coworkers and

supervisors where possible, and having the candidate shadow a team member or try out

the job for a few days. For example, P6 stated:

> To reduce turnover is to hire well. So, when interviewing, we have gone over
>
> interviewing strategy really looking at the nurse as a person and a personality that
>
> they would like to hire rather than only relying on what is on paper in front of
>
> them on their CV, their credentials, etc.

This policy of finding staff with the right fit is also part of the organization's overall

strategy to retain employees. According to company documents examined for this study,

one of the human resources strategies include promoting the hire-for-fit approach and

include training for managers on how to identify candidates that fit the case

organization's culture.

The company's purpose and principles also stated that hiring managers should

"hire the heart and train the brain." Having a good person-job-fit can enhance employee

engagement (Spence Laschinger et al., 2019). Engagement is critical to nurse retention

(Knight et al., 2017). The participant's use of multiple sources of information is in

alignment with the authentic leadership approach of soliciting multiple perspectives to

inform decisions. The company's policies support this multi-perspective approach to

hiring. For example, there is a vibrant employee referral program, according to P1, the

employee referral programs account for a significant number of the nurses hired.

Soliciting information from multiple sources about prospective nurse employee could help the hiring manager and human resources to evaluate the candidate for fit objectively. Authentic leaders used multiple sources of information and perspectives to inform their decisions (Alexander & Lopez, 2018). Therefore, the balanced processing of candidates' information could enhance the chances of finding nurses that fit the culture and work demands of the specialty care clinics and consequently improve their nurse retention rates.

The four thematic categories originated from the constructs of the authentic leadership theory: moral perspective, self-awareness, relational transparency, and balanced processing. The results of the thematic analysis of data collected for this study yield 10 themes that were in alignment with these four thematic categories. The findings of this study imply that an authentic leadership approach by private, specialty care clinics nurse leaders could provide the foundation developing and implementing strategies that might be successful at reducing nurse turnover in professional practice.

Applications to Professional Practice

The purpose of this qualitative single case study was to explore the strategies used by nurse leaders to reduce nurse turnover in private, specialty care clinics. This study consisted of a review of existing literature, and data collected and thematically analyzed from company documents and semistructured interview data from seven nurse leaders with above-average nurse retention rates. Of the 10 themes for reducing nurse turnover that emerged from the four thematic categories the top five top strategies based on number of referenced received were (a) moral perspective: Supportive workplace, and

workplace justice and compassion; (b) self-awareness: Authenticity and emotional intelligence; (c) relational transparency: Transparency, and open communications; and (d) balanced processing: Collaborative decision-making.

Strategy 1: Supportive workplace. Creating a supportive workplace is critical for retaining nurses in private, specialty care clinics. A supportive workplace is one where nurses have access to assistance, approval, comfort, and encouragement (Hughes, 2017). Nurses work motivation is positively linked to a friendly work atmosphere where there is solidarity and where nurses feel comfortable seeking and receiving help from their leaders and colleagues (Ahlstedt et al., 2019). According to Gagné, Dubois, Prud'homme, and Borgès Da Silva (2019), a supportive workplace, increases nurses job satisfaction and reduces burnout and intention to leave the job. Newly hired nurses require will require additional support (Brook, Aitken, Webb, MacLaren, & Salmon, 2019). There are several strategies to create a supportive workplace for nurses.

Strategies employed to help create work environments that are supportive of staff nurses include ensuring that nurses have access to both leaders and peer support via multiple channels; for example, using technology to provide nurses with quick access to leaders and peers. Also, ensuring that newly hired nurses have an established orientation, transition, and training program along with support networks, such as frequent check-ins by supervisors or mentors and access to nurse educators.

Strategy 2: Authenticity and emotional intelligence. Authenticity as a strategy for nurse retention is supported by Giordano-Mulligan and Eckardt (2019), who opined that authentic leaders promote trusting, collaborative, and empowering workplaces which

result in higher work engagement and job satisfaction, which reduces nurse burnout and turnover intentions. According to Frasier (2019), organizations should implement leadership development programs that can enhance authentic leadership competencies. Leaders who are perceived by their followers as authentic are more likely to build high-performing teams and retain their staff nurses (Lee, Chiang, & Kuo, 2019). Organizations and nurse leaders looking to reduce turnover should have leadership development programs to help nurse leaders enhance their authenticity competencies.

Emotional intelligence as a strategy for nurse retention is with respect to its substantive positive link to the perception of a leaders' authenticity. Miao et al. (2018) found that there was a significant link between nurse leaders' emotional intelligence and authenticity. As is the case with authenticity, research on the effect of nurse leaders' emotional intelligence on nurses yielded results that show it increases job satisfaction and nurse well-being and reduces burnout (Abraham & Scaria, 2017). Because of the influence of leaders' emotional intelligence on staff's turnover intentions, Wang et al. (2018) suggested that developing training programs that help nurse leaders develop emotional intelligence is an essential strategy for human resources management. Implementing leadership development programs that will enhance the emotional intelligence and authenticity of nurse leaders could help in improving the retention rates of nurse leaders. Implementing coaching and mentoring programs for nurse leaders could enhance their emotional intelligence.

Strategy 3: Transparency and open communications. Central to a healthy workplace is transparency in communication. The lack of open communication is often

cited as the reason for unhealthy nurse work environments (Gagné et al., 2019). Open

communication is positively associated with nurse leaders' effectiveness, quality of care,

and turnover intentions of staff (Ulrich et al., 2019). Transparency is the foundation of

trusting and enduring relationships (Alexander & Lopez, 2018). According to

Walumbwa, Hsu, Wu, Misati, and Christensen-Salem (2019), the role of leaders is to

clarify to their followers the expectations, roles, and responsibilities; communication

should be about getting work done and follow distinct patterns and channels.

Consequently, it is imperative that nurse leaders and senior organizational leaders

practice openness when communicating with staff nurses. Authentic leaders

communicate with transparency and are open to ideas and innovations from others

(Giordano-Mulligan & Eckardt, 2019). Therefore, implementing leadership training

programs that enhance their nurse leaders' authenticity and transparency in

communications can help with nurse retention.

Strategy 4: Workplace justice and compassion. Ensuring that there was

workplace justice and leading with compassion is a nurse retention strategy that nurse

leaders used to improve their nurse retention rates. Workplace justice and leading with

compassion strategy use is supported by Chin et al. (2019), who found that workplace

justice had a significant influence on nurses turnover intentions. Perceived justice or

fairness in the distribution of workload, compensation, recognition, and decision-making

can influence nurses and patients outcomes (Berthelsen et al., 2018). Nurse leaders and

organizations can improve nurse retention rates by implementing policies and strategies

that ensure workplace justice. For example, organizations should have well-defined and

communicated policies regarding the distribution of nurses workload; also, organizations

and nurse leaders should ensure that their staffing levels are appropriate (Ulrich et al.,

2019). Authentic leaders are known to demonstrate altruism via compassion, empathy,

and deep care for others (Giordano-Mulligan & Eckardt, 2019). Here implementing

strategies to develop authentic leadership could help with the overall nurse retention

strategy.

   Strategy 5: Collaborative decision-making. Inclusive decision-making is a

strategy identified as helping to create healthy work environments that are conducive for

nurses' retention. Ulrich et al. (2019) stressed the involvement of nurses as partners in the

decision-making process for both work environment changes and patient care as a way to

improve nurses work environments. When nurses trust their leaders and feel safe to

express their opinions, it helps to create positive work environments (Alexander &

Lopez, 2018). Including nurses in the decision-making process is also empowering,

which has a positive link to nurse retention (Fallatah et al., 2017). Nurse leaders need to

create work environments that are inclusive in decision-making. Nurses should be

encouraged to voice their opinions and participate in the development of policies that will

impact their workplaces and patient care. Authentic leaders are associated with fostering

structural empowerment and professional nursing practices that have a positive influence

on collaboration (Frasier, 2019). Employing strategies that create a collaborative work

environment such as authentic leadership training could result in improved nurse

retention.

Implications for Social Change

The results of this study have the potential to contribute to positive social change. Most of the industrialized countries are experiencing an increasing shortage of active nurses (Fasbender, Van der Heijden, & Grimshaw, 2018). For example, the Canadian healthcare industry, by the year 2020, is projecting a shortage of over 60,000 nurses (Chachula et al., 2015). Therefore, any strategy that could result in improved nurses' retention holds a promise for positive social implications for healthcare patients who are dependent on them for care.

The results of this study could affect positive social change for patients, nurses, and healthcare systems as a whole. Keeping skilled and more experienced nurses on the job can result in better healthcare and health outcomes for patients (Christopher et al., 2018). Also, a reduction in nurse turnover could improve patients' outcomes due to better care and reduce the economic impact on the healthcare systems. According to Labrague et al. (2019), nurse leaders are strategically positioned to influence nurses to job satisfaction and retention; hence, positive patient care and outcomes (Sawatzky et al., 2015). The strategies that emerged from the results of this study could contribute to nurses staying in their chosen profession. When nurses stay in their profession longer, the number of active nurses will increase, thereby mitigating the impending nurses' shortage and the associated human consequences.

Recommendations for Action

Data for this study were obtained from company documents and semistructured interviews with seven participants. After a thematic analysis of the data, the results

showed that creating a healthy workplace for nurses was critical to their retention. The four categories of strategy themes contributing to the healthy nurses' workplace were: moral perspectives, self-awareness, relational transparency and balanced processing. According to Walumbwa et al. (2019), leaders have a significant influence on the context in which service-oriented behaviors occur. Therefore, the findings of this study may provide senior leaders, frontline nurse leaders, human resources managers, and future nurses' leaders of private, specialty care clinics with the information they need to develop their nurse retention strategies.

The case organization should continue to implement strategies that will create healthy workplaces for nurses. These strategies should include ensuring nurses have access to leaders and peer support with additional support and regular check-ins for newly hired nurses. The organization should continue to promote authenticity and emotional intelligence through leadership development training that will enhance self-awareness and self-regulation. The leaders should also prioritize the development of a culture of transparency, and open communications such as having transparent decision-making processes and appropriately sharing information necessary for nurses to fully understand the rationale behind policies and strategies that affect them.

Nurse leaders should practice workplace justice and compassion by ensuring adequate staffing, so that workload distribution is fair and equitable; also treating nurses as individuals when dealing with issues should be a priority. Nurse leaders should also promote collaborative decision-making by soliciting and using feedback provided by nurses to inform decisions and develop solutions that will affect them and their work

environment. Senior leaders of the organization should implement policies that ensure

fair and equitable compensation and recognition for the nurses, such as implementing a

competitive pay structure and establishing and encouraging the use of rewards and

recognition programs.

Nurse leader training is a highly recommended strategy for reducing nurse

turnover. According to Whitney-Dumais and Hyrkäs (2019), nurse leaders should

receive training interventions that are appropriate to their role and situations. These

strategies could include the nurse leaders' intervention, such as training in how to engage

in honest and open communication (Correa & Bacon, 2019), and emotional intelligence

(Abraham & Scaria, 2017). Having nurse leaders that are prepared and equipped with the

skills and tools necessary for creating healthy workplaces for the nurses can significantly

contribute to reducing the nurse turnover rates.

The findings of this study illustrate how authentic leadership approach might help

to prepare nurse leaders by giving them the tools to develop healthy work environments

and address the conditions that invariably lead to high nurse turnover. Existing research

supports the notion that authentic leaders build cultures of trust and respect, where nurse

trust their leaders, and there is an increase in, job satisfaction, engagement, collaboration,

and teamwork (Vitello-Cicciu, 2019). Therefore, developing and implementing training

programs that enhances the authenticity of nurse leaders can help organizations to reduce

nurse turnover.

The strategies used by the participants of this study has the potential to reduce

nurse turnover in private, specialty care clinics. A reduction in nurse turnover has the

potential to improve profitability and the quality of patient care significantly. Therefore, the recommendation is that both senior and frontline nurse leaders take these actions to improve the organization's nurse retention rates further.

I will use several channels to disseminate the results from this single case study that explored the strategies used by senior and nurses' leaders to reduce turnover in private, specialty care clinics. First, I will publish this study in Walden's Scholar Works database via ProQuest. I will present the findings of this study at senior management workshops and nurse leader training sessions conducted within the case organization. I will share the results of this study at conferences, lectures, and workshops. I will try to publish this study in an appropriate scholarly journal.

Recommendations for Further Research

The phenomenon of high nurse turnover is complicated. More research is required to understand this phenomenon entirely. There is also a lack of qualitative research on the nurse turnover phenomenon (Malila et al., 2018). There is an overrepresentation of research on the topic where the target population is nurses in acute care settings (Malila et al., 2018). These gaps in research on nurse turnover phenomena provide many opportunities for future research. This single case study took place in the unique case of private, specialty care clinics, and the participants were nurse leaders, and the conceptual framework was the authentic leadership theory. Future research could examine nurse retention based on the private, specialty care clinic's nurses' perception of their leaders' authentic leadership characteristics. Also, researchers may replicate this study in other unique settings, such as retirement homes or palliative care facilities. The

authentic leadership as a solution for nursing problems, including nurse turnover present opportunities for longitudinal studies to research the causal effect of this leadership approach and to investigate the long-term outcomes of nurses and patients.

Reflections

Earning my Doctor of Business Administration degree was one of the best decisions of my life. This journey has helped me to grow as a person in ways that I could not even imagine. First, I love the challenge that this journey brought. For example, the requirement of having to complete weekly assignments and discussion has helped me to organize my time, which carried over into my personal and work-life with mostly positive results.

By choosing a research topic with which I was vaguely familiar, every day, I learned something new, which was central to my motivation and commitment. I have always loved learning, teaching, and sharing knowledge; however, this DBA journey has taken my love for teaching and developing people to another level. I have acquired the tools that will help me to be more efficient at sharing my knowledge, most notably, there has been a significant improvement in my writing and overall communication skills.

On this journey, I have made friends and connections with my colleagues and instructors from all over the world, people whom I might not have met had it not been for this endeavor. This journey has made me a better person, scholar, teacher, and mentor. I am confident that this journey has prepared me to take on the next phase of my life as a people developer and change advocate.

Conclusion

Nurses are a critical component of our healthcare delivery system. However, with the ever-increasing nursing shortage, which is partly fueled by voluntary nurse turnover, there is a need for research to understand this phenomenon and develop evidence-based strategies to address the consequences associated with the nursing shortage, which include the high cost of replacing nurses and the adverse effect on the quality of patient care.

The result of this qualitative single case study contributed to the growing body of knowledge on the topic of nurse turnover. The results of this study highlighted strategies that could help additional nurse leaders to reduce their nurse turnover rates. The data for this study viewed through the lens of the authentic leadership theory, yielded four categories of strategy themes for reducing nurse turnover: moral perspective, self-awareness, relational transparency, and balanced processing.

Senior leaders and nurse leaders of private, specialty care clinics can take deliberate steps to reduce nurse turnover. These steps should include the policies and leadership strategies that will create healthy work environments for nurses. Authentic leadership with its four pillars of self-awareness, moral perspective, relational transparency, and balanced processing can provide a leadership framework for delivering strategies for reducing turnover in private, specialty care clinics in Canada.

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Appendix: Interview Protocol

Interview Protocol

Prior to the interview, I will:

- Provide a copy of the interview protocol to the participant.

- Schedule a time to conduct the interview.

- Answer any questions the participant may have regarding the interview process.

Action	Script
Introduce the interview and set the stage often over the phone	Thank you for agreeing to participate in this study. As I mentioned in my introductory e-mail and previous call, I requested your assistance with collecting data for my doctoral study. The results of this study might be useful in developing strategies to retain nurses. I would also like to remind you that your participation in this study is voluntary and you may withdraw at any time. Participation in this study is confidential. I will not be sharing your name, location, position, and personally identifiable information and any other personal information.
Seek the participant's consent to make notes and record the conversation.	During our conversation, I may write notes in my journal.

	As previously mentioned, I would like to record our conversation on a digital device to ensure I can accurately represent the information you share. May I record our conversation?
Points to consider during the interview	- Listen for queues - Paraphrase as needed - Ask follow-up probing questions to get more in-depth

1. Interview question: How would you describe your role as a leader when implementing strategies to reduce nurse turnover?
2. Interview question: How would you describe your overall relationship strategies with your team members that are specific to reducing nurse turnover?
3. Interview question: How did you develop your strategies for retaining your nurses?
4. Interview question: What strategies do you use to retain your nurses?
5. Interview question: What key obstacles did you experience while implementing the strategies?
6. Interview question: How did your organization overcome the key obstacles to implementing the strategies for reducing nursing turnover?
7. Interview question: How do you measure the success of your organization's strategies for retaining nurses?
8. Interview question: What other relevant information would you like to share that would enhance my understanding of the strategies your organization uses to reduce nurse employee turnover?

Wrap up interview thanking participant	Thank you again for your participation and thoughtful responses to these questions. After I have had a chance to review and document my interpretation of your responses, I will share the information with you, so you have an opportunity to clarify, correct, or expand upon your responses. I would also like to remind you that the information you shared will remain confidential.
Schedule follow-up member checking the interview	After the interview, I will: • Thank the participant for participation • Provide a written copy of paraphrased comments for verification and feedback • As necessary, schedule a follow-up interview • Verify feedback and corrections has been appropriately incorporated into paraphrased comments • Notify participant of study publication • Securely store all data for 5 years • Destroy data 5 years after study publication