

2019

## Strategies Healthcare Managers Use to Reduce Employee Turnover

Christopher Sean Atkins  
*Walden University*

Follow this and additional works at: <https://scholarworks.waldenu.edu/dissertations>



Part of the [Business Commons](#), and the [Health and Medical Administration Commons](#)

---

This Dissertation is brought to you for free and open access by the Walden Dissertations and Doctoral Studies Collection at ScholarWorks. It has been accepted for inclusion in Walden Dissertations and Doctoral Studies by an authorized administrator of ScholarWorks. For more information, please contact [ScholarWorks@waldenu.edu](mailto:ScholarWorks@waldenu.edu).

# Walden University

College of Management and Technology

This is to certify that the doctoral study by

Christopher Sean Atkins

has been found to be complete and satisfactory in all respects,  
and that any and all revisions required by  
the review committee have been made.

## Review Committee

Dr. Patsy Kasen, Committee Chairperson, Doctor of Business Administration Faculty

Dr. Janet Booker, Committee Member, Doctor of Business Administration Faculty

Dr. Carol-Anne Faint, University Reviewer, Doctor of Business Administration Faculty

Chief Academic Officer and Provost  
Sue Subocz, Ph.D.

Walden University  
2019

Abstract

Strategies Healthcare Managers Use to Reduce Employee Turnover

by

Christopher Sean Atkins

MS, MA Webster University, 2015

BS, University of North Texas, 2010

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Business Administration

Walden University

December 2019

## Abstract

Healthcare managers who are unaware of the various strategies that exist for reducing turnover could adversely affect patient care, organizational morale and performance, and the achievement of organizational goals. The purpose of this qualitative multiple case study was to explore strategies healthcare supervisors used to reduce employee turnover. The participants comprised 3 senior healthcare managers located in central Texas responsible for hiring, firing, training, supervising, and successfully using strategies to reduce employee turnover. Herzberg's motivation-hygiene theory provided the conceptual framework. Data were collected from semistructured interviews and a review of company documents. Thematic analysis of the data resulted in 5 emergent themes: peer-to-peer feedback, valuing employees, rewards and incentives, opportunities for growth, and training programs. The results of this study might contribute to social change by enhancing healthcare managers' understanding of the strategies that can be used to reduce employee turnover and improve existing conditions among patients, their families, staff, communities, and organizations.

Strategies Healthcare Managers Use to Reduce Employee Turnover

by

Christopher Sean Atkins

MS, MA Webster University, 2015

BS, University of North Texas, 2010

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Business Administration

Walden University

December 2019

## Dedication

I dedicate this to my amazing mother, Anjetta Atkins, who has motivated me to achieve my goals and never be complacent. To my father, Anthony Fitzgerald Atkins (d. 1991), I wish you were here to see the man I have become and the achievements I have accomplished since your death. To my beautiful and wonderful wife, Kayla Atkins, you have made numerous sacrifices to allow me to reach this point and words can never express how much I appreciate and value you as a mother, wife, and best friend. To my lovely daughters, Kayliana and Christelle, let this be an example of what you can accomplish when you work hard, never give up, and believe in yourself. You girls can achieve whatever you want in life and your father is living proof of that, I love you. To my unborn son, Christopher Sean Niko Atkins, I cannot wait to meet you and mold you into a better version of me. To my late brother, Niko, I love and miss you and will keep your legacy alive. To the rest of my family and friends who have watched my journey and gave me great words of encouragement and countless mentioned how I inspired you in some shape or form, thank you, those kind words never went unnoticed and I wish you all the best in your personal and professional lives.

## Acknowledgments

First, I would like to thank God because without him none of this would be possible. When times got rough, stress became overwhelming, and I started to doubt myself, I could always look to you for guidance and reassurance. Thank you to Walden University, Dr. Kasen, The Air Force, and fellow classmates. Finally, I would like to thank my family and friends. Thank you for the motivation, encouragement, and immeasurable support over these last 3 years. So many of you motivated me in different ways to push through every obstacle and achieve this major life accomplishment, thank you. Again, thank you to my wife, Kayla, and daughters, Kayliana and Christelle, for being the best support system and greatest wife and kids I could have asked for. To my unborn son, I cannot wait to meet you and teach you that anything is possible when hard work is applied, and you have a strong support system. This is not my accomplishment; it is ours, thank you.

## Table of Contents

Section 1: Foundation of the Study .....	1
Background of the Problem.....	1
Problem Statement.....	2
Purpose Statement .....	2
Nature of the Study.....	3
Research Question .....	4
Interview Questions .....	4
Conceptual Framework.....	5
Operational Definitions.....	6
Assumptions, Limitations, Delimitations.....	7
Assumptions .....	7
Limitations.....	7
Delimitations .....	8
Significance of the Study .....	8
Contribution to Business Practice.....	9
Implications for Social Change .....	9
A Review of the Professional and Academic Literature.....	10
Herzberg’s Two-Factor Theory .....	11
Healthcare Turnover .....	15
Turnover Cost.....	16
Healthcare Retention.....	16



Strategies to Reduce Employee Turnover.....	17
Training Programs .....	19
Mentoring .....	20
Creating a Positive Culture.....	21
Effective Communication .....	22
Rewards and Recognition.....	23
Compensation .....	24
Opportunities for Growth.....	25
Valuing Employees.....	26
Reducing Stress .....	26
Building Trust in Leadership.....	28
Transition .....	30
Section 2: The Project.....	33
Purpose Statement .....	33
Role of the Researcher .....	33
Participants .....	35
Research and Method Design.....	36
Research Method .....	36
Research Design .....	37
Population and Sampling .....	38
Ethical Research .....	39
Data Collection Instruments.....	40

Data Collection Technique.....	41
Data Organization Technique.....	44
Data Analysis .....	44
Reliability and Validity.....	45
Importance of Reliability and Validity .....	46
Achieving Reliability and Validity .....	47
Dependability.....	47
Credibility.....	48
Confirmability.....	48
Transferability.....	48
Transition and Summary .....	49
Section 3: Application to Professional Practice and Implications for Change .....	50
Introduction .....	50
Presentation of the Findings.....	50
Emerging Themes.....	51
Theme 1: Peer-to-Peer Feedback.....	51
Theme 2: Valuing Employees .....	53
Theme 3: Rewards and RecognitionsDelimitations.....	54
Theme 4: Opportunities for Growth .....	56
Theme 5: Training Programs.....	59
Applications to Professional Practice .....	62
Implications for Social Change .....	64

Recommendations for Action.....	65
Recommendations for Further Research.....	67
Reflection .....	69
Conclusion.....	70
References.....	73
Appendix: Interview Protocols.....	104

## Section 1: Foundation of the Study

The strategies used by healthcare managers can play a significant role in employee turnover within an organization (Reina, Rogers, Peterson, Byron, & Hom, 2018). Understanding the strategies managers use to reduce employee turnover is essential because frequent turnover can affect patient care and satisfaction, access to care, and overall patient care (De Simone, Planta, & Cicotto, 2018). The focus of this qualitative case study was to discover the strategies healthcare managers use to reduce employee turnover.

### **Background of the Problem**

Understanding what strategies healthcare managers use to reduce employee turnover is essential. Organizations that experience high levels of turnover are more likely to have detrimental working environments, a decrease in morale, dissatisfied employees, and low customer satisfaction levels (Willard-Grace et al., 2017). Outdated managerial practices, such as ignoring concerns, bottom-line commitment over anything, and lack of input from staff, are ineffective methods today (Potthoff, McCleary, Sniehotta, & Presseau, 2018). Without the appropriate strategies, healthcare managers may fail as leaders. The ability to use effective strategies is essential for the success of healthcare managers and their respective organizations.

Employee turnover remains a global issue (Galotti et al., 2018). To reduce employee turnover, healthcare managers should track employee turnover trends and attempt to establish, implement, and assess strategies to reduce employee turnover (Galotti et al., 2018). Managers should work on understanding why employees quit and

identify what factors determine whether employees will stay or leave (Al Mamun, 2017). Possible strategies that healthcare managers should consider for reducing employee turnover include training programs, mentoring, creating a positive culture, effective communication, rewards and recognition, compensation, opportunities for growth, valuing employees, reducing stress, and building trust in leadership (Shanafelt & Noseworthy, 2017).

### **Problem Statement**

Employee turnover in healthcare organizations is a prominent issue resulting in healthcare leaders spending billions of dollars on training and replacement costs (Galotti et al., 2018). In 2018, the National Healthcare Retention & RN Staffing Report revealed that healthcare turnover hit a record high of 19.1%, which is the highest recorded turnover over the past decade (Nursing Solutions Inc, 2019). The average turnover cost for hospital RNs ranged from \$40,300 to \$64,000, resulting in the average hospital losing \$4.4 million annually (Nursing Solutions Inc, 2019). The general business problem was that high employee turnover could reduce profitability. The specific business problem was that some healthcare managers lack strategies to reduce employee turnover.

### **Purpose Statement**

The purpose of this qualitative multiple case study was to explore what strategies healthcare managers use to reduce employee turnover. The targeted population of this study consisted of healthcare managers across three medical facilities who had successfully implemented strategies in their facilities to reduce employee turnover. Participants lived in the central Texas metropolitan area. The findings from this study

may be useful for healthcare managers seeking strategies to reduce employee turnover. Facilitating a reduction in turnover among employees in healthcare organizations also benefits employee family members and their dependents. Patients may also benefit from the concept of continuity of care. Continuity of care is the prolonged relationship between the patient, the provider, medical technicians, and other hospital staff (Barker, Steventon, & Deeny, 2017). Constant turnover decreases continuity of care, which can hurt patient results and patient/provider rapport (Barker et., 2017). Just like in society, patients are more comfortable with individuals they know and like. If a medical facility is continually changing providers and other essential positions, patients are more likely to report frustrations, switch facilities, complain, or be less reluctant to discuss their medical concerns (Perry, Richter, & Beauvais, 2018).

### **Nature of the Study**

I used a qualitative multiple case study design to explore the strategies healthcare managers in the central Texas metropolitan area use to reduce employee turnover, which may promote a competitive advantage for healthcare facilities. Researchers use the multiple case study design to investigate contemporary phenomena within a real-life context (Mills, Harrison, Franklin, & Birks, 2017). Quantitative research consists of the researcher gathering data in a numerical form that can be categorized, in rank order, or measured in units of measurement (McLeod, 2017). In this study, I sought to understand the strategies and significant factors that can help healthcare managers reduce employee turnover, so the quantitative method was not suitable. Researchers use the mixed-method approach when previous research is either inconclusive or equivocal (Venkatesh, Brown,

& Sullivan, 2016). A mixed-method approach may have been appropriate for the study because I examined healthcare managers' real-life experiences and gathered data through interviews to understand the strategies they use to reduce employee turnover. However, the mixed-method approach was not suitable because previous research on the phenomenon is conclusive.

Researchers may use ethnographic, phenomenological, or case study research designs. Researchers use the ethnographic design to focus on studying the cultures of individuals to gain perspectives on their perceptions (Fusch & Ness, 2017). In this study, I did not use the ethnographic design because I was not studying the cultures of healthcare managers. Researchers use the phenomenological design to explore the meanings of participants' lived experiences from the view of those living the phenomenon (Creswell & Poth, 2018). The phenomenological design was not appropriate for this study because I did not seek to understand people's perspectives or perceptions about a particular phenomenon (see Fusch & Ness, 2017). Researchers use the multiple case study design to collect data through direct observations, archival documents, and interviews from subject matter experts within the phenomenon being studied (Mills et al., 2017). I used the case study design because I explored the contemporary phenomenon of the strategies healthcare managers use to reduce employee turnover within a real-life context.

### **Research Question**

What strategies do healthcare managers use to reduce employee turnover?

### **Interview Questions**

The interview questions were as follows:

1. What strategies did you use to reduce employee turnover?
2. What barriers did you face when attempting to implement strategies to reduce turnover?
3. How did you overcome the barriers?
4. How did you assess the effectiveness of the strategies used to reduce turnover?
5. Which strategy did you feel worked best?
6. What were the outcomes of implementing these strategies?
7. What information can you add regarding strategies for reducing turnover that I have not asked?

### **Conceptual Framework**

The conceptual framework for the study was Herzberg's motivation-hygiene theory, also known as Herzberg's two-factor theory or satisfier-dissatisfier theory. Herzberg (1974) introduced this theory in 1959 (Herzberg, Mausner, & Snyderman, 1959). Herzberg claimed that there is a direct link between the motivation of employees and their satisfaction within the workplace. To explain this link, Herzberg introduced two factors: extrinsic (i.e., hygiene) and intrinsic (i.e., motivation). Herzberg et al. (1959) also examined the contributing factors to job satisfaction and job dissatisfaction, finding that the types of factors affecting job satisfaction are (a) achievement or quality performance, (b) recognition, (c) responsibility (d) work itself, and, (e) advancement and growth, and, conversely, that the types of factors affecting job dissatisfaction are: (a) company policy,



(b) supervision, (c) interpersonal relationships, (d) working conditions, and (e) salary.

Herzberg's theory applied to this study because I could use the theory as the theoretical lens for analyzing and understanding the strategies healthcare managers use to reduce turnover.

### **Operational Definitions**

*Extrinsic rewards:* Tangible rewards managers give to employees (e.g., benefits, promotions, and salary increases). Extrinsic rewards are external to the work itself (Lissitsa, Chachashvili-Bolotin, & Bokek-Cohen, 2017).

*Herzberg's motivation-hygiene theory:* A theory explaining the various factors that contribute to an employee's satisfaction and dissatisfaction in the workplace (Alshmemri, Lina, & Phillip, 2017).

*Hygiene factors:* Described by Herzberg as the specific factors in the workplace that contribute to satisfaction or dissatisfaction (Alshmemri et al., 2017).

*Intrinsic reward:* Internal forms of motivation that are the result of individuals striving towards specific goals for personal satisfaction or accomplishment (Di Domenico & Ryan, 2017).

*Nurse turnover:* When nurses voluntarily leave or are involuntarily terminated from their current positions, and employers must fill vacant positions with new hires (Nantsupawat et al., 2017).

*Turnover intention:* A measure of whether a business or organization's employees intend to leave their positions or whether that organization expects to relieve staff from positions (Kim & Fernandez, 2017).

## **Assumptions, Limitations, and Delimitations**

In this subsection, I explain the assumptions, limitations, and delimitations regarding the doctoral study. Researchers sometimes have trouble understanding and differentiating between the three elements (Ward et al., 2015). Assumptions, limitations, and delimitations can occur due to unforeseen events, such as limited resources, researcher error, and respondent bias, and the author informs the reader of the possibilities but without exaggerating the merits of what the research could accomplish (Pepperdine University, 2017).

### **Assumptions**

Assumptions occur when the researcher expects a particular outcome to happen without providing supportive proof (Wolgemuth, Hicks, & Agosto, 2017). As the researcher, I assumed the following: (a) all answers provided by respondents were truthful, (b) all answers by respondents would aid in answering the central research question, (c) interviews would help solve the central research question, and (d) interviews would occur without any interruptions.

### **Limitations**

Limitations are impediments to demonstrating the internal or external validity of the study (Pepperdine University, 2017). Sacred Heart University (2019) stated that limitations are influences that the researcher cannot control. Limitations should be minor; significant limitations are grounds for changing the entire purpose of the study, questions, and methods (Baltimore County Public Schools, 2017). The findings of this study reflected the views of a specific group of managers who participated. The conclusions of

this study may not be transferable to facilities in other geographic locations due to the type of leadership, staff amount, size of the hospital, or resources available. By deciding to use particular employees rather than the entire organization, the results were limited to the data gathered by the selected employees. The data collected may not provide an accurate consensus of the actual problem and solution for resolving the matter (Velte & Stawinoga, 2017).

### **Delimitations**

Delimitations are the choices made by the researcher (Baltimore County Public Schools, 2017) and are provided to describe the boundaries they have set for the study (Bloomberg & Volpe, 2018). The first delimitation was the healthcare professionals chose for the study had to be in a senior leadership position. If the criteria did not apply to the individual, they were not included in the study. I only interviewed members who had the authority to make personnel decisions, such as hiring, firing, training, and supervising staff. The second delimitation was the small sample size. Choosing to use more personnel for the study would have required additional time and resources. The final delimitation was the geographical location of the population, which was restricted to the central Texas metropolitan area.

### **Significance of the Study**

#### **Contribution to Business Practice**

The findings of this study may be helpful to healthcare managers who are experiencing high turnover or want to know about effective strategies for reducing employee turnover. Employee turnover is a significant problem among many healthcare

organizations (Miller, 2017). Retaining employees can be costly due to the extra money business leaders must spend on recruiting, retraining, and replacing skilled workers (Wong & LaSchinger, 2015). Healthcare managers are experiencing higher levels of turnover, resulting in a struggle to maintain adequate patient care due to departing medical professionals (Simonetti et al., 2017). Discovering the strategies that healthcare managers use to reduce employee turnover may prove useful for understanding the reasons why employees leave specific workplaces. The findings of this study could help healthcare managers focus on key drivers of workforce engagement and processes to help ensure that critical processes meet workforce members' expectations for catalyzing these key drivers.

### **Implications for Social Change**

The results of this study contribute to positive social change by helping healthcare managers decide what strategies are most effective for reducing employee turnover. High rates of turnover can adversely affect patient empanelment and continuity of care (Willard-Grace et al., 2017). For example, if patients believe that staff is constantly changing, they may be less likely to feel comfortable sharing information with new medical staff that can affect the quality of medical care (Abellanoza, Provenzano-Hass, & Gatchel, 2018). When patients are not suitable or satisfied with a particular business or service, they are more inclined to look elsewhere (Yagil & Medler-Liraz, 2019). When this occurs, the overall patient empanelment is likely to decline (Yagil & Medler-Liraz, 2019). Healthcare managers who can provide stellar customer service and a welcoming atmosphere are more inclined to ensure effective continuity of care because patient

satisfaction is higher, and staff members are more satisfied (Cook, 2017). Without sufficient training and leadership, healthcare managers may not be successful, and both quality of care and access to care for patients may decline (Al Mamun, 2017). With effective leadership strategies, the opposite may occur. Healthcare managers who implement effective strategies can contribute to patients living longer and healthier lives (Johnson & Acabchuk, 2018).

### **A Review of the Professional and Academic Literature**

The purpose of this doctoral study was to identify strategies that healthcare managers can use to reduce turnover. In this subsection, I provide an analysis and synthesis of the existing literature, including books and peer-reviewed articles accessed through the Walden University Library. The thematic organization of the review begins with discussions of the theory framing this study, leading to topics related to the research problem and known strategies that emerged from the vast body of existing literature. The theoretical discussion includes Herzberg's (1974) motivation-hygiene theory, also known as Herzberg's two-factor theory of job attitude or satisfier-dissatisfier (motivators-hygiene) theory (Herzberg et al., 1959). Other topics include contributing factors to employee turnover and strategies managers can use to reduce turnover. The review of the literature also relates to employee age, job satisfaction, organizational culture, workplace environment, stress levels, advancement opportunities, and employee commitment. In this literature review, I gathered an abundance of information about employee turnover from academic and professional works of literature. Information was located in the following databases: Business Source Complete, Academic Search Complete, ProQuest,

EBSCOhost, and Education Research Complete. Keywords that helped establish relevant literature included *healthcare turnover, nurse turnover, employee turnover, employee retention, job satisfaction, job dissatisfaction, Herzberg's motivation-hygiene theory, and turnover intention.*

The literature review includes peer-reviewed articles, of which at least 85% have publication dates within five years of the projected completion of this study. I also gathered more items throughout the study. In this study, the most relevant topics included Herzberg's motivation theory (Herzberg et al., 1959), job stress (Huang, van der Veen, & Song, 2018), and job satisfaction (Mariadoss & Pomirleanu, 2015). Leaders across various industries mentioned the long-lasting concern with turnover (Blake, Cohen, & Goodman, 2015).

### **Herzberg's Two-Factor Theory**

Herzberg's (1974) motivation-hygiene theory played a central role in this study. Herzberg's theory, also known as the two-factor theory, is beneficial to managers looking to identify and implement effective business practices because it aids managers in understanding business problems with job satisfaction and dissatisfaction (Lazaroui, 2015). During the development of the motivation-hygiene theory, Herzberg noted that certain factors contribute to job satisfaction; however, these factors do not contribute to job dissatisfaction. Additional research on Herzberg's theory has continued over the years, expanding on Herzberg's initial work from the late 1950s (Lee, Miller, Kippenbrock, Rosen, & Emory, 2017). Herzberg et al. (1959) claimed intrinsic

motivational factors were essential to understanding employee behavior. Herzberg also noted that intrinsic factors increased when employees' job satisfaction was present.

Conversely, hygiene factors were identified as reasons for employees' dissatisfaction with work or work environments (Hur, 2018). Unmet needs and dissatisfaction create tension and stimulate emotional drivers that may cause individuals to pursue particular goals (Needleman, 2017). Achieving the new goal satisfies the previously unmet need.

Through years of analysis and continuous development, the motivation-hygiene theory continues to provide researchers with new information. Part of that new information included the discovery that employees are not satisfied with low wages (Herzberg, 1974). Herzberg's two-factor theory has often been used to explore and reference the factors that influence employee turnover. Vlacsekova and Mura (2017) defined salary as any form of compensation received by employees for performing his/her duties; the authors discovered that factors like dissatisfaction, pay, and high levels of motivation increase turnover.

By focusing on an organization's attention on the motivation-hygiene theory, employers were more likely to meet employee demands (Alshmemri et al., 2017). Other factors that helped meet employee demands included advancement opportunities, empowerment, an increase in benefits and salary, and praise (Al Mamun, 2017). Conversely, absenteeism, poor working conditions, unclear responsibilities, and low wages failed to meet employee demands, causing a decrease in job satisfaction (Bossler & Broszeit, 2017). According to Hauret and Williams (2019), employees working in low

salary professions tended to have limited benefits, increasing the likelihood they would leave the current position, especially if employees within the same industry were making more money.

The motivation-hygiene theory incorporates the concept of job satisfaction and dissatisfaction that affects productivity and job attitudes in organizations (Holmberg, Caro, & Sobis, 2018). Mariadoss and Pomirleanu (2015) concluded that when job satisfaction is high, turnover reduces. Tarcan, Tarcan, and Top (2017) added to this with their finding that mitigating factors in the environment that hinder intrinsic satisfaction decrease turnover and encourage tenure. According to Herzberg et al. (1959), the environment, in this sense, meant the physical environment where employees performed their jobs.

Herzberg et al. (1959) emphasized that leaders could reduce employee turnover, raise job satisfaction, lower turnover rates, reduce job dissatisfaction, and heighten productivity if employers meet the needs of the employees. Herzberg (1979) noted that employees remained loyal and stayed when employees perceived employment to be productive and claimed that hygiene factors caused employees to be dissatisfied or not dissatisfied and influenced employees' decisions to leave their jobs voluntarily. Herzberg also mentioned that different processes affect whether an employee quits his or her job.

As noted by Herzberg et al. (1959), the hygiene factors influenced employee's motivation to leave their job but not their motivation to continue to work with the organization. According to Herzberg (1979), the opposite of job satisfaction was not job dissatisfaction; instead, the result was a lack of job satisfaction. Based on the two-factor



theory, Van Loon (2017) determined motivated employees were satisfied, and employee satisfaction decreased voluntary termination. Van Loon found that turnover increased among employees who exhibited high levels of dissatisfaction with his/her job.

Schopman, Kalshoven, and Boon (2017) added to Van Loon's findings, reporting that intention to quit was low when employees expressed satisfaction with his/her job.

Schopman et al. discovered that dissatisfied employees conveyed firm plans to quit their jobs corresponding with Van Loon, who found that turnover increased among employees who had high levels of dissatisfaction.

Herzberg et al. (1959) described the following five intrinsic motivating factors for job satisfaction: (a) achievement or quality performance, (b) recognition, (c) responsibility (d) work itself, and, (e) advancement and growth. Herzberg et al. further identified the following five extrinsic hygiene factors for job dissatisfaction: (a) company policy, (b) supervision, (c) interpersonal relationships, (d) working conditions, and (e) salary. Intrinsic and extrinsic factors are a part of any workplace and understanding these can be important for healthcare managers in determining solutions that can decrease employee turnover (Schopman et al., 2017).

### **Healthcare Turnover**

Since 2010, healthcare turnover is continually increasing and remains a significant issue within the healthcare industry as well as the demand for healthcare professionals (Islam, Ali, & Ahmed, 2018). A shortage of healthcare professionals can be troubling to the entire healthcare industry. Some of the problems that can arise from staff shortages include increased patient waiting times, lack of continuity between

patient/provider, higher levels of stress, and an overall reduction in the quality of care provided to patients (Moore, 2017). Various healthcare positions require a specific skill set because replacing highly skilled employees can be both costly and challenging (Phillips, Evans, Tooley, & Shirey, 2017). In 2018, the average turnover cost for hospital RNs ranged from \$40,300 to \$64,000, resulting in the average hospital losing \$4.4 million annually (Nursing Solutions Inc, 2019). The University of New Mexico (2016) determined that healthcare was third among the industries with the highest turnover rates. Forty-three percent of newly licensed nurses who work in hospitals end up leaving their jobs within 3 years, 33.5% resign after 3 years, and 17.5% work for only 1 year (The University of New Mexico, 2016). Findings like these show that one of the reasons for employee turnover in healthcare is due to the ease in which healthcare professionals can find work. If Employee A does not like their job, they can leave and be replaced by Employee B, C, and so on. Constant turnover among healthcare professionals can be damaging to organizations.

### **Turnover Cost**

Turnover is not isolated to just the healthcare industry and occurs throughout all industries (Kurnat-Thoma, Ganger, Peterson, & Channell, 2017). On average, when healthcare turnover occurs, some hospitals can lose up to 5% of their total annual operating budget (Austin, Saylor, & Finley, 2017). Healthcare turnover can cost up to 100% of the yearly salary for a specific position (Doede, 2017). Neese (2016) determined that number to range anywhere from 90%–200%.

Turnover is not only costly to an organization but can lead to a domino effect of other issues, such as lower morale, increased stress levels, reduced performance levels, and lower profit earnings (Reina et al., 2018). Although all of these factors are troublesome, profit earnings and company spending are the most essential because maximizing gains while reducing spending is the goal for all businesses (Xu, Xiao, & Gursoy, 2017). When high turnover exists within an organization, the cost to replace workers often results in an adverse effect for the company and its staff (Kurnat-Thoma et al., 2017).

### **Healthcare Retention**

Healthcare retention refers to the proportion of employees who stay with a company and is the opposite of healthcare turnover, which is the number of employees who leave a company (Aguirre, Koehler, Joshi, & Wilhelm, 2018). As a healthcare manager, it is essential to monitor the turnover and retention rates of the organization accurately. Measuring turnover and retention rates can help managers identify problems and set targets for improvement (Kloutsiniotis & Mihail, 2017).

When employees leave the workplace, organizations are forced to spend money to hire replacements (Abellanoza et al., 2018). All of the skills and knowledge that the employees have gained throughout their time within the company leaves as well (Abellanoza et al., 2018). Because these workers are highly skilled and experienced, managers must retain employees (Ackerson & Stiles, 2018).

Retaining employees is a significant problem across the healthcare industry (Lasala, 2017). Leider, Coronado, Beck, and Harper (2018) mentioned that the problem is

due to the overwhelming amount of baby boomers leaving the workforce and students seeking other professions outside of the medical field. Company loyalty is far different today compared to past decades. In years past, employees would often stay with their organizations for extended durations or until retirement (Varma, Patil, & Ulle, 2017). In 2019, the average worker stays at his or her job for 4.4 years, while the youngest employees at companies only stay about half that time (Bureau of Labor Statistics, 2016a). For this reason, it makes sense when Darkwa et al. (2015) mentioned that it is far more essential to retain employees than hiring new workers. Workers with longevity within a company tend to have higher experience, are engrained in the company culture, increased productivity, and become more difficult to replace (Vlasekova & Mura, 2017). Healthcare managers need to decrease the number of highly skilled employees leaving the workforce.

### **Strategies to Reduce Employee Turnover**

Employees leave companies for various reasons; in most instances, the employer is unaware of the employees' issues (Chin et al., 2019). The Society for Human Resource Management (2016) reported that 88% of workers leave their jobs for reasons that do not involve pay, such as having an unfavorable view towards leadership, benefits, schedule, and location. There is a disconnect between employee and employer because 70% of managers believe staff leaves their jobs for pay-related reasons (Society for Human Resource Management, 2016). According to Wilkinson and Lubas (2016), some of the reasons employees leave the workplace are: (a) employees feel the job or workplace is not what they expected, (b) there is a mismatch between the job and the person, (c) there

is too little coaching and feedback, (d) there are limited opportunities for growth and advancement, and (e) employees feel devalued and unrecognized, (f) employees feel stress from overwork and have a work and life imbalance, and (g) there is a loss of trust and confidence in senior leaders. To fix any confusion employees may have, employers need to have a better understanding of their staff and ensure that employees feel comfortable voicing their concerns, no matter how big or small (Mao & DeAndrea, 2019). Managers must be willing to listen to enhance employer and employee relations; listening is often overlooked in the workplace because many individuals like to speak but fail to hear what others are saying (Worthington & Fitch-Hauser, 2018). Employers need to learn how to become active listeners (Spataro & Bloch, 2018). Active listening is a method used in training, resolving conflicts, and counseling that requires the listener to fully concentrate, understand, respond, and then remember what is being said (Drollinger, 2018). When employers show a genuine sense of compassion, employees tend to feel more valued, and their engagement levels increase (Grabian, 2016). Organizations with engaged employees who also value their work have a less significant amount of turnover and a more noticeable amount of positivity (Bode, Singh, & Rogan, 2015).

Understanding which strategies may help reduce employee turnover is a crucial factor for healthcare managers (Huang et al., 2018). When healthcare managers are knowledgeable of effective strategies for reducing turnover, healthcare managers can aid in boosting the emotional and mental states of employees, which can lead to a reduction in turnover (Halter et al., 2017).

The cost to replace healthcare professionals is high. The Society for Human Resource Management (2017) mentioned that replacing healthcare professionals can cost three times an employee's salary, including severance, lost productivity, recruitment, and missed opportunities. The Society for Human Resource Management provided the following turnover facts and rates: (a) over half of the workers who are recruited by organizations leave within 2 years, (b) 25% of new hires quit within six months, (c) 70% of managers across various organizations reported that employee turnover results in negative financial gains for the company, and (d) almost half of all organizations will encounter issues stemming from employee turnover.

### **Training Programs**

Mindfulness-based training for employees is an essential strategy healthcare managers can use to reduce turnover (Eby et al., 2019). By effectively training employees, healthcare managers can help emphasize an employee's sense of value (Tracey et al., 2015). Practical training does two things: (a) aids organizations in achieving goals and preset expectations and (b) clearly defines the roles and responsibilities of employees and employers (Werneburg et al., 2018). Ineffective training programs can harm an organization. Upon hiring staff, healthcare managers need to provide proper training, developing recruits, and supply new hires with every essential resource to effectively complete their designated tasks (Fletcher, Alfes, & Robinson, 2018). Staff who do not receive adequate training are more likely to commit errors, perform worse, lose interest in their work, and leave their jobs (Sitzmann & Weinhardt, 2018). Noe, Hollenbeck, Gerhart, and Wright (2017) stated that the organizations that

invest in quality training for healthcare professionals tend to perform higher and earn better profits compared to organizations that do not.

Past research has determined a link between company earnings and practical training and development programs (Melkman, 2018). Employees who receive high-quality training upon entering organizations tend to exhibit higher levels of engagement, motivation, confidence, and commitment (Tabvuma, Georgellis, & Lange, 2015). For this reason, implementing effective training programs is another valuable strategy healthcare managers can use to reduce employee turnover.

### **Mentoring**

Mentorship is defined as a relationship between two or more individuals in which one individual with more experience or knowledge in a particular area helps guide another person with less experience (Johnson & Ridley, 2015). Healthcare managers may use mentoring as career development tools that can potentially aid their employees in achieving success and reaching their professional and private goals (Pololi et al., 2016). Mentoring programs combined with goal-oriented feedback systems can help foster resilient connections among coworkers and are stable platforms for reducing turnover while allowing the company to grow (Bilau, Ajagbe, Sholanke, & Sani, 2015). Active mentoring occurs when the mentor, an experienced person in a company or educational institution, guides the mentee, the individual with less experience (Hernandez, Estrada, Woodcock, & Schultz, 2017). Healthcare managers can develop mentoring programs by matching new hires with mentors who have experience in the field the new hire will be working (Nowell, White, Benzies, & Rosenau, 2017).

Healthcare managers can utilize the initial meeting with new employees to establish rapport. Establishing rapport is critical when welcoming new members to the organization because it makes them feel welcomed and can set the tone for their attitude towards their new employer (Baker & Kim, 2018). Building rapport is mutual trust, friendship, and affinity among two or more individuals (Kaski, Niemi, & Pullins, 2018). Building rapport creates a sense of relief in tense moments or uncomfortable situations (Wachi et al., 2018). Effective mentorship and rapport building are two strategies healthcare managers can use to reduce employee turnover.

### **Creating a Positive Culture**

Healthcare managers are responsible for establishing company values that will serve as the foundation upon which the organization is built (Bussmann & Niemeczek, 2017). Healthcare managers must make company values clear, direct, and ensure all employees understand accountability and the roles each member plays within the organization (Men & Yue, 2019). The following elements are necessary for a positive work environment: integrity and honesty, teamwork, effective communication, ethical behavior, selflessness, and accountability (Macdonald, Burke, & Stewart, 2018).

Healthcare managers need to promote a “team first” mindset while attempting to eliminate the “me first” mindset of employees (Rosen et al., 2018). The reason being, employees tend to work for personal benefits compared to working selflessly for the benefit of others (Rosen et al., 2018). Healthcare managers who promote a team-first culture tend to have employees who are happier and work harder, resulting in longer tenures within their respective organizations (O’Neill & Salas, 2018). Organizations with



team first cultures are identifiable by employees who are positive, engaged, and committed to achieving a common goal (Gardner, Kosemund, Hogg, Heymann, & Martinez, 2017). Conversely, organizations with a selfish culture are identifiable by a lack of communication, low morale, unclear standards, and directionless management (Gardner et al., 2017). Healthcare managers can establish positive cultures as a strategy for reducing employee turnover.

### **Effective Communication**

Communication in the workplace is vital as it allows organizations to be productive, efficient, and for operations to run effectively (Rubinelli et al., 2019). Ineffective communication can lead to medical mishaps. In 2016, researchers from John Hopkins University conducted a study. They revealed that more than 250,000 people in the United States die every year from medical errors, with other reports claiming the number as high as 440,000 (McMains, 2016). The same study concluded that medical errors are the third-leading cause of death behind heart disease and cancer (McMains, 2016). Poor communication is easily identifiable through direct observation, inspections, and record reviews (Kee, Khoo, Lim, & Koh, 2018). Church (2017) determined a correlation between medical mishaps and ineffective communication, finding that healthcare facilities with ineffective communication reported higher mishap rates. The finding is supported by the fact that in 2014, hospitals and doctor's offices across the United States could have avoided close to 2,000 deaths and \$1.7 billion in malpractice costs if staff would have demonstrated effective communication (Pugel, Simianu, Flum, & Dellinger, 2015).

Communication failures were responsible for 30% of the malpractice cases filed in 2014 (Riley, 2017). For this reason, healthcare managers must promote an atmosphere where communication is open, transparent, 360 degrees, and effective (Pakulski, McCormick, Robbins, Glassman, & Squires, 2019). Doing so can prevent organizations from future lawsuits and medical mishaps from occurring (Pakulski et al., 2019). Healthcare managers can utilize effective communication as a strategy for reducing employee turnover.

### **Rewards and Recognition**

Rewards and recognitions are proven factors in reducing turnover, improving unit morale, and promoting better performance (Mehta, Dahl, & Zhu, 2017). Kuczmariski (2019) mentioned rewards and recognition motivate individuals on a personal level to achieve a specific goal in return for a monetary gain. Healthcare managers may use the rewards and recognition system to evaluate employee performance (Gilbert & Kelloway, 2018). As mentioned earlier, there are two reward types: intrinsic and extrinsic. Intrinsic rewards are intangibles things such as career growth and feeling a sense of accomplishment (Moran, Mohn, Hason, Erdman Jr., & Johnson, 2018). Extrinsic rewards are tangible items offered by a superior (Moran et al., 2018).

Organizations that offer strategic benefits packages tend to have less turnover because employees report higher levels of satisfaction (Tsai & Liou, 2017). Offering competitive compensation packages may directly influence an employee's willingness to stay with or leave an organization (Mehta et al., 2017). Making employees compete for rewards or merely offering rewards can motivate employees to work harder, stay longer,

and take on more responsibilities (Hernandez-Lagos, Minor, & Sisak, 2017). Healthcare managers need to understand who their employees are and what their motivations are (Hernandez-Lagos et al., 2017). When offering rewards, healthcare managers must keep their word and avoid misleading employees (Lissitsa et al., 2017). Failing to do so may result in mistrust, lousy performance, lack of motivation, and gossip, all of which can lead to members leaving the workplace (Rose, Brink, & Norman, 2018). Healthcare managers who offer rewards and recognize staff consistently tend to have lower levels of turnover due to higher levels of employee satisfaction (Phillips et al., 2017).

### **Compensation**

Healthcare managers can use compensation to reduce turnover. Bennett, Bettis, Gopalan, and Milbourn (2017) defined compensation as a monetary and nonmonetary remuneration that an employer gives to a healthcare professional in exchange for services the healthcare professional renders. In the United States, many companies utilize the pay-for-performance model for retaining staff (Wang, Thornhill, & Zhao, 2016). Compensation not only attracts employees, but it is another way for healthcare managers to express their gratitude for the time and effort their employees put in at the office. Compensation is a standard business strategy that, while useful, must be fair and consistent (Bennett et al., 2017). Employees, in general, expect to be compensated for their time and efforts. Employees expect to receive fair and equal compensation when compared to their colleagues who do similar work (McHugh, 2017). If compensation is inconsistent or not perceived as appropriate by employees, the employer may see an

increase in complaints and a decrease in performance and unit cohesion (Rose et al., 2018).

Compensation is regarded as one of the most common strategies for reducing turnover because businesses with outstanding compensation packages tend to have lower levels of turnover (Bennett et al., 2017). In some cases, employees will even stay with a company they dislike solely because of the compensation packages (Rutgers University, 2016). Healthcare managers can use fair and equal compensation packages as a strategy for reducing employee turnover.

### **Opportunities for Growth**

Organizational career growth opportunities are critical to employees staying within in a company (Weer & Greenhaus, 2017). When employees feel stagnant and that promotion is impossible, they may feel they have hit the “*glass ceiling*’ (Saleem, Rafiq, & Yusaf, 2017). The glass ceiling is a term used in business that represents an invisible barrier that keeps a specific demographic from rising beyond a certain level within an organization (Schulpen, 2017). Historically, the demographic in question have been women and minorities. Now, in the 21st century, the glass ceiling is continually being shattered with the societal changes and elimination of antiquated business practices (Schulpen, 2017). Healthcare managers must continuously develop employees and ensure they are providing opportunities and the appropriate information for employees who are suitable candidates for promotion (Saleem et al., 2017).

Employees should have access to any resources that can aid them in boosting performance and reaching career milestones (Society for Human Resource Management,

2018). Providing employees with the necessary information and opportunities to excel within an organization is an element of supportive leadership, which is one of the seven types of management styles (Alonso-Almeida, Perramon, & Bagur-Femenias, 2017).

Supportive leaders provide their employees with the skills needed to achieve company objectives (Alonso-Almeida et al., 2017). Supportive leaders help employees work through any concerns or problems they are having while offering a high degree of attention and coaching to their staff on an as-needed basis (Schmid et al., 2017).

Healthcare managers should promote supportive leadership and avoid Laissez-Faire leadership, another one of the seven management styles. Laissez-faire leaders manage workers from a distance using a hands-off approach (Wong & Giessner, 2018). The problems that may arise from this style of leadership include missing deadlines, a decrease in performance, wasting company time and resources, and steering away from organizational norms (Wong & Giessner, 2018). Implementing a workspace that provides staff with opportunities for growth is a strategy healthcare managers may use to reduce turnover.

### **Valuing Employees**

Healthcare managers who make an effort to express their appreciation for their workers tend to be more successful at retaining employees (Society for Human Resource Management, 2017). Employees who feel they are valued members of an organization tend to perform higher than individuals who do not feel a part of an organization (Prestia, 2018). Employers can use the following examples to make employees feel valued: recognition, feedback, promotions, time-off, and merely saying thank you (Wang, 2017).

Because every worker is different, and each has personal motivating factors, healthcare managers must build strong relationships with their employees and learn these factors (Hur, 2018).

### **Reducing Stress**

Stress in the workplace is a common characteristic within any organization (Elmadağ & Ellinger, 2018). The American Institute of Stress (2019) found that the leading causes of stress are broken down as follows: 20% is due to juggling work/personal lives, 28% is people issues, 6% is due to lack of job security, and 46% is due to workload. The same study found that over the past few decades, health-related issues such as hypertension, heart attacks, depression, and other disorders are directly related to workplace stress (The American Institute of Stress, 2019). Understanding the effects stress can have on an organization and establishing parameters to reduce stress in the workplace can be beneficial to an organization (Williams, Costley, Bellury, & Moobed, 2018). Jacobs, Johnson, and Hassell (2018) mentioned that organizations with lower levels of stress could avoid some of the following: (a) a decrease in overall production, (b) staff making poor decisions, (c) a rise in mistakes which can lead to complaints or lawsuits from customers, (d) frequent turnover, (e) ineffective workplace cohesion, and (f) higher amounts of staff missing work due to illness.

Healthcare managers and other senior leaders have a legal obligation to ensure the safety of their employees by providing safe working conditions (Giga, Fletcher, Sgourakis, Vrkljan, & Mulvaney, 2018). Unsafe working conditions can increase stress levels and lead to a rise in workplace hazards (Horan et al., 2019). When workplace

hazards occur, performance levels can be affected due to coworkers having to pick up the workload of the injured employees (Horan et al., 2019). Every employee has a stress limit, with some being able to handle more stress than others (Williams et al., 2018). However, overworked employees tend to hit breaking points (Williams et al., 2018). When several employees feel overworked, organizations may see an increase in employee dissatisfaction and stress, employee disengagement, low morale, and underperformance (Giga et al., 2018). Effective healthcare managers understand these types of issues and can combat these occurrences by promoting healthy habits and practices such as meditation, mental breaks, group yoga (Jacobs et al., 2018). Another way healthcare managers can help lower stress is by bringing in a therapist or establishing a stress relief room (Labrague, McEnroe-Petitte, Leocadio, Van Bogaert, & Cummings, 2018). Stress rooms, anger rooms, or wellness rooms are growing in popularity within the business space. The different rooms are isolated areas within organizations where employees go to relieve stress in various ways that include meditation, destroying items, or listening to soothing music (Jacques et al., 2018). Having a place where employees can go to escape for a moment has become increasingly popular due to the benefits that have been linked to the rooms. For example, Jacques et al. (2018) conducted a study of 75 nurses over six months. They found that the intervention of a “wellness room” reduced the perception of work demand, increased employee control over their work, increased social support among coworkers, and decreased the levels of occupational stress. Promoting healthy habits and practices is an effective way of reducing stress, which can aid in reducing employee turnover.

## **Building Trust in Leadership**

Distrust between employee and employer is one of many contributing factors to employee turnover (Fiorito, Gallagher, Russell, & Thompson, 2019). The American Psychological Association (2017) conducted a study in which 1,500 employed U.S. adults were polled on several topics regarding organizational change, trust in management, and intent to quit. The results of the study were that 21% said they did not trust their employer. The employees who reported that they did not trust their employer, they were three times more likely to report higher levels of feeling tense and stressed out at work compared to those who believe their employer (70% vs. 23%), and four times as likely to report their intent to quit and find a new job (65% vs. 16%). The American Psychological Association (2017, p.5) stated that “to build trust and engagement, employers must focus on building a psychologically healthy workplace where employees are actively involved in shaping the future and confidence in their ability to succeed.

Trust plays an essential role in the workplace, accounting for more than half of the variance in employee well-being. In predicting well-being, engagement, and trust accounted for 53 % of the difference (American Psychological Association, 2017). Healthcare managers can help build trust by first establishing rapport with new hires (Verburg et al., 2018). Recruits who feel welcomed and a part of the team are more likely to report positively regarding engagement, job satisfaction, and views toward employer (Liggans et al., 2019). Employees who feel unwelcomed or do not trust leadership are more likely to show a decrease in organizational commitment, engagement, intent to stay, and performance (Jones, Wiley, LoPilato, & Dahling, 2018).



Alonso-Almeida et al. mentioned that effective leaders understand that respect is earned and not automatically obtained. To be an effective leader, building trust among employees is a primary objective (Gilbert & Kelloway, 2018). Healthcare managers can build trust with employees by exhibiting the following characteristics: (a) displaying a great deal of pride when at work, (b) demonstrating competency regarding expected duties, and (c) being available for staff whenever they may have concerns (Drescher, Korsgaard, Welpe, Picot, & Wigand, 2014). Effective leaders must be competent at their jobs and have some level of interpersonal communication skills (Gilbert & Kelloway, 2018). Incompetence among employees can be expected, as there are different levels of experience throughout an organization. Inability among individuals in leadership positions can be far more damaging because the subordinates receive their expectations, training, and tasks from their supervisors (Einarsen, Skogstad, & Aasland, 2017). Employee incompetence among workers can lower performance levels, incompetence among who are not competent at their job will lose the confidence and trust of employees quick (Einarsen et al., 2017) When employees feel that their leaders are unqualified, they are less likely to follow orders which can adversely affect organizations (Fairhurst & Jian, 2017).

### **Transition**

Healthcare managers continue to play a vital role in the productivity and profitability of the healthcare industry (Mone & London, 2017). The healthcare industry is in high demand for healthcare professionals, and turnover is one of the contributing reasons (Al Mamun, 2017). Healthcare managers are struggling to retain employees,

which is causing rising levels of employee turnover (De Simone et al., 2018). The constant flux of turnover hurts not only the organization, but the entire health industry (Gkorezis, Georgiou, & Theodorou, 2018). High rates of turnover negatively affect the healthcare industry's overall margins, performance, and competitiveness (Phillips et al., 2017). Morse (2017) stated there are many reasons why organizations may struggle with turnover, and turnover does not happen overnight. The most important reason for turnover is job disengagement due to employees being dissatisfied with how their managers are operating the business (Lee et al., 2017). If employees remain disengaged, they are more likely to leave their job, adding to the turnover crisis (Austin et al., 2017). To prevent this, healthcare managers need to fully understand and remain aware of how to effectively implement strategies to reduce turnover (Kurnat-Thoma et al., 2017). Strategies to reduce turnover uncovered by this literature included training programs, mentoring, creating a positive culture, effective communication, rewards and recognition, compensation, opportunities for growth, valuing employees, reducing stress, and building trust in leadership (Shanafelt & Noseworthy, 2017). Healthcare managers who understand these strategies can contribute toward furthering effective strategies for reducing employee turnover (Shanafelt & Noseworthy, 2017). Creating an environment that develops, inspires, and motivates employees is essential to creating a thriving culture (Wong & Giessner, 2018). Healthcare managers can implement motivation-building practices across their organizations such as listening exercises, ensuring rewards match the task accomplished, and introducing effective career development programs that are catered to the individuals' desires (Werneburg et al., 2018).

In Section 1, I discussed the problem statement, purpose statement, nature of the study, research question, conceptual framework, and operational definitions. Section 1 also included assumptions, limitations, delimitations, the significance of the study, and literature review. Section 2 consists of the role of the researcher, participants, research method, research design, population and sampling, and ethical research. Section 2 also includes data collection, data organization techniques, and reliability and validity. In Section 3, I presented the findings of my study. I discussed the five emerging themes gathered from participant interviews and several other strategies healthcare managers used to reduce employee turnover. I also identified the benefits of social change and recommendations for future research. To complete Section 3, I included a discussion on my reflections within the DBA doctoral process.

## Section 2: The Project

### **Purpose Statement**

The purpose of this qualitative multiple case study was to explore what strategies healthcare managers use to reduce employee turnover. The targeted population of this study consisted of healthcare managers across three medical facilities who had successfully implemented strategies in their facilities to reduce employee turnover. Participants lived in the central Texas metropolitan area. The positive social change contributions of this study include that the findings of this study may be useful for area healthcare managers seeking ways to reduce employee turnover. Facilitating a reduction in turnover among employees in healthcare organizations also benefits employee family members and their dependents. Patients may benefit from the concept of continuity of care. Continuity of care is the prolonged relationship between the patient, the provider, medical technicians, and other hospital staff (Barker et., 2017). Constant turnover decreases continuity of care, which can hurt patient results and patient/provider rapport (Barker et., 2017). Just like in society, patients are more comfortable with individuals they know and like. If a medical facility is continually changing providers and other essential positions, patients are more likely to report frustrations, switch facilities, complain, or be less reluctant to discuss their medical concerns (Barker et., 2017).

### **Role of the Researcher**

The key role I played in this research was to protect the integrity of the study. Regarding the data collection process, the role of the researcher is to put aside personal beliefs and perceptions when conducting research (Merriam & Grenier, 2019). For the

study to be reliable and valid, researchers must collect data in a truthful and unbiased manner (Glaser & Strauss, 2017). I strove to collect data accurately and avoid researcher bias. I was familiar with the research topic because I am a healthcare professional in the military that experiences frequent turnover but did not have any other prior relationship with the topic. This study was set in metropolitan areas where I am not located, and I had no ties with the potential respondents. My role was to establish a reliable study by focusing on a specific phenomenon and limiting personal biases (see Yin, 2017). I was the primary data collection instrument.

I ensured all ethical standards were followed throughout the study by complying with the protocols presented in *The Belmont Report (TBR)* involving the use of human subjects (U.S. National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1979). On July 12, 1974, the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research introduced *TBR* (U.S. Department of Health & Human Services, 2016). The primary purpose of *TBR* is to protect subjects and participants in clinical trials or research studies (Miracle, 2016). Researchers use bracketing in qualitative research to alleviate the potentially detrimental effects of preconceptions that can hinder the research process (Mertens et al., 2017). In this study, the use of bracketing allowed me to remain ethical and not influence any of the participants during the interview process. I also used an interview protocol to help limit bias. During the interview process, I made sure to ask follow-up questions if any of the responses needed clarification. My use of guiding questions promoted more in-depth answers and avoided participants giving

simple *yes* or *no* responses. The role of the researcher as the primary data collector is to attempt to access thoughts and feelings of study participants (Yin, 2017).

### **Participants**

One goal of this study was to recruit people who encompassed the necessary skills and experience that would be able to provide useful information regarding strategies healthcare managers can use to reduce employee turnover. Participants who met the requirements were deemed eligible to participate in the study and received informed consent forms that explained the purpose of the study.

I gained access to potential participants using public information from the Internet found using a Google search. I made contact with respondents via e-mail, phone, or Facebook Messenger. Once contact was made, I introduced myself via e-mail or telephone. I explained the reason for contacting the individuals and answered any concerns or questions the potential participants may have had. Rapport was established with the potential participants as I strove to make them as comfortable as possible. I refrained from influencing the participants or doing anything that could have altered their thoughts. A professional and working relationship was developed with the participants through continuous communication via phone or e-mail. Potential participants received an e-mail asking them to participate in the study. The informed consent form was included in the e-mail. I instructed participants who agreed to partake in the study to e-mail me their consent so interviews could be conducted. To consent, participants responded with an e-mail stating, "I consent to partake in the study." Once all participants responded, the interview process began.

## **Research and Method Design**

### **Research Method**

In this study, I used a qualitative multiple case study method and design. The purpose of the study was to examine the strategies healthcare managers use to reduce employee turnover in the central Texas metropolitan area. In research, the case study design is used to investigate contemporary phenomena within a real-life context (Yin, 2017). I used the case study design because I explored a modern phenomenon, the strategies healthcare managers use to reduce employee turnover within a real-life context. A multiple case study design allowed for data collection from subject matter experts who had experience with using strategies that can reduce employee turnover.

Brannen (2017) stated that the quantitative method is used to examine and test theories or hypotheses using statistical analysis. The quantitative approach was not appropriate for this study because I did not test theories or hypotheses using statistical analysis. Researchers use mixed methods to garner an in-depth understanding of the phenomena under study using both qualitative and quantitative methods (Borkan et al., 2015). Mixed methods were not suitable for this study because I only needed the qualitative method to address the purpose of my study.

### **Research Design**

In qualitative studies, researchers may use ethnographic, phenomenological, or case study research designs. Researchers use the ethnographic design to focus on studying the cultures of individuals to gain perspectives on their perceptions (Fusch & Ness, 2017). In this study, I did not use the ethnographic design because there is nothing

culturally unique about healthcare facilities in the geographic boundaries of the study. Sokolowski (2017) stated that the phenomenological design is used to study the meanings of participants' lived experiences from the view of those living the phenomenon. In this study, I did not use the phenomenological design because this type of design is limited to lived experiences only, and I wanted to look beyond lived experiences and include perceptions, available documentation, and physical artifacts to understand business problems. Yin (2017) stated that the case study design involved using multiple sources of information to investigate a contemporary phenomenon within a real-life context. The case study design was appropriate for this study because I used various sources to explore a phenomenon. Case studies are necessary when the researcher plans to observe the behavior of their participants (Mills et al., 2017). Researchers use a single case study when only one business environment is necessary to answer a specific problem and use a multiple case study to examine more than a single business environment to address a particular problem (Mills et al., 2017). The single case study was not suitable for this study because I recruited managers from multiple healthcare businesses to determine what they use to reduce employee turnover, which are elements of a multiple case study (see Yin, 2017).

### **Population and Sampling**

Researchers use purposeful sampling to identify a group of people with exceptional knowledge of a subject (Palinkas et al., 2015). Yin (2017) posited that before a researcher creates sampling strategies for case studies, they must identify their population. The sample population for this study consisted of three senior healthcare



managers from three community hospitals in central Texas. When conducting research, selecting the appropriate population can enhance transparency and sustain continuity of evidence of a study (Baskarada, 2014). The senior healthcare managers needed a minimum of 5 years of experience with responsibilities, such as hiring, firing, training, supervising, and using strategies that focus on reducing employee turnover staff, to participate in the study. The sample size is appropriate for a study if the sample can provide sufficient and supported data that adds insight regarding the central research question (McLeod, 2017). Purposeful sampling was the most suitable technique for this study because it allowed me to focus on the subject matter experts in the industry, which eliminated having to exhaust additional time and resources on recruiting multiple professionals. Purposeful sampling was ideal for this study because the intent was to interview members who could communicate their experiences and opinions clearly and freely.

Data saturation determines whether a sample size is adequate for a study; for a sample size to be appropriate, the researcher must garner a sufficient amount of data that answers the central research question (Fusch & Ness, 2015). Researchers cannot assume data saturation just because the resources are exhausted. Shahgholian and Yousefi (2015) stated that to obtain saturation, the number of participants should range from two to 50.

While collecting data, I ensured the respondents were in an environment that would not allow for any interruptions to occur. I hoped that allowing participants to choose when and where the interviews were conducted would promote an honest course

of dialogue about their experiences within the healthcare industry. Interviews were conducted via Facebook Messenger due to differences in geographical location.

### **Ethical Research**

Before obtaining consent from participants, I provided them with information that explained the background and intent of the study, the potential role they would play as participants, and how their responses would benefit the research. The value the potential participants' input would have on improving the existing literature regarding strategies healthcare managers use to reduce employee turnover was also explained. Informed consent is a voluntary agreement to participate in research (Bok, 2017). Once the participants reviewed the information, I asked them to provide their consent to participate in the study. By giving their consent, the participants agreed that they understood their roles within the research and the associated risks (Bok, 2017). Participants were also informed about confidentiality and the secure safekeeping of the data collected throughout the interview process. Securing data is essential because it can prevent or limit any damaging effects to the participant or their place of employment (Mertens et al., 2017). I explained to participants that they were not required to complete interviews and could withdraw from the study at any time. No rewards or benefits were offered for participating in the study because I wanted to ensure that I conducted an ethical study. I let the participants know that a final research document would be available for them once the research was completed. Guaranteeing confidentiality is an essential part of ethical research (Lancaster, 2017). All personally identifiable information was removed and changed to something fictional to ensure privacy. Each participant was labeled as

follows: R1 for the first participant, R2 for the second participant, and R3 for the third participant.

All confidential data will be stored on an encrypted USB drive and locked in a storage cabinet. After five years have passed, I will delete all the data provided by the respondents. The Walden University Institutional Review Board (IRB) approval number for this study was 09-26-19-0662716

### **Data Collection Instruments**

As a researcher, I was the primary data collection instrument in this study. I collected data using semistructured interviews, asking each participant seven open-ended questions about employee turnover. Each interview took place via Facebook Messenger, which allowed for communication by telephone or computer. The interview protocol (see Appendix) guided participants' responses regarding the research topic. I used my laptop and cell phone as recording devices for each interview, after receiving permission from the participants to do so. Utilizing both devices was useful for data analysis by ensuring the transcription portion was accurate.

To enhance the reliability and validity of the data collection process, I used member checking and note-taking. Member checking is a mode of knowledge production in which the researcher interviews the interviewees, then repeats the gathered information back to the interviewees for accuracy (Caretta, 2016). Member checking and note-taking are resourceful ways the researcher can capture every detail provided by participants during the interview process (Birt, Scott, Cavers, Campbell, & Walter, 2016). After interviewing each participant via Facebook Messenger, I ensured integrity by accurately

documenting interview responses. By reviewing the interview data through member checking, the researcher can add more validity to their research (Caretta, 2016). Member checking occurred by having each participant review and agree with the interview data gathered. Via e-mail, I sent a transcript of their interview to each participant and allowed them a week to provide any corrections or address any concerns they may have had with the interview data.

### **Data Collection Technique**

Before I collected any data, IRB approval was needed. After receiving IRB approval, I began recruiting suitable candidates for the study. The criteria for inclusion in the study were senior healthcare managers with a minimum of 5 years of experience with responsibilities, such as hiring, firing, training, supervising, and using strategies that focus on reducing employee turnover staff. Once suitable participants were located, I contacted them via e-mail, telephone, or Facebook Messenger to obtain consent for them to participate in the study. Next, I used the interview protocol (see Appendix) as a guideline for conducting the interview process. The interview protocol ensured a consistent approach with the following steps: (a) data collection, (b) gaining access and consent from participants, (c) setting up interviews, (d) conducting and recording interviews, (e) reaching saturation, (f) stopping interviews, (g) collecting additional data from participants to triangulate the study, (h) conducting member checking interviews to ensure the interpretation of the data is accurate, and (i) transcribing final data.

The primary data collection for the study was semistructured interviews with open-ended interview questions to gather sufficient data from participants (Young et al.,

2017). Once I received consent, I began conducting interviews at a time agreed upon by the participants. I recorded the interviews on my phone and laptop. I also took notes if additional explanations were needed or follow-up questions were necessary. Each interview was structured in the same manner, and I analyzed all the data in order (McIntosh & Morse, 2015). I expected each interview to last between 10–20 minutes. At the end of each interview, I asked the participants if they have anything they would like to add or if there are any questions/concerns regarding the interview process. Once interviews were done, I began member checking. I e-mailed participants the findings and asked them to e-mail me back after they reviewed the transcripts. I expected members to return files within one week unless they needed more time. By using member checking, I ensured accuracy by giving participants the completed study and allowed them to review and make any required corrections. I ensured that answers given by participants were their own words and made sure I did not add or adjust any of their responses.

Reviewing the findings through member checking added validity to the study (Thomas, 2017). Member checking occurred after participants confirmed and agreed with my findings. I gave the participants 1 week to make any corrections if any discrepancies were found. Participants were able to respond via e-mail with the corrected changes. If members did not respond within a week, I asked if they needed more time or if it was okay to continue with the study.

Semistructured interviews have advantages and disadvantages. One advantage of using semistructured interviews is they allow participants to state their beliefs openly, and in their voice (Young et al., 2018). Semistructured interviews enable the researcher to

prepare questions before conducting interviews, which allows the interviewer to be better prepared and appear competent during the interview (Allen & Becker, 2019). Finally, semistructured interviews are beneficial in research because they provide reliable, comparable qualitative data (Bryman, 2017). A disadvantage of face-to-face semistructured interviews is that some individuals are shy and may struggle to engage with the interviewer, leading them to refrain from answering questions in-depth (DeJonckheere & Vaughn, 2019). Face-to-face interviews can be lengthy but are beneficial data collection tools researchers can use during qualitative research (Moser & Korstjens, 2018).

I used member checking as a method for increasing the accuracy of the study. Member checking is a mode of knowledge production in which the researcher interviews the interviewees and then repeats the gathered information back to the interviewees for accuracy (Caretta, 2016). Member checking and note-taking are resourceful ways the researcher can capture every detail provided by participants during the interview process (Birt et al., 2016).

One tool used in qualitative research is member checking, which can establish the credibility and trustworthiness of participants in the research process (Thomas, 2017). Member checking involves the researcher sharing a partial or full summary of the findings with the participant for verification (Birt et al., 2016). Member checking occurred after all data were gathered, and my findings were complete. Participants had one week to make any necessary changes and send an e-mail back once they were done reviewing the final report.

### **Data Organization Technique**

Reviewing the interview data through member checking improves the accuracy of the study (Varpio, Ajjawi, Monrouxe, O'Brien, & Rees, 2017). I labeled participants R1, R2, and R3 to protect their identities and ensure their confidentiality. I used Microsoft Word to document notes and any insights I had during each interview.

After I collected and verified all data, I used NVivo 12 to determine themes/codes. NVivo 12 is a software that allowed me to organize the data so that I could display themes in a structured manner. All data were stored on an encrypted USB drive and locked in a storage cabinet at my house for five years to protect the confidentiality of the participants. After five years have passed, all data will be destroyed through paper shredding, and all electronic data erased.

### **Data Analysis**

Data analysis involves the researcher inspecting, revising, transforming, and remodeling data to reach a specific conclusion for a given situation (Silverman, 2016). For this multiple case study, data analysis provided a framework to understand the strategies that healthcare managers use to reduce employee turnover. After gathering the data, I analyzed the data using Yin's (2017) data analysis method. Yin's approach includes the following five steps: (a) compile the data, (b) disassemble the data, (c) reassemble the data, (d) interpreting what the data means, and (e) conclude the data.

I used semistructured interviews and open-ended questions to collect data from participants and compared their answers to develop themes (Bryman, 2017). The research was not limited to issues I felt were important. I included any problems the participants

had. To enhance the reliability and validity of the data collection process, I used semistructured interviews with open-ended questions to gather data from participants and compared their answers amongst each other. Semistructured interviews allow the researcher to combine pre-determined, open-ended questions with the opportunity to explore specific themes or responses more in-depth (Cridland, Jones, Caputi, & Magee, 2015). To enhance the reliability and validity regarding the information gathered, I used member checking and note-taking. I asked the participants seven open-ended questions during interviews that lasted between 10–20 minutes. I grouped keywords discussed by respondents to compile central themes. The use of semistructured phone interviews, member checking, and note-taking achieved the purpose of triangulation for the study.

I used Scibie.com, which is a transcription service, to transcribe each interview conducted. I used data coding to examine and analyze the data gathered from each participant (Gibbs, 2018). Once I gathered and verified all data, I developed the codes and themes using NVivo 12. NVivo 12 was the software used to organize the data so that I can display themes in a structured manner. I verified that the themes I examined aligned with my research question and purpose statement by connecting the themes with the themes that have been discovered from previous research. I analyzed themes to compare to the study's conceptual framework of Herzberg's motivation-hygiene theory by reanalyzing established topics and used the structure as a guide to explore, examine, and interpret data.

### **Reliability and Validity**



Reliability refers to the consistency or stability of duplicating research (Timsit, Aboab, & Parienti, 2019). Validity refers to the accuracy of the inferences or interpretations made during the research process (Tang, 2015). To enhance the reliability and validity of the data collection process, I used member checking and note-taking. Member checking and note-taking are resourceful ways the researcher can capture every detail provided by participants during the interview process (Birt et al., 2016).

There are multiple ways that the quality of data can adversely affect research findings. Lewis, Saunders, and Thornhill (2015) identified the following as factors that can negatively affect any research study: (a) participant or researcher bias, (b) fraudulent activities by participants or researchers, (c) intentionally altering results, (d) misconduct, (e) carelessness of chain of evidence, and (f) improper documentation. If any of the factors above are found within a research study, the reliability and validity of that particular research study may prove to be unacceptable and lack credibility (Fusch & Ness, 2015). Before conducting research, I understood the need to be unbiased, establish credibility, use reliable sources, and ensure 100% transparency in all data collecting methods.

### **Importance of Reliability and Validity**

Yin (2017) mentioned that researchers should place reliability and validity as top priorities. Research that is reliable and valid can benefit future research (Murphy, 2017). Research that is reliable and valid can allow future researchers to expand upon previously discovered findings (Merriam & Grenier, 2019). Reliable and valid research ensures accuracy and honesty in research findings (Cypress, 2017).

### **Achieving Reliability and Validity**

To obtain reliability and validity, researchers must act as an independent party and refrain from exerting personal bias on the results (Lewis et al., 2015). Silverman (2016) stated reliability and validity could be achieved by choosing proper research design and data collection tools. Yin (2017) discussed four design tests to establish the quality of case study research. The four design tests are as follows: (a) construct validity, (b) internal validity, (c) external validity, and (d) reliability (Yin, 2017).

### **Dependability**

Morse (2015) mentioned that when conducting research, the researcher must address the dependability, credibility, confirmability, and transferability of qualitative studies to ensure reliability and validity. Dependability is the evaluation of the quality of the integrated processes of data collection, data analysis, and theory generation (Jan et al., 2015). Dependability can be accomplished by member checking, which is a tool in qualitative research that helps the researcher validate interview data (Fusch & Ness, 2015). Member checking can be accomplished using a three-step process: (a) conduct the initial interview, (b) interpret what the participant shared, and (c) share the interpretations with the participants for validation (Morse, 2015). I used member checking to ensure all data gathered was reliable.

### **Credibility**

Credibility refers to researching providing information that is both truthful and accurate (Parsons, Atkinson, Simperl, & Weal, 2015). If research data is not credible, then the research is not reliable or valid (Korstjens & Moser, 2018). The researcher can

obtain credibility by providing in-depth information that gives insight into the phenomenon being researched (Bailey, 2017). One way to collect comprehensive information is through interviewing participants (Brannen, 2017). During the interview process, documenting conversations and transcribing all information is essential for improving the credibility and accuracy of the study (Timsit, Aboab, & Parienti, 2019). I copied all interviews verbatim and utilized notetaking before, during, and after each interview.

### **Confirmability**

Confirmability refers to how others can validate the results of a specific study (Cho, 2016). Replication is essential for various reasons, including (a) assurance that results are valid and reliable, (b) determination of generalizability or the role of extraneous variables, (c) application of results to real-world situations, and (d) inspiration of new research combining previous findings from related studies (Erkul, Kaynak, & Chakraborty, 2017). I documented and saved all audio obtained from interviews. Next, I created files for each participant with subfolders, where I stored consent e-mails, audio transcriptions, and personal notes. All information was protected on an encrypted USB flash drive. Researchers wishing to replicate the study can obtain permission to access files and follow the same process to duplicate results.

### **Transferability**

Transferability refers to the degree to which the results of qualitative research can be generalized or transferred to other contexts or settings (Coon et al., 2016). The individual who is doing the generalizing is the person responsible for ensuring

transferability (Cho, 2016). O’Leary (2017) mentioned that transferability could be improved by presenting the context of the research and the assumptions central to the study in a thorough manner. Providing detailed information throughout the research process can help future researchers decide whether the findings are transferable to another context (Korstjens & Moser, 2018). Transferability can be impacted by various factors such as location, sample size, and population (Smith, 2018). I provided detailed information throughout the research process, identifying the location, sample size, population, participants, and the strategies healthcare managers use to reduce turnover.

### **Transition and Summary**

In Section 2, the following sections were discussed: The purpose statement, the role of the researcher, participants, research method and design, population and sampling, ethical research, data collection instruments, data organization techniques, data analysis, reliability, and validity. The purpose of the qualitative multiple case study was to explore the strategies healthcare managers use to reduce employee turnover. Section 3 will contain the presentation of findings, application to professional practice, implications for social change, recommendations for action, recommendations for further research, reflections, and a conclusion.

### Section 3: Application to Professional Practice and Implications for Change

#### **Introduction**

The purpose of this qualitative multiple case study was to explore the strategies healthcare managers use to reduce employee turnover. I collected data from interviews with senior healthcare managers working in the central Texas area using the data collection protocol approved by the Walden University IRB (Approval No. 09-26-19-0662716). The interviews were conducted via Facebook Messenger; they were audio-recorded, transcribed, and then coded using blue text to show themes. NVivo 12 software was used to determine significant themes from data sources. The NVivo 12 software allowed me to associate themes, phrases, and codes among data collection sources. Based on the data analysis of interview responses, the following five themes emerged: peer-to-peer feedback, valuing employees, rewards and incentives, opportunities for growth, and training programs.

#### **Presentation of the Findings**

The central research question to this study was: What strategies can healthcare managers use to reduce employee turnover? I asked participants seven, open-ended questions during the semistructured interviews. The participants were three senior healthcare managers, working for three separate hospitals in the central Texas area who had successfully implemented strategies to reduce employee turnover in the past. Throughout the study, I labeled the participants as follows: R1 for the first participant, R2 for the second participant, and R3 for the third participant.

After each interview, I transcribed the audio recordings in full and coded the participant responses using NVivo 12. I e-mailed each participant a copy of the transcribed recordings and asked them to review the transcripts for any inaccuracies or clarifications. After confirming with participants that no changes were needed, I began identifying themes/codes in NVivo 12®. NVivo 12 has a word frequency query that was used to help determine my themes. I uploaded all of the transcribed interviews into NVivo 12 and manually highlighted recurring themes. The auto code feature and word query function were used next to narrow the themes and codes.

### **Emerging Themes**

After coding and narrowing the themes, I concluded there were five major themes in the participant interview responses: (a) peer-to-peer feedback, (b), valuing employees, (c) rewards and incentives, (d), opportunities for growth, and (e) training programs.

#### **Theme 1: Peer-to-Peer Feedback**

For hospital organizations to be successful, peer-to-peer feedback is a necessity (Magda, Thomas, & Brutus, 2018). Peer-to-peer feedback is essential for any business because feedback amongst coworkers helps the collective improve on their weaknesses while promoting a learning environment that can further growth throughout the organization (Magda et al., 2018). Peer-to-peer feedback was brought up by R1 and R2. R1 mentioned that peer-to-peer reviews are achieved during the orientation phase, which includes peer-to-peer reviews at the 30-, 60-, and 90-day marks. R1 said that feedback is not only one way but also 360 degrees. R1 stated that peer-to-peer feedback, “cuts down on any miscommunications.” For decades, feedback within the workplace had been one

way, with the superior providing feedback to the subordinate. Currently, more organizations are using 360-degree feedback and avoiding one-way feedback (Pavlik, Cole, Starvos, & Cox, 2019). Three-hundred-sixty-degree feedback involves receiving input from multiple sources rather than one (Peng & Zeng, 2017). Whereas one-way feedback typically takes place between the superior and subordinate, 360-degree feedback may include supervisors, subordinates, peers, the human resource department, customers, and other members who do not work directly in the chain (Pavlik et al., 2019). Three-hundred-sixty-degree feedback is a useful process that allows all employees to receive and provide feedback openly or confidentially to their coworkers. Organizations utilizing 360-degree feedback strengthen their organizations by reducing company blind spots while increasing self-awareness among their employees (Pavlik et al., 2019).

R2 discussed that their organization does feedback sessions during the following periods: 30-day, initial, feedback sessions, 90-day, follow-up, feedback session, quarterly meetings (for directors), and annual feedback sessions to discuss the entire year. R2 stated that feedback sessions could be requested at any time, and this is the preferred method over e-mails, reports, or surveys. Peer-to-peer feedback is one-way healthcare managers can obtain information from employees to enhance their understanding of what motivates and satisfies employees. Understanding which intrinsic and extrinsic factors are useful in the workplace allows healthcare managers to make better decisions regarding their staff. Herzberg (1974) mentioned the following factors affect job satisfaction: (a) achievement or quality performance, (b) recognition, (c) responsibility (d) work itself, and, (e) advancement and growth.

Conversely, factors affecting job dissatisfaction were: (a) company policy, (b) supervision, (c) interpersonal relationships, (d) working conditions, and (e) salary. Peer-to-peer feedback provides an opportunity for the employee and employer to build rapport. The findings concerning this theme support Herzberg's theory and serve as a sound business practice for reducing employee turnover, as found in the existing literature.

### **Theme 2: Valuing Employees**

Valuing employees involves the employer demonstrating individual acts that makes the employee feel welcomed and that their presence benefits the organization. Valuing employees is vital because when organizations manage positive relationships with their staff, important metrics tend to improve over time (Hughes, 2019). All respondents discussed the importance of making employees feel welcomed, valued, and a part of the team. When talking about valuing employees, R1 stated, "we don't look at upper and lower management, we just look at we're all a team and we're equal parts." R3 mentioned that managers should get to know their workers because when the managers understand their workers, it can make the worker feel valued and "that their supervisor has some investment or compassion towards them other than just being a worker bee." R2 said, "When the employee feels valued, they are more likely to complete tasks and perform at a higher level." Additionally, R2 stated that an indirect benefit of valuing employees is that these employees may "inspire or motivate" your weaker performers. Valuing employees aligns with Herzberg's theory because when employees feel valued, they are inclined to invest their time and energy into the company in a positive manner rather than a negative one (Bussmann & Niemeczek, 2017). All respondents mentioned



the importance of valuing employees and making them feel that they are a part of a team and not just another name. Herzberg (1974) found that employees were less likely to leave the workplace when employers met their needs. The information I gathered from research, participant interviews, and existing literature support Herzberg's theory regarding effective strategies for reducing employee turnover.

### **Theme 3: Rewards and Incentives**

Rewards and incentives are tangible or intangible assets companies use to motivate employees and express appreciation (Rai, Ghosh, Chauhan, & Singh, 2018). Rewards and incentives are essential in business practice because they can increase employee productivity, retain top performers, create unit cohesion, motivate employees, and enhance profitability for the organization (Phillips et al., 2017). After interviewing the participants, I gained a clearer understanding of the strategies that healthcare managers use to reduce turnover. Rewarding and recognizing staff was a recurring theme among the three participants. R3 mentioned that rewards, like granting time off or giving bonuses, are beneficial tools healthcare managers can use to reward employees and promote a better culture. R1 stated that healthcare organizations have to offer "very competitive compensation packages, including wellness benefits." The program discussed is called Pulse Wellness, and every employee is entitled to participate. Examples of rewards in this program included, but were not limited to, gym memberships, FitBits, Amazon gift cards, and an additional \$850 per year per employee. R1 stated that their organization holds specific competitions and employee challenges to motivate employees, adding that offering various rewards and incentives has enhanced

company buy-in, increased performance levels, and boosted the overall work ethic of employees. The overall perception from participants was that failing to reward or recognize staff for exceeding company standards could destroy morale and hinder employee motivation and engagement.

R2 mentioned that in their experience, not all workers crave recognition or rewards; however, this does not mean that the manager should avoid rewarding or recognizing others because some employees do seek recognition and use it as a motivating factor. R2 stated that it is their job to understand the motivations and desires of each employee and that failing to do so demonstrates weak leadership. R3 said, “Offering rewards and incentives provide organizations with a competitive advantage over organizations that do not have these types of programs.” Additionally, R3 stated, “organizations that offer attractive benefits in recruiting gain better quality applicants.” R3 mentioned that they like to praise employees in public and private; it depends on the day and what type of reward or recognition is being presented. R3 discussed how they like to give awards during staff meetings, not to single out the recipient, but to acknowledge them amongst their peers. R3 stated these types of moments are essential opportunities to build morale, highlight staff members performing above company standards, and potentially motivate other members to follow suit.

All participants stated that rewards and recognition positively influence organizations because they boost morale, motivation, and engagement while reducing turnover. I determined that there was a positive correlation between reward systems and reducing turnover. R1 and R2 mentioned that they had promoted employees who later

told them that they were planning to leave because they did not think their employer took notice of their work. This finding confirms that some individuals seek acceptance or a form of validation from their superiors and going unnoticed can increase their chances of leaving the organization.

Rewards and incentives are directly tied to Herzberg's theory because they are linked to extrinsic factors that can enhance or hinder employee satisfaction. R2 mentioned that rewards and incentives make employers more competitive and attract more potential recruits as opposed to organizations that do not offer them. Rewards and incentives can boost unit morale, promote healthcare competition, and enhance job performance because employees will work harder to receive a specific reward or bonus (Mehta et al., 2017). The findings of this theme correlate with results discussed in existing literature surrounding strategies for reducing employee turnover.

#### **Theme 4: Opportunities for Growth**

Growth opportunities are situations in which employers provide their employees with opportunities to expand and further develop their skillset, ultimately leading to a promotion (McCarthy, 2018). Providing employees with growth opportunities is vital to business practice because it can benefit organizations in the following ways: create a culture of recognition and encouragement, allow for continued training and learning opportunities, promote coaching and mentorship opportunities, and inspire career mobility (Weer & Greenhaus, 2017). When an employee starts a job, the assumption is that they will move up the corporate ladder over time. Lateral progression is not expected, and when employees do not promote or are not granted opportunities to

advance in the organization, they are more likely to leave an organization. According to the University of California Berkeley (2019), managers should give employees a clear path of advancement when performance dictates and failing to do so may cause employees to become frustrated and perform at a lower level or stop trying altogether. If the employee does not feel that the company can provide them a better future, employees become less engaged, motivated, and likely to remain with the employer (McCarthy, 2018).

All respondents mentioned the importance of continued education, mentorship, and effective training programs that can help their employees excel in their careers. When discussing professional development opportunities, R2 mentioned that offering employees opportunities for growth “help[s] employees develop their skills.” R2 explained how their organization would pay for national certification programs for their high performers as a sign of thanks and to show them they are valuable members of the team. R2 also mentioned that the primary benefit of getting their employees certified is that these members become “cross-functional,” meaning they can now do more, which ultimately benefits the organization as a whole. Not every organization is willing to pay for additional training/certifications for their employees, so for the organizations that do, this is yet another example of how the organization can motivate employees and keep employees from leaving the workplace.

Healthcare managers must ensure that employees have the potential to be promoted and advance in their careers. R3 claimed, “Many workers want the pay associated with upper management but are not willing to do the work it takes to get

there.” Therefore, R3 stated that they like to analyze their staff members and decide which individuals are worth grooming and prepping for advancement opportunities. R3 said that within every organization, there are high performers, standard performers, and low performers. One of the primary roles of a senior leader is to keep the top performers motivated, get the standard performers to the high-performer tier, and the low performer to the standard-performer tier. When the senior leader uses this approach, both the employer and employee will share a common goal. R3 mentioned that when an organization promotes an “all-in or team” approach compared to a “me-first” approach, the organization will be more successful.

In Maslow’s theory, Maslow stated the need for self-actualization applied to the roles of human resource management and organizational culture in improving employees’ performance for advancement (D’Souza & Gurin, 2016). In Herzberg’s theory, advancement opportunities were among several factors revealed to increase employee satisfaction. Researchers have proved a positive relationship between employee satisfaction and retaining employees (Chamberlain, 2017). Therefore, healthcare managers should work towards keeping employees satisfied; doing so is a useful strategy for reducing turnover.

Opportunities for growth tie into Herzberg’s theory because one of the main factors that affect job satisfaction is advancement and growth. R1 mentioned that healthcare managers must offer their employees opportunities for growth by developing and enhancing their skillsets. R2 said that their organization pays for well-deserving employees to attend a school or specific programs to obtain job-related certifications or

credentials. As employees promote and rise through the ranks, certain levels of training, certifications, or degrees may be required. R3 stated that “as employee’s advance, their responsibilities increase, which can decrease the responsibilities of upper management, allowing them to focus more on the strategic tasks.” Bakker (2017) mentioned that Employers who promote opportunities for growth within their organizations could benefit in the following ways: Preserve high performers, enhance employee productivity and engagement, reinforce the organization’s succession channel, fill in gaps for specific job functions, and heighten organizational reputation. The findings of this theme relate to Herzberg’s findings as well as other existing literature that has determined that allowing advancement opportunities contributes to job satisfaction, ultimately reducing employee turnover.

### **Theme 5: Training Programs**

Training programs are intended to train employees in specific skills and responsibilities. Training programs are a necessity because employers need to get recruits properly trained quickly so that the new hires can become productive members of the organization (Ratner, 2016). Training programs are essential in business practice because they provide the following benefits: Heighten morale and job satisfaction among staff, increase employee motivation, enhance process improvements, which can increase financial gains, and increase innovation in products and company strategies (Brooks et al., 2019). Effective training programs can also benefit hospitals as they allow key learning opportunities, help identify weaknesses, strengthen knowledge, and grant individuals the proper authority to perform specific roles/tasks (MacQueen et al., 2019).

Training in healthcare is vital as it literally can have life or death ramifications. Medical errors are a common occurrence throughout the healthcare industry and the third leading cause of death in the United States (Rodziewicz & Hipskind, 2019). Rodziewicz and Hipskind (2019) mentioned two types of major types of errors in healthcare: Errors of omission, which occur because of actions not taken.

An example of this would be not strapping a patient into a wheelchair or failing to stabilize a gurney before patient transfer. Errors of commission are the second significant type of error in healthcare, and this occurs because of the wrong action being taken. An example of this would be administering a medication to a patient who has a known allergy or mislabeling a laboratory specimen to the wrong patient. Examples like those mentioned earlier are all reasons why effective training programs are necessary for healthcare. John Hopkins University (2016) claimed that 250,000 people in the United States die every year from medical errors with other reports claiming the number to be as high as 440,000.

R3 brought up that training does not have to be necessarily hands-on or revolve around task proficiency. Instead, senior leaders need to have the appropriate training for dealing with their staff. Work environments are diverse, and “some senior leaders/supervisors are prejudiced, and they have their attitudes.” This barrier can hinder the overall performance of the organization. R3 stated the importance of sitting down supervisors and subordinates alike and learning who they are as individuals first. R3 mentioned that their role as a senior leader is to help other leaders “identify who they are, what are their likes and dislikes and prejudices?” R3 discussed that when the individual

understands these factors, the overall unit is more successful because all strengths and weaknesses are known. It becomes a matter of improving on the strengths while working towards eliminating the shortcomings. R3 stated that this level of understanding promotes camaraderie and significantly reduces singling out individuals based on how you feel about them. R3 mentioned that tasks/roles need to be determined by the ability of the member asked to achieve the task, and all personal bias removed from the decision-making process.

Training programs related to Herzberg's theory because employee satisfaction can be directly affected based on the level of training they received. R3 mentioned that onboard training is vital for any organization, and during this period is where healthcare managers need to layout their expectations, answer questions, make the employee feel welcomed, and provide them with the necessary resources to succeed. R2 stated that training should not just be an initial thing, but a continuous process to avoid complacency and prevent medical mishaps, which can cost hospitals millions. Effective training programs do not always have to be hands-on. In healthcare, communication errors can negatively affect patient safety and the staff involved. To combat this, healthcare managers need to implement effective training programs such as communication training programs (Omura, Maguire, Levett-Jones, & Stone, 2017). Communication training programs involve staff assertively speaking up when the patient's safety is at risk, no matter their position within the organizational hierarchy. Communication training programs are just one type of training programs that can boost employee confidence, reduce mishaps, promote effective communication, and decrease customer complaints.



Patients should trust the level of care they receive, and employees should trust the training they receive from their employers. Employees who are confident and free to assert their concerns without fear of reprimand are more likely to develop company trust and loyalty. When employee/employer trust is strengthened, their likelihood to leave the organization reduces (Varma et al., 2017). The findings of this theme correspond with data gathered from participant interviews, Herzberg's theory, and existing literature regarding strategies that healthcare managers can use to reduce employee turnover.

### **Applications to Professional Practice**

The primary objective of the study was to examine the different strategies healthcare managers use to reduce turnover. The findings of the study illustrate current industry practices and thinking by expressing several approaches for reducing employee turnover. The findings from this study may contribute to industry practices by reducing employee turnover, which may improve an organizations' competitive advantage by enhancing healthcare practices, enhancing protocols, and bolstering patient care. Understanding the strategies that can reduce employee turnover is important because frequent turnover can reduce the quality of care, increase patient mishaps, weaken unit cohesion, decrease employee engagement, and satisfaction, and cost organizations millions annually (Islam et al.,2018). Healthcare managers who understand these factors can implement effective strategies to combat them and influence a positive commitment to employees and patients alike. Feedback from participants indicated that peer-to-peer feedback, valuing employees, rewards and incentives, opportunities for growth, and training programs were proven as effective strategies for reducing employee turnover.

For hospitals to be competitive within the healthcare industry, healthcare managers need to be able to implement strategies that can reduce employee turnover effectively. R1 and R2 mentioned that “employees need to feel valued and that they a part of the team.” R3 stated that “putting employees in a position to succeed is essential in any organization” because when employees success, the organization succeeds. R1 mentioned that “everything starts at the top,” so if employees are not succeeding, instead of blaming the employee, the employers need to look at themselves and review current protocols and practices to see if there is anything that can be improved. Senior healthcare leaders utilized strategies that involved mentoring, guidance, belief, and engagement. One similarity the participants shared was their desire to make employees feel valued.

Another vital strategy is to get to know your personnel on a personal level to better understand their motivation and hygiene factors. Attempt to discover what makes each employee come to work and the factors that will keep them long-term or contribute to them leaving. R3 mentioned that “managers should work towards improving the factors that promote employee satisfaction while removing the factors that aid in employee dissatisfaction.”

In interviewing participants and researching countless articles and studies, I determined there is no single strategy that is better than the other is because every organization is different, and what works for one organization may not necessarily benefit a different organization. All participants agreed that they had seen similar strategies used throughout their careers, but senior leaders cannot count on every approach working indefinitely. Instead, it is their job to analyze their organization and

understand which strategies best suit their respective organizations. Senior leaders need to be able to make decisions based on the resources available to them and adapt if specific resources are lost. R3 mentioned that “technology, laws, and industry practices continue to change in healthcare; therefore, healthcare managers need to be knowledgeable on the most current updates to remain competitive.”

### **Implications for Social Change**

The information gathered from the study may add to the existing literature regarding turnover and the strategies healthcare managers can do to reduce turnover. Healthcare managers can utilize this study to understand better what strategies have been successfully implemented to reduce turnover. Healthcare managers who have a deeper understanding of the various plans to reduce turnover can help reduce turnover rates, which can aid in correcting the current turnover crisis in healthcare.

Turnover has a wide-ranging effect, impacting businesses, employers, local communities, and the overall healthcare industry. Findings from this study may not only contribute to healthcare managers, but also business leaders and any other individuals in managerial roles. Because turnover is a constant within any organization, the strategies revealed in this study should be considered when deciding what strategies can be implemented to reduce employee turnover. Healthcare managers need to ensure they comprehend the factors that contribute to employee satisfaction and employee dissatisfaction. Knowing the motivating factors that cause satisfaction and dissatisfaction is critical for healthcare managers. Failing to understand what makes the employee happy or frustrated can ultimately determine what makes the employee stay or leave.

### **Recommendations for Action**

The healthcare industry is ever-changing with a variety of hospitals that each have their missions, goals, vision, and provided services. Healthcare managers need to understand the strategies that are effective to be competitive and adapt to the ever-changing climate. To be successful, healthcare managers must understand the various approaches that are available for reducing employee turnover. Senior leaders need to be able to analyze their organizations and dictate which strategies will be useful for their respective organizations and which policies are currently hindering the organization from maximizing performance. Healthcare managers should utilize neighboring hospitals to determine what strategies other hospitals are practicing and what positive strategies they can adopt and implement within their organization. The participants interviewed have used strategies from previous employers and established their strategies that have been successful thus far. For healthcare managers who are seeking strategies to reduce employee turnover, I recommend the following strategies based on the results of my study.

First, healthcare managers can implement mandatory peer-to-peer 360-degree feedback. Three-hundred-sixty-degree feedback should be available at the request of all employees to ensure that all staff is on the same page. Three-hundred-sixty-degree feedback will allow for all grievances, concerns, recommendations, and performance inquiries to be addressed professionally and constructively. If employers do not set expectations for their workers and provide continuous feedback, under-performing workers may think they are doing fine, and high performers may feel they are doing too

much. Either way, problems can arise because there is no guidance or communication as to how they are doing and what their strengths/weaknesses are.

The next strategy managers can adopt to value employees and make them feel like they are contributing members to the team. Healthcare managers should avoid making employees feel that they are just another name within an organization. Healthcare managers should get to know their employees on a personal level and discover the things that motivate them and the things that do not. Employees who feel valued will express more engagement and satisfaction.

Another strategy healthcare managers may consider offering rewards and incentives. Offering rewards and incentives can help the organization be competitive, increase potential applicants, promote healthy competition, and boost unit performance. Some employees are motivated by extrinsic rewards such as gift cards, time off, vacations, and promotions. Organizations that do not offer rewards or incentives may find a higher number of dissatisfied employees as there is no incentive for them to put work harder. Organizations that do not provide incentives may see their workers leave for surrounding competitors who do offer rewards and incentives.

Healthcare managers should allow employees the opportunity for growth. Employees do not want to feel as if there is a glass ceiling because if this occurs, they may become discouraged, and their performance may be adversely affected. Senior leaders can offer to send employees to school or specific programs with the intent of obtaining certifications, degrees, or other job-related requirements. Doing so can build

trust and loyalty among the employee/employer. When employees are loyal to their organization, they tend to remain with that employer, thus reducing employee turnover.

The final strategy healthcare managers can utilize to implement effective training programs. Because inadequate training in healthcare can cause harm to patients or staff, death, or lawsuits, healthcare managers should implement the most current industry practices regarding training. Failure to do so can lead to medical errors that can cost millions annually. Employees should receive onboard training upon being hired and mandated to complete continuous training throughout their time within the organization. Lack of training in healthcare increases medical errors and can sink hospitals when they are inspected by agencies such as The Joint Commission.

The results of the study can also be discussed at educational seminars regarding scholarly and healthcare business journals. Students, faculty, and business leaders alike may benefit from the study because the findings will enhance their knowledge surrounding employee turnover. For healthcare managers, they should adopt new strategies within their current organizations to help reduce employee turnover because frequent turnover is a serious problem within the healthcare industry. Analyzing and determining strategies to eradicate employee turnover can boost organizational performance and reduce overall company spending.

### **Recommendations for Further Research**

The doctoral study involved three healthcare managers from central Texas. Each respondent provided their perception of the strategies healthcare managers can use to reduce employee turnover. To gather data and provide support for my research findings, I

conducted semistructured phone interviews with open-ended questions. I began the interview process by searching for potential candidates using Google. I searched for hospitals in central Texas. From here, I was able to obtain contact information, such as phone numbers and e-mail addresses. I reached out to participants via e-mail due to being geographically separated from the participants. Before interviewing participants, I made sure I understood research bias and assured that there would be no bias throughout the entirety of the study. Next, I e-mailed participants and asked if they were willing to partake in the study. I requested that participants respond with a message stating that they consent to participate in the study. Once participants e-mailed me back their consent, I began to conduct interviews. All interviews were recorded via cell phone, Facebook messenger, and audio-recording software on my laptop. I utilized three different recording options in the event of unforeseen technical difficulties. Before ending interviews, I asked each participant if they had anything more to add or any suggestions. After each interview, interviews were transcribed in their entirety. For reliability, accuracy, and validity, participants were provided a copy of the transcribed interviews to review and submit corrections if necessary. The goal was to ensure that I accurately portrayed their responses and followed ethical guidelines. When I began my study, I knew there would be several strategies that would be useful for reducing employee turnover. After conducting research, I have a better understanding of the variety of strategies healthcare managers can use to reduce employee turnover. Despite participants mentioning some strategies that had not been mentioned in my research, their answers were viable in adding to the existing literature surrounding employee turnover in

healthcare. The findings from my study determined several additional strategies that healthcare managers can use to reduce employee turnover. From my extensive research efforts, I determined that all senior healthcare managers must prioritize learning and understanding strategies that can help reduce employee turnover. Senior healthcare managers should be able to recognize some of the identified strategies, analyze them, and then choose the strategies that they feel will best suit their organization.

### **Reflection**

The research study revolved around the feedback I obtained from three participants located in the central Texas area working in three separate healthcare organizations. Each participant provided valuable feedback regarding the successful strategies they have implemented to reduce employee turnover. To collect the most useful and substantial amount of data, I asked participants open-ended interview questions so that answers were in-depth. Before conducting interviews, I contacted participants via e-mail introducing the study, explaining the purpose of the study, and asking if they would be interested in volunteering for the study. After obtaining consent, I scheduled interviews via Facebook Messenger. I took notes before, during, and after each interview for data collection purposes. I ethically gathered data, which allowed for the integrity of the research to remain intact.

At first, I expected the healthcare managers to have completely different strategies that would not align with Herzberg's theory. However, after interviewing participants, I discovered that the strategies presented were not only practical but also aligned with the motivation-hygiene philosophy. The findings of the study helped increase the existing



knowledge on the strategy's healthcare managers use to reduce employee turnover. Despite participants having different perceptions and experiences, I was able to determine recurring themes and similarities among the three respondents. Furthermore, I was able to recognize the difficulties and common issues healthcare managers face daily. The findings from this study will be beneficial to any individual who may work in an organization with high turnover rates. Additionally, this study was needed as a tool for healthcare managers to understand further the different policies and decisions that can be made to combat employee turnover. Finally, with new information regarding employee turnover, I will be able to share these strategies with my current organization and any future organization.

### **Conclusion**

Reducing employee turnover in healthcare is critical to the future success and performance of various healthcare organizations. Therefore, I identified the strategies that healthcare managers used to reduce employee turnover. In conducting research, I concluded that there were five primary themes: (a) peer-to-peer feedback, (b), valuing employees, (c) rewards and incentives, (d), opportunities for growth, and (e) training programs. Additional contributors I determined were successful strategies for reducing employee turnover included mentoring, creating a positive culture, effective communication, compensation, reducing stress, increasing morale, and building trust in senior leadership.

Healthcare managers and any other individuals in managerial roles need to consider numerous factors regarding implementing effecting strategies. One crucial element is to

ensure that managers understand the motivation-hygiene factors and how these factors contribute to the satisfaction or dissatisfaction of their employees. Additionally, managers should know that multiple strategies may be required as opposed to just one. Strategies that are selected should be suitable for the organization and have a realistic chance of being implemented efficiently. Strategies identified may or may not be sufficient for various reasons, such as the size of the organization, geographical location, and staffing. However, managers should understand the different strategies that exist and consider which strategies could have a positive impact on reducing employee turnover within their respective organizations.

I interviewed three healthcare managers from different organizations in the central Texas area, using semistructured questions. The participants provided feedback that helped answer the central question: What strategies can healthcare managers use to reduce employee turnover? I asked participants seven questions with additional follow-up questions as needed. I concluded that the responses of the respondents supported Herzberg's theory because the recurring themes touched upon some of the main themes listed in Herzberg's theory. Herzberg's motivating factors were job satisfaction, employee compensation, advancement, reward and recognition, and open, effective communication. Participant feedback revealed that advancement, rewards, and recognition were two effective strategies they have used to reduce employee turnover. Herzberg's factors for dissatisfaction were company policy, supervision, interpersonal relationships, working conditions, and salary. Participant feedback aligned with Herzberg's third factor for job dissatisfaction, interpersonal relationships. Additional,

answers from the respondents suggested that building trust in senior leadership was essential to reducing turnover because employees who did not trust leadership were more likely to leave due to being dissatisfied. Conversely, employees who had positive relationships with leaders were more likely to remain with the organization due to being satisfied with the organization. Ultimately, the findings of the study proved that healthcare managers who implemented effective strategies were successful in reducing employee turnover.

## References

- Abellanoza, A., Provenzano-Hass, N., & Gatchel, R. J. (2018). Burnout in ER nurses: Review of the literature and interview themes. *Journal of Applied Biobehavioral Research, 23*(1), e12117. doi:10.1111/jabr.12117
- Ackerson, K., & Stiles, K. A. (2018). Value of nurse residency programs in retaining new graduate nurses and their potential effect on the nursing shortage. *The Journal of Continuing Education in Nursing, 49*(6), 282-288. doi:10.3928/00220124-20180517-09
- Aguirre, T. M., Koehler, A. E., Joshi, A., & Wilhelm, S. L. (2018). Recruitment and retention challenges and successes. *Ethnicity & Health, 23*(1), 111-119. doi:10.1080/13557858.2016.1246427
- Allen, D. C. (2015). Research, when you know what you're doing: A review of essentials of qualitative inquiry. *Qualitative Report, 20*, 451-453. Retrieved from <http://nsuworks.nova.edu>
- Allen, D. N., & Becker, M. L. (2019). Clinical interviewing. *Handbook of Psychological Assessment, 4*, 307-336. doi:10.1016/B978-0-12-802203-0.00010-9
- Al Mamun, C. A. (2017). Factors affecting employee turnover and sound retention strategies in the business organization: A conceptual view. *Problems and Perspectives in Management, 15*(1), 63-71. doi:10.21511/ppm15(1).2017.06
- Alonso-Almeida, M. D., Perramon, J., & Bagur-Femenias, L. (2017). Leadership styles and corporate social responsibility management: Analysis from a gender

perspective. *Business Ethics: A European Review*, 26(2), 147-161.

doi:10.1111/beer.12139

Alshmemri, M., Lina, S. A., & Phillip, M. (2017). Herzberg's two-factor theory. *Life Science Journal* 14, 12-16. doi:10.7537/marslsj140517.03

American Institute of Stress. (2019). *Workplace stress*. Retrieved from <https://www.stress.org>

American Psychological Association. (2017). *Employee growth and development*. Retrieved from <https://www.apaexcellence.org>

Austin, C. L., Saylor, R., & Finley, P. J. (2017). Moral distress in physicians and nurses: Impact on professional quality of life and turnover. *Psychological Trauma: Theory, Research, Practice, and Policy*, 9(4), 399. Retrieved from <https://psycnet.apa.org>

Bailey, C. A. (2017). *A guide to qualitative field research* (3rd ed.). Thousand Oaks, CA: SAGE.

Baker, M. A., & Kim, K. (2018). The role of language, appearance, and smile on perceptions of authenticity versus rapport. *International Journal of Hospitality Management*, 74, 171-179. doi:10.1016/j.ijhm.2018.04.011

Baltimore County Public Schools. (2017). *Develop a research proposal: Limitations and delimitations*. Retrieved from <https://www.bcps.org>

Barker, I., Steventon, A., & Deeny, S. R. (2017). Association between continuity of care in general practice and hospital admissions for ambulatory care sensitive

- conditions: Cross sectional study of routinely collected, person level data. *British Medical Journal*, 356. doi:10.1136/bmj.j84
- Baskarada, S. (2014). Qualitative case study guidelines. *The Qualitative Report*, 19(40), 1-18. Retrieved from <http://nsuworks.nova.edu/tqr/vol19/iss40/3>
- Bennett, B., Bettis, J. C., Gopalan, R., & Milbourn, T. (2017). Compensation goals and firm performance. *Journal of Financial Economics*, 124(2), 307-330. doi:10.1016/j.jfineco.2017.01.010
- Bilau, A. A., Ajagbe, A. M., Sholanke, A. B., & Sani, T. A. (2015). Impact of employee turnover in small and medium construction firms: A literature review. *International Journal of Engineering Research & Technology*, 4(2), 977-984. Retrieved from <http://eprints.covenantuniversity.edu.ng/5133/>
- Birt, L., Scott, S., Cavers, D., Campbell, C., & Walter, F. (2016). Member checking: A tool to enhance trustworthiness or merely a nod to validation? *Qualitative Health Research*, 26(13), 1802-1811. doi:10.1177/1049732316654870
- Blake, R. S., Cohen, G., & Goodman, D. (2015). Does turnover intention matter?: Evaluating the usefulness of turnover intention rate as a predictor of actual turnover rate. *Review of Public Personnel Administration*, 0734371X15581850. doi:10.1177/0734371X15581850
- Bloomberg, L. D., & Volpe, M. (2018). *Completing your qualitative dissertation: A road map from beginning to end*. Thousand Oaks, CA: SAGE.
- Bode, C., Singh, J., & Rogan, M. (2015). Corporate social initiatives and employee retention. *Organization Science*, 26(6), 1702-1720. doi:10.1287/orsc.2015.1006

- Bok, S. (2017). *Shading the truth in seeking informed consent for research purposes*. London, England: Routledge.
- Borkan, J., Brown, J., Eaton, C. B., Goldman, R. E., Parker, D. R., & Walker, J. (2015). Recommendations for a mixed methods approach to evaluating the patient-centered medical home. *Annals of Family Medicine, 13*, 168-175.  
doi:10.1370/afm.1765
- Bosler, M., & Broszeit, S. (2017). Do minimum wages increase job satisfaction? Micro-data evidence from the new German minimum wage. *Labour, 31*(4), 480-493.  
doi:10.1111/labr.12117
- Brannen, J. (2017). *Mixing methods: Qualitative and quantitative research*. London, England: Routledge.
- Brooks, A. J., Koithan, M. S., Lopez, A. M., Klatt, M., Lee, J. K., Goldblatt, E., & Lebensohn, P. (2019). Incorporating integrative healthcare into interprofessional education: What do primary care training programs need? *Journal of Interprofessional Education & Practice, 14*, 6-12. doi:10.1016/j.xjep.2018.10.006
- Brooks, J. M. (2017). Applying qualitative research in dermatology: Understanding lived experience. *British Journal of Dermatology, 177*(3), 617-618.  
doi:10.1111/bjd.15749
- Brower, H. H., & Lester, S. W. (2017). *Want your employees to trust you? Show you trust them*. Retrieved from <https://hbr.org/2017/07/want-your-employees-to-trust-you-show-you-trust-them>

- Bryman, A. (2017). *Quantitative and qualitative research: Further reflections on their integration*. London, England: Routledge.
- Bureau of Labor Statistics. (2016a). *Employee tenure summary*. Retrieved from <https://www.bls.gov/news.release/tenure.nr0.htm>
- Bureau of Labor Statistics. (2016b). *Health care and social assistance: North American Industry Classification System 62*. Retrieved from <http://www.bls.gov/iag/tgs/iag62.htm>
- Bureau of Labor Statistics. (2017). *Employment projections: 2014-2024 summary*. Retrieved from <https://www.bls.gov>
- Bussmann, K. D., & Niemeczek, A. (2017). Compliance through company culture and values: An international study based on the example of corruption prevention. *Journal of Business Ethics*, 1-15. doi:10.1007/s10551-017-3681-5
- Caretta, M. A. (2016). Member checking: A feminist participatory analysis of the use of preliminary results pamphlets. *Qualitative Research*, 16, 305-318. doi:10.1177/1468794115606495
- Chamberlain, A. (2017). What matters more to your workforce than money. *Harvard Business Review*. Retrieved from <https://hbr.org>
- Chin, W., Guo, Y. L., Hung, Y. J., Hsieh, Y. T., Wang, L. J., & Shiao, J. S. (2019). Workplace justice and intention to leave the nursing profession. *Nursing Ethics*, 26(1), 307-319.
- Cho, J. (2016). *Evaluating qualitative research*. New York, NY: Oxford University Press.



- Church, D. (2017). Medical mishaps. *BSAVA Congress Proceedings, 2017*, 447.  
doi:10.22233/9781910443439.55.2
- Cook, S. (2017). *Measuring customer service effectiveness*. London, England: Routledge.
- Coon, J. T., Gwernan-Jones, R., Moore, D., Richardson, M., Shotton, C., Pritchard, W., & Ford, T. (2016). End-user involvement in a systematic review of quantitative and qualitative research of non-pharmacological interventions for attention deficit hyperactivity disorder delivered in school settings: Reflections on the impacts and challenges. *Health Expectations, 19*(5), 1084-1097. doi:10.1111/hex.12400
- Creswell, J. W., & Poth, C. N. (2018). *Qualitative inquiry and research design: Choosing among five approaches* (4th ed). Thousand Oaks, CA: SAGE
- Cridland, E. K., Jones, S. C., Caputi, P., & Magee, C. A. (2015). Qualitative research with families living with autism spectrum disorder: Recommendations for conducting semistructured interviews. *Journal of Intellectual and Developmental Disability, 40*(1), 78-91. doi:10.3109/13668250.2014.964191
- Cypress, B. S. (2017). Rigor or reliability and validity in qualitative research: Perspectives, strategies, reconceptualization, and recommendations. *Dimensions of Critical Care Nursing, 36*(4), 253-263. doi:10.1097/DCC.0000000000000253
- Darkwa, E. K., Newman, M. S., Kawkab, M., & Chowdhury, M. E. (2015). A qualitative study of factors influencing retention of doctors and nurses at rural healthcare facilities in Bangladesh. *BMC Health Services Research, 15*(1), 1-12.

- DeJonckheere, M., & Vaughn, L. M. (2019). Semistructured interviewing in primary care research: a balance of relationship and rigour. *Family Medicine and Community Health*, 7(2), 13-25. doi:10.1136/fmch-2018-000057
- De Simone, S., Planta, A., & Cicotto, G. (2018). The role of job satisfaction, work engagement, self-efficacy and agentic capacities on nurses' turnover intention and patient satisfaction. *Applied Nursing Research*, 39, 130-140. doi:10.1016/j.apnr.2017.11.004
- Di Domenico, S. I., & Ryan, R. M. (2017). The emerging neuroscience of intrinsic motivation: A new frontier in self-determination research. *Frontiers in Human Neuroscience*, 11, 145. doi:10.3389/fnhum.2017.00145
- Doede, M. (2017). Race as a predictor of job satisfaction and turnover in US nurses. *Journal of Nursing Management*, 25(3), 207-214. doi:10.1111/jonm.12460
- Drollinger, T. (2018). Using active empathetic listening to build relationships with major-gift donors. *Journal of Nonprofit & Public Sector Marketing*, 30(1), 37-51. doi:10.1080/10495142.2017.1326336
- D'Souza, J., & Gurin, M. (2016). The universal significance of Maslow's concept of self-actualization. *The Humanistic Psychologist*, 44(2), 210-214. doi:10.1037/hum0000027
- Eby, L. T., Allen, T. D., Conley, K. M., Williamson, R. L., Henderson, T. G., & Mancini, V. S. (2019). Mindfulness-based training interventions for employees: A qualitative review of the literature. *Human Resource Management Review*, 29(2), 156-178. doi:10.1016/j.hrmmr.2017.03.004

- Erkul, M., Kaynak, H., & Chakraborty, S. (2017). *The paucity of replication research in operations management field*. Retrieved from <https://dsi-dev.org>
- Elmadağ, A. B., & Ellinger, A. E. (2018). Alleviating job stress to improve service employee work affect: The influence of rewarding. *Service Business, 12*(1), 121-141. doi:10.1007/s11628-017-0340-y
- Fairhurst, G. T., & Jian, G. (2017). Leadership in organizations. *The International Encyclopedia of Organizational Communication, 2*-20.  
doi:10.1002/9781118955567
- Fiorito, J., Gallagher, D. G., Russell, Z. A., & Thompson, K. W. (2019). Precarious work, young workers, and union-related attitudes: Distrust of employers, workplace collective efficacy, and union efficacy. *Labor Studies Journal, 24*-37.  
doi:10.1177/0160449X19860908
- Fletcher, A. J. (2017). Applying critical realism in qualitative research: Methodology meets method. *International Journal of Social Research Methodology, 20*(2), 181-194. doi:10.1080/13645579.2016.1144401
- Fletcher, L., Alfes, K., & Robinson, D. (2018). The relationship between perceived training and development and employee retention: The mediating role of work attitudes. *The International Journal of Human Resource Management, 29*(18), 2701-2728. doi:10.1080/09585192.2016.1262888
- Fusch, P. I., & Ness, L. R. (2015). Are we there yet? Data saturation in qualitative research. *The Qualitative Report, 20*(9), 1408-1416. Retrieved from <http://nsuworks.nova.edu>

- Fusch, G. E., & Ness, L. R. (2017). How to conduct a mini-ethnographic case study: A guide for novice researchers. *The Qualitative Report*, 22, 923-941. Retrieved from <https://nsuworks.nova.edu/tqr/vol22/iss3/16>
- Galotti, A., Fung, N., Sendon, B., Abraham, G., Kronk, M., Koch, C. G., & Williams, K. (2018). Creating and breaking habit in healthcare professional behaviours to improve healthcare and health. *Journal of Health Administration Education*, 35(3), 421-431. Retrieved from <https://www.ingentaconnect.com>
- Gardner, A. K., Kosemund, M., Hogg, D., Heymann, A., & Martinez, J. (2017). Setting goals, not just roles: Improving teamwork through goal-focused debriefing. *he American Journal of Surgery*, 213(2), 249-252.  
doi:10.1016/j.amjsurg.2016.09.040
- Giga, S. I., Fletcher, I. J., Sgourakis, G., Vrkljan, B. H., & Mulvaney, C. A. (2018). Organisational level interventions for reducing occupational stress in healthcare workers. *The Cochrane Database of Systematic Reviews*, (4).  
doi:10.1002/14651858.CD013014
- Gibbs, G. R. (2018). *Analyzing qualitative data*. Thousand Oaks, CA: SAGE.
- Gilbert, S. L., & Kelloway, E. K. (2018). Leadership, recognition and well-being: A moderated mediational model. *Canadian Journal of Administrative Sciences*, 35(4), 523-534. doi:10.1002/cjas.1477
- Glaser, B. G., & Strauss, A. L. (2017). *Discovery of grounded theory: Strategies for qualitative research*. New York, NY: Routledge.

- Graban, M. (2016). *Lean hospitals: Improving quality, patient safety, and employee engagement* (3rd ed.). Boca Raton, FL: CRC Press.
- Halter, M., Pelone, F., Boiko, O., Beighton, C., Harris, R., Gale, J., & Drennan, V. (2017). Interventions to reduce adult nursing turnover: A systematic review of systematic reviews. *The Open Nursing Journal, 11*(1), 15-43.  
doi:10.2174/1874434601711010108
- Hauret, L., & Williams, D. R. (2019). Relative income and pay satisfaction: Further evidence on the role of the reference group. *Journal of Happiness Studies, 20*(1), 307-329. doi:10.1007/s10902-017-9950-2
- Hernandez, P. R., Estrada, M., Woodcock, A., & Schultz, P. W. (2017). Protégé perceptions of high mentorship quality depend on shared values more than on demographic match. *The Journal of Experimental Education, 85*(3), 450-468.  
doi:10.1080/00220973.2016.1246405
- Hernandez-Lagos, P., Minor, D., & Sisak, D. (2017). *Making employees compete for rewards can motivate them- or it can backfire*. Retrieved from Kellogg School of Management at Northwestern University: <https://insight.kellogg.northwestern.edu>
- Herzberg, F. (1974). Motivation-hygiene profiles: Pinpointing what ails the organization. *Organizational Dynamics, 3*(2), 18-29. Retrieved from <http://www.psycnet.apa.org>
- Herzberg, F., Mausner, B., & Snyderman, B. B. (1959). *The motivation to work* (2nd ed.). New York: NY: John Wiley Publishing.

- Holmberg, C., Caro, J., & Sobis, I. (2018). Job satisfaction among Swedish mental health nursing personnel: Revisiting the two-factor theory. *International Journal of Mental Health Nursing*, 27(2), 581-592. doi:10.1111/inm.12339
- Huang, S., van der Veen, R., & Song, Z. (2018). The impact of coping strategies on occupational stress and turnover intentions among hotel employees. *Journal of Hospitality Marketing & Management*, 27(8), 926-945. doi:10.1080/19368623.2018.1471434
- Hughes, C. (2019). Workforce inter-personnel diversity: The power to influence human productivity and career development. In *Workforce Inter-Personnel Diversity*, 81-106. doi:10.1007/978-3-030-03433-7\_5
- Hur, Y. (2018). Testing Herzberg's two-factor theory of motivation in the public sector: Is it applicable to public managers? *Public Organization Review*, 18(3), 329-343. doi:10.1007/s11115-017-0379-1
- Islam, T., Ali, G., & Ahmed, I. (2018). Protecting healthcare through organizational support to reduce turnover intention. *International Journal of Human Rights in Healthcare*, 11(1), 4-12. doi:10.1108/IJHRH-03-2017-0012
- Jacobs, S., Johnson, S., & Hassell, K. (2018). Managing workplace stress in community pharmacy organisations: Lessons from a review of the wider stress management and prevention literature. *International Journal of Pharmacy Practice*, 26(1), 28-38. doi:10.1111/ijpp.12360
- Jacques, J. P., Ribeiro, R. P., Scholze, A. R., Galdino, M. J., Martins, J. T., & Ribeiro, B. G. (2018). Wellness room as a strategy to reduce occupational stress: Quasi-

experimental study. *Revista Brasileira de Enfermagem*, 71, 483-489.

doi:10.1590/0034-7167-2017-0572

John Hopkins University. (2016). *Medical errors are third-leading cause of death in U.S.*

Retrieved from <https://hub.jhu.edu>

Johnson, B., & Ridley, C. (2015). *The elements of mentoring: The 65 key elements of coaching*. Basingstoke, United Kingdom: St. Martin's Press.

Johnson, B. T., & Acabchuk, R. L. (2018). What are the keys to a longer, happier life?

Answers from five decades of health psychology research. *Social Science & Medicine*, 196, 218-226. doi:10.1016/j.socscimed.2017.11.001

Jones, B. R., Wiley, S., LoPilato, A. C., & Dahling, J. J. (2018). One of us? How leaders can use subtle identity performances to build trust among ingroups and outgroups. *Group Processes & Intergroup Relations*, 63-77. doi:10.1177/1368430218779701

Kaski, T., Niemi, J., & Pullins, E. (2018). Rapport building in authentic B2B sales interaction. *Industrial Marketing Management*, 69, 235-252.

doi:10.1016/j.indmarman.2017.08.019

Kee, J. W., Khoo, H. S., Lim, I., & Koh, M. Y. (2018). Communication skills in patient-doctor interactions: Learning from patient complaints. *Health Professions Education*, 4(2), 97-106. doi:10.1016/j.hpe.2017.03.006

doi:10.1016/j.hpe.2017.03.006

Kim, S. Y., & Fernandez, S. (2017). Employee empowerment and turnover intention in the US federal bureaucracy. *The American Review of Public Administration*, 47(1), 4-22. doi:10.1177/0275074015583712

- Kloutsiniotis, P. V., & Mihail, D. M. (2017). Linking innovative human resource practices, employee attitudes and intention to leave in healthcare services. *Employee Relations*, 39(1), 34-53. doi:10.1108/ER-11-2015-0205
- Korstjens, I., & M. A. (2018). Series: Practical guidance to qualitative research. Part 4: trustworthiness and publishing. *European Journal of General Practice*, 24(1), 120-124. doi:10.1080/13814788.2017.1375092
- Kuczmariski, S. (2019). How rewards fuel or fail innovation. *Strategic HR Review*, 18(1), 8-12. doi:10.1108/SHR-11-2018-0091
- Kurnat-Thoma, E., Ganger, M., Peterson, K., & Channell, L. (2017). Reducing annual hospital and registered nurse staff turnover—A 10-element onboarding program intervention. *SAGE Open Nursing*, 3. doi:10.1177/2377960817697712
- Labrague, L. J., McEnroe-Petitte, D. M., Leocadio, M. C., Van Bogaert, P., & Cummings, G. G. (2018). Stress and ways of coping among nurse managers: An integrative review. *Journal of Clinical Nursing*, 27(7-8), 1346-1359. doi:10.1111/jocn.14165
- Lasala, K. (2017). Nursing workforce issues in rural and urban settings: Looking at the difference in recruitment, retention and distribution. *Online Journal of Rural Nursing and Health Care*, 1(1), 8-24. doi:10.14574/ojrnhc.v1i1.499
- Lazaroui, G. (2015). Work motivation and organizational behavior. *Contemporary Readings In Law & Social Justice*, 7(2), 66-75. Retrieved from <https://www.addletonacademicpublishers.com/search-in-crlsj/2657-work-motivation-and-organizational-behavior>



- Lee, P., Miller, M. T., Kippenbrock, T. A., Rosen, C., & Emory, J. (2017). College nursing faculty job satisfaction and retention: A national perspective. *Journal of Professional Nursing, 33*(4), 261-266. doi:10.1016/j.profnurs.2017.01.001
- Leider, J. P., Coronado, F., Beck, A. J., & Harper, E. (2018). Reconciling supply and demand for state and local public health staff in an era of retiring baby boomers. *American Journal of Preventive Medicine, 54*(3), 334-340. doi:10.1016/j.amepre.2017.10.026
- Lewis, P., Saunders, M., & Thornhill, A. (2015). *Research methods for business students* (7th ed.). Essex, England: Pearson Education Unlimited.
- Liggans, G., Attoh, P. A., Gong, T., Chase, T., Russell, M. B., & Clark, P. W. (2019). Military veterans in federal agencies: Organizational inclusion, human resource practices, and trust in leadership as predictors of organizational commitment. *Public Personnel Management, 44*-56. doi:10.1177/0091026018819025
- Lissitsa, S., Chachashvili-Bolotin, S., & Bokek-Cohen, Y. (2017). Digital skills and extrinsic rewards in late career. *Technology in Society, 51*, 46-55. doi:10.1016/j.techsoc.2017.07.006
- Macdonald, I., Burke, C., & Stewart, K. (2018). *Systems leadership: Creating positive organizations*. London, England: Routledge.
- MacQueen, I. M.-G. (2019). Recruiting rural healthcare providers today: A systematic review of training program success and determinants of geographic choices. *Journal of general internal medicine, 33*(2), 191-199. doi:10.1007/s11606-017-4210-z

- Magda, D., Thomas, O., & Brutus, S. (2018). The longitudinal effects of peer feedback in the development and transfer of student teamwork skills. *Learning and Individual Differences, 61*, 87-98. doi:10.1016/j.lindif.2017.11.012
- Mao, C. M., & DeAndrea, D. C. (2019). How anonymity and visibility affordances influence employees' decisions about voicing workplace concerns. *Management Communication Quarterly, 33*(2), 160-188. doi:10.1177/0893318918813202
- Mariadoss, B. J., & Pomirleanu, N. (2015). The influence of organizational and functional support on the development of salesperson job satisfaction. *Journal of Personal Selling & Sales Management, 35*, 33-50.  
doi:10.1080/08853134.2014.988716
- McCarthy, C. (2018). Lead your department to embrace challenges as opportunities for growth, development. *College Athletics and the Law, 15*(8), 12.  
doi:10.1002/catl.30540
- McHugh, P. P. (2017). The impact of compensation, supervision and work design on internship efficacy: Implications for educators, employers and prospective interns. *Journal of Education and Work, 30*(4), 367-382.  
doi:10.1080/13639080.2016.1181729
- McIntosh, M. J., & Morse, J. M. (2015). Situating and constructing diversity in semistructured interviews. *Global Qualitative Nursing Research, 2*, 1-12.  
doi:10.1177/2333393615597674
- McLeod, S. (2017). *What's the difference between qualitative and quantitative research?*  
Retrieved from Simply Psychology: <https://www.simplypsychology.org>

- McMains, V. (2016). *Johns Hopkins study suggests medical errors are third-leading cause of death in U.S.* Retrieved from <https://hub.jhu.edu/2016/05/03/medical-errors-third-leading-cause-of-death/>
- Mehta, R., Dahl, D. W., & Zhu, R. J. (2017). Social-recognition versus financial incentives? Exploring the effects of creativity-contingent external rewards on creative performance. *Journal of Consumer Research*, *44*(3), 536-553.  
doi:10.1093/jcr/ucx062
- Melkman, A. (2018). *Training international managers*. London, England: Routledge.
- Men, L. R., & Yue, C. A. (2019). Creating a positive emotional culture: Effect of internal communication and impact on employee supportive behaviors. *Public Relations Review*, *101*. doi:10.1016/j.pubrev.2019.03.001
- Merriam, S. B., & Grenier, R. S. (2019). *Qualitative research in practice: Examples for discussion and analysis*. San Francisco, CA: Jossey-Bass.
- Merriam, S. B., & Tisdell, E. J. (2016). *Qualitative research: A guide to design and implementation* (4th ed.). San Francisco, CA: Jossey-Bass.
- Mertens, E., Heylighen, A., Declercq, A., Hannes, K., Truyen, F., Denier, Y., & Dierckx de Casterlé, B. (2017). QualiBuddy: An online tool to improve research skills in qualitative data analysis. *Qualitative Research Journal*, *17*(4), 306-318.  
doi:10.1108/QRJ-06-2016-0034
- Miller, O. (2017). *Employee turnover in the public sector*. London, England: Routledge.

- Mikkonen, K. K. (2015). Nursing students' experiences of the empathy of their teachers: A qualitative study. *Advances in Health Sciences Education, 20*(3), 669-682.  
doi:10.1007/s10459-014-9554-0
- Mills, J., Harrison, H., Franklin, R., & Birks, M. (2017). Case study research: Foundations and methodological orientations. *In Forum Qualitative Forum: Qualitative Social Research, 18*(1), 17. doi:10.17169/fqs-18.1.2655
- Miracle, V. A. (2016). The Belmont Report: The triple crown of research ethics. *Dimensions of Critical Care Nursing, 35*(4), 223-228.  
doi:10.1097/DCC.0000000000000186
- Mone, E. M., & London, M. (2017). *Employee engagement through effective performance management: A practical guide for managers*. New York, NY: Routledge.
- Moore, A. (2017). Nursing shortages: How bad will it get? *Nursing Standard, 31*(37), 26.  
doi:10.7748/ns.31.37.26.s24
- Moran, N. E., Mohn, E. S., Hason, N., Erdman, J. W., Jr., & Johnson, E. J. (2018). Intrinsic and extrinsic factors impacting absorption, metabolism, and health effects of dietary carotenoids. *Advances in Nutrition, 9*(4), 465-492.  
doi:10.1093/advances/nmy025
- Moser, A., & Korstjens, I. (2018). Series: Practical guidance to qualitative research. Part 3: Sampling, data collection and analysis. *European Journal of General Practice, 24*(1), 9-18. doi:10.1080/13814788.2017.1375091

- Morse, J. M. (2015). Data were saturated... *Qualitative Health Research*, 25, 587-588.  
doi:10.1177/1049732315576699
- Murphy, E. (2017). *Qualitative research methods and health policy research*. New York, NY: Routledge.
- Nantsupawat, A., Kunaviktikul, W., Nantsupawat, R., Wichaikhum, O. A., Thienthong, H., & Poghosyan, L. (2017). Effects of nurse work environment on job dissatisfaction, burnout, intention to leave. *International Nursing Review*, 64(1), 91-98. doi:10.1111/inr.12342
- Needleman, J. (2017). Nursing skill mix and patient outcomes. *BMJ Quality and Safety*, 26, 525-528. doi:10.1136/bmjqs-2016-006197
- Neese, B. (2016). *The hidden cost of employee turnover*. Retrieved from <https://online.alvernia.edu/cost-employee-turnover/>
- Noe, R. A., Hollenbeck, J. R., Gerhart, B., & Wright, P. M. (2017). *Human Resource Management: Gaining a competitive advantage*. New York, NY: McGraw-Hill Education.
- Nowell, L., White, D., Benzies, K., & Rosenau, P. (2017). Factors that impact implementation of mentorship programs in nursing academia: A sequential-explanatory mixed methods study. *Journal of Nursing Education and Practice*, 7(10), 1-11. doi:10.5430/jnep.v7n10p1
- Nursing Solutions Inc. (2016). *2016 national healthcare retention & RN staffing report*. Retrieved from <http://www.nsinursingsolutions.com/Files/assets/library/retention-institute/NationalHealthcareRNRetentionReport2016.pdf>

- O'Leary, Z. (2017). *Doing your research project* (3rd ed.). Los Angeles, CA: SAGE.
- Omura, M., Maguire, J., Levett-k, T., & Stone, T. (2017). The effectiveness of assertiveness communication training programs for healthcare professionals and students: A systematic review. *International Journal of Nursing Studies*, 76, 120-128. doi:10.1016/j.ijnurstu.2017.09.001
- O'Neill, T. A., & Salas, E. (2018). Creating high performance teamwork in organizations. *Human Resource Management Review*, 28(4), 325-331. doi:10.1016/j.hrmr.2017.09.001
- Palinkas, L. A., Horwitz, S. M., Green, C. A., Wisdom, J. P., Duan, N., & Hoagwood, K. (2015). Purposeful sampling for qualitative data collection and analysis in mixed method implementation research. *Administration and Policy in Mental Health and Mental Health Services Research*, 42(5), 533-544. doi:10.1007/s10488-013-0528-y
- Parsons, S., Atkinson, P. M., Simperl, E., & Weal, M. (2015). Thematically analysing social network content during disasters through the lens of the disaster management lifecycle. *Proceedings of the 24th International Conference on World Wide Web*, 1221-1226. doi:10.1145/2740908.2741721
- Pavlik, S., Cole, M., Starvos, J., & Cox, J. (2019). The positive effect of 360-feedback and SOAR on team performance in students working in teams. *Academy of Management Proceedings*, 190. doi:10.5465/AMBPP.2019.19098abstract

- Peng, A. C., & Zeng, W. (2017). Workplace ostracism and deviant and helping behaviors: The moderating role of 360 degree feedback. *Journal of Organizational Behavior, 38*(6), 15-33. doi:10.1002/job.2169
- Pepperdine University. (2017). Assumptions, limitations and delimitations. Retrieved from <https://community.pepperdine.edu/gsep/writing-support/content/dissertation-assumptions-limitations-delimitations.pdf>
- Perry, S. J., Richter, J. P., & Beauvais, B. (2018). The effects of nursing satisfaction and turnover cognitions on patient attitudes and outcomes: A three-level multisource study. *Health Services Research, 53*(6), 4943-4969. doi:10.1111/1475-6773.12997
- Phillips, H., Bogdanich, I., Carter, K., Holler, J., Smith, T., Ticehurst, E. H., & Werecher, M. (2017). Commentary: Exploring novel approaches to staff rewards and recognition. *Hospital Pharmacy, 52*(11), 729-731. doi:10.1177/0018578717736242
- Pololi, L. H., Evans, A. T., Civian, J. T., Gibbs, B. K., Gillum, L. H., & Brennan, R. T. (2016). A novel measure of “good” mentoring: Testing its reliability and validity in four academic health centers. *Journal of Continuing Education in the Health Professions, 36*(4), 263-268. doi:10.1097/CEH.0000000000000114
- Potthoff, S., McCleary, N., Sniehotta, F. F., & Pesseau, J. (2018). Creating and breaking habit in healthcare professional behaviours to improve healthcare and health. *The Psychology of Habit, 247-255*. doi:10.1007/978-3-319-97529-0\_14

- Prestia, A. S. (2018). Personalizing appreciation to attain the fourth aim. *Nurse Leader*, 16(4), 240-243. doi:10.1016/j.mnl.2018.05.012
- Pugel, A. E., Simianu, V. V., Flum, D. R., & Dellinger, E. P. (2015). Use of the surgical safety checklist to improve communication and reduce complications. *Journal of Infection and Public Health*, 8(3), 219-225. Retrieved from <http://www.sciencedirect.com/science/article/pii/S1876034115000076>
- Rai, A., Ghosh, P., Chauhan, R., & Singh, R. (2018). Improving in-role and extra-role performances with rewards and recognition: Does engagement mediate the process? *Management Research Review*, 41(8), 902-919. doi:10.1108/MRR-12-2016-0280/full/html
- Ratner, K. G. (2016). The peacebuilding potential of healthcare training programs. *Conflict and Health*, 10(1), 29. doi:10.1186/s13031-016-0096-3
- Reina, C. S., Rogers, K. M., Peterson, S. J., Byron, K., & Hom, P. W. (2018). Quitting the boss? The role of manager influence tactics and employee emotional engagement in voluntary turnover. *Journal of Leadership & Organizational Studies*, 25(1), 5–18. doi:10.1177/1548051817709007
- Riley, J. B. (2017). *Communication in nursing* (8th ed.). St. Louis, MO: Elsevier
- Rodziewicz, T., & Hipskind, J. (2019). *Medical error prevention*. Treasure Island, FL: StatPearls.
- Rose, J. M., Brink, A. G., & Norman, C. S. (2018). The effects of compensation structures and monetary rewards on managers' decisions to blow the whistle. *Journal of Business Ethics*, 150(3), 853-862. doi:10.1007/s10551-016-3222-7



- Rosen, M. A., DiazGranados, D., Dietz, A. S., Benishek, L. E., Thompson, D., Pronovost, P. J., & Weaver, S. J. (2018). Teamwork in healthcare: Key discoveries enabling safer, high-quality care. *American Psychologist, 73*(4), 433.  
doi:10.1037/amp0000298
- Rubinelli, S., Silverman, J., Aelbrecht, K., Deveugele, M., Finset, A., Humphris, G., & van Weel-Baumgarten, E. (2019). Developing the International Association for Communication in Healthcare (EACH) to address current challenges of health communication. *Patient Education and Counseling, 2*(6), 1217-1221.  
doi:10.1016/j.pec.2019.01.004
- Rutgers University. (2016). *Why do unhappy employees stay? "Job embeddedness" factors can impact the decision*. Retrieved from <https://news.rutgers.edu/news/why-do-unhappy-employees-stay-job-embeddednes-factors-can-impact-decision/2016020>
- Sacred Heart University. (2019). *Organizing academic research papers: Limitations of the study*. Retrieved from <https://library.sacredheart.edu>
- Saleem, S., Rafiq, A., & Yusaf, S. (2017). Investigating the glass ceiling phenomenon: An empirical study of glass ceiling's effects on selection-promotion and female effectiveness. *South Asian Journal of Business Studies, 6*(3), 297-313.  
doi:10.1108/SAJBS-04-2016-0028
- Schmid, J. A., Jarczok, M. N., Sonntag, D., Herr, R. M., Fischer, J. E., & Schmidt, B. (2017). Associations between supportive leadership behavior and the costs of absenteeism and presenteeism: An epidemiological and economic approach.

*Journal of Occupational and Environmental Medicine*, 59(2), 141-147.

doi:10.1097/JOM.0000000000000919

Schopman, L. M., Kalshoven, K., & Boon, C. (2017). When health care workers perceive high-commitment HRM will they be motivated to continue working in health care? It may depend on their supervisor and intrinsic motivation. *The International Journal of Human Resource Management*, 28(4), 657-677.

doi:10.1080/09585192.2015.1109534

Schulpen, T. W. (2017). The glass ceiling: A biological phenomenon. *Medical Hypotheses*, 106, 41-43. doi:10.1016/j.mehy.2017.07.002

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

Shanafelt, T. D., & Noseworthy, J. H. (2017). Executive leadership and physician well-being: Nine organizational strategies to promote engagement and reduce burnout. *Mayo Clinic Proceedings*, 92(9), 129-146. doi:10.1016/j.mayocp.2016.10.004

Silverman, D. (2016). *Qualitative research*. Los Angeles, CA: SAGE.

Simonetti, J. A., Sylling, P. W., Nelson, K., Taylor, L., Mohr, D. C., Curtis, I., & Helfrich, C. D. (2017). Patient-centered medical home implementation and burnout among VA primary care employees. *Journal of Ambulatory Care Management*, 40(2), 158-166. doi:10.1097/JAC.0000000000000160

- Sims, J. (2015). *A brief review of the Belmont report* [Powerpoint]. Retrieved from <https://research.uci.edu/compliance/human-research-protections/docs/belmont-report-basics.ppt>
- Sitzmann, T., & Weinhardt, J. M. (2018). Training engagement theory: A multilevel perspective on the effectiveness of work-related training. *Journal of Management*, *44*(2), 732-756. doi:10.1177/0149206315574596
- Smith, B. (2018). Generalizability in qualitative research: Misunderstandings, opportunities and recommendations for the sport and exercise sciences. *Qualitative Research in Sport, Exercise and Health*, *10*(1), 137-149. doi:10.1080/2159676X.2017.1393221
- Smith, J. A. (2015). *Qualitative psychology: A practical guide to research methods* (3rd ed.). Los Angeles, CA: SAGE.
- Society For Human Resource Management. (2016). *Employee job satisfaction and engagement: Revitalizing a changing workforce*. Retrieved from <https://www.shrm.org/hr-today/trends-and-forecasting/research-and-surveys/Documents/2016-Employee-Job-Satisfaction-and-Engagement-Report.pdf>
- Society For Human Resource Management. (2017). *Managing for employee retention*. Retrieved from <https://www.shrm.org/resourcesandtools/tools-and-samples/toolkits/pages/managingforemployeeretention.aspx>

- Society For Human Resource Management. (2018). *Why are workers quitting their jobs in record numbers?* Retrieved from <https://www.shrm.org/resourcesandtools/hr-topics/talent-acquisition/pages/workers-are-quitting-jobs-record-numbers.aspx>
- Sokolowski, R. (2017). *Moral action: A phenomenological study*. Washington, DC: CUA Press.
- Spataro, S. E., & Bloch, J. (2018). "Can you repeat that?" Teaching active listening in management education. *Journal of Management Education*, 42(2), 168–198.  
doi:10.1177/1052562917748696
- Straus, M. A. (2017). The conflict tactics scales and its critics: An evaluation and new data on validity and reliability. *Physical Violence in American Families*, 4, 17-26.  
doi:10.4324/9781315126401-5
- Tabvuma, V., Georgellis, Y., & Lange, T. (2015). Orientation and job satisfaction: A sector and gender analysis. *Human Resource Management*, 54(2), 303-321.  
doi:10.1002/hrm.21650
- Tang, K. (2015). Estimating productivity costs in health economic evaluations: A review of instruments and psychometric evidence. *Pharmacoeconomics*, 33(1), 31–48.  
doi:10.1007/s40273-014-0209-z
- Tarcan, G. Y., Tarcan, M., & Top, M. (2017). An analysis of relationship between burnout and job satisfaction among emergency health professionals. *Total Quality Management & Business Excellence*, 28(11-12), 1339-1356.  
doi:10.1080/14783363.2016.1141659

- Thomas, D. R. (2017). Feedback from research participants: are member checks useful in qualitative research? *Qualitative Research in Psychology, 14*(1), 23-41.  
doi:10.1080/14780887.2016.1219435
- Timsit, J. F., Aboab, J., & Parienti, J. J. (2019). Is research from databases reliable? Yes. *Intensive Care Medicine, 45*(1), 118-121. doi:10.1007/s00134-018-5436-x
- Tracey, J. B., Hinkin, T. R., Tran, T. L., Emigh, T., Kingra, M., Taylor, J., & Thorek, D. (2015). A field study of new employee training training programs: Industry practices and strategic insights. *Cornell Hospitality Quarterly, 56*(4), 345-354.  
doi:10.1177/1938965514554211
- Tsai, C. L., & Liou, Y. W. (2017). Determinants of work performance of seafarers. *Maritime Business Review, 2*(1), 36-51. doi:10.1108/MABR-09-2016-0019
- University of California Berkeley. (2019). *Performance expectations = results + actions & behaviors*. Retrieved from <https://hr.berkeley.edu>
- University of New Mexico. (2016). *The high cost of turnover*. Retrieved from <https://rnbsnonline.unm.edu/articles/high-cost-of-nurse-turnover.aspx>
- U.S. Department of Health & Human Services. (2016). *The Belmont Report*. Retrieved from <https://www.hhs.gov/ohrp/regulations-and-policy/belmont-report/index.html>
- U.S. National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research. (1979). *The Belmont report: Ethical guidelines for the protection of human subjects of research*. Washington, DC: U.S. Government Printing Office.

- Van Loon, N. M. (2017). Does context matter for the type of performance-related behavior of public service motivated employees? *Review of Public Personnel Administration, 37*(4), 405-429. doi:10.1177/0734371X15591036
- Varma, A. J., Patil, K., & Ulle, R. S. (2017). An empirical study on job satisfaction and employee loyalty. *Journal of Emerging Technologies and Innovative Research, 5*(8), 780-791. Retrieved from Jetir.org
- Varpio, L., Ajjawi, R., Monrouxe, L. V., O'Brien, B. C., & Rees, C. E. (2017). Shedding the cobra effect: Problematising thematic emergence, triangulation, saturation and member checking. *Medical Education, 51*(1), 40-50. doi:10.1111/medu.13124
- Velte, P., & Stawinoga, M. (2017). Integrated reporting: The current state of empirical research, limitations and future research implications. *Journal of Management Control, 28*(3), 275-320. doi:10.1007/s00187-016-0235-4
- Verburg, R. M., Nienaber, A. M., Searle, R. H., Weibel, A., Den Hartog, D. N., & Rupp, D. E. (2018). The role of organizational control systems in employees' organizational trust and performance outcomes. *Group & Organization Management, 43*(2), 179-206. doi:10.1177/1059601117725191
- Vlacsekova, D., & Mura, L. (2017). Effect of motivational tools on employee satisfaction in small and medium enterprises. *Oeconomia Copernicana, 8*(1), 111-130. Retrieved from <https://www.ceeol.com/search/article-detail?id=531734>
- Wachi, T., Kuraishi, H., Watanabe, K., Otsuka, Y., Yokota, K., & Lamb, M. E. (2018). Effects of rapport building on confessions in an experimental paradigm. *Psychology, Public Policy, and Law, 24*(1), 36. doi:10.1037/law0000152

- Walker, P. (2017). Doctor-patient relationships. *Philosophy Now*, 119, 16-17. Retrieved from <https://www.pdcnet.org/pdc/bvdb.nsf>
- Wang, L. W. (2017). Recognizing the best: The productive and counterproductive effects of relative performance recognition. *Contemporary Accounting Research*, 34(2), 966-990. doi:10.1111/1911-3846.12292
- Wang, T., Thornhill, S., & Zhao, B. (2016). Pay-for-performance, employee participation, and small-medium enterprise performance. *Journal of Small Business Management*. doi:10.1111/jsbm.12268
- Ward, P. R., Rokkas, P., Cenko, C., Pulvirenti, M., Dean, N., Carney, S., & Meyer, S. (2015). A qualitative study of patient (dis)trust in public and private hospitals: The importance of choice and pragmatic acceptance for trust considerations in South Australia. *BMC Health Services Research*, 15(1), 1-12. doi:10.1186/s12913-015-0967-0
- Weer, C. H., & Greenhaus, J. H. (2017). Managers assessments of employees organizational career growth opportunities: The role extra-role performance, work engagement, and perceived organizational commitment. *Journal of Career Development*, 132-134. doi:10.1177/0894845317714892
- Werneburg, B. L., Jenkins, S. M., Friend, J. L., Berkland, B. E., Clark, M. M., Rosedahl, J. K., & Sood, A. (2018). Improving resiliency in healthcare employees. *American journal of health behavior*, 42(1), 39-50. doi:10.5993/AJHB.42.1.4
- Wilkinson, F. C., & Lubas, R. L. (2016). *Practical strategies for academic library managers*. Santa Barbara, CA: ABC CLIO.

- Willard-Grace, R., Knox, M., Huang, B., Hammer, H., Kivlahan, C., & Grumbach, K. (2017). Burnout and health care workforce turnover. *Annals of Family Medicine*, *17*(1), 36-41. doi:10.1370/afm.2338
- Williams, H. L., Costley, T., Bellury, L. M., & Moobed, J. (2018). Do health promotion behaviors affect levels of job satisfaction and job stress for nurses in an acute care hospital? *JONA: The Journal of Nursing Administration*, *48*(6), 342-348. doi:10.1097/NNA.0000000000000625
- Wolgemuth, J. R., Hicks, T., & Agosto, V. (2017). Unpacking assumptions in research synthesis: A critical construct synthesis approach. *Educational Researcher*, *46*(3), 131-139. doi:10.3102/0013189X17703946
- Wong, C. A., & LaSchinger, H. K. (2015). The influence of frontline manager job strain on burnout, commitment, and turnover intention: A cross-sectional study. *International Journal of Nursing Studies*, *52*, 1824-1833. doi:10.1016/j.ijnurstu.2015.09.006
- Wong, S. I., & Giessner, S. R. (2018). The thin line between empowering and laissez-faire leadership: An expectancy-match perspective. *Journal of Management*, *44*(2), 757-783. doi:10.1177/0149206315574597
- Worthington, D. L., & Fitch-Hauser, M. E. (2018). *Listening: Processes, function, and competency*. New York, NY: Routeledge.
- Xu, X., Xiao, G., & Gursoy, D. (2017). Maximizing profits through optimal pricing and sustainability strategies: A joint optimization approach. *Journal of Hospitality Marketing & Management*, *26*(4), 395-415. doi:10.1080/19368623.2017.1245168



- Yagil, D., & Medler-Liraz, H. (2019). The effect of customer social status and dissatisfaction on service performance. *Service Business, 13*(1), 153-169. doi:10.1007/s11628-018-0375-8
- Yin, R. K. (2017). *Case study research* (6th ed.). Thousand Oaks, CA: SAGE.
- Young, C., Tong, A., Gunasekera, H., Sherriff, S., Kalucy, D., Fernando, P., & Craig, J. C. (2017). Health professional and community perspectives on reducing barriers to accessing specialist health care in metropolitan Aboriginal communities: A semi-structured interview study. *Journal of paediatrics and child health, 53*(3), 277-282. doi:10.1111/jpc.13374
- Young, J. C., Rose, D. C., Mumby, H. S., Benitez-Capistros, F., Derrick, C. J., Finch, T., & Parkinson, S. (2018). A methodological guide to using and reporting on interviews in conservation science research. *Methods in Ecology and Evolution, 9*(1), 10-19. doi:10.1111/2041-210X.12828

### Appendix: Interview Protocol

- Ensure consent is obtained and a copy is available for the participant and me.
- Ensure cell phone is ready to record and an alternate recording device is available in the event an error occurs.
- Clarify the date and time for the interview. Work around the participants' schedule.
- Open interview with greeting and reintroduction.
- Explain what will happen during the interview process.
- Remind the participant that I will be recording the interview in its entirety for transcribing purposes. If at any time throughout the interview they feel uncomfortable or need to stop, they may do so with no questions asked.
- Answer any questions they may have.
- Take notes during the interview for potential follow-up questions
- After the interviews are finished, ask each participant if there is anything else they feel is essential for me to understand or anything they want to elaborate on at this time.
- Thank the participant for their cooperation and turn off recording device(s).
- Remind each participant about the member checking process that will need to occur. Discuss possible times to complete this step.
- Once a time is agreed upon, politely end interview process and complete member checking at the appropriate time