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Human Resource Strategies Used to Retain Millennials in Hospitals

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Walden University

College of Management and Technology

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Thomas F. Turner

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Walden University
2020

Abstract

Human Resource Strategies Used to Retain Millennials in Hospitals

by

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MBA, Pepperdine University, 1994

BSBA, The Ohio State University, 1979

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Business Administration

Walden University

January 2020

Abstract

Lead hospital human resource managers (HRMs) experience new recruitment, retention, and training costs for Millennial employees to close the skill gaps and address challenges from Baby Boomer employees retiring. The median turnover rate of 3 years for Millennial workers in hospitals is more than 3 times higher than older workers at hospitals. The purpose of this qualitative multiple case study was to identify retention strategies hospital HRMs use to address the retention of millennial generational employees beyond 3 years. Transformational leadership theory was the conceptual framework for the study. The data collection process included semistructured interviews and a review of corporate documents of 5 lead HRMs at Northeast Ohio hospitals. Each lead HRM had a minimum of 5 years of experience and was familiar with Millennial individuals and employee retention strategy. Data analysis consisted of Yin's 5-step process. Three key strategic millennial retention results emerged from the data: millennial-friendly work environment, lead HRM engagement, and Millennial education and training. Social change may result from study findings through benefitting hospital leadership and HRMs to encourage job creation in their communities.

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Dedication

I dedicate this study to my patient and devoted wife, Sandy, for supporting me unconditionally throughout my graduate and doctoral educations. I also pay tribute to the late Professor Raymond H. Muessig, PhD, whose humor and wisdom throughout his life inspired me to become an adjunct professor and later to pursue a doctoral degree. I acknowledge the dedication and fatherly advice of George W. Seanor, who believed in me and encouraged the pursuit of the doctoral degree as a good idea. To my twin sons, Jeffrey and Timothy, I hope my study about your millennial generation will help you both in navigating your professional work occupations. May the example of your old dad ignite a passion for learning throughout your lives.

Acknowledgments

I would like to acknowledge my chair, Dr. Janie A. Mayo, and her hundreds of hours of commitment to this study, enthusiasm, good humor, helpful resources, constant feedback, and drive made this accomplishment possible. Her pursuit of excellence in scholarly writing, together with committee members Dr. Kevin Davies, and Dr. Cheryl Lentz, helped to develop an academic voice in me.

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Section 1: Foundation of the Study

Today's health care organizations continue to face generational workforce challenges in an environment where ideas, collaboration, and good communications are essential for sustainability (Sims, Hewitt, & Harris, 2015). Hospitals must balance access, quality, cost, and capabilities with recruitment and training of a changing generational workforce to sustain care delivery (Ashrafi, Kelleher, & Kuilboer, 2014). There are new challenges as well as opportunities as the baby boomer generation is no longer the majority in hospitals, and millennials now surpass all cohorts (DeFrank-Cole & Tan, 2017). Thus, the focus of this study was to research strategies some hospital human resource managers (HRMs) implement for the retention of millennial generational employees beyond 3 years.

Background of the Problem

The loss of retiring baby boomers at a rate of 10,000 per day in the workforce requires the recruitment of highly skilled millennials (Riley, 2015; Reichenberg, 2015). In 2015, the millennials surpassed the baby boomers to become the most significant generation in the workforce (DeFrank-Cole & Tan, 2017; Gordon, 2017). Additionally, as millennials move into leadership positions with the retirement of baby boomers, they change the views of leadership because they are more people-oriented and gender-neutral in how they view diversity in leadership (DeFrank-Cole & Tan, 2017). The different values and beliefs of the millennial generation may affect how organizations address a productive workplace (Solaja & Ogunola, 2016). Retaining millennials who replace retiring older generational workers is necessary for the financial sustainability of

hospitals and managers must understand these generational differences to motivate and lead the new majority workforce (Sims et al., 2015).

Despite the positive opportunities with a younger generation moving into new positions, hospitals experience new recruitment, retention, and training costs for filling the positions of retiring baby boomers (Mensik & Kennedy, 2016). For example, there is a high turnover rate for millennial hospital workers (U.S. Bureau of Labor Statistics, 2018; Yarbrough, Martin, Alfred, & McNeill, 2016). Some hiring managers in health care experience the negative effects to replace open positions from retiring baby boomers, which results in loss of profitability for hospitals.

Problem Statement

Hospital managers have to address the costs associated with hiring millennial employees to fill the place of those retiring such as recruitment, retention, and training costs (Mensik & Kennedy, 2016). Additionally, the 3-year median employment turnover rate for millennial workers is over 3 times higher than for older workers in hospitals (U.S. Bureau of Labor Statistics, 2018; Yarbrough et al., 2016). The general business problem was that some hospital managers lack retention strategies within the workforce (Myers, Alzahmi, & Binsiddiq, 2013). The specific business problem was that some hospital HRMs lack strategies to retain employment of millennials beyond 3 years.

Purpose Statement

The purpose of this qualitative multiple case study was to explore strategies that hospital HRMs implement to retain employment of millennials beyond 3 years. The target population consisted of lead HRMs of five different hospitals who represent large

multi-hospital systems and community hospitals in Northeast Ohio who successfully implement millennial generation employee retention tactics. Hospital managers may benefit from the study through hospitals' financial stability and job creation in the communities they serve.

Nature of the Study

A qualitative multiple case study was the most suitable method of achieving a unique understanding of the meaning and perceptions of hospital HRMs' dilemma with employment retention of millennial generational employees. The qualitative methodology involves an appropriate natural setting for information gathering where participants experience the phenomena of interest (Vaismoradi, Turunen, & Bondas, 2013). I determined the quantitative or mixed method study not suitable to examine the underlying strategies, motivation, and decision processes of HRMs. Researchers use the quantitative method to rely on data, which does not permit a conducive environment for attaining the level of detail for the qualitative method (Heyvaert, Hannes, Maes, & Onghena, 2013). A mixed methods approach requires added time constraints (Sadan, 2014), which was an impractical consideration for this study.

I chose the multiple case study because the research design enabled participants at multiple sites to share their experiences of the research topic in a first-hand fashion. Researchers use the case study research design to answer the *how* and *why* questions (Yin, 2018). The multiple case study also produces more evidence and allows replication (Saunders, Lewis, & Thornhill, 2015). I rejected the ethnographic research design because I did not explore the culture or distinctiveness of a group. Researchers use

ethnographic studies to focus on in-depth data of a specific cultural group (Houghton, Casey, Shaw, & Murphy, 2015), which was not fitting for a diverse workforce found in hospitals.

Research Question

What strategies do some hospital HRMs implement for the retention of millennial generational employees beyond 3 years?

Interview Questions

1. What strategies have you implemented for the retention of millennial generation employees beyond 3 years?
2. How did you assess the effectiveness of your strategies for retention of millennial employees beyond 3 years?
3. What were the key barriers to implementing strategies to address retention of millennial generational employees beyond 3 years?
4. How did you address the key barriers to implementing the strategies you deem necessary to retain millennial generational employees beyond 3 years?
5. Which of the strategies implemented for the retention of millennial generation employees were most successful and why?
6. What additional comments do you wish to provide that will add to the scholarly information about increasing the retention rate of the millennial employee majority at your hospital?

Conceptual Framework

Transformational leadership (TL) was developed by Burns (1978). Burns used

the theory to explain leadership based on the premise that leaders can inspire followers, change expectations, perceptions, and motivations to work toward a common goal (Benson, 2015). The key constructs underlying the TL theory are (a) idealized influence, (b) inspirational motivation, (c) intellectual stimulation, and (d) individualized consideration to inspire performance beyond expectations (Ghasabeh, Soosay, & Reaiche, 2015).

TL theory served as a lens to develop a thorough understanding of strategies some successful senior leadership at hospitals use to address employee retention, the costs, and disruption of the workforce. Leaders combine engagement and employee empowerment to define reality, vision, and alignment that is known as TL (Benson, 2015). Leaders may use TL for relevance in a changing environment than other forms of organizational management (Denis & van Gestal, 2016). Based on my literature review, the TL theory was chosen to understand the process from the participants and provide a potential means for analyzing the relevance of the study to understand the strategies some hospital HRMs implement for the retention of millennial generational employees beyond 3 years.

Operational Definitions

Comparative method for themes saturation (CMTS): CMTS is a qualitative data saturation technique where all research interviews compare to each other, and the sequence of interviews is reordered multiple times to confirm saturation again (Constantinou, Georgiou, & Perdikogianni, 2017).

Employee retention: Employee retention is the systematic effort organizational leaders use to create and foster an environment that encourages employees to remain

employed by having human resources policies and practices in place that address workers' diverse needs in the workplace (Kossivi, Xu, & Kalgora, 2016).

Human resource management (HRM): HRM is the functions of human resource professionals in organizations responsible for attracting and committing people to join, retain, and sustain employment in the workforce (Kultalahti & Viitala, 2015).

Millennials (or Gen Y): The workforce generation born between 1980 and 2000 in the new millennium are millennials or Gen Y (Kosterlitz & Lewis, 2017; Kultalahti & Viitala, 2015).

Organizational support theory: Organizational support theory is a theory that suggests employees form a generalized perception concerning the extent to which an organization values their contributions and cares about their well-being, or perceived organizational support (Harris & Kacmar, 2018; Kurtessis et al., 2017).

Voluntary turnover: Voluntary turnover is an employee's intention to resign employment based on job satisfaction and organizational commitment with contributing factors of other employment prospects, the absence of advancement opportunities, deficiency of employee engagement, or conflict within the workplace (Kam & Meyer, 2015).

Work-life-balance: The link between organizational attributes of worker commitment that balances employee attitudes, job satisfaction, work environment, and scheduling with dimensions of flexibility for work and the worker's personal life is work-life-balance (Deery & Jago, 2015).

Assumptions, Limitations, and Delimitations

Assumptions

Assumptions are attributes accepted as a right without proof or evidence (Pyrczak & Bruce, 2017). Assumptions are a prerequisite element to enable the research proposal phase of a study (Hibbert, Sillince, Diefenbach, & Cunliffe, 2014). Furthermore, assumptions anticipate how to frame research problems and their solutions (Wolgemuth, Hicks, & Agosto, 2017). I identified three assumptions for this qualitative, multiple case study. The first assumption was that lead hospital HRMs have a working knowledge and experience in the recruitment, orientation, and training skills necessary to understand the millennial workforce and could identify some retention strategies applicable to the research. The second assumption was the lead HRMs understand the business problem and costs associated with millennial turnover. In addition, the HRMs who understand the importance of retention strategies agreed to participate in a research study and answered semistructured questions on the topic. The third assumption was the lead HRMs answered the questions factually and truthfully.

Limitations

Limitations form aspects of the research design that create uncertainty that may limit the knowledge contribution in the research, possibly exposing potential weaknesses that affect validity (Lingard, 2015; Pyrczak & Bruce, 2017). The study limitations included the purposeful sample of participants, a limited geographic region, and hospital organizations. The research discoveries were limited to participants' knowledge of millennial employee retention from selected lead hospital HRMs' perspective. Limiting

geographic findings to only one region in northeast Ohio was a weakness compared to other locations. Additionally, qualitative researchers study a phenomenon, so they cannot generalize the findings (Weis & Willems, 2017). The purposeful selection of study participants from the hospital industry, without the inclusion of other sectors, further limited the generalization of research findings.

Delimitations

Delimitations define the boundaries of the study that affect its scope (Merriam & Tisdell, 2015; Pyrczak & Bruce, 2017). The delimitations for this research were location and specific population. Choosing northeast Ohio hospitals as a location to conduct the multiple case study narrowed the geographic scope of the research. Furthermore, the participants were limited to five lead HRMs at different hospitals with experience recruiting, training, and retaining a millennial hospital workforce.

Significance of the Study

There is a high turnover rate of millennial workers in hospitals - more than 3 times higher than older workers (U.S. Bureau of Labor Statistics, 2016; Yarbrough et al., 2016). This is part of the challenges HRMs in hospitals face along with costs for recruiting and training new millennial employees to fill skills gaps left from retiring employees (Mensik & Kennedy, 2016). The goal of the study was to identify retention strategies some hospital HRMs use to address the retention of millennial generational employees.

Contribution to Business Practice

The findings from the study may contribute to the body of knowledge related to

retention strategies for younger generational employees at hospitals. Leaders in healthcare may use the information to fill gaps in their retention systems as well as provide valuable insight into management theory and methods that engage millennial employees. Healthcare leaders may also use the findings of this study in future strategy development to close the skill gaps of retiring baby boomers. Discoveries from the study might contribute to the body of knowledge HRMs utilize in the development of employee benefits programs to retain employment of millennials beyond 3 years.

Implications for Social Change

This study may encourage positive social change for the hospitals and communities in northeast Ohio. The financial stability of job retention enables hospitals to retain and grow its employee numbers providing stability for patient care delivery for the communities and organizations where the hospital workers live (Twigg & McCullough, 2014). Millennial employees, through increased longevity in their hospital positions, can provide positive economic impact and opportunity for participation in young professional leadership and community service involvement (Credo, Lanier, Matherne, & Cox, 2016). A focus on social change issues improves morale and culture within the workplace (Sharma & Good, 2013). Developing positive change concepts that fit the dignity and development of the individual supports many American hospitals' mission in caring for patients and in serving the healthcare needs of its communities.

A Review of the Professional and Academic Literature

To explore the phenomenon of millennial hospital employee retention, I researched current peer-reviewed articles and relevant books and trade resources. My

interest was to contribute to the success of hospital human resource and organizational leaders who experience low retention of millennial generation employees. Hospital leaders who understand the millennial generational differences in values and beliefs may positively affect strategies to address a productive workplace (Solaja & Ogunola, 2016).

I retrieved articles from ProQuest Central, Emerald Management, Science Direct, EBSCOhost, Business Source Complete, ABI/Inform Complete, The Advisory Board Company, The Qualitative Report, and the U.S. Bureau of Labor Statistics. Key words and phrases included but were not limited to (a) Millennials (Gen Y), (b) employee retention, (c) transformational leadership theory, (d) voluntary turnover, (e) work-life-balance, (f) costs of employee turnover, (g) talent retention, (h) professional values, (i) employee benefits, and (j) hospitals. I also used Ulrich's Global Series Directory to cross-reference each source assuring that peer-reviewed literature was used in the study. The literature review contains 229 articles and books; with 98.03 % of the literature from peer-reviewed sources. Sixty-eight percent of the total sources were peer-reviewed with a publication date of 5 years or less from the anticipated study completion date; 95% total sources 6 years or less (see Table 1).

Table 1

Professional and Academic Literature Review Sources

Reference types	Number of references	Dates less than 5 years from completion date (between 2014-2019)	Number of references older than 2014
Peer-reviewed articles	225	153 (68%)	15
Books	3	2 (100%)	0
Other	1	1 (100%)	0
Total	229	156 (68%)	15

Conceptual Framework for Leadership Theory

Leadership is essential in hospitals. In leadership, individual influence positively affects a group of individuals to achieve a common goal and create change (Deschamps, Rinfret, Lagacé, & Privé, 2016). Leaders must provide employees an understanding of where they fit within the organization, leaders' involvement in their jobs, and opportunities for participation (Deery & Jago, 2015). Effective leaders can blend team-making, leadership skills, communications, and apply a leadership theory that managers and employees understand that fits organizational change to advance organizations to higher levels of performance (Belasen & Belasen, 2016). Leadership is necessary to alter and improve retention intentions of millennial employees in hospitals.

To identify a functional leadership theory that addressed millennials in hospitals, leaders must be understanding of millennial traits. For example, millennials like to work in teams and are the first generation since 1943 to see themselves as part of a group (Fishman, 2016). HRMs are a critical link to millennial relationship building and employee engagement, skills development, and understanding of the costs of failing to retain employees (Belasen & Belasen, 2016). Executive leaders must inspire efforts that lead to innovation and change while empowering a supportive leadership style that correlates to millennial employee's perception of a safety climate for their care as well as the hospital patients they serve (McFadden, Stock, & Gowen, 2015). The common leadership traits that support millennial attributes are working in teams, bosses as inspirational coaches, and leaders who encourage development and change. The leadership theories that most closely aligned to these traits were (a) authentic, (b)

behavioral, (c) servant leader, with (d) TL as the lead theory chosen for the conceptual framework of this study.

Authentic leadership. HRMs can consider authentic leadership (AL) as a practical approach to management development. Authentic leaders are passionate individuals who have a deep interest in what they are doing and genuinely care about their work (George, 2003). AL also refers to self-awareness, internalized moral perspective, balanced processing, and rational transparency into a model (Avolio, Wernsing, & Gardner, 2018). Authentic leaders foster a pleasant work climate by exhibiting managers' values conducive to better transparent communications and knowledge sharing behaviors (Alzghoul, Elrehail, Emeagwali, & AlShboul, 2018; Waite, McKinney, Smith-Glasgow, & Meloy, 2014). Furthermore, authentic leaders positively mediate the relationship between AL and creativity to impact job performance (Alzghoul et al., 2018). HRMs can consider the positive aspect of AL in relationship building and employee engagement.

Further, the relative positive psychological capacities for AL include confidence, hope, optimism, and resilience in making the theory work over time (Waite et al., 2014). AL must lead from principle and be innovative in their leadership style. Young managers may develop under the practical approach in AL theory, giving the worker a manager who is interested in the people of the organization meeting the good-person-to-work-for test (Fusco, O'Riordan, & Palmer, 2015). AL at the individual and group levels helps HRMs to gain legitimacy and credibility in organizations (Gill, Gardner, Claeys, & Vangronsvelt, 2018).

Researchers use the AL theory to provide traits of confidence, transparency, and optimism that millennial employees appreciate, yet the management style and principles necessary to lead diverse clinical and administrative areas of the hospital have indicated some shortcomings. HRMs have struggled to implement top-down HR practices in frameworks that require agility at different organizational levels. Some AL managers cannot continuously renegotiate the HR system necessary for alignment fit in the organization. (Gill et al., 2018).

A significant weakness of AL is that the theory remains in its formative stages of development and is not built on a broad empirical base (Hopkins & O'Neil, 2015). The emphasis on managers being true to themselves so that they can influence others through displays of their values and beliefs is also one-sided (Hopkins & O'Neil, 2015). AL relates to individual managers and true authentic self-behaviors as opposed to the self in relation to others, which can negatively affect HRMs' abilities to sustain equity in the workplace. The AL manager's fit within a hospital department may hurt HRMs in an AL environment based on the individual. Employee basic need satisfaction mediates the relationship between AL and authentic followership with follower work-role performance (Leroy, Anseel, Gardner, & Sels, 2015). Thus, AL is not a proven theory for HRMs to impact change and retention of millennials in hospitals.

Behavioral approach. Researchers have studied the behavioral approach theory to focus on leaders' conduct. Stodgill's (1948) described the behavioral approach as the different aspects of leader behavior through the Leader Behavior Questionnaire, which addresses 1,800 items describing various aspects of leader behavior (Stogdill, Goode, &

Day, 1963). The Leader Behavior Questionnaire remains the widest leadership research tool (Thompson & Glasø, 2015). A shortened version, known as LBDQ-XII, gives attention to initiating structure and consideration.

Katz and Kahn, in 1951, made their focus of the behavioral approach on the impact leaders have on small groups (Phillips & Phillips, 2016). Additionally, from the behavioral approach, Blake and Mouton's The Managerial Grid, now The Leadership Grid, was developed to measure both tasks and interpersonal relationships. Researchers have used The Leadership Grid by creating a visual x-y axis chart, the x-axis (concern for people), and the y-axis (concern for results; Asrar-ul-Haq, & Anwar, 2018). The grid has helped leaders identify the type of behavioral management style; the revised grid tests managerial styles in team management, which measures concern for people (Blake & McCance, 1991).

Though the behavioral approach theory provides helpful information, it is more useful for understanding the leadership process and not the leadership necessary to run the complexities of a hospital (Törnblom, 2018). Employees' work and performance requirements differ qualitatively between tasks in roles across organizational levels in hospitals. HRMs can use elements of the behavioral approach in assessing the effectiveness of leaders in small groups; however, there are no measures of how behavioral approach equates to job performance, satisfaction, or productivity. Hospital HRMs must balance concern for employees and tasks. Additionally, the behavioral approach is hard to duplicate nationally or globally as a best practice to apply retention strategies and tactics; therefore, I eliminated the use of behavioral approach.

Servant leadership (SL). Employee trust in the leader is essential to the relationship between leader behavior and follower psychological states, which influences positive team performance. Greenleaf first created the term SL and founded the Center for Applied Ethics in 1964 (Rachmawati & Lantu, 2014). Servant leaders use less institutional control while shifting more power to followers. Laub, in 1999, posited SL as developing and valuing people, sharing leadership, displaying authenticity, leading, and building community (Rachmawati & Lantu, 2014).

Millennials have an affinity to SL traits, making the theory and practice a consideration to apply in creating an environment, which could affect retention intentions of millennial employees at hospitals. SL management theory adapts to corresponding attributes of encouragement, and millennials seek frequent feedback and friendship in the workplace (Kosterlitz, & Lewis, 2017). Millennials who like to work in teams have reacted positively to the SL model. An HRM's SL has affected frontline employees' service performance, service quality, customer-focused citizenship behavior, and customer-oriented prosocial behavior (Chen, Zhu, & Zhou, 2015).

Further, leaders have used the SL Questionnaire to measure their followers' responsiveness to the SL style in seven dimensions: (a) conceptualizing, (b) emotional healing, (c) putting followers first, (d) helping followers grow and succeed, (e) behaving ethically, (f) empowering, and (g) creating value for the community (Rachmawati & Lantu, 2014). SL is a complex process, and the SL Questionnaire's scoring methodology interprets the strength of a leader's behavior (Xu, Stewart, & Haber-Curran, 2015). The empowerment dimension of SL enabling millennials to work in teams and in their fashion

is another positive attribute of SL.

The disadvantage of the SL model is that an organization has a major SL (the CEO) and many layers of leaders, with the potential of placing new employees, the millennials, in follower roles. Additionally, SL may be more appropriate for religious and non-profit organizations because in the complex technical world, the servant leader often fails (Bryant & Brown, 2014). Leaders who corroborate SL in their leadership style philosophy also do not provide proof that it works (Bryant & Brown, 2014). Further, in a review of 114 peer-reviewed studies, Coetzer, Bussin, and Geldenhuys (2017) determined SL theory had a negative correlation to employee turnover and work retention. Therefore, I did not select the SL theory to explore retention strategies of millennials in hospitals.

Transformational leadership. TL is a process that transforms people by creating a connection that raises the level of motivation and morality in both the leader and the follower (Northouse, 2016). Organizational leaders have achieved transformation with perseverance and key attributes such as influence, inspirational motivation, intellectual stimulation, and individualized consideration (Bass & Avolio, 1990). These leadership traits and behaviors are the basis of the Multifactor Leadership Questionnaire, providing a rating by the leader for measuring self-perception and rater forms that measure leadership styles (Northouse, 2016). Additionally, five traits of a transformational leader include defining reality, articulating the vision, creating alignment with teams, becoming a leader that serves, and saying “thank you” (Benson, 2015). When a leader is genuinely transformational, an organization knows it (Benson,

2015). For millennials in hospitals, TL influences the culture (Moldovan & Macarie, 2014). Millennials desire coaches, role models, and leaders, not bosses (Stewart, Oliver, Cravens, & Oishi, 2017), and leaders and followers bond together with common interests in TL.

TL is more relevant in a changing environment than other forms of leadership theory (Denis & van Gestal, 2016). TL helps the entire team expand individual capacity when physicians, nurses, and administrators collaboratively apply their knowledge. Team members in TL must understand how to (a) lead oneself, (b) lead others, (c) lead change, (d) lead to results, and (e) appreciate the value of leading for collaboration (Sanford, 2016). In so doing, job satisfaction improvement suggested a positive effect on performance and job change intentions. These references made a case for TL as the best alternative leadership theory to strategically address retention of millennials in hospitals.

Transformational Leadership Theory

Lead HRMs may benefit from understanding the design and application of TL theory in addressing retention strategies of millennial workers in hospitals. Therefore, I used TL as the supporting construct framework theory for this study. Mauludin and Endang (2018) cited Downton as the first to introduce the term *TL* in 1973, which was further developed by Burns (1978). Burns used the theory to explain leadership based on the premise that leaders can inspire followers, change expectations, perceptions, and motivations to work toward a common goal.

TL theory supports a leaders' inspiration and encouragement of their followers to work toward intrinsic team-oriented goals rather than short-term extrinsic objectives

(Hentrich et al., 2017). In contrast to using rewards for motivation and punishment for not performing as expected, TL behavior inspires and transforms team members to perform beyond expectations for the organization, often transcending self-interest (Hildenbrand, Sacramento, & Binnewies, 2018). Transformational leaders also show individualized consideration for the needs of each follower (Hentrich et al., 2017). Transformational leaders also use the key constructs of idealized influence, inspirational motivation, intellectual stimulation, and individualized consideration, and coaching to inspire performance beyond expectations in meeting the needs and satisfaction of followers (Hentrich et al., 2017; Northouse, 2016). Leaders practicing the TL theory distinguish their leadership style by aligning actions for the greater good and involving followers in processes and activities that yield a positive social and organizational outcome (Caniëls, Semeijn, & Renders, 2018).

TL's inspirational style can positively affect the patient safety climate in hospitals (McFadden et al., 2015), as teams who work together could improve performance and safety. Transformational leaders express concern for followers' safety, which increases safety behaviors in the work setting (Mullen, Kelloway, & Teed, 2017). Leaders who advance safety and exhibit care for the wellness of employees display TL qualities that could benefit the organization. Team-oriented processes are also important to patient care, and care delivery at hospitals relies on a skilled workforce built by investing and engaging employees for safety and financial stability (Myers et al., 2013; Nasyira, Othman, & Ghazali, 2014). Human resource leaders can use TL as a framework so leaders and followers are working together, which can positively affect employee

engagement (Breevaart et al., 2014; Hentrich et al., 2017). Employees who are fully engaged tended to build loyalty for the organization and remain with an organization for a more extended period (Breevaart et al., 2014).

In addition to engagement, empowered employees in the TL setting tend to develop an allegiance to an organization and are more likely to commit themselves for a long-term duration (Gousy & Green, 2015). Leadership is about influencing others to understand and agree with needs, how to address the requirements, and where the individual fits to accomplish shared objectives (Hoch, Bommer, Dulebohn, & Wu, 2018). In TL, leader behaviors and relational dynamics increase followers' confidence (Hoch et al., 2018). Employees have appreciated TL for developing their strengths and participation in creating shared vision and goals in partnership with leadership (Baysak & Yener, 2015). For example, researchers have linked employee motivation and empowerment with voluntary hospital staff turnover (Deschamps et al., 2016). Transformational leaders care about the health and well-being of others as part of creating a supportive culture of empowerment with employees (Hildenbrand et al., 2018). Empowered employees who commit themselves to an organization that cares about a safe and supportive working environment were more likely to stay within the organization longer.

TL is crucial because leaders empower people with diverse backgrounds to work together productively toward a common goal (Gyensare, Anku-Tsedee, Sanda, & Okpoti, 2016). TL was an advantageous strategy for use in the hospital setting where diversity exists in demographics, ethnicity, education, and ages of workers (Mohammad, 2015).

Employee motivation linked with voluntary hospital staff turnover because of the symbiotic relationship (Deschamps et al., 2016). According to Gousy and Green (2015), where clinical leaders and followers deliver health care together, TL proved an effective way to engage and empower nurses and other members of the care team to achieve favorable care logistics in outcomes, patient length of stay, and quality aims. Mohammad (2015) further posited that using the TL model in clinical settings yielded positive results for followers; the implementation of the TL model also offered more opportunities for administrators in long-term engagement. The TL theory provided a consistent strategic leadership model for employee engagement by HRMs as a retention model for addressing the millennial hospital workforce. As the majority workforce, millennial generational hospital workers have exhibited behavioral and higher expectation differences than previous generations (Lyons, Schweitzer, & Ng, 2015), which TL can address.

Health and well-being. The component of the health and well-being of the millennial employee was a common investment factor that aligned with TL. HRMs' individualized consideration for workers, not only lead employee benefits but are also responsible for health and wellness programs in the workplace. Dasgupta (2015) suggested a relationship to wellness and work-place stress as an element that affected employee retention. Among 313 participants with a millennial mean age of 31.9 years, Japanese researchers found a higher number of physical health symptoms were a good indicator of job stress perceived by a nurse in a hospital setting (Yoshioka et al., 2018). Stress had a significant impact on business, whether the experience was at work or home (Baysak & Yener, 2015). Direct costs included absenteeism, productivity, and employee

turnover (Baysak & Yener, 2015). Additionally, worker stress affected employee attendance, productivity, and safety.

Hospital errors also had a relationship with employees' stress and health (Fernandez & Grand, 2015). The relationship Hentrich et al. (2017) made for HRMs was to meet and express individualized consideration for the needs of the employee. Leaders who focused on the well-being and health of their employees benefitted through higher employee commitment resulting in higher productivity and profitability (Casimir, Ngee, Yuan Wang, & Ooi, 2014). Hospital employees related their well-being to organizations that invested in their medical and career health (Ozcelik, 2015). Health and well-being strategies administered by hospital leaders can benefit employee retention (Khan, 2015). HRMs who provided and communicated additional training, tuition reimbursement, favorable medical health care, and flexible benefits helped a hospital organization's employee retention intentions.

Training and development. The literature review indicated that investing in training and development was essential for effective TL leadership alignment and the hospital workforce. In specialized areas, leaders used training investments to achieve a sustainable competitive advantage that other competitors found difficult to duplicate (Liu, van Jaarsveld, Batt, & Frost, 2014). Transformational leaders elevated the goals of subordinates through training enhancing employee self-confidence in achieving new goals and expertise (Westcott, 2014). In addition to tuition reimbursement and specialized training, younger hospital workers enjoyed multidisciplinary learning groups in mastering new systems and technology with interdisciplinary and generational

experiences (Stewart et al., 2017). HRMs should work with all levels of the hospital organization to assure technology utilization, working arrangements, career advancement, and communicating interesting new jobs that build the career ladder for training and development. Training and education requirements differ among the hospital workforce; consequently, lead HRMs must consider applying retention strategies that change with employees.

Compensation. Compensation and benefits were additional dynamics that appeared in the literature review, which aligned with HRMs and retention in hospitals. Employees who acquired more education and skills expected a correlation to earning a higher income (Aziz, 2015). Hospital millennial workers, as a group, are more educated and are more technologically savvy than older generations (Ozcelik, 2015). However, Ramadevi, Gunasekaran, Roy, Rai, and Senthilkumar (2016) found that HRMs must look at a framework that included inputs that determine competencies, HR planning to fit jobs and compensation benefits, and health care systems to include cost, quality, and factors leading to patient satisfaction. Investment in human capital was significant, considering all the staff expenses associated with hiring, training, and developing total rewards to optimal performance (Ferrary, 2015). Business leaders who invested in their employees' work experience, knowledge, competencies, and motivation increased productivity (Ilic, Bernjak, & Rus, 2016). Transformational leaders could invest in human resources for the good of the employee, to lead to a positive effect on employee retention. Therefore, investing in the compensation and benefits of younger hospital workers was a viable factor for superior returns on investment.

Criticism of Transformational Leadership

Some researchers and theorists criticized TL because organizational leaders engaged TL and measured outcomes in practice. Criticism of TL recognized that research does not indicate a systematic way to affect the implementation of using TL for optimal employee engagement, to measure quality, and organizational success (Pounder, 2014). Transformational leaders, in theory, acted as models for followers.

Transformational leaders created leader-to-leader communication of shared vision in organizations as part of the inspirational motivation in TL theory (Li & Yuan, 2017). In the age of teamwork, some TL leaders found it difficult to win recognition from their supervisors exhibiting self-centered or boastfulness traits (Li & Yuan, 2017). Similarly, transformational leader's application of coaching and mentoring styles differed in the delivery of continuous feedback and how organizational members' needs linked to their abilities and aspirations in the workplace (Denis & van Gestal, 2016). Some leaders, in the literature review, found difficulty in balancing their position and expressing their vision in the eyes of their followers and supervisors for TL to be effective in promoting teamwork, generative creativity, and thinking for long-term organizational success.

The way leaders addressed individual differences regarding training needs, and desires differed by the organization. Another criticism of TL was the variation in which followers developed through higher levels of training. Pounder (2014) suggested the provision of new learning opportunities was essential in TL. Leaders must be cognizant of engaging TL to intellectually stimulate followers to rethink old ways of doing things and to reassess their values and beliefs (Ghasabeh et al., 2015). To demonstrate the role

of TL in engaging the younger worker, leaders facilitated the generation of new knowledge and ideas through applying intellectual stimulation that motivated employees to approach organizational systems and problems in a more novel approach (Ghasabeh et al., 2015). There was little empirical data that suggested how leaders benchmark methodology or applied intellectual stimulation in leadership. Transformational leaders used the Multifactor Leadership Questionnaire to measure some outcome variables, such as the willingness to put in extra effort, leadership effectiveness, and leader satisfaction with followers (Pounder, 2014). Other researchers challenged the validity of the Multifactor Leadership Questionnaire highlighting the difficulty in differentiating how each dimension had a distinctive influence on mediating processes and outcomes (Men, 2014; Northouse, 2016). Theorists had little empirical data to benchmark the process of applying TL in hospitals. To be effective in the workplace, successful TLs instilled a participatory openness to make changes in attitudes and systems for the collective betterment of the leaders and followers. Northouse (2016) found TL challenging to support as a theory because it lacked benchmark data to quantify relationships between leaders' and followers' relationships, individual consideration, and empowerment. Successful TL leaders facilitated organizational innovation and values learning, which in turn provided higher engagement for all members of the organization in the process.

Supporting Theory of Transformational Leadership: Organizational Support Theory

Successful TL leaders facilitated employee engagement, which in turn provided a higher commitment for all members of the organization in the process. Employee

engagement was critical for HRMs and played a vital role in workers' long-term retention intentions (Breevaart et al., 2014). Eisenberger developed organizational support theory in 1986 (Kurtessis et al., 2017). According to Harris and Kacmar (2018), employees working within an organizational support theory environment believed their organization cares about them, and that they are not a number but treated as a person. Organizational support theory researchers suggested employees form a generalized perception of the level their organization values their contributions, as well as care for their well-being or perceived organizational support (Kurtessis et al., 2017). The positive associations anticipated between perceived organizational support and desired individual outcomes of job satisfaction, mood, commitment, and performance lower the levels of employee turnover intentions (Harris & Kacmar, 2018). Leaders applying increased levels of positive perceived organizational support observed higher levels of desired outcomes in performance, higher commitment to the organization, and fewer acts of absenteeism or workplace deviance (Harris & Kacmar, 2018). HRMs who created an environment of well-being had a competitive advantage because retaining human capital was valuable in strengthening the capability of organizations (Kossivi et al., 2016). Leaders could understand the organizational support theory for enhanced knowledge of employee engagement as a resource for long-term organizational stability in support of HRMs in retaining a critical millennial workforce beyond 3 years in a changing environment.

Hospital clinical and administrative leaders continued to adjust and change best practices as a result of public policy or new medical protocols requiring organizational support theory organizations to communicate with employees their value and to reinforce

their perceived organizational support. Kurtessis et al. (2017) posited developmental opportunities strongly related to perceived organizational support and that most employees believed the HR department had considerable control over training and working conditions. HRMs in hospitals must be mindful of providing benefits and staffing in support to assure reciprocity by workers with perceived concern for their well-being (Kurtessis et al., 2017). According to Harris and Kacmar (2018), using organizational support theory as a social exchange theory, ever-increasing perceived organizational support escalated commitment as did positive individual outcomes with employees' in-role and extra-role performance in a linear fashion. HRMs may address employee's perceptions in an environment of growth and future change. Employees who anticipated their organization would increase its future support exhibited better affective organizational commitment, over and above the effect of perceived organizational support (Kossivi et al., 2016). Researchers found that anticipated change in organizational support moderated the relationship between perceived organizational support and positive affective commitment (Kossivi et al., 2016). HRMs should encourage the development of workable policies and procedures that validate present and future support for employees. For these reasons, organizational support theory and TL were in alignment with employee engagement, as critical for affecting millennial retention strategies in hospitals.

Contrasting Theory of Transformation Leadership: Human Capital Theory

The human capital theory (HCT) contrasts the organizational support theory view by directly investing resources in the worker through on-the-job education and training

for competitive advantage. The premise of HCT was that HR leaders needed compensation policies to retain staff and to compete (Vidal-Salazar, Cordon-Pozo, & de la Torre-Ruiz, 2016). HRMs understand a skilled workforce, and HR strategies affect employee retention. Becker (1964) first introduced HCT to advance organizations to a sustainable competitive advantage in 1964. A key concept of HCT was that training employees in specific skills encouraged workers to remain in their positions, increased productivity, and earning potential (Bae & Patterson, 2014). The premise of HCT was when organizational leaders invested in human capital; they expected a positive return on their investment leading to a prosperous society (Renaud, Morin, Saulquin, & Abraham, 2015).

Additionally, employees who remained employed in their positions contributed to the overall economy. Business leaders who supported HCT invested in their workforce. Conversely, in hospitals, researchers at The Advisory Board estimated that one registered nurse departure costs organizations up to \$90,000, excluding expenses for replacement labor, separation, recruitment, onboarding, and lost revenues (Koppel, Deline, & Virkstis, 2017). Leaders who invested in employees as assets led to higher gains for the organization, both productively and economically (Nasyira et al., 2014). Human capital theorists affected broader HR issues, such as education, economics, and policy development (Tan, 2014). Researchers indicated the HCT provided firms a key concept for economic gain; important to the sustainability of healthcare organizations.

Relationship. A key concept of the HCT was when leaders invested resources in employees; then employees reciprocated, leading to positive outcomes. Individual

employees expressed HCT positive results through applying their knowledge, skills, abilities, and other characteristics specific to their role in the organization (Ployhart, Nyberg, Reilly, & Maltarich, 2014). Hospital employees apply knowledge, skills, abilities, and other characteristics in patient care, safety, and multidisciplinary operations. HRMs exchanges between employees created a vital framework, with the premise that more engagement created a stronger bond within the employee for the organization (Shuck, B., Twyford, Reio, & Shuck, A., 2014). Additionally, Shuck et al. (2014) found that human resources practices can positively or negatively correlate to employee turnover intentions. The retention of high performers occurred when leaders not only applied HCT investments but also created stronger relationships through engagement (Ployhart et al., 2014). Ployhart et al. (2014) believed knowledge, skills, abilities, and other characteristics existed in every person, and the key is to apply the proper mix of exchanging resources and leadership engagement for relevant competitive advantage. HRMs strive for developing HCT economic outcomes in performance, while strategically improving individual and unit-level capacities through employee knowledge, skills, abilities, and other characteristics for employee retention in hospitals.

Organizational commitment. Employees' alignment to organizational commitment was a factor for competitive advantage in HCT. Theorists of human capital indicated variations of employee investment affected productivity, employee training, and development, as well as health and wellness components matter (Chung, Park, Lee, & Kim, 2015). Some HRMs gave employer-provided training and formal education tuition resources as a retention tool for sustaining employee organizational commitment

(Raffiee & Coff, 2016). Leaders used specialty-specific HCT training to sustain competitive advantage, holding valuable employees in place while providing training programs (Raffiee & Coff, 2016). Employees' health needs go beyond insurance benefits (Tan, 2014). Hospital HRMs were critical components for not only administrating health benefit programs but communicating an organization's commitment to employee health and safety. Employees with positive safety climate perceptions were more likely to perceive their organization as providing favorable treatment and commitment to their well-being (Lin, Shih, Huang, & Hsu, 2014).

Organizational leaders could consider themselves an attractive preferred workplace to the millennial generation to compete for and retain top millennial talent required (Barbuto & Gottfredson, 2016). Human capital theorists applied both monetary and nonmonetary benefits to retain employees as an organizational commitment to supporting the well-being and job satisfaction of the millennial workforce.

Job satisfaction. Job satisfaction is a positive result of leaders applying the HCT in action. The positive and pleasant feelings people apply to their appraisal of work happiness and associated monetary, and other benefits are at the core of job satisfaction (Wang & Liesveld, 2015). At the center of job satisfaction in HCT was wages where a salary was an index of equity and personal achievement, and benefits to impact a competitive advantage to others in similar organizations or industries (Wang & Liesveld, 2015).

Aube (2015) presented a qualitative study to examine the relationship between job satisfaction of millennials and leadership theory. A research sample of 133 diverse U.S.

millennials participated in taking the Multifactor Leadership Questionnaire to measure the five subscales of TL. The same participant group took the Minnesota Satisfaction Questionnaire (MSQ) to measure job satisfaction. The research subjects were in healthcare, IT, and sales & marketing fields. Findings identified millennial men have an 11% higher job satisfaction than women. Those in the \$75,000 - \$100,000 salary range were happier than those earners over \$100k. The health care participants had the highest job satisfaction at 70.2%, followed by information technology, with sales and marketing last. Using regression analysis, job satisfaction, together with attributes of TL together significantly correlated with attribution to 37.8% of millennials in the research. Barbuto and Gottfredson (2016) identified the new majority workforce desires the benefits and money of the HCT, with an emphasis on human capital today as an important strategic investment in job satisfaction strategies for the changing generational landscape of today's workforce. The millennials had the poorest generational retention, while 10,000 baby boomers retire every day for the next decade and a half (Barbuto & Gottfredson, 2016). Leaders who apply HCT attributes with flexibility, and lead in a transformational manner may positively affect employee job satisfaction.

Hospital Professionals

Hospital HRMs could consider strategies that affect retention strategies of their millennial health care professionals. Health care employees range from doctors, administrators, registered nurses, mid-level providers such as advanced practice nurses and physician assistants, technicians, patient care assistants, social workers, to health care volunteers (Taderera, Hendricks, & Pillay, 2016). Researchers of HCT found that the

skills an employee acquired through on-the-job training and experience increases their value.

Taderera et al. (2016) identified health care workers' factors that lead to employee retention involve salary adjustments to market, post-hire training and development, proper staffing ratios, non-monetary rewards and recognition, and safety. Furthermore, Singh (2014) indicated that hospital leaders could positively or negatively affect their organization's future by applying HCT investment strategies to retain health care professionals. HRMs who focused on internal talent through training, career development, and competitive wages benefitted from the investment made in human capital (Ferrary, 2015). Consequently, HRMs empowered by hospital leaders, are vital in creating a successful workforce of satisfied and experienced health care professionals.

Lead hospital HRMs could consider various retention strategies for organizational success. Sutanto and Kurniawan (2016) affirmed that HRMs positively affected the performance of hospital organizations through effective employee retention strategies. Twigg and McCullough (2014) conducted a study to determine if positive nursing practice environments improve nurse retention and quality care for patients. The researchers used pre- and post-evaluation of interventions on the nursing unit level and macro-level of departments and larger hospital settings. Twigg and McCullough reviewed 300 articles and thirty-nine papers to highlight real practice environments. Nursing participation in hospital affairs, autonomy, leadership and manager training, foundations for quality of care, including best practices and evidenced-based research, affect positive nursing retention environments (Twigg & McCullough, 2014). Findings

indicated collaboration in nurse-physician relationships build interdisciplinary respect, assisted in conflict resolution, and adequate numbers of staff resources directly affected the retention of nursing staff (Twigg & McCullough, 2014). Furthermore, Twigg and McCullough found the nurse manager directly influences the practice environment by applying critical thinking skills to problem-solving and relationship building. Twigg and McCullough (2014) cited shared governance structures empowers nurses to influence positive practice settings and longevity of nursing staff. George (2003) claimed employee retention strategies by organizations' human resources departments are central because it leads to competitive advantage for organizations. These researchers stressed the importance of HRMs in both hospitals and industry HR departments to apply retention strategies for organizational success.

Hospital HRMs have the critical task to recruit and retain a multi-generational workforce. Kossivi et al. (2016) posited employee retention in hospitals was key to survival and sustainability in a time of demographic changes, technology, globalization, and regulatory changes. HRMs are at the epicenter of developing key strategies for human capital retention because of environmental change (Smit, Stanz, & Bussin, 2015). Moreover, Tourangeau, Thomson, Cummings, and Cranley (2013) indicated a statistical significance for specific incentives and disincentives that affected nurses' decision to stay or leave the hospital. The environment HRMs place nurses in factors into retention outcomes in hospitals.

Millennials and multiple generations of hospital registered nurses are affected by their work environment. A research team randomly sampled 9,904 registered nurses

working in Ontario and Alberta, Canada via cross-sectional survey methodology about their work environments and intentions to remain in their current nursing positions (Tourangeau et al., 2013). Tourangeau et al. surveyed 4,024 nurses completed surveys (40.6%) in this research study whose purpose was to identify encouraging and discouraging work factors, with the mean age of 42.1 years and 94.7% female responders (Tourangeau et al., 2013). Questions for the survey originated from peer-reviewed literature and thirteen focus groups of randomly selected registered nurses. Nurses answered the question to determine their top incentives to stay. Participants included 536 millennials, 1,557 Gen Xers, and 1,857 baby boomers finding that a reasonable workload, manageable nurse to patient ratios, a supportive and empathetic leader/manager, and higher pay as key retention factors (Tourangeau et al., 2013). In a similar study, Twigg and McCullough (2014) investigated retention factors on the micro nursing unit level and macro greater department of nursing and administrative levels of healthcare organizations. Older nurses and millennial generational nurses groups placed equal value on self-scheduling work hours and desired additional vacation time in both studies (Tourangeau et al., 2013; Twigg & McCullough, 2014). Millennials' expectations differed from older cohorts in the area of advancement; millennials left organizations without perceived professional progress (Kuron, Lyons, Schweitzer, & Ng, 2015). The participants' top four frequency of disincentives were the same for the three-generational groups, citing inadequate staffing, and unmanageable workload affecting nursing care, emotional and physical exhaustion, and opportunities elsewhere as reasons to leave their respective hospital positions.

Strategic human capital was key to an organizations' sustainability and competitive advantage because of changes in technology, environment, and regulations in the delivery of care at hospitals (Lee & Nichols, 2014). Physicians reaching retirement age in the U.S. made retention and recruitment strategies an imperative (Lee & Nichols, 2014). Furthermore, recruitment and retention strategies were more difficult for hospitals in rural areas; quality of care was compromised without a supply of competent health care professionals (Lee & Nichols, 2014). Retaining hospital professionals was vital because of the aging workforce and shortage of talent (Armstrong-Stassen, Freeman, Cameron, & Rajacic, 2015). Nurses, physicians, and hospital professionals continue to become critical to retain in a multi-generational workforce.

Lead hospital HRMs could consider the adverse effects of turnover to influence the development of retention strategies. Rising hospital employee turnover and the looming shortage of nurses was prompting leaders to focus on staff retention (Koppel et al., 2017; Sherrod, 2007). Turnover negatively affected the quality of care, staff morale, and pressure on hospital budgets (Park & Boyle, 2015). The Advisory Board estimated that one registered nurse departure costs organizations up to \$90,000, excluding expenses for replacement labor, separation, recruitment, on boarding, and lost revenues (Koppel et al., 2017). A 2016 survey of 50,000 responses by The Advisory Board Survey Solutions and Executive Center researchers was conducted to understand why early-tenure nurses leave their organizations at a higher rate than other groups of nurses (Koppel et al., 2017). The research findings indicated that the top 10 drivers of engagement are the same for

nurses overall (Koppel et al., 2017). Employees who felt engagement within their hospital positions are more likely to stay in their jobs than disengaged employees do.

The research methodology calculated specific gaps between engagement and loyalty for particular groups of staff by subtracting the mean loyalty score and the mean engagement score for each group. Nurses who were older than 55 years with more than 15 years of tenure at the organization were engaged but not likely to be as loyal due to near-future retirement intentions (Koppel et al., 2017). In the same research, participants from the registered nurse group 35 years and younger with less than 3 years tenure tended to be more engaged than loyal. Employees who were loyal to an organization stay with their organization (Janjua & Gulzar, 2014). Employee engagement was a crucial element to retention strategy helping mitigate the negative consequences and expense when workers do not stay with their organization.

Leaders could supplement their engagement strategy to address targeted retention efforts for their youngest and newest staff members. Dasgupta (2015) researched employee advisory factors of organizational support, and the role stress played in retention. Dasgupta (2015) indicated a relationship between nursing stress levels as turnover factors, using 175 nurses as a survey sample from five private hospitals in India. Furthermore, researchers from the U.S. mid-Atlantic region posited the importance of a positive work environment combined with organization support mediated hospital employee retention (Madden, Mathias, & Madden, 2015). Additionally, Koppel's et al. (2017) research findings indicated if leaders can retain nurses past the 3-year mark, they remained at the hospital if they continue to feel engaged. Dasgupta (2015) and Madden

et al. (2015) indicated hospital leaders' proactive retention strategies were critical for health care organizations' success. The evidence from these studies stressed the importance of organizational support for hospital employees, especially the younger workers when addressing retention strategies.

Retaining Millennial Employees

Hospital HRMs should understand the importance of the retention of millennials for organizational success. As the new majority hospital workforce, the total American population of millennials was approximately 75.4 million, more significant than the current 74 million baby boomers' population. The millennial population projection is expected to peak at 81.1 million in 2036 through additional immigration to the USA (Fry, 2015; Fry, 2016). HRMs and supervisors need to understand their new majority workforce and to assist millennials in flourishing at work to secure positive organizational performance (Kultalahti & Viitala, 2014). Today, there are four distinct generations in the hospital workforce: The Silent/Traditionalist Generation (1925-1942), baby boomers (1943-1960), Generation Xers/GenXers (1961-1981), and the millennials, born between 1982 and 2003 (Clark, 2017; Kosterlitz & Lewis, 2017; Kultalahti & Viitala, 2015). The literature review focused on the millennials' generational differences, their work values, relationship to organizational commitment, and management issues for HRMs to strategically retain the cohort beyond 3 years.

Lead hospital HRMs must incorporate the millennial employees' expectations and needs while addressing areas that create dissatisfaction to address retention strategy effectively. HRMs who identified and retained their top talent enhanced quality, culture,

and organizational learning, which results in stability while attaining a competitive advantage (Bihani & Dalal, 2014; Duffield, Roche, Homer, Buchan, & Dimitrelis, 2014). Several job retention strategies were important to millennials, including work-life-balance, organizational fit and meaning, desirable perks and benefits, competitive pay and career advancement, mentoring and coaching, new skill development opportunities, and encouragement with recognition (Bihani & Dalal, 2014; Kroth & Young, 2014; Nolan, 2015). Hospital HRMs were critical in understanding top drivers for employee engagement while providing a positive balance of retention factors to keep talented millennials beyond 3 years in hospitals.

Researchers provided data of several strategies hospital HRMs could consider in addressing millennial retention. Hospital millennials desired to be engaged in their job. However, Ulep's (2018) research indicated 71% of millennials are actively disengaged at work, and over 21% report changing jobs in the last year. Ulep (2018) specified that 30% of millennial nurses are leaving their positions in the first year and as much as 57% in the second year. Hospital HRMs who instilled the desired purpose to millennials through mentorship programs' development improve retention (Koppel et al., 2017; Ulep, 2018). Hospital HRMs could implement mentorship and leadership programs as a retention strategy to keep and develop talent as supported in the literature review.

Generational differences. Hospital HRMs' retention strategies varied depending on the employee's generation. In a diverse population, Smit et al. (2015) found that rewards that influence employees to stay in an organization varied based on demographic variables of gender, race, age, organizational duties, and job level. Stewart et al. (2017)

posited that regardless of demographics, millennials were more tolerant of co-workers' gender and ethnicity as opposed to previous workplace generations. Millennials were racially diverse, place more importance in technology use as digital natives, share a love of music/pop culture, and generally believe they are smarter than older workers (DeVaney, 2015; Fishman, 2016). Millennials identified themselves as smarter than older employees who do not grasp technology or receive information in the same fashion (Stewart et al., 2017). HRMs should understand the distinctive traits and culture of the millennial generation in retention strategy development.

Millennials have unique attributes in the literature. Women felt equal to men through the benefit of Title IX equal opportunities in the funding of sports scholarships in colleges (Fishman, 2016). Millennials expected to achieve quickly, value challenging work projects, master technology, and expected leadership roles early (Kroth & Young, 2014; Kultalahti & Viitala, 2014). According to Fishman (2016), millennials were the first generation since 1943 that saw themselves as part of a group, want a profession with a purpose, and like to work in teams (Fishman, 2016). This cohort loves learning and self-improvement and was the first generation to value the individual more than the group (Fishman, 2016). Millennials' characteristics of being unique, confident, sheltered, team-oriented, pressured, achievers, and conventionalists make the cohort different from Gen Xers and baby boomers (Keeling, 2003). The literature suggested that a positive culture supported millennial worker satisfaction in their position.

Millennials positive workplace culture was important to them, their job satisfaction, and retention intentions. Stewart et al. (2017) concluded from a research sample survey of 1,798 millennials that without job satisfaction millennials would often leave their organization within one year. Furthermore, millennials could expect recognition and reward in the workplace due to being the product of their parents' enrichment, sports trophies, and participant ribbons for achievement earlier in their lives. Fishman (2016) posited that in the workplace, millennials want frequent praise and feedback and do not stay in organizations that only provide annual review recognition. Millennial employees desired higher rewards, flexible work schedules, meaningful positions, as well as balance with their personal lives (Bihani & Dalal, 2014).

Millennials placed importance on work values and work-life-balance as significant to their job satisfaction in the literature. Understanding millennials' work values were essential for various aspects of work positions (pay, autonomy, working conditions) and work-related outcomes, such as prestige, accomplishment, and fulfillment (Lyons et al., 2015). Millennial employees often leave their organization when leaders do not fairly address work-life values and balance as a strategic factor for longer-term tenure (Pregolato, Bussin, & Schlechter, 2017). Deery and Jago (2015) described how talent management and work-life-balance applied to retention strategies in human service industries. The researchers used a meta-analysis of literature in the area of work-life-balance, investigating themes into the retention of staff to explore organizational needs, stress and emotional exhaustion, conflict, with recruitment and

training strategies. Findings from the study indicated younger employees' intentions to leave organizations without work-life-balance (Deery & Jago, 2015).

Facets of millennial employees' job performance tied to pay satisfaction, shift flexibility, and avoidance of work-family conflict (Deery & Jago, 2015). Deery and Jago's (2015) meta-analysis of work-life-balance literature suggested the leadership of organizations could also provide millennial employees promotion opportunities as well as training for better employee commitment. An organization that encouraged work engagement, both inside the firm and outside in the community, led to higher satisfaction of work-life-balance themes. Findings indicated that managers who monitored work-life-balance in their millennial employees and encouraged positive relationships, influenced family, and social relationships, which, in turn, provided personal positive social change for employees' work and lifestyle (Deery & Jago, 2015). The literature supported a relationship that an employee's perceived organizational support positively reduces an intention to leave a job. Furthermore, in employee engagement and training, millennials appreciated training opportunities and new skills.

Millennials were different in the manner in which they learn, suggesting adaptations to support their unique generational learning style for training and medical education. Millennials placed a stronger emphasis on corporate social responsibility, with training and development opportunities (Festing & Schäfer, 2014). Key to education is a preceptor who understood the unique role-specific learning style necessary to meet the characteristics of the millennial learner effectively (Bishop & Wackler, 2017). Fundamental to millennials learning methodology included the use of the Internet,

smartphones as a portable computer tool, and social media (Stewart et al., 2017). The millennial learner knows how to attain vast amounts of information quickly, presenting themselves to hospitals with intelligence and preparation. Unlike other generations of nurses, doctors, and staff, millennials wanted clear goals, expected supervision, mentoring, coaching while desiring immediate feedback (Bishop & Wackler, 2017). HRMs face the challenge of understanding the attributes of millennials throughout a multidisciplinary hospital workforce in their retention strategy development.

The millennials were social and prefer learning activities that included interaction with colleagues. Bishop and Wackler (2017) posited millennials desired multimedia and visual techniques that offer fast-paced tactile experiences to help in education delivery. Hospital HRMs could adapt learning style preferences for both younger learners and educators when preparing training courses. According to Bishop and Wackler (2017), millennials preferred a “flipped class” methodology when implementing learning strategies and wanted to review videos and lessons as *pre-work* in advance of classroom training (John, Shelton, Lang, & Ingersoll, 2017). Consequently, in addition to using didactic seminars to review training topics, lecturers should incorporate technology and teaching strategies for problem-based learning and support the flipped classroom concept (Bishop & Wackler, 2017; John et al., 2017). Millennial learners wanted classroom training time used for one-to-one coaching with immediate feedback versus a rehashing of PowerPoint slides or information they have already reviewed (Bishop & Wackler, 2017). The method of training and engagement by HRMs mattered to the millennial workforce.

The researchers suggested HRMs and educators hardwire interactive activity and group problem-solving activities during traditional lecture sessions. The goal for the instructor was to provide surprise experiences as many millennials go to class feeling they already know the topic. Educators who provided training adaptation in support of younger workers provided TL alignment with the hospital workforce providing millennials self-confidence and engagement (Westcott, 2014). Hospital HRMs could enrich training and teaching experiences for millennial learners to strategically improve engagement, which positively affects retention intentions. The findings were valuable to hospital HRMs to consider unique strategies based on millennials' generational demographic variables instead of using only one strategic approach to address the retention of the workforce (Beauchamp & Barnes, 2015; Guha & Chakrabarti, 2016; Pregnolato et al., 2017). Therefore, hospital HRMs could consider targeted organizational retention initiatives that suit millennial generation employees to keep top talent for longer than 3 years.

Organizational commitment. Organizational commitment was a reoccurring theme by researchers in the literature review, indicating why some millennial employees chose to stay with their hospital organization. Dedicated employees who are loyal to their organization tend to stay with that organization (Janjua & Gulzar, 2014). Similarly, Lawrence, Celis, Kim, Lipson, and Tong (2014) posited that dedicated employees with organizational commitment could opt to stay in their positions at organizations. In a study of clinical workers by Green, Albanese, Cafri, and Aarons (2014), the researchers examined the relationship between TL and organizational commitment.

Transformational leadership had a strong positive association with organizational commitment, which in turn positively associated with a higher employee reported working alliance. The framework of the study, based on the Multifactor Leadership Questionnaire -5xd, assessed participants' perceptions of their supervisor's TL behaviors (Green et al., 2014). Findings from the study suggested supervisors' organizational commitment to workers may be able to impact the quality of care through improving the workplace climate using TL. HRMs who create a positive hospital work environment could improve the retention intention of millennials in hospitals.

Furthermore, in the literature, TL attributes of organizational employee support could positively impact the retention of millennials in hospitals. Green et al. (2014) also determined the relevance of TL to mitigating employee turnover. Employees who recognize TL backing from their leaders could reciprocate the leaders' support with a stronger commitment to the organization (Choi, Tran, & Park, 2015). In a related study, Breevaart et al. (2014) found TL to be more efficient in promoting employee engagement. The leadership style of the leader could impact employee engagement and retention intention.

Hospital HRMs understood an individual department leader's management style can affect job satisfaction. Bormann and Abrahamson (2014) studied the relationship between the nursing manager's leadership style and nurse job satisfaction using TL's Multifactor Leadership Questionnaire as a research instrument. The findings indicated the efficacy of transformational and transactional leadership styles of nurse managers related to the level of the staff nurses' overall level of positive or negative job

engagement (Bormann & Abrahamson, 2014). Regardless, nurses must understand a pathway for promotion as necessary for positive job alignment with positive or negative leaders (Bormann & Abrahamson, 2014). Lee and Nichols (2014) indicated that creating a sense of belonging and identity improved an employee's emotional attachment and organizational commitment.

Committed employees demonstrated better citizenship in the workplace, exhibited lower absenteeism, and lower turnover intention (Lee & Nichols, 2014). Lee and Nichols (2014) indicated a strong positive correlation with job insecurity and turnover intentions. HRMs create strategies that strengthen organizational capabilities while protecting skilled human capital whose experience is difficult to imitate (Bae & Patterson, 2014; Kozlenkova, Samaha, & Palmatier, 2014). Hospitals' leadership could use HCT tenets to communicate patient volumes, and cross-train clinical staff to work in other departments or float personnel to mitigate times of job insecurity as an organizational commitment strategy to protect their workforce.

Management. Lead HRMs recognized that employees might choose to leave the organization because of the manager. Researchers Giambatista, Hoover, and Tribble (2017) posited leaders should invest time in relationship-building and trust-building with millennials, providing individualized consideration with employees. Leaders who adopted a coaching style of leadership to create a relationship between the employee and leader was critical for the millennial worker to remain in the organization (Armstrong-Stassen et al., 2015; Giambatista et al., 2017). Transformational leaders use individualized consideration; millennials preferred this form of management (Giambatista

et al., 2017). As previously stated, TL traits created a positive workplace environment where managers and employees are joined by common interests (Moldovan & Macarie, 2014). It was the role of leadership to socialize millennials as mentors and coaches, role models, and leaders to build self-confidence and job satisfaction (Moldovan & Macarie, 2014; Westcott, 2014). Leaders, in TL fashion, improved employee retention.

Lead hospital HRMs experienced employee relationship and trust-building through communications. Additionally, Erturk (2014) posited that perceived organizational support and organizational trust correlate to employee turnover intentions. Furthermore, a national United Kingdom study of hospital nurses validated the perceived organizational support and organizational trust of management correlation with the retention of nurses (Robson & Robson, 2016). Managers of millennials responsive in praising and rewarding desired workplace behaviors were received as positive feedback when communicated clearly and quickly (Fishman, 2016; Giambatista et al., 2017). Stewart et al., (2017) posited, using a sample of 1,798 participants, that millennials desired frequent communication and opportunity. The researchers cited that without frequent communication, job satisfaction diminished whereby millennials left their positions within one year (Stewart et al., 2017). Although the studies do not specify specific actions, hospital HRMs are recommended to focus on millennials and be mindful of communications between management and staff to retain the newest generation.

Hospital HRMs considered the management style of hospital leaders as a factor for millennial turnover. The HRMs impact on the clarity of goals, the manner in which performance metrics are administered, and the importance of the mission, provided

intellectual stimulation among employees (Pasha, Poister, Wright, & Thomas, 2017). Researchers surveyed 2,786 Georgia public sector employees to determine how immediate supervisors, mid-level managers, and top managers impact them as (a) transformational leaders, (b) goals communicators, (c) in measuring performance management, and (d) the extent the mission is important to the worker (Pasha et al., 2017). Findings showed top-level leaders exerted more influence on goal clarity, and lower-level immediate supervisors influenced performance, with the mission being important on all levels (Pasha et al., 2017). All sectors in the study validated the use of TL as effective in their public, mission-based sector organizations.

In another retention study focusing on millennials, TL linked to positive behavioral outcomes. Shabane, Schultz, and Van Hoek (2017) indicated TL links to encouraging artisan contractors' outcomes in the military. Wise managers used influential behavior factors with millennial employees, including the ability to coach, supported employee growth and development, and treated all members of the team fairly to positively impact retention intentions of employees (A. Gilley, Waddell, Hall, Jackson, & J. Gilley, 2015). In the end, managers are responsible for the true retention of millennial employees (Nolan, 2015). HRMs could take into account the ongoing need for the training needs of existing employees, which is also part of the overall retention strategy of millennials in hospitals.

Hospital HRMs could strive for a positive environment and setting for the retention of its workers. Millennial nurses in hospitals required their managers to create a positive practice setting for retention (Stewart et al., 2017). HRMs who provided

recognition for millennials' good works suggested hospitals and organizations must reframe the objectives for duty, drive, and reward in the workplace to address transition and retention of today's newest and largest generation (Stewart et al., 2017). In summary, TL was shown to be effective with millennial employees when designing employee retention strategies.

Mentorship to retain talent. Mentorship program strategies were critical to retaining talented employees. Millennial health profession graduates expected a safety net of support and to be valued as a professional by peers and the organization (Ulep, 2018). HRMs who leveraged the experience of older baby boomers with novice millennials through more extended mentorship programs of up to 3 years strategically improved the retention rates of staff (Gilley et al., 2015; Ulep, 2018). Furthermore, Kuron et al. (2015) posited millennials become reasonably stable as they gain work experience and maturity through the mentorship experience. In the early stages of a new job, millennials make tentative choices and progress through adjustments in engaged training, which help embed the employee to their position for a longer tenure (Kuron et al., 2015). Helping millennial employees through mentorship helped the younger employees feel engaged with their new organization.

Additionally, some hospital HRMs continued mentorship and training support for their employees as a retention strategy. HRMs found a relationship between an employee's retention intentions based on the availability of mentoring and appropriate personal and professional training support (Beynon, Jones, Pickernell, & Packham, 2015). In a supporting study, Plessis, Barkhuizen, Stanz, and Schutte (2015) emphasized

HRMs must design talent management practices to retain employees; talent and mentorship leadership practices directly interrelated with employee intentions to stay or leave organizations. Riegel (2013) utilized a web-based survey to millennial acute care nurses from across the country who had completed their orientation process within the clinical setting. The research findings revealed 40% of nurses plan to leave their jobs within 3 years; millennial nurses seek structure including an individualized orientation program that provides open communications with preceptors and managers desiring formalized coaching and frequent feedback (Riegel, 2013; Ulep, 2018). The millennial nurses connected their ability to function safely in the clinical unit with the ability to seek assistance and ask questions from others (Riegel, 2013; Ulep, 2018)). Hospital HRMs could understand the importance of training, open communications, and formalized coaching support for millennials as part of their hospital retention program.

Moreover, the literature suggested millennials desire engagement and learning in their work environment. Naim and Lenka (2018) posited that leaders who understand the psychological traits of millennials and reinforces a learning culture in the workplace that promoted an individual's competency development, which, in turn, created an intention for the employee to stay at their organization. Also, millennial employees valued open communication that encouraged the free-flow of information through experiential learning and mentoring for rapid development (Naim & Lenka, 2018; Stewart et al., 2017). Key to the education of millennials was a preceptor who understood the unique role-specific learning style necessary to meet the characteristics of the learner effectively (Bishop & Wackler, 2017). The millennial employee loves learning and self-

improvement and will retain loyalty to organizations that support them as individuals (Fishman, 2016). Unlike other generations, millennials wanted clear goals, expected engaged supervision, mentoring, and coaching while desiring immediate feedback (Bishop & Wackler, 2017; Fishman, 2016). HRMs should understand the importance millennials place on engagement and learning opportunities that promote their professional and personal development, which could potentially be a key to retention.

Millennials responded positively to HRMs who provided formalized learning opportunities within their hospitals. Ulep (2018) indicated millennial nurses' wanted formal residency programs for novices and their peer group to provide structure, essential in promoting confidence, recognition, a higher competency level, and retention. The millennials are social and prefer learning activities that include interaction with colleagues (Bishop & Wackler, 2017). Millennials preferred mentors who used multimedia and visual techniques that offered fast-paced tactile experiences in education delivery (Bishop & Wackler, 2017; Fishman, 2016). By respecting and engaging the millennial learner, hospitals can provide training and teaching experiences that millennials need for both patient safety and retention intentions, as well as building effective members of the care and leadership team.

Job satisfaction. Job satisfaction appeared throughout the academic literature as a relational key element to millennials' employee retention strategy. Employees regarded job satisfaction as a positive fit to learn and grow within their work position and its environments (Kam & Meyer, 2015; Pomirleanu & Mariadoss, 2015). HRMs, who addressed job satisfaction as a strategic priority, found a higher retention rate of top talent

(Khalid, Pahi, & Ahmed, 2016). Millennials needed support from peers and superiors to socialize effectively to be happy in the workplace (Naim & Lenka, 2018). Sherrod (2007) indicated that millennials want a coaching and mentorship relationship within the hospital department to build a supportive workplace and healthy living programs, and career-ladder advancement opportunities as factors to retain clinical staff at the facility. Health care leaders must understand the demographic dynamics that lead to job satisfaction and employee retention (Kumar, Jauhari, Rastogi, & Sivakumar, 2018; Naim, & Lenka, 2018). Millennial hospital workers desired individualized consideration from their leaders and attention in their communications with each other as well as their leaders.

Millennials desired HRMs provide employee access to hospital leaders on many levels, from managers to senior executives. Effective leadership across diverse elements of the organization requires a team effort (Kuang-Jung, Mei-Liang, Chu-Mei, & Chien-Jung, 2015). Hospital leaders who provided a positive setting achieved higher levels of patient satisfaction and ratings in quality care stemming from employees' greater levels of job satisfaction (Lin et al., 2014). Conversely, a manager's incompetence may contribute to high employee turnover, decreased morale, lower productivity, and poor performance because low job satisfaction leads to higher employee turnover intentions (Deery & Jago, 2015; Hunt, 2014). The HRM could identify managers with performance leadership challenges as a hospital retention strategy element.

Millennials could benefit from TL attributes in the hospital setting. Leaders influence others to understand and agree with needs, how to address the requirements,

and where the individual fits into accomplishing shared objectives (Gyensare et al., 2016). Transformational leadership was a desired leadership strategy appreciated by younger generational employees in promoting employee engagement and motivation for job satisfaction (Breevaart et al., 2014). Employees developed loyalty and job satisfaction with an organization that involved them as individuals in the TL management setting resulting in a longer-term commitment to their positions (Gousy & Green, 2015). Leaders who created an environment where ideas, collaboration, good communications, and responsibly use resources for a shared purpose positively affected job satisfaction as a hallmark of effective health care organizations (Sims et al., 2015). Researchers linked employee motivation and empowerment in the workplace with voluntary hospital staff turnover and its reciprocal relationship to job satisfaction (Deschamps et al., 2016; Gousy & Green, 2015). Hospital leaders may consider focussing on job satisfaction as an effective retention strategy for all employees in the organization.

Flexible work-life-balance. Millennials' desired flexible working arrangements frequently appeared in the literature review in addressing employee retention strategies. As previously stated, millennials leave their organization if leaders do not fairly address work-life values and balance as a strategic factor for longer-term tenure (Deery & Jago, 2015; Gilley et al., 2015; Pregolato et al., 2017). Additionally, HRMs in hospitals and related fields could include work-life-balance combined with a supportive culture as an employee retention strategy (Eason, Mazerolle, Denegar, Pitney, & McGarry, 2018; Pregolato et al., 2017). Parental support and family ties to many working millennials enabled a sizeable number of this generation to have more

resources and desiring more flexible time for their private lives and retainment of relationships (Luscombe, Lewis, & Biggs, 2013). Hospital HRMs could communicate its support of individuals' work-life-balance through its HR benefits and policies, essential to the millennials.

Multiple generational hospital employees benefitted from flexible working strategies. Millennials were not the only generation working in hospitals to seek a work-life-balance. According to Tourangeau et al. (2013), work-life-balance was also important to baby boomers, as older employees nearing retirement and millennials placed equal value on self-scheduling hospital work hours and additional vacation time in the research. Idris (2014) conducted open-ended qualitative interviews with HRMs creating data on flexible working strategies. The HRMs findings for leaders encouraged flexible working strategies to include flextime, job sharing, flexible leave, flexible career opportunities, and flexible work locations (Idris, 2014). Cunningham (2016) posited millennials wanted flexible work schedules, such as part-time schedules, co-location, and virtual work alternatives. As an organizational gap, many leaders do not deploy flexible working arrangements as part of employee retention strategy (Kultalahti & Viitala, 2014, 2015). HRMs can consider flexible working arrangements as a strategy for millennial retention strategy to keep valued employees (Idris, 2014). Hospital HRMs could consider flexible working accommodations as an effective workforce retention strategy.

Compensation. Hospital HRMs realized compensation was a significant component of employee retention strategies. The relationship between hospital HRMs was complex affecting employee behavior from patient satisfaction to job retention

(Ramadevi et al., 2016). Millennials expected their first promotion within 15 months and an average of 63% increase in pay over five years, with no relation to performance (Johnson & Ng, 2016). Millennial employees have acquired more education, in general, and are lifetime user-experts of technology, believing their compensation and benefits should correlate to those factors (Johnson & Ng, 2016). Employees who acquire more education and skills expected a correlation to earn a higher income (Aziz, 2015). Galetić, Braje, and Klindžić (2016) conducted an empirical research study of second-year millennial business students in Croatia to determine pay preference comparisons of millennials to Gen X and earlier workforce generations. The participants answered questions using a 5-point Likert-type scale, with 74.4% with 0 to < 1-year work experience. Of the students participating in the study, 63% had no coursework experience in human resources or compensation (Galetić et al., 2016).

The data from Galetić et al. (2016) indicated the top four scores for desired pay and benefits preference included high base pay, health benefits, a retirement plan, and off-the-job education tuition and training. The findings specified millennials are more attracted to organizations that recruited at their high pay preference level for the job (Galetić et al., 2016). The peer-reviewed study by Galetić et al. (2016) posited that pay-for-performance and variable-based pay strategies influenced long-term retention, and high base pay preference was most important to the youngest millennials. Furthermore, there was a correlation to wage satisfaction manifesting a commitment to the organization and employee engagement, attributes of employee retention (Ibidunni, Osibanjo, Adeniji, Salau, & Falola, 2016). HRMs made compensation a vital investment for a skilled

workforce (Johnson & Ng, 2016). Hospital HRMs could evaluate compensation packages, applying more resources toward high base pay for recruiting and retaining millennials in their first 3 years.

Consequences of the Lack of Retention Strategies

Hospital HRMs who failed to institute retention strategies of millennial employees, led to costly consequences. Pawar and Chakravarthy (2014) posited that the lack of employee retention strategies led to devastating results for organizations. Rising hospital turnover and the looming shortage of nurses was prompting leaders to focus on staff retention (Koppel et al., 2017). Turnover negatively affects the quality of care, staff morale, and pressure on hospital budgets. As previously stated, The Advisory Board Survey Solutions and Executive Center estimated that one registered nurse departure costs organizations up to \$90,000, or 1.5 times the nurses' salary, excluding expenses for replacement labor, separation, recruitment, onboarding, and lost revenues (Koppel et al., 2017; Ulep, 2018). The research findings indicated that employees who feel engagement to their hospital positions are more likely to stay in their jobs if leaders can retain nurses past the 3-year mark (Koppel et al., 2017). HRMs at West Virginia University Hospital reported that the retention rate of first-year clinical staff support on medical-surgical floors ranged from 21% to 64% (Daniels, Mackovjak, Audia, & Richards, 2013). Fifty-four percent of new millennial non-clinical West Virginia University Hospital hires had less than one-year duty leaving the hospital within 5 months costing \$800,000 annually for this cohort alone to recruit and replace (Daniels et al., 2013). HRMs must address nursing retention as a critical issue impacting hospital budgets worldwide; nursing

departments comprise almost a third of most hospital employees (Duffield et al., 2014). HRMs realized the financial consequences of failure to retain key personnel.

Hospital HRMs who failed to address the root causes of employee dissatisfaction had retention difficulties. Halcomb and Ashley (2016) surveyed 1,166 nurses across Australia, identifying six key themes considered to be the least satisfying aspects of work that impact decisions for leaving their positions. The nurses' survey identified turnover intentions occur when any of these factors are present: (a) if pay is not at market-rate, (b) deficient staffing levels causing stress in caring for patients, (c) lack of adequate space, (d) absence of respect and recognition, and (e) when limiting the nurses' role by non-clinical managers or physicians occurs (Halcomb & Ashley, 2016). Nurses working in the primary care setting of smaller staffed offices of hospital-owned practices identified the need for systemic improvement most (Alameddine, Yassoub, Mourad, & Khodr, 2017; Halcomb & Ashley, 2016). Nurses in multiple settings who felt limitations and lack of support leave their positions (Riegel, 2013). HRMs in hospitals should focus on stressors within the large nursing profession as a key element to their employee retention strategy.

The retention of millennials in hospitals was a global issue. The National Health Service in the United Kingdom indicated the number of nursing vacancies in their countries has doubled, and between October 2016 and September 2017, 9% more nurses left their registry than are joining nursing professions (Peate, 2018). Nurses felt taken for granted with pay restraints and stressful working conditions (Halcomb & Ashley, 2016; Peate, 2018). Peate (2018) posited that unless satisfaction at hospitals is addressed with a

transparent strategy to retain staff, burnout will remain and cause more turnover; since 2015, the National Health Service added nursing to the national Shortage Occupation List. Globally, millennial “*staff churn*” throughout hospital departments resulted in 30% of 60% indirect costs in training to attain a level of safety and quality necessary for continuity of care and operations (Duffield et al., 2014). The consequences of hospital nursing dissatisfaction affected retention strategies, safety, continuity of care, and shortages of key personnel in some areas, such as the United Kingdom.

Transition

Hospitals experienced new recruitment, retention, and training costs for millennials to close the skill gaps of retiring baby boomers. The under 3-year median turnover rate for millennial workers was over three times higher in hospitals than older workers. With millennials now the majority workforce, lead HRMs need retention strategies to retain a stable workforce. Section 1 of the study contained key foundational elements of the study as required by Walden University, Doctor of Business Administration. Section 1 contained: (a) foundation of the study, (b) background of the problem, (c) problem statement, (d) purpose statement, (e) nature of the study, (f) the research questions, and (g) the interview questions. Additionally, Section 1 of the study contained (h) the conceptual framework, (i) operational definitions, (j) assumptions, limitations, and delimitations; (k) significance of the study, and (l) review of the professional and academic literature related to strategies that some lead HRMs use to retain millennial employees.

The professional and academic literature involved sources of developing

leadership theory best suited to positively address hospital millennial employee retention, and related generational issues and the urgency and consequences of ineffective millennial employee engagement at hospitals today.

In Section 2, I provided a restatement of how I conducted the study and included a restatement of the study purpose, the role of the researcher, participants, research method, research design, population and sampling, and ethical measures to protect research participants and integrity of the proposal. Furthermore, Section 2 included the data collection instrument, data collection technique, data organization techniques, and data analysis. The last components of Section 2 included an in-depth discussion of the reliability and validity and the transition and summary of the study. In Section 3, I provided the presentation of findings, and application to professional practice, implications for social change, recommendations for action, and recommendations for further research, my reflections, and conclusion.

Section 2: The Project

In Section 2, I include a review of the purpose of this qualitative multiple case study. Furthermore, Section 2 includes the eligibility and strategic criteria for selecting the participants, followed by the research method and design. The population and sampling subsection consists of the justification for the number of participants as well as the ethical research standards applied to this study. Additionally, Section 2 includes a detailed description of the data collection instruments and techniques and data organization techniques used in the data analysis. Concluding the section, I address the reliability and validity of the research, credibility, and potential for transferability.

Purpose Statement

The purpose of this qualitative multiple case study was to explore strategies that hospital HRMs implement to retain employment of millennials beyond 3 years. The target population consisted of lead HRMs of five different hospitals who represent large multi-hospital systems and community hospitals in Northeast Ohio who successfully implement millennial generation employee retention tactics. Hospital managers may benefit from the study through hospitals' financial stability and job creation in the communities they serve.

Role of the Researcher

The role of the researcher is to function as the human instrument to collect and interpret the experiences of the participants (Sanjari, Bahramnezhad, Fomani, Sho-ghi, & Cheraghi, 2014). In this study, I served as the interviewer who participated and collected data from the participants, keeping in mind that the effectiveness depends on a

researcher's ability to understand the research topic and participants' feedback (Collins & Cooper, 2014). Case study researchers must also keep in mind the theoretical framework during data collection (Yin, 2018). My role as a researcher included defining the research questions, interviewing, transcribing, authenticating, and presenting findings on strategies some hospital HRMs implement for the retention of millennial generational employees beyond 3 years. I served as the primary research instrument and began the data collection process after I received IRB approval.

To attain an understanding of the participants' experiences, researchers often use semistructured interviews to answer research questions (Cridland, Jones, Caputi, & Magee, 2015). Researchers also develop interview protocols for the semistructured interview questions supporting the business question, which is what I did for this study. With the interviews, I established a relationship with participants through sharing an opportunity to talk about a subject of personal or professional interest (Wolgemuth et al., 2015). Lead HRMs had an interest in the retention of millennial generational employees.

The role of researcher required a neutral standpoint on the reliability and validity of the findings. I did not have direct prior experience with lead HRMs as participants, but I had experienced the problem that some hospital managers lack retention strategies within the workforce. Having self-awareness was important to developing and conducting the interviews (Collins & Cooper, 2014), which includes using understandable questions, having active listening skills, being adaptable, having a basis of knowledge, and avoiding bias (Yin, 2018). It is important to demonstrate how bias was mitigated (Harrison, Birks, Franklin, & Mills, 2017). Thus, I was responsible for

considering all information expressed by participants using effective questioning, listening, and adaptability while using the comparative method of themes saturation (CMTS) to avoid capturing data through a personal lens (Constantinou et al., 2017). CMTS supported the mitigation of any personal biases or preconceived conceptions (Constantinou et al., 2017). I used CMTS to compare the data to attain themes from the transcripts.

My responsibility as the researcher was also to conduct a thorough, ethical study that considers the rights of the participants. Qualitative researchers must exhibit a level of rigor to present valid findings (Morse, 2015). The data collection process did not include persons with subordinate positions in hospitals using only lead HRMs to protect human research participants with the ethical principles of The Belmont Report (Haahr, Norlyk, & Hall, 2014). Researchers must comply with the three elements of The Belmont Report to (a) assure respect for individual persons, (b) practice beneficence to maximize benefits and minimize harm, and (c) to assure justice for all individuals in the research (Haahr et al., 2014). Compliance requires researchers to adhere to justice applications to include informed consent, the nature, and scope of risks and benefits and through the selection of research subjects. All participants received respect for their autonomy in compliance with The Belmont Report. In addition, each participant received my training documentation in the protection of human research participants.

Finally, my role involved using methodological triangulation. Researchers use methodological triangulation to include multiple methods of data sources to ensure a comprehensive understanding of the phenomenon and lessen any researcher bias (Carter,

Bryant-Lukosius, DiCenso, Blythe, & Neville, 2014). Triangulation can enhance the validity and reliability of results (Prion & Adamson, 2014). I used interview questions (see Appendix) delivered for each interview participant. I used interview transcripts and analysis of electronic documents from participants' hospital websites regarding diversity and innovative employee engagement programs to manage and retain millennial employees. I was cognizant not to prejudge earlier answers, implementing a personal lens process before each interview to enhance comprehension and listening skills as well as mitigate bias. Researchers in interview settings must follow the same protocol and remain focused through the interviewing process (Haahr et al., 2014). The data collection process was complete upon satisfactory evidence of data saturation.

Participants

Participants were essential to achieve a unique understanding of the research topic and problem (Dasgupta, 2015). Participants possess responsiveness and sensitivity to conduct a scientific inquiry (Sanjari et al., 2014). I used interviews for understanding participants' experiences, how they described those experiences, and the meaning they made from those experiences. The interviews involved a 4-phase protocol refinement: (a) ensuring interview questions align with a research question, (b) constructing an inquiry-based conversation, (c) receiving feedback on interview protocols, and (d) piloting the interview protocol (Castillo-Montoya, 2016). I did not begin data collection until after receiving Walden IRB approval.

This study included a purposeful sample of five HRMs at different Northeast Ohio hospitals who met eligibility criteria. Purposeful sampling involves identifying and

selecting research participants who are knowledgeable and have experience with occurrences of interest (Palinkas et al., 2015). Researchers use purposeful sampling to pursue information about target populations by conducting an in-depth examination of the data (Cleary, Horsfall, & Hayter, 2014). I used purposeful sampling of HRMs with experience in the retention of millennials in the hospital setting to answer the research question, as eligibility of participants should be in the field of interest or benefit from participation in relating to the research question (Yin, 2018). The eligibility criteria for the participants included (a) must be the lead hospital HRM with a minimum of 5 years of experience; (b) must directly oversee recruitment, training, and human resource benefits functions at their hospital system; and (c) must have responsibility for the retention strategies necessary to retain millennial generational employees beyond 3 years.

I used organizational websites, professional association membership directories, and trade publications to identify participants. The leadership team at the Ohio Hospital Association provided publicly available information to identify lead HRMs at hospitals with contact information to access eligible participants for the study. Initial contact helps researchers to bond with participants by sharing various parts of the mutual professional background and personal identity to gain acceptance by the participants (Adams, 2015; Doykos, Brinkley-Rubenstein, Craven, McCormack, & Geller, 2014). Before each initial contact, contact was made with each of the chief government relations officers who I meet regularly at the Ohio Hospital Association government relations meetings. Professional counterparts consented to use their name as a reference with a research participant at their hospital.

Lead HRMs received an initial call with a letter and consent form with supporting information about the research attached to an e-mail, as participants appreciate understanding qualitative research guidelines and opportunities that add value to their area of interest (Barnham, 2015). Each participant received a follow-up call as another rapport-building contact and to answer any questions. Every participant also received essential information for making a knowledgeable decision to choose to take part or not in the research study request on a voluntary basis. Further, the researcher must avoid common risks to safeguard an individual's participation (Wolgemuth et al., 2015). Researchers must protect the participants' identities and voices so the interview process can involve a free-flow sharing of information (Wolgemuth et al., 2015).

The researcher must build a trusting relationship with the participant so that they freely share experiences in the interview. Trust building with research participants is important to successful semistructured interviews (Adams, 2015; Doykos et al., 2014). As a respectful strategy for establishing a working relationship with the participants, I set a meeting at the HRMs' office location that was comfortable for participants in their hospital setting. Another key strategy is to engage in an interview practice that is responsive and beneficial to the participants. Further, it is important to address personal bias, which can be done by using the 5-step analysis for qualitative case studies (Yin, 2018).

Researchers must also ensure that participants' interview questions align with the research question (Castillo-Montoya, 2016). Scholars and researchers use semistructured interviews to probe answers and enable the participant to build upon their explanatory

and evaluative responses to understand relationships (Castillo-Montoya, 2016). Researchers use alignment criteria of participants to understand the meaning of phenomena and their relationships of the research question (Stern, Jordan, & McArthur, 2014). Moreover, researchers fact-check participants' feedback to assure the inclusion of their responses (Stern et al., 2014). I used the population, intervention, comparison, and outcomes (PICO) process as a tool, which helps researchers verify responses relating to the population to study, intervention, comparison intervention, and outcomes measures (Stern et al., 2014). I used the PICO checklist to ensure participants' inclusion aligns with the business question. Using PICO criteria in the study, the *population* is HRMs in northeast Ohio, *intervention* is retention of millennials in their workplace, *comparison* identifies some strategies to retain hospital millennials, and *outcome* information by participants on retention strategies in hospitals that measure beyond 3 years.

Research Method and Design

Selecting a research method was a process to identify whether qualitative, quantitative, or mixed methods apply to answer a research question (McCusker & Gunaydin, 2015). For this study, the multiple case qualitative study design was appropriate to answer the overarching research question. The purpose of this qualitative multiple case study was to explore strategies hospital HRMs use to retain millennial generational employees beyond 3 years. I benefitted from the use of the qualitative method with the multiple case study design to assist and guide this study, which I discuss in the following subsections.

Research Method

Researchers use the qualitative method to achieve a unique understanding of research subjects to address a research problem (Dasgupta, 2015). Qualitative case study research is from a realistic and post-positivist perspective (Harrison et al., 2017). The qualitative methodology involves an appropriate natural setting for information gathering where participants experience the phenomena of interest (Vaismoradi et al., 2013). The benefits of qualitative case studies include assisting researchers to explore, explain, and describe complex issues contextually (Harrison et al., 2017). Researchers use the case study research design to answer the *how* and *why* questions (Yin, 2018). Researchers also use the multiple case study to produce more evidence and allow replication (Dasgupta, 2015). Thus, a qualitative multiple case study was the most suitable method to understand the perceptions of hospital HRMs facing employment retention of millennial generational employees.

Quantitative and mixed methods were not suitable to examine the underlying strategies, motivation, and decision processes of HRMs in hospitals. Researchers use the quantitative method to rely on data, which does not permit a suitable environment for attaining the level of detail found in the qualitative method (McCusker & Gunaydin, 2015). The study objective was also not to test hypotheses and large-sample research variables that rely on statistical inference or mathematical modeling. Additionally, some mixed methods research blurs the weighting of the qualitative and quantitative data affecting bias in addressing the research question (Flick, 2017). Researchers using the

mixed methods approach also require added time constraints, making it an impractical consideration for this study.

Research Design

A researcher must choose a design that answers the research question while enabling data saturation in a reasonable period to finish the study (Fusch, Fusch, & Ness, 2017). The case study design in this study was necessary to create a body of work to address the business problem. Researchers use the case study design of data collection as a method to confine the research in time and space (Dasgupta, 2015). The multiple case study design helped me investigate a contemporary phenomenon within its real-life context and to collect enough data from hospital HRMs of their experiences of the research topic in a first-hand fashion. The multiple case study also produces more evidence and allows replication (Yin, 2018). The case study design was a comprehensive research strategy that allowed for appropriate data collection and analysis to reach saturation (Yin, 2018).

I excluded the ethnographic research design, which were not appropriate due to time constraints. Phenomenology and ethnographic research would require extensive data collection outside my study design from individuals beyond hospital HRMs over an extended period through exploring personal views and experiences. Researchers use ethnographic studies to focus on in-depth data of a specific cultural group and are not appropriate for a diverse workforce found in hospitals. Phenomenology is an interpretive or hermeneutic and descriptive method of qualitative research, often focusing on individuals and not a large group (Derico, 2017; Sloan & Bowe, 2014). I rejected this

qualitative research method because I was focused on strategies hospital HRMs implement for the retention of millennial generational employees and not the phenomenology and philosophy of individuals.

Data saturation occurs when there is enough evidence to replicate the study and data collection is sufficient when reaching this attainment with no new additional information or themes (Fusch & Ness, 2015). At data saturation, data ceases to provide new information relating to the research question, and further coding is no longer feasible relating to the research question (Constantinou et al., 2017; Fusch & Ness, 2015). The data saturation process allowed the appropriate depth to address the research question in building rich data. Sample size in qualitative studies has a relationship to the information power of data saturation (Malterud, Siersma, & Guassora, 2016). The more information relevant to the actual study question reduces the number of research participants necessary to attain saturation (Malterud et al., 2016). To determine data saturation, I used the CMTS process because all interviews compare with each other when considering information expressed by participants (Constantinou et al., 2017). I constructed the themes from interview transcripts with a sample size of five lead hospital HRMs and compared all interviews with each other.

Population and Sampling

The participant sample size used for the multiple case qualitative study included five lead hospital HRMs at different Northeast Ohio hospitals sharing their strategies for the retention of millennial generational employees beyond 3 years. Researchers use selection criteria from a pool of participants who have lived experiences and insight with

the population of the research subject necessary to provide meaningful answers to the research question (Balyakina et al., 2014; Berry, 2014). The participant sample for a research study must be as representative of the industry population as possible, yet small enough to permit in-depth, case-oriented analysis (Boddy, 2016). I conducted the inquiry participant population through questions with the HRMs of the research topic in a first-hand in-person fashion through semistructured interviews at each hospital site.

The researcher attained more in-depth information about strategies hospital HRMs use for retention of millennial employees through in-person interviews. Zhang and Guttormsen (2016) suggested in-person data collection was an effective method of data collection. The qualitative multiple case study design provided a process of construct validity, internal validity, external validity, and reliability (Yazan, 2015; Yin, 2018). A qualitative multiple case study was a suitable method of achieving a unique understanding of the meaning and perceptions of lead hospital HRMs dilemma facing the business problem.

I selected the lead hospital HRMs through the purposeful sampling method. The purposeful sampling method selects participants who have knowledge about the issues of central importance to the purpose of the inquiry (Benoot, Hannes, & Bilsen, 2016). Researchers use the purposeful sampling method to target a study population which meets the criteria set by the researcher to answer the study's research question (Balyakina et al., 2014). The interview participants had the lead role of human resources in their hospital and the responsibility for the recruitment, orientation, training, and retention strategies for millennial generational employees in their organizations. Researchers use

the purposeful sampling method to maximize the depth of collected data from participants who have rapport and knowledge of the target population (Barratt, Ferris, & Lenton, 2015). The purposeful sampling method in qualitative case studies produces information-rich insights and in-depth understanding rather than empirical generalizations (Benoot et al., 2016).

The interview setting is an important attribute for semistructured interviews to place the participant at ease and to establish trust to gain reliability in responses (Ströfer, Ufkes, Noordzij, & Giebels, 2016). Researchers formulate appropriate cognitive and emotional responses to questions that apply to the business problem as a critical step to achieving successful outcomes in the semistructured interview process (Ströfer et al., 2016). The interview setting experience is an active element in the interactions between the researcher and participant in a successful research process (Gagnon, Jacob, & McCabe, 2015). I offered to conduct interviews with the lead HRMs in their private hospital office setting, where they were most at ease and familiar. In so doing, the voluntary participant did not need to take extra travel time to an interview site.

Data saturation was an essential requirement in qualitative research studies. Data saturation occurs when there is enough evidence to replicate the study, and data collection is sufficient with no new additional information or themes (Fusch & Ness, 2015; Leoni, 2015). Scholars who use in-depth in-person interviews with a sample size of five participants have a relationship with the information power of data saturation (Malterud et al., 2016). I used the CMTS as part of the qualitative data saturation technique to limit bias and assure there were no new themes from the interviews related

to the research question. Scholars use CMTS to assist data saturation where all research interviews compare to each other, and the sequence of interviews are reordered multiple times to confirm saturation again (Constantinou et al., 2017). Additionally, I conducted a company document review of hospital employment and publicly-available human resource documents and websites, field notes, interview participant observation, and used scholarly peer-reviewed literature about strategies some hospital HRMs implement for the retention of millennial generational employees.

Ethical Research

Researchers who include analysis and dissemination of human perspectives necessitates careful consideration of ethical practices (Yin, 2018). Ethical researchers guard against malfeasance, meaning to not harm, with the virtue of beneficence to do all the good one can to protect the integrity of the research participants and investigative scholarship (Willis, Slade, & Prinsloo, 2016). Researchers who conduct studies must apply moral principles of justice, autonomy, respect for persons, protection on vulnerable populations, and beneficence (Roberts, 2015).

The purpose of the qualitative study was to explore strategies that hospital HRMs implement to retain employment of the millennial hospital workforce beyond 3 years. The Institutional Review Board (IRB) at Walden University included an expert panel of professionals who reviewed my research protocols and procedures with human subjects before collecting data to assure the ethical protection, safety, and well-being of the participants. The researcher obtained permission to collect data by receiving approval from Walden University's IRB. The Walden approval number for this research study

was 09-05-19-0665045. Additionally, the researcher completed the National Institutes of Health *Protecting Human Research Participants* training course, certificate number 2429823, on June 9, 2018, to assure the researcher provided ethical protection of my interview participants. The participants, working at competitor institutions, required proof that being part of the study was an academic endeavor and not a means to gain any specific proprietary knowledge for the benefit of my employer. The researcher did not offer any compensation or gifts as an incentive to the lead HRMs in the study to demonstrate the nature of the scholarly research was of a voluntary nature and to eliminate any possibility of coercion.

Persons who voluntarily expressed interest in participating in the study required informed consent to participate. Researchers use informed consent to protect participants by disclosing the purpose of the study, privacy, confidentiality efforts, and equitability so that participants understand their ability to change their mind and withdraw from the study at any time (Yin, 2018). I provided each participant a study participant invitation and informed consent document that both the researcher and participant signed. Each participant received, through the informed consent document, study background information, procedures, voluntary nature of the study, debriefing, privacy, and contacts and questions participants may ask now or in the future. Participants who acknowledge an understanding of the topic and information the researcher seeks through voluntary participation make their own decisions and may withdraw at any point in time (Connelly, 2014). Researchers must continuously reiterate the goals of the study and voluntary nature of participation minimize risks and protect the participants' and stakeholders'

welfare. (Petrova, Dewing, & Camilleri, 2016). Interviewees could withdraw from the study by contacting me through electronic media notification via e-mail, verbally via an in-person meeting, or a telephone call at any point in the process. Petrova et al. (2016) suggest the importance of identifying methods of accommodation for participant's choice to withdraw from research studies free from fear of reprimand or privacy violation. Research participants were lead HRMs, and the business problem was generational and not based on gender or economic status of the hospital millennial cohort; information about any vulnerable groups was not present.

A participant's privacy is at the core of ethical research conduct (Morse & Coulehan, 2015). Informed consent by the research subjects was another important step in the ethical research process. Attainment of consent by a participant was an acknowledgment of the understanding between the researcher and subject. The researcher must stress the voluntary nature to respect a subject's decision to participate or opt-out of the study (Connelly, 2014; Tam et al., 2015). Petrova et al. (2016) suggested the importance of reiterating informed consent and privacy issues with participants throughout the research process. Additionally, Petrova et al. (2016) stated the importance of a participant's choice to withdraw free from fear of reprimand.

The preservation of participant confidentiality requires a researcher to nurture trust through ethical research. The researcher randomly assigned each of the five participants of the millennial research MP1 through MP5. Researchers who omit identifiers, such as names, organizations, and demographic information through a coding system, minimize the risk of harm (Petrova et al., 2016). All data from the interviews

reside in a fireproof safe at my home for a minimum of 5 years, and the researcher will shred and destroy these materials 5 years after the completion of the study. Ethical researchers create and preserve trust through a visible commitment of beneficence protecting the participant and confidentiality.

Data Collection Instruments

Researchers serve as the principal data collection instrument in qualitative studies (Yin, 2018). I served as the primary data collection instrument. The tools that researchers can use as data collection instruments include interviews, focus groups, videos, existing documents, observations, and artifacts (Boblin, Ireland, Kirkpatrick, & Robertson, 2013; Mertens, 2014; Yin, 2018). Qualitative researchers record data that explores opinions, feelings, and experiences, not in the form of numbers (Clark & Vealé, 2018). Researchers who conduct interviews allow the opportunity to explore the experiences of participants and become aware of the meaning of those experiences (Grossoehme, 2014). Researchers use open-ended questions in semistructured interviews as a human interaction that produces scientific knowledge in qualitative studies (Kallio, Pietila, Johnson, & Docent, 2016). Fusch and Ness (2015) suggested when the interview protocol contains open-ended interview questions without fixed response categories, researchers gain more of a comprehensive understanding of the answers while providing opportunities to follow-up with additional inquiry. An investigator's ability to understand the research topic and participants' feedback to collect and interpret the experiences of the participants determines the human instrument's effectiveness (Collins & Cooper, 2014; Sanjari et al., 2014).

The researcher was responsible for determining the method of how to proceed when investigating a unique study problem. As a secondary data collection instrument, the researcher used semistructured interview questions. Researchers use semistructured interviews to provide the opportunity to probe answers to understand relationships by enabling the participant to build upon their explanatory and evaluative responses (Castillo-Montoya, 2016). Yin (2018) specified structured interview questions require shorter responses and more questions, whereas researchers who use semistructured interview questions can collect greater information about the research topic. Researchers use semistructured interviews to enable participants to share information freely, which can provide insight and more in-depth data from the interview session (Yin, 2018). Before using interview instruments, the researcher assured all study participants understood and agreed to consent documents as well as an National Institutes of Health research protection document. The interview instrument the researcher used, *Research and Interview Questions* (Appendix), contained six open-ended questions to develop strategies some HRMs implement for the retention of millennial generational employees beyond 3 years. Case study researchers must use the lens to moderate the interaction with the research theory and data collection from participants (Yin, 2018). The researcher's role as a research instrument was to define the research questions, to interview, to transcribe, authenticate, and present findings in ascertaining strategies that address the research problem in this multiple case study.

Every interview question I used was open-ended to maximize full and comprehensive responses from participants and, by design, to circumvent yes or no

answers. Researchers use the semistructured interview method to receive positive, negative, and mixed responses to capture the essence of a participant's thoughts (Elsawah, Guillaume, Filatova, Rook, & Jakeman, 2015). Researchers use interviews as an instrument to gain a fuller comprehension of a participant's experiences, opinions, attitudes, values, and practices (Cridland et al., 2015). In this multiple case study, the researcher built a relationship with each of the lead HRMs at their respective hospitals in the process of collecting the research data. Using e-mail, the researcher sent a study participant invitation and informed consent form and National Institutes of Health protecting human research participant certificate to build trust and assure the ethical and confidential nature of the research study. The researcher telephoned each participant and used Microsoft Outlook to set calendar meetings after receiving signed authorization through e-mail.

Researcher interviews took place in the natural setting at each of the lead hospital HRMs offices. To assure I captured the essence of every word through transcription of the interview, the researcher audio recorded the interview sessions, used medical transcription software, and took notes about the text and interview atmosphere to enhance the reliability of the data. Researchers take notes as an essential practice for capturing core messages from the discussion and setting during interviews and immediately following the collection of data from participants (Yin, 2018). To ensure I captured the audio and words, the researcher used recording and transcription tools, including Dragon Medical voice-to-transcription, recording the interview subject's words to print in Microsoft Word format on my laptop computer. Also, the researcher used the Ez

Dictaphone application on an iPad as a digital audio recording device. To guide the structure of the interviews, the researcher utilized the interview protocol (see Appendix). The researcher used the interview guide as a template to conduct interviews and remained mindful that the data collection process required intent listening for unanticipated opportunities during the interview interactions. The researcher applied information from interviews as one of the multiple sources of data to demonstrate confidence and trustworthiness of research findings.

According to Yin (2018), triangulation is a data collection instrument that refers to the use of multiple methods or sources in qualitative research to develop a comprehensive understanding of phenomena. Triangulation relates to the use of more than one approach to the investigation of a research question to enhance confidence in the ensuing findings (Yin, 2018). In addition to the interviews, the researcher used corporate documents relating to human resource employment practices and personnel policies as a secondary source from websites and available hospital industry retention data to address retention strategies lead HRMs used to retain millennial employees. The primary objective of using triangulation in research is to enhance and demonstrate the reliability of research findings (Carter et al., 2014). In qualitative research, the triangulation strategy tested validity through the merging of information from different sources. Researchers use four types of triangulation: (a) method triangulation, (b) investigator triangulation, (c) theory triangulation, and (d) data source triangulation (Carter et al., 2014). The use of methodological triangulation is appropriate to enhance the confirmability and dependability of data from interviews and relevant documents because

the case study research design uses many sources of data (Yin, 2018). The researcher used multiple sources of evidence through the triangulation technique as a method to demonstrate the reliability of my findings.

The researcher also used member checking as another data collection comparison to control the accuracy of my interpretations with each of the research subjects. To validate the research analysis, researchers use member checking to compare what the participant said during the interview process (Birt, Scott, Cavers, Campbell, & Walter, 2016). Researchers who use member checking heighten the trustworthiness, reliability, and rigor of their studies (Myburgh, 2014; Simpson & Quigley, 2016). Researchers who provide the participants with summaries of their interpretation of the interviews and seek validation from participants that the researcher accurately captures the data assures reliability (Yin, 2018). The researcher applied these data validation instruments into the data collection technique process.

Data Collection Technique

Researchers use the case study design of data collection as a method to confine the research in time and space (Dasgupta, 2015). The semistructured interview is a research technique that researchers use to answer the research question while attaining rich data of participant's experiences (Fusch et al., 2017). The researcher used the semistructured interview technique to conduct face-to-face interviews with HRM participants in a straightforward fashion. The researcher interviewed each participant individually and digitally recorded the interviews with an electronic audio recording device. Next, the researcher reviewed the audiotaped interviews against each transcript

checking for accuracy. During the sessions, the researcher took notes without the help of assistants and transcribed them into Microsoft Word. The researcher took each word and sentence and coded them into categories from the texts. The researcher imported the transcribed interviews and audio files into Nvivo12. Each participant signed the voluntary consent form, which permitted an audiotaped interview as a research participant in addressing the research question through an e-mailed letter of introduction. Additionally, participants received a copy of the researcher's National Institutes of Health training certificate and the list of review questions in advance (see Appendix).

The interviews took place at the lead HRMs respective private office environments at five Northeast Ohio hospitals. A primary task is to attain authorization through proper channels to participants (Robinson, 2014). To build trust, I used my professional working network with northeast Ohio government relations officers at target hospitals speaking with each at a monthly meeting I attend with the government relations officers of the Ohio Hospital Association to serve as a reference or gatekeeper. Robinson (2014) posited that gatekeepers were individuals who served as an advocate to encourage leaders to participate. People who personally know a professional counterpart consented to use their name as a reference with research participants as a trusted colleague. Gatekeepers acted as a professional trust builder in this multiple case study for the research participants were hospital competitors. Researchers must overcome credibility obstacles and constraints to secure rich descriptions from participants (Harrison et al., 2017).

The credibility of interviews as a data collection tool could increase the researcher's risk of developing inadequate research results (Baskarada, 2014). The researcher can also experience the phenomena of participants not answering questions thoroughly, which can affect the reliability of sufficient data and research findings (Yu, Abdullah, & Saat, 2014). Semistructured interviews had some disadvantages. One limitation of the semistructured interview is the reliability of the answers (Yu et al., 2014). Each of the research participants represented a competitor hospital, which may have affected some responses. Researchers risk validity in research findings if participants do not provide information openly and honestly (Yu et al., 2014). Bailey (2014) indicated the importance for researchers to draw upon the psychological techniques to seek, explore, and synthesize human behavior due to the significant amount of data that interviews produce. Researchers must be cognizant of common disadvantages of semistructured interviews, such as (a) question comprehension, (b) convoluted comprehension of questions, (c) researcher's comments which may create bias, and (d) the researcher's anticipating responses will be similar to other participants (Baskarada, 2014).

Fusch and Ness (2015) state the vital need for the interpretation of data represents the participants accurately and not the researcher. The qualitative multiple case study was the most suitable method of achieving a unique understanding of the meaning and perceptions in my doctoral study of HRMs dilemma facing employment retention of millennial generational employees beyond 3 years.

I used triangulation methodology to assure reliability of the data. Member checking and triangulation of data can increase the credibility and rigor of research results (Prion & Adamson, 2014). Researchers use member checking as a conventional technique in qualitative research for accuracy to assure the analysis of the data validates the interpretation to support participants' context and meaning (Mazerolle, Bowman, & Pitney, 2015). Researchers use triangulation of research sources to effectively join the study of data of research subjects from semistructured interviews, field notes, participant observation, focus groups, company document review, and scholarly peer-reviewed literature to provide robust support for the validity of investigation over using only a single source (Yin, 2018).

The social research contained the researcher's worldview, which creates difficulty in separating the data collection instrument from the research (Fusch & Ness, 2015). Researchers use the advantage of triangulation to serve as a validity measure to increase the accuracy of research (Yin, 2018). Researchers use the triangulation of research data to increase the researcher's understanding of the phenomena of study (Hussein, 2015).

Data Organization Technique

Researchers use a variety of measures, including sorting, analyzing, and interpreting information to keep track of data from interviews (Yin, 2018). Researchers create research logs and reflective journals as a technique to learn through experience, but also through the act of recapturing the experience to gain essential reflection and insight (Lin et al., 2014). According to Josselson (2014), critical reflection techniques as part of data analysis and its relationship to a researcher's organizational data is a method

superior to others. Researchers who employ reflective journals help alleviate bias in the study (Pocock, 2015; Young & MacPhail, 2015). Additionally, electronic analysis software assists researchers to manage and transcribe documentation more effectively (Castleberry, 2014). I organized an electronic filing system to capture the data in this study. The data and supporting document components included interview transcripts and interview data for member checking, as well as company documentation. The use of NVivo software was user-friendly to accurately record interview data from individual participants to enable reliable coding and organizing the data into themes (Castleberry, 2014).

The researcher stored the electronic data on a password-protected laptop while retaining paper documents in a locked filing cabinet in accordance with IRB and Walden University requirements. All electronic files and paper documents will be stored for 5 years. The researcher is the only person with access to this data. After retaining the research documentation for 5 years, the researcher will destroy all documentation, through shredding of printed materials and permanently erase all electronic files.

Data Analysis

Yin (2018) suggested a five-phase cycle to analyze qualitative data. These steps were compiling, disassembling, reassembling, interpreting, and concluding. Eassary (2014) indicated collecting raw data for analysis as the first step. Researchers use these steps to open the process of coding data to allow themes and patterns after the interview checking operation (Castleberry, 2014). Yin's (2018) method is helpful for scholars

because it identifies how the researcher focuses on the key themes, correlates the key themes with the literature, and the conceptual framework.

Qualitative researchers use triangulation of data sources for analysis from interview notes to develop an understanding of themes and phenomena (Carter et al., 2014; Nassaji, 2015; Yin, 2018). Triangulation uses more than one research source for the investigation to enhance the confidence and reliability of the findings (Carter et al., 2014; Yin, 2018). In qualitative studies, researchers use triangulation tests to demonstrate validity through the merging of information from different sources. Researchers use four types of triangulation: (a) method triangulation, (b) investigator triangulation, (c) theory triangulation, and (d) data source triangulation (Carter et al., 2014). The use of methodological triangulation was appropriate to enhance the confirmability and dependability of data from semistructured interviews and relevant documents because the case study research design uses many sources of data (Yin, 2018). Yin submits methodological triangulation limits bias by collecting data from multiple data sources; being either sequential or used simultaneously.

Scholars use triangulation as one approach to the investigation of a research question and enhance confidence in the ensuing findings (Carter et al., 2014; Yin, 2018). The researcher's main objective of using triangulation in the study was to enhance and demonstrate the reliability of research findings. Researchers use philosophical triangulation (PT) of two or more philosophical perspectives attain the highest depth of understanding a complex research problem (Joslin & Müller, 2016). Researchers use triangulation to attain results quantitatively by increasing the amount of data available,

but also in a qualitative way (Gorissen, Van Bruggen, & Jochems, 2013). Researchers use triangulation to assure rich data sharpens and shapes the propositions in the data, as well as comparing findings supported in the literature from previous research (Houghton et al., 2015). The researcher used methodological triangulation to increase credibility and improve the trustworthiness of the data transcripts, as part of the triangulation process, and to enhance the integrity of my study against bias.

The main objective of using triangulation in research was to enhance and demonstrate the reliability of research findings (Carter et al., 2014). In qualitative research, researchers use triangulation to strategically test validity through the merging of information from different sources. Researchers may use four types of triangulation: (a) method triangulation, (b) investigator triangulation, (c) theory triangulation, and (d) data source triangulation (Carter et al., 2014). The researcher chose method triangulation because it can be sequential or used simultaneously for interview checking and triangulation of data. Researchers use the CMTS for qualitative interviews as the model by Constantinou et al. (2017). Using CMTS, the researcher compared the interviews with each other multiple times to mitigate bias.

Interviews are a foundational method of data collection in qualitative research (St. Pierre & Jackson, 2014). The researcher used an audio recording application on my iPad as well as Dragon dictation transcription software on my laptop to simultaneously record each interview and convert the voice data to Microsoft Word. Yin (2018) suggested a five-phase cycle to analyze qualitative data. These steps were compiling, disassembling, reassembling, interpreting, and concluding. Eassary (2014) states collecting raw data for

analysis as the first step. Researchers use these steps to open the process of coding data to allow themes and patterns after the interview checking operation (Castleberry, 2014). Also, the researcher used the CMTS for qualitative interviews to reassemble or rearrange the data as a model by Constantinou et al. (2017). The researcher chose CMTS as part of assuring data compared to the interviews with each other multiple times to mitigate bias. The researcher used NVivo software to identify emerging themes from the coding program. Additionally, the researcher assigned each group a category name to allow identification of ideas and patterns.

The final steps of interpreting and concluding the findings were to explain the meaning of the data by making sense of it (Castleberry, 2014). Yin (2018) maintains the researcher's ability to disengage meaning from the data as a part of the case study research. The researcher conducted member checking with participants for accuracy to assure the analysis of the data validated their interpretation and meaning. In concluding the process, the researcher triangulated the data from interviews, observations, and member checking, being careful not to disclose the organizations' or participants' identity. I assigned codes to each participant to protect their integrity while using these codes to organize and classify data.

Reliability and Validity

Reliability and validity were keystones to determine the quality of academic research (Noble & Smith, 2015). The term reliability identifies replication and consistency of data; validity accounts for accuracy, appropriateness of measures, and

accurate representation assuring the methodology, design, data, collection tools, and techniques suitable to answer the research question (Leung, 2015).

Reliability

Yin (2018) suggested researchers must demonstrate consistency and dependability of actions in addressing reliability in case studies. A critical threat to reliability was participant error which adversely affects the performance of a research subject. The setting, time of day, the length of time in interview sessions can alter the reliability of a response (Leung, 2015). Without reliable participant data, curtailment of the neutrality and accuracy necessary can affect the rigor of research (Houghton et al., 2015).

Participants' bias was any factor that induces a false response, such as a setting that is not private where others within hearing the interview affect the answers (Leung, 2015). The researcher's interpretation, unfair bias imposing a personal viewpoint, or understanding of an interviewer's answer was another threat negatively affecting the phenomenon in data collection (Leung, 2015). Researchers should document the research steps and procedures to prove reliability (Singh, 2014). I used triangulation of research sources and member-checking to increase the dependability in the study. The collaboration of multiple sources in collecting data increased the richness of the findings. Fusch and Ness (2015) indicated that the inability to reach reliable data saturation also impacts the content validity of the process. The research triangulation process from member checked interview transcripts that I inputted into NVivo, observations, and documentation of sources that apply to human resource strategies used to retain employment of millennials in hospitals enhanced the reliability of my study. I used these research steps and actions

with associated findings to address the dependability of this work further.

Validity

The ability of a researcher to capture the essence of the phenomenon is validity in qualitative studies (Morse, 2015). Any event which changes participants' perceptions affects validity. A person's viewpoint, a research testing instrument that causes doubt in anonymity, or safety of the interview responses, or lack of clarity or direction affects the cogency of replies (McCusker & Gunaydin, 2015). Researchers' design includes other quality tactics that affect how multiple sources and the chain of evidence test construct validity (Yin, 2018). Rich data interviews in qualitative studies was crucial in reaching the necessary data saturation necessary for validity in conducting research (Fusch & Ness, 2015).

Credibility. Credibility is the level of rigor a researcher provides in qualitative research determining the credibility of findings (Morse, 2015). Researchers base rigor by evaluating how external sources assessed the value of the findings (Morse, 2015). I used triangulation and member-checking to demonstrate my efforts to establish the credibility of my findings rigorously. Triangulation of several sources to study one phenomenon supported the rigor of credibility.

In addition to interview transcripts, field notes, and scholarly peer-reviewed literature, the researcher used participants' hospital websites and social media pages seeking innovative employee engagement programs and human resources information relevant to the retention of millennial employees. HRMs use websites and social network sites for employee communications, from *e-recruitment* messaging to job applications

and current employee engagement (Melanthiou, Pavlou, & Constantinou, 2015).

Websites and social media networks reach millennials who heavily use their smartphones and technology in daily communications (DeVaney, 2015; Stewart et al., 2017). Hospital HRMs placement of digital information provided the researcher with usable information for the study as part of the triangulation process relevant to the business problem of strategically retaining millennials beyond 3 years.

Yin (2018) supported data triangulation as a means to unite multiple sources of evidence in confirming credibility. My study occurred in the reach phase of data collection. The internal validity using logic models and pattern matching, and external validity, using a management theory in case studies through research design, provide assessment tools (Yin, 2018). Fusch and Ness (2015) cautioned about the utilization of a personal lens relating to bias that naturally occurs for both the novice and expert researcher when determining when data gathering is enough. Researchers demonstrate quality, or rich data, and quantity, or thick data, both necessary for qualitative studies. Researchers correlating people, findings from multiple sources, such as surveys, through triangulation to validate the data saturation necessary for a rigorous study (Fusch & Ness, 2015).

The rigor of reliability and validity in qualitative research studies employed the principles of credibility, dependability, confirmability, and transferability (Anney, 2014; Auer et al., 2015). Credibility was essential as it demonstrated the authenticity of the findings. I applied the principles of credibility, transferability, dependability, and confirmability throughout this study.

Transferability. Researchers use transferability to look at the context of the study testing for its transferal to another similar context or situation (Yin, 2018). The ability to conduct a similar study using the model at a later date while preserving the meanings of the original study is an example of testing transferability. Morse (2015) supports triangulation with multiples of sources in the case study approach to provide depth of information necessary for credible research. In qualitative research, the dependability of the data refers to its stability. Transferability looks at the context of the study testing for its transferal to another similar context or situation. The researcher assured the ability to conduct a similar study using the model at a later date while preserving the meanings of the original research for transferability.

Confirmability. Confirmability in research assures data is neutral and without bias as well as accurate (Singh, 2014). In conclusion, reliability and validity were requirements in addressing a practical research business problem. Findings must be rich in content, thick enough in volume with multiple sources to enable transferability of the scholarship. Validity proving through tools such as triangulation supported the confirmability of the data. The doctoral candidate must understand when information is enough, and no further coding is necessary to confirm data saturation (Fusch & Ness, 2015).

Data saturation. My data saturation process allowed the appropriate depth to address the research question in building rich data. I used the CMTS for qualitative interviews as the model by Constantinou et al. (2017). I chose CMTS because all

interviews compare with each other holistically, considering all information expressed by participants.

A qualitative researcher sample size had a relationship with the information power of data saturation (Malterud et al., 2016). The more information relevant to the actual study question reduces the number of research participants necessary to attain saturation (Malterud et al., 2016). I constructed the themes from interview transcripts and compared all interviews with each other considering all information expressed by the research participants. Additionally, I used the same methodological probing with each interview subject with follow up member checking and triangulation as techniques to enhance the confirmability of my saturation of data.

Transition and Summary

The objective of this qualitative multiple case study was to explore strategies hospital HMRs implement for the retention of millennial generational employees beyond 3 years. In Section 2, the researcher restated the purpose of the research study and discussed the role of the researcher. The researcher presented a description of the proposed research method and design, providing support for the selection of a qualitative multiple case study, participants, research method, research design, population and sampling, and validation of ethical research measures to protect the participants and research integrity. Additionally, in Section 2, the researcher discussed the data collection instrument, data collection technique, data organization techniques, data analysis, reliability and validity, and the transition and summary of the study. Section 3 includes the presentation of findings, application to professional practice, and implications for

social change. The researcher places the recommendations for action, recommendations for further research, reflections, and conclusion as the last components of Section 3.

Section 3: Application to Professional Practice and Implications for Change

Introduction

The purpose of this qualitative multiple case study was to explore strategies that hospital HRMs implement to retain the employment of millennials beyond 3 years. It is important for hospital HRMs to understand the importance of retaining millennial employees for organizational success, which requires effective retention strategies (Kultalahti & Viitala, 2014). The participants provided information on strategies they implemented for the retention of millennial generation employees beyond 3 years. The findings indicated that lead hospital HRMs applied three key strategies: (a) millennial-friendly work environment, (b) HRM engagement for millennial retention, and (c) millennial education and training. Section 3 includes the application to professional practice and components supporting implications for social change, recommendations for action and further research, reflections, and a conclusion.

Presentation of the Findings Applications to Professional Practice

I used this question as a framework and guide for the study: What strategies have you implemented for the retention of millennial generation employees beyond 3 years? I conducted semistructured interviews onsite at 5 different hospitals with the lead HRM to collect rich data. I reviewed the interview protocol (see Appendix) with the participants before conducting each interview session. Additionally, I used the same methodological probing of each participant with a second follow-up meeting for member checking the participants' interview transcript summaries for data validity. Member checking and website review of each organization, employee and human resources communications,

job boards, and review of social media sites helped confirm data saturation. To maintain participant confidentiality, I used alphanumeric coding that began with MP1 through MP5. Using Nvivo v12 Plus, I uploaded the transcripts and website review notes to conduct the data analysis. My process identified word frequency, patterns, and themes through the coding process. The three main themes that materialized from the analysis of data were (a) millennial-friendly work environment, (b) HRM engagement for millennial retention, and (c) millennial education and training (see Table 2). The three key themes and subcategories that appeared from the research participants' semistructured interviews are presented in Figure 1.

Table 2

Frequency of Key Themes and Number of Participants

Themes	Frequency	Participants
Millennial-friendly work environment	72	5
HRM engagement for millennial retention	71	5
Millennial education and training	38	5

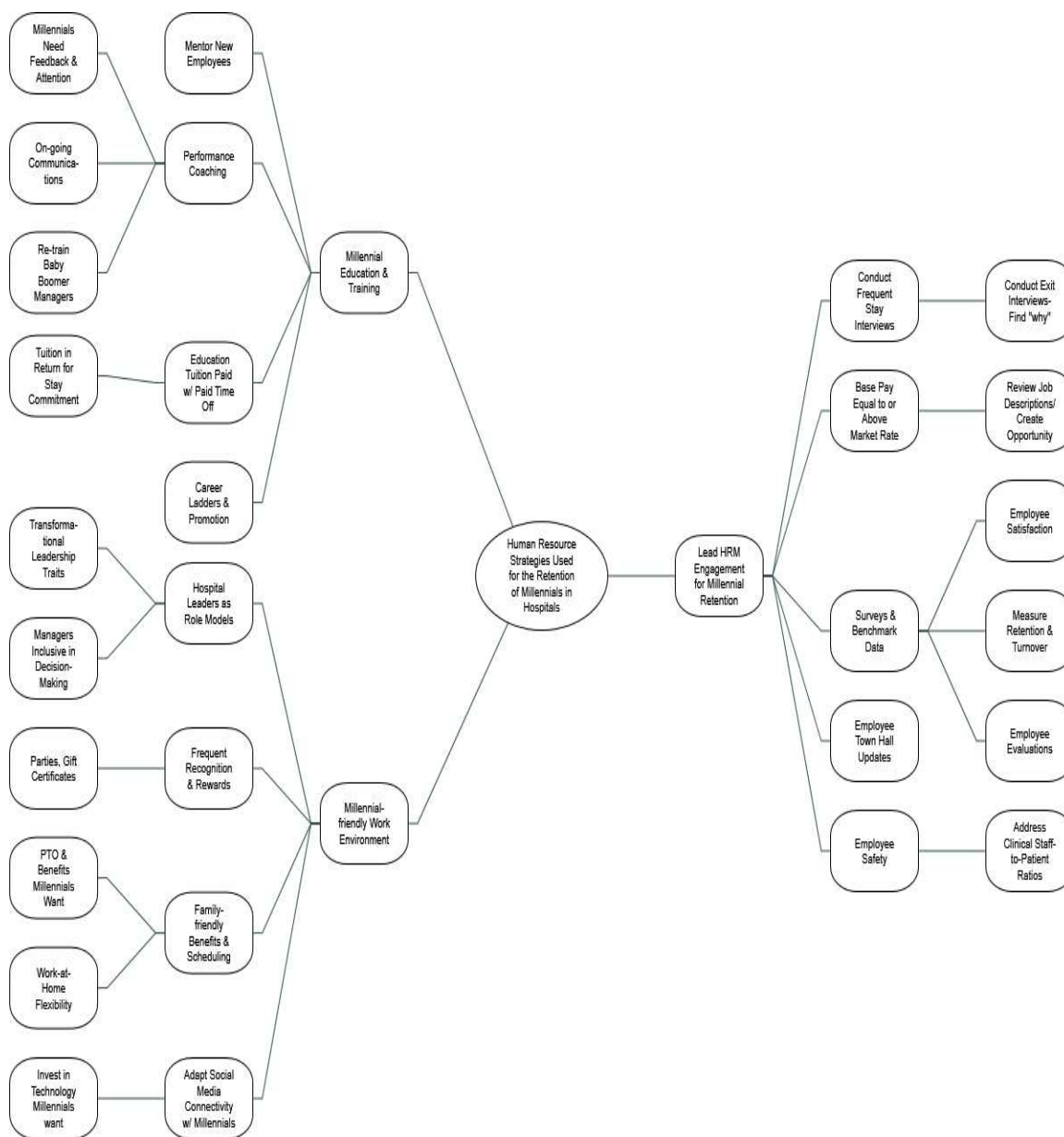


Figure 1. A mind map of effective human resource strategies used to retain millennials in hospitals beyond 3 years.

Theme 1: Millennial-friendly Work Environment

The most prevalent theme that developed from the data of human resource strategies lead HRMs could implement for the retention of millennial generation employees beyond 3 years was addressing attributes in the work environment that millennials desire. Presented in Table 3, participants identified key themes, with a millennial-friendly work environment as the central theme, closely followed by aspects lead HRMs may engage for millennial retention.

Table 3

Key Themes and Participants

Themes	MP1	MP2	MP3	MP4	MP5	Total
Millennial-friendly work environment	5	10	15	20	22	72
Lead HRM engagement for millennial retention	11	8	13	15	24	71
Millennial education and training	7	9	8	11	3	38

The lead strategy to retain millennials is to create a respectful, flexible, and millennial-friendly hospital work environment for job satisfaction (MP1, MP2, MP3, MP4, & MP5). Additionally, HRMs and hospital leadership could create a work environment where employees understand their positions and practice TL traits, as leaders can help employees see how they fit on the team in accomplishing objectives and how they can accomplish them (Gyensare et al., 2016). MR5 indicated,

“Transformational leadership traits of the CEO helped demonstrate advocacy for the employees, modeling positive behaviors for managers, while taking good care of the hospital organization and its board. He makes it a good place to land.” The results of the study also indicated the importance of HRMs and managers creating an inclusive millennial-friendly work environment that is conducive to a committed employment relationship that enables individuals to participate in decision making and goal achievement significant for job satisfaction and retention. For example, millennials at hospitals appreciate frequent communication with their managers. MP3 stated, “Millennials want to understand why we’re doing (a process) it the way we’re doing it, and why we can’t do it a different way.” Additionally, one strategic solution identified to help mentor and involve millennials at hospitals is through action plans. MP1 indicated, “Millennials who create action plans with their managers improve two-way communications enabling employees to be more in control of department operations and feel a part of the team.” Millennials want to be part of a team that cares about their interests and to work for organizations they believe in (MP2, MP3). The analysis of participant responses supported the current literature to create a friendly environment that millennials want.

Millennials want family-friendly benefits and flexibility in the scheduling of hours and paid time off for work-life-balance. Participants indicated that millennials want flexible hours to schedule their (clinical) shifts and administrative employees desire work-at-home opportunities, which was a leading strategy for employee retention (MP1, MP2, MP4, & MP5). Working from home offers more employees who are performing

well schedule flexibility while maintaining their job without office interruptions or job commute time (MP1, MP4). Employees value hospitals that provide scheduling flexibility of hours, which is especially helpful for young mothers, families, or older people. According to MP1, “Millennials helped to create flexible scheduling, and in the past before flexible hours, some employees took extensive leaves or quit their jobs altogether.” In the literature, millennials and the baby boomers nearing retirement placed equal value on self-scheduling hospital work hours and the ability to take additional vacation time, as necessary for a healthy work-life-balance (Tourangeau et al., 2013). MP4 stated, “Employees want to do their own scheduling. When we changed our policy after hearing this theme in exit interviews, that’s what kept a recent millennial from leaving.”

Furthermore, participants indicated that millennials want to have input into their work schedules and also the ability to choose the days they take earned paid time off (PTO; MP1, MP2, MP4, MP5). According to MP5,

In addition to PTO, we now offer a paid professional day for any education or seminar of interest, and personal leave days so that employees can take time to do something private. Employees can take overall time off granted up to a maximum of 30 days.

Based on the study’s results, HRMs could assure millennial employees have the opportunity for the flexibility of scheduling their work hours, working at home options, as well as PTO and personal days essential strategies for job retention.

The participants also indicated that HRMs should listen to the benefits employees want and to provide them within budgetary limitations (MP2, MP3, MP4, MP5). Hospital HRM participants cited that millennials wanted excellent health benefits, along with paid tuition and training benefits for education paired with base pay at market rate or higher to recruit and retain employees (MP1, MP2, MP3, MP4, & MP5). These findings support research suggesting that desired high base pay and benefits preference includes health benefits, a retirement plan, and off-the-job education tuition and training (Galetić et al., 2016). All participants' hospitals offered a retirement plan and tax-deferred savings plan benefit for hospital employees (MP1, MP2, MP3, MP4, & MP5). Participant MP5's hospital was one of few in the state that offered a defined benefit pension plan paying 24 percent of an employee's salary annually as a benefit to stay. However, even with a large pension plan, MP5 indicated the current low unemployment rate and strong economy of 2019 did not detract some millennials with nonclinical positions to take other jobs within 3 years. But organizational leaders who focus on the well-being and health of their employees can attain higher employee commitment (Casimir et al., 2014). Hospital employees relate their well-being to organizations that invested in their health and safety (Ozcelik, 2015). Based on the findings, HRMs who invest in pay and benefits that millennials want help to retain millennial employees beyond 3 years.

Adapt social media and information technology to connect with millennials.

A consistent theme across the lead HRM participants' and hospitals' websites was the use of social media, digital communications for newsletters and announcements, job boards,

e-mail, and websites for attracting, communicating with, and retaining millennials. Websites and social media networks reach millennials who use their smartphones and technology in daily communications (DeVaney, 2015; Stewart et al., 2017). Millennials tend to place more importance on technology use as life-long digital natives as their communication method of choice (DeVaney, 2015; Fishman, 2016). A strategy MP1 used to reach prospective college, medical students and job candidates was through social media, sourcing e-mails, texts, Facebook, and Instagram, and using the tools to invite candidates to visit the hospital. MP1 indicated, “We share our mission and culture through stories and videos strategically reinforcing our hospital as a great place to work for existing employees while finding future candidates through technology.” Developing “a day in the life of an employee” video for social media is also a strategy to diversify different hospital roles, which can be used for recruitment and retention (MP4). MP4 confirmed, “We now offer job shadowing before an employee accepts a position, where a millennial can be a preceptor as part of the shadowing day experience.” Lead HRMs use social media to strategically position hospitals as new, high-tech, and in-touch workplaces millennials desire (MP1, MP2, MP3, MP4, & MP5). Additionally, when new jobs come available, lead HRMs should strategically advertise on the hospital website, Monster, Indeed, and Facebook (MP5). All participants acknowledged that millennials do not read newspapers but use their smartphones to attain social media for the bulk of their information (MP1, MP2, MP3, MP4, & MP5).

MP4 on the topic of millennials growing up with technology offered, “Investing in information technology in a way where it encourages people to be engaged is

challenging. Millennials want the latest and greatest technology, which is expensive.”

“The new kids want to go to an employer who uses the latest systems and computers; we’ve had to invest in new technologies in a lot of different areas,” stated MP4.

millennials also prefer communicating back and forth, either video or audio, and with Zoom rather than use the telephone (MP4). MP5 offered,

We feature employee stories of people who worked their way up from entry-level positions to higher positions as a retention strategy through our social media. We want younger workers to stay and understand there is an opportunity for advancement here at our hospital.

Employees valued engagement through frequent recognition and rewards.

As part of a friendly work environment, the participants indicated that millennials want constant praise and positive feedback (MP1, MP2, MP3, MP4, & MP5). Each lead HRM participant validated that their hospital needed to continuously develop ways its managers and organization could provide recognition and rewards for job performance, satisfaction ratings, and community involvement to millennials (MP1, MP2, MP3, MP4, & MP5).

The literature has also indicated that in the workplace, millennials want frequent praise and feedback and do not stay in organizations whose recognition was only an annual review (Fishman, 2016). MP1 stated that “Employees need to feel they have some opportunities to get recognized for doing their job well.” MP2 shared that

In addition to recognition and department banners and gift cards, we set a senior leadership meeting to award a millennial surgery tech with a plaque who found a root cause to a manufacturer’s knee replacement medical device

that was causing infections. This award resonated throughout the hospital, importantly, more so than donuts and cake for a unit's high patient satisfaction scores.

MP3 added, "We give an award of excellence for nurses who take extra patients at critical census periods." Any recognition that engages employees was proper (MP1, MP2, MP3, MP4, & MP5).

Despite the importance of employee recognition, three participants indicated they spent most of their time on corrective actions and a small percentage on the great employees but felt it should be the opposite (MP1, MP2, MP3). The key to millennial involvement strategy is to communicate how hospitals valued their employees and the importance of the work they were doing (MP2). The literature review supported rewards and recognition for exemplary actions to address the retention of millennials in hospitals (Stewart et al., 2017). Hospital HRMs who fail to recognize a positive, friendly work environment resulting in the absence of respect and recognition have had retention difficulties (Halcomb & Ashley, 2016).

Additionally, MP4 stated,

Community involvement is a big thing with millennials. We put together a program called Caring in the Community. We do several events throughout the year to allow all levels of employees to be paid during the workday to volunteer for social service agencies, such as The Humane Society or at the parks district.

In the literature, attaining work-life-balance for millennials through community involvement encouraged positive relationships, influenced family, and social contacts,

which, in turn, provided personal positive social change for employees' work (Deery & Jago, 2015). Additionally, lead HRMs could use community involvement to build relationships with younger workers to demonstrate the hospital's support of employees' interests as a positive retention strategy.

Participants MP1, MP3, and MP4 asserted the importance of a service excellence program that provided recognition for employees, nominated by peers, for actions demonstrating excellence in a patient care situation, safety environment, to an unselfish and unique community involvement accomplishment. At MP1's hospital, a millennial nurse received a service excellence award for organizing the replacement of clothes and household items after a fire for a patient under her care. Taderera et al. (2016) identified health care workers' factors that led to employee retention also involved the provision of service awards and recognition. Based on the participant's feedback, HRMs must provide awards and recognition programs as a long-term retention strategy for building a millennial-friendly work environment.

Another theme some HRM participants shared as a millennial retention strategy was flexibility to allow a relaxed dress code, spirit days, parties, and celebrations as part of a friendly work environment (MP1, MP3, & MP4). MP4 shared, "We relaxed our dress code, which was very well received. We can wear our logo anytime now at our hospital, depending on the area in which an employee works." In the literature, Stewart et al. (2017) cited millennials valued clothing choice within the workplace culture as a job satisfier for retention. MP1's hospital organization allowed hospital logo clothing and tee-shirts for Friday spirit days. Each hospital organization offered different uniform

requirements on some websites and interviews. MP3 stated, “Although millennials and all nurses want to wear seasonal uniforms, we’ve gone to mandatory colors for uniforms to provide comfort for many of our older patients who appreciate a professional look and require caregivers and all employees to cover tattoos. We have to listen to our patients, and millennials are very good at that and realize earbuds interfere with talking to the patients”.

Celebrations and parties helped connect millennial employees throughout multidisciplinary areas. MP4 stressed, “Yearly recognition dinners for every five years of service is a chance where everybody gets to go to the civic center; it’s a really nice event all employees look forward to.” MP1 shared, “We offer a monthly birthday luncheon in the hospital board room for randomly selected employees who have birthdays each month. Employees who attend enjoy the attention of the CEO as well as being with other employees from different hospital departments.”

Another participant, MP2, cited, “We need to let millennials regularly know of their value and importance to the work they are doing on behalf of the mission and patients we serve. We do a turkey giveaway every November where every caregiver comes by and grabs a turkey and interacts with casually-dressed managers; this is so appreciated by our hospital staff.” Participant MP1’s hospital offered \$25 gift cards mailed within the annual Christmas card signed by the president as an expression of appreciation during the holiday season. MP4 stated, “We buy everybody a Christmas present of some sort each year as well as gift cards so a random manager can reward an employee for covering extra hours or for helping on a unique project.” The findings from

the participants indicated recognition, gifts, and social interactions are a lead strategy to express authentic gratitude as a retention strategy for creating a friendly work environment their millennial workers want.

The investment by lead HRMs to create a millennial-friendly work environment aligned with TL as a key retention strategy. For example, MP5 acknowledged the TL leadership behaviors of the hospital CEO increased employee confidence and job satisfaction for all levels of the organization. “The CEO creates a family environment here; treating people the best way you can is what distinguishes us from other hospitals,” stated MP5. Hoch et al. (2018) indicated the importance of positive TL leader behaviors, and relational dynamics increased follower’s confidence. Participants MP1, MP2, MP3, MP4, and MP5 confirmed the environment a hospital employee works in affected retention, and negative morale caused staff turnover. Furthermore, failure to retain staff was a costly problem that negatively affected staff morale, team performance and productivity, and the environment of care at the hospital (MP1, MP2, MP3, & MP5).

Additionally, in the literature, Breevaart et al. (2014) posited TL was effective in promoting daily employee engagement for the retention of the workforce. The dominant theme that developed from the findings of human resource strategies lead HRMs could implement for the retention of millennial generation employees beyond 3 years was to address attributes in the work environment that millennials want.

Theme 2: Lead Human Resource Manager Engagement for Millennial Retention

The second majority theme that developed from semistructured interviews and hospital websites was best practices in employee engagement strategies that lead HRMs

used for the retention of millennials beyond 3 years (the frequencies for participants were MP1 = 11, MP2 = 8, MP3 = 13, MP4 = 15, MP% = 24, total = 71). MP1 through MP5 used employee surveys and Ohio Hospital Association benchmarking data to measure employee retention and turnover statistics in their hospital organizations.

Lead human resource managers use surveys and benchmark data. From the data, all of the lead HRMs who participated in the study indicated they used survey information for developing millennial-friendly policies and employee benefits. MP1 shared, “Employee opinion surveys are a good way to attain feedback. The last survey had the highest response rate ever because we updated the survey method for use on the employees’ smartphones.” Millennials use smartphones and technology in their daily communications (DeVaney, 2015; Stewart et al., 2017). Lead HRMs should consider using smartphone applications for surveys as a strategy.

Additionally, participants benchmarked standardized employee satisfaction indicators from the annual survey compared to previous survey periods (MP1, MP3, MP4, & MP5). MP4 added two questions to the annual employee survey to address millennial retention: “a) I am happy in my current role, and b) I would like the opportunity to talk to my supervisor about other opportunities or more responsibility.” MP4 stated, “Human resources now runs a report for managers indicating a list of people who, based on responses, are possibly considering leaving. We have added this step as a retention strategy to communicate and address the needs of our employees.” Furthermore, MP1 declared, “The cost of poor retention results in overtime expenses due to short staffing, as well as agency fees for coverage in some departments, is enormous;

this problem and the cost of retention was not hard to sell to management.” The participant data on retention costs to hospitals were supported in the literature. As referenced earlier, researchers at The Advisory Board estimated that one registered nurse departure costs organizations up to \$90,000, excluding expenses for replacement labor, separation, recruitment, onboarding, and lost revenues (Koppel et al., 2017). Based on the findings, lead HRMs who valued and invested in their employees’ feedback from surveys and took proactive engagement steps used this model as a strategy to significantly improve worker retention for the well-being of the hospital.

MP1 through MP5 tracked overall employee turnover rates as a measurement strategy with the state hospital compensation survey’s 15.5% turnover average. The participants’ hospitals’ overall results were under the state average, fluctuating in 2019 between 12.5% and 14.9% annually. To reduce the turnover number and begin to focus on millennial retention issues, MP3 admitted, “It’s a task to get the baby boomer managers to comprehend millennial employees generally want issues resolved immediately and need frequent communication. If you do not get back to them and say I am looking into their issue, the millennial employee is going to leave.” The findings from participants mirror the need for lead HRMs to not generalize all hospital employees as one, but to strategically focus retention efforts on the most significant growing hospital employee group, the millennials. MP3 stated, “Beyond regrettable turnover was retirements. We still have many baby boomers in the organization, but that’s changing too quickly because 10,000 are retiring each day in our country, with replacement positions often filled by millennials who do not stay as long.” MR2 mirrored the

response, “We have to start filling these open roles with the younger folks, the millennials.” MP1 added, “From the surveys, millennials wanted to be on-boarded quickly, so as a strategy we shortened the drug test and health physical to two weeks to start new employees faster so they could fill the open positions in our organization; and not lose them before they began work.” As confirmed in the problem statement of the study, the 3-year median employment turnover rate for millennial workers is over three times higher than for older workers in hospitals (U.S. Bureau of Labor Statistics, 2018; Yarbrough et al., 2016). Lead HRMs must focus on the millennial worker in hospitals to strategically retain the youngest and brightest workers beyond 3 years.

Base pay equal to or above the market rate. Lead HRMs understood the importance of the strategic alignment of compensation dynamics to job descriptions for millennial retention in the currently low unemployment economy. MP5 stated, “The most significant barrier we have to millennial retention is the economy.” MP1 emphasized, “You have to have a competitive base pay to attract and retain millennial employees, especially in this market where there are more jobs than people.” Millennial employees have access to job boards and information through websites and social media recruitment apps, making it easy to shop compensation information of competitors (MP4). Millennial employees, who acquired more education and skills, expect a correlation to earn a higher income (Aziz, 2015). Transformational leadership aligned with lead HRMs investment in compensation as a key millennial strategy commensurate with positions for the good of the employee and to lead to a positive effect on employee retention and job satisfaction. The contrasting TL theory HCT also

validated the findings that HRMs needed competitive compensation policies to retain staff and to compete (Vidal-Salazar et al., 2016). The study participants MP1 through MP5 each authenticated millennial employees' job performance and satisfaction was tied to pay. Therefore, lead HRMs should ensure a competitive base pay for millennial hospital workers' positions as a critical strategy for retention.

Participants MP2, MP3, and MP4 advocated, as a strategy, to update existing job descriptions and to develop new positions that purposefully required managers and human resources to communicate with employees to create new jobs and pay opportunities for millennials. According to MP4, Lead HRM engagement in job position reviews helped millennials' progress. MR2 stated, "We have created multiple-staged job classifications from student clinicians who are still in school to attain on-the-job experience toward becoming a registered nurse, pharmacist, laboratory technician, etc., as a recruitment tool for long-term retention." MP4 asserted, "Millennials also want pay transparency within job descriptions, and all posted new positions to demonstrate not only the fairness of compensation but also an opportunity for growth within the hospital." From the findings, lead HRMs could consider an organizational review of job descriptions as a growth and communications tool for the strategic retention of millennials beyond 3 years.

Conduct frequent stay interviews with Millennial employees. Stay interviews and survey reviews with employees helped to identify retention strategies (MP1, MP2, MP3, & MP4). MP1 stated, "We've added stay interviews with millennials to identify issues; positive high performing hospital areas in this process

helped to detect what was working and why people were staying with the organization.” MP3 posited, “From an HR standpoint, we do stay interviews because they are quick check smart talks to make sure that we are meeting an employee’s needs and to determine what we can do better in meeting their needs.” MP3 asserted, “From an HR standpoint, we have focus groups and interviews with newer hires to find out what employees need.” In addition to stay interviews, two participant organizations formalized a meeting in human resources with all new hires after completing six months of employment (MP2 & MP4). MP4 stated, “We ask how things are going at the six-month interval and try to double-check their orientation information with their job position from when they first started.” MP2 indicated “We invite new hires to lunch after completing six months and ask them about their experiences, as well as challenges or roadblocks the new employees’ experience to get their job done well.” The findings supported lead HRMs should conduct stay interviews to engage millennials early in their work careers as part of their strategic retention action plan.

Exit interviews. Exit interviews provided opportunities to gain information from persons who were leaving the hospital and to find the “why” reasons to improve retention (MP1, MP3, & MP4). MP3 asserted “Voluntary exit interviews need to be shared back with vice presidents and managers to create a retention action plan with the manager to improve retention in their particular department.” MP1 stated, “We outsourced exit interviews so that we reached all terminating employees with an interview and survey benchmarking data against hospital practices as part of our

retention strategies.” MP4 detailed, “We sit down and meet with every person who’s leaving the organization and talk to them for at least a half-hour to identify what we could have done differently.” Cridland et al. (2015) cited interviews provided a fuller comprehension of employees’ experiences, opinions, attitudes, and values. Lead HRMs, based on the findings, should formalize an exit interview strategy for the retention of millennials beyond 3 years.

Employee safety. MP1, MP2, MP3, and MP4 stated, “lead HRMs should address staffing ratios as a job satisfier for employee and patient safety in hospitals.” “In times of increasing or declining census, we flexed staffing to meet inpatient volumes (MP2 & MP 3). MP3 added, “We track nurse to patient ratios between human resources and the bargaining unit. When a nurse is expected to have two patients but has to care for seven even though you are floating staff from another unit, it becomes a caregiver and manager’s concern for patient safety.” The census required transparency between the caregivers, physicians, and risk management in attending to the root cause of staffing needed for the safety of the patient and team (MP2 & MP3). This finding was supported in the literature by Taderera et al. (2016), who identified health care workers’ factors that led to employee retention involved proper staffing ratios for safety. Participants indicated their hospitals conducted frequent leadership rounding to identify performance and safety issues (MP1, MP2, & MP3). MP5 posited, “A person can work with us as needed through flexible job positions and schedules; we do not make an employee work extra hours at our hospital as it’s voluntary to work extra shifts.” Millennials generally liked to work with multidisciplinary teams of people in different hospital departments

(MP3). McFadden et al. (2015) posited TL's inspirational style positively affected the employee-patient safety climate in hospitals. Teams who involved millennial employees in working together could improve performance and safety as an essential staff retention strategy.

Town Hall updates. The majority of participants indicated the value of millennial employee engagement with HRMs through scheduled CEO-lead town hall communications updates (MP1, MP3, MP4, & MP5). MP3 stated, "We conduct a CEO-lead town hall communications update frequently and annually to cover the service excellence program, survey results, to our policies and procedures regarding patient care, finances, safety environment of care, and to demonstrate how meeting their needs meet hospital expectations." Participants MP3 through MP5 indicated the importance of being transparent in demonstrating to employees where the organization was falling short in performance indicators as well as celebrating where the hospital organization was strong. MP4 stated, "We have two different meetings throughout the year called a semi-annual review where we update employees and provide lunch." MP5 asserted, "it is important for our employees to see our strong CEO as an advocate for the hospital and them." Aligned with the findings in the literature, Breevaart et al. (2014) supported a CEO's communications, and involvement as a transformational leader was vital to promoting active employee engagement. MP1 indicated, "The leader and managers needed to be good listeners and inclusive in decision-making with employee communications to create an excellent environment for millennial retention." The findings validated CEO-lead town hall meetings was an essential retention strategy for millennial communications.

Theme 3: Millennial Education and Training

The third central theme that developed from semistructured interviews and hospital documents was the need for lead HRMs to provide adequate education and training opportunities for millennial employees' development as a vital strategy to retain millennials in hospitals beyond 3 years. All participants MP1 through MP5 addressed the strategic importance of educational opportunities and training for the retention of their millennial employees (MP1 = 7, MP2 = 9, MP3 = 8, MP4 = 11, MP5 = 3, total = 38). The participants' millennial education and training strategy revealed four key attributes: (a) education and tuition benefits, (b) career ladders, (c) performance coaching, and (d) mentoring new employees.

Education and tuition benefits. Education and training of millennials with tuition reimbursement was a shared finding from all the participants as a critical strategy that leads to employee retention (MP1 through MP5). Hospital millennials, from entry-level to physicians, want paid educational benefits in areas they are interested in, as well as more training in the particular area or field they work (MP1, MP4, & MP5). The literature supported HRMs, who gave employer-provided training and formal education tuition resources as a retention tool for sustaining employee organizational commitment (Raffiee & Coff, 2016).

MP1 and MP2 described the importance of identifying talented millennials that were in school as well as developing existing employees in return for a hospital work commitment. MP2 stated, "We're going to let students work at the hospital while in school, providing upfront tuition money and wages. We give more money after year 2

and additional monies when the millennial graduates with a raise as an inducement to stay at our organization.” MP1 developed a paid tuition program entitled “grow with us,” providing the opportunity for the employee to move within the hospital and to grow and gain an additional competency. MP1 affirmed, “We pay the entire expense of the education in return for a 3-year commitment after the employee graduates. This new program with 50 currently enrolled has helped entry-level tech positions to nurse practitioners gain the education they want and we need.”

Investing in millennial education and training benefits the employee on multiple levels. MP2 shared, “Another advantage to paid educational benefits to younger employees was it helped them pay back any loans they might have.” MP3 stated, “Training millennial employees is a great retention strategy because if you show interest in them and you keep them beyond a year, you’ll get your money back in the form of a better caregiver or leader.” MP5 stated, “We help employees progress in the organization at every level through tuition reimbursement and continue to pay their full rate of pay for the standard number of hours they work for educational advancement.” The findings emphasized lead HRMs should provide paid education benefits and consider a commensurate stay commitment as a retention strategy to keep millennials beyond 3 years.

Career ladders and promotion. Career ladders appeared as a complementary tool for employee educational advancement in reviewing the hospitals’ websites and in job opportunity postings (MP1 through MP5). Deery and Jago (2015) suggested the leadership of organizations could also provide millennial employees with promotion

opportunities as well as career advancement training for better employee retention. MP4 stated, “Millennials want to know their path.” Career ladders helped move entry-level administrative personnel, and nurses and clinical support entry-level jobs to higher positions and pay grades (MP1 & MP4). MP1 indicated career ladders had been around a long time for nurses. Bormann and Abrahamson (2014) posited nurses must understand a pathway for promotion as necessary for positive job alignment and retention. The strategic benefits of creating a career ladder for multiple areas of the hospital helps a millennial see their next opportunity if they stay at the hospital (MP1 & MP4). MP4 asserted, “If a millennial or any age employee can see that there is a pathway related to the more they learn, and the better they perform a skillset, they see opportunity in job title and pay.” MP4 also stated, “Career ladders and developing new job descriptions helped millennials to progress and stay at our organization.” The study findings supported integrating a career ladder program as a retention strategy to help millennials see a pathway to promotion.

Mentor new employees. The millennial generation wanted mentoring and being able to securely learn and progress to a higher level in hospital organizations (MP1, MP3, & MP4). The literature validated the need for mentorship of new employees as a retention strategy. MP4 stated, “The millennial generation want mentoring, and they want to be able to learn.” Lead HRMs who leveraged the experience of older baby boomers with novice millennials through more extended mentorship programs of up to 3 years strategically improved the retention rates of staff (Gilley et al., 2015; Ulep, 2018). Moreover, in the early stages of a new job, millennials make tentative choices and

progress through adjustments in engaged mentorship training, which helps embed the employee to their position for a longer tenure (Kuron et al., 2015). Helping millennials through mentorship helped the younger employees feel engaged with their new organization.

Performance coaching. Performance coaching was a significant component of millennial education and training, which improved two-way communications leading to higher employee retention. The literature validated the importance of the participants' feedback about the necessity of performance coaching. Millennial nurses desired an individualized orientation program and formalized performance coaching with preceptors and managers; 40% will leave their positions within 3 years without organizational support. (Riegel, 2013; Ulep, 2018). The findings from participants universally stated millennials had a higher need for performance coaching feedback than other generational workers in their hospitals (MP1 through MP5). MP1 stated, "I am transitioning to an interactive performance coaching type of appraisal; our former system of a once a year annual performance appraisal was a checklist and not very interactive to meet the needs of millennials." Performance coaching helped lead HRMs establish a systematic way for managers and employees to identify opportunities through building better communications while enabling millennials to create their action plans with their managers and to implement timelines (MP1, MP2, MP3, & MP4). MP1 admitted, "Performance coaching had made a huge difference because we heard in the survey that before the program, employees only had discussions with their managers when something was wrong." MP3 asserted, "Millennials wanted open communications with their

supervisors; performance coaching helped both the employee and manager become better workers.” The findings from participants validated the importance of lead HRMs instituting performance coaching as a key communications strategy for employee retention.

“Millennials have different needs, different feelings, emotions, and have different things that motivate them, different than the baby boomer generation,” stated MP2. MP2 added, “One of the concerns and issues with performance coaching was the majority of the managers were from the baby boomer generation; it’s a task to get them to understand the perspective of what millennials want.” On a related statement, MP3 queried, “How are we to meld that culture of the baby boomers who say just get the job done well, have quality, but then include everyone in the health care processes to deal with the wants and needs of the millennial generation?” The findings indicated the need for lead HRMs as part of their education and training programs to also focus on existing employee managers helping them to operate in a multi-generational workforce.

Transformational leaders must learn to elevate the goals of subordinates through training by enhancing employee self-confidence in achieving desired goal achievement (Westcott, 2014). MP2 asserted, “Educating and training our current leadership and management team on how to best function and lead the new generation was a priority for us.” MP1 suggested, “New manager competency training helped new managers understand their jobs and shorten the learning curve for better onboarding with their teams.” Additionally, MP4 stated, “We need to make retention a personal performance issue for all generational managers and measure through their performance review.”

Critical study findings asserted lead HRMs must address the education and training needs of new employees and their existing managers for the retention of millennials beyond 3 years.

The researcher conducted methodological triangulation to achieve data saturation and heighten the validity and reliability of this study and its findings. I used the participant's semistructured interviews and website review of each organization, which included their employee and human resources communications, job boards, and analysis of social media sites as techniques to enhance the confirmability of my data saturation. For example, hospital website employment opportunities included open job characteristics describing an assigned mentor for new clinical graduates, which supported the investment in education and training of Millennial employees in the findings. Furthermore, the results from interviews and documents clearly outlined the need for millennial-friendly work environments and opportunities for different levels of desired employee pay, benefits, and tools for lead HRMs to be successful in retaining millennials beyond 3 years in their hospitals. Transformational leadership provides the necessary conceptual framework to combine employee engagement and empowerment relevant for the alignment essential in a changing hospital environment (Benson, 2015). I reached data saturation after validating no new information appeared by the methodological triangulation approach.

Based on the study findings, hospitals must make the financial investment in a flexible environment millennials want, and the tuition and educational development

programs necessary to assist their HRMs lead strategies to retain millennials in hospitals beyond 3 years.

Applications to Professional Practice

The purpose of this qualitative multiple case study was to explore strategies that hospital HRMs implement to retain the employment of millennials beyond 3 years. Leaders at hospitals who stabilize and retain their millennial workforce beyond 3 years may achieve a business advantage over competitor hospitals and health systems. Lead HRMs understand the importance of maintaining the experience of key employees who, through their engaged investment, results in a higher level of care and better financial performance. Hospitals and their HRM leadership must address staff retention due to a rising hospital employee turnover rate combined with a looming nursing shortage (Koppel et al., 2017). The research findings indicated HRMs who apply three best practices retained their millennial employees through: (a) millennial-friendly work environment, (b) HRM engagement, and (c) millennial education and training. The findings from this study applied to the professional practice of lead HRMs who are responsible for the coordination of human capital in hospitals. Millennials are an essential workforce key to the delivery of patient care and related healthcare support services crucial to sustaining business profitability.

The lead strategic theme that materialized from the semistructured interviews and review of hospital websites was to create a millennial-friendly work environment for the retention of millennial employees. The participants identified four subcategories of hospital leaders as role models, flexible scheduling and benefits, adapting social media

for communications, and frequent recognition and rewards. Transformational leadership traits where HRMs and managers listen and create an inclusive dialogue and a two-way decision making environment helps millennials feel part of the team (MP1, MP2, MP3, MP4, & MP5). Leaders influence others to understand and agree with the “why” needs of the organization and help the individual fit into the accomplishment of shared strategic objectives (Gyensare et al., 2016). “Millennials are different from the older generations and will leave the hospital if communications with the team and their managers are not gratifying for them,” as posited by MP2. MP 5 suggested, “The younger employees want to feel they are part of a family-friendly environment.” Lead HRMs can instill a millennial-friendly environment conducive to committed employee relationships through participation in decision making and goal achievement with their managers as a priority strategy for millennial retention. Additionally, lead HRMs should understand what kind of work-friendly environment they have created at their hospital for millennial retention beyond 3 years and compare it to the findings of this study.

The semistructured interview participants revealed millennials want flexibility in scheduling work, desire flexible work-at-home options, and paid time off for vacation, personal days, and sick leave hours for work-life-balance as part of millennial-friendly benefits. Lead HRMs can understand the flexibility of hours is helpful to young mothers, families, and older employees, leading to higher job satisfaction, which results in better employee retention. The study findings indicate lead HRMs must compete in the marketplace by providing excellent health benefits, flexible personal and education days, tuition assistance, paired with high base wages.

The research findings revealed lead HRMs must adopt social media and information technology for the recruitment, communications, and brand positioning of the hospital for millennial retention beyond 3 years. Millennials respond to stories and videos that strategically reinforce their hospital as a great place to work (MP1, MP4). Also, lead HRM should understand that millennials are using their smartphones daily, reviewing website job boards and competitor information placed on Monster, Indeed, and Facebook (MP5). Furthermore, MP1 uses a smartphone application as an employee survey instrument resulting in higher participation than traditional methods.

.Lastly, HRMs could create policies to enable millennials to communicate with each other in the hospital through texting, Instagram, video, audio, and Zoom rather than using traditional landlines as a satisfier important for employee retention.

A significant finding in the research is millennial employees want constant feedback and recognition juxtaposed to annual reviews. All participants identified lead HRMs could assure their hospitals provide individual and department recognition awards, service awards, and celebrations essential for creating a millennial-friendly work environment. Moreover, lead HRMs can apply this study's findings to establish a millennial-friendly work environment to retain talent beyond 3 years for better organizational profitability.

The second major finding in the study to retain millennials beyond 3 years in hospitals was through lead HRM engagement strategies. The data and semistructured interviews revealed the following subcategories: (a) surveys, evaluations, and benchmark data, (b) stay and exit interviews, (c) compensation, (d) town hall communication forums,

and (e) employee safety/staffing. As a best practice, lead HRMs use surveys and benchmark data to gauge performance for millennial employee retention (MP1 through MP5). Additionally, websites identified some hospitals as best places to work or with high quality rating scores. The findings indicated each hospital lead HRM compared data from recent surveys to state hospital data and past performance as a strategy to measure turnover rates, employee and patient satisfaction. Each participant validated a relationship to high survey scores correlated to higher employee job satisfaction and performance for overall employee retention. MP1 indicated the cost of poor retention results in overtime expenses due to short staffing, as well as agency fees, which hurt the financial business operation of the hospital. Only MP4 added two questions to the survey related to millennial retention as an indicator to identify potential employees who might consider other opportunities. As an application to professional practice, lead HRMs could segment millennials from the overall hospital employee population in surveys, and conduct stay interviews as a strategy to keep millennials beyond 3 years.

Additionally, stay interviews and survey reviews helped participants identify retention strategies for millennials (MP1, MP2, MP3, & MP4). The findings support stay interviews as an effective retention practice to help lead HRMs to identify issues, and model positive high performing areas to grow business profitability. Lead HRM's could consider conducting stay interviews at 90 days, 6 months, and annual intervals for new hires. As a best business practice, stay interviews strategically provide millennials communications they want and HR departments information they need to sustain millennial employees beyond 3 years. Additionally, exit interviews in the semistructured

interviews are a key element for all terminating employees to discover the “why” reasons and to improve retention in hospitals.

The study findings indicate most lead HRMs understand the importance of strategic alignment of base pay with the market rate or higher for the retention of millennials. Millennials want a high base pay to correlate with their education and skills (Aziz, 2015). As stated, millennials compare their wages and shop other opportunities through their smartphones with job websites frequently, especially in a low-unemployment economy (MP1, & MP5). To strategically keep millennials beyond 3 years in hospitals, base pay must be desirable. Additionally, the findings indicate lead HRMs review job descriptions with employees and create new opportunities for progressive pay advancement as another compensation opportunity for millennials. Lead HRMs could make a case for support to invest in high levels of base pay to retain millennials, versus experience the high costs associated with the hospital employee turnover.

The next subcategory in the study findings indicates lead HRMs could address staffing ratios for job retention of hospital millennials as part of employee and patient safety in hospitals. Taderera et al. (2016) identified hospital workers want proper staffing ratios for patient care and employee safety. Hospitals experience high and low census resulting in the flexibility of staffing needs to patient volume.

The findings indicate lead HRMs understand millennials like working in multidisciplinary teams but want the flexibility of schedule to reach their desired hours of work. As a cross-training strategy, hospitals could provide millennials training to float to

other related areas in the hospital to meet patient and employee safety needs. MP2 and MP3 supported transparency of census is necessary to attend to the staffing needs for patients. The study indicated that teams who strategically involve millennial employees in staffing could improve performance, safety and job satisfaction essential to staff retention.

Additionally, the semistructured interviews revealed the benefit of employee town hall meetings for lead HRMs and CEO engagement with millennial employees. Town halls are opportunities to communicate with all employees about hospital financial performance, quality scores, progress on strategic priorities, and to demonstrate how the hospital is meeting the needs of employees and patients. Millennials value knowing the performance indicators and celebrating where the hospital organization is well (MP3, MP4, MP5). The study findings encourage lead hospital HRMs to provide town hall meetings as an engagement strategy for the communication and retention benefit of millennials.

Lastly, semistructured interviews and website review indicated the strategic importance of education and training as critical strategies to retain millennials in hospitals beyond 3 years. Participants identified four subcategories: (a) education and tuition benefits, (b) career ladders, (c) performance coaching, and (d) mentoring new employees for the retention of millennials. All participants acknowledged tuition reimbursement as a vital retention strategy for the development of millennials to grow within the hospital and stay beyond 3 years. MP1, MP4, and MP5 identified the key to millennial retention strategy in all hospital job areas; millennials want to progress through career ladders and

certifications. Lead HRMs understand the importance to improve patient outcomes and retain top talent through millennial education and training programs. As an application to practice, lead HRMs are designing programs that pay for tuition in return for a time commitment of up to 3 years in return for the benefit. (MP1, MP2, MP3, & MP5). Another benefit millennials appreciate about paid tuition is some hospitals pay the employee their salary while in school, helpful for repayment of existing student loans (MP5). The finding of the study support integrating career ladder programs with tuition reimbursement as a retention strategy to keep millennial employees beyond 3 years in hospitals. Additionally, millennials want mentoring within the hospital and performance coaching to improve communications and to help younger employees learn and grow within the organization (MP1 through MP5). Millennials who participate in more extended mentorship programs of up to 3 years strategically improve the retention rate of staff and multigenerational communications (Gilley et al., 2015; Ulep, 2018). In conclusion, lead HRMs can apply this study's findings to advance millennial education and training investments leading to better organizational profitability by retaining millennials beyond 3 years.

Implications for Social Change

The purpose of this qualitative multiple case study was to explore strategies that hospital HRMs implement to retain the employment of millennials beyond 3 years. The implications for positive social change include the potential to retain millennial hospital employees by stabilizing the workforce for improved patient care services, higher job satisfaction, and improvement of hospital financial stability for the hospitals and

communities in northeast Ohio. The financial stability of job retention enables hospitals to retain and grow its employee numbers providing stability for patient care delivery for the communities and organizations where the hospital workers live (Twigg & McCullough, 2014). Conversely, lack of retention strategies resulting in turnover negatively affects the quality of care, staff morale, and pressure on hospital budgets (Park & Boyle, 2015). Millennial employees, through increased longevity in their hospital positions, provide positive local economic impact and opportunity for participation in young professional leadership and community service involvement (Credo et al., 2016). This study's findings of millennial retention strategies include the creation of a millennial-friendly work environment, lead HRMs engagement strategies for millennial retention, and millennial education and training which can impact social change at the policy and management level through the design of effective strategies lead HRMs can use to retain millennial workers. A focus on social change issues improves morale and culture within the workplace, which positively impacts job satisfaction (Sharma & Good, 2013).

Lead HRMs who apply effective strategies to retain millennial workers beyond 3 years may increase employee job satisfaction leading to higher overall retention at hospitals. Conversely, without job satisfaction, millennials often leave their organization within one year (Stewart et al., 2017). Additionally, millennial employees who are satisfied with their job are more productive and efficient, which contributes to the business profitability of the hospital organization. However, lead HRMs must look at a framework that includes inputs that determine competencies, HR planning to fit jobs and

compensation benefits, and hospitals addressing flexible factors leading to job satisfaction through investing in the social advancement of the employee (Ramadevi et al., 2016). The findings support positive social change where improvement in job satisfaction through flexible scheduling promotes work-life-balance for workers and their families to better participate in the communities in which they live.

The effects of lead HRMs designing education and training programs for millennials in hospitals is significant. According to MP5, “In addition to PTO, we now offer a paid professional day for any education or seminar of interest, and personal leave days so that employees can take time to do something private. Employees can take overall time off granted up to a maximum of 30 days.” Developing positive change concepts that fit the dignity and development of the individual supports many American hospitals’ mission in caring for patients and in serving the healthcare needs of its communities.

Recommendations for Action

Lead hospital HRMs must address employee retention strategies to engage and keep the expansive millennial generational workforce beyond 3 years vital for productivity, care delivery, and the financial sustainability of hospitals. Through the study’s findings, I provided tangible millennial retention strategies that can improve job satisfaction and employee engagement to keep millennials at hospital organizations beyond 3 years. I recommend hospital leadership to offer the resources necessary for lead HRMs to impact millennial retention strategies as an alternative to the costly expense of employee turnover and staffing disruption. The study participants’ shared

their experiences about successful millennial retention strategies, including (a) millennial-friendly work environment, (b) Lead HRM engagement for millennial retention, and (c) millennial education and training. As the researcher, I share my recommendations based on this study of human resource strategies used to retain millennials in hospitals.

The first strategy to retain millennials is to create a respectful, flexible, and millennial-friendly work environment millennials want, to result in better job satisfaction key to retention (MP1, MP2, MP3, MP4, & MP5). Millennials want flexible hours to schedule their shifts, while non-clinical employees desire work-at-home opportunities to create the schedule they want (MP1, MP2, MP4, & MP5). The participants indicated the flexibility of the hospital work schedule is a significant satisfier and increases millennials' intent to stay with the hospital. Additionally, working from home offers more millennials schedule flexibility without office interruptions or job commute time for work-life-balance, especially helpful for young mothers and families (MP1, MP4). Consequently, I recommend lead HRMs institute flexible scheduling and work-at-home options to retain millennials in hospitals beyond 3 years. Another key retention strategy for millennials is the expanded use of smartphones and social media, and to make the hospital a high-tech and in-touch workplace millennials desire for communications (MP1, MP2, MP3, MP4, & MP5). Therefore, I recommend lead HRMs provide smartphone applications for hospital communications between employees and managers, for HR benefits information, and interactive survey feedback. Lastly, millennials love recognition and rewards, want frequent praise, and feedback (MP1 through MP5).

Lastly, I recommend lead HRMs institute an awards and rewards program as part of a millennial-friendly work environment.

The second major recommendation to retain millennials beyond 3 years requires lead HRMs to listen, communicate with their millennial employees, and provide the benefits they want. I recommend lead HRMs engage millennial employees through (a) surveys, (b) provide base pay equal to or above market rate, (c) conduct frequent stay interviews at six months and over 3 years, and (d) to provide exit interviews to find the “why” reasons an employee leaves the hospital. MP1 through MP5 authenticated millennial employees’ job performance and satisfaction is tied to pay. Therefore, lead HRMs should ensure a competitive pay scale for millennial hospital workers’ positions as a critical strategy for retention. Millennials also want to work at a hospital that offers excellent health benefits, paired with base pay at market rate or higher to recruit and to retain employment (MP1, MP2, MP3, MP4, & MP5). The application to the study’s findings requires Lead HRMs to adapt to the changing demographics of their hospital workforce in the provision of benefits and training necessary for millennial employee retention.

Third, I recommend lead HRMs enhance education and training initiatives for millennials as an effective employee retention strategy. I recommend from the findings that lead HRMs should also provide paid education benefits and consider a commensurate stay commitment as a retention strategy to keep millennials beyond 3 years. The participants’ millennial education and training strategy revealed four key retention attributes: (a) education and tuition benefits, (b) career ladders, (c) performance

coaching, and (d) mentoring new employees. Career ladders help move entry-level administrative personnel, clinical support, and nurses to higher job positions and pay grades important for retaining millennials beyond 3 years (MP1 & MP4). I recommend career ladders for most areas of the hospital so that millennials can view new opportunities and participate in education and training programs that develop talented hospital workers. Also, as a retention strategy, millennials desire mentoring and performance coaching to learn and grow, as well as increase frequent two-way communications with their managers. The findings also indicate older generational managers benefit through training programs by HRMs to create a better understanding of millennials and to address better connections between the younger employee and manager (MP1, MP2, & MP3). A final recommendation is lead HRMs assign millennials a mentor and encourage performance coaching as a means to develop a positive work environment necessary to retain millennials beyond 3 years.

The dissemination of this study's findings will consist of various circulation channels. I will provide the executive summary and presentation of the results to the study participants and offer presentations to hospitals throughout Northeast Ohio. Lead HRMs and interested leaders can access this study through ProQuest/UMI dissertation database, and I will disseminate the information through business journals and professional conferences. Furthermore, I will offer the presentation through universities, businesses, and hospital leadership professional organizations as it relates to millennial retention strategies in hospitals and companies.

Recommendations for Further Research

The purpose of this qualitative multiple case study was to explore strategies that hospital HRMs implement to retain employment of millennials beyond 3 years. The research study included rich information about successful millennial retention strategies used by 5 participants. The findings of the study are limited to the knowledge and lens of 5 lead HRMs who successfully implement some millennial generation employee retention tactics at different Northeast Ohio hospitals. A future research consideration is to purposefully expand the number of participants and enrich the findings of the study. Future research that considers increasing the targeted sample population may identify additional millennial retention programs and strategies that lead HRMs can apply.

The purposefully selected experience of lead HRM participants represented large multi-hospital systems and community hospitals in Northeast Ohio. The study was conducted in Northeast Ohio only; generalizing findings for other geographic parts of the state or regions in the country is a potential weakness. Any limitation of the research method that generalizes research findings possibly exposes potential weaknesses that could affect validity (Lingard, 2015; Pyrczak & Bruce, 2017). Future research may expand the multiple case study method to different geographic regions of the country to enrich the generalization of this study's findings. Additionally, future research that selects lead HRM participants beyond the hospital industry can enhance the generalization of this study's findings. A final recommendation is a quantitative research design that expands the target sample population of lead HRMs and to consider business fields beyond healthcare to identify millennial retention strategies.

Future researchers who choose a quantitative study could test relationships of this study's findings with millennial retention. Additionally, future research may explore the level of implementing different millennial-friendly retention strategies HRMs apply to retain millennials beyond 3 years in terms of the financial impact on the hospital budget. Additionally, future researchers could explore millennials' level of job engagement to retention outcomes as a quantitative study method. The literature review validated job retention strategies most important to millennials include competitive pay and benefits, career advancement, new skill development through education, mentoring and coaching, organizational fit, recognition, and desire for work-life-balance (Bihani & Dalal, 2014; Koppel et al., 2017; Kroth & Young, 2014; Nolan, 2015; Ulep, 2018). Future researchers could study one or many millennial job retention strategies individually to determine the level of benefits necessary to retain millennials beyond 3 years. The results of such a study could weight the importance of specific factors lead HRMs could focus their efforts and financial resources to retain their millennial workforce.

Reflections

The doctoral program at Walden University was a challenging journey, late nights, early mornings, and an intense learning experience. As adjunct marketing and MBA healthcare strategy instructor for almost two decades, I thought it was a good idea to get a doctorate in healthcare management to learn more about the changing hospital environment I work in and to become a better college teacher. As a hospital administrator, my experience with the disruption and costs associated with millennial turnover piqued my interest in understanding the "why" millennials were leaving great

jobs at my hospital. The doctor of business administration program challenges students to solve a business problem; I chose to explore answers to the millennial retention problem in hospitals for my doctoral study. My training is in administration, marketing, business development, fund development, public policy, government relations, and not human resources. I entered into this human resource retention phenomenon with fresh eyes and began learning about the subject through the study of hundreds of peer-reviewed scholarly articles, journals, and books. The goal was to understand why the younger generation only stayed for one to three years, yet older hospital workers invested many years in their positions.

Next, as part of my research planning, I was interested in speaking with the lead human resource officer at multiple hospitals to attain rich information from numerous sources as part of a qualitative multiple case semistructured interview protocol. Upon approval from the IRB, I strictly followed the requirements for ethical research protecting the privacy of the research participants and the integrity of the data collection within the study. The process of informed consent and traveling throughout the region for interviews was enlightening. My only preconceived ideas came from the literature review on the topic and personal experiences raising millennials in my home and my hospital departments. I did not have any specific bias to my findings from a hospital perspective as I have never worked in a human resources department.

Being a baby boomer with millennial sons in college, I stereotyped traits of millennials through a preconceived lens observing the friends and younger workers at the hospital. My study of the topic of millennials opened my eyes to positive attributes about

the millennials, their interests, abilities, and the type of work environment they want in the workplace. Additionally, I realized that millennial retention strategies are significantly more complex, and there are multiple themes to address and tactics to implement to improve job satisfaction for millennials, so they will choose to remain beyond 3 years at a hospital organization.

Conclusion

The development of retention strategies for millennial workers at hospitals to stay beyond 3 years is crucial for organizational profitability and sustainability. Lead hospital HRMs who retain talented millennial employees improve job satisfaction and patient outcomes through the stability of an experienced workforce. Conversely, lead HRMs who lack retention strategies of millennials beyond 3 years in hospitals, while at the same time experience the retirement of long-term baby boomer employees, points to devastating results in patient outcomes, quality scores, employee satisfaction, and high turnover costs. I explored strategies that lead HRMs use to retain millennial employees beyond 3 years using a qualitative multiple case study at hospitals located throughout Northeast Ohio. Participants were lead HRMs with over 5 years of experience purposefully selected from urban teaching hospitals with multiple competitors, individual hospitals part of large hospital systems, to community hospitals with administrative responsibility for all hospital human resources functions. I analyzed the data from the 5 participants and their respective hospitals to determine key strategies they used to retain millennial employees beyond the 3 years. The findings concluded lead HRMs could

retain their millennial employees by applying 3 key strategies: (a) millennial-friendly work environment, (b) lead HRM engagement, and (c) millennial education and training.

The findings of the study provide lead HRMs with an insightful understanding of feasible strategies to retain talented millennial employees. Millennials need a friendly work environment where they feel they are a vital part of the hospital. Therefore, lead HRMs can provide the flexible schedules and time off they want, the social media they use, access to managers and leadership they expect, and recognition and fun in the workplace they desire. Additionally, Transformational leadership provides the necessary conceptual framework to combine employee engagement and empowerment relevant for the alignment essential in a changing hospital environment (Benson, 2015). All participants identified the millennial work environment as the most important job satisfying retention strategy to keep millennial employees beyond 3 years.

Lead HRMs placed equal weight on engagement strategies they use, such as surveys and benchmark data, to impact the strategic direction for their employee retention programs. The data demonstrated only a few hospitals segment the generations of employees treating hospital employees as one group. The concluding findings indicate millennials are different than older generations, have become the majority workforce, and require specialization to stop the churn of millennial turnover. Lead HRMs must value the importance of frequent communications through stay interviews as an engagement strategy for retention. Millennials require more attention than previous generations; lead HRMs who make the time and resource investment communicating with millennials have higher retention outcomes. All participants referenced competitive and high base pay as

the key millennial retention strategy. Hospital HRMs know millennials compare their wages via checking job recruitment social media sites and with their network.

Millennials will not stay at their current hospital if their pay and promotion opportunities do not match competitors.

Lead HRMs identified the ability to provide tuition reimbursement, career ladder promotions, and paid training programs as essential for millennial employee retention beyond 3 years. Hospital HRMs could consider the strategic retention investment in career advancement through funded education and training programs that also require a stay commitment to keep millennial learners beyond 3 years. The research indicates millennials who stay beyond 3 years are likely to retain their employment longer than newer workers.

Millennial employee retention strategies are a significant investment for hospital leadership on all levels for the financial priorities and sustainability of hospitals. The findings of this study provide lead HRMs with a comprehensive background of millennials and effective retention strategies to be integrated into a hospital strategic plan. In the recent few years, millennials became the majority workforce surpassing the baby boomer generation in hospitals. The benefits of understanding the opportunity to focus on the attributes of millennials, listening to their wants, and implementing retention strategies will gain stability and excellence in the workforce. The ability to apply strategies found in this study is an investment for a hospital's long-term profitability, and retaining millennials beyond 3 years grows job satisfaction, better patient care outcomes, higher employee satisfaction, and a better work culture. A stable and engaged millennial

workforce positions a hospital for future growth and associated positive social impact for the communities the hospital serves.

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Appendix: Interview Protocol

Interview Preparation

I contacted lead HRMs at Northeast Ohio hospitals via e-mail to introduce myself as a doctoral student at Walden University, conducting a study on strategies human resource leaders use to retain employment of Millennials in hospitals. I followed-up each e-mail with a telephone call to ensure that each lead HRM received the e-mail and to introduce myself. Each participant was provided a study participant invitation and informed consent document that both the researcher and participant signed. Each participant received, through the informed consent document, study background information, procedures, and voluntary nature of the study. To secure the contact information of participants, I used the Ohio Hospital Association directory and the web page for each hospital organization. My role as a research investigator was to define the research questions, conduct interviews, transcribing, authenticating, and present findings in ascertaining strategies that address my research problem in this multiple case study. I determined the to be in the natural work setting at the principal HRMs hospital office as most appropriate in respecting their professional time constraints.

Opening the Interview

I introduced myself as a Walden University doctoral student and expressed my gratitude for the HRMs time and willingness to participate in a research study. As the researcher, I reiterated the goals of the research and voluntary nature of participation to minimize risks and to protect the participants. I explained how the interviewees could stop the interview and withdraw from the study at any time by contacting me through

electronic media notification via e-mail, verbally via an in-person meeting, or a telephone call at any point in the process. I explained the participant's input might contribute to the implications for positive social change through improved financial stability of hospitals, increasing job satisfaction, and job creation in the communities they serve.

Informed Consent

I e-mailed each research participant a study participant invitation and informed consent document that the participant electronically signed via stating "I consent" through e-mail. As stated, interviewees could withdraw from the study by contacting me through electronic media notification via e-mail, verbally via an in-person meeting, or a telephone call at any point in the process. I obtained permission to collect data by receiving approval from Walden University's IRB. Each participant received the Walden University IRB number assigned to the research study and The National Institutes of Health *Protecting Human Research Participants* training course, certificate number 2429823, to assure I emphasized ethical protection of my interview participants.

I obtained permission from participants to take notes and use an audio recording application on my iPad as well as Dragon dictation transcription software on my laptop to simultaneously record each interview and convert the voice data to Microsoft Word. I informed participants that all data from the interviews reside in a fireproof safe at my home for a minimum of 5 years: I will shred and destroy these materials five years after the completion of my study. I will do this to create and preserve trust through a visible commitment of beneficence protecting the participant and confidentiality.

Conducting the Interview

I used the interview protocol of open-ended questions without fixed response categories to gain a comprehensive understanding of the answers while providing opportunities to follow-up with additional inquiry. I asked the participants to answer six open-ended questions.

1. What strategies have you implemented for the employee retention issues of Millennial generation employees beyond 3 years?
2. How did you assess the effectiveness of your strategies for retention of Millennial employees beyond 3 years?
3. What were the key barriers to implementing strategies to address retention of Millennial generational employees beyond 3 years?
4. How did you address the key barriers to implementing the strategies you deem necessary to retain Millennial generational employees beyond 3 years?
5. What additional comments do you wish to provide that will add to the scholarly information about increasing the retention rate of the Millennial employee majority at your hospital?
6. What additional comments do you wish to provide that will add to the scholarly information about increasing the retention rate of the Millennial employee majority at your hospital?

After following up each of the questions with probing questions to the interviewee for additional clarity, I asked the participant about the major themes discussed in the interview to ensure that I understood the intent of the participant. By taking notes, I

recorded any reflexive thoughts during the interview proceeding.

Coding

To preserve participant confidentiality and to nurture trust, I coded each participant to ensure ethical research. I randomly assigned each of the five participants of the Millennial research MP1 through MP5. Next, I omitted all identifiers, such as names, organizations, and demographic information of the participants through this coding system to minimize the risk of harm.