

2017

Engagement Strategies to Reduce Registered Nurse Turnover in Hospitals

Robert Neeley
Walden University

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

 Part of the [Nursing Commons](#), and the [Organizational Behavior and Theory Commons](#)

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

Walden University

College of Management and Technology

This is to certify that the doctoral study by

Robert Neeley

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

Review Committee

Dr. Susan Fan, Committee Chairperson, Doctor of Business Administration Faculty

Dr. Robert Miller, Committee Member, Doctor of Business Administration Faculty

Dr. Scott Burrus, University Reviewer, Doctor of Business Administration Faculty

Chief Academic Officer
Eric Riedel, Ph.D.

Walden University
2017

Abstract

Engagement Strategies to Reduce Registered Nurse Turnover in Hospitals

by

Robert J. Neeley

MA, United States Naval War College, 2015

MA, University of Phoenix, 2005

BA, University of North Carolina at Charlotte, 1990

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Business Administration

Walden University

December 2017

Abstract

Skilled and experienced registered nurse employees are critical to the organizational success and stability of hospitals, but an annual average registered nurse turnover rate of 14% can result in financial losses of millions of dollars annually for the typical hospital in the United States. The purpose of this multiple case study was to explore the engagement strategies hospital nurse managers use to retain registered nurses. The study population included 8 nurse managers employed by hospitals in West Central Florida who have successfully implemented engagement strategies to retain registered nurses. The conceptual framework for the study was based on systems theory and the job characteristics theory. Data collection was conducted through semistructured in-person interviews and a review of company documents. The credibility and reliability of the data analysis was reinforced through supplemental follow-up questions, member checking, and methodological triangulation. The 3 themes that emerged were nurse engagement strategies, leadership influence and organizational culture, and nurse development. The findings from this research study could contribute to positive social change by providing nurse managers with strategies for retaining valuable and skilled registered nurses to enable them to improve registered nurse work experiences. The retention of registered nurses and reduced employee turnover might result in higher job satisfaction and work engagement for registered nurses, and improved organizational growth and stability.

Engagement Strategies to Reduce Registered Nurse Turnover in Hospitals

by

Robert J. Neeley

MA, United States Naval War College, 2015

MA, University of Phoenix, 2005

BA, University of North Carolina at Charlotte, 1990

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Business Administration

Walden University

December 2017

Dedication

I dedicate this doctoral study to my wife Kelly and my three children, Brian, Michaela, and Katelyn. My wife is my biggest cheerleader and supporter, and I would not be where I am today without her encouragement, friendship and love throughout our life journey together. To my children, I want you to know that you can do anything you set your mind to so long as you make a commitment and have the willingness and resilience to see it through to the end. Thank you for your unfailing support and encouragement as I worked through this program, it means the world to me, I love you all.

Acknowledgments

First and foremost, I thank God, for everything. I want to thank my doctoral study committee members: Dr. Susan Fan, Dr. Bob Miller, and Dr. Scott Burrus for your knowledge and unwavering support during the doctoral study process, and the countless hours you spent reviewing and providing feedback on my study. Your collective involvement and input have truly helped me to become a better scholar. As a result, the quality of my study improved to a level I could not have achieved on my own. I would like to give special thanks to my mother, Terry Neeley, whose extensive expertise and knowledge of the nursing field helped me to access and understand the many diverse and complicated aspects of the nursing profession. I would especially like to acknowledge the nurse managers who I was privileged to interview as study participants, whose insights and input was invaluable for my study. You and the nurses who you lead are the true lifeblood of your organizations.

Table of Contents

Section 1: Foundation of the Study.....	1
Background of the Problem	1
Problem Statement	2
Purpose Statement.....	3
Nature of the Study	3
Research Question (Qualitative Only)	5
Interview Questions (Qualitative Only).....	5
Conceptual Framework.....	6
Operational Definitions.....	8
Assumptions, Limitations, and Delimitations.....	9
Assumptions.....	9
Limitations	9
Delimitations.....	10
Significance of the Study	10
Contribution to Business Practice.....	10
Implications for Social Change.....	11
A Review of the Professional and Academic Literature.....	12
Transition	64
Section 2: The Project.....	66
Purpose Statement.....	66
Role of the Researcher	67

Participants.....	69
Research Method and Design	71
Research Method	71
Research Design.....	72
Population and Sampling	74
Ethical Research.....	76
Data Collection Instruments	77
Data Collection Technique	79
Data Organization Technique	81
Data Analysis	82
Reliability and Validity (Qualitative Only)	84
Reliability.....	84
Validity	85
Transition and Summary.....	87
Section 3: Application to Professional Practice and Implications for Change	89
Introduction.....	89
Presentation of the Findings.....	90
Applications to Professional Practice	106
Implications for Social Change.....	107
Recommendations for Action	108
Recommendations for Further Research.....	110
Reflections	111

Conclusion	112
References.....	114
Appendix A: Interview Protocol.....	147
Appendix B: Letter of Invitation.....	151

Section 1: Foundation of the Study

The negative costs associated with registered nurse turnover in the healthcare industry yield adverse conditions and challenges for nurse managers because of factors such as reduced and turbulent nurse staffing levels and nurse-patient ratios (Collini et al., 2015). Researchers revealed approximately 17.5% of new nurses will vacate their position for a new one within the first year of employment (Kovner, Brewer, Fatehi, & Jun 2014). A lack of sound strategies to mitigate registered nurse turnover and increase retention affects registered nurse engagement, performance, organizational identification and job satisfaction (Allan, Lu, Gursoy, & Neale, 2016). Registered nurses in the healthcare industry averaged a 14% rate of turnover between 2010 and 2015 (Collini, Guidroz, & Perez, 2015; Rosseter, 2014). The average hospital in the United States can incur financial losses up to \$8,000,000 annually because of employee turnover of registered nurses (Dempsey & Reilly, 2016). Further, healthcare organizations in the United States will incur between \$11,745 to \$36, 567 in associated nurse replacement costs to advertise, recruit, and train nurses to fill vacant positions (Duffield, Roche, Homer, Buchan, & Dimitrelis, 2014). Leaders in the healthcare system must understand what factors influence registered nurses' decision-making processes when considering whether to changes jobs (Rahman & Nas, 2013).

Background of the Problem

Nurse managers lack effective engagement strategies for reducing registered nurse turnover. Managers must understand the factors and influences on the decision-

making processes used by registered nurses when considering whether to change jobs. The way an employee perceives their opportunities for professional development and advancement can influence his or her level of intent to leave their organization for another position. Retention strategies related to employee development, including the acquisition of vocational skills, career advancement opportunities, and performance recognition, are a mutual effort between employee and employer (Rahman & Nas, 2013). The perceptions and experiences of nurse managers should be explored to gain an enhanced understanding of organizational dynamics and employee turnover factors. The effective administration and retention of employees and corporate operations can result in sustainable and productive organizational performance.

The focus of this study was on the identification of factors associated with the employee turnover of registered nurses. The information gained from this study will contribute to existing research on understanding of the causes and effects of the events leading to employee turnover. Nurse managers can leverage their experiences and decision-making practices to develop strategies to reduce employee turnover and personnel costs and retain valuable employees. The capability of nurse managers to oversee human and economic capital is a key element of determining organizational productivity (Salman, von Friedrichs, & Shukur, 2011).

Problem Statement

Registered nurses in the healthcare industry averaged a 14% rate of turnover between 2010 and 2015 (Collini, Guidroz, & Perez, 2015). The average hospital in the

United States can incur financial losses up to \$8,000,000 annually because of employee turnover of registered nurses (Dempsey & Reilly, 2016). The general business problem was that employee turnover negatively affects hospitals, resulting in losses of profitability and increased personnel costs. The specific business problem was that some nurse managers lack engagement strategies to reduce registered nurse turnover.

Purpose Statement

The focus of this qualitative multiple case study was to explore engagement strategies nurse managers use to reduce turnover of registered nurses. I collected data from eight nurse managers from four hospitals in West Central Florida who were selected because they have successfully implemented engagement strategies to reduce turnover of registered nurses.

Employees who perceive they are treated fairly and equitably based on their organizational contributions will perform at a commensurate level and tend to remain with their organization (Avanzi, Fraccaroli, Sarchielli, Ullrich, & van Dick, 2014). The information provided by nurse managers may contribute to social change through recommendations for the creation of strategies to reduce turnover of registered nurses. The implications for positive social change might be the retention of valuable employees in the healthcare industry, improved healthcare services and patient care, sustainable business practices, and a reduction in the unemployment rate.

Nature of the Study

Method

Quantitative, qualitative and mixed methods are the three recognized research methodologies. The quantitative method involves the collection and interpretation of data for proving or disproving hypotheses (Murshed & Zhang, 2016). The mixed-method combines the qualitative and quantitative methods (Holt & Goulding, 2014). Qualitative researchers seek to explore complex social phenomenon in a contemporary real-world context (Yin, 2014). The fundamental tenet of qualitative methodology is the concentration on ordinary and naturally occurring events based on real-life experiences, from which qualitative researchers develop a holistic understanding of a phenomenon (Guercini, 2014). The quantitative or mixed methods were not suitable for this study as the focus in quantitative research is numerically oriented and statistical analysis of precisely measured constructs (Murshed & Zhang). The use of the qualitative method was appropriate for this study to facilitate identifying and exploring the strategies nurse managers use to reduce registered nurse turnover.

Design

Researchers have multiple options for qualitative research study designs. Phenomenology is the exploration of the meanings of lived experiences of individuals and the essence of the structures of the experience (VanScoy & Evenstad, 2015). Narrative researchers seek to understand the experiences and actions of individuals over time through understanding participants' experiences through their stories (Seal & Mattimore, 2016). Ethnography involves the study of people's experiences and social processes within organizations and cultures (Aij, Visse, &

Widdershoven, 2015). Grounded theory researchers systematically analyze and compare processes across a range of research settings in a coordinated manner using applied observation to explore the meaning of ideas and concepts of studied phenomena (Bamkin, Maynard, & Goulding, 2016). Yin (2014) stated case studies are in-depth investigations of a contemporary phenomenon and are useful for addressing *what*, *how* and *why* type questions rather than questions about *how many*. Researchers can use a case study design to provide research flexibility with an integrative combination of research methods, multiple data collection and analysis approaches to determine what is common and unique about the case (Hyett, Kenny, & Kickson-Swift, 2014). I selected a multiple case study design to gain an understanding of what strategies nurse managers use to reduce registered nurse turnover at four hospitals in West Central Florida.

Research Question

The overarching research question for this study was: What engagement strategies do nurse managers use to reduce turnover of registered nurses?

Interview Questions

1. What engagement strategies do you use to reduce registered nurse turnover?
2. What barriers did you encounter in implementing the strategies for reducing registered nurses' turnover?
3. How did you address the barriers to implementing the strategies for reducing registered nurses' turnover?

4. What organizational barriers or obstacles prevent you from engaging with employees?
5. How do you measure the effectiveness of the strategies for reducing registered nursing turnover?
6. How do you measure the outcomes of employee engagement strategies?
7. How did you develop your successful strategies for employee engagement of registered nurses?
8. What additional information would you like to share regarding engagement strategies that nurse managers use to reduce turnover of registered nurses?

Conceptual Framework

Patel (2016) stated the findings researchers derive from research studies are wholly dependent on the data collected from the study. Researchers use a conceptual framework for their studies to structure the research and collect data to answer the research question. I selected systems theory and the job characteristics theory as the conceptual frameworks for my study to explore the issues that may affect employee turnover and to gain a deeper understanding of engagement strategies nurse managers use. Ludwig von Bertalanffy introduced systems theory in the 1930s. Von Bertalanffy (1972) defined a system as a set of interrelated components and the surrounding environment.

Systems theory is an integrated approach to analysis and describes the interdependent relationships, patterns, and themes between a specific set of parts within a system (DeBoer & Anderson, 2016). Midgley and Wilby (2015) presented simple rules for systems theory, including: (a) distinction can be made between and among things and ideas, (b) parts and wholes of systems can be identified, (c) relationships can be identified between and among objects and ideas, and (d) the perspectives of people, objects and ideas are considered.

Greg R. Oldham and J. Richard Hackman developed the job characteristics theory between 1975 and 1980. Hackman and Oldham (1980) proposed a theoretical model of five fundamental job characteristics, which are related to five work outcomes, through three psychological states. Challenging and fulfilling job characteristics are related to a positive influence on job performance, and the association can be understood through the application of the job characteristics theory (Johari and Yahya, 2016; Suh and Lee, 2017).

The incorporation of systems theory and job characteristics theory into the conceptual framework of this study aided in identification and understanding of nurse managers' strategies for reducing registered nurse turnover. Nurse managers in social systems such as hospitals must use diverse processes and skills to develop a sustainable, and effective work environment with beneficial personal and work outcomes for registered nurses (Adriaenssen, Johannessen, & Johannessen, 2016; Ling & Toh, 2014). Nurse managers can utilize an understanding of the interrelationships between individuals, groups and job characteristics to incorporate different techniques and

decisions to develop work outcomes and engagement strategies to reduce turnover of registered nurses.

Operational Definitions

Employee engagement: Employee engagement is the state of positive, fulfilling and motivated work-related well-being. Engaged employees are committed to, positively involved and attached to their organization (Ferreira & de Oliveira, 2014).

Employee retention: Employee retention is the strategic combination of work-life balance components of job satisfaction and organizational commitment that influence talented employees to stay employed with an organization (Deery & Jago, 2015).

Employee turnover: Employee turnover is the phenomenon of employees voluntarily parting from the employment of their organization (Rahim & Cosby, 2016).

Nurse Manager: A nurse manager is a healthcare professional responsible for the supervision and human resource management of nurses in support of organizational objectives (Armstrong-Stassen, Freeman, Cameron, & Rajacic, 2015; Leong & Crossman, 2015).

Organizational commitment: Organizational commitment is a psychological relationship of an employee with his or her organization. An employee's commitment may be because of a desire to remain with the organization, a sense of obligation to their organization, or because of an awareness of the personal cost associated with leaving the organization (Yahaya & Ebrahim, 2016).

Assumptions, Limitations, and Delimitations

Assumptions

Assumptions are unverified truths believed by the researcher in support of a clear and logical rationale for the study (Marshall & Rossman, 2014). An underlying assumption of this study was that the design of the interview questions was appropriate for the study. Additional assumptions were that the study participants represented the nurse manager population under study, and the nurse managers participating in the study provided ethical, honest, and truthful answers to the interview questions. A final assumption was that identifiable patterns and themes became evident from participant responses to interview questions.

Limitations

Limitations are factors within a research study, which might restrict or hinder a researcher's ability to collect data (Kash, Spaulding, Gamm, & Johnson, 2014). As the sole data collection instrument for this study, I could have inadvertently introduced subconscious biases into the research, which are outside of my control. The responses from the study participants could have also include bias, which could influence the outcome of the study. A limitation of this study were time restrictions to meet with and collect data from the participant population of nurse managers in West Central Florida. Findings derived from nurse managers employed by hospitals located in West Central Florida of the study may not apply to other regions of the country with different economic and employment conditions, participant experiences, and perceptions. Another

limitation may have resulted from the conduct of interviews in a compressed period. Interviews conducted over an extended period may provide more opportunity to achieve data saturation. A final limitation may result from my experience and knowledge level as the main instrument for data collection, which could limit the depth and rigor of the data collected during the study.

Delimitations

Delimitations aid the researcher in defining a study's boundaries (Yin, 2014). The scope of this study was to explore what strategies some nurse managers use to reduce employee turnover and personnel costs. A delimitation of the study included the geographical location, which was restricted to the West Central Florida region. The boundaries of this study included a singular research focus on eight registered nurses who have been or are currently employed as nurse managers. The limited population sample size was a delimitation because the findings may not apply to other industries. Only nurse managers from West Central Florida comprised the population under examination.

Significance of the Study

Contribution to Business Practice

Ineffective management practices by nurse managers can result in negative business performance in hospitals. The negative costs associated with employee turnover in hospitals adversely affect employee staffing levels and nurse-patient ratios (Collini et al., 2015). The findings from this study could be useful to nurse managers in the development of strategies, processes, and tools for increasing employee engagement,

organizational commitment, and retention (Liu, Cia, Li, Shi, & Fang, 2013; Sutherland, 2013). Nurse managers must develop strategies to increase registered nurse engagement, performance, organizational identification and job satisfaction (Allan, Lu, Gursoy, & Neale, 2016). Ziakas and Boukas (2014) stated researchers must focus the perspective of their research on the first-person view of the experience to provide a thematic account of the experience. As nurse managers develop effective strategies to reduce turnover of registered nurses, it may help to improve business practices of healthcare organizations.

Implications for Social Change

Findings from this study can affect positive social change by identifying recommended strategies to help healthcare organizations retain valued registered nurses who can contribute to the improvement of the health and living standards within the community. The social implications of this study could be the advancement of recommended strategies for reducing registered nurse turnover. Reduced turnover could subsequently lower employment costs and increase the economic viability of healthcare organizations, which could provide the organizations with the capability to provide an increased level of affordable healthcare to the community.

Employees who perceive they are treated fairly and equitably based on their organizational contributions will perform at a commensurate level and tend to remain with their organization (Avanzi et al., 2014). Identifying and sharing information learned from successful nurse managers about employee engagement could lead to an increased rate of retention for healthcare organizations, and improvements to the economic and

physical well-being of registered nurses and their communities (Watty-Benjamin & Udechukwu, 2014). Improved organizational commitment from registered nurses might lead to increased organizational continuity and improved quality of patient care, which may lead to an enhancement in the healing environment provided to patients, their families and the community (Collini et al., 2015).

A Review of the Professional and Academic Literature

The purpose of this qualitative, multiple case study was to explore what strategies some nurse managers use to reduce registered nurse turnover. I included peer-reviewed research regarding employee turnover and retention strategies in the literature review. The review of the literature will culminate with a summary of preceding research regarding employee turnover, with a comparison and contrast of research methods and findings. This literature review resulted from my search of the Walden University Library business management, nursing and psychology databases, including Academic Search Complete, Business Source Complete, Emerald Insight, ABI/Inform Collection, Science Direct, ProQuest Central, SAGE Premier, MEDLINE with Full Text, Nursing and Allied Health, Ovid Nursing Full Text Plus, and ProQuest Health & Medical Collection.

The strategy I used to construct this review included searches within the Walden dissertation and thesis databases to locate existing doctoral studies of similar research topics, multidisciplinary databases, business management, healthcare, and scientific databases. I searched for resource material in a variety of publication types including

journal articles, professional journals, books, and seminal scholarly sources. Keywords I used were: *employee turnover, retention, job satisfaction, job characteristics, leadership, turnover retention strategies and healthcare management, empowerment, and shared governance.*

The review of literature for this study will begin with the background of registered nurse employment in hospitals within the context of the healthcare industry as a basis for understanding the importance of registered nurses as they contribute to the business practice of healthcare organizations. The review of literature will include the following themes: healthcare industry organization, turnover intentions, registered nurse turnover in the healthcare industry, employee morale and engagement, registered nurse retention strategies, references relating to the conceptual framework of the study, and alternate theories.

My review of the literature for this research study included 113 total references. 110 of the cited references were peer-reviewed journal articles. Ninety-six percent of the literary references had a publication date between 2013 and 2017. The number of references I used for this study by category includes 110 journal articles (97%), two books (1.7%), and one corporate report (.3%).

Theories Grounding this Study

The conceptual framework for this study is systems theory and the job characteristics theory. According to Von Bertalanffy (1972), relationships between objects and ideas, and the perspectives of people can be identified and understood

through a comprehension of their environment. A system is defined as a set of interrelated components and the surrounding environment. Systems theory is the scientific exploration of the entire system as it relates to its individual parts (Von Bertalanffy, 1972). Researchers use systems theory as an integrated analytical approach to analysis to describe the interdependent relationships, patterns, and themes between a specific set of parts within a system (DeBoer & Anderson, 2016). Midgley and Wilby (2015) presented simple rules of systems theory as: (a) distinction can be made between and among things and ideas; (b) parts and wholes of systems can be identified; (c) relationships can be identified between and among objects and ideas; and (d) the perspectives of people, objects and ideas are considered.

Caws (2015) stated systems are groupings of independent components, which exist in a functional relationship with each other. Within a system, the individual components have embodied relationships, which can be determined and established naturally or intentionally. Natural and human processes can be introduced into organizational and human systems to facilitate desirable consequences. People are the human element, or system agent, in organizational systems. Beliefs, intentions, and actions of human agents have a direct relational impact on the organizational systems they are part of (Caws, 2015). Nurse managers can utilize an understanding of the interrelationships between individuals and groups within a system to incorporate different techniques and decisions to develop work outcomes and engagement strategies to reduce turnover of registered nurses.

Adriaenssen, Johannessen, and Johannessen (2016) stated systems theory can be used to analyze, explore, and understand the communication process in social systems. Communication systems in social and organizational settings function through the application of interactive information processes. Nurse managers in social systems such as hospitals utilize communication skills and processes to develop an effective work environment with beneficial personal and work outcomes for registered nurses (Adriaenssen et al., 2016; Ling & Toh, 2014). Nurse managers can use a systems theory approach to observe, differentiate, and interpret the experiences of registered nurses within their organizational system to develop an understanding of the distinctions between the individual parts within the system.

DeBoer and Andersen (2015) explored the association between systems theory and research and noted how systems theory has informed research within the business network construct. Systems theory can be used as a model for researchers to identify connections between relationships, the specific elements of the relationships, and the organizational processes that contribute to the formation of the relationships. DeBoer and Andersen (2015) provided a general outline of system theory as a research program and highlighted three significant areas within system theory: system boundaries, system structure, and system stability and adaptive behavior.

Researchers must consider how the elements of an organizational system relate to each other, and how their actions and interactions affect the larger system.

Understanding how the components of a system are connected to each other and how

they are organized in the system is essential for a researcher to comprehend the structure and complexity of the system. The stability and adaptability of a system seem contradictory, yet coexist within systems. Organizational systems will constantly adapt and change because of internal and external environmental influences but must be maintained at a steady state within a set of certain essential variables within a set range limit (DeBoer & Andersen, 2015).

Hackman and Oldham (1980) proposed a theoretical model of five fundamental job characteristics, which are related to five work outcomes, through three psychological states. The five fundamental job characteristics are: (a) skill variety, (b) task identity, (c) task significance, (d) autonomy, and (e) feedback. The three critical psychological states prompted by the work outcomes are: (a) experienced meaningfulness at work, (b) experienced responsibility for the outcome of work, and (c) knowledge of results of the work activities. Challenging and fulfilling job characteristics are related to a positive influence on job performance, and the association can be understood through the application of the job characteristics theory (Johari & Yahya, 2016; Suh & Lee, 2017). Job characteristics theory can be used by researchers to understand and analyze the relationship between job characteristics, job satisfaction, job performance and turnover intention.

Drotz and Poksinska (2014) conducted research centered on the understanding of roles, responsibilities, and job characteristics of employees in healthcare organizations. Work organization was described through core job characteristics, task identity,

employee feedback and autonomy, and work facilitation. Drotz and Poksinska found a shift from an environment of clinical autonomy and the prevalence of professional skills, to a professional culture where patient care, teamwork, and process improvement were the focus. Dezelan, Hafner, and Melink (2014) examined the relevance of the sector of employment as related to a graduates' education and skill match and discovered educationally matched graduates are more satisfied with their jobs, although job skills did not factor in the job satisfaction.

Johari and Yahya (2016) conducted research to examine the relationship between job characteristics and job performance. According to their research, job performance is influenced by the skill variety of the employees, the significance of work tasks and feedback from supervisors. Ling and Toh (2014) identified job characteristics that would increase job satisfaction, motivation, and output of management employees and found a correlation between personal and work outcomes and job characteristics for facility managers who use a variety of skills to perform their jobs, which highlighted an important correlation of supervisors providing encouragement and support to job satisfaction.

Bacha (2014) presented a research study centered on the relationship between leadership feedback, task performance, and perceived measures of job characteristics. There is a relationship between leadership feedback, follower task performance, and follower perceptions of job characteristics. Bacha revealed organizational leaders could be influential in the perception of core job characteristics and employee task

performance. Rai, Ghosh, Chauhan, and Mehta (2017) highlighted the positive relationship between job characteristics and work engagement. Job characteristics influence the level of work engagement of employees. The amount of organizational and supervisory support employees receive can directly affect the level of work engagement of employees. Employees such as registered nurses in hospitals tend to have higher levels of work satisfaction when their job characteristic includes support through organizational practices and direct supervisory feedback.

Employees have favorable work outcomes when they are responsible for their work and can see the meaningful results and benefits of the work. Different demographic cohorts include many aspects of job characteristics. Hernaus and Vokic (2014) concluded job characteristics are not represented in an equal manner across different generational cohorts. Hernaus and Vokic examined the cohorts of the baby boomers, Generation X, and Generation Y and discovered the nature of job characteristics do not vary from one generation to the next; however, the social aspect of job characteristics such as interaction with others does differ between the generational cohorts. Singh, Singh, and Khan (2016) studied the impact of various aspects of the job characteristics model to measure perceptions of job characteristics. The motivation level of employees was different based on gender and job type.

Zhao and Ghiselli (2016) presented a study about the influence of job characteristics on job stress and work-family conflict. Zhao and Ghiselli focused their research on hospitality job characteristics like long working hours, irregular work

schedule, holiday work, frequent turnover, and split shifts. The comparison is relevant to this study as the hospitality industry has many of the same job characteristics as the healthcare industry. Zhao and Ghiselli noted differences in work and family issues between different gender and age groups. Employees with higher levels of education reported being less stressed by their jobs. Chopra (2014) examined the relationship between personality traits, organizational commitment and job characteristics of management, and nonmanagement employees. Chopra determined a differential relationship between the two groups about specific job characteristics and personality dimensions.

If an employee does not achieve meaningful work outcomes and does not feel a sense of commitment and engagement with their work and organization, the employee may seek employment with another organization. Hauff and Richter (2015) stated the level of connection between managers and employees in an organization could contribute to employee satisfaction and commitment. Organizations with defined and separate job characteristics structures for managers and employees can project a culture of power distance between the job characteristics of the two groups. Employees with job characteristics not structured to provide meaningful employment, influence on the organization or the external environment, and a level of autonomy and responsibility may feel compelled to find employment elsewhere.

Uruthirapathy and Grant (2015) studied the influence of job characteristics on turnover intention of professionals in a technical field of employment. Uruthirapathy and

Grant determined the level of turnover intention differ between the professionals based on their level of technical education. Professionals with lower level technical positions and education had a higher level of turnover intention. I selected systems theory and job characteristics theory to explore the issues that may affect employee turnover and to gain a deeper understanding of engagement strategies nurse managers use. I used systems theory and the job characteristics theory to identify and explain fundamental factors related to the central research question.

Alternative Motivational Theories

Burns (1978) postulated the transformational leadership theory to explain how leaders inspire their employees to strive for common organizational objectives. A transformational leadership style can facilitate the implementation of transformative organizational change through the encouragement of idealized behaviors and the creation of inspirational corporate vision (van Rossum et al., 2016). Effective administration of employees and corporate operations can result in sustainable and productive organizational performance (Rahman & Nas, 2013). Andersen (2015) presented a perspective that transformational leadership has significant problems and conceptual limitations. Anderson stipulated transformational leadership was presented as a universal theory, yet managerial and political leadership are conflated within the theory.

Pradhan and Pradhan (2015) used the transformational leadership theory to examine the relationship between leaders and their followers' organizational commitment and performance. Transformation leaders use their leadership traits to motivate their

followers and to influence their commitment and engagement. Transformational leadership can facilitate the establishment of emotional bonds between follower and leader, and by extension, to the organization. Transformational leadership encompasses a multidimensional approach to leadership, including setting and communicating a vision and goals for the organization, role modeling, and support and encouragement to followers (Rowald, 2014). In another study, Dulewicz and Higgs (2005) noted three broad categories of behavior consistent with transformational leadership. Transformational leaders are goal-oriented, involved in setting the direction of their organization, and engaged in facilitating organizational achievements through the development of the capabilities of other organizational members.

Lean leadership is predicated on the self-transcendent and conservative work values of lean leaders, with a continuous focus on improving work processes to increase productivity and customer value (van Dun & Wilderom, 2016). Emiliani and Emiliani (2013) stated lean leadership results from the daily adherence to the tenets of lean management principles, continuous improvement, and respect for people. Change in lean organizations is driven by organizational leadership through a vision and strategy, which facilitates the utilization of all organizational resources toward the implementation of lean initiatives (Dibia, Dhakal, & Onuh, 2014).

Aij, Visse, and Widdershoven (2015) used lean management and the lean leadership model as a framework for a study of the importance of leadership during organizational change and transformation in the healthcare industry. Four principal

elements to lean management were presented: leader standard work, visual controls, daily accountability, and leadership discipline. Aij et al. presented the results of a case study of contemporary lean leadership set in the context of a healthcare environment. The study centered on leadership behaviors and issues and experiences from a Dutch medical center. Aij et al. offered it was important for lean leaders to be personally involved in the day-to-day business to allow for personal assessment of the environment and enhanced empowerment of healthcare employees. Aij et al. discussed three common characteristics of importance for a lean transformation of an organization: going to the Gemba (a Japanese word which means the actual place of work), empowerment and trust, and modesty and openness. Drotz and Poksinska (2014) identified potential issues with the introduction of lean practices within the healthcare industry, primarily the existence of a strong professional culture, uneven power distribution and the traditional construct of doctors as the dominant decision-makers.

Overview of Employee and Nurse Turnover

The understanding by nurse managers of the factors about registered nurses' intent to remain employed with their current healthcare organization is critical to the long-term success of their organization. Leaders in the healthcare system must understand what factors influence registered nurses' decision-making processes when considering whether to change jobs (Rahman & Nas, 2013). Letvak, Ruhm, and Gupta (2013) stated nurses between the ages of 23-26 comprise 62% of registered nurses who enter the healthcare profession each year. As a result, newly licensed registered nurses

are a significant component of the healthcare workforce and are equally critical to their organization as veteran nurses who have been employed for a longer period (Friedman, Delaney, Schmidt, Quinn, & Macyk, 2013). From 2000 to 2005, there were about 85,000 newly licensed registered nurses seeking employment for the first time. Friedman et al. reported there was a least one new registered nurse graduate by healthcare administrators per organization during the same time frame.

Researchers conducted The RN Work Project, a 10-year panel study, and found about 17.5% of new nurses will leave their position for a new one within the first year of employment (Kovner, Brewer, Fatehi, & Jun 2014). Kovner et al. also stated the operational costs to replace registered nurses who had left their positions averaged between \$10,000 and \$88,000 during the timeframe of 1990 and 2010. Total yearly organizational costs for hospitals to replace registered nurses is between \$1.4 billion and \$2.1 billion. Compounding the shortage is an annual turnover rate of approximately 13% for registered nurses (Rosseter, 2014). The capability of healthcare managers to oversee human and economic capital is a primary element of determining organizational productivity (Salman et al., 2011).

The leading assumptions among most scholarly researchers for reasons behind employees remaining with an organization were consistent with the reasons for departing an organization (George, 2015). The negative costs associated with employee turnover in the healthcare industry adversely affect employee staffing levels and nurse-patient ratios (Collini et al., 2015). Healthcare managers often marginalize the importance of their

management roles and make improper leadership decisions, which can result in employee dissatisfaction and turnover (von Knorring, Alexanderson, & Eliasson, 2016). Healthcare managers must develop strategies to increase employee engagement and organizational identification. The healthcare industry is highly labor intensive, and organizations must dedicate significant financial resources to attract and retain skilled healthcare workers such as registered nurses (Nayak, Sahoo, Mohanty, & Sundaray, 2016). Work engagement influences employee performance and job satisfaction, and is an important indicator of organizational health (Allan et al., 2016).

Factors Affecting Nurse Turnover

Numerous factors related to the job characteristics and work environment of registered nurses can be potential drivers for nurse retention or nurse turnover, depending on how organizational leaders address them. Black (2015) identified potential factors such as job autonomy, continuing education opportunities and professional training, nurse-patient and nurse-manager relationships, supervisor support, and work environment. These factors can contribute to registered nurse turnover intentions if opportunities are limited, relationships are not positive, and the work environment is oppressive or unrealistic demands are made of registered nurses. Excessive physical demands and insufficient compensation factor into turnover intentions. Black posited registered nurse staffing shortfalls could potentially require nurses to assume additional responsibilities, which could result in a nurse filling the work responsibilities of more than one position simultaneously. Nurses who do not receive sufficient compensation for

added work may have an elevated level of turnover intention, which could contribute directly to a turnover if a full-time position is offered to the nurse at another hospital.

Work-related, external and personal factors all affect employee turnover. Dubey, Gunasekaran, Altay, Childe, & Papadopoulos (2016) conducted an exploratory research study with a different view on employee turnover in humanitarian organizations and presented a review of existing research studies about employee turnover using a theoretical framework based on the studies of Cotton and Tuttle. The framework includes the variables of external factors, work-related factors and personal factors and their relationship on employee turnover. External factors included employment perceptions, the unemployment rate in the industry, the level of union presence, and the rate of potential career progression. Work-related factors included pay levels, job performance, job satisfaction, and organizational commitment. Age, tenure, education, intelligence, and aptitude were among the personal factors studied. Dubey et al. reported all three factor groupings are present as factors in the employee turnover decision-making process.

Dempsey and Reilly (2016) conducted analysis on the Press Ganey Database develop an understanding of the current state of nurse engagement and its drivers. Dempsey and Reilly stated the Press Ganey Database includes patient experience measurements, performance analytics, and strategic advisory solutions for healthcare organizations. The indicators in the database measure nurse satisfaction, medical practice environment, and nurse-sensitive measures. Dempsey and Reilly conducted an analysis

of the data from the database with a focus on the specific impact of factors affecting nurse engagement and turnover intentions. The principal areas analyzed were the impact of tenure and level of care, differences in drivers of nurse engagement, length of shifts, compassion fatigue and burnout, work acknowledgment, leadership support, team support, and communication. Dempsey and Reilly advocated nurse engagement within healthcare organizations to facilitate the reduction of compassion burnout and registered nurse turnover, which could lead to improved patient care, and an enhanced work environment.

Organizational managers should be concerned with the retention of skilled employees such as registered nurses and should concentrate on and mitigate the aspects of the organization and job characteristics that factor into turnover intention. In a similar study, George (2015) studied the motivation for professional workers elect to remain in their organizations. George conducted a cross-sectional study of 138 workers from a British-based multinational marketing company. The findings from the study supported a division of retention factors into organizational and job-related. George verified the reliability of the scale using Cronbach's value. The scale was presented to the participants in the form of a 19-point questionnaire covering the following major focus areas: management, conducive environment, social support, developing opportunities, autonomy, compensation, crafted workload, and work-life balance. George recommended an emphasis by employers to engage and retain employees to mitigate the loss of critical organizational job skills and competencies.

A negative work environment, lack of managerial support, or a lack of career advancement opportunities could lead to registered nurse turnover. Dawson, Stasa, Roche, Homer, and Duffield (2014) presented a research study centered on an investigation of the experience of nurses in Australia, the perceptions of nurse turnover, and the identification of strategies to improve nurse retention, performance and job satisfaction. Dawson et al. used a qualitative research design to collect and analyze data from nurses employed throughout Australian healthcare system. Dawson et al. reported the key factors related to nursing turnover were limited career opportunities, poor employer support, lack of recognition, and negative employee attitudes.

Work Environment. Organizations are directly affected by employee turnover through direct and indirect costs associated with turnover. Organizations are financially impacted by recruiting, training and compensation costs related to the recruitment and hiring of new employees to replace those who have left. Indirect costs include the loss of institutional knowledge and job skills possessed by employees who have departed from the organization (Harhara, Singh, & Hussain, 2015). Harhara et al. researched the factors related to employee turnover intentions in existing studies centered on employee turnover intentions, and proposed a potential framework for managers to use to mitigate turnover. Harhara et al. posited the interaction of individual, group, environmental and organizational variables contribute to employee turnover intentions. Harhara et al.'s proposed framework includes environmental factors such as work-life balance and work location, organization factors to include leadership behaviors and advancement

opportunities, and individual factors of the employees like age, education level and length of tenure. Each group factored into the level of organizational commitment for employees to predict turnover intentions.

Hofhuis, Van der Zee, and Otten (2014) reviewed two related research studies conducted in the Netherlands centered on the causes of voluntary employee turnover in cultural majority and minority employees, and the identification of specific job domains where differences are manifested. The first was about the motives for voluntary employee turnover of cultural majority and minority employees based on seven job domains. The second compared job satisfaction using the same seven domains, with turnover intentions of employees. The domains were: job benefits, work content, career development, personal functioning, colleagues, supervisor, and organizational culture. Hofhuis et al. found social interaction and job opportunity to be predictive of turnover intentions and actual turnover decisions among employees, and minority employees experience a higher level of negative social interactions and less career advancement opportunity than employees in the cultural majority. Based on their findings, Hofhuis et al. proposed organization implement strategies to mitigate negative interactions between social and cultural groups through leadership and a strong diversity climate.

Nurse Development and Empowerment. Many nurses feel mistreated and unempowered by a lack of professional autonomy, respect, and recognition from their organizational leaders. A lack of recognition and empowerment can lead to registered nurses considering whether to leave their nursing job or the nursing profession altogether

(Aliliu, Zamanzadeh, Fooladi, Valizadeh, & Habibzadeh (2016). Rahman and Nas (2013) examined the pattern of behavior of turnover intentions in developing countries versus the pattern of behavior in advanced countries. Rahman and Nas discovered employee turnover intention is predictive based on the perceptions of employee development and is closely related to an employee's intentions to leave their employment. Employers can contribute to employee career development and retention through organizational programs and activities centered on career development.

Collini, Guidroz, and Perez (2015) conducted research to gain an understanding of the interaction between the factors of interpersonal respect, mission fulfillment, a climate of diversity and employee engagement. Collini et al. sought to develop a means to predict employee turnover in the healthcare industry more accurately. Collini et al. conducted a research study of medical employees from 10 hospitals in the United States. Data was collected from the participants through opinion surveys. Collini et al. argued there was a direct connection between respect and turnover, and mission fulfillment and turnover, but established no correlation between diversity climate and employee turnover. Collini et al. posited a relationship between employee turnover and employee respect based on their research findings. Collini et al. recommended organizations, and specifically nurse management, should focus on improving mission fulfillment and interpersonal relationships to increase employee engagement and improve turnover rates in the healthcare industry.

In a contrasting study, Zhang, Avery, Bergsteiner, and More (2014) investigated whether employee characteristics moderate the relationship between perceived leadership styles and employee engagement. Zhang et al.'s aim for the study centered on their perception that most research focuses on leaders and ignores the influence of follower characteristics on leadership and engagement. The study findings confirmed employee characteristics including the need for achievement, equity sensitivity and the need for clarity moderate the relationship between four leadership styles (classical, transactional, visionary, and organic) and employee engagement. Zhang et al. suggested direct supervisors should use organic leadership to facilitate employee engagement and development through autonomous self-motivation, and self-direction.

Similarly, Hofstetter and Cohen (2014) presented a research study centered on the analysis of the relationship between work experience characteristics, early retirement, and turnover intentions as mediated by job content plateau. Hofstetter and Cohen based their study on a survey of 170 unionized employees from Israeli industrial companies. Hofstetter and Cohen found perceived organizational support and perceived age stereotypes were negatively related to early retirement intentions of employees but did not affect turnover intentions. Job plateau was related to turnover intentions and work-related variables. Hofstetter and Cohen (2014) conducted research to examine the relationship between five work experiences and two organizational withdrawal intentions. The work experiences were: age-related stereotypes, perceived organizational support, coworker support, career satisfaction, and reaching a job plateau. The withdrawal

intentions were early retirement and employee turnover. Hofstetter and Cohen recommended managers should focus on the person-job fit to mitigate turnover intentions.

Satisfaction and Commitment. An employee's level of job satisfaction can factor into their intention to leave employment with their current organization or not. Bednarska and Szczyt (2015) conducted an analysis based on research data collected by the fifth European Working Condition Survey. The survey consisted of approximately 17,000 service employees from 34 countries. The purpose of Bednarska and Szczyt's research was to identify individual, organizational and national factors that affect job satisfaction in the service industries. Bednarska and Szczyt found that job satisfaction is perceived differently depending on the country, occupation, and income level of the study respondents. These findings add to the existing base of knowledge about job satisfaction. Leaders in other professional fields such as the healthcare industry can use this information to implement human resource policies, organizational practices and recruitment strategies for the retention of engaged and valuable employees (Bednarska & Szczyt, 2015).

Allan, Lu, Gursoy, and Neale (2016) conducted a comparative study on work engagement, job satisfaction and turnover intentions between supervisors and employees. Allan et al. stated a positive working state is a key indicator of organizational health because of the potential to influence the job satisfaction, performance and turnover intentions of employees. Work engagement was determined to be a key influencer of

employee performance, job satisfaction, organizational success, and turnover intention. The findings from the study established supervisors exhibit stronger work engagement than employees in the areas of vigor, dedication, and absorption. Allan et al. endorsed the establishment of organizational policies and the investment of resources to foster employee commitment, increase retention and reduce turnover.

Wang (2014) conducted a study to examine which relationship bonds have different effects on employee commitment. The relationship bonds studied were social, structural, and financial. The employee commitments Wang examined were affective (want to stay), normative (ought to stay), and continuance (must stay). Wang collected data through a self-reported questionnaire that was administered to 401 frontline workers from the restaurant service industry. Wang revealed social and financial bonds are influencers of affective commitment. Structural and financial bonds affect continuance commitment. The most significant finding from the study is the evidence that affective commitment is a crucial factor for preventing emotional exhaustion and turnover intentions. An improved outlook by employees about their organization commitment might lead to increased organizational trust and loyalty, which may contribute to strengthened family and community relationships (Liu et al., 2013; Sutherland, 2013).

Sharma and Dhar (2016) presented a research study centered on the examination of factors that influence the affective commitment of nursing staffs and their job performance. Sharma and Dhar used a survey-based study with participants from six public healthcare institutions in India. Nursing staffs have an above average rate of job

burnout. Affective commitment had a strong relationship with job performance and was less prevalent in employees who exhibited signs of job burnout. Sharma and Dhar surveyed 349 nursing staff employees from within the healthcare system in India about job burnout and job satisfaction as they related to affective commitment. According to Sharma and Dhar, an inverse relationship exists between affective commitment and job burnout, and a positive relationship between commitment and job satisfaction. Sharma and Dhar recommended healthcare institutions to create working environments conducive to a supportive and fair environment, with strategies to mitigate job burnout among employees.

Ha, Kim, Hwang, and Lee (2014) presented a research study with a different perspective centered on the analysis of the impact of organizational characteristics on the turnover intentions of healthcare workers in Korean nursing homes. Turnover intentions were directly affected by high-performance work practices and indirectly by organizational support and commitment. Ha, Kim, Hwang, and Lee established organizational commitment, and organizational support had some effect on turnover intentions, while high-performance work practices had a direct effect. In a later comparable study, Ferreira, Martinez, Lamelas, and Rodrigues (2017) presented a research study centered on the exploration of the relationship between job embeddedness, job satisfaction, and their effect on turnover intentions. Ferreira et al. concluded job satisfaction and job embeddedness mediated the relationship between job characteristics and turnover intentions at the individual and organizational level of analysis.

Job Characteristics. The job characteristics of registered nurses' positions can contribute to turnover intentions. Negative characteristics such as long hours, double shifts, high stress, and inadequate compensation can result in an increased level of turnover intention among nurses. Sutherland (2016) reported a person's status of employment had a direct correlation to their job satisfaction and their level of turnover intention. Sutherland conducted research to study the differences in job satisfaction among self-employed people with no employees and those with employees. Sutherland stated people who were self-employed tended to have more satisfaction with their jobs, although there was a uniformly positive and statistically significant correlation between a waged worker's job satisfaction and ten measured job aspects. Managers of small organizations were more satisfied than managers in large organizations. In a like study, Suh and Lee (2017) studied the impact of the job characteristics of teleworking on employee stress and job satisfaction. Suh and Lee discovered the technical requirements of teleworking in addition to the specific job characteristic challenges of working from a remote location outside of the main organizational infrastructure added occupational stress to workers and diminished job satisfaction. According to Suh and Lee, managers can gain insights and prescriptive guidelines to develop strategies to maximize teleworking capabilities. Study findings contributed to a more comprehensive understanding of challenges related to job characteristics.

Another aspect of job characteristics with a potential to affect job satisfaction and contribute to turnover intention is job-education mismatch. Registered nurse training

programs prepare nurses for the medical technical requirements of their professional responsibilities. When nurses are required to perform job tasks for which they are untrained, it can result in job dissatisfaction, resentment and potentially increased propensity to leave their current position. Boccuzzo, Fabbris, and Paccagnella (2016) presented a research study related to an associated topic. Boccuzzo, Fabbris, and Paccagnella's study investigated the factors of job-education mismatch and job satisfaction about the amount of time graduates spent on their studies relative to the job they secured upon graduation. Boccuzzo, Fabbris, and Paccagnella used an analysis of the occupational status of university graduates a year and a half after they had graduated. Job quality of graduates was related to school choice, performance, and outcome, and Boccuzzo, Fabbris, and Paccagnella concluded the graduates' occupational destiny is directly related to their choice of high school and university-level program. Two positive main job outcomes, job match, and job satisfaction can contribute to retention of skilled, qualified registered nurses.

Rathi and Lee (2015) conducted a study to investigate the impact of perceived external prestige on turnover intentions among retail employees in India. Rathi and Lee centered their study on the exploration of the mediating effect of affective commitment on perceived external prestige and its relationship with employee turnover intentions. Rathi and Lee introduced a negative relationship between perceived external prestige and employee turnover intentions. The relationship was partially mediated by affective commitment. The data collected from the study could provide organizational leaders in

the healthcare industry with an understanding of the range of factors that could lead to a reduction in employee turnover and an increase in organizational commitment.

van Wingerden, Bakker, and Derks (2016) presented a differing research study centered on the impact of a job demands-resources intervention on psychological capital, job crafting, work engagement and performance. van Wingerden, Bakker, and Derks used questionnaires as the research instrument for their study of healthcare professionals. Job demands-resources intervention increased the psychological cap, job crafting, work engagement and self-ratings of job performance of the study participants. van Wingerden, Bakker, and Derks analyzed job demands-resources intervention impact on psychological capital and job crafting behavior, work engagement, and work performance. Organizational interventions can facilitate and improve the work engagement and performance of employees.

Nurse-Manager Relationship. Highly engaged supervisors are likely to develop more engaged employees, a benefit to the employee-supervisor relationship and the organization. Allan, Lu, Gursoy, and Neale (2016) examined the relationships between work engagement, job satisfaction, customer satisfaction and organizational success to determine if there was a correlation between job satisfaction and work engagement as related to employee turnover. Allan, Lu, Gursoy, and Neale conducted a quantitative study consisting of managerial and line-level employees from 29 North American hotels. Participants were surveyed, and results were measured and analyzed using a series of one-way ANCOVA tests. Allan, Lu, Gursoy, and Neale concluded based on their

research findings there was a relationship between employee turnover and employee engagement, as well as job satisfaction. Allan, Lu, Gursoy, and Neale recommended organizations should focus on implementing strategies to improve employee career growth, recognition, and personal status to increase employee engagement and job satisfaction, and improve turnover rates in the healthcare industry.

In a similar study, Goswami, Nair, Beehr, and Grossenbacher (2016) conducted research to examine affective events theory by testing the mediating effects of employees' positive affect at work in the relationships of leaders' use of positive humor with employees' work engagement, job performance, and organizational citizenship behaviors. Goswami et al. also observed the moderating effect of transformational leadership style on the relationship between leaders' use of positive humor and their subordinates' positive affect in the workplace. Goswami et al. collected data from 235 full-time employees from a large information technology and business consulting organization. Positive humor and support from organizational leaders were related to positive emotions from their employees while at work, and an enhanced level of employee work engagement.

Osuji, Uzoka, Aladi, and El-Hussein (2014) noted leadership and management style were the largest determining impact on nursing retention and turnover intentions. Osuji et al. conducted a research study to identify and understand factors determinant in the turnover intentions of registered nurses and used a survey of 193 registered nurses from five major hospitals in Calgary, Canada as the data collection tool for their study.

Age and education level of nurses have a negative effect on turnover intention, and length of service had a significant negative effect on turnover intention. Osuji et al. highlighted factors influential in registered nurse turnover: work environment and health outcomes, workload, motivation and retention strategies.

Avanzi, Fraccaroli, Sarchielli, Ullrich, and van Dick (2014) conducted a contrasting study on a combined social identity and social exchange approach centered on predicting employee turnover intentions. Avanzi et al. measured organizational identification, perceived organizational support, emotional exhaustion, and turnover intentions. The findings from the study demonstrated employee turnover could be representative of the failure of the manager/organizational-employee relationship. Avanzi et al. recommended managers should devote their leadership efforts on the development and support of their employees' identification with their workgroup and the organization to mitigate employee turnover.

Effects of Nurse Turnover

Inadequate levels of nurse staffing and high nurse to patient ratios can adversely affect the quality and level of patient care and operating costs for the healthcare institution (Shekelle, 2013). Patient health issues such as postoperative infection, deep vein thrombosis, ulcers, pneumonia-related death, and failure to rescue are present in healthcare settings where there is an elevated level of registered nurse turnover. Nurse-patient relationships are adversely affected, and patient levels of satisfaction are low (Shekelle, 2013).

Employees who perceive they are treated fairly and equitably based on their organizational contributions will perform at a commensurate level and tend to remain with their organization (Avanzi et al., 2014). A positive work environment is related to positive job satisfaction. Kilanska, Gorzkowicz, Sienkiewicz, Lewandowska, Dominiak, and Bielecki (2016) highlighted study findings which indicated the impact of the work environment on performance and turnover intention is directly related. Nurses want to perform their jobs well and need the conditions at work to meet their requirements. Registered nurses who believe they are not treated in a fair and equitable manner have a higher propensity for turnover than their peers who perceive an appropriate level of organizational support and recognition for their contributions (Avanzi et al., 2014)

Chaudhary and Chaudhari (2015) conducted similar research to examine the relationship between job satisfaction, turnover intentions, and psychological capital. Chaudhary and Chaudhari found positive psychological capital had an impact on the turnover intention of employees, the more negative the attitude of the employees, the higher the intention to quit. To mitigate employee turnover, organizational leaders should foster a positive and supportive operational environment (Chaudhary & Chaudhari, 2015). Unethical work environments can result in turnover intentions for ethical employees.

Pierce and Snyder (2015) presented a research paper about the relationship between consumer demand for unethical behavior, fraud, and employee turnover. Pierce and Snyder found unethical employees who willingly practiced unethical business

practices and produced fraudulent test results had longer tenure and lower rates of turnover at their organizations. Pierce and Snyder stated ethical behavior and legal compliance might be detrimental to career longevity in an unethical environment. In a healthcare setting, turnover of ethical employees because of an unethical working environment could result in unethical business practices detrimental to patient well-being (Pierce & Snyder, 2015).

Work engagement in nursing is critical for ethical nursing practice. Work engagement contributes to positive work outcomes and performance (Keyko, Cummings, Yonge and Wong, 2016). Employee development, to include the acquisition of vocational skills, career advancement opportunities, and performance recognition, is a mutual effort between employee and employer. How an employee perceives their opportunities for professional development influences his or her level of intent to leave their organization for another position (Rahman & Nas, 2013). Zhang, Yan, Wang, and Li (2017) used the mediating effect of job satisfaction as a variable to examine the relationship between person-organization fit and turnover intention of healthcare professionals in China. Zhang et al. reported person-organization fit to be directly related to job satisfaction, and inversely related to turnover intention. Similarly, Fernet, Trepanier, Austin, Gagne, and Forest (2015) studied the effect of autonomous and controlled motivation on work engagement and turnover intention. Fernet et al. concluded autonomous motivation, where employees are provided the resources and support to do their jobs, facilitates positive job attitudes and employee performance,

while controlled, proscriptive and demanding, motivation, is linked with burnout and turnover intention.

Leadership and Nurse Turnover

Nurse managers are the first-line leadership in hospital nursing units within hospital systems and are directly responsible for the daily operational and administrative activities of their units. Nurse managers are also responsible for ensuring the workplace is a safe, professional environment where patients are provided high-quality care (Titzer, Phillips, Tooley, Hall, & Shirley, 2013). Nurse leaders are essential to the nursing profession. Nurse leaders establish direction for their nursing units and are critical to the development and identification of future nurse leaders (Scully, 2014). Registered nurses want to be respected by organizational leaders, be involved in the communication process, and have a role in the decision-making process for patient care.

Nurse manager behaviors are directly related to nursing job satisfaction and retention (Feather, Ebright, & Bakas, 2015). Bormann and Abrahamson (2014) studied the role of nurse manager leadership behavior related to registered nurse job satisfaction and retention. Bormann and Abrahamson noted previous studies, which identified nurse manager leadership as a key influence in determining staff nurse job satisfaction and retention. Bormann and Abrahamson stated the leadership of nurse managers is a key factor in a nurse's decision to remain with or depart a healthcare organization. Chapman, Johnson, and Kilner (2014) stated the purpose of their related study was to determine the predominant leadership styles used by medical leaders and factors that influenced the

style of leadership used by the medical leaders. According to Chapman, Johnson, and Kilner medical leaders use several different leadership styles, the most common being democratic, affiliative, and authoritative. Chapman, Johnson, and Kilner also noted organizational culture, context, and individual inclination were key factors in determining what leadership styles were employed. Chapman et al. stated medical leaders exercise two distinct leadership roles. The first role is as a senior clinician responsible for the supervision of a clinical team delivering patient care. The second role is as a component of their healthcare organization's managerial structure. The authoritative style was predominant, followed by democratic and affiliative styles. Coaching, commanding, and pace-setting were least used.

Negative leadership can result in low levels of job satisfaction, which can lead to an employee's intent to leave an organization, and actual turnover. In an analogous study on the job satisfaction of pediatric nurses, Roberts-Turner, Hinds, Nelson, Pryor, Robinson, and Wang (2014) used a survey method to examine the relationship between job satisfaction and nursing leadership. Roberts-Turner et al. offered autonomy, and distributive justice had a direct and positive effect on job satisfaction. The participants responded to four key concepts: nurse leadership, distributive justice, autonomy, and job satisfaction. Autonomy had the most significant effect on job satisfaction.

Liu, Cai, Li, Shi, and Fang (2013) stated leadership styles could have a significant effect on employee turnover levels. Liu et al. corroborated a positive relationship between culturally-specific human resource management and leadership styles. How an

employee identifies with his or her organizational leadership may influence their intent to leave the organization. Ahmad, Ad, Noor, Rahman, and Yushuang (2013) conducted a corresponding study on the effect of transformational and transactional leadership styles on nurse job satisfaction. Earlier research had indicated the influence of leaders can have a significant role in determining the job satisfaction levels of their employees.

Transformational leaders will concentrate on establishing positive manager-employee relationships through motivation techniques, team building activities, and the facilitation of employee creativity and innovation (Ahmad et al., 2013; Gillet, Fouquereau, Bonnaud-Antignac, Mokoukolo, & Colombat, 2013). Conversely, transactional leaders focus their leadership efforts on the management of work tasks and the associated exchange between managers and employees required to complete assigned work.

Edmonstone (2017) presented contrasting research centered on the premise that the healthcare industry is influenced and dominated by a managerialist ideology. Edmonstone posited the ideology was shaped by higher education business schools, with an emphasis on healthcare leaders pursuing Masters in Business Administration degrees. Edmonstone presented a perspective of healthcare leadership and management as a practice-based activity instead of an academic approach. Edmonstone recommended academic institutions of higher education should include work-based approaches with academic approaches to leadership in their healthcare curriculum.

In an earlier study centered on the impact of positive organizational scholarship in healthcare on health services, Dadich, Fulop, Ditton, Campbell, Curry, Eljiz, Fitzgerald,

Hayes, Herington, Isouard, Karimi, and Smyth (2015) stated positive organizational scholarship in healthcare is centered on the promotion of best practices in the healthcare field, and the improvement of practices where problems and failures exist. Dadich et al. sought to identify the best practices within the industry and find what healthcare consumers and practitioners value about health services. Dadich et al. identified positive characteristics of healthcare and made recommendations for potential improvements in business practices and health service management. Dadich et al. investigated best practices in the healthcare industry in Australia to identify positive healthcare service management using positive organizational scholarship in healthcare framework.

Agarwal, Green, Agarwal, and Randhawa (2016) conducted a study on the quality of management practices of public hospitals in the Australian healthcare system. Agarwal et al. examined management strengths in operations and performance monitoring. Hospital managers were weak in target and personnel management. Specific attention was devoted to operations management, performance monitoring, targets and people management. According to similar research conducted by von Knorring, Alexanderson, and Eliasson (2016) centered on how healthcare managers construct the role of management in the medical profession in their organizations; most healthcare managers approach their management role from a profession-based perspective rather than a management-based perspective.

Lornudd, Bergman, Sandahl, and Schwarz (2016) took a different research perspective and investigated the relationship between leadership profiles and the

differences in the levels of work stress in managers, and the perceptions of work stressors causing stress in the workforce. Lornudd et al. used Ekvall and Arvonen's definition of a leader profile as the blend of three different behavioral orientations to produce specific profiles. Lornudd et al. noted ten leadership profiles in their research.

Buchanan, Parry, Gascoigne, and Moore (2013) conducted an earlier study on a corresponding area of healthcare management, the complexity of healthcare management job characteristics and requirements. Buchanan et al. presented a research study centered on the incidence of extreme jobs among mid-level healthcare managers in acute care hospitals. Buchanan et al. defined extreme jobs to be those with long hours, unpredictable work patterns, an elevated level of work tempo, broad responsibility, and 24/7 availability requirement. Buchanan et al. based their research on interviews and focus groups of managers from 6 different hospitals, and a survey administered at five hospitals in the United Kingdom. Buchanan et al. noted approximately 75 percent of mid-level healthcare managers in hospitals have extreme jobs. Buchanan et al. sought to identify individual and organizational implications of such jobs. Buchanan et al. identified six different healthcare-specific dimensions of extreme jobs: life and death decision-making, conflicting priorities, doing more with less, regulatory requirements, bureaucratic processes, and working within a negative work environment. A large majority of mid-level management positions in the hospitals studied could be classified as extreme jobs.

Zydziumaite, Lepaite, Astedt-Kurki, and Suominen (2015) explored the decision-making of head nurses when they manage ethical dilemmas. Zydziumaite et al. used a qualitative research methodology to explore issues related to the decision-making process for head nurses when they dealt with the management of ethical dilemmas in the workplace. The study data was based on unstructured written reflections of 49 head nurses from hospitals and healthcare centers in five major cities in Lithuania. Zydziumaite et al. had two main research questions based on situations where head nurses experience ethical dilemmas when making decisions, and the reasons why head nurses made the decisions, the actions they took, and the consequences of the decisions. Head nurses managed their decision-making processes based on a balance of power and humaneness, maintenance of a professional hierarchy, among other factors. Zydziumaite et al. grouped their findings into six main themes: taking risks in deviating from the formalities, balancing power and humaneness, maintaining the interprofessional hierarchy, managing resistance to change, managing with limited options, and experiencing the decline in nurse's professional and human dignity.

Another study related to the decision-making processes and conflict resolution strategies of healthcare managers was conducted by Falkenstrom, Ohlsson, and Hoglund (2016). Falkenstrom et al. presented a research study centered on the learning processes required for healthcare managers to develop ethical competence in handling conflicts of interest. Falkenstrom et al. conducted a qualitative study and used semistructured interviews with 10 Swedish healthcare managers. The managers were queried about the

types of conflicts of interest they encountered in the workplace, what competencies they felt were important for managers to address conflicts of interest, and what types of learning processes are needed to develop and apply ethical competence. Falkenstrom et al. studied four main types of conflicts of interest: system conflicts, loyalty conflicts, power conflicts, and conflicts over scarce resources and priority-setting. Ethical competence in healthcare managers is essential to healthcare management. Managers must express the importance of ethical competence as a managerial responsibility from the supervisory and patient care perspective (Falkenstrom, Ohlsson, & Hoglund, 2016).

In a contemporary study, Schoemaker and Krupp (2015) examined six strategic leadership strategies leaders must master to guide their organizations successfully. The six abilities are: anticipation, challenge, interpret, decide, align and learn. Schoemaker and Krupp provided a detailed explanation of each of the strategic leadership abilities and provided examples of how leaders use the abilities. Schoemaker and Krupp also included example vignettes from real-world business occurrences to highlight how leaders have used the abilities. Schoemaker and Krupp stated the skills of strategic leadership should be viewed as a self-reinforcing system. The main point of the article was improving leader aptitudes in all six strategic leadership abilities will benefit the individual adaptability of the leaders and the future success of the organization.

Healthcare managers need to emphasize employee motivation and confidence to facilitate increases in employee performance, knowledge, and positive attitudes within the workplace. Ramadevi, Gunasekaran, Roy, Rai, and Senthilkumar (2016) conducted a

case study to develop a framework for the improvement of healthcare services through an effective human resource management system. Ramadevi et al. highlighted a need to analyze human resource management processes existing in healthcare to recommend improved methods of achieving higher levels of patient satisfaction. Ramadevi et al. summarized the relationship between human resource management and healthcare and presented a framework for human resource management processes in a healthcare system. The framework portrays the relationship between human resource practices and processes and patient satisfaction. Ramadevi et al. identified factors that determine employee performance, patient care, and patient satisfaction. The study covered human resource processes to include job analysis and design, training and development, and compensation and benefits.

Training, participation in decision-making, opportunities for development, and communication are positively related to the quality of care provided and safety measures employed by nurses and support workers. Shantz, Alfes, and Arevshatian (2016) added to existing literature by using the job demands resource model to explain the impact of human resource management practices on performance outcomes. Shantz, Alfes, and Arevshatian cited existing research on human resource management practices in the healthcare industry to provide a foundation for their investigation. Shantz et al. focused on four human resource management practices: training, participation in decision-making, opportunities for development, and communication.

In an earlier study centered on the communication aspect of leadership, Johansson, Miller, and Hamrin (2014) studied how the concept of communicative leadership is used in organizations to analyze and develop communication competencies in leaders. Johansson, Miller and Hamrin's purpose for their research was to create a theoretical framework centered on the concept of communicative leadership. Johansson et al. presented four central communication behaviors demonstrated by leaders: structuring, facilitating, relating and representing. Eight principles of communicative leadership were included in the article and a working definition for a communicative leader, including coaching, enabling, providing of structure to facilitate work, approachable, respectful, concern for employees, engagement in problem-solving, follow-up and follow-through, clearly convey direction, effective framing of messaging and support of sense-making. Leaders who possess communication awareness are better suited to consciously plan and adapt their communication to their employees and work teams. Organizational leaders must be effective communicators. Face-to-face communication is critical to employee awareness of organizational strategic goals (Johansson, Miller & Hamrin (2014).

Nurses should be involved in the decision-making process for their healthcare organization. Involvement will enable and empower nurses to assume control of critical aspects of their practice, which can lead to increased registered nurse retention and reduced turnover (Bina, Schomburg, Tippetts, Scherb, Specht, & Schwichtenberg, 2014). Bina et al. studied nurse empowerment and shared governance to determine the link to

staff turnover and retention. Bina et al. addressed how shared governance between nurses and their managers provided nurses with a voice in decision-making, a higher level of organizational participation, and an improved level of communication and access to information for nurses. Bina et al. stated by attractive the involvement of nurses in organizational and practice-related decision-making, managers can leverage the resultant employee commitment and engagement to address nursing shortages, the recruitment of new nurse employees and the retention of the skilled and valued employees already on staff. Shared governance enhances nurse recruitment and retention in healthcare organizations, and enables higher job satisfaction, employee commitment and engagement, and better patient outcomes.

Strategies to Reduce Nurse Turnover

Professional dignity in nursing is continuously developed, nurtured, and modified to reflect the societal dynamics. Nurses hold intrinsic values such as honesty, integrity, altruism, accountability, moral integrity, competence. Nurses are professionals, and their professional dignity is connected to extrinsic values such as remuneration, job security, career advancement, and feedback/praise (Sabatino, Kangasniemi, Rocco, Alvaro, & Stievano, 2016). Positive nursing environments improve nurse retention. Nurse managers need guidance toward the development and implementation of positive practice environment. Strategies to create a positive practice environment include nurse participation in hospital affairs, nursing foundations for quality care, nurse manager

ability, leadership and support of nurses, staffing, and resource adequacy, and collaborative nurse-physician relationships (Twigg & McCullough, 2014).

Work Environment. Improvements in the work environment for nurses are directly related to reduced levels of employee burnout, turnover intentions, and increased levels of job satisfaction. Changes in nursing staff size, particularly increases and predictable staffing reduce burnout and turnover intentions. The work environment is a stronger predictor of nurse job outcomes than staffing (Kutney-Lee, Wu, Sloane, & Aiken, 2013). DeKeyser Ganz and Toren (2014) studied the relationship between employee retention measured by the intent to leave and work experience. Kutney-Lee et al. identified reasons related to the work environment for employee turnover including lack of autonomy, lack of staffing leading to overwork, inferior quality of care, and the performance of non-professional tasks. Improvements to the practice environment is a successful strategy to mitigate nursing staffing shortfalls and turnover (DeKeyser Ganz & Toren, 2014). The characteristics of the nursing practice environment, nurse retention, and job satisfaction share a positive association.

Friedman et al. (2013) similarly examined the effectiveness of specialized orientation programs to support new graduate registered nurses during their initial employment period. Friedman et al. focused on the relationship between the programs and resultantly increased retention, decreased turnover, and decreased financial costs. Because of the low retention rates and the associated high personnel costs of pediatric units, Friedman et al. (2013) centered their study on new pediatric nurses. First-year

employment retention rates for new pediatric nurses ranged from 25% to 64%. Friedman et al. conducted a comparative cost analysis of nurse turnover before and after the implementation of specialized orientation programs and reported a 20-30% improvement in retention rates.

Mills, Chamberlain-Salaun, Harrison, Yates, and OShea (2016) explored the experiences and support requirements of early career registered nurses during the first five years of their nursing practice to identify strategies to support retention. Mills et al. conducted a single case study of 35 early career registered nurses. The participants were interviewed individually and as part of focus groups. The study resulted in the identification of the key themes of receiving career advice and choice or no choice. Six areas of focus were also presented: planned and supported transition periods, planned rotation and skills development, empowered decision making, placement opportunities, career advice and support, and career encouragement. Mills et al. concluded the reduction of employee turnover and the improvement of nurse retention centers on engagement strategies geared toward retention.

Charoensukmongkol, Moqbel, and Gutierrez-Wirshing (2016) conducted a comparative research study centered on the investigation of the role co-worker and supervisor support plays in employee job burnout and job satisfaction.

Charoensukmongkol et al. used a questionnaire to collect data from 174 supervisory personnel at two state universities in Texas to examine the role of support from colleagues and supervisors on employees in the areas of emotional exhaustion,

depersonalization, perceived lack of personal accomplishment, and job satisfaction.

Charoensukmongkol et al. posited a negative relationship between co-worker support and job burnout and direct and indirect effects of job support on job satisfaction.

Charoensukmongkol et al. recommended organizations to ensure employees receive adequate support and resourcing from their organizational leaders to mitigate burnout and increase job satisfaction.

Strategic Models and Frameworks. Kowalski and Kelley (2013) stated the implementation of a strategic framework model of change in healthcare institutions could help to mitigate the systematic problems resulting from nursing shortages. Nurse managers can leverage strategic models and frameworks to align work practices, employee training programs, recognition, and compensation to reduce turnover, improve nurse retention, and increase the productivity of nursing units. Kowalski and Kelley (2013) reported on staffing shortages of nursing faculty members in the United States. Staffing shortages result in the requirement for organizational leaders to seek new nurses to fill vacant staff positions, searches which can extend beyond the local level to the regional or national level. Organization leaders must implement systematic and organizational changes in recruitment, retention and management practices to address and mitigate the fundamental causes of nurse shortages (Kowalski & Kelley, 2013).

Kash, Spaulding, Gamm, and Johnson (2014) conducted a comparative study centered on the differences and similarities strategic initiatives within two large health organizational systems. The findings of the study indicated a strong influence of resource

dependency theory in the strategic decision-making of healthcare leaders. Kash et al. developed a strategic decision-making framework to illustrate the role of resource dependency theory in the strategic management process. Kash et al. stated strategic development seems to be driven by constraints on the external environment, while strategic implementation is tied to the development and deployment of talents and capabilities necessary to execute strategic initiatives.

Harhara, Singh, and Hussain (2015) provided a review of employee turnover and turnover intentions, and the correlates of employee turnover intentions. Based on their review of existing literature, Harhara, Singh, and Hussain developed and proposed a framework of employee turnover intentions, with turnover intentions as the dependent variable, organizational commitment as the mediator, and independent variables of organizational, environmental, and individual factors. Harhara, Singh, and Hussain proposed their framework as a tool for managers to understand the underlying causes of turnover within an industry, and to design strategies to use to reduce turnover, retain employees, and improve productivity.

In an earlier study, Nutov and Hazzan (2014) provided a different view and stated an organizational engagement model could be used to promote knowledge of the benefits of employee engagement, professional support, and utilization of human resources. Nutov and Hazzan presented an organizational engagement model based on Maslow's and Schein's frameworks of personal needs and organizational culture. The model centers on employee engagement and employee retention. Nutov and Hazzan posited

engaged employees are beneficial to business, and posed a research question centered on understanding how an organization can best develop the professional development of its engaged employees. In the organizational engagement model presented by Hazzan and Nutov, hierarchical development begins with employee empowerment, progresses through organizational citizenship behavior and adaptive behavior, and concludes at the role expansion level.

Mmamma, Mothiba, and Nancy (2015) presented corresponding research centered on the study of turnover of professional nurses in a South African province and the associated experiences of the affected nursing unit managers. Mmamma et al. commented staff turnover should be addressed by organizational leadership through the implementation of retention strategies. Mmamma, Mothiba, and Nancy presented a study regarding the experiences of nurse managers who had encountered employee turnover of registered nurses under their supervision. Mmamma et al. interviewed nursing unit managers from a hospital in a South African township about their experiences related to employee turnover. The findings of the study were based on five categories: experiences related to staff turnover of nurses, feelings related to staff turnover, contributory factors to staff turnover, effects of staff turnover on the institution, and suggestions for dealing with staff turnover. Mmamma, Mothiba, and Nancy recommended organizational leadership should employ strategies to maintain a healthy and positive work environment with adequate and appropriate resources, and support for nurse employees.

Two major challenges encountering the healthcare industry is an aging workforce and a worldwide shortage of nurses. Armstrong-Stassen, Cameron, Rajacich, and Freeman (2014) provided statistical information about the North American nursing workforce, specifically statistical data about the average age of registered nurses and the exit rates of age cohorts of registered nurses. Armstrong-Stassen et al. presented a proposed solution to the nursing shortage, to encourage seasoned nurses to remain in the workforce for a longer duration. Armstrong-Stassen et al. presented the Perceived Organizational Membership (POM) theory as the theoretical framework for their research study. The POM theory advances the idea employees must perceive their organization is fulfilling their needs to maintain their membership in the organization. Armstrong-Stassen's et al. research study aligned on five human resources practices identified by experienced registered nurses as important influencing factors in the decision-making process for remaining in the workforce. The practices include flexible work options, compensation, training and development, performance evaluation, and respectful recognition.

Similarly, Tourangeau, Saari, Patterson, Ferron, Thomson, Widger and MacMillan (2014) recommended a model of factors influencing nurse faculty intention to remain employed. The factors include external characteristics, personal characteristics, job content, and work environment/organizational support. Tourangeau et al. reported nurse faculty members who experienced a higher level of work productivity and

engagement were more likely than less engaged nurses to remain employed with their healthcare organization.

Recruitment and Talent Management. Allio (2015) posited keys to success within an organization include the development of a guiding coalition and the recruitment of a volunteer army of company talent. Allio stated successful organizations develop strategies to spread knowledge and information throughout the organization to promote effective and rapid strategic decision-making. Leaders who engage, collaborate with, and nurture the talents of their followers can maximize the range of talents within the workforce to increase organizational innovation and productivity (Allio, 2015).

Similarly, Davis (2014) stated a lack of career development is a leading contributor to employee dissatisfaction and turnover. Davis presented five common mistakes of poor career-development management. The five mistakes are fluctuating careers, psychological contract, planning, promotion, and programs. The underlying theme of all five mistakes is organizations do not plan or prioritize employee development. Davis stated the lack of career opportunities was a key factor in employee turnover. Davis presented a career-development strategy for organizational leaders. Davis stipulated career development should begin at the recruitment stage with potential career paths and initiatives made available to job candidates. The strategy includes open lines of communication between management and employees as well as cooperative partnership toward performance management. Organizational leaders should design the structure of the organization to accommodate career changes within the organization, and

implement regular and scheduled career development activities and appraisals to aid employees with the planning of their career. The final aspects of the strategy include involvement in professional associations, career development workshops, and career development-based rewards systems.

Johansen (2013) explored the impact of the quality of managers on employee turnover. Johansen examined the impact of manager quality at the organizational level and found managers can influence their employees through actions related to human capital management, budget management, and goal setting. Human capital management is a strategy centered on the investment of time, organizational resources and capital on the development and management of employees with a focus on retention of valuable, talented employees. Johansen revealed the level of impact of managers on employee turnover was greater at the middle management level than at the upper levels of management. Successful talent management strategies can contribute to organizational performance and long-term financial stability (Johansen, 2013).

In a later, similar study Armstrong-Stassen, Freeman, Cameron, and Rajacic (2015) recommended nurse managers should receive training to increase their awareness of the personnel and personal requirements of older nurses to better support and manage their nurse employees. Armstrong-Stassen et al. (2015) conducted research to determine if there was a correlation between the underlying mechanisms linking the perceived availability of human resources practices with the turnover intentions of older nurses, a part of a rapidly aging nursing workforce in Canada. The study population was

comprised of randomly selected older nurses employed in Canadian hospitals.

Armstrong-Stassen et al. presented a conceptual model of the employment relationship between an organization and its employees. The model included a linkage between organizational human resources practices such as performance evaluations, recognition, and flexible work schedules, through procedural justice mechanisms and levels of satisfaction with nurse managers, to nurse intentions to remain with the organization.

Armstrong-Stassen et al. findings included a relationship between human resources practices perceptions and the perceptions of fairness by nurse managers in the management of human resources practices. Armstrong -Stassen et al. identified a positive relationship between the fair administration of human resources practices, employee job satisfaction and retention.

Nurses' Perspectives. The acknowledgment of the perceptions and perspectives of registered nurses regarding their work environment and their nurse managers is critical to nursing job satisfaction and successful nurse-manager relationships (Hunt, 2014). Hunt conducted a quantitative non-experimental study of 92 registered nurses and 21 nurse managers employed in five non-magnet hospitals in the United States centered on the nurse-manager relationship. Hunt found nurses felt they required the support from their organizational leadership to maintain currency in their professional skills, and support from their managers to resolve issues related to personnel staffing and the acquisition of the necessary resources to perform their jobs. Nurses participating in the study reported the higher the level of engagement from nurse managers, the better the

relationships between nurses and their nurse managers. Nurse managers concurred with the perceptions and recommendations of the nurses and acknowledged improvements could be made to the work environment as a result.

Likewise, Wall (2014) presented a research study on how self-employed nurses perceive the healthcare field, and how they are change agents. Wall found self-employed nurses use strategies to influence change, which resulted in high job satisfaction and a strong sense of contribution. Wall highlighted self-employed nurses who moved from traditional employment to enhance their professional potential. The self-employed nurses used strategies to promote healthcare innovation, used entrepreneurship, and improved business standards and practices through the attendance to professional standards.

In a similar study, Palm, Ullstrom, Sandahl, and Bergman (2015) researched healthcare employee perceptions of their managers' leadership behavior, and if perceptions change over time. Palm et al. reported most the respondent employees detected improvements to the leadership behaviors of their managers over the course of time. Palm et al. used Sandahl's theoretical leadership model to frame their approach to the research study. The model is used to clarify the nature of managerial leadership resident in everyday tasks and responsibilities. The model is based on studies of daily managerial tasks and responsibilities and the theory of transformational leadership. Palm et al. presented a managerial leadership matrix as an analytical tool for gaining a broader understanding of the employee-manager relationship. The matrix includes four dimensions of what managers do, including day-to-day supervisory tasks, issue

management, and delegation of work. The matrix also incorporates three dimensions of how managers should perform their tasks, through role modeling, showing personal concern and inspiration to others.

Employee trust in supervisors was also highlighted as a critical component of job satisfaction and employee perceptions (Braun, Peus, Weisweiler, & Frey (2013). Braun et al. analyzed the relationships between transformational leadership, employee trust in supervisor and team, job satisfaction, and team performance. Braun et al. revealed the relationship between individual employee perceptions of their supervisor's transformational leadership and job satisfaction was mediated by employee trust in the supervisor and the trust level within the work team. Further, employee trust in their work team did not mediate the relationship between group perceptions of the supervisors' transformational leadership and team performance. Braun et al. research highlighted the importance for supervisors to be aware of individual and team perceptions of their behavior and how transformational leadership can be facilitated at both levels.

Nurses consider many work-related factors important. Among the factors are support from their manager and shared governance, working as a team, appropriate compensation for extra shift work, and engagement in shared governance activities. Shared governance activities provide nurses with the opportunity to participate in organizational leadership to increase the level of patient care, organizational effectiveness, and overall job satisfaction, productivity, and retention (Wilson, Speroni, Jones & Daniel, 2014).

Shared Governance and Structural Empowerment. Autonomous nursing practice has a direct and positive relationship on work effectiveness, turnover intentions. Successful nurse managers develop strategies to improve work engagement of registered nurses, to include shared governance and decision-making (Clavell, O'Grady & Drenkard, 2013). Using a sample of 3186 nurses from 56 Belgian hospitals, Van den Heede, Florquin, Bruyneel, Aiken, Diya, Lesaffre, and Sermeus (2013) explored effective strategies for nurse retention in hospitals. Van den Heede et al. discovered patient-nurse-staff ratios are directly associated with turnover intention levels in hospitals. Van den Heede et al. identified the effects of organizational characteristics on leave intention to include: nurse characteristics and demographics such as age, gender, and tenure; the organizational profile of the hospital; and the structural organization of nursing care. Van den Heede et al. determined high-performing hospitals have an elevated level of nurse involvement and a flat management structure, and life-long learning is inculcated in the organizational culture. When structural empowerment is ingrained into a healthcare organization's processes, organizational leaders are accessible and receptive to employee concerns, nurses can participate in policy decisions, and are involved in the governance of the organization, specifically related to their practice and nursing units (Van den Heede et al., 2013).

In another study about distributed leadership and shared governance, Boak, Dickens, Newson, and Brown (2015) examined the introduction of distributed leadership and team working into a musculoskeletal (MSK) physiotherapy department in a British

healthcare organization. Boak et al. examined the elements of the action to determine what enabled the introduction to be a success. Boak et al. used a case study methodology to collect data over a 24-month period. Quantitative and qualitative methods were used to gather and analyze the data. Boak et al.'s research findings identified six influencing factors to the successful introduction of distributed leadership and work teams to the department. The factors included the recognition of the need for a change to existing management practices within a single profession, active engagement of the affected staff in the changes, an adequate planning period resulting in the development of a change management framework prior to the introduction of the change, and the assignment of responsibilities and resources to the work teams as implementation was instituted.

Van Bogaert, Peremans, de Wit, Van heusden, Franck, Timmermans, and Havens (2015) conducted a similar study on the perceptions and experiences of nurse managers regarding staff nurse empowerment with eight nurse managers from a Belgian university hospital. Most nurse managers who participated in the study were positive about empowerment of staff nurses and increased joint decision-making resulting from the empowerment. Many of the nurse managers reported they introduced empowerment principles as part of a unit leadership strategy. Van Bogaert et al. stated there is a positive impact on job satisfaction and retention when nurses are granted structural empowerment within their healthcare organizations. Empowered nurses have increased responsibilities, enhanced communication, and there is an improvement in quality/safe patient care.

Spence Laschinger, Read, Wilk and Finegan (2014) used job characteristics to study the influence of nursing unit empowerment on the effectiveness of nursing units, and how empowered nurses perceived patient care quality. Spence Laschinger et al. defined empowerment as a job characteristic with positive effects on job satisfaction and employee performance which is constrained only by the level of access within a work environment to support, resources, information and opportunities to learn and grow. Spence Laschinger et al. hypothesized structural empowerment of nurses could result in the increase of social capital for nurses, which could produce increased levels of nursing unit effectiveness and elevated perceptions of patient care quality. Spence Laschinger et al. stated the contextual characteristics of nursing unit's factor significantly in how nurses experience work. Empowerment and shared governance can result in improved nurse-manager relationships, shared understanding, and more consistent communication and engagement between nurses and nurse managers, and ultimately high-quality patient care (Spence Laschinger et al., 2014).

Transition

The purpose of this qualitative multiple case study is to develop an understanding of strategies nurse managers have used to reduce registered nurse turnover. A sample of 8 nurse managers responded to open-ended, semistructured interview questions. In Section 1, the research problem and conceptual framework will be used to develop a comprehension of the strategies nurse managers implement to reduce registered nurse turnover. A historical perspective and discussion of employee turnover, causes of

employee turnover, and the conceptual framework used by preceding researchers to explore employee turnover reduction strategies were presented in the literature review. Section 2 includes a detailed justification of the research design and method that best aligns with and supports this research study. Section 2 contains an account of my role as the primary research instrument for the study and details of the study participants, ethical research considerations, data collection and organization techniques, and reliability and validity. Section 3 of this study covers a presentation of my research findings and a description of how the findings apply to professional practice and their implications for social change.

Section 2: The Project

Registered nurse turnover is a continuous problem, which affects the effectiveness and productivity of healthcare organizations, specifically related to the maintenance of a competitive edge in the recruitment and retention of skilled registered nurses. Registered nurse turnover compels nurse managers to develop effective retention strategies to mitigate turnover (Everhart et al., 2013).

Section 2 includes comprehensive information about the research method, the role of the researcher, and the identification and selection of research participants. Section 2 also includes information about the tools and techniques for the collection, organization, and analysis of data. Section 2 culminates with details of strategies for addressing ethical research considerations, research reliability, and validity.

Purpose Statement

The focus of this qualitative multiple case study was to explore engagement strategies nurse managers use to reduce turnover of registered nurses. Data was collected from eight nurse managers from four hospitals in West Central Florida selected because they have successfully implemented engagement strategies to reduce turnover of registered nurses. Employees who perceive they are treated fairly and equitably based on their organizational contributions will perform at a commensurate level and tend to remain with their organization (Avanzi et al., 2014). The information provided by nurse managers may contribute to social change through recommendations for the creation of strategies to reduce turnover of registered nurses. This may result in the retention of

valuable employees in the healthcare industry, improved healthcare services and patient care, sustainable business practices, and a reduction in the unemployment rate.

Role of the Researcher

The researcher is the primary instrument for data collection in the qualitative research process. The role of the researcher is to monitor the progress of the research and collect data in a neutral and unbiased manner (Tella, 2015). Ketokivi and Choi (2014) stated researchers witness and interpret real-life experiences of people regarding their context and meaning. In my role as the primary data collection instrument for this research study, I conducted semistructured face-to-face interviews with each of the study participants.

My relationship with the topic of registered nurse turnover in the hospitals derived from a familiarity with the healthcare industry based on the experiences of registered nurses in my family. I do not have professional experience in the healthcare field. Study participants were selected from a potential pool of participants of nurse managers who were unknown to me before the commencement of the study. As the researcher for this study, my approach adhered to the basic ethical principles outlined in the Belmont Report (1979), which are the respect for persons, beneficence, and justice. The privacy of study participants and the collected data was maintained in a trustworthy manner.

Bias can be present in interviewers for both the researcher and the study participants. Interviewers must be cognizant and understanding of their personal assumptions, prejudices, and biases (Chamberlain, 2016). I employed strategies to

mitigate bias and avoid the viewing of collected data through a personal lens or perspective. In addition to recording each interview, I used field notes to gather notes and observations to mitigate the inclusion of my personal bias into the research. Yin (2014) recommended the use of field notes as a method to collect and maintain personal thoughts and reflections during the data collection portion of the study. Clotey and Grawe (2014) presented comparative methods to assess research bias, including the comparison of responses from study participants and non-respondents, responses versus a random sample, and a comparison of the demographics of the respondents to those in the population under study.

Zhang and Guttormsen (2016) stated interviews are the most often used data collection method in qualitative research. I used semistructured interviews to explore and understand the strategies employed by nurse managers to reduce employee turnover in registered nurses. Semistructured interviews provide researchers with a clear structure to conduct interviews, and opportunities for the development of conversation into areas of interest through follow-on and additional questions to the interview participant (Lord, Bolton, Fleming, & Anderson, 2016). An interview protocol (Appendix A) was established to provide a structured and systematic approach to each interview I conducted for this study.

I used member checking to gain feedback from the study participants to validate my perceptions of their thoughts, opinions, and intentions (Roth, Theriault, Clement, & Worthington, 2016). Member checking was conducted after the interview process. Once

I reviewed and interpreted the collected data from the interviews, each interview participant was asked to appraise my interpretation of their interview input to ensure I had accurately and completely apprehended the nature and intent of their input (Harrison & Taylor, 2016). Data saturation was achieved once I no longer received new information or themes from additional interviews (Boddy, 2016; Leoni, 2015).

Participants

I selected the study participants from a population of nurse managers employed in hospitals in West Central Florida. Nurse managers who met the following criteria were considered for participation in this study: (a) manager of a nursing unit in a hospital, (b) employed as a nurse manager for at least one year within the organization (c) actively employed in a hospital located in West Central Florida.

Researchers use purposive sampling to seek a predetermined target research population based on the purpose of the research to be conducted (Apostolopoulos & Liargovas, 2016). Balyakina et al. (2014) and Berry (2014) stated purposive sampling is used to identify study participants who can provide the specific perceptions and experiences required to answer the overarching research question for a specific research study. I used purposive sampling to select participants who possess characteristics and meet specific criteria for my study.

I employed a two-fold approach strategy to gain access to study participants. First, I established contact with a nurse educator in the West Central Florida region who has professional connections with hospitals and healthcare organization in the region and

can facilitate access to an available potential population of nurse managers. Next, I solicited and selected study participants from the available population who met the established eligibility criteria for the study. Prospective participants were offered an initial invitation to participate by phone, which was followed by an invitation email (Appendix B). I provided prospective participants with an informed consent form before the conduct of the interviews. A signed consent form indicated the participant has agreed to participate in the study.

A cordial and professional working relationship with potential study participants is important. I developed a rapport with potential participants by personally contacting each potential participant by phone and email. I introduced myself, briefly outlined the overall purpose of the study, answered any questions the potential participant has about the study and determined interest in participation. If the potential participant provided an indication they were willing to participate in the study, an interview was scheduled at a mutually acceptable date and time. Incentives or compensation were not used to encourage or entice potential participants to take part in the study. The integrity and confidentiality of all collected data were ensured through the storage of all digital information on my personal computer in a password-protected and encrypted file. I will personally maintain a hard copy of all data for 5 years in a locked file cabinet in my home to safeguard the confidentiality of organizational documents and the study participants.

Research Method and Design

Research Method

Quantitative, qualitative, and mixed methods are the three commonly recognized research methodologies. Quantitative methods involve the collection and interpretation of data for proving or disproving hypotheses (Murshed & Zhang, 2016). Yin (2014) stated hypothesis testing of a population would not be an appropriate method for exploring human experiences. I explored the experiences of nurse managers in this study. Hypotheses were not tested, nor were variables evaluated or compared for correlation or dependence. Therefore, a quantitative research method was not appropriate for this study (Lastad et al., 2015; Sukcharoen & Leatham, 2016). Mixed-methods approaches combine qualitative and quantitative research methods (Holt & Goulding, 2014). A mixed methods approach is appropriate for researchers who require an integration of information derived from qualitative and quantitative research methodologies (Guercini, 2014). Quantitative or mixed methods approaches were not suitable for this study because the focus in quantitative research is numerically oriented and involves statistical analysis of precisely measured constructs (Murshed & Zhang, 2016).

Qualitative researchers seek to explore how or why a phenomenon occurred, instead of searching for an explanation (Yin, 2014). The fundamental tenet of qualitative methodology is the concentration on ordinary and naturally occurring events based on real-life experiences, from which qualitative researchers develop a holistic understanding

of a phenomenon (Guercini, 2014). Researchers use qualitative data derived from interviews, document analysis, and structured accounts of lived experiences to research methods to explore problems and social situations (Berglund, 2015; Yin, 2014; Zhang & Guttormsen, 2016). The use of a qualitative methodology was the most appropriate for this study to facilitate the exploration of experiences of nurse managers to understand the effectiveness of management strategies for reducing employee turnover.

Research Design

Researchers have multiple options for qualitative research study designs. Phenomenology is the exploration of the lived experiences of individuals and the essence of the structures of the experience (VanScoy & Evenstad, 2015). Ziakas and Boukas (2014) stated phenomenology is a framework for studying multifaceted dimensions of experiences through multiple sources of data collection. My intent was to seek an understanding of the lived experiences of the study participants during the study through the interview process. I did not use other data sources such as journals or observation. Therefore, the phenomenological approach was not suitable for my study.

Narrative researchers seek to understand the experiences and actions of individuals over time through the shaping and ordering of past experiences (Seal & Mattimore, 2016). Ethnography involves the study of people's experiences and social processes within organizations and cultures (Aij, Visse, & Widdershoven, 2015). The researching of a community or culture over an extended period was not conducted as a component of this study. Consequently, an ethnographic or narrative study design was

not appropriate for my study. Grounded theory researchers analyze and compare processes to understand people's thoughts and behaviors (Bamkin, Maynard, & Goulding, 2016). Grounded theory was not used for my study because a new theory based on my research is not expected to be developed.

Yin (2014) stated case studies are in-depth investigations of a contemporary phenomenon and are useful for addressing how and why type questions rather than questions about how many. A case study design provided research flexibility through the integrative use of different study designs, paradigms and methods from multiple sources (Cronin, 2014; Harland, 2014; Hyett, Kenny, & Kickson-Swift, 2014,). Yin (2014) identified six sources of case study evidence: documents, interviews, archival records, direct observation, physical artifacts, and participant observation. A case study research design is appropriate when a researcher has no control over behavioral events when the primary research questions are how or why questions or the central focus of the research study is a current phenomenon (Yin, 2014). Harland (2014) stated researchers used the case study design to facilitate the detailed understanding of a real-world problem when the bounds of the studied phenomenon and the context of the study are unclear.

This multiple case study included open-ended semistructured interview questions with participants. My interview questions were structured to explore and understand the strategies nurse managers use to reduce employee turnover. Interviews are a primary source of data for researchers in case study designs (Leoni, 2015). Interviews are used as an interactive instrument to establish a discourse between the researcher and study

participants to collect accurate and representative thematic data related to the case (Yin, 2014). I selected a multiple case study design to gain an understanding of what strategies nurse managers use to reduce employee turnover costs.

I explored the experiences of eight nurse managers by completing semistructured interviews in the West Central region of Florida. I conducted follow-up interviews with the study participants until data saturation is achieved. Data saturation occurs when no new information or themes are derived from supplementary interviews (Boddy, 2016). Data saturation exists when the requirement for additional interviews is decreased because the interviews would only expose information a research has already identified from preceding interviews (Leoni, 2015). The implementation of data saturation will ensure the complete collection of information and themes from the research process (Tam & Gray, 2016).

Population and Sampling

Yin (2014) stated a case study involves an exhaustive investigation of a single case or a small number of cases. This multiple case study included a purposeful sample of 8 participants who are nurse managers of nursing units in hospitals in West Central Florida. Boddy (2016) stated researchers should ensure the participant sample for a research study is as representative of the population as possible, while small enough to permit in-depth, case-oriented analysis. Researchers use purposive sampling to target a study population, which meets specific criteria set by the researcher to answer the research question for a specific research study (Balyakina, Mann, Ellison, Sivernell,

Fulda, Sarai, & Cardarelli, 2014; Berry, 2014). Researchers apply purposive sampling to maximize the depth of collected data through the selection of participants who have knowledge of and rapport with the target population (Barratt, Ferris, & Lenton, 2015; Marais & Van Wyk, 2014). Marshall and Rossman (2014) stated the sample size of a research study is directly related to data saturation. Study participants were interviewed until additional data collection provided no new information or themes (Leoni, 2015).

The participants I selected for this study met the criteria of having been employed during their medical career as a manager of a nursing unit in a hospital for at least one year with the same organization. Additionally, the participants must be currently employed in a hospital in West Central Florida. My selection criteria ensured I could extract from a potential pool of participants who possess the desired characteristics and lived experiences to provide insights necessary to answer the overarching research question for this study (Balyakina, Mann, Ellison, Sivernell, Fulda, Sarai, & Cardarelli, 2014; Berry, 2014).

The participants of the study received an initial invitation to participate in the study via phone. I followed each phone call with an email to potential participants to request their participation in the study. All participants who agreed to take part in the study were emailed an informed consent form. Each participant was asked to send me a reply via email with a statement confirming receipt of the informed consent and validation of their consent to participate in the study. Zhang and Guttormsen (2016) stated data collection via in-person or telephonic interviews are the most common

qualitative data collection method. I arranged to conduct a face-to-face interview each participant. Each in-person interview was conducted in a quiet and comfortable setting, free of distraction. Interviews were scheduled for approximately 45 minutes to provide a clear structure for each participant and to create a consistent context for all interviews (Lord, Bolton, Fleming, & Anderson, 2016). Each interview was recorded with Audacity recording software, and I took written journal notes of each interview.

Ethical Research

Research studies involving human subjects must be conducted in a professional and competent manner using ethical practices (Lester, 2014; Yin, 2104). To ensure I complied with ethical standards and protected the study participants from risk or harm, permission to conduct research for this study from the Walden University Institutional Review Board (IRB) was received before commencing my research. My research design and implementation of this study followed the protocols of the Belmont Report to ensure the participants understood their role in the study. The safeguard of the study participants was of upmost importance.

Study participants were provided with an informed consent form, which outlined the purpose of the research, the data collection process, and the protection of participant confidentiality. Childs, McLeod, Lomas and Cook (2014) stated consent should not be open-ended. The study participants had the right to withdraw their consent at any point during the research study process by informing me by phone, e-mail or direct in-person communication. Incentives were not offered to study participants for their voluntary

participation in the study. All participants were over the age of 18, and they were not members of a protected class.

The confidentiality of study participants is essential to the research process (Johnson, 2014). All data collected during the research study, to include informed consent forms, electronic data, and hard copies of research notes and interview transcripts will be stored electronically in a secure, password-protected, digital file on a portable hard drive within a locked file cabinet in my home for 5 years to protect the rights and identities of individuals and organizations who will participate in the study. After 5 years, I will use a cross-cut shredder to destroy all hard copy paper documentation and delete the electronic files related to the study. To maintain the confidentiality of individual study participants, I assigned each participant a code consisting of a letter and number (P1, P2, P3, etc.). I did not use any organization names in my research. Johnson (2014) stated the anonymity of study participants limits the potential for exposure of sensitive information and situations, and helps to maintain an open and candid researcher-participant relationship.

Data Collection Instruments

In qualitative research, researchers can act as the primary data collection instrument for a study (Leedy & Ormrod, 2013; Yin, 2014; Zhang & Guttormsen, 2016). As the researcher for this study, I was the primary data collection instrument. Yin (2014) stated data for case studies must be collected from at least two of six different sources; (a) archival records, (b) documentation, (c) direct observations, (d) interviews,

(e) physical artifacts, and (f) participant observation. I collected information from each study participants through face-to-face semistructured interviews. Tella (2015) stated interviews could be conducted in-person, over the telephone, or through digital media like e-mail or video teleconference. If an in-person interview could not be conducted with a study participant, coordination with the participant was done to conduct the interview over the telephone. Before beginning each interview, each study participant was asked for their permission to record the interview with a recording software such as Audacity. All written notes I took during the interview process were recorded in a study journal. An interview protocol (Appendix A) was developed and followed to guide and standardize the data collection process. The interview protocol has four sections, which includes an introduction, data collection questions, conclusion and scheduling of a follow-up interview, and a follow-up member checking interview. In addition to conducting the interviews, I conducted a company document review of personnel policies and procedures used by the nurse managers who participated in the study.

A case study protocol was followed for this study, which is important for the multiple case study research design of this study (Yin, 2014). A case study protocol facilitated my effort as the primary research instrument to focus on my research topic and enhanced the reliability of the collected data (Yin, 2014). A case study protocol is comprised of: (a) an overview of the case study, (b) the data collection procedures used in the study, (c) the questions used for the data collection, and (d) a guide for the case study report (Yin, 2014). The reliability and validity of the data collection process can be

enhanced by the review of the audio recordings and research notes for each interview. Each study participant was contacted for a follow-up interview to share my interpretation of the interviews with the participants and to validate my understanding of their input was representative of their expressed experiences and perceptions (Anyan, 2103; Onwuegbuzie & Byers, 2014). Follow-on interviews with the study participants is a form of member checking. Member checking was accomplished throughout the data collection phase of the study. Participants had the opportunity to correct and clarify data during the interviews (Roth, Theriault, Clement, & Worthington, 2016). A wrap-up question followed each interview to confirm the participants had answered every question to their satisfaction. Once the notes from each interview have been compiled, each participant had the opportunity to review, alter, and add to my findings to ensure they are aligned with their intentions (Harrison & Taylor, 2016). The validity of the research findings increases through triangulation of collected data, including interview participant responses, transcript review, and the review of company documents (Kihn & Ihantola, 2015).

Data Collection Technique

Strict protocols are important during the data collection process. The data collection techniques I used for this multiple case study were semistructured interviews and the review of company documentation. Bernard (2013) stated the principal method of data collection for qualitative case studies is semistructured interviews. Interviews with study participants are likely to provide the most accurate answers to the research

questions and are appropriate for use in establishing the validity of the collected data (Leedy & Ormond, 2013; Pandey & Chawla, 2016). Company documentation from the hospital public websites were also reviewed, including personnel policies and procedures used by the nurse managers who participate in the study.

Once IRB approval to conduct research was received, the established interview protocol (Appendix A) for this study was followed. Each participant was contacted by phone or email to verify the time and location of our interview. At the outset of each interview, I introduced myself to the participant and presented the interview process, with time allotted for any questions from the participant before we began the interview. The process to be used to document the interview was explained, including the use of an audio recording device, research notes during the interview, and the processes to be used to safeguard the personal information of study participants. An interview script with prepared questions aligned with the primary research question of the study was followed. Yin (2014) stated the use of semistructured interviews eliminates the need for a pilot study or test. Questions were adjusted or modified during the interview process to gain an understanding of a participant's response directly from the participant. Because a semistructured interview technique was used, a pilot test or study was not required and was not conducted.

Semistructured interviews were advantageous as the data collection for this study because questions can be prepared before the interview and can be asked in different sequences or modified based on answers received from the study participants (Pandey &

Chawla, 2016). The interview process helped me to gain an understanding of the engagement strategies of nurse managers that could not be achieved by using another collection technique such as surveys or questionnaires. Additional advantages of face-to-face interviews are the ability to create a rapport with the participants, observe participant body language, and ask follow-on questions (Lord, Bolton, Fleming, & Anderson, 2016). By reviewing company documents, the second source of data to support and validate the information provided by the participants during the interviews can be collected (Kihn & Ihantola, 2015). A possible disadvantage to using interviews as a data collection technique for this study may include the time it may take to recruit study participants. A second disadvantage may be the physical distance, time and cost involved in traveling to conduct the interviews in person. The interviews took place in West Central Florida, and I reside in Virginia. Member checking was used as a strategy to ensure data saturation is achieved, and the information received from the study participants during the interview process has been correctly perceived to increase reliability and validity (Andraski, Chandler, Powell, Humes, & Wakefield, 2014; Marshall & Rossman, 2014).

Data Organization Technique

Makani (2015) stated researchers could benefit in a variety of ways from effective management and organization of research data to include unearthing of new data, the reuse of existing data, and validation of collected data. Research notes are useful for the documentation of a researcher's thoughts, observations, and the input of study participants during the interview process (Yin, 2014). NVivo 11 software is a cost-

effective way to organize, code, and evaluate collected data, and develop themes.

Audacity audio recording software was used to record the interviews with the study participants, and I transcribed the interview text using Dragon voice recognition software.

I personally managed and organized the various forms of data for this study including interview notes, audio recordings of the interview, the participant code list, participant consent forms, and organizational files. The ability to organize store data in reliable and secure locations is critical to the integrity of the study and the protection of study participants (Han, 2015; Whitmire, Boock, & Sutton, 2015). The hard copy and digital forms of study data will be preserved to prevent unintentional loss of data because of an unforeseen loss. I have organized and labeled files to identify the portion of the doctoral study associated with the electronic file or hard copy document, which will be maintained in a locked file cabinet accessible to me only. The digital data files will be organized, preserved and archived on a password protected portable computer hard drive, and stored along with the hard copy data in a locked cabinet. The data will be stored securely for 5 years, after which it will be destroyed to protect the confidentiality of the study participants (Bunakov, Jones, Matthews, & Wilson, 2014).

Data Analysis

The process for conducting an analysis of a case study includes the development of a central research question, with a set of semistructured interview questions centered on the central research question, with data analysis conducted through the perspective of the study's conceptual framework (Yin, 2014). The use of triangulation to combine

information and findings from multiple data sources and methods can provide a more comprehensive understanding of the experiences and circumstances pertinent to the problem under study (Reilly, Nyberg, Maltorich, & Weller, 2014; Varaki, Floden, & Kalatehjafarabadi, 2015). Burau and Anderson (2014) stated there are four types of triangulation: theoretical triangulation, analytical triangulation, triangulation of sources, and methodological triangulation. Methodological triangulation encompasses the concurrent use of aspects from different data collection methods to analyze a specific facet of a research problem (Hoque, Covalski, & Gooneratne, 2013). Methodological triangulation is the data analysis process I employed for this study.

Yin (2014) stated there are five steps in data analysis: the compilation of data, disassembling of data, reassembling of data into themes, assessing and interpreting the information, and the development of conclusions. Data analysis software is useful as a tool for helping researchers to organize and sort collected data. Yin recommended researchers should not rely solely on software but should conduct manual data analysis as well. I used manual methods such as mind mapping and digital data analysis techniques to discover themes from the collected data and to code the data. Vaismoradi, Turunen, and Bondas (2013) stated coding is an important component in the analysis of research data. NVivo 11 Software for Windows is a qualitative data analysis software tool, which reduces the requirement for manual analysis tasks. NVivo 11 can be used by researchers to store, organize and categorize data into themes, labels, and codes, and derive conclusions (Adewunmi, Koleoso, & Omirin, 2016).

The conceptual framework for this study is consistent with exploring strategies of nurse managers regarding the reduction of employee turnover. Systems theory, developed in the 1930s, is an approach which can be used to illustrate relationships, patterns, and themes within the workplace. Job characteristics theory developed by Oldham and Hackman (1980) between 1975 and 1980, exemplifies the influential association between job characteristics and job performance. I selected systems theory and job characteristics theory for this study to explore the factors that contribute to registered nurse turnover, to identify and understand nurse manager strategies for reducing turnover. My approach compared and classified key themes from the literature and seek meaningful patterns and codes. Yin (2014) stated the most challenging aspect of a case study in the synthesizing of the study results. Stake (2013) recommended an orderly and systematic presentation of study results to facilitate the accurate interpretation of data finding. I synthesized the analytical results of the study into the themes derived from the literature. The interpretation and final analysis of the data must be aligned with the central research question by the researcher (Vaismoradi et al., 2013).

Reliability and Validity (Qualitative Only)

Reliability

Reliable and dependable case study research procedures must be consistent and transferable so researchers can repeat the research procedures and achieve comparable results (Yin, 2014). The reliability of research procedures is essential to the demonstration of scientific rigor and maintaining of the high standards of academic

research (Baskarada, 2014; Noble & Smith, 2015). The dependability of research procedures is adequacy of the research sample to include all the information needed for a comprehensive analysis, and the capacity to institute repeatability and auditability in the implementation of research steps (Robinson, 2014). Interviews were conducted in a consistent manner during this study, and each participant was asked the same interview questions to avoid bias and inconsistent or misleading answers. Interview notes, a research journal and an exhaustive review of academic literature facilitated the alignment of all aspects of the research design and conceptual framework of the study with the central research question (Newman, Lim, & Pineda, 2013). To ensure I accurately interpreted their responses to me, the study participants were presented with a summary of my interpretation of their interview responses. Andraski, Chandler, Powell, Humes, Wakefield, Kripke, and Eckstein (2014) stated participants should be afforded the opportunity to provide feedback through the member checking of the interpreted data to enhance the reliability of the data.

Validity

The validity of a qualitative research study results from the credibility, transferability, and confirmability of the research process and procedures (Thomas & Magilvy, 2011). Houghton, Casey, Shaw, and Murphy (2013) specified case study validity can be established through the demonstration of credibility and confirmability. I achieved the validity of this study through member checking and methodological triangulation.

Credibility. Qualitative researchers must establish the credibility of their research through their abilities and research efforts (Olson, McAllister, Grinnell, Walters, & Appunn, 2016). Researchers must use recognized and acknowledged qualitative research methods to establish validity and credibility of their research (Goldberg & Allen, 2015). Case study credibility centers on an analytical generalization of a wider theory, rather than a population (Roehrich & Lewis, 2014). Member checking and triangulation increased the credibility and validity of this study through the demonstration of consistency of findings and correspondence with reality across different methods and data sources (Baskarada, 2014; Goldberg & Allen; Sallnas, 2016).

Confirmability. This is the extent of fidelity, or trustworthiness, in qualitative research to which research findings are objective and without bias from the researcher (Sallnas, 2016). Qualitative researchers must assess the results of their research to ensure alignment and consistency between the conceptual framework, the collected data, and findings from their research (Eriksson, 2015). Researchers achieve confirmability once alignment and consistency are addressed, the researcher's objectivity is accounted for, and evaluation is exclusively on the collected data (Marshall & Rossman, 2016; Noble & Smith, 2015). Techniques including follow-up member checking interviews, methodological triangulation, and probing questions during the interview process are used to confirm the general results of the study and enhance the confirmability of research findings (Marshall & Rossman). Boddy (2016) stated data collection from the study participants should continue through follow-up member checking interviews and

review of corporate documentation until no new information or themes are observed in the data, and data saturation is reached.

Transferability. Marshall and Rossman (2016) stated the responsibility of demonstrating the transferability of a set of research findings rests with the reader and future researchers. Validity is the strength of a qualitative research study. Transferability is a construct of validity centered on the application of findings from a research study to another research context (Kihn & Ihantola, 2015; Marshall and Rossman, 2016). This multiple case study was conducted according to the research methodology and established case study protocols. Full adherence to data collection and analysis techniques will enable subsequent researchers to confirm the procedures and determine the applicability and transferability of the results to other study populations in different contexts (Prion & Adamson, 2014).

Transition and Summary

The purpose of this study is to explore the strategies used by nurse managers to reduce registered nurse turnover. Section 2 includes a description of the reasons to use a qualitative multiple case study to research the problem of employee turnover. The section also contains a presentation of a description of the role of the researcher, study participants, research method and design, guidelines to ensure ethical research, data collection, organization, and analysis. Section 3 will contain a thorough interpretation of the collected data and study findings, which will include themes, conclusions, and recommendations. My interpretation of the data will be framed within the context of the

conceptual framework. Section 3 will also include conclusions of applicability to professional practice and implications for social change. The section will conclude with reflective insights and recommendations for action and future research.

Section 3: Application to Professional Practice and Implications for Change

Introduction

The purpose of this qualitative multiple case study was to explore the engagement strategies that nurse managers use to reduce turnover and retain registered nurses.

Employees who believe they receive fair compensation based on their work contributions and are treated fairly by their leaders have positive job satisfaction and tend to remain with their organization (Avanzi et al., 2014). Employees retain an advanced level of work engagement when they are empowered, motivated and supported by their leaders (Sharoni, Shkoler, & Tziner, 2015).

I explored successful engagement and retention strategies used by nurse managers to retain registered nurses. I interviewed eight nurse managers employed by hospitals in West Central Florida. The participants all had successful experience with the implementation of engagement strategies used to reduce registered nurse turnover. All eight participants (P1-P8) were current nurse managers employed in West Central Florida hospitals. My data analysis included the comparison of interview transcripts, interview notes, and publicly available corporate documents related to programs and policies related to employee engagement. The analysis of the data indicated that the nurse managers who participated in the study successfully used engagement strategies to reduce turnover and retain registered nurses through skills training, new nurse orientation programs, opportunities for nurses to be involved in the administrative and clinical aspects of their units, and a culture of consistent communication and feedback.

Presentation of the Findings

I utilized a qualitative research methodology and multiple case study design for this research study. Cronin (2014) described case studies as exploratory research in a setting of a real-like working environment. I conducted semistructured interviews with nurse managers employed by hospitals to discover the engagement and retention strategies they used to reduce turnover and retain registered nurses, and reviewed publicly available company documentation to answer the overarching research question for the study: What engagement strategies do nurse managers use to reduce turnover of registered nurses? The semistructured interviews occurred at mutually selected locations amenable to the researcher and the study participants. The interviews did not exceed 60 minutes in duration, and the subsequent member checking discussions did not last longer than 30 minutes.

The conceptual framework for the research study was systems theory and the job characteristics theory. Participant responses supported the theories. Systems theory is an integrated approach to analysis and describes the interdependent relationships, patterns, and themes between a specific set of parts within a system (DeBoer & Anderson, 2016). Job characteristics theory is based on a theoretical model of five fundamental job characteristics, which are related to five work outcomes, through three psychological states (Hackman and Oldham, 1980).

I used the relationship between the conceptual framework and the study findings to develop my understanding of the strategies nurse managers employ to reduce

employee turnover. Challenging and fulfilling job characteristics are related to a positive influence on job performance, and the association can be understood through the application of the job characteristics theory (Johari and Yahya, 2016; Suh and Lee, 2017). Nurse managers can utilize an understanding of the interrelationships between individuals and groups within a system to incorporate different techniques and decisions to develop work outcomes and engagement strategies to reduce turnover of registered nurses. Kashyap and Rangnekar (2014) stated employee retention strategies must be a fundamental component of an organization's corporate strategy.

My data analysis focused on themes pertinent to the central research question and the conceptual framework. The analysis of the collected data revealed the following three main themes: nurse engagement strategies, leadership influence and organizational culture, and nurse development. The three core themes in support of the nurse engagement main theme were: (a) opportunity, (b) ownership and empowerment, and (c) involvement. The four core themes that supported the leadership and culture main theme were: (a) environment, (b) appreciation, (c) communication, and (d) feedback. The three core themes that supported the development main theme were: (a) education, (b) training, and (c) career progression.

I used the conceptual framework for the study in conjunction with the research findings to gain a comprehensive understanding of the engagement strategies used by nurse managers to reduce registered nurse turnover. The structure of the conceptual framework and the identification of retention strategies for registered nurses facilitated

the achievement of data saturation. I used the conceptual framework to ensure I had analyzed each of the themes from multiple viewpoints. My data collection and analysis reached a point at which no new information or themes were derived, which indicated I had reached data saturation.

I linked the responses of the study participants with the main themes of nurse engagement, leadership influence, and culture, and nurse development and I connected the themes back to the conceptual framework. The conceptual framework included two theories, systems theory and job characteristics theory. Responses from the study participants supported both the systems theory and the job characteristics theory. Systems theory describes the interdependent relationships between a specific set of components within a system (DeBoer & Anderson, 2016). Nurses and nurse managers are individual components within nursing departments, which are small systems within a larger hospital system comprised of multiple medical departments and supporting components.

The association between the influence of challenging and fulfilling job characteristics on job performance and satisfaction can be understood through the application of job characteristics theory (Johari & Yahya, 2016; Suh & Lee, 2017). Registered nurses gain job satisfaction and excel in the performance of their professional responsibilities through involvement and empowerment in their jobs, a positive work environment, and supportive and nurturing organizational leadership. The retention of

skilled and knowledgeable registered nurses is of critical importance to the sustainability and success of competitive and productive hospitals (Dyk, Coetzee, & Takawira, 2013).

Theme 1: Nurse Engagement Strategies

Erturk and Vurgun (2015) stated leaders in organizations are confronted with the multiple challenges of attracting, developing and ultimately retaining skilled, qualified employees. The eight participants of this study all identified nurse engagement as an important and essential strategy for the retention of registered nurses. The core themes under the theme of nurse engagement strategies were: (a) opportunity, (b) ownership and empowerment, and (c) involvement. The literature supported the core themes that supported the engagement main theme.

Opportunity. The participants provided many examples of effective and successful engagement strategies used to facilitate the retention of registered nurses. P4 stated nurses should believe they are part of their nursing unit and understand the critical role of their profession. Three participants highlighted programs within their hospitals centered on providing nurses with the prospect to expand their professional skills. P3, P4, and P7 each noted a business practice used in their hospitals, which provides nurses with the opportunity for exposure to other nursing skills and functions through staff cross-training initiatives. Nurses are rotated multiple nursing departments during their initial orientation period to expose each nurse to more than one nursing competency.

Ownership and Empowerment. Job ownership and empowerment emerged as a core theme. P4 stated nurses who believe their work is contributing to something greater

than themselves gain a satisfaction beyond the earning of a paycheck. Nurses should be given responsibilities commensurate with their potential. Bina et al. (2014) stated a shared governance between nurses and their managers gave nurses a voice in the decision-making process within their department, which can lead to higher levels of participation and communication within the department.

P2 shared an example of nurse empowerment resultant from feedback by nurses regarding patient care. Within a cardiac care unit, the nursing staff advocated for the purchase and addition of reclining chairs in the rooms of recovering heart failure patients. Reclining chairs could help the patients to breathe easier and experience less discomfort during the post-operative period. Nurses collaborated with the department managers to get the funding for the chairs included in the department's budget.

Self-scheduling was endorsed by most of the nurse managers who participated in the study. Nurses are given the opportunity to select the shifts they would like to work, rather than have the manager dictate their schedule. Most nurses employed by the nurse managers who participated in the study work three 12-hour shifts per week. By affording nurses with scheduling options, nurse managers can work with their nursing staff to accommodate the needs and desires of their nurses while ensuring all shifts are adequately covered. For example, if a nurse desired to have every weekend off so he or she could spend time with their family, another nurse might elect to work on weekends to provide time to attend school to further their education. In a study conducted by Lambert, Quereshi, Frank, Keena, and Hogan (2017), the researchers discovered

managers could effectively reduce employee turnover through the management of personnel scheduling, with a focus on improving their employee's quality of life through the reduction of work-life conflicts.

P2, P3, P4, and P5 stated the nurses in their departments participate fully in the nurse hiring process. This involvement in the hiring of their peers is a direct engagement and empowerment of the nursing staff. The hiring process functions similarly in each of the hospitals the participants were employed. The nurse manager conducts the initial interview with the prospective nurse hire. The nursing staff is empowered in the hiring process and essentially make the final decision on how is hired through a process of peer interviews and interviews with the members of an entire shift. If the nursing staff does not endorse a prospective nurse hire, the nurse manager does not hire the applicant.

Involvement. Davis (2014) noted employee involvement in their career development is important to employee satisfaction and turnover. Career opportunities and involvement in organizational-level committees and associations are integral to a successful retention strategy. P8 noted the best strategy is to be involved with the nursing staff and supportive of their efforts to improve themselves professionally and educationally. Many of the participants highlighted the importance of organizational committees in their hospitals. Membership on committees is encouraged by nurse managers because through membership nurses can become more involved with the organization and develop stronger relationships with other members of the hospital

organization. One of the hospitals sponsored a professional excellence program, which awards employee's points for committee membership and leadership.

Another initiative reported by P3 was a newer program centered on the doctor's rounds through the department. The process is structured with a scripted checklist from which each member of the medical team, including the attending physician, the nurse manager, attending nurse, all other relevant medical professionals, and even the patient participate directly in the care process for the patient. The process is used to increase engagement and ownership of all staff members and increases the involvement of the patient in their care process.

I reviewed corporate documents from hospitals in the West Central Florida region with a focus on programs and policies related to employee engagement. I reviewed policies and procedures for the hospitals, and in every case, the policies were supportive of good governance, employee support, assistance, and education. One hospital provided the results of its quality and patient survey on its public website. The results of the survey supported the hospital's emphasis on a healthy work environment focused on quality and patient safety. P4 verified the emphasis and stated, "you have to always be a nurse, even with your staff," meaning leaders must always be caring and people-centric.

Theme 2: Leadership Influence and Organizational Culture

Nurse managers, as leaders of their nursing units, profoundly influence their employees and the work culture within the unit. The overall organizational culture within the hospital can directly affect registered nurse engagement and job satisfaction. The

core themes under the theme of leadership influence and organizational culture were: (a) environment, (b) appreciation, (c) communication, and (d) feedback. The literature supported the core themes that supported the leadership and culture main theme.

Environment. Participant responses during the interviews illustrated the relationship of the influence of leaders on registered nurse retention. Each of the eight participants emphasized the importance of supportive leadership. The findings from this study support the results of research from Frear, Donsbach, Theilgard, and Shanock (2017), who reported support from their leaders was a critical element in the rise in employee job performance and engagement, with a resultant reduction in employee turnover intention. Sharoni, Shkoler, and Tziner (2015) noted leaders who are perceived by their employees to be empowering, motivating and supportive contribute to an environment with high employee engagement.

P8 noted staff retention results from positive and personable leadership. P1 and P2 stated an open-door policy from nurse managers goes a long way toward leader engagement with the staff. Nurses should have confidence they can talk to their nurse manager whenever they need to. P2 also explained direct and engaged leadership works well within the clinical management structure of most nursing units.

P5 reported that a positive work environment in nursing units could be fostered through a positive work-life balance. P5 added nurse managers need to try to figure out what nurses want and need to do their jobs and then strive to give it to them. One successful strategy reported by most of the participants was the weekend work program.

According to P3, when nurses have the option of a flexible and adjustable schedule, they are more apt to remain involved in the workplace. P2, P3, and P5 all reported many of their nurses would take advantage of the weekend work schedule to bolster their income, or to free up their time during the week for other pursuits such as furthering their education. One aspect of the program was the predictability for employees in their schedules. Nurses who participated in the weekend work program were expected to work 48 weekends a year. The program was reported to be very popular with hospital employees, especially among the nursing staff.

Appreciation. P1 described the importance of ensuring nurses know and believe their nurse managers appreciate them. P1 and P5 provided examples of techniques they use to convey their appreciation to their nurses. Each participant explained how they make time in their schedule to write personal thank you notes to their nursing staff as acknowledgments of their accomplishments. P1 emphasized simple, handwritten thank-you cards sent to employee homes show a personal touch and appreciation for what they do. P5 stated nurses stay or leave because of the work environment; they want to believe they are appreciated, and thank-you notes are effective for conveying appreciation. At the time of the interview, P5 had sent 25 thank-you notes to nurses over a three-week period. P5's nursing unit included 80 staff members. P5 noted the volume of thank you notes sent were consistent with usual practice.

Communication. Communication is essential to successful engagement of registered nurses. P3 and P7 stated nurse managers must communicate regularly with

their nursing staff members to create a functional and engaging workplace. Nurse managers need to be active listeners and be responsive to concerns regarding the unit's practice and patient care. Research by Li, Kim, and Zhao (2017) support these findings. Li et al. stated leaders should engage their employees in communicating on a one-to-one level to enhance the employee's confidence of inclusion and engagement within the organization.

In addition to one-to-one communication, nurse managers should collectively communicate with their nursing staffs through unit meetings and daily huddles. P3 conducted daily huddles with the nursing staff to discuss the issues of the day. P1 stated nurse managers must make time for their staff and sets the time on the calendar to meet with employees, individually or in groups, who need engagement. P2 noted unit meetings are an effective strategy for gauging the atmosphere on the unit. All the participants stated they make time every day to walk through the unit to talk with their nurses and ask them how they are doing. Each participant also highlighted the importance of stepping in and assisting their nurses with their duties. P2 provided an example of answering call buttons from patients so the attending nurse could take care of another patient. P3 and P5 illustrated their direct engagement strategy of helping to relieve nurse workload during peak shift hours by preparing admission or discharge paperwork for patients.

Feedback. P2, P3, P5, and P6 all emphasized the importance of feedback from nurse managers to their nursing staff. Panagiotakopoulos (2014) stated employee

relations and a cooperative work environment are enhanced through increased communication between managers and their employees. P2 highlighted the role of nurse manager feedback during staff huddles. Staff huddles are conducted on each shift for the whole units, and nurses and managers share information related to quality indicators and core measures. Managers assess the input from the nursing staff and provide direct feedback, so the entire nursing staff can understand the “what” and the “why” of what is taking place throughout the unit.

According to P6, during new nurse orientation, new orientees meet with their nurse manager and trainer, called a preceptor, once a week to review their progress and receive feedback. P5 has a standard practice of checking in with the staff at the beginning and end of each shift to ensure organizational goals are in the balance with patient care requirements. P3 conducts quarterly progress meetings with each member of the nursing staff to provide them with an assessment of their job performance. P6 noted managers are encouraged to meet with their employees. In one hospital, the Chief Nursing Officer and the human resources department work together to conduct quarterly stay interviews with the nursing staff, during which the nurses are asked questions regarding their job, issues, their likes, and dislikes, and what can be accomplished to make them satisfied in their jobs.

My review of corporate documents from hospitals in the West Central Florida region revealed evidence of corporate programs centered on positive organizational culture and employee assistance. All hospitals provided employee assistance programs.

While the programs in each hospital were different, the focus for each of the programs was on the wellness of the hospital employees, financially, physically and emotionally. One hospital offered its employees a time away from work program, which provided employees with the opportunity to take a sabbatical from their job to pursue other activities.

Theme 3: Nurse Development

A continuous emphasis on education and professional development by nurse managers is an important aspect of the development and professional progression of their nursing staffs. During my review of company documentation, I discovered the hospital organizations placed a significant importance on the education and development of their respective workforces. Hospitals provided their employee's tuition assistance and reimbursement programs, and other educational opportunities including internet-based training. The core themes under the theme of nurse development were: (a) education, (b) training, and (c) career progression.

Education. P2 stated a nurse manager should strive to work with members of their staff who are in the process of furthering their education. A well-educated nursing staff may result in a higher level of job satisfaction within the nursing unit, and improved patient care. P3 and P5 indicated their nursing staff personnel contribute to the education of new nurses on their units. Charge nurses in some nursing units have the additional responsibility as an informal educator for the rest of the nursing staff, particularly for units without a dedicated nursing educator on staff. P6 noted their hospital provides

annual skills fairs available to all nurses. The fairs are structured to facilitate and assist nurses with revisiting and refreshing skills they may not have used for an extended period.

P3 highlighted the availability of tuition reimbursement as an effective retention tool. Hospitals provide their employees with financial aid and compensation for furthering their education. Additionally, many hospitals also provide internet-based education modules for nurses to access, which can help them to refresh their clinical or administrative skills. P7 provided an example of a strategy their organization utilizes to foster a strong educational working environment for their nurses. Nurse managers and educators establish relationships with the local nursing schools training future nurses. The managers and educators spend clinical time with the student nurses to assist them in their training and begin the building of working relationships, which carry over when the student nurses become new nurses employed at hospitals in the region.

Training. Chakrabarti and Guha (2016) stated organizational leaders demonstrate their commitment to their employee's development by providing training and developmental opportunities. In another study, Anitha and Kumar (2016) reported employees provided with appropriate job training possess an enhanced sense of job commitment and performance. P7 stated hospitals should leverage the capabilities of their corporate network to maximize all available training practices and resources. P5 detailed the importance of leaders in nursing units to devote time to their education, to gain knowledge on best practices, current techniques and successful leadership strategies

to aid them in their training of their nursing unit personnel. Nursing units use charge nurses as first-line leaders in the management of nursing resources (P4).

P1, P3, P6, and P7 shared their success with implementation of nurse orientation and residency programs. Krasman (2015) stated the processes organizations use to bring new employees into an organization should be accomplished in a strategic, comprehensive, and structured manner. P6 and P7 highlighted the critical importance of a successful orientation for new nurses. New nurses are enrolled in a 12-week new nurse orientation program and provided with comprehensive training on the skills, procedures, and processes required to perform in their positions. New nurses are paired with a preceptor, a seasoned and experienced nurse who serves as the mentor, guide, and sponsor for the new nurse. Preceptors are assigned a small number of new nurses to work with and meet regularly with the new nurses to review their progress and provide additional training or clarification on topics as required. P6 stated the right people in the right position are essential to assist in the development of nurse orientees.

P1 and P3 provided another example of structured nurse training in the form of nurse residency programs. Like new nurse orientation programs, nurse residency programs are centered on the preparation of new nurses for the responsibilities of their new positions. P3 noted the residency program helps new nurses to acclimate to their professional surroundings with the aid of nurses who act as their coaches and mentors. Cable, Gino, and Staats (2013) stated employee training and enculturation could directly impact the success of an employee's tenure with an organization. P6 noted a

comprehensive new nurse orientation would usually result in success and stability within the organization for the new nurse. Anitha and Begum (2016) discovered employees who possess an elevated level of job satisfaction and organizational commitment are less prone to seek employment in a new organization.

Career Progression. Kandampully et al. (2014) posited the developmental opportunities made available to employees within organizations are of high value. In another study, Posthuma, Campion, Masimova, and Campion (2013) stated the existence of organizational training and developmental opportunities such as job skills training, new employee training, and career development programs can facilitate and promote retention of employees. P3 acknowledged nurses within a nursing staff are all at various levels of engagement and career milestones, and nurse managers must use different strategies for each nurse. P6 highlighted the importance of explaining all aspects of the nursing profession to new nurses to help them establish a frame of reference for developing career plans.

Employers emphasize training and development to potential employee recruits and current employees who have developmental potential (Tanwar & Prasad, 2016). P1 and P3 noted organizational programs within their hospitals focused on developing and preparing employees for higher-level positions within the organization. P3 stated the organization is focused on the development of leaders from within the organization as a means of organizational stability, continuity and employee retention. P1 highlighted a program centered on the facilitation of promotion of employees from within the hospital

organization. The success of the program is measured by the rate of internal growth versus the rate of turnover.

All eight of the participants stated nurses leave their nursing staffs for assorted reasons, but the majority departs for positive reasons, such as advancement into another position within the hospital. P5 provided the ideal time frame for an initial tenure of nurses in their unit of 2.5 years. P5 noted most nurses stayed in the unit a minimum of one year before moving to another position within the hospital. P2 reported a significant portion of the nurse losses within the unit were to advancement or an internship program in the intensive care unit, a logical next career step for nurses from the unit. P3 and P7 noted nurses leave their units for the right reasons, such as promotion, or the opportunity to move into a new nursing specialty. P5 acknowledged some nurse turnover is acceptable, specifically if the nurse who departs does not have the appropriate level of clinical skills for the unit.

An essential component to a program of internal growth and promotion is an effective skills training program. Kashyap and Rangnekar (2014) recommended employers offer career progression prospects for their employees, which can provide employees with opportunities to develop and hone the necessary skills and experience to perform at higher levels of responsibility and expertise. P6 stated nurses who want to become preceptors to train and mentor new nurses are screened and approved before entering training to be a preceptor. The role of the preceptor is an additional level of responsibility for nurses. Before an experienced nurse is considered as a possible

candidate for a preceptor, they are given the opportunity to further develop their skills in specific areas before taking on the additional responsibilities.

Applications to Professional Practice

The focus of this qualitative multiple case study was to explore the retention strategies used by nurse managers to reduce registered nurse turnover. I used my interpretation of the study participant's interview responses and analysis of company documents to identify three main themes: nurse engagement strategies, leadership influence and organizational culture, and nurse development. The findings from this research study are relevant and significant to the retention of registered nurses. The research derived from this study contributes to the understanding that nurse managers applied influence over their registered nurse employees through the core themes of engagement, leadership and culture, and development). This study also contributed to the understanding that registered nurses work within an inclusive career field system with distinctive organizational and corporate cultures, with specific and unique job characteristics and career prospects.

Karatepe and Aga (2016) described the importance of employee engagement to organizational success and cited the annual loss of \$550 annually to organizations in productivity because of disengaged employees. Healthcare organizations such as hospitals are confronted with the need to develop and implement engagement strategies, which can facilitate the retention of engaged employees committed to the goals and long-term success of the organization. Nurse managers can benefit from new perspectives on

strategies other managers have utilized and determined effective for the reduction of registered nurse turnover. Nurse managers can leverage numerous strategies to increase the retention of valued registered nurse employees. The participants of this study stated skills training, new nurse orientation programs, opportunities for nurses to be involved in the administrative and clinical aspects of their units, and a culture of consistent communication and feedback were effective strategies to decrease turnover and increase retention. Nurse managers who understand the beneficial aspects associated with effective retention strategies can help their hospitals to reduce the time and money the organizations must devote to the replacement of registered nurses who have departed and the training of newly registered nurse employees.

Implications for Social Change

The implications for a positive social change in the reduction of registered nurse turnover can be understood through the improvement of the work and family lives of registered nurses and the communities where they live and work. The findings of this study indicated registered nurse turnover negatively affects the profitability of hospitals, and their capacity to deliver quality patient care to the community. Without a trained and reliable staff of registered nurses, hospitals cannot meet their organizational purpose of providing healthcare services to the community because of reduced productivity and human resources. A higher level of employment within hospitals can contribute directly to the supported community through a stable workforce capable of providing for themselves and their families. In a hospital environment, registered nurses engaged and

established in their employment status contribute to a working environment of consistent and reliable healthcare to patients.

The reduction of registered nurse turnover can help hospital leaders to cultivate opportunities and initiatives focused on bringing positive social change to the communities they serve (Steiner & Atterton, 2014). By reducing registered nurse turnover and retaining skilled and engaged nurses, hospital leaders can improve the work experience by building and sustaining a positive work environment for their nurse employees, and a productive and nurturing care environment for their patients. The use of effective retention strategies could result in positive outcomes including a stable and sustained workforce, improved patient care, increased morale in the registered nurse workforce, and increased organizational success. Nurse managers and hospital administrators could use the findings of this study to gain an understanding of the successful retention strategies other nurse managers have used to retain registered nurses in hospitals.

Recommendations for Action

The focus of this research study was the exploration of engagement studies used by hospital nurse managers to reduce registered nurse turnover. Researchers have noted the adverse effects of employee turnover on organizations, notably the degradation in the organizational ability to provide efficient and effective products or services, and quality customer service (Hancock, Allen, & Soelberg, 2016; Holtom & Burch, 2016). A challenge for hospital leaders is in the delivery of quality patient care while ensuring the

financial and long-term stability of the organization (Dong, 2015). Hospital-based nurse managers can leverage the findings from this study to create and implement effective engagement strategies to reduce registered nurse turnover in their organizations. Nurse managers may also appreciate the study findings as a valuable resource for additional information such as organizational leadership and culture impacts on retention, registered nurse engagement strategies, and nurse education and training best practices.

Nurse managers can increase the retention of skilled and experienced registered nurses by implementing effective engagement strategies to reduce turnover. The retention of skilled and experienced registered nurses can be critical to the fulfillment of a hospital's organizational mission, because of the years of medical practice and institutional knowledge seasoned registered nurses possess. Nurse managers should evaluate the study findings to identify engagement strategies aligned with their organization's personnel management practices, organizational goals, and social citizenship policies. Nurse managers and hospital administrators should adopt engagement strategies consistent and compatible with the mission of their organization. I will share the findings of this research study through various methods as opportunities arise. I will seek opportunities to present the findings to healthcare leadership and human resources forums, and organizational training events to enhance the exposure of hospital leaders to engagement strategies, which if adopted, could facilitate the attainment of their organizational goals through reduced turnover and the active engagement of registered nurses.

Recommendations for Further Research

The purpose of this research study was the exploration of engagement studies used by hospital nurse managers in West Central Florida to reduce registered nurse turnover. The findings of the study are limited to the studied population, specifically nurse managers employed in hospitals. Future researchers could expand on the findings of this study by exploring engagement strategies employed by nurse managers from other facets of the healthcare industry, such as emergency clinics, nursing homes, and private medical offices. Another recommendation for further research could be to focus the research question from this study on registered nurses to explore engagement strategies registered nurses believe effective in the reduction of employee turnover. Gaining the perspectives of registered nurses from an employee point of view might provide researchers with different insights on the topic. An additional recommendation for future researchers is to explore answers to the central research question in other regions of the United States to develop a more comprehensive understanding of registered nurse turnover.

The findings of this study have revealed factors affecting registered nurse turnover including administrative, financial and personnel staffing barriers. Researchers should explore the relationship between the various factors and employee turnover. By conducting further research into such areas, researchers may discover additional insights and strategies valuable to nurse managers and healthcare leaders to reduce registered nurse turnover. Finally, future research on the topic of engagement strategies could

contribute to the existing foundation of scholarly knowledge, and to the collective understanding of successful engagement strategies used by nurse managers to reduce registered nurse turnover.

Reflections

I committed to completing the Walden University Doctor of Business Administration (DBA) Program to attain a life-long educational goal. The program was perfectly structured for my learning style. The program resources provided by Walden, including the faculty, research tools and resources, classmates, and the online instructional forums, were always accessible and were invaluable to my completion of the program.

As I progressed through the development of the study prospectus, I came to appreciate the foundational instruction the program provided, particularly the knowledge and research techniques I accumulated and developed to enhance my research skills. I experienced some initial difficulty settling on a topic for the business problem to center my research study. As a member of the U.S. military, I do not have recent and direct experience with business problems in the private sector. I leveraged the experience of friends and family members who work in the field of medicine to gain insight and awareness of the business problems resulting from employee turnover of registered nurses. I have had experience with employee turnover in my military career. However, I eliminated my personal bias from past experiences to increase the quality and reliability

of my findings. I adhered to ethical and IRB requirements and made every attempt to be aware of my own biases as I progressed through the research process.

As a military leader, I am a proponent of direct and supportive leadership and an engaged workforce. During the research phase of this study, I was surprised to find numerous commonalities between the leadership styles and engagement strategies of military leaders and healthcare managers. I discovered nurse managers to be compassionate, engaged, and communicative with their registered nurse employees. Registered nurses are a critical component of the dedicated and caring healthcare teams who are focused on providing quality care to their patients. I am hopeful nurse managers and other healthcare leaders will use the study findings to help their hospitals and healthcare organizations to become institutions where employees are valued, respected, and as a result are engaged and want to remain with their organizations.

Conclusion

The findings from this multiple case study revealed that the nurse managers could successfully use engagement strategies to reduce turnover and retain registered nurses through skills training, new nurse orientation programs, opportunities for nurses to be involved in the administrative and clinical aspects of their units, and a culture of consistent communication and feedback. Turnover of registered nurses is disruptive and costly for hospitals. The conceptual framework for this study provided a linkage between engagement strategies nurse managers have developed and utilized and the increased retention of registered nurses. The experiences of the study participants demonstrate

nurse managers should incorporate the strategies presented in the study into their organizational retention and turnover mitigation strategies.

The nurse managers who participated in this study provided three principal areas of focus regarding the engagement and retention of registered nurses: nurse engagement strategies, leadership influence and organizational culture, and nurse development. Registered nurses who are engaged in their work environment possess an elevated level of job satisfaction and are more likely to remain employed with their hospital. I recommend nurse managers and hospital administrators, academic scholars, and other practitioners utilize the findings and recommendations of this study to increase their understanding of effective and successful registered nurse engagement strategies. An engaged registered nurse workforce can be beneficial to hospitals, their stakeholders, and the patients they serve.

References

- Adewunmi, Y.A., Koleoso, H., & Omirin, M. (2016). A qualitative investigation of benchmarking barriers in Nigeria. *Benchmarking: An International Journal*, 23, 1677-1696. doi:10.1108/BIJ-06-2014-0055
- Adriaenssen, D.J., Johannessen, D., & Johannessen, J. (2016). The use of distinction in the process of communication. *Kybernetes*, 45, 1013-1023. doi:10.1108/K-092015-0245
- Agarwal, R., Green, R., Agarwal, N., & Randhawa, K. (2016). Benchmarking management practices in Australian public healthcare. *Journal of Health Organization and Management*, 30(1), 31-56. doi:10.1108/JHOM-07-2013-0143
- Ahmad, A. R., Adi, M. N. M., Noor, H. M., Rahman, A. G. A., & Yushuang, T. (2013). The influence of leadership style on job satisfaction among nurses. *Asian Social Science*, 9, 172-178. doi:10.5539/ass.v9n9p172
- Aij, K.H., Visse, M., Widdershoven, G.A.M. (2015). Lean leadership: An ethnographic study. *Leadership in Health Services*, 28, 119-134. doi:10.1108/LHS-03-2014-0015
- Aliliu, L., Zamanzadeh, V., Fooladi, M.M., Valizadeh, L., & Habibzadeh, H. (2016). Towards an understanding of clinical nurses challenges that leads intention to leave. *Acta Paul Enferm*, 29, 534-541. doi:10.1590/1982-0194201600074
- Allan, L.L., Lu, C.C., Gursoy, D., & Neale, N.R. (2016). Work engagement, job satisfaction, and turnover intentions: A comparison between supervisors and line-

- level employees. *International Journal of Contemporary Hospitality Management*, 28, 737-761. doi:10.1108/IJCHM-07-2014-0360
- Allio, R.J. (2015). Good strategy makes good leaders. *Strategy & Leadership*, 43(5), 3-9. doi:10.1108/SL-07-2015-0059
- Andersen, J.A. (2015). Barking up the wrong tree. On the fallacies of the transformational leadership theory. *Leadership & Organizational Development Journal*, 36(6), 465-777. doi:10.1108/LODJ-12-2013-0168
- Andraski, M. P., Chandler, C., Powell, B., Humes, D., & Wakefield, S. (2014). Bridging the divide: HIV prevention research and black men who have sex with men. *American Journal of Public Health*, 104, 708-714. Retrieved from <http://ajph.aphapublications.org/>
- Anitha, J., & Begum, F. (2016). Role of organizational culture and employee commitment in employee retention. *ASBM Journal of Management*, 9(1), 17-28. Retrieved from www.asbm.ac.in
- Anitha, R., & Kumar, M. A. (2016). A study on the impact of training on employee performance in private insurance sector, Coimbatore district. *International Journal of Management Research & Review*, 6, 1079-1089. Retrieved from www.ijmrr.com
- Anyan, F. (2013). The influence of power shifts in data collection and analysis stages: A focus on qualitative research interview. *The Qualitative Report*, 18, 1-9. Retrieved from <http://www.nova.edu/ssss/QR/index.html>

- Apostolopoulos, N., & Liargovas, P. (2016). Regional parameters and solar energy enterprises purposive sampling and group AHP approach. *International Journal of Energy Sector Management*, 10(1), 19-37. doi:10.1108/IJESM-11-2014-0009
- Armstrong-Stassen, M., Cameron, S., Rajacich, D., & Freeman, M. (2014). Do nurse managers understand how to retain seasoned nurses? Perceptions of nurse managers and direct-care nurses of valued human resource practices. *Nursing Economics*, 32(4), 211-218. Retrieved from <http://www.nursingconomics.net>.
- Armstrong Stassen, M., Freeman, M., Cameron, S., & Rajacic, D. (2015). Nurse managers' role in older nurses' intention to stay. *Journal of Health Organization and Management*, 29(1), 55-74. doi:10.1108/JHOM-02-2013-0028
- Avanzi, L., Fraccaroli, F., Sarchielli, G., Ullrich, J., & van Dick, R. (2014). Staying or leaving, a combined social identity and social exchange approach to predicting employee turnover intentions, *International Journal of Productivity and Performance Management*, 63, 272-289. doi:10.1108/JPPM-02-2013-0028
- Bacha, E. (2014). The relationship between transformational leadership, task performance and job characteristics. *Journal of Management Development*, 33, 410-420. doi:10.1108/JMD-02-2013-0025
- Balyakina, E., Mann, C., Ellison, M., Sivernell, R., Fulda, K.G., Sarai, S.K., & Cardarelli, R. (2014). Risk of future offense among probationers with co-occurring substance use and mental health disorders. *Community Mental Health Journal*, 50, 288-295. doi:10.1007/s10597-013-9624-4

- Bamkin, M., Maynard, S., & Goulding, A. (2016). Grounded theory and ethnography combined. *Journal of Documentation*, 72, 214-231. doi:10.1108/JD-01-2015-007
- Barratt, M. J., Ferris, J. A., & Lenton, S. (2015). Hidden populations, online purposive sampling, and external validity: Taking off the blindfold. *Field Methods*, 27, 3-21. doi:10.1177/1525822X14526838
- Baškarada, S. (2014). Qualitative case study guidelines. *The Qualitative Report*, 19(40), 1-18. Retrieved from <http://nsuworks.nova.edu/tqr/vol19/iss40/3>
- Bednarska, M.A., & Szczyt, M. (2015). Variations in job satisfaction in service industries: Comparative international analysis. *Foresight*, 17(6), 599-615. doi:10.1108/FS-08-2013-0037
- Berglund, H. (2015). Between cognition and discourse: Phenomenology and the study of entrepreneurship. *International Journal of Entrepreneurial Behavior & Research*, 21, 472-488. doi:10.1108/IJEER-12-2013-0210
- Bernard, H. R. (2013). *Social research methods: Qualitative and quantitative approaches* (2nd ed.). Thousand Oaks, CA: Sage.
- Berry, J. (2014). Y in the workplace: Comparative analysis of values, skills and perceptions of government communication amongst university students and government staff. *Foresight*, 16(5), 432-447. doi:10.1108/FS-03-2013-0010
- Bina, J.S., Schomburg, M.K, Tippetts, L.A., Scherb, C.A., Specht, J.K., & Schwichtenberg, T. (2014). Decisional involvement: Actual and preferred

- involvement in decision-making among registered nurses. *Western Journal of Nursing Research*, 36, 440-455. doi:10.1177/0193945913503717
- Black, P. (2015). Developing an enhanced perspective of turnover and retention of nurses and health care aides in long-term care homes. *Perspectives*, 38(2), 25-30.
Retrieved <https://perspectivesjournal.org>
- Boak, G., Dickens, V., Newson, A., & Brown, L. (2015). Distributed leadership, team working and service improvement in healthcare. *Leadership in Health Services*, 28(4), 332-344. doi:10.1108/LHS-02-2015-0001
- Boccuzzo, G., Fabbris, L., & Paccagnella, O. (2016). Job-major match and job satisfaction in Italy. *International Journal of Manpower*, 37(1), 135-156.
doi:10.1108/IJM-03-2014-0083
- Boddy, C.R. (2016). Sample size for qualitative research. *Qualitative Market Research: An International Journal*, 19(4), 426-432. doi:10.1108/QMR-06-2016-0053
- Bormann, L., & Abrahamson, K. (2014). Do staff nurse perceptions of nurse leadership behaviors influence staff nurse job satisfaction? The case of a hospital applying for magnet designation. *The Journal of Nursing Administration*, 44, 219-225.
doi:10.1097/NNA.0000000000000053
- Braun, S., Peus, C., Weisweiler, S., & Frey, D. (2013). Transformational leadership, job satisfaction, and team performance: A multilevel mediation model of trust. *The Leadership Quarterly*, 24, 270-283. doi:10.1016/j.leaqua.2012.11.006

- Buchanan, D.A., Parry, E., Gascoigne, C., & Moore, C. (2013). Are healthcare middle management jobs extreme jobs? *Journal of Health Organization and Management*, 27, 646-664. doi:10.1108/IJHOM-09-2012-0183
- Bunakov, V., Jones, C., Matthews, B., & Wilson, M. (2014). Data authenticity and data value in policy-driven digital collections. *OCLC Systems & Services: International Digital Library Perspectives*, 30, 212-231. doi:10.1108/OCLC-07-2013-0025
- Burau, V., & Andersen, L. B. (2014). Professions and professionals: Capturing the changing role of expertise through theoretical triangulation. *American Journal of Economics & Sociology*, 73, 264-293. doi:10.1111/ajes.12062
- Burns, J.M. (1978). *Leadership*. New York, NY: Harper
- Cable, D. M., Gino, F., & Staats, B. R. (2013). Reinventing employee onboarding. *MIT Sloan Management Review*, 54(3), 23-28. Retrieved from www.sloanreview.mit.edu
- Caws, P. (2015). General systems theory: Its past and potential. *Systems Research and Behavioral Science*, 32, 514-521. doi:10.1002/sres.2353
- Chakrabarti, S., & Guha, S. (2016). Differentials in information technology professional category and turnover propensity: A study. *Global Business Review*, 1S-17S. doi:10.1177/0972150916631086

- Chamberlain, R.P. (2016). Five steps toward recognizing and mitigating bias in the interview and hiring process. *Strategic HR Review*, 15(5), 199-203.
doi:10.1108/SHR-07-2016-0064
- Chapman, A.L.N., Johnson, D., & Kilner, K. (2014). Leadership styles used by senior medical leaders. *Leadership in Health Services*, 27(4), 283-298.
doi:10.1108/LHS-03-2014-0022
- Charoensukmongkol, P., Moqbel, M., & Gutierrez-Wirshing, S. (2016). The role of co-worker and supervisor support on job burnout and job satisfaction. *Journal of Advances in Management Research*, 13(1), 4-22. doi:10.1108/JAMR-06-2014-0037
- Chaudhary, S., & Chaudhari, S. (2015). Relationship between psychological capital, job satisfaction and turnover intention of bank employees. *Indian Journal of Health and Wellbeing*, 6, 816-819. Retrieved from
<http://www.iahrw.com/index.php/home/journal>
- Chopra, V.G.N. (2014). The impact of job characteristics and personality on organizational commitment: Differences between managers and non-managers. *Indian Journal of Health and Wellbeing*, 5, 188-194. Retrieved from
<http://www.iahrw.com/index.php/home/journal>
- Clavelle, J.T., O'Grady, T.P., & Drenkard, K. (2013). Structural empowerment and the nursing practice environment in magnet organizations. *The Journal of Nursing Administration*, 43, 566-573. doi: 10.1097/01.NNA.0000434512.81997.3f

- Clottey, T.A., & Grawe, S.J. (2014). Non-response bias assessment in logistics survey research: Use fewer tests? *International Journal of Physical Distribution & Logistics Management*, 44(5), 412-426. doi:10.1108/IJPDLM-10-2012-0314
- Collini, S.A., Guidroz, A.M., & Perez, L.M. (2015). Turnover in health care: The mediating effects of employee engagement. *Journal of Nursing Management*, 23, 169-178. doi:10.1111/jonm.12109
- Cronin, C. (2014). Using case study research as a rigorous form of inquiry. *Nurse Researcher*, 21, 19-27. doi:10.7748/nr.21.5.19.e1240
- Dadich, A., Fulop, L., Ditton, M., Campbell, S., Curry, J., Eljiz, K., Fitzgerald, A., Hayes, K.J., Herington, C., Isouard, G., Karimi, L., & Smyth, A. (2015). Finding brilliance using positive organizational scholarship in healthcare. *Journal of Health Organization and Management*, 29, 750-777. doi:10.1108/JHOM-11-2013-0256
- Davis, L. (2014). *Manager leadership behaviors, employee job satisfaction, and turnover within the federal government*. (Doctoral dissertation). Available from ProQuest Dissertations & Theses database. (UMI No. 3617728).
- Dawson, A. J., Stasa, H., Roche, M. A., Homer, C. S. E., & Duffield, C. (2014). Nursing churn and turnover in Australian hospitals: Nurses perceptions and suggestions for supportive strategies. *BMC Nursing*, 13(11), 1-10. doi:10.1186/1472-6955-13-

- DeBoer, L., & Andersen, P.H. (2016). Learning from intelligent conversation: How can insights from systems theory contribute to advance IMP research? *IMP Journal*, *10*, 512-539. doi:10.1108/IMP-12-2015-0070
- Deery, M., & Jago, L. (2015). Revisiting talent management, work-life balance and retention strategies. *International Journal of Contemporary Hospitality Management*, *27*(3), 453-472. doi:10.1108/IJCHM-12-2013-0538
- DeKeyser Ganz, F., & Toren, O. (2014). Israeli nurse practice environment characteristics, retention, and job satisfaction. *Israel Journal of Health Policy Research*, *3*, 1-8. Retrieved from <http://www.ijhpr.org>
- Dempsey, C., & Reilly, B. (2016). Nurse engagement: What are the contributing factors for success? *The Online Journal of Issues in Nursing*, *21*(1), 1-11. doi:10.3912/OJIN.Vol21No01Man02
- Dezellan, T., Hafner, D.F., & Melink, M. (2014). First-job educational and skill match: An empirical investigation of political science graduates in Slovenia. *International Journal of Manpower*, *35*, 553-575. doi:10.1108/IJM-05-2013-0103
- Dibia, I.K., Dhakal, H.N., & Onuh, S. (2014). Lean leadership people process outcome (LPPO) implementation model. *Journal of Manufacturing Technology Management*, *25*, 694-711. doi:10.1108/JMTM-08-2011-0076
- Dong, G. N. (2015). Performing well in financial management and quality of care: evidence from hospital process measures for treatment of cardiovascular disease, *BMC Health Services Research*, *15*, 45-59. doi:10.1186/s12913-015-0690-x

- Drotz, E., & Poksinska, B. (2014). Lean in healthcare from employees' perspectives. *Journal of Health Organization and Management*, 28(2), 177-195.
doi:10.1108/JHOM-03-2013-0066
- Dubey, R., Gunasekaran, A., Altay, N., Childe, S.J., & Papadopoulos, T. (2016). Understanding employee turnover in humanitarian organizations. *Industrial and Commercial Training*, 48, 208-214. doi:10.1108/ICT-10-2015-0067
- Duffield, C. M., Roche, M. A., Homer, C., Buchan, J., & Dimitrelis, S. (2014). A comparative review of nurse turnover rates and costs across countries. *Journal of Advanced Nursing*, 70, 2703-2712. doi:10.1111/jan.12483
- Dulewicz, V., & Higgs, M. (2005). Assessing leadership styles and organisational context. *Journal of Managerial Psychology*, 20(2), 105-123.
doi:10.1108/02683940510579759
- Dyk, J. V., Coetzee, M., & Takawira, N. (2013). Satisfaction with retention factors as predictors of the job embeddedness of medical and information technology services staff. *Southern African Business Review*, 17, 57-75. www.ajol.info
- Edmonstone, J.D. (2017). Escaping the healthcare cul-de-sac. *Leadership in Health Services*, 30(1), 76-91. doi:10.1108/LHS-02-2016-0012
- Emiliani, M.L., & Emiliani, M. (2013). Music as a framework to better understand Lean leadership. *Leadership & Organization Development Journal*, 34, 407-426.
doi:10.1108/LODJ-11-0088

- Eriksson, D. (2015). Lessons on knowledge creation in supply chain management. *European Business Review*, 27, 346-368. doi:10.1108/EBR-12-2014-0086
- Ertürk, A., & Vurgun, L. (2015). Retention of IT professionals: Examining the influence of empowerment, social exchange, and trust. *Journal of Business Research*, 68, 34-46. doi:10.1016/j.jbusres.2014.05.010
- Everhart, D., Neff, D., Al-Amin, M., Nogle, J., & Weech-Maldonado, R. (2013). The effects of nurse staffing on hospital financial performance: Competitive versus less competitive markets. *Health Care Management Review*, 38(2), 146-155. doi:10.1097/HMR.0b013e318257292b
- Falkenstrom, E., Ohlsson, J., & Hoglund, A.T. (2016). Developing ethical competence in healthcare management. *Journal of Workplace Learning*, 28(1), 17-32. doi:10.1108/JWL-04-2015-0033
- Feather, R.A., Ebright, P., & Bakas, T. (2015). Nurse manager behaviors that RNs perceive to affect their job satisfaction. *Nursing Forum*, 50, 125-136. doi:10.1111/nuf.12086
- Fernet, C., Trepanier, S., Austin, S., Gagne, M., & Forest, J. (2015). Transformational leadership and optimal functioning at work: On the mediating role of employees' perceived job characteristics and motivation. *Work & Stress*, 29(1), 11-31. doi:10.1080/02678373.2014.1003998
- Ferreira, A.I., Martinez, L.F., Lamelas, J.P., & Rodrigues, R.I. (2017). Mediation of job embeddedness and satisfaction in the relationship between task characteristics and

turnover: A multilevel study in Portuguese hotels. *International Journal of Contemporary Hospitality Management*, 29(1), 248-267. doi:10.1108/IJCHM-03-2015-0126

Ferreira, P., & de Oliveira, E.R. (2014). Does corporate social responsibility impact on employee engagement? *Journal of Workplace Learning*, 26(3/4), 232-247. doi:10.1108/JWL-09-2013-0070

Frear, K. A., Donsbach, J., Theilgard, N., & Shanock, L. R. (2017). Supported supervisors are more supportive, but why? A multilevel study of mechanisms and outcomes. *Journal of Business and Psychology*, 32, 1-15. doi:10.1007/s10869-016-9485-2

Friedman, M. I., Delaney, M. M., Schmidt, K., Quinn, C., & Macyk, I. (2013). Specialized new graduate RN pediatric orientation: A strategy for nursing retention and its financial impact. *Nursing Economics*, 31(4), 162-171. Retrieved from <http://www.nursingeconomics.net>

George, C. (2015). Retaining professional workers: What makes them stay? *Employee Relations*, 37(1), 101-121. doi:10.1108/ER-10-2013-0151

Gillet, N., Fouquereau, E., Bonnaud-Antignac, A., Mokoukolo, R., & Colombat, P. (2013). The mediating role of organizational justice in the relationship between transformational leadership and nurses' quality of work life: A cross-sectional questionnaire survey. *International Journal of Nursing Studies*, 50, 1359-1367. doi:10.1016/j.ijnurstu.2012.12.012

- Goldberg, A. E., & Allen, K. R. (2015). Communicating qualitative research: Some practical guideposts for scholars. *Journal of Marriage and Family*, 77, 3-22. doi:10.1111/jomf.12153
- Goswami, A., Nair, P., Beehr, T., & Grossenbacher, M. (2016). The relationship of leaders' humor and employees' work engagement mediated by positive emotions. *Leadership & Organizational Development Journal*, 37(8), 1083-1099. doi:10.1108/LODJ-01-2015-0001
- Guercini, S. (2014). New qualitative research methodologies in management. *Management Decision*, 52, 662-674. doi:10.1108/MD-11-2013-0592
- Ha, J.G., Kim, J.M., Hwang, W.J. & Lee, S.G. (2014). Impact of organisational characteristics on turnover intention among care workers in nursing homes in Korea: A structural equation model. *Australian Health Review*, 38, 425-431. doi:10.1071/AH13204
- Hackman, J.R., & Oldham, G.R. (1980). *Work redesign*. Reading, MA: FT Press.
- Han, Y. (2015). Cloud storage for digital preservation: Optimal uses of Amazon S3 and Glacier. *Library Hi Tech*, 33, 261-271. doi:10.1108/LHT-12-2014-0118
- Hancock, J. I., Allen, D. G., & Soelberg, C. (2016). Collective turnover: An expanded meta-analytic exploration and comparison. *Human Resource Management Review*, Advance online publication. doi:10.1016/j.hrmr.2016.06.003

- Harhara, A.S., Singh, S.K., & Hussain, M. (2015). Correlates of employee turnover intentions in oil and gas industry in the UAE. *International Journal of Organizational Analysis*, 23, 493-504. doi:10.1108/IJOA-11-2014-0821
- Harland, T. (2014). Learning about case study methodology to research higher education. *Higher Education Research & Development*, 1-10.
doi:10.1080/07294360.2014.911253
- Harrison, K.L., & Taylor, H.A. (2016). Healthcare resource allocation decisions affecting uninsured services. *Journal of Health Organization and Management*, 30(8), 1162-1182. doi:10.1108/JHOM-01-2016-0003
- Hauff, S., & Richter, N. (2015). Power distance and its moderating role in the relationship between situational job characteristics and job satisfaction: An empirical analysis using different cultural measures. *Cross Cultural Management*, 22(1), 68-89. doi:10.1108/CCM-11-2013-0164
- Hawkins, N. (2016). *Leader strategies to reduce sales personnel attrition*. (Doctoral dissertation). Available from ProQuest Dissertations & Theses database. (UMI No. 10036389).
- Hernaus, T., & Vokic, N.P. (2014). Work design for different generational cohorts: Determining common and idiosyncratic job characteristics. *Journal of Organizational Change Management*, 27, 615-641. doi:10.1108/JOCM-05-2014-0104

- Hofhuis, J., Van der Zee, K.I., & Otten, S. (2014). Comparing antecedents of voluntary job turnover among majority and minority employees. *Equality, Diversity and Inclusion: An International Journal*, 33, 735-749. doi:10.1108/EDI-09-2013-0071
- Hofstetter, H., & Cohen, A. (2014). The mediating role of job content plateau on the relationship between work experience characteristics and early retirement and turnover intentions. *Personnel Review*, 43, 350-376. doi:10.1108/PR-03-2012-0054
- Holt, G.D., & Goulding, J.S. (2014). Conceptualisation of ambiguous-mixed-methods within building and construction research. *Journal of Engineering, Design and Technology*, 12, 244-262. doi:10.1108/JEDT-02-2013-0020
- Holtom, B. C. & Burch, T. C. (2016). A model of turnover-based disruption in customer services. *Human Resource Management Review*, 26, 25-36.
doi:10.1016/j.hrmr.2015.09.004
- Houghton, C., Casey, D., Shaw, D., & Murphy, K. (2013). Rigor in qualitative case study research. *Nurse Researcher*, 20, 12-17. Retrieved from <http://rcnpublishing.com>
- Hoque, Z., Covalleski, M.A., & Gooneratne, T.N. (2013). Theoretical triangulation and pluralism in research methods in organizational and accounting research. *Accounting, Auditing, & Accountability Journal*, 26, 1170-1198.
doi:10.1108/AAAJ-May-2012-01024

- Hunt, D. (2014). Does value congruence between nurses and supervisors effect job satisfaction and turnover? *Journal of Nursing Management*, 22, 572-582.
doi:10.1111/jonm.12055
- Hyett, N., Kenny, A., & Dickson-Swift, V. (2014). Methodology or method? A critical review of qualitative case study reports. *International Journal of Qualitative Studies on Health and Well-being*, 9, 1-12. doi:10.3402/qhw.v9.23606
- Johansen, M. (2013). The impact of managerial quality on employee turnover. *Public Management Review*, 15, 858-877. doi:10.1080/14719037.2012.725758
- Johansson, C., Miller, V.D., & Hamrin, S. (2014). Conceptualizing communicative leadership. *Corporate Communications: An International Journal*, 19(2), 147-165. doi:10.1108/CCIJ-02-2013-0007
- Johari, J., & Yahya, K.K. (2016). Job characteristics, work involvement, and job performance of public servants. *European Journal of Training and Development*, 40, 554-575. doi:10.1108/EJTD-07-2015-0051
- Kandampully, J., Keating, B. W., Kim, B. P., Mattila, A. S., & Solnet, D. (2014). Service research in the hospitality literature insights from a systematic review. *Cornell Hospitality Quarterly*, 55, 287-299. doi:10.1177/1938965514536778
- Karatepe, O. M. & Aga, M. (2016). The effects of organization mission fulfillment and perceived organizational support on job performance: The mediating role of work engagement. *International Journal of Bank Marketing*, 34, 368-387.
doi:10.1108/IJBM-12-2014-0171

- Kash, B.A., Spaulding, A., Gamm, L.D., & Johnson, C.E. (2014). Healthcare strategic management and the resource based view. *Journal of Strategy and Management*, 7(3), 251-264. doi:10.1108/JSMA-06-2013-0040
- Kashyap, V., & Rangnekar, S. (2014). A structural equation model for measuring the impact of employee retention practices on employee's turnover intentions: An Indian perspective. *South Asian Journal of Human Resources Management*, 1, 221-247. doi:10.1177/2322093714549109
- Ketokivi, M., & Choi, T. (2014). Renaissance of case research as a scientific method. *Journal of Operations Management*, 32(5), 232-240. doi:10.1016/j.jom.2014.03.004
- Keyko, K., Cummings, G.G., Yonge, O., & Wong, C.A. (2016). Work engagement in professional nursing practice: A systematic review. *International Journal of Nursing Studies*, 61, 142-164. doi:10.1016/j.ijnurstu.2016.06.003
- Kihn, L., & Ihantola, E. (2015). Approaches to validation and evaluation in qualitative studies of management accounting. *Qualitative Research in Accounting & Management*, 12, 230-255. doi:10.1108/QRAM-03-2013-0012
- Kilanska, D., Gorzkowicz, B., Sienkiewicz, Z., Lewandowska, M., Dominiak, I., & Bielecki, W. (2016). Evaluation of chosen determinants of the positive practice environments (PPE) at Polish nursing wards. *Medycyna Pracy*, 67(1), 11-19. doi:10.13075/mp.5893.00225

- Kovner, C.T., Brewer, C.S., Fatehi, F., & Jun, J. (2014). What does nurse turnover rate mean and what is the rate? *Policy, Politics, & Nursing Practice, 15*(3-4), 64-71. doi:10.1177/1527154414547953
- Kowalski, K., & Kelley, B. M. (2013). What's the ROI for resolving the nursing faculty shortage? *Nursing Economics, 31*(2), 70-6. Retrieved from <http://www.nursingeconomics.net>
- Krasman, M. (2015). Three must-have onboard elements for new and relocated employees. *Employment Relations Today, 42*(2), 9-14. doi:10.1002/ert.21493
- Kutney-Lee, A., Wu, E.S., Sloane, D.M., & Aiken, L.H. (2013). Changes in hospital nurse work environments and nurse job outcomes: An analysis of panel data. *International Journal of Nursing Studies, 50*, 195-201. doi:10.1016/j.ijnurstu.2012.07.014
- Lambert, E. G., Qureshi, H., Frank, J., Keena, L. D., & Hogan, N. L. (2017). The relationship of work-family conflict with job stress among Indian police officers: A research note. *Police Practice and Research, 18*, 37-48. doi:10.1080/15614263.2016.1210010
- Lastad, L., Berntson, E., Naswall, K., Lindfors, P., & Sverke, M. (2015). Measuring quantitative and qualitative aspects of the job insecurity climate. *Career Development International, 20*(3), 202-217. doi:10.1108/CDI-03-2014-0047
- Leedy, P. D., & Ormrod, J. E. (2013). *Practical research: Planning and design* (10th ed.). Upper Saddle River, NJ: Pearson Education.

- Leong, Y.M.J., & Crossman, J. (2015). New nurse transition: Success through aligning multiple identities. *Journal of Health Organization and Management*, 29(7), 1098-1114. doi:10.1108/JHOM-02-2014-0038
- Leoni, L. (2015). Adding service means adding knowledge: An inductive single-case study. *Business Process Management Journal*, 21(3), 610-627. doi:10.1108/BPMJ-07-2014-0063
- Letvak, S., Ruhm, C., & Gupta, S. (2013). Differences in health, productivity and quality of care in younger and older nurses. *Journal of Nursing Management*, 21, 914-921. doi:10.1111/jonm.12181
- Li, J., Kim, W. G., & Zhao, X. (2017). Multilevel model of management support and casino employee turnover intention. *Tourism Management*, 59, 193-204. doi:10.1016/j.tourman.2016.08.006
- Ling, F.Y.Y., & Toh, W. (2014). Boosting facility managers' personal and work outcomes through job design. *Facilities*, 32, 825-844. doi:10.1108/F-04-2013-0031
- Liu, Z., Cai, Z., Li, J., Shi, S., & Fang, Y. (2013). Leadership style and employee turnover intentions: A social identity perspective. *Career Development International*, 18, 305-324. doi:10.1108/CDI-09-2012-0087
- Lornudd, C., Bergman, D., Sandahl, C., & Schwarz, U.V. (2016). Healthcare managers' leadership profiles in relation to perceptions of work stressors and stress. *Leadership in Health Services*, 29(2), 185-200. doi:10.1108/LHS-06-2015-0016

- Lord, R., Bolton, N., Fleming, S., & Anderson, M. (2016). Researching a segmented market: Reflections on telephone interviewing. *Management Research Review*, 39(7), 786-802. doi:10.1108/MRR-01-2015-0020
- Major, A.M. (2016). *Strategies to reduce voluntary employee turnover in small business*. (Doctoral dissertation). Available from ProQuest Dissertations & Theses database. (UMI No. 10100422).
- Makani, J. (2015). Knowledge management, research data management, and university scholarship: Towards an integrated institutional research data management support-system framework. *VINE*, 45, 344-359. doi:10.1108/VINE-07-2017-0047
- Marais, C., & Van Wyk, C. de W. (2014). Methodological reflection on the co-construction of meaning within the South African domestic worker sector: Challenging the notion of “voicelessness.” *Mediterranean Journal of Social Sciences*, 5, 726-738. doi:10.5901/mjss.2014.v5n20p726
- Marshall, C., & Rossman, G.B. (2014). *Designing qualitative research*. Thousand Oaks, CA: Sage.
- Midgley, G. & Wilby, J. (2015). Learning across boundaries: Exploring the variety of systems theory and practice. *Systems Research and Behavioral Science*, 32, 509-513. doi:10.1002/sres.2357
- Mills, J., Chamberlain-Salaun, J., Harrison, H., Yates, K., & OShea, A. (2016). Retaining early career registered nurses: A case study. *BMC Nursing*, 15(57), 1-6. doi:10.1186/s12912-016-0177-z

- Mmamma, M. L., Mothiba, T. M., & Nancy, M. R. (2015). Turnover of professional nurses at Mokopane hospital in the Limpopo province, South Africa: Experiences of nursing unit managers. *Curationis*, 38(2), 1-6.
doi:10.4102/curationis.v38i2.1566
- Murshed, F., & Zhang, Y. (2016). Thinking orientation and preference for research methodology. *Journal of Consumer Marketing*, 33, 437-446. doi:10.1108/JCM-01-2016-1694
- Nayak, T., Sahoo, C.K, Mohanty, P.K, & Sundaray, B.K, (2016). HR interventions and quality of work life of healthcare employees: An investigation. *Industrial and Commercial Training*, 48(5), 234-240. doi:10.1108/ICT-02-2015-0019
- Newman, I., Lim, J., & Pineda, F. (2013). Content validity using a mixed methods approach: Its application and development through the use of a table of specifications methodology. *Journal of Mixed Methods Research*, 7, 243-260.
doi:10.1177/1558689813476922
- Nielsen, H.J., & Hjørland, B. (2014). Curating research data: The potential roles of libraries and information professionals. *Journal of Documentation*, 70(2), 221-240. doi:10.1108/JD-03-2013-0034
- Noble, H., & Smith, J. (2015). Issues of validity and reliability in qualitative research. *Evidence-Based Nursing*, 18, 34-35. doi:10.1136/eb-2015-102054

- Nutov, L., & Hazzan, O. (2014). An organizational engagement model as a management tool for high school principals. *Journal of Educational Administration, 52*(4), 469-486. doi:10.1108/JEA-12-2012-0132
- Olsen, J. D., McAllister, C., Grinnell, L. D., Walters, K. G., Appunn, F. (2016). Applying constant comparative method with multiple investigators and inter-coder reliability. *The Qualitative Report, 21*, 26-42. Retrieved from <http://nsuworks.nova.edu/tqr/vol21/iss1/3>
- Onwuegbuzie, A. J., & Byers, V. T. (2014). An exemplar for combining the collection, analysis, and interpretation of verbal and nonverbal data in qualitative research. *International Journal of Education, 6*(1), 183-246. doi:10.5296/ije.v6i1.4399
- Osuji, J., Uzoka, F., Aladi, F., & El-Hussein, M. (2014). Understanding the factors that determine registered nurses' turnover intentions. *Research and Theory for Nursing Practice: An International Journal, 28*, 140-161. doi:10.1016/j.accinf.2009.03.001
- Palm, K., Ullstrom, S., Sandahl, C., & Bergman, D. (2015). Employee perceptions of managers' leadership over time. *Leadership in Health Services, 28*(4), 266-280. doi:10.1108/LHS-11-2014-0076
- Panagiotakopoulos, A. (2014). Enhancing staff motivation in "tough" periods: Implications for business leaders. *Strategic Direction, 30*(6), 35-36. doi:10.1108/SD-05-2014-0060

- Pandey, S., & Chawla, D. (2016). Using qualitative research for establishing content validity of e-lifestyle and website constructs. *Qualitative Market Research: An International Journal*, *19*, 339-356. doi:10.1108/QMR-05-2015-0033
- Patel, D. (2016). Research data management: A conceptual framework. *Library Review*, *65*, 226-241. doi:10.1108/LR-01-2016-0001
- Pierce, L., & Snyder, J.A. (2015). Unethical demand and employee turnover. *Journal of Business Ethics*, *131*, 853-869. doi:10.1007/s10551-013-2018-2
- Posthuma, R. A., Campion, M. C., Masimova, M., & Campion, M. A. (2013). A high performance work practices taxonomy integrating the literature and directing future research. *Journal of Management*, *39*, 1184-1220.
doi:10.1177/0149206313478184
- Pradhan, S., & Pradhan, R.K. (2015). An empirical investigation of relationship among transformational leadership, affective organizational commitment and contextual performance. *Vision*, *19*(3), 227-235. doi:10.1177/0972262915597089
- Prion, S., & Adamson, K. A. (2014). Making sense of methods and measurements: Rigor in qualitative research. *Clinical Simulation in Nursing*, *10*, 107-108.
doi:10.11016/j.ecns.2013.05.003
- Rahman, W., & Nas, Z. (2013). Employee development and turnover intention: Theory validation. *European Journal of Training and Development*, *37*(6), 564-579.
doi:10.1108/EJTD-May-2012-0015

- Rahim, A., & Cosby, D.M. (2016). A model of workplace incivility, job burnout, turnover intentions, and job performance. *Journal of Management Development*, 35(10), 1255-1265. doi:10.1108/JMD-09-2015-0138
- Rai, A., Ghosh, P., Chauhan, R., & Mehta, N. (2017). Influence of job characteristics on engagement: Does support at work act as a moderator? *International Journal of Sociology and Social Policy*, 37(1/2), 1-31. doi:10.1108/IJSSP-10-2015-0106
- Ramadevi, D., Gunasekaran, A., Roy, M., Rai, B.K., & Senthilkumar, S.A. (2016). Human resource management in a healthcare environment: Framework and case study. *Industrial and Commercial Training*, 48, 387-393. doi:10.1108/ICT-03-2016-0014
- Rathi, N., & Lee, K. (2015). Retaining talent by enhancing organizational prestige. *Personnel Review*, 44(4), 454-469. doi:10.1108/PR-05-2013-0070
- Reilly, G., Nyberg, A. J., Maltarich, M., & Weller, I. (2014). Human capital flows: Using contest-emergent turnover(CET) theory to explore the process by which turnover, hiring, and job demands affect satisfaction. *Academy of Management Journal*, 57, 766-790. doi:10.5465/amj.2012.0132
- Roberts-Turner, R., Hinds, P.S., Nelson, J., Pryor, J., Robinson, N.C., & Wang, J. (2014). Effects of leadership characteristics on pediatric registered nurses' job satisfaction. *Pediatric Nursing*, 40, 236-241. Retrieved from <https://www.pediatricnursing.net>

- Robinson, O. C. (2014). Sampling in interview-based qualitative research: A theoretical and practical guide. *Qualitative Research in Psychology, 11*, 25-41.
doi:10.1080/14780887.2013.801543
- Roehrich, J. & Lewis, M. (2014). Procuring complex performance: Implications for exchange governance complexity. *International Journal of Operations & Production Management, 34*, 221-241. doi:10.1108/IJOPM-01-2011-0024
- Rosseter, R.J. (2014). *Nursing Shortage Fact Sheet*. Retrieved from American Association of Colleges of Nursing website: <http://www.aacn.nche.edu/media-relations/NrsgShortageFS.pdf>
- Roth, V.R., Theriault, A., Clement, C., & Worthington, J. (2016). Women physicians as healthcare leaders: A qualitative study. *Journal of Health Organization and Management, 30*(4), 648-665. doi:10.1108/JHOM-09-2014-0164
- Rowald, J. (2014). Instrumental leadership: Extending the transformational-transactional leadership paradigm, *German Journal of Human Resource, 28*, 367-390.
doi:10.1688/ZfP-2014-03-Rowald
- Sabatino, L., Kangasniemi, M.K., Rocco, G., Alvaro, R., & Stievano, A. (2016). Nurses' perceptions of professional dignity in hospital settings. *Nursing Ethics, 23*, 277-293. doi:10.1177/0969733014564103
- Salman, A., von Friedrichs, Y., & Shukur, G. (2011). The determinants of failure of small manufacturing firms: Assessing the macroeconomic factors. *International Business Research, 4*(3), 22-32. doi:10.5539/ibr.v4n3p22

- Sallnas, U. (2016). Coordination to manage dependencies between logistics service providers and shippers: An environmental perspective. *International Journal of Physical Distribution & Logistics Management*, 46, 316-340.
doi:10.1108/IJPDLM-06-2014-0143
- Schoemaker, P.J.H., & Krupp, S. (2015). Overcoming barriers to integrating strategy and leadership. *Strategy & Leadership*, 43(2), 23-32. doi:10.1108/SL-01-2015-0001
- Scully, N.J. (2014). Leadership in nursing: The importance of recognising inherent values and attributes to secure a positive future for the profession. *Collegian*, 22, 439-444. doi:10.1016/j.colegn.2014.09.004
- Seal, W., & Mattimoe, R. (2016). The role of narrative in developing management control knowledge from fieldwork. *Qualitative Research in Accounting & Management*, 13, 330-349. doi:10.1108/QRAM-06-2015-0055
- Shantz, A., Alfes, K., & Arevshatian, L. (2016). HRM in healthcare: The role of work engagement. *Personnel Review*, 45(2), 274-295. doi:10.1108/PR-09-2014-0203
- Sharma, J., & Dhar, R.L. (2016). Factors influencing job performance of nursing staff: Mediating role of affective commitment. *Personnel Review*, 45, 161-182.
doi:10.1108/PR-01-2014-0007
- Sharoni, G., Shkoler, O., & Tziner, A. (2015). Job engagement: Antecedents and outcomes. *Journal of Organizational Psychology*, 15, 35-48. Retrieved from www.na-businesspress.com/jopopen.html

- Shekelle, P. G. (2013). Nurse-patient ratios as a patient safety strategy: A systematic review. *Annals of Internal Medicine*, *158*, 404-409. doi:10.7326/0003-4819158-5-201303051-00007
- Singh, A., Singh, S.K., & Khan, S. (2016). Job characteristics model (JCM): Utility and impact on working professionals in the UAE. *International Journal of Organizational Analysis*, *24*, 692-705. doi:10.1108/IJOA-04-2016-1022
- Spence Laschinger, H.K., Read, E., Wilk, P., & Finegan, J. (2014). The influence of nursing unit empowerment and social capital on unit effectiveness and nurse perceptions of patient care quality. *The Journal of Nursing Administration*, *44*, 347-352. doi:10.1097/NNA.0000000000000080
- Stake, R. E. (2013). *Multiple case study analysis*. New York, NY: Guilford Press.
- Steiner, A., & Atterton, J. (2014). The contribution of rural businesses to community resilience. *Local Economy*, *29*, 228-244. doi:10.1177/0269094214528853
- Suh, A., & Lee, J. (2017). Understanding teleworkers' technostress and its influence on job satisfaction. *Internet Research*, *27*, 140-159. doi:10.1108/IntR-06-2015-0181
- Sukcharoen, K., & Leatham, D.J. (2016). Dependence and extreme correlation among US industry sectors. *Studies in Economics and Finance*, *33*(1), 26-49. doi:10.1108/SEF-01-2015-0021
- Sutherland, J. (2013). Employee status and job satisfaction. *Evidence-based HRM: A Global Forum for Empirical Scholarship*, *1*, 187-216. doi:10.1108/EBHRM-08-2012-0008

- Tam, S., & Gray, D.E. (2016). The practice of employee learning in SME workplaces: A micro view from the life-cycle perspective. *Journal of Small Business and Enterprise Development*, 23(3), 671-690. doi:10.1108/JSBED-07-2015-0099
- Tanwar, K., & Prasad, A. (2016). Exploring the relationship between employer branding and employee retention. *Global Business Review*, 17(3), 186S-206S. doi:10.1177/0972150916631214
- Tella, A. (2015). Electronic and paper based data collection methods in library and information science research A comparative analyses. *New Library World*, 116(9/10), 588- 609. doi:10.1108/NLW-12-2014-0138
- The Belmont Report (1979). Ethical Principles and Guidelines for the Protection of Human Subjects of Research. The National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research. Retrieved from <http://www.hhs.gov/ohrp/humansubjects/guidance/belmont.html>.
- Thomas, E., & Magilvy, J. K. (2011). Qualitative rigor or research validity in qualitative research. *Journal for Specialists in Pediatric Nursing*, 16, 151-155. doi:10.1111/j.1744-6155.2011.00283.x.
- Titzer, J., Phillips, T., Tooley, S., Hall, N., & Shirley, M. (2013). Nurse manager succession planning: Synthesis of the evidence. *Journal of Nursing Management*, 21(7), 971-979. doi:10.1111/jonm.12179
- Tourangeau, A., Saari, M., Patterson, E., Ferron, E.M., Thomson, H., Widger, K., & MacMillan, K. (2014). Work, work environments and other factors influencing

- nurse faculty intention to remain employed: A cross-sectional study. *Nurse Education Today*, 34, 940-947. doi: 10.1016/j.nedt.2013.10.010
- Twigg, D., & McCullough, K. (2014). Nurse retention: A review of strategies to create and enhance positive practice environments in clinical settings. *International Journal of Nursing Studies*, 51, 85-92. doi: 10.1016/j.ijnurstu.2013.05.015
- Uruthirapathy, A.A., & Grant, G.G. (2015). The influence of job characteristics on IT and non-IT job professional's turnover intentions. *Journal of Management Development*, 34, 715-728. doi:10.1108/JMD-032014-0025
- Van Bogaert, P., Peremans, L., de Wit, M., Van heusden, D., Franck, E., Timmermans, O., & Havens, D.S. (2015). Nurse managers' perceptions and experiences regarding staff nurse empowerment: A qualitative study. *Frontiers in Psychology*, 6, 1-10. doi: 10.3389/fpsyg.2015.01585
- Van den Heede, K., Florquin, M., Bruyneel, L., Aiken, L., Diya, L., Lasaffre, E., & Sermeus, W. (2013). Effective strategies for nurse retention in acute hospitals: A mixed method study. *International Journal of Nursing Studies*, 50, 185-194. doi: 10.1016/j.ijnurstu.2011.12.001
- van Dun, D.H., & Wilderom, C.P.M. (2016). Lean-team effectiveness through leader values and members' informing. *International Journal of Operations & Production Management*, 36, 1530-1550. doi:10.1108/IJOPM-06-2015-0338
- van Rossum, L., Aij, K.H., Simons, F.E., van der Eng, N., & ten Have, W.D. (2016). Lean healthcare from a change management perspective: The role of leadership

- and workforce flexibility in an operating theater. *Journal of Health Organization and Management*, 30, 475-493. doi:10.1108/JHOM-06-2014-0090
- VanScoy, A., & Evenstad, S.B. (2015). Interpretive phenomenological analysis for LIS research. *Journal of Documentation*, 71, 338-357. doi:10.1108/JD-09-2013-0118
- van Wingerden, J., Bakker, A.B., & Derks, D. (2016). A test of a job demands-resources intervention. *Journal of Managerial Psychology*, 31, 686-701. doi:10.1108/JMP-03-2014-0086
- Vaismoradi, M., Turunen, H., & Bondas, T. (2013). Content analysis and thematic analysis: Implications for conducting a qualitative descriptive study. *Nursing & Health Sciences*, 15, 398-405. doi:10.1111/nhs.12048
- Varaki, B. S., Floden, R. E., & Kalatehjafarabadi, T. J. (2015). Para-quantitative methodology: Reclaiming experimentalism in educational research. *Open Review of Educational Research*, 2, 26-41. doi:10.1080/23265507.2014.986189
- von Bertalanffy, L. (1972). The history and status of general systems theory. *Academy of Management Journal*, 15, 407-426. doi:10.2307/255139
- Von Knorring, M., Alexanderson, K., & Eliasson, M. (2016). Healthcare managers' construction of the manager role in relation to the medical profession. *Journal of Health Organization and Management*, 30(3), 421-440. doi:10.1108/JHOM-11-2014-0192

- Wall, S. (2014). Self-employed nurses as change agents in healthcare: strategies, consequences, and possibilities. *Journal of Health Organization and Management*, 28, 511-531. doi:10.1108/JHOM-03-2013-0049
- Wang, E.S. (2014). The effects of relationship bonds on emotional exhaustion and turnover intentions in frontline employees. *Journal of Services Marketing*, 28(4), 319-330. doi:10.1108/JSM-11-2012-0217
- Watty-Benjamin, W., & Udechukwu, L. (2014). The relationship between HRM practices and turnover intentions: A study of government and employee organizational citizenship behavior in the Virgin Islands. *Public Personnel Management*, 43, 58-82. doi:10.1177/0091026013508546
- Whitmire, A.L., Boock, M., & Sutton, S.C. (2015). Variability in academic research data management practices: Implications for data services development from a faculty survey. *Program: Electronic Library and Information Systems*, 49, 382-407. doi:10.1108/PROG-02-2015-0017
- Wilson, J., Speroni, K.G., Jones, R.A., & Daniel, M.G. (2014). Exploring how nurses and managers perceive shared governance. *Nursing2014, July*, 19-23. Retrieved from www.Nursing2014.com
- Yahaya, R., & Ebrahim, F. (2016). Leadership styles and organizational commitment: Literature review. *Journal of Management Development*, 35(2), 190-216. doi:10.1108/JMD-01-2015-0004

- Yin, R. K. (2014). *Case study research design and methods*, (5th ed.). Thousand Oaks, CA: Sage Publications, Inc.
- Zhang, L.E., & Guttormsen, D.S.A. (2016). Multiculturalism as a key methodological challenge during in-depth interviewing in international business research. *Cross Cultural & Scientific Management*, 23(2), 232-256. doi:10.1108/CCSM-07-2014-0084
- Zhang, M., Yan, F., Wang, W., & Li, G. (2017). Is the effect of person-organisation fit on turnover intention mediated by job satisfaction? A survey of community health workers in China. *BMJ Open*, 7, 1-8. doi:10.1136/bmjopen-2016-013872
- Zhang, T., Avery, G.C., Bergsteiner, H., & More, E. (2014). Do follower characteristics moderate leadership and employee engagement? *Journal of Global Responsibility*, 5(2), 269-288. doi:10.1108/JGR-04-2014-0016
- Zhao, X., & Ghiselli, R. (2016). Why do you feel stressed in a “smile factory”? Hospitality job characteristics influence work-family conflict and job stress. *International Journal of Contemporary Hospitality Management*, 28, 305-326. doi:10.1108/IJCHM-08-2014-0385
- Ziakas, V., & Boukas, N. (2014). Contextualizing phenomenology in event management research. *International Journal of Event and Festival Management*, 5, 56-73. doi:10.1108/IJEFM-08-2012-0023

Zydzianaite, V., Lepaite, D., Astedt-Kurki, P., & Suominen, T. (2015). Head nurses' decision-making when managing ethical dilemmas. *Baltic Journal of Management, 10*, 166-187. doi:10.1108/BJM-12-2013-0194

Appendix A: Interview Protocol

Interview Protocol	
What you will do	What you will say—script
<p>Introduce the interview and set the stage—often over a meal or coffee</p>	<p>Script: Welcome and thank you for participating in this interview. My name is Robert Neeley and I am a doctoral student at Walden University. This interview is designed to explore engagement strategies nurse managers use to reduce turnover of registered nurses. Your participation in this study will provide information that may help formulate useful strategies to retain nurses in the workplace. I will ask you a series of eight questions, and will ask follow-up questions to obtain more in-depth answers. The anticipated length of this interview will be 45-60 minutes. I would like to gain your permission to record this interview, so I can accurately document the information you provide in your answers to my questions. If at any time during the interview you would like me to discontinue the use of the recording device, or to stop the interview, please let me know. I would like to remind you of your written consent to participate in this study. We have each signed and dated a copy. I will provide you a copy and I will keep the other in a secure file cabinet, separate from your reported responses. Your participation in this interview is completely voluntary. If at any time you need to stop, or take a break, please let me know. You may also withdraw your participation at any time without consequence. Do you have any questions or concerns before we begin? If not, then with your permission we will begin the interview.</p>
<ul style="list-style-type: none"> • Watch for non-verbal queues • Paraphrase as needed • Ask follow-up probing questions to get more in-depth 	<ol style="list-style-type: none"> 1. What engagement strategies do you use to reduce registered nurse turnover? 2. What barriers did you encounter in implementing the strategies for reducing registered nurses' turnover?

-
3. How did you address the barriers to implementing the strategies for reducing registered nurses' turnover?
 4. What organizational barriers or obstacles prevent you from engaging with employees?
 5. How do you measure the effectiveness of the strategies for reducing registered nursing turnover?
 6. How do you measure the outcomes of employee engagement strategies?
 7. How did you develop your successful strategies for employee engagement of registered nurses?
 8. What additional information would you like to share regarding engagement strategies that nurse managers use to reduce turnover of registered nurses?

Wrap up interview thanking participant

Script: Thank you for your participation. Remember the thoughts that you have shared may help formulate useful strategies to retain nurses in the workplace. Please remember your identity will remain private and the information you have shared will remain confidential

Schedule follow-up member checking interview

Script: Once I have reviewed and summarized my notes from our interview, I would like to provide you with an opportunity to review a summary of our interview to ensure I have accurately and completely captured all your responses correctly and completely. I would like to schedule a follow-up interview to accomplish this within a week of our interview. Would that be acceptable? If so, I would like to schedule the follow-up interview for (insert date and time).

Follow-up Member Checking Interview

Introduce follow-up interview and set the stage

Script: Thank you for taking the time to meet with me once again to review a summary of your responses from our

	<p>interview. The purpose of this follow-up interview is to ensure I have accurately interpreted your answers to the questions from our first interview. Please let me know if I have accurately interpreted your answers, and where I have not, I would appreciate it if you would provide me with clarification to ensure I clearly understand your answers.</p>
<p>Share a copy of the succinct synthesis for each individual question</p>	<p>Script: As we review the summary for each question, please let me know if I have missed anything, and if there is anything additional that you would like to add.</p>
<p>Bring in probing questions related to other information that you may have found—note the information must be related so that you are probing and adhering to the IRB approval.</p> <p>Walk through each question, read the interpretation and ask:</p> <p>Did I miss anything? Or, What would you like to add?</p>	<ol style="list-style-type: none"> 1. What engagement strategies do you use to reduce registered nurse turnover? <i>Succinct synthesis of the interpretation to be developed based on answers provided by the study participant.</i> 2. What barriers did you encounter in implementing the strategies for reducing registered nurses' turnover? <i>Succinct synthesis of the interpretation to be developed based on answers provided by the study participant.</i> 3. How did you address the barriers to implementing the strategies for reducing registered nurses' turnover? <i>Succinct synthesis of the interpretation to be developed based on answers provided by the study participant.</i> 4. What organizational barriers or obstacles prevent you from engaging with employees? <i>Succinct synthesis of the interpretation to be developed based on answers provided by the study participant.</i> 5. How do you measure the effectiveness of the strategies for reducing registered nursing turnover? <i>Succinct synthesis of the interpretation to be developed based on answers provided by the study participant.</i> 6. How do you measure the outcomes of employee engagement strategies? <i>Succinct synthesis of the interpretation to be developed based on answers provided by the study participant.</i> 7. How did you develop your successful strategies for employee engagement of registered nurses? <i>Succinct synthesis of the interpretation to be</i>

developed based on answers provided by the study participant.

8. What additional information would you like to share regarding engagement strategies that nurse managers use to reduce turnover of registered nurses?
Succinct synthesis of the interpretation to be developed based on answers provided by the study participant.

Appendix B: Letter of Invitation

Dear Nurse Manager,

This is an invitation to participate in an exciting study on engagement strategies nurse managers use to reduce turnover of registered nurses. My name is Robert Neeley and I am completing the requirements for a Doctorate of Business Administration (DBA) degree at Walden University. I request your assistance with collecting data for my doctoral study. The focus of this study is to explore engagement strategies nurse managers use to reduce turnover of registered nurses. Your participation in this study will provide information that may help formulate useful strategies to retain nurses in the workplace and improve the work environment.

Participation. Your participation in this study is voluntary and you may opt at any time.

Confidentiality. Participation in this study is confidential. Your name, location, position, and personally identifiable information will not be shared.

If you decide to participate in this study you will be invited to meet with Mr. Neeley for a 1-hour interview. Mr. Neeley will record the interview and ask a few simple background questions. Mr. Neeley will also ask questions about your experiences in the workplace. There is a possibility that Mr. Neeley may need to meet with or call you later for a completely voluntary session to request an additional 15 minutes to answer follow-up questions.

Please contact me by phone at (636) 373-3109 or by e-mail at robert.neeley2@waldenu.edu.

Thank you for your time and consideration.

Sincerely,

Robert J. Neeley, DBA Candidate