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Leadership Strategies for Retaining Healthcare Professionals

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Walden University

College of Management and Technology

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Kimberly Hulett

has been found to be complete and satisfactory in all respects,
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Review Committee

Dr. Chad Sines, Committee Chairperson, Doctor of Business Administration Faculty

Dr. David Smith, Committee Member, Doctor of Business Administration Faculty

Dr. Neil Mathur, University Reviewer, Doctor of Business Administration Faculty

Chief Academic Officer
Eric Riedel, Ph.D.

Walden University
2016

Abstract

Leadership Strategies for Retaining Healthcare Professionals

by

Kimberly Hulett

MS, University of Phoenix, 2011

BS, University of Phoenix, 2008

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Business Administration

Walden University

December 2016

Abstract

Obtaining information about employee engagement and retention practices is vital for organizations. Affective organizational commitment reflects the extent to which organizational members are loyal and willing to work toward organizational objectives. In particular, affective organizational commitment holds important implications at all organizational levels (e.g., turnover rates, performance, and citizenship behavior). Using general systems theory and transformational leadership theory, the purpose of this single case study was to explore strategies used to improve employee engagement and retention from 5 senior leaders with hiring responsibilities from a midsize hospital in Austin, Texas that have been successful with employee engagement and retention strategies. All participants volunteered to participate in semistructured interviews. The interviews were transcribed and participants were asked to member check the drafted findings to reinforce credibility and trustworthiness. Interview data and researcher reflexive memos were inductively analyzed and coded through NVivo. Five themes emerged that focused on employee engagement and retention: development and training, reward and recognition, compensation, work-life balance, and leadership skills and behaviors. By implementing practices that improve employee engagement and retention, hiring managers can increase employee productivity, reduce employee turnover cost, create a stable life for the individuals in need of support, and develop relationships with the community where integration occurs.

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Dedication

I dedicate this study to my beloved mother, Bessie Holman (d. 2010). I know you are looking down from Heaven smiling; saying, “You did it sweetie, you did it. Now go and soar like the eagle you are.” To my son Jalreel and daughters Kiara and Nakera: Anything is possible with hard work. Nothing in life will be handed to you; you have to work hard for what you want. To my husband: Ri’card thanks for being patient with me. I know I got very frustrated at times and took it out on you but thanks for understanding and being supportive. To my dad, Daniel Sr., brothers, Kevin and Daniel and my sister, Feleasha: I love you all!

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I owe a special thanks to Captain Jason Adams, Major James Fernelius, and Captain Adam Hamilton of the U.S. Army for (1) giving me the opportunity to be a part of something greater than I – Warrior Transition Unit, (2) seeing the potential and pushing me to be more, and (3) allowing me to further my education (as long as it did not interfere with my work). I also would like to thank my 2012-2015 Fort Leonard Wood WTU family for supporting me and encouraging me every time I felt I could not finish. You guys are truly special to me and will forever be a part of my life.

Finally I would like to thank my husband, son, and daughters. Thanks for being supportive, understanding, and uplifting when I needed it the most. You all are the reason I push myself to be the best. Thanks for understanding when I was not able to be present because I had one more update to complete. Remember, the skies are the limit and always shoot for the stars.

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Section 1: Foundation of the Study

The ability to retain healthcare professionals is one measurement of success for organizations (Scanlan & Still, 2013). Voluntary turnover negatively affects organizations due to the high cost of retaining, training, and developing new healthcare professionals (Prati & Pietrantonio, 2014). Therefore, many businesses are required to create leadership strategies to retain healthcare professionals (Scanlan & Still, 2013). The focus of this qualitative case study was to explore the leadership strategies that senior healthcare leaders use to improve employee engagement and retention.

Background of the Problem

Job engagement and turnover contribute to organizations achieving their strategic goals. Retention strategies are becoming one of the leading reasons organizations are successful (Pengqian, Xiangli, Lingxiao, Xiaoyan, & Zi, 2014). Job disengagement is one of the main reasons employees choose to leave the job (Bouckennooghe, Raja, & Butt, 2013). Retention of skilled healthcare professionals may decrease costs and increase organizational efficiency through reduced healthcare professional replacement and onboard training (Scanlan & Still, 2013). The ability to use effective engaging and retaining strategies are essential in an organization's success.

Numerous researchers have established a link between leadership strategies and retention; however only a few researchers have focused on the healthcare industry to determine the connection between leadership strategies and retention (Homburg, Heijden, & Valkenburg, 2013). A limited number of researchers provided details on how various leadership strategies affect retention in the healthcare sector (Yun-Hee, Simpson,

Chenoweth, Cunich, & Kendig, 2013). Development and training, reward and recognition, compensation, work-life balance, and leadership skills are strategies healthcare leaders can use to improve employee engagement and retention. Biggs, Brough, and Barbour (2014) suggested that certain leadership behaviors negatively affect healthcare professionals' feelings about their employer, resulting in disengagement with the job and increased turnover. The improper engaging and retaining strategies can negatively affect employees and increase turnover.

Problem Statement

In 2014, the turnover of more than 1.5 million skilled healthcare professionals in U.S. organizations resulted in \$250 million in training and replacement costs (Prati & Pietrantonio, 2014). Some managers' leadership strategies contributed to lower job engagement and higher turnover in 58% of the U.S. organizations in 2012 (Zampieron, Spanio, Bernardi, Milan, & Buja, 2013). The leading cause of turnover is job disengagement and healthcare professionals being unhappy with their manager leadership strategies (Mahdinezhad, Suandi, Bin Silong, & Omar, 2013). The general business problem was that the lack of leadership strategies may negatively affect healthcare professional retention. The specific business problem was some senior healthcare leaders lack leadership strategies to improve employee engagement and retention.

Purpose Statement

The purpose of this qualitative single case study was to explore the leadership strategies that senior healthcare leaders use to improve employee engagement and retention. The targeted population comprised of five senior leaders with hiring

responsibilities from a midsize hospital (1,000 – 8,000 employees) in metropolitan Austin, Texas. Senior healthcare department leaders participated in semistructured interviews because these leaders are most suited to identify leadership strategies to retain healthcare professionals. I also used reflective journaling to capture everything heard and seen, and then away from the research site, reflected on the information again to triangulate data (Bekhet & Zauszniewski, 2012). The implications for positive social change included the potential to create and apply business strategies to improve patient care that promotes self-worth, dignity, and development affecting individuals, communities, and organizations.

Nature of the Study

Using qualitative research allow researchers to study participants in their current environment to gain a better understanding of the factors contributing to their situation (Eide & Showalter, 2012). The major focus of this study was to explore leadership strategies from the perspective of senior healthcare leaders, which made the qualitative method appropriate for this study. A quantitative method would not be appropriate because I did not test a theory or hypothesis and did not collect numerical data for statistical inferential testing (Hoare & Hoe, 2013). The mixed methods approach was not appropriate for this study because researchers use mixed method studies to focus on understanding the cause of an issue and not finding a solution to a problem (Goldman et al., 2015). Therefore, neither the quantitative nor the mixed methods were appropriate for this study because the research of this business problem focused on life experiences and both use mathematical data.

A single exploratory case study design was the most appropriate design for this study. A qualitative case study design is an in-depth examination of people or groups of people enabling researchers to explore a specific and complex phenomenon (Yin, 2014). Using an exploratory case study approach enables the researcher the opportunity for in-depth exploration and description of leadership strategies for addressing the issue (Hauck, Ronchi, Lourey, & Lewis, 2013). Ethnography and phenomenology are other potential qualitative designs. An ethnographic study was not appropriate because ethnographers focus on studying an entire culture of individuals to gain perspectives of their experiences (Eika, Dale, Espnes, & Hvalvik, 2015). The primary goal of phenomenology is to study the human experience from the view of those living the phenomenon (Ezeobebe, Malecha, Mock, Mackey-Godine, & Hughes, 2014). For this reason, designs such as phenomenological and ethnography were less appropriate.

Research Question

The following was the research question of the study: What leadership strategies do senior healthcare leaders use to improve employee engagement and retention?

Interview Questions

Study participants responded to open-ended semistructured interview questions to explore their experience, knowledge, and resultant perspectives of healthcare professionals' engagement and retention strategies in metropolitan Austin, TX. The participants responded to the following interview questions:

1. What are the critical leadership strategies you use to retain healthcare professionals?

2. What leadership strategies do you use that contribute to healthcare professional engagement?
3. What leadership strategies have you identified as being important for increasing healthcare professional engagement?
4. What leadership strategies do you use to retain healthcare professionals in your department?
5. What leadership barriers have prohibited your retention strategies from being successful?
6. How did you address any work-life issues that hindered your retention strategies?
7. How do you track the results of those strategies?
8. Is there any additional information about your leadership strategies that you would like to add?

Conceptual Framework

The objective of this study was to explore the strategies that senior leaders are using to improve healthcare employee engagement and retention within a healthcare organization. To create a conceptual framework, I combined Bass' (1985) transformational leadership theory and Bertalanffy's (1972) general systems theory. Kumar and Antonenko (2014) suggested that a well-designed conceptual framework hones studies' problem and purpose clearly. Bass' transformational leadership theory provided a foundation for the dynamics of retention strategies. Bertalanffy's general systems theory served as a lens for understanding strategies healthcare leaders need to

improve job engagement and retain healthcare professionals within the context of their use in the overall business systems model. Both theories offered insight to the strategies contributing to retaining healthcare professionals and the leadership characteristics of senior leaders.

Operational Definitions

Job engagement. Job engagement is a combination of the attitude and emotions, influenced by internal and external factors that an individual feels about the job he or she is performing (Deeba, Usmani, Akhtar, Zahra, & Rasool, 2015).

Leadership behavior. Leadership behavior is a manner in which a leader directs, mentors, supervises, and oversees assigned responsibilities for subordinates within an organization (Chin-Yi, 2015).

Senior healthcare leader. A senior healthcare leader is a person serving in a healthcare position such as vice presidents, senior vice presidents, and directors (Mayson & Schapper, 2012).

Turnover. Turnover is when a healthcare professional totally separates from an organization and includes cessations, resignations, layoffs, and discharges (Özoğlu, 2015).

Assumptions, Limitations, and Delimitations

The purpose of this subsection is to discuss the assumptions, limitations, and delimitations. Researchers are critically restricted in many ways when conducting scholarly research (Ward et al., 2015). Robinson, Gott, Gardiner, and Ingleton (2015) suggested that the deficiencies with conducting research include the availability of

resources, reasoning processes, and human failings. Empowerment comes from researchers recognizing their shortcomings and then adjusting the best way possible (Ward et al., 2015). The following subsection includes the assumptions, limitations, and delimitations of this study.

Assumptions

Grant (2014) indicated that assumptions are things accept as true or, at least, plausible. As the researcher, I assumed that participants of this study will give truthful responses with an understanding that their responses are confidential. I also assumed the organization will not impose any pressure on the leaders to respond in any particular way to the questions. The final assumption was the interviews will offer an opportunity to explore common themes involving the retention strategies senior leaders practice and the effectiveness of these strategies.

Limitations

Matza et al. (2015) described limitations as potential weaknesses that are mostly out of the researcher's control. The findings in this study only reflected the perspectives of the leaders who participate. This study represents a particular group of leaders within a single hospital. Findings from this case study may not be transferable to other geographic settings or larger size hospitals. The use of only leaders and not the entire organization's leadership team may limit the study results because the focus is on behaviors of certain members of the leadership team, which may not provide a holistic view of the true depth and breadth of the problem (Palmer, Thomas, McGregor, von Wagner, & Raine, 2015). Limitations are constraints on the finding of the study.

Delimitations

Schwarzfeld and Sperling (2014) indicated that delimitations are the boundaries of the study set by the researcher so that their goals do not become impossibly large to complete. The first delimitation was healthcare professionals must be in a clinical or non-clinical senior leadership position or they will not be in the study. I interviewed only clinical and administrative senior leaders with hiring responsibilities to explore their successful strategies for retaining healthcare professionals. The second delimitation was the relatively small sample size. A larger sample added more time and cost. The third delimitation was the geographical location of the population. The population restriction was the metropolitan Austin, Texas area for convenience.

Significance of the Study

Contribution to Business Practice

Turnover is becoming a major problem for organizations throughout the world (North et al., 2013). Turnover is costly because it is expensive to recruit, train, and develop new healthcare professionals (Pengqian et al., 2014). More than a third of healthcare professionals are turning over annually; therefore, it is extremely difficult for organizations to maintain higher levels of service due to departing healthcare professionals (Bouckenooghe et al., 2013). The participants in this study provided personal views of their experiences, issues, and challenges related to improving healthcare professional engagement and retention. Findings from this case study may serve as the catalyst for leadership program development and implementation; and for improving healthcare professional retention (Pengqian et al., 2014). Exploring the

insights of healthcare leaders about how they think and ultimately respond to increasing job engagement and retention may prove useful in effecting organizational effectiveness, development, learning, and change.

Implications for Social Change

The results from this study might contribute to social change by identifying retention strategies for senior leaders. The discoveries from the study may be helpful for organizations to gain an understanding of how managers' leadership strategies can improve healthcare professional engagement and retention. Findings, conclusions, and recommendations stemming from this study could facilitate leadership's understanding of how leadership strategies affect healthcare professionals and their career decisions (Bouckennooghe et al., 2013). The demand for healthcare professionals is rising and will grow higher than other industries (North et al., 2013). Therefore, understanding what strategies senior leaders are practicing to engage and retain healthcare professionals is essential in ensuring that organizations retain healthcare professionals. From a social change perspective, the research may be valuable to healthcare organizational leaders because healthcare professionals provide support for business operations in their efforts to provide and improve quality services and products for patients and their families.

A Review of the Professional and Academic Literature

The purpose of this qualitative case study was to explore the strategies that senior leaders are using to improve healthcare employee engagement and retention within a healthcare organization. In the review, I revealed current and past research conducted in the areas of Bass' (1985) transformational leadership theory and Bertalanffy's (1972)

general systems theory. The organization of this literature review was thematic. I provided information on turnover in healthcare, turnover cost, healthcare retention, retention strategies, leadership theories, and leadership behaviors.

I searched multiple online research databases and local libraries for the literature. In the literature review, I used multiple peer-reviewed journal articles, dissertations, and books. Keywords for retrieving the electronic sources included the following: *healthcare turnover, healthcare retention, retention, leadership behaviors, leadership skills, strategic leadership, retention strategies, transformational leadership, general systems theory, leadership effectiveness, organizational effectiveness, and employee engagement*. To search the keywords, I used Walden University's electronic library databases including Business Source Complete, Academic Search Complete, Google Scholar, other online libraries, and websites. I ensured 85% of the total sources are peer reviewed with a minimum of 60. I also ensured 85% of the total sources have a publication date less than 5 years from my anticipated completion date.

Conceptual Theories

General systems theory. Von Bertalanffy originally introduced the concepts of general systems theory in 1937, but further developed the theory in 1949 and again in 1972 (Pouvreau, 2014). The driving idea behind system theory is the concept of system wholeness (Pouvreau & Drack, 2007). Von Bertalanffy's (1972) general systems theory focus on complete organizational systems with technology, sociality, and human beings working together to ensure organizational goals meet (Gilsen, 2015). Viewing retention strategies through general systems theory enabled me to explore the strategies

as a subset of a system to retain healthcare professionals and maintain productivity and profitability (Getoff, 2013). In order for companies to maintain productivity, leaders should have a system of strategies to engage employees and improve retention. Leaders should also display effective leadership behaviors and skills that improve employee engagement and retention.

General systems theory continues to evolve. One evolution of general systems theory is the human system theory (HST). Human systems theory allows researchers to examine human intelligence through interventions, which may also include activities such as retention strategies that healthcare leaders can use to improve employee engagement and retention (Getoff, 2013). Another evolution of general systems theory is general systems logical theory (GSLT), which focuses on input–output model using class theory concepts (Shoham, 2009). The general systems logical theory contains more problem-solving concepts than general systems problem solver (GSPS), which is favorable for management problem-solving skills with healthcare professionals' and organizational issues (Nebot & Mugica, 2012). The leadership skill of problem-solving can assist healthcare leaders with improving employee engagement and retention.

General systems theory is an interdisciplinary exploration method connecting daily experiences and strategies to social systems (Gilsen, 2015). General systems provide a lens for understanding the wholeness of organization systems by emphasizing organized functions, leadership, and management (Wolkenhauer & Green, 2013). Abel (2014) suggested that the driving idea behind system theory is the concept of system

wholeness. General systems theory may provide a wholeness concept of strategies improve employee engagement and retention.

According to Abdussamad (2014), general systems theory focuses on whole organizational systems with sociality, human beings, and technology working together to ensure that organizations meet their mission. An organization is an integrated set of subsystems, and each unit and function within the system work together to accomplish the company's organizational goals. Achieving organizational goals enhance the decision-making process and build supporting relationships (Wolkenhauer & Green, 2013). A general system within an organizational culture is a concern with understanding the behavior of the organization as a whole rather than the behaviors of individual components (Gilsen, 2015). Focusing on whole organizational systems working together to meet organizational goals may improve employee engagement and retention.

General systems theory also provided a view of strategies and management principles that apply to all organizations and serves as the theoretic foundation for management (Plog, 1975). Katina, Keating, and Jaradat (2014) argued that general systems theory expands to business practices. Adams, Hester, Bradley, Meyers, and Keating (2014) indicated that organization leaders can apply general systems theory to organizational leadership, and the theory can be beneficial to understanding leadership strategies and behaviors. Teune (1981) applied general systems to leadership strategies by identifying communication and organizational culture as part of the wholeness of business systems. Abel (2014) also applied general systems theory to explore strategies small business owners implement to sustain success. Abdussamad (2014) applied general

systems theory to mitigating turnover among marine recruits, which has some parallel to the retention of healthcare professionals. General systems theory may provide leaders different concepts on improving employee engagement and retention.

O'Brien-Pallas, Meyer, Hayes, and Wang (2011) noted that general systems theory provides business leaders with a valuable tool by expanding the perceptions of how different parts of a system interact with and influence other components within the system. By utilizing general systems theory, researchers can explore the subsystem of retaining staff given the whole function of organizational success. Von Bertalanffy's (1972) general systems theory was appropriate to support the dynamics of retention strategies and provided a theoretical lens for the phenomenon under exploration.

Sturmberg, Martin, and Katerndahl (2014) analyzed the general systems theory and found that factors such as complexity science, self-organizations, emergence, network, evolution, and adaptation were components of the theory. These factors create a broad perspective of general systems theory, which is practical for developing retention strategies.

One key factor in general systems theory is evolution, which results in the development of subsystems with new dynamics and characteristics (Sturmberg et al., 2014). The holistic perspective of general systems may explain organizational activities and factors that affect turnover among healthcare professionals and suggest strategies senior healthcare leaders can use to retain healthcare professionals. General systems theory was applied to this study because it offered a theoretical lens to interpret how

retention strategies affect the organization as a whole and why retaining skilled professionals interacts and influence organizational profitability and competitiveness.

Transformational leadership theory. I utilized the transformational leadership theory to explore retention strategies. J. M. Burns developed the transformational leadership framework in 1978 (Hutchinson & Jackson, 2013). Bass (1985) later extended on Burns' work. Effelsberg, Solga, and Gurt (2014) utilized transformational leadership theory to propose that leaders can inspire subordinates to change perceptions, expectations, and motivations to work toward common goals. Aryee, Walumbwa, Zhou, and Hartnell (2012) indicated that the key propositions underlying the transformational theory are: (a) idealized influences, (b) inspirational motivation, (c) intellectual stimulation and (d) individual consideration. Using transformational leadership theory in this study enabled me to identify leader's transformational characteristics and strategies that senior healthcare leaders need to improve employee engagement and retention of healthcare professionals.

Over the years, transformational leadership theory has continued to evolve. For example, leader-member exchange (LMX) theory derives from transformational and transactional leadership theory (Jing & Baiyin, 2015). Effelsberg et al. (2014) indicated that although transformational leadership increases subordinates' performance by motivating them to achieve company goals, rhetoric alone might not be enough to make transformational leadership an effective leadership strategy. Hutchinson and Jackson (2013) suggested a transformational leadership limitation is using the leadership strategy without combining it with another strategy. Transformational leadership is most effective

when the leaders' behavior align with the company's mission and employee's success (Aryee et al., 2012).

Bass introduced the concept of transformational leadership in 1985 as different from other leadership strategies, in that transformational leaders encourage healthcare professionals to exceed expectations (Noruzy, Dalfard, Azhdari, Nazari-Shirkouhi, & Rezazadeh, 2013). Bass (1985) described transformational leaders as goal setters and encouragers who are supportive and passionate. Bass developed the Multifactor Leadership Questionnaire (MLQ) to study transformational leadership skills and behaviors (Hamstra, Van Yperen, Wisse, & Sassenberg, 2014). Noruzy et al. (2013) suggested that Bass believed leaders with these traits show the ability to change an organization and its healthcare professionals with their strategies. Transformational leaders may display strategies to improve employee engagement and retention.

Okçu (2014) indicated that Bass also believed leaders express leadership strategies through four dimensions. The four dimensions transformational leadership express are: (a) individual consideration, or taking a personal interest in people, (b) intellectual stimulation, the ability to foster creativity, promote understanding, and solve problems, (c) inspirational motivation, the ability to communicate expectations and significant undertakings through symbols and to motivate people, and (d) idealized influence, which refers to charisma or the ability to provide a clear vision, instill pride, and earn the respect of followers (Liang & Steve Chi, 2013). Transformational leadership strategies tend to be present when leaders display fairness, creativity, social

intelligence, open-mindedness, resilience, and courage (Okçu, 2014). Transformational leaders could provide strategies to improve employee engagement and retention.

Ruggieri and Abbate (2013) indicated that transformational leaders have some positive effects on healthcare professionals. Transformational leadership facilitates healthcare professional engagement and fulfillment on the job (Hamstra et al., 2014). Healthcare professionals manifest this engagement and fulfillment in the form of a positive commitment to the job and the organization (Bayram & Dinç, 2015). Liang and Steve Chi (2013) revealed that transformational leadership strategies and job success relate to career engagement because transformational leaders provide their employees with a definite sense of direction and purpose. This supports the study findings of Bayram and Dinç (2015), who stated that transformational leadership builds trust and commitment in organizational healthcare professionals because the transformational leaders paint a clear perspective between the overall picture and the details of day-to-day activities.

Breevaart et al. (2014) conducted studies on transformational leadership and revealed that there are some strategies that have a negative effect on healthcare professionals. Noruzy et al. (2013) discovered that transformational leadership strategies could have a negative effect on turnover and healthcare professional job stress because some transformational leaders accept risks in order to achieve innovation. High turnover in an organization can result in a loss of credibility and profits, poor customer interaction, and negative outcomes for any organization (Abdussamad, Akib, Jasruddin, & Paramata, 2015). Hamstra et al. (2014) revealed that the transformational leadership strategies were

dependent upon an individual's feelings as opposed to thinking. Emotions can change daily; this may result in disengagement and turnover.

Turnover in Healthcare

Turnover in the healthcare industry is problematic for organizational leaders. Turnover among healthcare professionals in the United States negatively affects business organizations (Clausen, Tufte, & Borg, 2014). According to Christie (2014) turnover among healthcare professionals has a critical impact on a company's productivity and performance. Brunetto et al. (2013) suggested that healthcare professionals often have specialized skills, which is difficult to replace and creates turnover. Clausen et al. (2014) indicated that the demand for healthcare professionals creates turnover because skilled healthcare professionals can easily find new jobs. The large turnover of healthcare professionals may create a turbulent atmosphere in the workplace.

In contrast, Kuo, Lin, and Li (2014) suggested that turnover is not always detrimental to an organization's performance and profitability. According to Zhao et al. (2013), there are some benefits associated with turnover that may prevail over the cost. Kuo, Lin, and Li (2014) also suggested that there are benefits of turnover such as lower paid replacement workers and greater opportunities to promote healthcare professionals who stay with the company. New healthcare professionals may also bring the development of new ideas, experiences, and knowledge to the company (Zhao et al., 2013). Van Duijn and Bonten (2014) indicated that turnover among low-performing healthcare professionals does not constitute voluntary turnover. Healthcare professionals

may also voluntarily leave their job because of personal or professional issues. However, the cost of voluntary turnover plays a role in the success of the company.

Brunetto et al. (2013) indicated that turnover not only creates a loss of organizational production but turnover is expensive because of the cost companies must pay to replace a healthcare professional. Meyer-Rath et al. (2015) suggested that healthcare turnover and employee disengagement are costly to organizations and losing essential healthcare professionals can negatively impact the business effectiveness as a whole. Brunetto et al. (2013) suggested that departing healthcare professionals take with them important knowledge and experience when leaving the company. Healthcare professionals have the training and understanding of the company's ethics and mission. Meyer-Rath et al. (2015) found that senior healthcare leaders concern themselves with the direct and indirect cost of the healthcare functions. Direct costs usually represent the costs associated with medical resource utilization, which include the consumption of in-patient, out-patient, and pharmaceutical services within the health care delivery system. Indirect costs typically consist of turnover rates, employee replacement, and reduce productivity. Understanding and addressing turnover will assist healthcare leaders in improving employee engagement and retention.

Turnover Cost

In general, healthcare professional turnover happens in every industry. Healthcare professional turnover is costly and can cost up to 100% of the annual salary of the position (Wilf-Miron, Bolutin, Gordon, Porath, & Peled, 2014). Bhattacharyya, Mahajan, Ghoshal, Yadav, and Rai (2015) suggested that turnover costs organizations

between 90% and 200% of the annual salary for that position. In addition to the financial cost, turnover is also disruptive to company operations. Buchan (2013) noted that there is a high price associated with turnover. The cost of turnovers expands beyond the cost associated with hiring procedures (McAuliffe et al., 2013). Also, the cost of healthcare professional replacement is increasing (Wilf-Miron et al., 2014). The cost to replace an employee is about one-fifth of the worker's salary (Christie, 2014). For organizations that experience high turnover, this cost can add up.

Bhattacharyya et al. (2015) suggested that organizations experience several costs when a healthcare professional voluntarily leaves the company (Buchan, 2013).

Administrative cost, advertising cost, psychological exam expenses, interview screening expenses, the cost of training the new healthcare professional, public relations cost, and increases in employment insurance expenses are all costs a company may experience because of voluntary turnover of staff (Meyer-Rath et al., 2015). Companies have concerns with healthcare professional turnover because it influences the bottom line (McAuliffe et al., 2013). Organizations should be mindful of the cost of healthcare professional turnover (Buchan, 2013). The cost organizations incur when losing a healthcare professional is high. Also, an organization may have loss productivity that result because a new employee cannot immediately deliver the same production results as the former employee (Bhattacharyya et al., 2015). The cost of turnover among healthcare staff impacts the ability to function as an organization business unit.

Christie (2014) indicated that the cost of turnover warrants the attention of senior leaders because it contributes to hiring expenses, employee training, and lost

productivity. From a different view, Kuo, Lin, and Li (2014) suggested that in addition to the cost of healthcare professional turnover there are both tangible and intangible losses for the company. The intangible cost of healthcare professional turnover includes the loss of production, an increase in supervision of a new healthcare professional, a decrease in profitability, a decrease in a leaving healthcare professional's productivity prior to their departure and the hiring cost of a new healthcare professional a decrease in profitability, a decrease in a leaving healthcare professional's productivity prior to their departure and the hiring cost of a new healthcare professional (van Duijn & Bonten, 2014). Turnover cost can negatively effect organizations' as a whole; therefore, healthcare leders should implement strategies that improve employee engagement and retention.

Healthcare Retention

Retention involves organizations taking strategic actions to encourage healthcare professionals to stay employed with the organization for an extended period (Darkwa, Newman, Kawkab, & Chowdhury, 2015). Retaining healthcare professionals is a critical problem for hospitals and the healthcare industry as a whole (Bhattacharya & Ramachandran, 2015). Feldacker et al. (2015) stated that the demand for healthcare professionals will not meet because of the imminent retirement of the baby boomers and the decline of students enrolled in healthcare degree programs. Trying to meet the demand for healthcare professionals require organizational leaders to focus on factors that influence growth and experience. Darkwa et al. (2015) studied retention in the healthcare workforce and posited that retaining healthcare professionals are more

important than hiring new healthcare professionals. Therefore, it is vital for leaders to understand the importance of retention strategies.

Healthcare professionals often deal with frequent technological and organizational changes, which often result in a voluntary turnover. Therefore, organizations need retention strategies in place to ensure healthcare professionals stay within the healthcare workforce (El-Jardali et al., 2013). Ellenbecker and Cushman (2012) indicated that the retention of healthcare professionals is vital to organizations because these healthcare professionals have knowledge regarding how healthcare systems interact with social and business processes. However, a study by Holtzman, Brady, and Yehia (2015) found that some organizations do not have retention strategies in place to retain healthcare professionals. Creating effective strategies for retaining healthcare professionals can be challenging (El-Jardali et al., 2013). Despite incorporating flextime and increasing salaries, many organizations including state governments are reporting a turnover rate of 11% among healthcare professionals (Holtzman et al., 2015). El-Jardali et al. (2013) suggested that some senior healthcare leaders replace traditional management strategies with strategic retention practices effectively to retain healthcare professionals in government hospitals. This idea may also benefit healthcare organizations in the civilian sector.

Retention Strategies

Biggs et al. (2014) indicated that leadership strategies and behaviors may improve a healthcare professional's mental state about the job, resulting in increased retention rates and improved job engagement. The cost to replace healthcare professionals is high.

The turnover among healthcare professionals cost businesses up to three times the job's salary (Bouckenooghe et al., 2013). The cost associated with turnover may be a direct cost including recruiting, training and developing a new healthcare professional, or an indirect cost such as the loss of corporate knowledge and experience, a decrease in healthcare professional morale, and reduction in performance and production (Biggs et al., 2014). Yun-Hee et al. (2013) suggested that determining how leadership strategies and behaviors influence job engagement might provide an understanding that leaders needs to create an environment that increases job engagement and retention rates

Retention strategies require company leaders to invest time and resources and recognize that every healthcare professional is of equal value to the company. Retaining healthcare professionals who are critically important to the company may be essential to the success of the company (Darkwa, Newman, Kawkab, & Chowdhury, 2015).

However, investing resources into a retention strategy program may not be successful without understanding the underlying cause of turnover (Gallego et al., 2015). Darkwa et al. (2015) found that individuals leave companies for several reasons including leadership behaviors, development and training, compensation, lack of reward and recognition, and lack of work-life balance.

The development of retention strategies is a critical task because of today's labor markets (Ashmore & Gilson, 2015). Gallego et al. (2015) described several strategies for retaining healthcare professionals, including proper recruitment, proper selection of healthcare professional, training and development, compensation and reward, engaging the healthcare professional, and strong leadership relationships. The high turnover

among healthcare professionals is a key indicator of why healthcare organizations need retention strategies (Llywelyn-Strachan et al., 2015). Ashmore and Gilson (2015) found that healthcare leaders must commit to considering and implementing strategies to retain healthcare professionals.

Leaders have effective practices they can use to retain healthcare professionals (Cosgrave, Hussain, & Maple, 2015). However, one misconception is that one-size-fits-all retention strategies are most effective for businesses (Darkwa et al., 2015). Cosgrave et al. (2015) suggested that there are two distinct types of retention strategies: systemic and targeted. Systemic strategies are basic retention strategies working together for a common cause. Healthcare leaders can use systemic strategies to reduce turnover. Target strategies are more specific retention strategies used for a specific cause. Healthcare leaders may also utilize target strategies to retain specific types of healthcare professionals (Darkwa et al., 2015). Bhattacharya and Ramachandran (2015) suggested that retention drives a mix of intangible and nonmonetary benefits. Holmes suggested that healthcare professionals with a higher education stay with the organizations for several reasons including flexibility, working relationship with teammates, how challenging the job is, and limited opportunities elsewhere.

Llywelyn-Strachan et al. (2015) noted that healthcare leaders utilizing reward and recognition, training and education, and flexibility as retention strategies in their departments are successful with improving employee engagement and retention. Agyapong, Osei, Farren, and McAuliffe (2015) suggested that organizations should have effective policies in place to address staff development and recognition for healthcare

professionals. Bhattacharya and Ramachandran (2015) suggested that the demand for critical healthcare professionals makes having effective retention strategies in place more of a need than a desire for business success. Agyapong et al. (2015) indicated performance management, recognition and compensation, work-life balance, opportunities for development and training, and quality leaders as strategies business organizations utilize to retain healthcare professionals.

Employee recognition and reward, compensation, work-life balance, training and development, and opportunity for promotion are common threads among previous studies relating to retaining healthcare professionals (Bhattacharya & Ramachandran, 2015). Carlson (2015) indicated that better leader-employee relationships, valuing staff, higher compensation, and better communication are retention strategies for retaining healthcare professionals. Opportunity for advancement and promotions, training and development, supervisory communication, pay and reward, engagement, and policies that recognize the importance of balancing work and family life are other strategies to retain healthcare professionals as well (Agyapong et al., 2015). Regardless of the business industry, retention strategies are important for maintaining and gaining an advantage over competitors.

Development and training. Development and training may be a strategy healthcare leaders use to reduce turnover and improve employee engagement. To remain successful, company leaders can make an investment into training and the development of its healthcare professionals (Bayraktaroglu & Cickusic, 2014). Kyndt, Govaerts, Claes, De La Marche, and Dochy (2013) indicated that companies who invest in training efforts

for their healthcare professionals experience higher healthcare professional productivity and profits. Training and development not only influence the company's productivity and profitability but also helps to create a winning attitude for healthcare professionals (Bayraktaroglu & Cickusic, 2014). Training and development opportunities are a factor in enhancing retention of staff in the healthcare industry (Kyndt et al., 2013).

Bayraktaroglu and Cickusic (2014) noted that healthcare professionals with significant training and development are not as motivated to leave the companies as healthcare professionals who do not receive training and development opportunities. According to Kyndt et al. (2013), companies that work to reduce turnover by providing personal development and training programs have greater employee commitment. Employees are committed to their employer when the company invests in their future.

Jawahar (2012) noted that some employers utilize training and development for equipping healthcare professionals toward success. Nieforth et al. (2013) suggested that employers who engage in training and development strategies would likely have a considerable amount of job engagement, motivation, and job commitment. To retain healthcare professionals, a company should have more consideration for the relationship between healthcare professional turnover and training and development programs (Jawahar, 2012). Training and development strategies often increase retention and healthcare professional engagement (Nieforth et al., 2013). Development and training could improve healthcare professionals' engagement, and therefore retention.

Reward and recognition. Healthcare leaders can use reward and recognition as a strategy to increase retention and improve employee engagement. Extrinsic rewards

drive healthcare professional engagement and may lead to retention (Sarathy, 2013).

Reward and recognition are motivators that some healthcare professional seek on a consistent basis (McKnight, McDaniel, & Ehmann, 2006). According to Sarathy (2013), healthcare professionals best enjoy the recognition that comes from their leader because it makes them feel appreciated and valued. McKnight et al. (2006) indicated how companies that reward and recognition healthcare professionals have a positive impact on turnover. Sarathy argued that healthcare professionals stay employed with a company if the organization recognizes and appreciates the work efforts of the individual healthcare professional. Reward and recognition are nonmonetary rewards healthcare professionals receive from senior management, which indicates a job well done (McKnight et al., 2006).

One important factor in retaining healthcare professionals is the retention strategies a business organization has in place (Wu, 2013). Park and Kim (2013) suggested that companies who value healthcare professionals rank high among employees and leaders as the most important strategy affecting turnover. Healthcare leaders must determine if the level of reward and recognition the company offers are acceptable exchanges for the effort the healthcare professional provides (Wu, 2013). Park and Kim found that leaders must focus on healthcare professionals' needs and recognize their efforts to retain healthcare professionals. Wu (2013) indicated that employees are more likely to leave their current position if they feel unappreciated by their leader. Recognizing and rewarding healthcare professionals positively influence

employees (Park & Kim, 2013). Reward and recognition could improve healthcare professionals' engagement, and therefore retention.

Compensation. Compensation is a strategy healthcare leaders can use to reduce turnover and improve employee engagement. Most companies in the United States have a pay-for-performance strategy to retain employees (Madison, Schmidt, & Volpp, 2014). Compensation influences the retention of healthcare professionals. Compensation is a powerful incentive and can influence the effectiveness of business (Aa & Berkel, 2014). Madison et al. (2014) suggested it is critical that companies structure the compensation system correctly. Compensation is among the highest recommended strategies used to retain staff. Compensation decisions have important implications for the retention of staff because it includes an employee's base salary and additional benefits such as health insurance, retirement plans, and performance bonuses (Aa & Berkel, 2014). Madison et al. suggested that compensation is a valuable tool leaders can use to retain staff. Compensation is monetary and nonmonetary remuneration that an employer gives to a healthcare professional in exchange for services the healthcare professional renders (Aa & Berkel, 2014).

Dallat, Hunter, Tully, Cairns, and Kee (2013) indicated that compensation decisions are among the most important decisions a company can make. Garbers and Konradt (2014) stated that under compensating staff can lead to healthcare professional turnover. Companies with high compensation systems have higher healthcare professional retention rates than companies with lower compensation systems. To influence healthcare professional retention, leaders who develop compensation strategies

can consider the healthcare professional contributions to the organization and the competitiveness of the salary (Dallat et al., 2013). Competitive compensation involves a company determining the amount of salary based on what other companies are paying (Garbers & Konradt, 2014). Dallat et al. (2013) indicated that higher compensation is a vital recommendation for retaining healthcare professionals. Compensation could improve healthcare professionals' engagement, and therefore retention.

Work-life balance. Healthcare leaders can use work-life balance strategies to retain employees and improve employee engagement. Work-life balance is challenging in several industries including healthcare, causing healthcare professionals to make career decisions based on how well the organization works to help facilitate this balance (Orkibi & Brandt, 2015). A career in healthcare often requires completing work beyond the traditional 9 to 5 workday or even 24-hour-a-day availability. Many healthcare professionals experience an ongoing conflict between family responsibilities and the demands of a career (Schulte et al., 2015). Work-life balance is among several strategies some leaders are using to retain healthcare professionals (Orkibi & Brandt, 2015). Schulte et al. (2015) noted that work-life balance is maintaining a balance between work and home responsibilities.

When employees do not have enough time to take care of their personal matters, they bring stress to the workplace and are less productive. Many leaders address work-life balance issues by creating a workplace that is supportive of workers' needs (Orkibi & Brandt, 2015). For example, some organizations have childcare facilities on-site or help pay the cost of childcare. Other companies create positions with flexible work hours.

Employees with flexible hours may choose to arrive and leave work earlier or come later than the normal working hours to accommodate their schedules (Malone & Issa, 2013). Another strategy that may assist employees with work-life balance is a compressed work week. Employees may work 10 hours a day for four days a week, then take the fifth day off. Companies find that retention increases when leaders make accommodations for employees' personal needs (Schulte et al., 2015). Employees find that these strategies contribute to their engagement.

Malone and Issa (2013) suggested that work-life balance as a primary strategy for retaining healthcare professionals. By developing flexible schedules, extended leave of absences, and developing childcare services, companies can assist in fostering a stronger work-life balance for healthcare professionals (Lyness & Judiesch, 2014). Many business organizations offer more flexible work arrangements and continue to adopt policies to encourage greater work-life balance (Malone & Issa, 2013). Lyness and Judiesch (2014) indicated that incorporating work-life balance activities as a strategy for reducing turnover and improving healthcare professional engagement is vital for any organization. Work-life balance could improve healthcare professionals' engagement, and therefore retention.

Leadership skills and behaviors. Other strategies healthcare leaders can use to improve employee engagement and retention are effective leadership skills and behaviors. Leaders need skills to lead and influence healthcare professional (Leary et al., 2013). Organizations need leaders that strategize with purpose and motivate healthcare professionals (Bruyere, 2015). Key determinants of healthcare professional retention

could stem from leadership skills, behaviors, and strategies. Leaders must be creative thinkers and problem-solvers to be successful in the workforce (Peachey, Zhou, Damon, & Burton, 2015). However, being creative and solving problems only partially defines a leader (Bruyere, 2015). Peachey et al. (2015) defined leadership as the ability to motivate others to apply their skills and utilize their resources to accomplish a given task. Bruyere (2015) believed that leadership skills and behaviors is a necessary fundamental for the continued success of any organization.

Lester (2015) suggested that leadership influences the voluntary turnover of healthcare professionals. Goodridge, Westhorp, Rotter, Dobson, and Bath (2015) indicated that leaders should work better to understand the value healthcare professionals. Lester (2015) suggested that leaders should examine their leadership philosophy and determine if it aligns with effective leadership qualities. Goodridge et al. (2015) stated that some factors influencing turnover of healthcare professionals are within the control of leaders, therefore, understanding these factors might be significant for retaining healthcare professionals. Therefore, transformational leadership may be a strategy that helps leaders retain healthcare professionals (Lester, 2015). Healthcare leaders can improve employee engagement and retention by utilizing an effective leadership behavior. The major leadership behaviors consist of authentic, autocratic, bureaucratic, charismatic, laissez-faire, servant, transactional, and transformational.

Authentic behavior. Authentic leaders may not use appropriate behaviors to retain healthcare professionals. Monzani, Ripoll, and Peiró (2014) stated that authentic leaders are those who demonstrate a profound self-awareness by knowing their strengths,

limitation, and values. Also, authentic leaders are conscious of the environment in which they function and are irrepressible, self-confident, morally sound, and optimistic (Nielsen, 2013). While authentic leaderships show some connection with other leadership behaviors such as transformational, servant leadership, and charismatic, the concept is acquiring validity of its own as researchers are beginning to distinguish authentic leadership from related constructs (Monzani et al., 2014). Authentic leaders reflect the ethics and values they promote such as transparency and fairness however, transformational leaders often show they do not have a well-developed conscience and take actions with self-serving or destructive intentions (Nielsen, 2013). Juanmei, Yueru, Weibo, and Bing (2014) indicated that authentic leaders do not necessarily develop followers into leaders, but that may be the case in some instances. Nielsen (2013) suggested that authentic leaders emphasize behaviors that foster honesty, reliance, and optimism. These concepts continue to apply practically, but without any backing by empirical studies (Juanmei et al., 2014). Authentic leadership behaviors may not be appropriate for improving employee engagement and retention

Autocratic behavior. Healthcare leaders that display autocratic behaviors may not be effective in retaining employees. Non-democratic countries and military regimes have used the autocratic leadership approach for centuries (Inandi, Tunc, & Gilic, 2013). Autocratic leaders are in total control and make all decisions. Su, Jenkins, and Liu (2012) suggested that leaders who use the autocratic leadership behavior display behaviors that demonstrate a controlling attitude towards decision making and team members without member agreement or input. While autocratic leaders frequently provide clear direction

on specific task details, they are not concerned with the followers' thoughts, feelings, or personal development (Inandi, Tunc, & Gilic, 2013). Autocratic leaders do not delegate, they individually control the flow of communication in the organization, and they keep a close hold on information (Su, Jenkins, & Liu, 2012). Autocratic leaders typically make choices based on their judgment and ideas however; transformational leaders are commitment to a vision and empower others to achieve that vision (Inandi, Tunc, & Gilic, 2013). Autocratic leadership behaviors may not be appropriate for improving employee engagement and retention.

Bureaucratic behavior. Bureaucratic leaders may not be successful in retaining healthcare professionals. Murphy and Curtis (2013) indicated that most healthcare organizations have leaders that utilize bureaucratic concepts. Bureaucratic behaviors are similar to autocratic leadership behaviors, as in the trademarks of control. The primary difference between autocratic and bureaucratic is autocratic leadership behaviors come from the domination of one individual while an assembly of leaders can execute bureaucratic leadership (Zydziunaite, Lepaite, & Suominen, 2013). The bureaucratic leadership behavior can conform itself to modern organizations (Murphy & Curtis, 2013). Bureaucratic leadership is a behavior of command and control leadership behaviors founded upon strict adherence to rigid rules and regulations (Zydziunaite et al., 2013). Bureaucratic leaders follow rules rigorously and ensure their employees follow procedures precisely however, transformational leaders lead with passion and enthusiasm that enable them to get employees to engage fully (Murphy & Curtis, 2013).

Bureaucratic leadership behaviors may not be appropriate for improving employee engagement and retention.

Charismatic behavior. Charismatic leadership behavior may not be effective in reducing turnover among healthcare professionals. Research conducted by Michelutti (2013) suggested that charismatic leaders are individuals who have extraordinary qualities. Zehir, Müceldili, Altındağ, Şehitoğlu, and Zehir (2014) indicated that charismatic leaders are effective because they build their positive impression according to their behavior. A charismatic leader's behavior aid in providing inspiration and encouragement to subordinates (Michelutti, 2013). Charismatic leaders appear to know how and what to say to motivate subordinates to achieve the desired mission and goals (Hine, 2014). Michelutti (2013) stated that vision, enthusiasm, risk-taking, and confidence between the leader and subordinate are the focus of charismatic leadership. Hine (2014) described charismatic leadership as the ability to influence subordinates and use charisma to gain power. Transformational leaders focus on accomplishments contrary, to charismatic leaders who focus on personal characteristics and employee reactions (Michelutti, 2013). Charismatic behaviors may not be appropriate leadership behaviors for improving employee engagement and retention.

Laissez-faire behavior. Healthcare leaders that display laissez-faire behaviors may not be successful in retaining employees. Nielsen (2013) stated that the laissez-faire leadership behavior categorize first in the late 1930s. Laissez-faire leaders use a hands-off approach to lead (Inandi, Tunc, & Gilic, 2013). The laissez-faire leadership behavior allows subordinates total control over the task or situation (Ghorbanian, Bahadori, &

Nejati, 2012). Nielsen (2013) indicated that laissez-faire leaders tend to leave decision-making up to others and are absent from their leadership role. Ghorbanian et al. (2012) suggested that laissez-faire leaders do not like taking on the responsibilities of a leader. Inandi et al. (2012) proposed that the hands-off approach of laissez-faire leadership behavior not be a recommended leadership approach for organizational success. Nielsen (2013) indicated that laissez-faire leaders may work well in situations where healthcare professionals are highly skilled, self-motivated, and have a vast amount of experience. Transformational leaders motivate employees to do their best however; laissez-faire leaders have minimal motivational skills and use a hands-off approach with employees (Inandi et al., 2012). Laissez-faire leadership behaviors may not be appropriate for improving employee engagement and retention.

Servant behavior. Servant leaders may not use appropriate behaviors to retain healthcare professionals. Wallis and Chaboyer (2012) indicated that the servant leadership categorizes first categorized in the late 1970s and defined a leader as possessing the desire to address the most pertinent needs of subordinates. Mahembe and Engelbrecht (2014) define a servant leader as wanting to serve rather than lead. The servant leadership behavior is a different approach as compared to earlier leadership behaviors (Wallis & Chaboyer, 2012). Mahembe and Engelbrecht (2014) proposed that servant leaders display behaviors that ensure subordinates accomplish professional and personal goals. Wallis and Chaboyer (2012) suggested that servant leaders are similar to transformational leadership, but concluded servant leadership stretched beyond to link the motives of the leader and the follower. Transformational leaders focus directly on the

organization and building commitment toward organizational objectives while servant leaders focus on the employees (Mahembe & Engelbrecht, 2014). Servant leadership behaviors may not be appropriate for improving employee engagement and retention.

Transactional behavior. Healthcare leaders that display transactional behaviors may not be effective in retaining employees. Hamstra, Van Yperen, Wisse, and Sassenberg (2014) defined transactional leadership as a behavior that provides rewards to healthcare professionals based upon the attainment of a clearly defined goal. The focus of transactional leadership is behavior control via rewards and corrective actions (Okçu, 2014). Chakrabarty (2014) defined transactional leaders as individuals who put too much emphasis on the superficial and not on the substantial. Kahai, Jestire, and Rui (2013) proposed that the idea that transactional leadership involves exchanges where the leader gives the follower some type of reward for performing an action. Transactional leaders tended to demotivate healthcare professionals in a manner that may leave the individual with a feeling of unfairness, which reduces the trust in the leader (Chakrabarty, 2014). Transactional leaders provide distinct advantage through their abilities to address operational details quickly however; transformational leaders achieve success through vision and team building skills (Kahai, Jestire, & Rui, 2013). Transactional leadership behaviors may not be appropriate for improving employee engagement and retention

Transformational behavior. Transformational leadership behavior may be effective in reducing turnover among healthcare professionals. In the area of leadership behavior research, the transformational leadership behavior currently receives a great deal of attention (Habeeb, Wan Khairuzzaman, & Md Nor, 2014). Xueli, Lin, and Mian

(2014) suggested that transformational leadership leads to productive healthcare professional performance. The transformational behavior is a widely known and practiced leadership behavior due to its organizational effect. Transformational leaders motivate individuals to perform tasks in a manner that exceeds the status quo (Okçu, 2014). Kahai, Jestire, and Rui (2013) indicated that transformational leadership has become the preferred leadership behavior in the twenty-first century and promotes radical change. Research continues to prove transformational leadership results in committed and productive healthcare professionals (Habeb et al., 2014). Business leaders must understand how leadership skills and behaviors effect employee engagement and retention to discover strategies on how to improve them.

Transition

Healthcare professionals continue to make a significant impact on business organization's productivity and profitability. Despite the demand for healthcare professionals, senior healthcare leaders continue to face challenges in retaining healthcare professionals, which hinders the profitability, productivity, and the competitiveness of U.S. healthcare organizations. Previous research provides clues to the nature of these challenges including job disengagement in the work environment and the constantly changing environment of healthcare, which warrants the need for senior leaders to use retention strategies to retain healthcare professionals. Retention strategies uncovered by this literature review includes development and training, reward and recognition, compensation, work-life balance, and quality of leaders. Having an understanding of

these strategies may contribute toward the development of effective strategies for retaining healthcare professionals.

In section one, I discussed the problem, purpose, nature of the study, research question, conceptual framework, and operational definitions. Section one also addressed assumptions, limitations, delimitations, significance of the study, and literature review. Section two includes role of the researcher, participants, research method, research design, population and sampling, and ethical research. Section two also includes data collection, data organization techniques, and reliability and validity.

Section 2: The Project

The focus of this qualitative case study was to understand the strategies senior leaders need to retain healthcare professionals. I collected data from healthcare leaders using semistructured interviews. I also collected data through taped interviews and using a reflective journal to assist in exploring information regarding healthcare professional engagement and retention strategies such as leadership styles, reward and recognition, work-life balance, compensation, and development and training. Understanding the retention strategies senior healthcare leaders demonstrate may assist in retaining healthcare professionals, resulting in more healthcare professionals deciding to continue employment.

Purpose Statement

The purpose of this qualitative single case study was to explore the leadership strategies that senior healthcare leaders use to improve healthcare professional engagement and retention. The targeted population comprised of five senior leaders with hiring responsibilities from a midsize hospital (1,000 – 8,000 employees) in metropolitan Austin, Texas. Senior healthcare department leaders participated in semistructured interviews because these leaders are most suited to identify leadership strategies to retain healthcare professionals. I also used reflective journaling to capture everything heard and seen, and then away from research site, reflect on the information again to triangulate data (Bekhet & Zauszniewski, 2012). The implications for positive social change include the potential to create and apply business strategies to improve patient care that promotes

self-worth, dignity, and development affecting individuals, communities, and organizations.

Role of the Researcher

When engaging in research, it is important to report all data and separate personal perceptions, morals, and beliefs (Cornelius, 2014). The researcher's role is to ascertain and eliminate, or minimize any bias that may potentially affect data collection and data analysis (Zhao, Zhou, He, Cai, & Fu, 2014). Researchers should conduct data collection in a trustworthy manner and without bias (Batura et al., 2014). I collected data in a trustworthy manner and mitigated bias. I am familiar with the topic of this study because I am a senior leader in the healthcare industry with hiring responsibilities. I conducted the doctoral study in the metropolitan area where I live, but not where I am employed. I did not have a personal or working relationship with the participants. Avoiding conducting studies where researchers are familiar is critical to the integrity of data collection (Zhao et al., 2014). I was the primary data collection instrument. My role was to design a valid and reliable study by communicating and focusing on a single item or phenomenon, being flexible in the process, and noticing personal biases (Yin, 2014).

To mitigate bias, a researcher should identify bias and engage in bracketing or the process of exposing bias that cannot eliminate readily (Zablotska et al., 2014). Often it is difficult for researchers to understand the vantage point of other individuals (Cornelius, 2014). However, as researchers identify their personal viewpoint and accept their personal bias, they can better understand the viewpoint of others (Batura et al., 2014). To enhance each interview session, I used an appropriate interview procedure to eliminate

bias. Zhao et al. (2014) indicated that to eliminate bias the researcher will communicate with the participants and ask valid questions, listen to responses, and be insightful. I used guiding questions during the interviews that will allow me to ask follow up questions as deemed necessary for clarification or to eliminate the yes and no answers. I preserved all ethical standards throughout the study by adhering to the protocols set forth in the Belmont Report (Bromley, Mikesell, Jones, & Khodyakov, 2015). The role of the researcher as the primary data collector requires the researcher to outline assumptions, biases, and values.

Participants

A researcher may conduct a qualitative study using a single unit with multiple participants within the same unit (Yin, 2014). I conducted research on a single midsize hospital in metropolitan Austin, Texas. Before commencing the study, I obtained written permission from each participant. The participants of the hospital included five senior leaders with a minimum of five to ten healthcare professionals as subordinates. This study included a purposeful sampling of senior healthcare leaders. I selected participants who have experience as senior leaders with hiring responsibilities using leadership qualities that are successful in employee engagement and retaining healthcare professionals. The criteria for qualified participants are senior healthcare leaders with retention success and supervisory responsibilities for at least five healthcare professionals. Senior leaders who met these criteria were eligible to participate in the study. Presidents, vice presidents, directors, assistant directors, and department leaders are positions that met these requirements and were eligible to participate in the study.

Yin (2014) suggested that for a case study, the participants should be individuals who have experience the phenomenon and can articulate their conscious experiences. I gained access to participants from the recommendations of the human resources (HR) coordinator of the company. I obtained the contact information of potential participants from the HR coordinator as well as reviewed the company's website to obtain contact information. I also utilized professional networking by accessing the company's contacts on LinkedIn and or through Google if I could not retrieve that information from the company's officials.

Building a working relationship with participants is essential to a successful qualitative research (White & Hind, 2015). I was clear about my intentions, principles, and position when establishing a working relationship with participants (Breitkopf et al., 2015). I did not use any influence to control the participants but ensured that the participants felt comfortable. I also utilized the ethic-of-care approach as described by White and Hind (2015), which involves intentionally connecting with participants through consistent communication and maintaining principles of the researcher's responsibility to the participants. I established a working relationship with the participants through consistent communication by phone and email to ensure accuracy once the individual agrees to participate in the study. Prospective participants received an invitation to participate via e-mail (see Appendix C). Participants then signed an informed consent form (see Appendix A) that I retrieved in person indicating their agreement to participate. All documents are securely stored for 5 years on a password

protected flash drive in a locked storage cabinet. Once IRB approved the research proposal, I began the study.

Research Method and Design

Research Method

Qualitative research aligns with an examination of the dynamics relating to retaining healthcare professionals in the healthcare industry because it allows participants to express their perceptions of the phenomenon in their own words (Eide & Showalter, 2012). Kate, Graham, McCaughan, Angus, and Bauld (2015) suggested that researchers strive to understand the meaning people have constructed about their world and their experiences in a qualitative study. Tang, Yang, and Tang (2015) indicated that a qualitative researcher is a primary instrument for data collection and analysis. The researcher is able to be responsive to the data, create his or her understanding, and be able to clarify by communicating with participants. Words of the participants are used instead of numbers to convey the data and show what the researcher has learned about the topic of the study (Kate et al., 2015). The researcher studies a small number of subjects to determine patterns of meaning while setting aside their biases, so the experiences of the participants are in the forefront (Tang et al., 2015). Accordingly, I selected a qualitative research method for the study because the purpose of the study was to explore the perceptions of the participants.

Quantitative research centers on the quantification of phenomena with the goal of testing a theory or examining causal relationships (Yakubovich et al., 2015).

Quantitative research uses numerical data to prove or disapprove a hypothesis (Hoare &

Hoe, 2013). Using a quantitative research method, the researcher focuses on examining relationship and differences between two or more variables (Yakubovich et al., 2015).

Using a mixed method, researchers use a combination of both qualitative and quantitative methods (Goldman et al., 2015). The mixed methods approach is appropriate when neither a quantitative nor a qualitative approach is sufficient by itself to comprehend the research topic, or when research requires one method to inform or clarify another (McCusker & Gunaydin, 2015). My intent, however, was to understand and explore what strategies senior healthcare leaders use to retain healthcare professionals. Thus, I did not select a quantitative or a mixed methods research approach for the study.

Research Design

The research questions that are presented by the researcher drives the research design (Hauck, Ronchi, Lourey, & Lewis, 2013). Case study design supports the exploration of a specific phenomenon and enables the investigation and description of the phenomenon within a particular, contemporary context (Yin, 2014). Researchers conducting case studies strive to represent the multiple realities described by study participants and interpret data collected from document reviews, observations, and interviews in order to construct descriptions of phenomena (Raeburn, Schmied, Hungerford, & Cleary, 2015). Hauck et al. (2013) suggested the use of qualitative case studies for exploring and understanding modern phenomena within the field of operations management. For this reason, I used a case study design to explore what leadership strategies healthcare senior leaders can use to improve healthcare professional engagement and retention.

Qualitative researchers can also conduct research through a phenomenological design and ethnographic design (Lee, Hsu, Li, & Sloan, 2013). I considered each qualitative design for appropriateness and found the case study design the most appropriate for this study because I will explore the retention strategies for healthcare professionals. Through the phenomenological design, the researcher captures the experiences of individuals from their lived perspectives and uncovers themes that challenge structural or normative assumptions (Ezeobele, Malecha, Mock, Mackey-Godine, & Hughes, 2014). Lee et al. (2013) suggested that phenomenology is suitable when the purpose is to understand a lived experience. For this reason, the phenomenological design was not appropriate for this study.

Ethnographic researchers study cultural groups in a natural environment over a prolonged time frame (Eika, Dale, Espnes, & Hvalvik, 2015). The ethnographic design requires researchers to become a part of the cultural group in order to study individuals of that culture (Yusop & Correia, 2014). Eika et al. (2015) also described ethnographic research as the comprehensive evaluation of individuals in a routine manner, which requires ongoing participant observation for data collection. Ethnographic research can be time-consuming and expensive (Yusop & Correia, 2014). The focus of ethnographic research is not to understand the phenomenon from the viewpoint of the participants, but to understand the behaviors of a culture. For this reason, ethnography was not the most appropriate method for this study.

Wei, Dengsheng, Yanlan, and Jixian (2015) suggested that there are several characteristics to conducting a qualitative case study research including selecting the

primary instrument for data collection and analysis. Researchers should focus on the quality of the data rather than quantity (Shahgholian & Yousefi, 2015). A large sample size does not guarantee the researcher will reach data saturation neither does a small sample size rather; it is what constitutes the sample size (Wei et al., 2015). To ensure data saturation, I will interview each participant 45 to 60 minutes or multiple times to guarantee quality and quantity data (Denzin, 2009). I will use semistructured interviews and reflective journaling data to support the study through data triangulation (Shahgholian & Yousefi, 2015). As described by Yin (2014), case study researchers use data triangulation via the collection of information from multiple sources in order to corroborate the same phenomenon and to ensure overall study quality. Denzin (2009) suggested that data sources are not the methods used to gather evidence but are instead the observational units (time, space, or people) that form the basis for the collection of information. Case study design was the appropriate research design for this study.

Population and Sampling

The population for the study was senior healthcare leaders within a midsized hospital in metropolitan Austin, Texas. An exploratory single case study is an appropriate design if participants are representatives within the same setting (Yin, 2014). A researcher can utilize purposeful sampling for case study interviews (Guilcher et al., 2013). Sample sizes for qualitative explorations are much smaller than those used in quantitative studies (Azaroff et al., 2013). Data for a case study may come from various sources including documents, interviews, direct observations, and participant observations (Yin, 2014), which deters the need for a large sample size. I utilized

purposeful sampling of five senior leaders in a midsize hospital for this study, due to their success of implementing retention strategies in their organizations. The targeted population was senior hospital leaders in metropolitan Austin, Texas with hiring responsibilities such as presidents, vice presidents, directors, assistant directors, and department managers.

Eligible participants must have met the following criteria for inclusion in the study: They must currently hold a senior leadership position such as president, vice president, director, assistant director, or department manager in a mid-sized hospital in metropolitan Austin, Texas with hiring and supervisory responsibility for a minimum of five clinical or non-clinical healthcare professionals. A senior healthcare leader is successful in retraining staff if that leader does not have high volume turnover each year. Leaders who do not meet these parameters were not eligible to participate in the study. I ensured all participants met those requirements and completed the signed consent form. I selected participants through purposeful sampling. Baur et al. (2015) described purposeful case sampling as a nonprobability sampling technique that is most effective when researchers need to understand participants' perspectives. Purposeful sampling allows researchers to sample intentionally a group of people who have the best information about the problem under investigation (Azaroff et al., 2013). Purposeful sampling is appropriate for qualitative research such as case studies, which justifies a purposeful sample for this study (Guilcher et al., 2013).

Data saturation determines the purposeful sample size. An appropriate sample size is one that is adequate to address the research question but not too big that the

amount of data disallows in-depth analyzes (Wei, Dengsheng, Yanlan, & Jixian, 2015). Shahgholian and Yousefi (2015) suggested the number of participants required to achieve saturation in a qualitative study could range from 2 - 50. Orri, Revah-Lévy, and Farges (2015) indicated that researchers can achieve saturation within the first two interviews. Based on the site included in this study, I assumed five participants that will be providing interviews. Shahgholian and Yousefi (2015) suggested that the inclusion of a large number of interviewees is not necessary in order to achieve balance and thoroughness during the conduct of a qualitative study.

A researcher's work attains data saturation when data collection is not new, no new themes emerge, and there is enough information to replicate the study (Wei et al., 2015). I collected data by interviewing the participants in an appropriate interview setting. The interview setting offers a comfortable and nonthreatening environment, enabling participants to be open and honest about their personal experiences (Shahgholian & Yousefi, 2015). I held interviews at the participants' convenience (Orri et al., 2015). I conducted face-to-face interviews at public places such as public libraries or other comfortable locations the participant and I agreed upon. I asked participants to select a setting that minimize interruptions and schedule interviews for a period of 60 minutes.

Ethical Research

For ethical protection of the research participants, I obtained permission from the Walden University IRB prior to commencing research. Upon selecting a prospective research site and participants, I received the permission of the study site to complete the

study with that organization. Once the organization and IRB granted me permission to complete the study, I sent a participation inquiry to those who meet the criteria for participation in the study. I presented in person an informed consent form to those who agree to participate. I also noted the invitation letter and detailed the intent of the study in the consent form. I asked participants to sign the form to indicate their voluntary willingness to participate in the study (see Appendix A). I informed participants in person of their right to withdraw from the study at any point in the research process. I stated in the consent form that participants can withdraw from the study verbally or in writing without penalty. I did not offer any incentive for participation in the study to avoid coercion.

As a researcher, I worked to ensure the confidentiality of participants as a fundamental guide in ethical research (Adams et al., 2015). To guarantee confidentiality and privacy, I coded the names of participants and the research organizations. I utilized a unique fictional company name to conceal the identity of the midsized hospital. I labeled the hospital as ABC Hospital. I assigned the participants alphanumeric codes from P1 (participant 1) to P5 (participant 5) to conceal participant identities. I stored the signed informed consent forms and interview recordings in a locked storage cabinet on a password protected flash drive for 5 years. After the 5 years, I will destroy all consent forms, interviews recording, and transcribed data by wiping and burning the password protected flash drive.

Data Collection Instruments

I am the primary data collection instrument. I used semistructured interviews that I developed for a data collection instrument. Each interview consisted of eight open-ended interview questions covering the participant's experience and perception of strategies senior healthcare leaders need to retain healthcare professional (see Appendix B). In addition to the semistructured interview questions, I collected data from interviews and reflective journal to explore information regarding healthcare professional engagement and retention strategies such as leadership styles, development and training, compensation, reward and recognition, and work-life balance to triangulate data.

The central research question was the focus of the interview questions, and the participants' answer describing their experience in implementing and practicing retention strategies. I enhanced the reliability and validity of the data collection process by using interview notes, member checking, and transcript review. Bellhouse, Crebbin, Fairley, and Bilardi (2015) suggested that through member checking the participant's validation, trustworthiness, and credibility of findings will enhance to ensure the researcher did not leave gaps in understanding the phenomenon. Truglio-Londrigan (2013) indicated that the use of interview notes, member checking, and transcript review are important to ensure that one has captured meaning as well as word choice.

A case study protocol outlines the procedures and rules to follow while conducting research and ensures that data collection, analysis, and reporting efforts remain focused on the study line of inquiry (Yin, 2014). Before commencing the study and after IRB approval, I encouraged potential participants to become part of the study by

providing them a consent form describing the study (see Appendix A) and invitation letter (see Appendix C). I scheduled face-to-face interviews. Each interview lasted 45-60 minutes. The individuals who agree to participate signed an informed consent form that I collected in person. Upon collecting the consent forms, I answered any questions or concerns the participants may have had about the study.

Data Collection Technique

Qualitative researchers collect data through transcribed interviews (Hutchings et al., 2013). I conducted semistructured interviews for this study following the appropriate interview techniques. I scheduled semistructured face-to-face interviews for a time, date, and location that both the participant and I agreed upon. I used public meeting spaces so the participants can interview effectively and have minimal inconvenience. Each interview lasted 45-60 minutes. During each interview, I monitored and assessed the participant's emotional and physical responses to each question in order to ensure that lines of discussion did not create undue discomfort for the participant.

In addition to in-depth interviews, I augmented data from reflective journaling. Pucher, Candel, Krumeich, Boot, and De Vries (2015) suggested that reflective journaling is useful tool for collecting data. I took notes on the key comments and nonverbal expressions during each interview. Once away from each interview, I reflected on the information again and identified themes and patterns from the observations. I conducted a thematic analysis of all collected data and identified key themes that align and resolve the research questions. For successful data collection, I employed the following interview techniques: (a) review the recorder occasionally to ensure that the

device is working, (b) maintain neutral expressions during interviewing to avoid influencing answers, (c) ask only one question at a time, (d) inform the interviewee when it is time to move to another question, and (e) maintain control of the interview to avoid running out of time as a method to ensure a successful interview (Hutchings et al., 2013). Chi, Bulage, Urdal, and Sundby (2015) suggested there are advantages and disadvantages of data collection techniques. Some advantages include the information fully depicts people's experience, powerful way of portraying a program, and directly see what people do rather than relying solely on what they say. Disadvantages include bias, data may be unavailable, and time-consuming (Hannes et al., 2015).

Upon receiving approval from the Walden University IRB, I used the following process to conduct the proposed study. I gathered contact information of potential participants and made initial contact. I explained the purpose of my study and answered any questions or concerns. I introduced the informed consent form, clarified any questions, and collected after participants sign indicating voluntary agreement to participate in the study. I scheduled interviews with the study participants. At the beginning of each interview, I reiterated the participant's rights from the informed consent. I recorded all interviews with the permission of the participant and conducted reflective journaling. Prior to importing textual transcripts into Microsoft Word and commencing data analysis, I verified the interview data by using member checking and transcript review. Bellhouse et al. (2015) indicated member checking and transcript review verifies the accuracy of data received through interviewing. Study participants received preliminary findings and interpretations to assess the accuracy of the data. I

used member checking and transcript review to check for accuracy and ensured that I captured the meaning of what the participants say (Hutchings et al., 2013). A password protected laptop will store electronic copies of all interview files for the subsequent creation of interview transcripts for analysis.

Data Organization Technique

A researcher can achieve confidentiality and anonymity of each participant by assigning generic codes to each participant (Arora & Dhiman, 2015). For this study, I used alphanumeric codes to mask the participant's identities. I assigned the identifying organization as ABC Hospital. I also assigned each participant an identifying number ranging from one to five or greater if needed, preceded by the letter P (for participant). I audiotaped the interviews with the content of the participant and transcribed the audiotape interviews verbatim into a Microsoft Word document. I also recorded notes during the review of documents and conducting interviews. I referenced the notes during the data analysis process. Yin (2014) indicated that when researchers conduct a case study, note taking can be an essential practice for capturing data from reviewed documents and interviews.

I stored confidential data to ensure participants' protection as recommended by Herranz and Nin (2014). Therefore, I stored primary copies of all study materials (documents, interview recordings, interview transcripts, coded data files, and researcher's notes) on a password protected laptop computer and in a locked storage cabinet. A cloud storage system will serve as a backup archival system for secondary copies of study

materials. Recorded interviews, researcher's notes and documents were analyze for identification of codes and themes. I will keep all data for 5 years and then destroy it all.

Data Analysis

The most significant step in qualitative research is the process of data analysis (Potestio et al., 2015). In this case, data analysis provided a framework to understand the retention strategies that senior healthcare leaders need to retain healthcare professionals. After data collection, I analyzed the data. Data analysis involved working through data to discover meaningful themes, patterns, and descriptions that answer the central research questions of the study (Maree, 2015). I also organized the collected data in a category relating to retention strategies. I analyzed the data using Yin's (2014) data analysis method. This process included the following five steps: (a) compiling the data; (b) disassembling the data; (c) reassembling the data; (d) interpreting the meaning of the data, and (e) concluding the data (Yin, 2014).

Arora and Dhiman (2015) discussed that semistructured interviews address the ability to find meaning for the researcher to understand the perspectives of participants. For a case study design, eight to 10 questions may be appropriate (Sweeney, Greenwood, Williams, Wykes, & Rose, 2013). Hauck et al. (2013) indicated that interview sessions for a case study design should last for 20 - 90 minutes to be effective. I asked the participant eight questions and the interview lasted for 45 - 60 minutes. Journaling is an integral part of qualitative research (Bekhet & Zauszniewski, 2012). Journaling is an excellent method to identify themes and patterns in the data (Sweeney et al., 2013). I used reflective journals. Hauck et al. (2013) indicated that reflective journals are not

about one's feelings but rather they are about reflections concerning the data one has collected. The use of interviewing and journaling supported the application of triangulation for this case study.

Betts (2012) found that Dragon Voice Recognition Software aids with transcribing the audio recorded interviews. After the interviews, I used Dragon Voice Recognition software to transcribe the data and then upload the transcribed data into NVivo v10. NVivo v10 is qualitative analysis software used for coding thematic categories and extracting themes to answer a research question(s) (Deakin, Wakefield, & Gregorius, 2012). To conduct the analysis process, I coded the data using NVivo v10. Franzosi, Doyle, McClelland, Putnam Rankin, and Vicari (2013) suggested that NVivo v10 codes the text or other elements of the data, manipulates the data, and displays the codes. NVivo 10 software allowed me to input, storage, code, and explore themes and patterns. Advantages of using NVivo 10 include the ability to keep data in a single location with easy access to information, aligning the collected data with previous literature, and the ability to use a continuous coding scheme (Deakin et al., 2012). Franzosi et al. (2013) suggested that utilizing NVivo increased the rigor in qualitative research. Using the business problem, research question, and conceptual framework for the research study, I used the following codes to develop the thematic concepts using NVivo software as shown in Table 1.

Table 1

Data Analysis Coding

Code	Definition
DT	Development and Training
RR	Reward and Recognition
C	Compensation
WB	Work-life Balance
L	Leadership

The conceptual framework is the connection between the literature, methodology, and results of the study (Bodenmann et al., 2015). I analyzed data in view of Bass' (1972) transformational leadership theory and von Bertalanffy's (1985) general systems theory. I used these frameworks to help interpret the meaning of data collected. By examining retention strategies through the lens of von Bertalanffy's (1985) theory and Bass' (1972) theory, I compared the data with established theories relevant to the phenomenon. The generation of codes from the review of the interview questions enabled me to identify and isolate key words and themes that relate to the conceptual framework selected for the study.

Reliability and Validity

Demonstrating reliability and validity confirms that a study has suitable rigor (Auer et al., 2015). A qualitative researcher uses various strategies to achieve reliability

and validity (Acaster et al., 2015). Qualitative researchers use dependability, credibility, transferability, confirmability, and data saturation to achieve reliability and validity.

Dependability

Dependability usage in qualitative research is similar to reliability in quantitative research (Hazavehei, Moonaghi, Moeini, Moghimbeigi, & Emadzadeh, 2015).

Dependability concerns with ensuring the researcher is aware of all changes affecting the research process and documents these changes (Munn, Porritt, Lockwood, Aromataris, & Pearson, 2014). Qualitative researchers include mechanisms for ensuring dependability in the design of their studies in order to ensure the integrity of collected data and findings (Hazavehei et al., 2015). Member checking and transcript review are most valuable ways to confirm the dependability of the study (Munn et al., 2014). Hazavehei et al. (2015) suggested that member checking consists of conducting the initial interview, interpreting what the participant shared, and sharing the interpretation with the participant for validation. I reviewed and interpreted the transcripts, synthesis each question, provide a copy to the participant to ensure it represents their answer, and there is no new data to collect. Todd et al. (2015) indicated that transcript review is conducting the initial interview, transcribing word-for-word what the participant said, and sharing the transcript with the participant for validation. I transcribed the interviews word-for-word, provided a copy to the participant to ensure it is correct, and made any corrections if needed. I used member checking and transcript review to check for accuracy and ensured that I captured the meaning of what the participants say.

Credibility

In qualitative research, validity refers to the credibility of the findings (Cope, 2014). A researcher achieves credibility when research data provides a rich, thick description, or is the in-depth, detailed articulation of the meanings of data in order to understand the phenomenon under investigation (Munn, Porritt, Lockwood, Aromataris, & Pearson, 2014). Yin (2014) indicated that credibility is primarily a concern for explanatory case studies. As described by Cope (2014), member checking is a process in which researchers provide study participants with selected data and ask the participants to comment on the accuracy of the materials provided. Transcript review also enhances the accuracy and credibility of study data collection and analysis efforts (Cope, 2014). I will utilize member checking and transcript review to enhance study credibility. Munn et al. (2014) discussed the use of multiple sources of information during the conduct of case studies to enhance credibility. I collected data from the review of documents and semistructured interview sessions to triangulate findings and enhanced overall study quality.

Transferability

Qualitative researchers focus on the transferability rather than the external validity of study findings (Kingdon, O'Donnell, Givens, & Turner, 2015). Rich description of the study sample population and context will support the transferability of study findings (Hazavehei et al., 2015). Griffith (2013) argued that qualitative researchers demonstrate the transferability of study findings by providing rich descriptions of the populations studied and the demographics and geographic boundaries of the studies. The inclusion of

rich descriptions of the study population and the context for the data will enable readers will receive the information necessary to assess the transferability of findings and conclusions to aspects of leadership strategies that senior healthcare leaders can use to improve healthcare professional engagement and retention (Hazavehei et al., 2015). I used rich description of the study sample population and context to ensure transparency for future research.

Confirmability

Confirmability occurs when credibility, transferability, and dependability is established in the research study (Black, Palombaro, & Dole, 2013). Trustworthiness in a study is essential and defines as the extent to which research findings can be trusted (Valizadeh et al., 2012). Confirmability is true value and audibility establishing through bias-free research processes (Black et al., 2013). Throughout the research process, I maintained a reflective journal for data collection to note theme categories and kept a record of personal reflections to assist with eliminating bias.

Data Saturation

Orri, Revah-Lévy, and Farges (2015) argued that qualitative researchers achieve balance and thoroughness during the qualitative interview process when the number of respondents selected is sufficient to ensure suitable depth and diversity of perspectives and insights offered. An appropriate sample size is one that is adequate to address the research question but not too big that the amount of data disallows in-depth analyses (McNulty et al., 2015). A researcher's work attains data saturation when no new data is collected, no new themes emerge, and there is enough information to replicate the study

(Murgatroyd, Lockwood, Garth, & Cameron, 2015). To ensure data saturation, I interviewed each participant multiple times to guarantee there is no new information, no new themes, and there is the ability to replicate the study (Orri et al., 2015). I also used multiple sources of data to support the study through data triangulation for data saturation (Shahgholian & Yousefi, 2015). For triangulation, I utilized interview notes and reflective journaling. McNulty et al. (2015) asserted that qualitative researchers should determine sample size from the consideration of study purpose and the assessment of the diversity of opinions and perspectives offered by study participants. I achieved reliability and validity for this study when I established dependability, credibility, transferability, confirmability, and data saturation. I achieved confirmability when I established credibility, transferability, and dependability as well as through reflection on the data during analysis. I achieved dependability and credibility through use of multiple data sources, member checking, and data triangulation. Literal replication and detailed description of the population added to the transferability of this research study.

Transition and Summary

In section two, I discussed the research methodology, purpose statement, role of the researcher, participants and sample size, research method and design, data collection and analysis, and testing the reliability and validity of the data collection. Conducting a qualitative case study will enable an exploration of how leadership strategies that healthcare senior leaders use improve healthcare professional engagement and retention. I gathered data from documents and conduct semistructured interviews in order to build understanding and knowledge of leadership strategies that might support healthcare

professional retention. Section three includes an overview of the study and a presentation of findings from the analysis of the collected data. Section three also includes discussion of applications of the research to professional practice and the presentation of recommendations, reflections, and conclusions.

Section 3: Application to Professional Practice and Implications for Change

Introduction

The purpose of this qualitative exploratory case study was to explore the strategies senior healthcare leaders need to improve employee engagement and retention. I conducted semistructured interviews with hiring leaders from a hospital in metropolitan Austin, Texas to obtain information and answer the following research question: What leadership strategies do senior healthcare leaders use to improve employee engagement and retention? I qualified each participant based on their experiences with improving employee engagement and retention. The interviews occurred where the interviewees could relax and provide informative answers to the semistructured interview questions. The participants answered eight semistructured interview questions (see Appendix B) that indicated the strategies they use to improve employee engagement and retention. The interviews garnered comprehensive responses from each participant (Gladwell, Badlan, Cramp, & Palmer, 2016). In addition to interview questions, I reviewed reflective journaling that correlated with data gathered from the interviews. Based on the information provided in Section 2, the Yin 5 step approach (Yin, 2011), I formed the foundation for data analysis from the data collected. Once I transcribed the interviews and reviewed the reflective journaling, I imported the data into NVivo v10 software for coding. After the analysis of the data, I identified five essential themes. Within the emergent themes, I outlined the strategies found in the reflective journaling and thoughts regarding employee engagement and retention strategies. I used this data to answer the research question.

Presentation of the Findings

In this research study, I conducted face-to-face interviews with 5 participants to address the study's purpose and research questions. I used purposeful sampling method and semistructured interviews with probing questions in the research study. The objective of each probing question was for the participant to expound on his or her experience in improve employee engagement and retention. Participants answered face-to-face open-ended questions and follow-up questions pertaining to their experiences. I coded participants' names and their corresponding corporation to maintain confidentiality. The business problem in this research study was some senior healthcare leaders lack leadership strategies to improve employee engagement and retention. The research question of the study was as follows: What leadership strategies do senior healthcare leaders use to improve employee engagement and retention? To gather research data, I achieved data triangulation by interviewing five participants. Data triangulation increases the comprehensiveness of the study and increases the confidence regarding the results of the research finding (Su, Wang, Lv, Wu, & Li, 2016). I interviewed five leaders from one corporation and used the semistructured interview questions (Appendix B) as a template to conduct the research study. The deductive content analysis for this study included exploring retention strategies focused on the general systems theory and transformational leadership theory to address employee engagement and retention rates.

Following the collection and analysis of data collected through semistructured interviews and a review of reflective journaling, five themes emerged: development and

training, reward and recognition, compensation, work-life balance, and leadership skills and behaviors. As Table 2 and Table 3 indicates, the frequency of occurrence of core themes confirmed that essential strategies are useful in improving employee engagement and retention of healthcare professionals. These findings confirmed previous research by Ellenbecker, Porell, Samia, Byleckie, and Milburn (2008).

Table 2

Engagement Factors

Theme	<i>N</i>	%
Development & training	12	10.77
Reward & recognition	15	20.26
Compensation	15	16.64
Work-life balance	19	29.08
Leadership skills & behavior	17	23.25

Note. *n* = the number of frequency of that particular engagement factor. % = the percentage of frequency of that particular engagement factor.

Table 3

Key Strategies Used for Retention

Theme	<i>N</i>	%
Development & training	14	11.66
Reward & recognition	26	18.47
Compensation	18	13.54
Work-life balance	37	30.15
Leadership skills & behaviors	35	26.18

Note. *n* = the number of frequency of that particular strategy. % = the percentage of frequency of that particular strategy.

Theme 1: Development and Training

Participants' responses showed ABC Hospital leaders use development and training as a retention strategy. P1 noted that the hospital provides development and training opportunities for healthcare professionals through offsite and online methods. P4 discussed that the hospital encourages professional association affiliations and reimburses for any membership fees paid. P5's response confirmed P1's statement by mentioning development and training opportunities as a strategy to retain healthcare professionals. Colquhoun et al. (2016) denoted a similar finding and emphasized that healthcare development and training relates to organizational commitments which influence retention. Business leaders could apply the development and training strategy to improve employee engagement and retention.

Development and training may prevent employee burnout and foster continued engagement (Partecke et al., 2016). P2 indicated that all healthcare staff has development and training opportunities. All participants' responses aligned with information listed in the hospital employee handbook outlining development and training requirement and opportunities. ABC Hospital offers a financial incentive for obtaining healthcare certifications. P2 stated, "We want our employees to learn new techniques and stay up-to-date with new innovations. Therefore allowing them to attend training events and participant in employee development projects will help them and the organization is successful."

All the participants showed that development and training are essential factors in employee engagement and retention of healthcare professionals. The participants confirmed the thoughts of Colquhoun et al. (2016) who mentioned that development and training opportunities as key retention strategies. The findings indicated that business leaders should create development and training strategies to improve employee engagement and retention.

Theme 2: Reward and Recognition

Reward and recognition was another theme derived from analyzing the data. P2 stated, "For optimal performance from employees, leaders should consider reward and recognition but decide the relative importance according to each employee." Fifty-eight percent of leaders mentioned that reward and recognition are a part of their strategy to engage employees (Nanni, Lumini, & Brahnam, 2016). All the participants mentioned that recognition and reward was a part of their engagement and retention strategy. P5

stated, “In terms of extrinsic engagement strategies, I try to encourage through rewards. I also recognize them when I have an opportunity. At least make sure my department knows about it. Normally they appreciate that.” P3 indicated,

I really put forth an effort to motivate my employees. I do. But there are other systems that are in place that we have to respect. I have been with this company a long time and I have seen unfairness, things I simply just didn't understand, people getting promotions when they shouldn't and some not getting them when they should. And especially the bonus system. Again, something I simply just don't understand. Everyone should be eligible for bonuses. Honestly, that is one of the reasons why I try to reward them, recognize and complement their work, show them I appreciate them as much as I can because I know they know these things and I know they hate it. But like I said, some things are outside of your control and it sometimes conflict with your strategy.

P1 stated the following about reward and recognition,

One other thing I would add as something that improves employee engagement and retention is you have the traditional things; money motivates people, rewards of some sort, going out to dinner. Things like that and you have to individualize it. Sometimes I bring in everyone's favorite breakfast and not just random biscuits or something you know. Believe it or not, employees appreciate it more when they are treated like “people” and not just another employee.

The participants indicated that at every board of directors meeting senior leaders recognized employees who have done a great job and every 5 year anniversary employee.

The employees also receive a company gift on their anniversaries. Smith, Taubert, Weldon, and Evans (2016) found that acknowledging employees for doing a good job improve employee engagement and retention, which also supports the findings of all the participants who expressed recognizing employees help validate their efforts. Business leaders could apply the reward and recognition strategy to improve employee engagement and retention.

Theme 3: Compensation

As it relates to compensation, responses from participants confirmed the findings of previous research. Bou-Llusar, Beltrán-Martín, and Escrig-Tena (2016) found that compensation is essential in improving employee engagement and retention. P1, P2, and P5 revealed that ABC Hospital is a mid-sized organization and the pay scale is not commensurate with large corporate salaries. However, P1 also disclosed that ABC Hospital compensates for pay through the company's retirement package, which is a defined retirement income payout package. P2 and P5 echoed P1's statement that compensation in the past few years was not as much as before but the retirement package is a premium feature. The findings indicated that business leaders should create compensation strategies to improve employee engagement and retention.

Theme 4: Work-life Balance

For ABC Hospital, work-life balance was both a recruiting tool and retention strategy. P3 indicated that work-life balance was the reason for choosing to work for ABC Hospital. P3 further explained that work-life balance played a significant role in the entire department's choice to work for ABC Hospital because the healthcare

employees value spending time with their family and children. P2 noted that healthcare employees at ABC Hospital do not work much overtime unlike many other hospitals because the organization desires for the staff to have work-life balance. P5 stated, “We offer all employees annual leave hours to take off for family time.” Business leaders could apply the work-life balance strategy to improve employee engagement and retention.

P1 also indicated that the ABC Hospital allows flexibility for employees by allowing them to take off when needed and work flexible schedules. Similar to the findings of this study, Jee Young (2016) confirmed that organizations may choose to offer flexible working hours or telecommuting to aid in work life balance. Andysz, Jacukowicz, Stańczak, Drabek, and Staczak (2016) stated that healthcare jobs are often very stressful and require 24-hour availability. P5 stated that their hospital’s policies cater to work-life balance and it is critical to both the employee’s engagement and retention. The findings indicated that business leaders should create work-life strategies to improve employee engagement and retention.

Theme 5: Leadership Skills and Behavior

The leaders agreed that approachability, integrity, respectful, supportive, honesty, work environment, and consistency are effective leadership skills and behaviors. The participants also indicated the importance of supportive, consistency, and respectful behaviors. Participant 3 commented:

So I try to say, you need to think of each other as family members and treat each other with respect, care, and love. It may sound corny, but if they don't love what they do then there's no way they're going to perform at a high level.

The participants expressed seven main skills and behaviors they felt were essential to employee engagement and retention (see Table 4). The senior healthcare leaders perceived the following skills and behaviors were vital for improving employee engagement and retention (a) managers are consistent, (b) managers give employees what they need, (c) managers demonstrate good leadership, (d) manager hold employees accountable, (e) managers are flexible, (f) managers demonstrate flexibility and trust, and (g) managers are fair, caring, compassionate, and respectful. Compassion is important in a leader (Harris-Keith, 2016), but P4 stated, “It is effective to have a combination of compassion and demanding. Understanding the human aspects and those things that affect them and aren’t necessarily directly related to work, but do have an impact on their productivity.” P5 agreed, stating, “I would think as it relates to my leadership behavior, I’m gonna say it is a caring and compassionate leader with empathizing understanding where the employees are coming from. So honesty, integrity is number one.” Participant 3 stated, “Even keel, I try to be consistent. To treat the employees in a way that makes sure that I’m not always having a high or a low with the employees.” Managers also need to be flexible (Harris-Keith, 2016). Participant 1 stated, “My thing is give them the flexibility that they need and then they’ll demonstrate that in the work they do for you.” Participant 1 also discussed the need for flexibility:

The other thing with their work is the ability to work an alternate schedule or telework that shows a trust with the employee that they can do things on their own at home. It also shows a level of trust between supervisor and employee and I think, my thing is give them the flexibility that they need and then they'll demonstrate that in the work they do for you.

The participants indicated leaders must provide employees the tools they need to be successful, but the freedom to utilize those tools. Participant 1 noted,

I prefer not to give day-to-day guidance. I prefer, instead, to give them some objectives to meet and give them as much as latitude as I can in getting that done. So that's a continuing challenge, I think to actually give them the latitude, but ensure that you're meeting schedules and ensure that the quality of work is good enough.

Participant 1 summarized, stating,

I think if you take care of employees, everything will take care of itself to the point, but sometimes you gotta make hard decisions, and some decisions is you wanna be fair across the board. But by being fair you have to reward the people that are doing well. But then on the other hand, you also have to counsel or take appropriate action to the people that are not doing so well.

There are opportunities for leaders to demonstrate leadership behaviors and skills to improve employee engagement and retention healthcare professionals. P2 considered recognizing the concerns of healthcare professionals and sharing what management can do to address the issue. P5 expressed that trying to keep healthcare staff involved in the

affairs of their department and the hospital ensures their full engagement and organizational interactions. The findings indicated that business leaders should create leadership behavior and skills strategies to improve employee engagement and retention.

Table 4

Essential Leadership Behaviors and Skills

Code	<i>N</i>	%
Consistence	15	73
Employee needs	13	64
Show good leadership	11	54
Employee accountability	10	47
Flexibility	8	46
Show flexibility and trust	7	43
Fair	4	17
Caring	4	17
Compassionate	4	17
Respectful	4	17

Note. *n* = the number of frequency that particular behavior was stated. % = the percentage that particular behavior was stated.

Most Effective Strategy

The forth theme identified the most effective strategy for improving employee engagement and retention. Interview question one asked participants to identify the most critical and effective leadership strategy used for retaining healthcare professionals.

Participants' responses spoke to the effectiveness of work-life balance retention strategy. Findings from this study indicated that the most effective strategy is work-life balance (see table 5) which aligned with research by Hermann, Ziomek-Daigle, and Dockery (2014). Several strategies were mentioned by the participants and confirmed by previous research. I found that leadership skills and behavior as argued by Oostrom, Born, Serlie, and van der Molen (2012), reward and recognition as mentioned by Smith, Crookes, Else, and Crookes (2012), compensation which aligned with Cheng (2014), and development and training as found by Bayraktaroglu and Cickusic (2014). As revealed, the findings from this study aligned with the results of previous research. For example, P3 noted that conversation with healthcare workers on a regular basis to understand what they are experiencing professionally and personally is valuable. In addition, within my reflective journaling during each interview, I found several instances in which hospital leaders communicated with employees, particularly relating to decision making.

Table 5

Most Effective Retention Strategy

Theme	<i>N</i>	%
Work-life Balance	5	47.14
Leadership skills and behaviors	4	33.57
Reward and recognition	2	19.29

Note. *n* = the number of frequency that particular strategy was stated. % = the percentage that particular strategy was stated.

Ties to Conceptual Framework and Literature on Effective Business Practice

The conceptual framework used in the research study was transformational leadership theory and general systems theory. After conducting the research and analyzing the research data, I concluded that key leadership strategies for improving employee engagement and retention align with transformational leadership theory and general systems theory (see Figure 1). General systems theory requires a system of factors working together to achieve organizational goals (Toscano & Toscano, 2016). Development and training, reward and recognition, compensation, and work-life balance pertain to general systems theory because they are a system of strategies working together to improve employee engagement and retention (see Figure 2). The findings of this study indicated that these strategies are among the most effective ways for retaining healthcare professionals. ABC Hospital leaders implemented these strategies as a whole retention system to engage employees and retain healthcare professionals, which aligns with general systems theory (Ceng, Liou, Wen, & Wu, 2015).

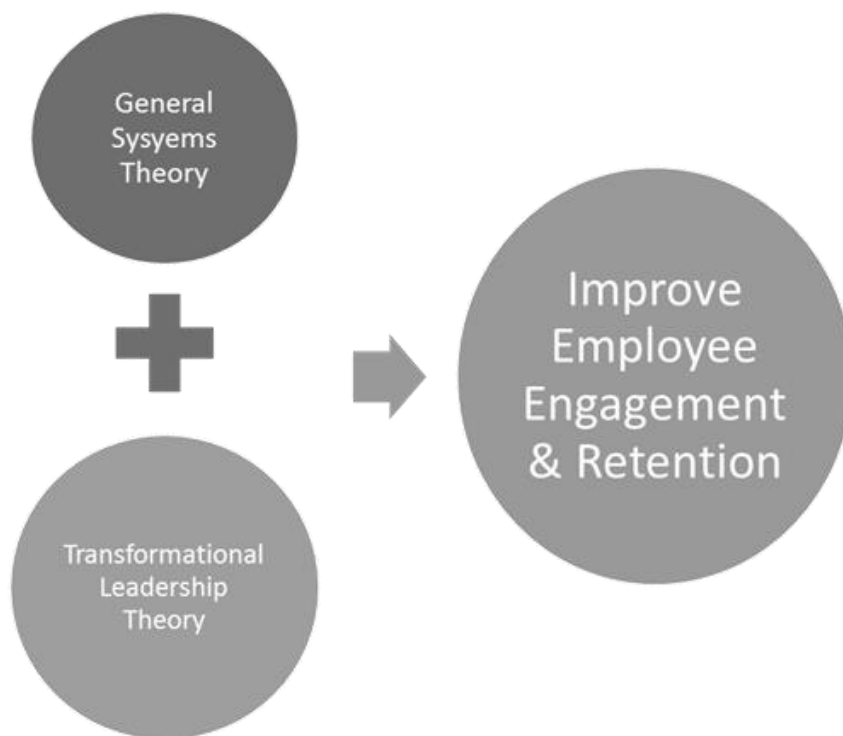


Figure 1. Displays how general systems theory and transformational leadership theory work together to form effective strategies used to improve employee engagement and retention.

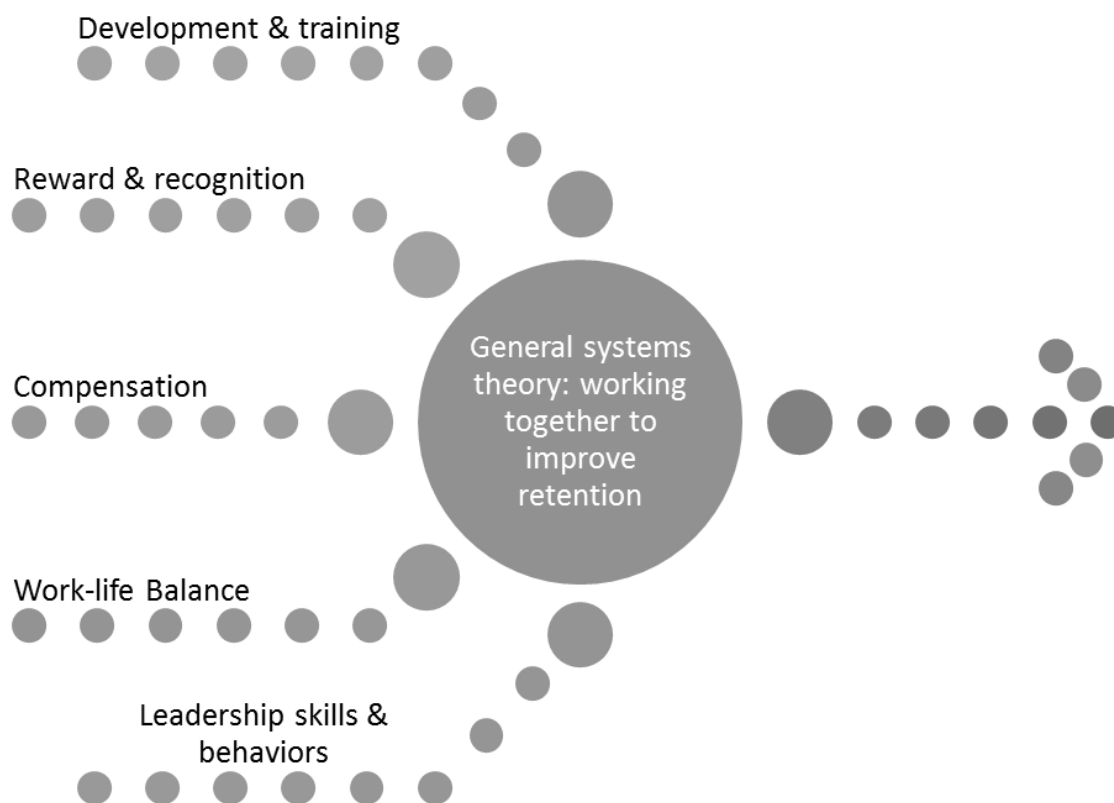


Figure 2. Displays how all the related emergent themes work together to form effective strategies used to improve employee engagement and retention just as the mechanisms of general systems theory.

The transformational leadership theory relates to leadership and organization influence on employee engagement and retention in relation to leadership skills and behavior theme (Martin, 2016). ABC Hospital leaders applied transformational leadership skills and behaviors to engage employees and improve retention. Deschamps, Rinfret, Lagacé, and Privé (2016) noted that in transformation leadership, employees have autonomy to do their work and leaders influence them to increase confidence in

their work. De Oliveira Rodrigues and Ferreira (2015) mentioned that transformational leadership requires flexibility and trust for the improvement of employees.

Transformational leadership includes inspirational engagement tactics to connect with employees emotionally (Deschamps et al., 2016). Behavioral modification of employees can occur through exercising a transformational leadership strategy developed around the skills and behaviors that derived from the research results: (a) consistence, (b) employee needs, (c) display good leadership, (d) accountability, (e) flexibility and trust, and (f) affections (see Figure 3). These practices are essential components of transformational leadership theory (Martin, 2016). From the current research results, 100% of participants mentioned that leadership skills and behaviors influence employee engagement and retention. Therefore, I concluded that employee engagement and retention affects organizational effectiveness.

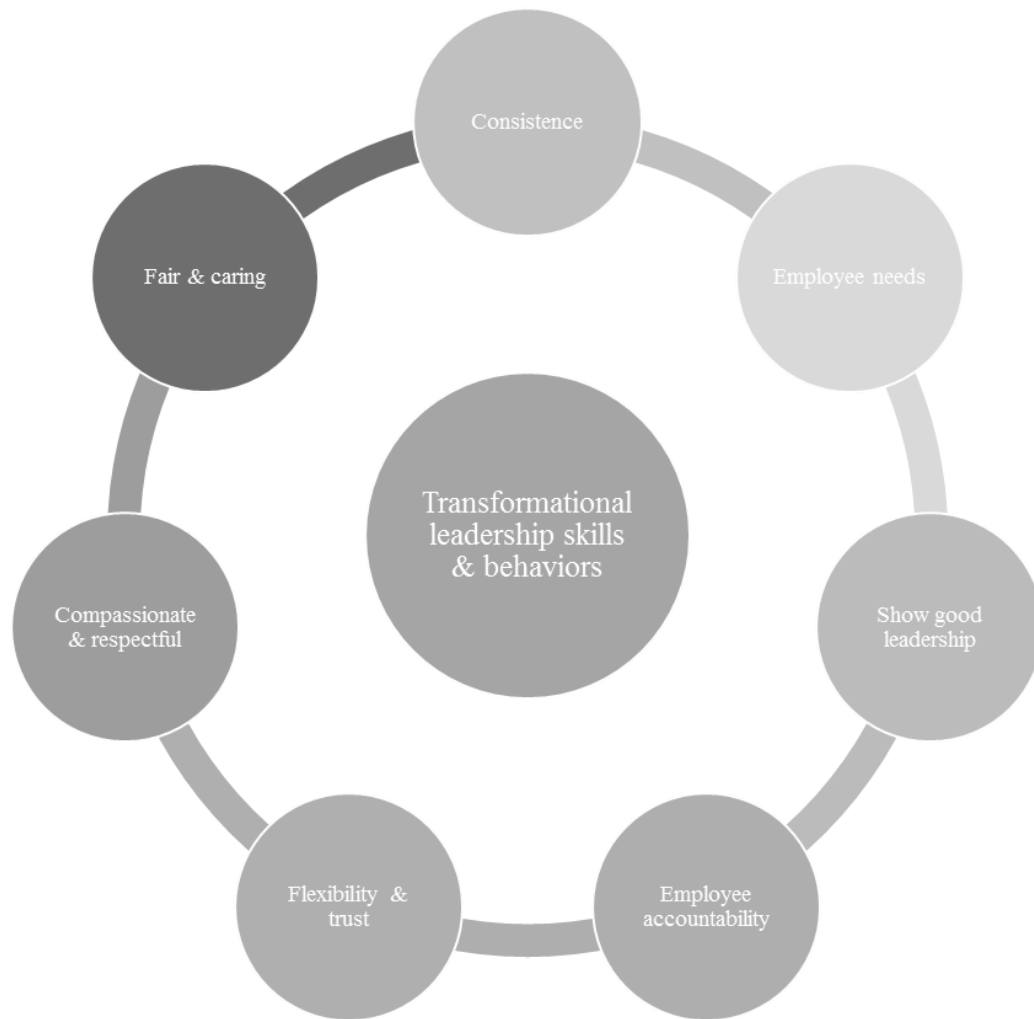


Figure 3. Displays transformational leadership theory skills and behaviors the leaders identified as essential to forming effective strategies used to improve employee engagement and retention.

Applications to Professional Practice

The main objective of the study was to explore participants' perspective about the strategies hospital leaders need to retain healthcare professionals. The retention of healthcare professionals has been an increasing concern for organizational leaders

(Storey, Cheater, Ford, & Leese, 2009). From the research findings, key determinants of leadership strategies that improve employee engagement and retention are (a) training and development, (b) reward and recognition, (c) compensation, (d) work-life balance, and (e) leadership skills and behaviors. The findings are relative to transformational leadership because company leaders used transformational leadership skills and behaviors which influence employee engagement and retention (Boga & Ensari, 2009). The findings from this study are also relative to general systems theory and indicated that hospital leaders need an entire system of effective strategies to improve employee engagement and retention (Storey et al., 2009). Business leaders need to understand the general systems theory and transformational leadership theory concepts to develop strategies that improve employee engagement and retention.

Business leaders can develop their leadership strategies more effectively by considering what their employees need for optimal performance (Ferfeli, Vaxevanou, & Damianos, 2009). In an effort to obtain the best business results, leaders should prioritize and identify organizational goals as well as employee needs and goals (Hendel, Fish, & Galon, 2005). The implementation of the strategies identified by the participants such as work-life balance and leadership skills and behaviors are vital to subordinates in reference to sustaining the organization's profitability and improving employee engagement and retention. All participants believed work-life balance is most important to improving retention. Ferfeli et al. (2009) mentioned that organizational leaders should aim to strengthen their employees with leadership skills and behaviors such as

consistence, employee needs, display good leadership, accountability, flexibility and trust, and affections.

Having retention strategies in place may prevent the need for organizations to pay the high cost related to hiring new skilled healthcare professionals because leaders can prevent voluntary turnover (El-Jardali, Merhi, Jamal, Dumit, & Mouro, 2009).

Organizations are less effective when employees are not engaged. Eighty percent of the leader participants mentioned that they hire talented individuals that they believe can do the job well. As business leaders, it is essential that if an employee is not engaged, regardless of skilled, organizational leaders will not get the best business results because employee engagement affects job performance (El-Jardali et al., 2009). Boga and Ensari (2009) mentioned that leadership is the bridge between the organization and the employee.

Senior leaders can implement strategies that are more effective and disregard ineffective strategies (Karlowicz & Ternus, 2009). Participants 2, 4, and 5 confirmed previous research by Cook and Engel (2006) that leadership skills and behavior is an effective strategy. However, not all strategies are best suited for every healthcare environment as stated by P3. Participant 3 confirmed that application of effective retention strategies may differ depending on the mission and goal of the organization (Karlowicz & Ternus, 2009). While the essential strategies explained may assist all businesses in retaining healthcare professionals, understanding the most effective strategies prior to commencing a retention program may assist in overcoming ineffective strategies, barriers, and otherwise critical factors.

If business leaders incorporate these five themes (a) development and training, (b) reward and recognition, (c) compensation, (d) work-life balance, and (e) leadership skills and behaviors into the development of their leadership strategy, leaders could create growth possibilities for the organization. All participants mentioned that when the healthcare professionals are successful in their roles, they are more motivated to perform. Boga and Ensari (2009) mentioned that employee achievement was essential to employee development and growth. Positive business results, as well as negative business results, create a ripple effect across the organization and employees that are engaged, as well as those who are not, affect their team (Cook & Engel, 2006). The results of the research might be applicable to different business types, but leaders should adjust according to the needs of the organization.

Implications for Social Change

The leading cause of employee turnover is job dissatisfaction (Scanlan & Still, 2013). More than one-third of healthcare employees surveyed reported they are dissatisfied with their jobs and the leadership in their organization (Prati & Pietrantonio, 2014). The results from this study might affect social change by revealing possible key determinants of employee engagement and retention. The key determinants for effecting employee engagement and retention are (a) development and training, (b) reward and recognition, (c) compensation, (d) work-life balance, and (e) leadership skills and behavior. By applying the concepts associated with the research findings organizational leaders could create positive and highly motivated work environments, increase

employee engagement, reduce employee turnover, create better leadership strategies, and make business decisions that are favorable for employees and the organization.

Organizational leaders who actively focus on improving employee engagement outperform their competitors in different financial measures (Bouckenooghe, Raja, & Butt, 2013). Moreover, retention strategies may have a positive effect on the commitment of healthcare professionals, company profitability, and strengthen the economy. From the research findings and the literature review, I determined that successful employees become more motivated to perform and manifest untapped potential when they are engaged and satisfied with their employer. Successful employees could be inspired to effect social change through various mediums within their communities and their organizations. Implications of effective retention strategies may also positively affect the well-being of healthcare professionals and the workplace culture (Homburg, Heijden, & Valkenburg, 2013). Business leaders need to understand the importance of how employee engagement and retention strategies influence social change.

Recommendations for Action

Executives need to begin seeking retention strategies to maintain sustainability, profitability, and reduce turnover (Prati & Pietrantonio, 2014). If strategies do not exist within an organization, leaders should develop effective retention strategies to improve employee engagement and retention. The importance of the findings is directly relevant to all levels of leadership within an organization, as well as all employees. For business leaders to apply these concepts to business practices, adjustments should be made by

leaders to incorporate themes from the research findings: (a) development and training, (b) reward and recognition, (c) compensation, (d) work-life balance, and (e) leadership skills and behaviors.

Findings from this study are important to company managers, senior healthcare leaders, and healthcare professionals. All company stakeholders involved in the retention of employees may be interested in the findings of this study. Dissemination of the findings from the research will occur through various methods. The director of the agency and study participants will receive a compilation of the study to disseminate within the organization and among peers of other healthcare organizations. The study will also be published and available through the ProQuest/UMI dissertation database for academia and others. Moreover, I will seek opportunities to present the findings of this research in business related forums and leadership conferences.

Recommendations for Further Research

The results of this qualitative study on what leadership strategies do senior healthcare leaders use to improve employee engagement and retention suggest that there are opportunities for further research to gain a holistic understanding of the link between employee engagement, retention, and leadership strategies. One area for further study is examining through quantitative methods to determine if there is a link between specific strategies leaders utilize to increase employee engagement and retention. Use of a quantitative research method in this type of study has the potential to result in comprehensive data that may determine the cause and effect relationship between specific strategies used by leaders and the level of improvement in employee engagement

and retention (Biggs et al., 2014). The review of literature for this study indicated that little research has been conducted on leadership strategies for retention. The research that has been conducted focused on what leaders did and how they conducted themselves in the organizational environment and not on determining which specific strategies might increase employee engagement and retention (Bouckennooghe et al., 2013). Business leaders in every industry encounter employee engagement and retention issues.

Another area for further study is conducting a study to compare retention strategies of for-profit versus nonprofit hospitals. A comparison between for-profit and nonprofit business types could uncover retention strategies best suited for the budgets allocation and operations for each business category. The findings of this study warrant further exploration to examine essential strategies for all businesses to investigate the essential factors for improving employee engagement and retention. In addition, businesses should consider the impact of retention strategies on a company's profitability and stability. I further suggest a study to investigate the financial impact of the development of in-depth formal retention programs for healthcare professionals on the company profitability.

Additional research could add to the limited scholarly knowledge and understanding of the impact leadership strategies have on improving employee engagement and retention within an organization. Obtaining an understanding of the impact leadership strategies have on employee engagement and retention within an organization may aid in creating an organizational environment that enhances communication between employees and leaders, which may decrease turnover, improve

employee performance, and increase job satisfaction (Gallego et al., 2015). Furthermore, understanding the impact leadership strategies have on employees within an organization might encourage leaders to develop retention strategies that inspire a shared vision, promote efficiency, and enable others to act in a manner that increase productivity or profits and help to achieve organizational strategic goals (Ashmore & Gilson, 2015). With so many factors influencing retention and employee engagement, business leaders should determine strategies that have the greatest influence within their organization.

Reflections

The research study involved 5 participants from a midsize hospital in Austin, TX. Each participant shared their perception of strategies that increase employee engagement and retention. To ensure that I was able to obtain extensive, abundant data about the study participants lived experiences, I developed open-ended interview questions that would not limit their responses. I began the interview process by sending out an email to introduce the study, describe the process, and request participation. Each interview took place in a neutral environment without distractions. Each interview took place in the same fashion, but review of data varied according to the participant's understanding of each research question. If a participant did not understand the research question, I carefully considered rephrasing each interview question without influencing the participant's response. I followed protocol throughout the research process, strove to collect data accurately, and transcribed interviews verbatim to maintain the integrity of the data and research findings.

Initially, I expected various strategies to be crucial in employee engagement and retention, but now I consider various strategies as the foundation of successful business results. From the research findings, I have more insight and clarity in reference to the impact leadership strategies have on employee engagement and retention. Although there were some differences with each participant's perspective, I was able to recognize many challenges and similarities that all faced as senior healthcare leaders looking to retain employees. The findings from this study exposed me to additional practices and strategies that I can utilize in my retention efforts. From the research results, I noticed the need for leaders to understand the concepts and policies as it pertains to retention. Organizational leaders should clearly define all themes from the research results. The research findings also made me aware of what is necessary as a business leader to be effective in engaging employees and creating leadership strategies.

Conclusion

Employees are a vital resource to businesses and retaining healthcare professionals is critical to an organization's overall success (Eide & Showalter, 2012). Senior healthcare leaders need effective strategies to improve employee engagement and retention (Hoare & Hoe, 2013). The purpose of this qualitative exploratory case study was to explore retention strategies healthcare leaders need to improve employee engagement and retention. From the study's findings, the key determinants of effective leadership strategies that can improve employee engagement and retention are: (a) development and training, (b) reward and recognition, (c) compensation, (d) work-life balance, and (e) leadership skills and behaviors.

Business leaders must consider several factors when addressing effective strategies (Eide & Showalter, 2012). As noted in the framework of general systems theory, retaining healthcare professionals require not just one strategy, but a system of strategies working together as a whole to retain healthcare professionals (Getoff, 2013). While having the best strategies in place is vital for retaining healthcare professionals, transformational leadership characteristics also play a significant role in the retention process (Hutchinson & Jackson, 2013). Company leaders who desire to be successful in improving employee engagement and retention should consistently motivate value, encourage, and communicate with healthcare professionals.

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Appendix A: Informed Consent Form

CONSENT FORM

You are invited to take part in a research study about what strategies senior healthcare leaders may use to successfully retaining healthcare professionals. The researcher is inviting healthcare leaders who currently hold a senior leadership position in a mid-sized hospital in metropolitan Austin, Texas with hiring and supervisory responsible for a minimum of two healthcare professionals to be in the study. The participants must be a senior manager in the healthcare field. I obtained your name/contact info via HR coordinator, company's website, or professional networking. This form is part of a process called "informed consent" to allow you to understand this study before deciding whether to take part.

This study is being conducted by a researcher named Kimberly Hulett, who is a doctoral student at Walden University.

Background Information:

The purpose of this study is to explore the leadership strategies that healthcare senior managers use to improve healthcare professional satisfaction and retention.

Procedures:

If you agree to be in this study, you will be asked to:

- Participate in an audiotaped single interview requiring no more than 60-90 minutes of your time.
- Review information to ensure your opinions about the initial findings and interpretation is accurate and complete.
- Review the initial findings, which should take no longer than 20 minutes
- 1 to 2 page summary of results will be provided to all participants.

Here are some sample questions:

- What are the critical leadership strategies you use to retain healthcare professionals?
- What leadership strategies do you use that contribute to healthcare professional satisfaction?
- What leadership strategies have you identified as being important for increasing healthcare professional satisfaction?

Voluntary Nature of the Study:

This study is voluntary. Everyone will respect your decision of whether or not you choose to be in the study. No one at your organization will treat you differently if you decide not to be in the study. If you decide to join the study now, you can still change your mind later. You may stop at any time. If you decide to participate in the study now,

you can still change your mind during or after the study. You may end your participation in the study at any time.

Risks and Benefits of Being in the Study:

Being in this type of study involves some risk of the minor discomforts that can be encountered in daily life, such as the time required to complete the 30 to 60 minute interview during or after normal work hours. There are no other risks related to this study.

Participation in the study will provide you with the opportunity to share your knowledge, thoughts, and experiences relevant to strategies senior healthcare leaders can practice to retain healthcare professionals. This study could contribute to greater understanding of how healthcare organizations can provide support for business operations in their efforts to provide and improve quality services and products for patients and their families. Participants in this study might support the development of leadership models supportive of effective retention strategies.

Payment:

No compensation will be provided for your participation in this study but each participant will receive a summary of study findings, recommendations, and conclusions or the entire study if desired.

Privacy:

Any information you provide will be kept confidential. The researcher will not use your personal information for any purposes outside of this research project. Also, the researcher will not include your name or anything else that could identify you in the study reports. Data will be kept secure on a password protected laptop computer and a private cloud data storage account accessible only to the researcher. Any hard copies of data (e.g., printed interview transcripts used for notation and analysis) will be stored by the researcher in a lockable container. Data will be kept for a period of at least 5 years, as required by the university.

Contacts and Questions:

You may ask any questions you have now. Or if you have questions later, you may contact the researcher via email kimberly.hulett@waldenu.edu. If you want to talk privately about your rights as a participant, you can call the research participant advocate at USA number 001-612-312-1210 or email address IRB@waldenu.edu. Walden University's approval number for this study is **08-30-16-0529444** and it expires on **August 29, 2017**.

The researcher will give you a copy of this form to keep.

Obtaining Your Consent

If you feel you understand the study well enough to make a decision about it, please indicate your consent by signing below.

Printed Name of Participant

Date of consent

Participant's Signature

Researcher's Signature

Appendix B: Interview Protocol

Time of Interview:

Date:

Interviewee:

Purpose of Interview:

I will use an embedded single case study to research strategies to improve employee engagement and retention. The interviewees will consist of senior leaders who are responsible for developing employee engagement and retention strategies. The intent of the study is to obtain information to improve employee engagement and retention in the healthcare industry. Organization could obtain sustainability by reducing employee turnover costs, increasing productivity through a positive working environment, and expanding services by creating a stable life for the individuals in need of support.

Semistructured interview questions, in addition to follow-up and probing questions focusing on the participants' experiences:

1. What are the critical and effective leadership strategies you use to retain healthcare professionals?
2. What leadership strategies do you use that contribute to healthcare professional satisfaction?
3. What leadership strategies have you identified as being important for increasing healthcare professional satisfaction?
4. What leadership strategies do you use to retain healthcare professionals in your department?
5. What leadership barriers have prohibited your retention strategies from being successful?
6. How did you address the leadership barriers that hindered your retention strategies?

7. How do you track the results of those strategies?
8. Is there any additional information about your leadership strategies that you would like to add?

Appendix C: Invitation Letter to Potential Participants

As hiring manager who has strategies for improving employee engagement and retention, you are invited to participate in a research study on Leadership Strategies for Retaining Healthcare Professionals, which I, Kimberly Hulett is the researcher. I am a doctoral student at Walden University. This research is a partial fulfillment of the requirements for the award of a Doctor of Business Administration (DBA) degree.

Your participation in this project is voluntary and subject to your willful consent. If you agree to participate in this study, the interview process will take 45 to 60 minutes to complete. You need to sign an Informed Consent form prior to your participation. This form contains additional information about this research. The interviews are conducted face-to-face and recorded with a digital recorder. You will be asked open-ended, semistructured questions.

Any information provided will be kept confidential.

If you have any questions, please feel free to contact either the researcher.

The researcher's name is Kimberly R. Hulett phone: XXX-XXX-XXXX or email kimberly.hulett@waldenu.edu

Thanks in advance for your consideration to participate in this study.

Sincerely

Kimberly R. Hulett

Appendix D: Letter of Cooperation from a Research Partner

Community Research Partner Name/Agency Name
Contact Information

Date

Dear Kimberly Hulett,

Based on my review of your research proposal, I give permission for you to conduct the study entitled Leadership Strategies for Retaining Healthcare Professionals within the Insert Name of Community Partner/Agency. As part of this study, I authorize you to I authorize you to interview employees who have a role in employee retention, send the initial findings to the interviewee to verify accurate representation of their experience. I also authorize access to agency policies and procedures pertaining to employee recruitment, retention, and engagement. In addition to agency policies and procedure relating to promoting employee health, education, and promotional opportunities, and access agency archived records related to employee turnover rates. Individuals' participation will be voluntary and at their own discretion.

We understand that our organization's responsibilities include: send a list of employees who have a role managing employee turnover in the agency and their contact information, send policies and procedures, and send the agencies historical turnover data. We reserve the right to withdraw from the study at any time if our circumstances change.

I confirm that I am authorized to approve research in this setting and that this plan complies with the organization's policies.

I understand that the data collected will remain entirely confidential and may not be provided to anyone outside of the student's supervising faculty/staff without permission from the Walden University IRB.

Sincerely,
Authorization Official
Contact Information

Walden University policy on electronic signatures: An electronic signature is just as valid as a written signature as long as both parties have agreed to conduct the transaction electronically. Electronic signatures are regulated by the Uniform Electronic Transactions Act. Electronic signatures are only valid when the signer is either (a) the sender of the email, or (b) copied on the email containing the signed document. Legally an "electronic signature" can be the person's typed name, their email address, or any other identifying marker. Walden University staff verify any electronic signatures that do not originate from a password-protected source (i.e., an email address officially on file with Walden).