

THE INFLUENCE OF LEADERSHIP DEVELOPMENT AND PSYCHOLOGICAL CAPITAL
ON BURNOUT AND TURNOVER

by

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Abstract

Organizations should strive to function at the highest level possible. One way to create high functioning is to ensure the wellbeing of employees. Middle managers in healthcare directly influence organizational success, yet administrators overlook the wellbeing of this employee group. A literature review revealed a significant gap among the leadership development (LD) of those managers, which fostered burnout. Psychological capital (PsyCap) was a critical element of wellbeing, though the subsequent influence on burnout and turnover was unknown. A qualitative, single-case study occurred to determine the wellbeing of middle managers at a specified hospital in the Mid-West United States, specifically related to the development of burnout and turnover intention. The researcher utilized three data collection methods, with the primary method being interviews of 19 new middle managers from the study location. Five data themes were identified: burnout, turnover, leadership development, psychological capital, and LD combined with PsyCap. Compared to an extensive literature review and anticipated themes, a significant finding was that individuals with positive self-efficacy expressed higher burnout incidents, followed by resiliency when compared to other PsyCap elements. This outcome was contrary to the limited existing literature; additional research is necessary. As a whole, though, PsyCap positively appeared to decrease burnout and turnover intention. The other significant finding of this study was that the combination of LD and PsyCap appeared to have a compounding effect of decreasing burnout and turnover. Such a combination had not been previously studied, resulting in a unique contribution to the body of knowledge.

Keywords: Leadership development, psychological capital, burnout, turnover, COVID-19

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Dissertation

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Dedication

This dissertation represents a journey. I have been clay in God's hands (Isaiah 64:8, English Standard Version) throughout this entire process, and I am not the same person I was when I began. I have walked in blind faith and obedience to Christ. I cried out to God countless times and relied on him through each obstacle that I encountered. Some of the roadblocks seemed impossible to overcome, but God was faithful. From conception to publication, the entire study is the result of prayer and the reliance on Christ. Thus, I dedicate this project to Jesus and give him all the glory.

Acknowledgments

Many people helped me tremendously along the way, and without their help, support, and prayers, this study and written dissertation would never have come to fruition. My name is listed as the author of this paper, but each of the individuals mentioned here played a significant role in helping this idea become a reality. First, I want to thank my chair, Dr. Kipreos. He tirelessly answered my questions and helped this study and written piece be far more superior than I could have created on my own. At times he seemed like a therapist, providing inspiring words at just the right time. The other members of my committee were also instrumental, as my work improved after every critique.

My family was an essential component of this successful project. Their constant cheerleading, encouragement, and support were motivating, even when my faith to believe their words were lacking. I relied on their love and kept pushing through each challenge for them. My husband, Allen, was by my side the entire time. He picked up the slack in my absence and continued to believe in me when I couldn't believe in myself. He was my biggest and most outspoken cheerleader from the sidelines. My children, Janae, Kiara, and Brock, gave so selflessly of their mom during this process. My time and attention were split between my research and their needs, yet they graciously allowed me to follow my dream and fulfill God's plan on my life. My parents, Mike and Brenda, lifted me up in countless prayers and affirmed me during my lowest parts. For each of you, I am forever grateful. As a cohesive family unit, we made it through this together!

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Section 1: Foundation of the Study

Leadership development is intended to improve the effectiveness of leaders. This process is crucial for middle managers, particularly since many of those managers had limited leadership experience before accepting their managerial roles. The efficacy of such development among organizational success has been poorly understood. Burnout and turnover were two specific adverse outcomes identified among managers that should be evaluated and avoided. A qualitative research study was conducted, considering these issues and the associated gaps identified through a detailed literature review. More specifically, leadership development (LD) and psychological capital (PsyCap) were studied regarding their impact on the development of burnout and turnover intention. This first section includes an in-depth exploration of the foundational aspects of the investigation and consists of the following: background of the problem; problem and purpose statements; nature of the study; research questions; conceptual framework; definition of terms; assumptions, limitations, and delimitations; significance of the study; and a comprehensive literature review.

Background of the Problem

Leadership development is a substantial organizational function, with companies in the United States (U.S.) investing approximately \$166 billion annually in these activities (Westfall, 2020). Despite this emphasis on development, little was known about the long-term outcomes of LD. Hopkins and Meyer (2019) noted that organizations tended to evaluate the knowledge gained at the time of LD activities but failed to examine how leaders applied the learned knowledge to their various managerial roles. Therefore, the current understanding of the effectiveness and return on investment (ROI) of these programs was scarce (Jeyaraman et al., 2018). Additionally, decreased wellbeing resulted in increased turnover (Yee et al., 2016), with

turnover being a known problem in numerous industries, particularly healthcare. According to research by Larsson et al. (2020), some leaders became disengaged after participating in organizational LD programs, leaving the firm altogether. These findings suggested a combined impact of LD and wellbeing on turnover intention. Further investigation of how LD influenced burnout and turnover was warranted to understand the issue and prevent future problems, particularly since existing literature was limited. Thus, this was a unique study with no known comparative data or existing solutions.

Problem Statement

The general problem to be addressed was ineffective leadership development (LD) and diminished wellbeing related to psychological capital (PsyCap), resulting in increased burnout and turnover among leaders. Mehrabani and Mohamad (2015) asserted that investing in LD was one of the best ways to grow an organization. Knowing this, Ardichvili et al. (2016) claimed that LD was the largest training expense of most organizations. Businesses were often dissatisfied with the outcomes (Ardichvili et al., 2016), with some leaders being worse than they were before engaging in LD (Johnson, Putter, et al., 2018). The absence of adequate leadership skills resulted in adverse outcomes for managers, including decreased workplace wellbeing and burnout (Holmberg et al., 2016). Stress within the workplace was a significant cause of burnout due to its adverse effects on psychological wellbeing (Youssef-Morgan & Luthans, 2015). While PsyCap was believed to counteract burnout and subsequently improve workplace wellbeing, only limited research existed to support that claim (Adil et al., 2018). Burnout was a predictor of turnover (Willard-Grace et al., 2019), and turnover rates within the healthcare industry were increasing at an alarming pace (Wei et al., 2019). Notably, turnover among middle managers was higher than that of executives within healthcare organizations (Phillips et al., 2018). As noted by Belasen and

Belasen (2016), the rapid turnover of middle managers diminished organizational outcomes through lost strategy, performance, and implementation. Phillips et al. (2018) anticipated a turnover of 75% of middle managers by the year 2020 within the nursing field alone, with the cost of replacing such managers an estimated 75-125% of their annual salary. The middle manager's role was considered one of the most critical within healthcare, so minimizing turnover among those leaders was essential (O'Connor, 2017). Thus, the specific problem that was addressed was ineffective LD and diminished wellbeing related to the PsyCap of new middle managers within the healthcare industry in the Midwest region of the United States, resulting in increased burnout and turnover among such leaders.

Purpose Statement

The purpose of this qualitative, single-case study was to explore the impact that leadership development and psychological capital had on the burnout and turnover intention of new middle managers. The research added to the existing body of knowledge by exploring concepts that were poorly understood, specifically the driving factors of LD and psychological aspects of leaders that affected the adverse outcomes of burnout and subsequent turnover intention. The problem was explored through an in-depth case study, bounded by time and place. Participants sought were new middle managers from a large healthcare organization in the Midwest region of the United States, with data collected from February to March 2021. Leadership development was defined as educational activities that leaders engaged in to improve their managerial skills and abilities. For the present study, such development occurred via programs required by the organization. Some participants sought additional LD through optional training offered by the employer and by reading leading books. PsyCap was defined as a combination of the four psychological constructs of self-efficacy, optimism, hope, and resilience.

Finally, burnout was considered a negative emotional response to one's current job, which often resulted in turnover or the employee's desire to leave their current position or organization.

Individually, those concepts were essential considerations within businesses, but the central phenomenon under investigation in this research was how LD and PsyCap influenced a leader's burnout and turnover intention.

Nature of the Study

Stake (2010) posited that research is a deliberative process to understand a problem or situation. Research is often utilized to improve future actions and benefit society (Almalki et al., 2016). Liberty University (2020) highlighted the research methods of quantitative, qualitative, and mixed. Three designs within the realm of qualitative research were ethnography, phenomenology, and case study (Liberty University, 2020). This section explored these various methodologies and designs to determine which of the distinct, deliberative approaches were most fitting for this investigation.

Discussion of Method

As noted in the previous paragraph, two primary research methodologies are quantitative and qualitative. The quantitative approach occurs via a formal, systematic process (Liberty University, 2020). Through logic and deductive reasoning, such research aims to determine relationships and measurements (Liberty University, 2020; Moore, 2019). Data collection occurs through the use of closed-ended tools such as surveys, instruments, observational checklists, numeric records, and census data, to name a few (Creswell & Creswell, 2018). As a scientific approach, data collection for quantitative research often occurs in controlled or partially controlled settings (Gray et al., 2019).

Conversely, qualitative research is a holistic, soft science approach used to explore the depth and complexity of a specified phenomenon (Liberty University, 2020). Moore (2019) and Creswell (2014) postulated that qualitative research helps investigators to identify the meaning of participants' ideas about a problem or issue. More specifically, Stake (2010) referred to qualitative research as the process of understanding the subjective, human perceptions about a concept or phenomenon in question. Using a qualitative methodology, researchers collect open-ended data within the participant's environment through direct observations, interviews, written documentation, and audiovisual materials (Creswell, 2016). Collected data are then evaluated to determine and analyze themes that emerge as a result of the study (Morgan, 2018).

Creswell (2014) asserted that quantitative and qualitative methodologies might be blended together to create a mixed-methods approach. Through this form of research, either the quantitative or qualitative approach is identified as the primary method, while the other form becomes supplementary (Almalki et al., 2016). Once collected, the data from both methodological forms are integrated, resulting in a more sophisticated and complex exploration of the phenomenon in question (Creswell, 2014). As postulated by McKim (2017), mixed methods are beneficial when the combination of data collection through hard and soft sciences are expected to produce higher value than if a single approach is utilized. Almalki et al. (2016) emphasized that a greater depth of exploration is sometimes associated with this form of research, compared to when a single approach is implemented.

The current research discovered the personal insight of participants, as opposed to determining measurements or cause and effect relationships. Closed-ended data collected through quantitative inquiry would have prevented participants from expressing this insight related to the central phenomenon. A holistic understanding of the situation would not have

occurred if the study took place in a controlled setting. Based on this information, quantitative research was not a suitable methodology. Similarly, since closed-ended data would not have added value to the study, then a mixed-methods approach was not appropriate, either. Further, McKim (2017) claimed that mixed methods require increased amounts of time, resources, and expertise, which were beyond the available capabilities of the researcher. This approach, therefore, was not selected.

While quantitative and mixed methods approaches did not align with the stated purpose, the examination was fitting for a qualitative inquiry. Thus, the qualitative approach was most appropriate and was selected for this study. This form of research enabled participants' experiences to be understood by examining personal insight and interpretations related to the specified problem. As suggested by Creswell (2016), data were collected through open-ended explorations within the participants' natural settings via interviews. Direct observations of LD activities also occurred, and supplemental materials were reviewed. Themes were identified by analyzing all collected data, consistent with qualitative research (Morgan, 2018).

Discussion of Design

Once the qualitative methodology was selected, the most appropriate design for the study was identified. The first qualitative design for consideration was ethnography. As noted by Creswell (2014), ethnography combines anthropology and sociology to determine cultural behaviors over a prolonged period. More specifically, the ethnographic researcher studies interactions among a cultural group of people (Creswell & Poth, 2018). Based on the identified problem statement, this form of qualitative inquiry did not align with the study and was not selected.

The second qualitative design for consideration was phenomenology. One primary aim of this methodology is to understand the essence of a concept or situation (Creswell & Poth, 2018). A phenomenological approach would be appropriate if a group of participants that all possessed positive PsyCap or negative PsyCap were examined. Based on this type of exploration, one could determine the essence of living within those psychological constructs. Since that was not the focus of the study, and since participants with varying levels of PsyCap enrolled in the study, this design was not appropriate.

Finally, the case study design of qualitative research was deemed the most fitting approach. According to Yin (2018), case study is an appropriate form of research within social sciences. Specifically, the case study design is commonly utilized in the practicing professions of business and healthcare, just to name two (Yin, 2018). The current research study examined the impact of LD and psychological constructs on a business problem within the healthcare industry, suggesting that this form of research was appropriate. Another reason that case study was the most fitting approach was related to the anticipated outcome. General lessons, or assertions, were predicted to arise upon the conclusion of the current research, which is also the expectation of case study designs (Creswell & Poth, 2018). Such lessons did appear, suggesting that this was the appropriate choice.

Within case studies, a researcher may select a single-case or multiple-case design. As noted by Creswell and Poth (2018), the single-case study approach differs from multiple-case in that a single design examines one organization. Conversely, a multiple design compares more than one unit within an organization or numerous different organizations (Creswell & Poth, 2018). As noted by Yin (2018), “multiple-case study can require extensive resources and time beyond the means of a single student or independent research investigator” (p. 54). Some argued

that a single-case approach was inferior to a multiple-case, but Hoorani et al. (2019) challenged this assertion. Instead, Hoorani et al. (2019) posited the need to shift the emphasis from non-replication to replication studies. As findings of original case studies are duplicated, the data becomes strengthened and, therefore, more valid (Yin, 2018). The process of replication also ensures credibility in the scientific process (Zwaan et al., 2018). Non-replication studies are intended to understand a phenomenon without an existing comparison (Hoorani et al., 2019), which was the case with the present investigation. Future researchers should replicate this study within other healthcare organizations to determine how their results compare to the findings of this investigation. Future replication in industries other than healthcare should also occur to determine if the results are similar. Due to the time and financial restraints of a doctoral student and the evidence suggesting that multiple-case studies are not superior to single-case designs (Hoorani et al., 2019), the single-case was appropriate and selected for the investigation.

Gentles et al. (2015) discussed case study as a qualitative methodology requiring multiple data sources to understand the concept in question. Through a case study design, the researcher examines a small number of cases to gather and analyze rich information about a phenomenon under investigation (Hoorani et al., 2019). For this study, 19 middle managers were interviewed. Additionally, LD activities were observed, and supplementary documentation about the available course offerings was reviewed. This approach allowed for data collection from multiple sources within the participants' work environments, consistent with the case study design. Overall, the study aligned with the principles of a case study design and was the appropriate selection.

Summary of the Nature of the Study

This study was conducted with a flexible design using qualitative methods. Specifically, a single-case study design was used. This flexible method was selected due to the desire to explain

or understand the specified issue. More precisely, the single-case study design was chosen due to the opportunity to examine the identified concept thoroughly through research bound by place and time. This design fostered the completion of a successful investigation while considering the limitations of a doctoral student. Data findings obtained through the study contributed to the body of knowledge by presenting aspects that had not been examined previously.

Research Question

Research questions were created to examine the problem that the investigator hoped to address throughout this project (Creswell, 2016). Consistent with qualitative research, these inquiries were written in the form of central and related sub-questions (Creswell, 2014). In keeping with this idea, a single, overarching research question (RQ) was developed for this study. Three sub-questions were also created to explore these issues in greater depth. The research questions were as follows:

RQ1. How does the use of LD and PsyCap affect new middle manager burnout and turnover intention in healthcare?

RQ1a. How does engagement with LD impact burnout and turnover intention?

RQ1b. How does PsyCap impact burnout and turnover intention?

RQ1c. How do LD and PsyCap work together to impact burnout and turnover intention?

RQ1

The central research question encompassed all aspects of the problem and purpose statements. First, the problem statement identified ineffective leadership development. Second, the problem discussed diminished wellbeing related to PsyCap. Third, burnout and turnover intention was identified as organizational concerns. When considering the purpose of this

investigation, the researcher sought to explore these poorly understood concepts. Thus, this RQ closely aligned with the study.

RQ1a. This first sub-question specifically addressed the influence of LD on burnout and turnover. As identified in the problem statement, LD was ineffective among middle managers in the healthcare industry. Previous research suggested that some leaders became disengaged after completing LD activities, resulting in turnover (Larsson et al., 2020). Examining participant involvement with LD and their subsequent experiences with burnout and turnover intention provided new findings that applied to this claim. Examining new managers' qualitative responses helped identify aspects of LD that needed improvement. This finding further contributed to the assertion that LD was ineffective, particularly related to burnout and turnover. These qualitative findings should be applied to improving future LD activities.

RQ1b. The problem statement addressed decreased psychological wellbeing of leaders and the subsequent connection to burnout and turnover. Research question 1b was developed to address this portion of the problem. Pitichat et al. (2018) claimed that the incorporation of positive PsyCap aided in the learning of LD principles and implementation by the leader, while Park et al. (2016) believed that PsyCap was an antidote to burnout. Conversely, Adil et al. (2018) argued that little evidence existed to support the claim that PsyCap improved wellbeing and burnout. Thus, RQ1b focused on burnout and turnover intention of middle managers related to wellbeing. Responses to this question contributed to the existing body of literature through the incorporation of new findings.

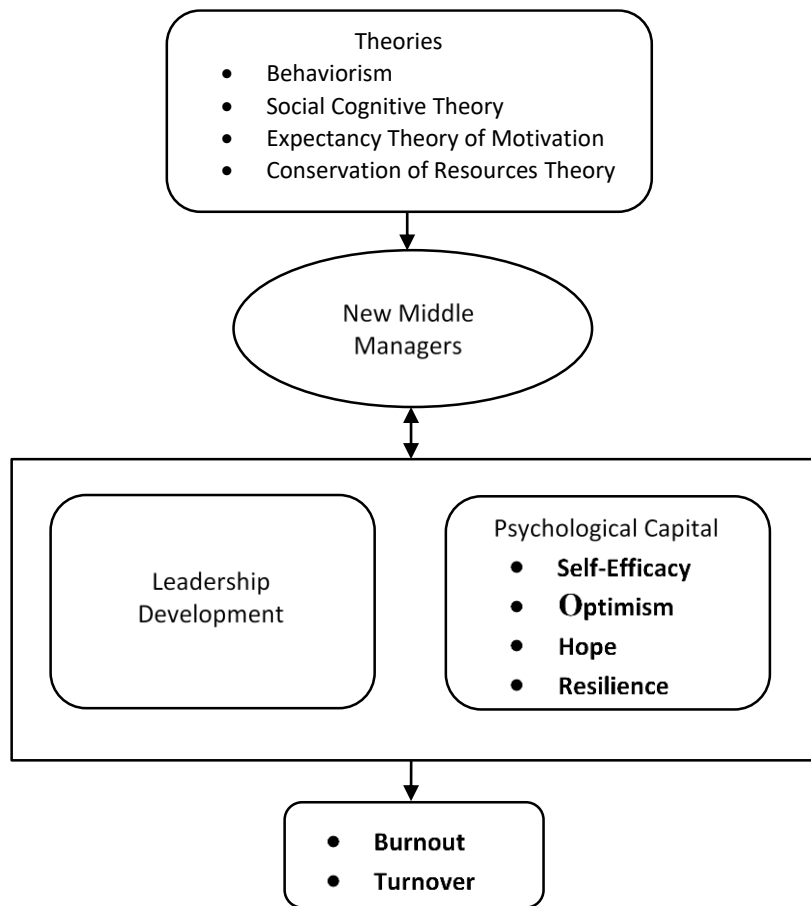
RQ1c. The purpose of this final sub-question was to examine the combined impact of LD and PsyCap. Investigating the ideas in this collective manner prevented them from being researched as two independent concepts. This exploration contributed to the study's uniqueness,

as the researcher could not locate any existing literature exploring these concepts in tandem.

Oyemomi et al. (2016) asserted that creating and sharing new business knowledge is essential for organizational improvement. Thus, this research provided new insight and expanded the existing body of knowledge.

Conceptual Framework

The study's four associated theories were behaviorism, social cognitive theory, expectancy theory of motivation, and conservation of resources theory. Related concepts were LD, PsyCap, burnout, and turnover intention. These elements were combined to form the conceptual framework. This framework was discussed throughout this section, along with Figure 1, which graphically represents the information. The framework was utilized to guide the research.

Figure 1*Relationships Between Concepts****Behaviorism***

The theory of behaviorism attempted to explain one's behaviors. As noted by Moore (2011), the primary theorists for behaviorism were Watson and Skinner. Watson's approach asserted that behavior, as an independent field of study, should be observed naturally and subsequently explained (Moore et al., 2017). Conversely, Skinner considered behavior in a way that could be predicted and controlled (Delprato & Midgley, 1992). Notably, there was no attempt to control managers' actions or outcomes within this study, as would have applied to Skinner's approach.

Watson (1930) specifically examined behavior as a way to understand human responses related to stimuli. This form of behaviorism applied to the study by attempting to understand the behavior of new middle managers. By exploring participants' behavioral responses as they engaged in LD activities, the researcher recognized how managers could have applied the knowledge gained to their professional roles. Understanding this information should benefit organizations as they plan future LD initiatives, creating the most effective programs. Therefore, the theory of behaviorism applied to the research question, each sub-question, and study methodology and design.

Social Cognitive Theory

Bandura's social cognitive theory focused on one's capabilities and motivations to successfully achieve the desired outcome (Seibert et al., 2017). Such abilities were related to self-efficacy, which, according to Seibert et al. (2017), allowed individuals to apply learning to their job roles in familiar and unfamiliar situations. New managers frequently encounter situations that are new and challenging. As noted by Luo et al. (2016), new healthcare managers often feel stressed and defeated due to their inexperience with these situations, particularly when the manager has limited leadership training or formal education (Luo et al., 2016). Therefore, examining one's capabilities and motivations was a relevant consideration for this study.

Bandura noted that one's level of self-efficacy determined performance levels (1977). Those with high self-efficacy tended to manage stress better than counterparts with low self-efficacy, resulting in decreased rates of burnout (Alessandri et al., 2018). Since self-efficacy was one of the PsyCap constructs, this theory directly applied to the study and was particularly relevant to RQ1b, examining the impact of PsyCap on burnout and turnover intention. Bandura (1986) said that choices made during formative periods of one's career might influence their

professional development and foster different competencies. Findings by Monkhouse et al. (2018) emphasized that significant growth occurred in the careers of new leaders after engaging in an LD program, suggesting that the LD period was a formative time within a new leader's profession. This correlation further demonstrated how social cognitive theory applied to a manager's engagement in the LD process. Therefore, social cognitive theory aligned with RQ1a of this study, as the sub-question examined new managers' experience with LD activities and subsequent burnout and turnover.

Expectancy Theory of Motivation

As noted by Vroom (1995), expectancy was the degree to which an individual believed that a particular result would occur based on a given action. Van Eerde and Thierry (1996) further described expectancy as the perceived "correlation between an action and an outcome" (p. 577). This theory was widely adopted in the areas of organizational behavior and leadership, relating directly to one's motivation for training, goal setting, and turnover, to name a few (Van Eerde & Thierry, 1996). Each of these concepts related to the research, making this an appropriate theory to include. Notably, Kiatkawsin and Han (2017) asserted that this theory was one of the most respected among organizational psychologists.

In addition to expectancy, Kiatkawsin and Han (2017) noted that the expectancy theory of motivation comprised the constructs of valence and instrumentality. When combined, these constructs determined one's motivation for various behaviors (Kiatkawsin & Han, 2017). Vroom (1995) referred to motivation as the rationale behind one's deliberate actions, suggesting that most behaviors within the workplace are voluntarily motivated. According to Pritchard and Sanders (1973), valence is the degree of importance that one assigns to various job-related events, while instrumentality is the relationship between one's job performance and attainment

of outcomes. Expectancy theory was used to consider the level of motivation among new middle managers to engage in LD activities and to implement new knowledge within their professional roles, which impacted burnout and turnover. The theory was used to examine one's motivation for positive engagement in the four PsyCap constructs and again affected burnout and turnover. Thus, this theory directly applied to RQ1a, RQ1b, and RQ1c.

Conservation of Resources Theory

The conservation of resources (COR) theory examined one's behavior related to stressful situations (Hobfoll, 1989). Following this motivational theory, individuals conserved existing resources and acquired new ones as a means of effectively handling stress (Halbesleben et al., 2014). As applied to this investigation, information gained through LD became a resource to new managers. How the manager responded to the learning was up to them, but utilizing this resource impacted their ability to handle stress and was reflected in the rates of burnout and turnover. Therefore, COR corresponded to RQ1a.

Leadership Development

One significant concept for this study was LD. Leadership development was a substantial expense for most organizations, comprising the majority of the training budget among firms across the globe (Ardichvili et al., 2016). Johnson, Putter, et al. (2018) suggested that the results of LD were inconsistent, with many leaders being worse than they were before attending such activities. This assertion supported research findings from Ardichvili et al. (2016), indicating that most organizations were dissatisfied with the outcome of their LD efforts and were searching for ways to improve. As represented in Figure 1, the study examined how a new middle manager's engagement in LD influenced their development of burnout and turnover intention.

Psychological Capital

Psychological capital was another concept discussed in this study, as its influence on burnout and turnover intention were explored. Psychological capital comprised the four constructs of self-efficacy, optimism, hope, and resiliency (Youssef-Morgan & Luthans, 2015). Employees were said to have a positive PsyCap when they demonstrated positive responses toward those constructs (Park et al., 2016). Those with adverse reactions to the constructs were considered as having negative PsyCap (Howard, 2017). Köse et al. (2018) noted that PsyCap was not a static state but instead considered one's emotional responses to present and future situations.

The first PsyCap construct was self-efficacy, which was defined as one's expectation in their ability to perform a specific behavior and achieve the desired result (Ali et al., 2018). Johnson, Putter, et al. (2018) suggested that efficacy was essential to LD. Hannah et al. (2008) also noted that individuals with high levels of efficacy embraced obstacles and considered them as challenges to overcome. This approach differed from those with low efficacy, as individuals with the latter often deemed challenges as risks to be avoided (Hannah et al., 2008). Caldwell and Hayes (2016) noted that self-efficacy helped leaders unlock their potential and that of the organizations for which they worked.

The second and third PsyCap constructs were optimism and hope. Pitichat et al. (2018) asserted that optimism was one's positive belief about their current and future successes. Babatunde (2016) claimed that the optimism trait positively affected the workplace. Fowler et al. (2017) defined hope as one's belief and expectation of a successful and fulfilling future, with an emphasis on self-initiated behaviors. Optimism and hope were often interchangeable, but Fowler et al. (2017) noted that both constructs are unique and should be examined independently.

The fourth and final construct within PsyCap was resiliency. King et al. (2016) discussed resilience as a personality trait that helped employees effectively handle adversity. Hudgins (2016) continued, referring to resilience as a “protective quality during adversity” (p. E62). As noted by Hartmann et al. (2020), positive emotions were believed to spread from individuals with high resilience, fostering the development of this construct in others. Such resilience could occur at both the individual and team levels within the organization (Hartmann et al., 2020). D. King et al. (2016) considered resilience as an essential construct for overcoming obstacles and succeeding in the workplace.

Burnout and Turnover

Burnout and turnover intention were the third and fourth concepts for consideration. Those aspects were related, as unresolved burnout often resulted in turnover (Zhang, Wu, et al., 2019). Thus, both concepts were discussed together in this section. They were reflected at the bottom of the conceptual framework, demonstrating the influence of LD of PsyCap on a new manager’s burnout and turnover (See Figure 1).

Burnout was the result of distress within a work environment, which negatively affected the mental health of employees (Willard-Grace et al., 2019). Restauri et al. (2017) agreed, suggesting that burnout occurred due to chronic job stress and caused a decreased sense of accomplishment and emotional exhaustion. Burnout was “alarmingly high” within the healthcare industry and was considered a “compelling problem” (Willard-Grace et al., 2019, p. 36). This challenge was not localized to individual organizations or regions but instead was an international concern (Johnson, Hall, et al., 2018). When leaders had lower burnout rates, their employees also had low rates compared to leaders with high levels of burnout (Harolds, 2020). Therefore, addressing burnout and working to decrease its occurrence was necessary.

Johnson et al. (2019) suggested that burnout occurred due to increased workloads with patient care, administrative duties, and increasingly high patient expectations. Burnout was also the result of “a bad return on investment in resources” (Mansour & Tremblay, 2019, p. 531). Considering the assertion that LD was expensive yet ineffective (Ardichvili et al., 2016), there was a potential connection between burnout, a low return on investment, and poor LD practices. Burnout within the healthcare industry caused providers to disengage from patients (Johnson, Hall, et al., 2018). More severe outcomes of burnout sometimes developed, including “depression, suicide, and substance abuse” (El-ibiary et al., 2017, p. 1).

When left unresolved, burnout often caused turnover (Zhang, Fan, et al., 2019). Turnover rates were increasing and were, thus, considered a significant problem within the healthcare industry (Wei et al., 2019). Specifically, Phillips et al. (2018) suggested that turnover rates among middle managers were higher than the turnover rates of healthcare executives and called for immediate attention. One negative result of turnover was that organizational costs increased with each turnover incident (Belasen & Belasen, 2016; Phillips et al., 2018). More precisely, turnover related to burnout cost organizations as much as 150% of the employee’s annual salary (Xian et al., 2020). Another negative result of turnover within healthcare was decreased quality. Skagert et al. (2011) posited that patient quality improved when managers motivated and encouraged their staff. Such motivation and encouragement only came when the manager was in the position long enough to build relationships and foster these actions (Skagert et al., 2011), suggesting that motivation was less likely during times of turnover. Further, nurse managers directly impacted the overall quality of care, patient satisfaction, and patient safety, but those outcomes decreased as turnover occurred among managers (Phillips et al., 2018). Due to these

adverse effects of turnover within healthcare, the inclusion of this concept within the study was essential.

Relationships Between Concepts

The identified theories and concepts were related, forming the basis of the study. As discussed, Figure 1 graphically represented this relationship between the concepts. The four applicable theories were behaviorism, social cognitive theory, expectancy theory of motivation, and COR. These theories attempted to explain individual behaviors, motivation, and responses to stress, which might have explained how new middle managers approached leadership development activities. Similarly, these behaviors, motivations, and reactions to stress could have affected the leader's response to the four PsyCap constructs. Leadership development and PsyCap were equal, independent concepts of this study and were, therefore, grouped in the figure. In addition to the influence of new middle managers on LD and PsyCap, these latter concepts simultaneously impacted the actions of leaders. For example, a positive reaction to LD activities and a positive level of PsyCap would have influenced a leader to behave differently than if the response to LD and PsyCap were negative. This relationship was represented in Figure 1, with a two-sided arrow between new middle managers and the box containing LD and PsyCap. The final concepts of the study were burnout and turnover. Based on adverse experiences with LD and individual levels of PsyCap, new middle managers became burned out and resulted in turnover intention. These negative responses were reflected at the bottom of Figure 1 and were examined during the investigation.

Summary of the Conceptual Framework

To summarize, various components comprised the overall research framework for the study. The four applicable theories identified were behaviorism, social cognitive theory,

expectancy theory, and COR. Each of these theories related to the investigation as they considered individual behaviors, motivation, and the response to stress. These theories were discussed first among the framework, as they directly influenced the underlying ideas of the study. The concepts of LD and PsyCap were identified, including the four psychological constructs of self-efficacy, optimism, hope, and resiliency. The adverse outcomes of burnout and turnover were also discussed, with these events occurring at alarming rates within healthcare. A graphical representation of this framework was highlighted to aid in a better understanding of the investigation. The study framework outlined the research concepts, examining the influence that LD activities and PsyCap had on new middle managers within healthcare and the subsequent impact on burnout and turnover among these managers.

Definition of Terms

Burnout: Neckel et al. (2018) referred to burnout as a phenomenon that employees experience due to ongoing work pressures and stress. Employees and leaders acknowledged having adverse effects when burnout ensued (Neckel et al., 2018). Physical consequences of burnout include disturbed sleep, substance abuse, and relationship conflicts, while job-related concerns are decreased effectiveness, commitment, and work satisfaction (Rožman et al., 2017). As noted by Steffens et al. (2018), unresolved burnout often results in job turnover. Thus, due to the undesirable effects on an organization's workforce, burnout prevention is necessary and warranted this investigation.

Leadership development: As defined by Ardichvili et al. (2016), LD is the learning process of a leader regarding the social and moral aspects of business practices. The goal of such learning is to enhance a leader's performance (Ardichvili et al., 2016). When such performance is improved, organizational outcomes are believed to improve as well. Flaig et al. (2020)

emphasized that strong leadership is essential to organizations, stressing that it serves as the foundation of successful businesses. Leadership skills are necessary for all companies, suggesting the need for productive LD activities (Bharwani et al., 2017).

Middle management: Middle managers are leaders that report to executives or top managers while simultaneously being responsible for other staff such as front-line workers (Birken et al., 2012). Management at all organizational levels is essential, but Gutberg and Berta (2017) surmised that the role of middle managers is critical for the successful implementation of strategic changes. In a qualitative study by Sherman (2018), middle managers were especially adept at decision-making capabilities and communication. These managers' significance was frequently underestimated, though, particularly considering the recent move toward flatter hierarchies (Livijn, 2019). Such opposing thoughts and actions demonstrated the need for further exploration of middle managers, explaining the rationale for this target audience in the present study.

Psychological capital: Psychological capital was a positive mental state that encompassed the four constructs of hope, self-efficacy, resilience, and optimism (Youssef-Morgan & Luthans, 2015). When a person possessed positive aspects of each of these, the result was believed to be more significant than if a person yielded positive responses to only some of the individual constructs. PsyCap was considered an intangible yet essential form of capital (Pitichat et al., 2018) that was integral for positive organizational behaviors (Youssef-Morgan & Luthans, 2015). While PsyCap had received recent literary attention, Newman et al. (2014) acknowledged that the underlying mechanisms were poorly understood. Related to this investigation, PsyCap was considered a critical component, and its role in preventing burnout and turnover was emphasized.

Turnover intention: Steffens et al. (2018) referred to turnover as an adverse organizational event that disrupted normal business processes and functions and decreased organizational attractiveness for prospective employees. Turnover intention, then, was one's willingness to leave their position or workplace (Babalola et al., 2016) and was a predictor of actual turnover (Cohen et al., 2016). Turnover was identified as costly to the firm due to the recruitment, hiring, and training efforts necessary to replace outgoing employees (Steffens et al., 2018). Decreased organizational success was another adverse response to turnover, as well as uninspired employees (Dwesini, 2019). Minimizing voluntary turnover was considered beneficial for organizations, so exploring the precipitating events and turnover intention was necessary.

Wellbeing: Brennan (2017) discussed wellbeing as the feeling of fulfillment and satisfaction with one's life. Such sentiments were not solely reserved for one's personal life but applied to the workplace as well. As noted by Kumar et al. (2019), staff wellbeing was an integral aspect of the organization's success. The literature suggested that wellbeing was positively correlated to burnout (Hall et al., 2016). Similarly, Tawfik et al. (2017) recognized poor wellbeing as an occupational hazard. When the "emotional, physical, and psychological health" (Brennan, 2017, p. 43) were strong among employees, then an organization could develop and improve (Kumar et al., 2019). For this study, wellbeing was examined through the perspective of PsyCap.

Assumptions, Limitations, Delimitations

This section consists of an examination of the specific assumptions, limitations, and delimitations of this study. Bloomberg and Volpe (2019) identified assumptions as ideas about a study that the researcher believes to be true. Limitations, as defined by Theofanidis and

Fountouki (2018), are possible weaknesses within a study that were beyond the researcher's control. Contrary to limitations, delimitations are the boundaries consciously imposed on the study by the investigator and are, therefore, within the researcher's control (Theofanidis & Fountouki, 2018). These aspects are essential considerations and are addressed in detail in this section.

Assumptions

The first assumption for this study was that participants would provide accurate and thorough responses. False information could impact the data, so this assumption was critical. The participants remained confidential throughout the investigation and write-up process, which helped ensure correct responses. Similarly, participants were considered experts within qualitative methodologies (Babchuk, 2019). Hence, the related assumption was that the participants were capable of articulating their thoughts and experiences as related to the research questions. Improved data findings occurred as a result of this assumption.

A second assumption was that all participants would have received at least some of the same leadership training. As noted by SHRM (2020), organizations had the responsibility to make sure that its leaders were effective, suggesting that development could have occurred through mandatory organizational programs. Thus, participants were assumed to have engaged in some of the same leadership development through mandatory programs (LDPs) required by the organization. Conversely, it was assumed that there were some differences in the LD training among the participants, as respondents were at various levels of the required development program, based on the date they assumed their leadership positions. In addition to mandatory education, some participants sought their own leadership development. According to Mikkelsen and Harche (2015), effective leaders were often considered to be lifelong learners. Thus, some

leaders that engaged in this study had voluntarily completed additional leadership education that other participants had not received. This learning occurred through non-required development, such as reading books about leadership and attending extra classes.

The final assumption was that enough participants would enroll in the study to saturate the data. This assumption was essential as qualitative research required a small number of participants. Without data saturation, the quality and validity of the investigation would have been adversely impacted (Fusch & Ness, 2015). According to Boddy (2016), saturation in qualitative inquiries often occurred with an approximate sample size of 12 homogenous individuals. However, the number of participants required for saturation varied from each study (Boddy, 2016). Thus, the investigator sought to interview at least 12 middle managers, with a target of 25 to 35. Regardless of the final number, the researcher assumed there would be enough participants to keep collecting data until saturation was reached.

Limitations

A global pandemic began during the planning stages of this study, with confirmed cases of the novel coronavirus (COVID-19) in over 200 countries, including the United States (World Health Organization, 2021). Experts anticipated that the virus would continue to spread for another one or two years (Moore et al., 2020), which was beyond the data collection period of this study. Talaei et al. (2020) theorized that COVID-19 had resulted in the most challenging global crisis over the past several decades. The healthcare profession, in particular, experienced significant impacts related to the disaster (Hoffman, 2020; Talaei et al., 2020). These impacts could have affected responses regarding burnout and turnover, as well as access to participants. Due to the implications of the pandemic on the healthcare industry, the organizational emphasis on LD surrounding healthcare was altered. Such development changed from face-to-face to

virtually and was even postponed in many cases. These limitations likely resulted in different findings than what would have been discovered outside of the pandemic. Future research should be conducted to examine the rates of burnout and turnover among professionals in the healthcare industry during the COVID crisis and for several years following.

A second limitation was related to the available literature. Most published works regarding middle management within healthcare focused on the nursing profession, but providers from other disciplines also fill this managerial role. The composition of respondents to this study appeared to be similar. While the investigator did not collect data about the respondents' healthcare backgrounds, the comments provided suggested that the majority of participants had nursing experience. Since nurses were assumed to be the most prevalent group within the study, the findings could have misrepresented middle managers' experiences from other professions, such as radiography, dietetics, or pharmacy, to name a few. To counteract this limitation, all new managers enrolled in the organization's LD program were encouraged to participate, regardless of their healthcare profession.

A third limitation of the study surrounded the interview questions. Some questions appeared to be unclear and elicited ambiguous responses. Participants were not required to answer all questions. All respondents agreed to address each question posed, although the responses did not always clearly answer the question. Additional prompting sometimes provided greater clarity, but other times it did not. Before collecting any data, all of the interview questions were screened by multiple research experts to ensure the highest level of clarity possible.

Another limitation related to time and financial restrictions. As a doctoral student, both of those resources were restrained. Restrictions were imposed for the researcher to complete the

study in a designated time frame. Such limitations also frequently accompanied case studies due to the time-bound nature of this research design (Yin, 2018). Funding was limited as the student did not receive any grant or corporate dollars to conduct the research. Different data findings could have been identified in the event of lessened time and financial constraints. Future studies may counteract this limitation. In particular, a multi-site replication study might provide additional data and result in more robust findings.

The final limitation of the study surrounded researcher bias. As described by Buetow (2019), bias was the tendency to expect specific outcomes or results, yielding data findings that were improperly emphasized or minimized. Despite attempts to eliminate all biases, Buetow (2019) claimed this is not possible. Bias may have related to this study, as the researcher is also a healthcare professional. Therefore, prior knowledge and experience could have unknowingly interfered with data collection and analysis. As a precautionary measure against bias, the researcher asked the same semi-structured interview questions to each participant. All interviews were recorded and transcribed verbatim to ensure that only the participant's actual responses were utilized in determining data themes. These steps were believed to minimize bias during data analysis.

Delimitations

There were three primary delimitations for this study. First, the research solely focused on the healthcare industry, omitting participation from individuals in other sectors. Second, the research was delimited to a single hospital in the mid-west area of the U.S. These strict concentrations may not have provided universally applicable responses to other sectors, regions, or countries. The final delimitation was that participants were comprised of new middle managers with three years of experience or less. Hence, data findings may not have been

generalizable to individuals in top leadership positions or middle managers who held their titles for more extended periods. As noted by Bloomberg and Volpe (2019), qualitative research aimed to develop findings that applied to broader contexts, as opposed to truths that were generalizable to all settings and individuals.

Significance of the Study

The investigation contributed to the existing body of knowledge in various ways. First, numerous gaps were identified in the LD literature, suggesting the need for additional research. Second, this topic was examined through secular and Christian worldviews, providing a more thorough exploration. Finally, the relevance of the study to the overall field of leadership was considered. When combined, this information demonstrated the significance of the study.

Reduction of Gaps

Multiple gaps existed in the current literature. Addressing these gaps was essential and contributed to the body of knowledge. The first gap related to the existing research regarding outcomes of LD practices. Leadership development is a growing field, with organizations from various industries and cultures recognizing the need for continuous development of their leaders (Pitichat et al., 2018). Reportedly, though, only 25 percent of organizations across all industries believed their leaders were prepared to navigate future challenges successfully (Caprino, 2016). Specific to healthcare, LD programs had become fundamental due to rapid changes within the industry (Throgmorton et al., 2016). While LD was a significant organizational priority within healthcare, the industry failed to fulfill this essential responsibility (Freeman et al., 2018). Research findings for the current study helped fill this gap through increased knowledge regarding LD, as obtained through examining qualitative data.

The second gap in the literature related to the limited leadership knowledge and expertise of middle managers. Leadership development programs were historically reserved for top executives in healthcare, meaning the leadership skills of middle managers were self-taught (Hartviksen et al., 2018). Recently, a greater emphasis on formal leadership skills has been placed on these managers (Hartviksen et al., 2018). As noted by Throgmorton et al. (2016), healthcare clinicians generally had inadequate education in the areas of influencing people and other essential management skills. Succession planning was one way that helped prepare clinicians to move into leadership roles later in their careers, bridging the gap of this limited leadership education (Whitney-Dumais & Hyrkäs, 2019). With less than seven percent of healthcare systems having formal succession plans in place for middle managers (Phillips et al., 2018), combined with minimal leadership education and experience for these managers (Throgmorton et al., 2016), the need for LDPs was evident and warranted study. This investigation provided such research.

A third and final research gap was also identified. Most research regarding burnout was related to individuals that directly cared for others, such as healthcare providers and teachers (Armenta-Hernández et al., 2018). Thus, a lack of research examining rates of burnout among middle managers in the healthcare industry was identified. King et al. (2019) stressed the emotional exhaustion that occurred among middle managers. One notable cause of burnout was related to the managers' expectation to remain connected to their work and solve problems during their time off, which was heightened by advanced communication technologies (King et al., 2019). As stated by Armenta-Hernández et al. (2018), middle managers were more apt to experience job-related stress than senior-level managers, as they often worked extended hours and strived to meet the expectations placed on them. This assertion suggested that burnout

among middle managers existed, although additional supportive evidence addressing this specific inquiry was lacking. The investigation was intended to address this gap.

Implications for Biblical Integration

Three of the concepts directly correlated with biblical teachings: leadership, burnout, and turnover. God emphasized the importance of leadership, as addressed throughout the Bible. In one instance, the writer of Proverbs 11:14 (New International Version) said, “For lack of guidance a nation falls, but victory is won through many advisers.” Thus, leadership is an essential requirement for successful business endeavors. Sonnino (2016) noted, while some individuals may possess natural leadership abilities or instincts, the core leadership competencies and skills “must be formally taught or refined” (p. 19). This statement aligns with Scripture as the Bible addresses the need to develop leaders. Proverbs 22:29 says, “Do you see someone skilled in their work? They will serve before kings; they will not serve before officials of low rank” (Proverbs 22:29). To be skilled in one’s work and, therefore, be successful as described in Scripture, managers must actively develop and refine competencies and skills focused on their position (Sonnino, 2016).

Two other concepts that related to biblical teachings were burnout and turnover. God instructed people to work hard. As noted in Leviticus 6:13, “The fire must be kept burning on the altar continuously; it must not go out.” Luke 12:48b also says, “From everyone who has been given much, much will be demanded; and from the one who has been entrusted with much, much more will be added.” These verses highlighted the diligent effort required of leaders. God also acknowledged that burnout might be associated with hard work and, therefore, offered encouragement. Jesus said, “Come to me, all you who are weary and burdened, and I will give you rest” (Matthew, 11:28). Galatians 6:9 further tells, “Let us not become weary in doing good,

for at the proper time we will reap a harvest if we do not give up.” James continued, saying, “Blessed is the one who perseveres under trial” (James 1:12a). These scriptures address the importance of avoiding unnecessary turnover, emphasizing that perseverance and stamina are vital within leadership. Thus, taking measures to prevent burnout was essential and unified with biblical teaching.

Relationship to Field of Study

This study related to the field of leadership by examining the impact of LD on adverse organizational outcomes. According to Diskiene et al. (2019), firms strive to recruit and retain leaders that possess strong leadership competencies because influential business practices directly impact organizational success. Leadership development describes the formal and informal learning opportunities where leaders acquire new skills to improve their overall effectiveness (Lacerenza et al., 2017). Leadership development, then, is a critical consideration for businesses, as this process helps improve the competencies of new and existing leaders (Diskiene et al., 2019). These abilities often occur in the areas of intrapersonal, interpersonal, leadership, and business skills (Lacerenza et al., 2017).

A second manner in which the research related to the field of study was burnout and turnover intention. Skagert et al. (2011) contended that the retention of healthcare managers is essential for the wellbeing of its staff, although maintaining an existing managerial workforce is challenging. In the nursing sector alone, Phillips et al. (2018) reported that approximately 75 percent of all middle managers would leave their positions by the year 2020. Notably, research findings suggested that managers with high turnover intentions reported a higher prevalence of burnout than those who planned to stay (Hewko et al., 2015). Since turnover resulted in

increased organizational costs and decreased business outcomes (Babalola et al., 2016), this topic was closely related to the field of study and was warranted.

Summary of the Significance of the Study

To summarize, the investigation significantly contributed to the field of leadership studies in three distinct manners. First, the research attempted to address gaps in the literature, such as limited outcomes associated with LD, an increased need for LD opportunities for middle managers within healthcare, and the minimal existing knowledge regarding burnout of such managers. Next, this topic was approached from both secular and Christian worldviews to provide a more thorough exploration of the issue. Scripture emphasized the significance of leadership and the diligent work required and encouraged leaders to prevent burnout and unnecessary turnover. Finally, the relationship between the research and the leadership field of study was described. Leadership impacted overall business success, so developing and maintaining leaders was crucial. Each of these aspects warranted investigation, and the study findings increased the overall body of knowledge.

Review of the Professional and Academic Literature

The purpose of this study was to examine the impact that leadership development (LD) and psychological capital (PsyCap) had on the development of burnout and turnover intention of new middle managers. This examination was essential, as burnout and turnover are costly, adverse organizational outcomes (Willard-Grace et al., 2019); minimizing their occurrence is necessary. Before conducting the study, an exhaustive literature review was performed to examine each concept thoroughly. This review allowed for a robust exploration of the data and revealed the strengths and gaps within the existing body of knowledge. Findings from the literature were included in this section. It began with a description of the search criteria utilized,

demonstrating the emphasis on the inclusion of current, scholarly literature. Then, detailed findings from the research were included in the following order: leadership development, psychological capital, burnout, turnover, theories, and potential themes and perceptions.

Search Criteria

While searching the literature, sources were limited to works published in 2016 or later to ensure that all content was recent and relevant to businesses today. Rare exceptions were permitted when findings from original theorists or landmark studies were necessary for a more accurate and robust exploration. In some instances, theories were published in books, so those relevant works were included. Otherwise, the author limited searches to peer-reviewed journals and dissertations to focus on highly scrutinized literature, ensuring the inclusion of the most accurate and reliable data. Occasionally, the author sought information that was too recent to be included in a published journal. In these instances, the author searched reputable sources on the worldwide web from sites such as Forbes and New York Times, to name two.

Leadership Development

Flaig et al. (2020) posited that leadership is the foundation of organizational success. It is a process that utilized direct and indirect actions to influence the behaviors of subordinates, determining the conditions in which they will work (Larsson, 2017), and to help overcome obstacles and reach organizational goals (Flaig et al., 2020). Leadership development (LD), then, provides leaders with the skills and competencies necessary to succeed in their managerial role (Flaig et al., 2020). Stead and Elliott (2019) recognized LD as formal and informal processes, comprised of educational activities through organized programs and interactions with superiors, colleagues, subordinates, and organizational stakeholders. Liu et al. (2020) further defined LD as the method where individuals improved their influence over other people, becoming more aptly

equipped to face increasingly complex and challenging leadership situations. Such development has become a priority in today's organizations due to a vast occurrence of problems like ethical scandals, limited skills development, poor quality performances, and decreased productivity (Megheirkouni & Mejheirkouni, 2020).

Similar Terms. Various terms were associated with LD, and while differences exist, Lacerenza et al. (2017) acknowledged that the words are sometimes used interchangeably. Ardichvili et al. (2016) defined LD as the process of building human capital or individual leaders. Notably, Eva et al. (2019) argued against this perspective, suggesting that leadership is a group-based mindset and should not be an individually-focused approach. Following a group-based view, LD focuses on the process of developing social capital by creating and maintaining effective teams (Ardichvili et al., 2016). Management development is another term that was highlighted by Blair et al. (2018), which describes the learning of specific skills associated with managerial roles, such as the functions required for a particular position. Despite these definite differences, leadership training is sometimes utilized when referring to the collective process of each term listed here (Lacerenza et al., 2017).

Leadership Development Methods. Leadership development is evolving, although little attention has been placed on the actual development process (Turner et al., 2018). Griffith et al. (2019) acknowledged the existence of numerous LD methods are being utilized. Such techniques include 360-degree feedback, coaching, formal educational curricula, mentorship, organized offerings, succession planning, and simulations. During recent years, the emphasis of LD has shifted from being a linear process that solely focuses on the leader toward planning LD processes that provide the most significant organizational outcomes possible (Turner et al., 2018). An important consideration is that, while each methodology might be employed

independently, a combination of the methods is necessary for a comprehensive development process (Griffith et al., 2019). The following examines the various techniques in detail.

360-Degree Feedback. A recent form of LD is 360-degree feedback (Freeman et al., 2018). According to Jackson et al. (2020), this feedback allows leaders to receive input from various people, which helps determine the leader's strengths and weaknesses from multiple perspectives. This methodology aids in the development of individuals in numerous positions and is not reserved solely for leaders (Jackson et al., 2020). Specific to leaders, Pradarelli et al. (2016) surveyed managers that were recipients of 360-degree feedback. This process allowed managers to determine how others perceived their leadership abilities, which was positively received by the participants and resulted in improved leadership based on the targeted information (Pradarelli et al., 2016). Gregory et al. (2017) acknowledged that such feedback was also useful in identifying potential leadership skills and, therefore, paired well with succession planning.

Coaching. Coaching is a global LD strategy (Ebbeck & Lian, 2018) that was generally reserved for executives (Athanasopoulou & Dopson, 2018). Managerial coaching also occurs, at times, with lower-level, front-line managers (Ye et al., 2016). As an LD process, Beun et al. (2017) noted that coaching is a collaborative effort between a coach and coachee. In-person coaching is the most popular format, but virtual coaching through methods such as smartphones, computers, and avatars also occurs (Beun et al., 2017). This methodical approach is a prestigious form of education designed to improve leadership behaviors and subsequent performance outcomes (Athanasopoulou & Dopson, 2018).

Formal Educational Curricula. Some schools are beginning to incorporate LD training into their formal educational curriculum (Bharwani et al., 2017). Providing this training within

secondary and post-secondary education is necessary, as Najjuma et al. (2016) claimed that a lack of leadership knowledge often leads to the misappropriation of resources within healthcare, resulting in decreased patient outcomes. Thus, Busari et al. (2018) and Martin et al. (2016) acknowledged that scenario-based learning is found within medical and nursing schools to improve the abilities of future healthcare professionals by offering early exposure and education of leadership principles. Specifically, Miles and Scott (2019) advocated for the inclusion of leadership classes for aspiring healthcare providers, beginning as early as the undergraduate level. Nevertheless, Till et al. (2018) expressed difficulty integrating this content for medical students due to uncertainties regarding its appropriate placement and further questioned its overall effectiveness.

Mentorship. As Thomas (2018) described, mentorship is a process where individuals give their time, energy, and resources to influence their mentee. Traditionally, this was an informal practice, although Zellers et al. (2008) asserted that businesses today are making this a more formalized process. The literature suggested that mentorship was directly related to LD, as those that engaged in this activity tended to develop leadership skills better than those without a mentor (Shalka et al., 2019). Leaders that were mentored claimed an overall improved and more satisfying career progression (Thomas, 2018) and tended to stay in their positions longer (Zellers et al., 2008). Research also indicated that formal mentorship programs might have improved overall leadership effectiveness through skill development and improved communication (Vatan, 2019).

Organized Offerings. Kratzke (2018) wrote of the need for like-minded professionals to engage with each other, which sometimes occurs through organized sessions such as virtual and in-person training. Live seminars were historically a standard method of educating professionals,

but, as noted by Peuler and McCallister (2019), they are becoming less popular. This shift is due to the expenses surrounding large, in-person gatherings, compared to the ready access of virtual education via webinars (Peuler & McCallister, 2019). Research suggests that routine engagement in training, such as monthly webinars, provides beneficial results (Kim et al., 2017). A combination of face-to-face and virtual development might be effectively employed, such as offering a week-long in-person training followed by monthly virtual webinars (Kim et al., 2017).

Organized offerings sometimes occur through mandatory leadership training, as is the case within the U.S. military (Kirchner, 2018). As explained by Kirchner (2018), the U.S. Army's required LD program is highly regarded, even by civilian entities, suggesting that non-military firms might also benefit from requiring similar types of organized offerings for its leaders. Following this suggestion could result in an added benefit, considering Swensen et al.'s (2016) claim that organizational LD closely aligns with an institution's culture. Thus, when institutions provided training via mandatory LD efforts, individuals could learn how to improve their leadership skills while also becoming further connected with the organization's culture and climate (Swensen et al., 2016). As discussed by Rahil and Dumitru (2019), leaders that embraced the institution's culture were more successful in influencing and guiding their subordinates toward meeting the specified organizational goals.

Succession Planning. Succession planning is the process of identifying and training individuals, with the expectation of placing them in future leadership positions (Donner et al., 2016). Olatunji et al. (2017) argued that succession planning is an essential requirement for the long-range success and stability of new managers and their respective organizations. Griffith et al. (2019) emphasized its importance, claiming that succession planning is a long-term process that aids in successful leadership transitions. Donner et al. (2016) further explained that this form

of LD should not be conducted on a case-by-case basis but should instead be approached as long-term and comprehensive. Olatunji et al. (2017) contended that omitting this LD process is a detrimental and expensive organizational mistake. Donner et al. (2016) and Phillips et al. (2018) agreed, claiming that succession planning yielded significant savings in training costs. Despite its success, the healthcare industry has limited implementation of succession planning, although it is on the rise (Foster, 2019).

Simulation. Busari et al. (2018) referred to simulations as activities in which participants engaged, replicating real-life scenarios. Such scenarios are often in the form of interactive games and are useful in providing education and training (Busari et al., 2018). Simulations are helpful among individuals with various leadership skill sets, offering “psychologically safe” learning opportunities with time allotted for reflection and debriefing (Till et al., 2018, p. 1216). This type of LD has been incorporated into nursing and medical schools (Martin et al., 2016; Neeley et al., 2017). Once in the workforce, managers and senior executives sometimes engaged in LD via simulations (Milner et al., 2018; Reynolds et al., 2018), which was helpful when facing turbulence and uncertainty (Bennett et al., 2016). Waller et al. (2017) said that this type of learning helps prepare leaders for future situations. Scott (2017) argued that the existing research to support its effectiveness was limited and needs further evaluation.

Competencies. Leadership competencies were a primary consideration, referring to the knowledge gained and intended outcomes that managers were to achieve upon the conclusion of LD activities (Heinen et al., 2019; Hopkins et al., 2018). Competencies differentiated from performance, as the latter referred to how the new knowledge gained was implemented into practice (Hopkins et al., 2018). Successful leadership required proficiencies within the areas of self-awareness and self-management, social awareness and relationship management (Bellack &

Dickow, 2019), leadership knowledge, personal commitment, and skills development (Tucci et al., 2019). Given these stated areas, specific competencies were to address the questions “what is leadership,” “who am I as a leader,” and “what skills and abilities do I need to be an effective leader” (Tucci et al., 2019, p. 240). These aptitudes might be learned and improved by engaging in LD activities (Bellack & Dickow, 2019).

Benefits. Numerous study findings suggested multiple benefits of LD, with the first being increased confidence in one’s ability to lead (Hackworth et al., 2018; Stuart & Wilcox, 2017). Confidence was linked to improved organizational outcomes and was, therefore, a critical leadership component (Söderhjelm et al., 2018). Specifically, Hackworth et al. (2018) claimed that confidence was vital to a leader’s overall success. Research findings suggested that self-confidence, while necessary, was only part of the success-equation; the appearance of being confident to others was also essential (Söderhjelm et al., 2018). Vince and Pedler (2018) cautioned about misplaced or false confidence that faltered during challenging times. Incorporating content into LD activities that addressed contradictions and uncertainties might have enhanced one’s confidence in a variety of situations, including circumstances that did not follow the status quo (Vince & Pedler, 2018).

Cabral et al. (2019) acknowledged that collaboration with colleagues was another benefit of LD, including the exposure to various leadership styles demonstrated by others participating in the same LD activities. Leaders that collaborated with colleagues in similar positions had achieved improved motivation, job performance, and morale of their team (Preston & Barnes, 2017). Within healthcare, collaboration was essential, as leadership in this sector often required self-governance (Folkman et al., 2019). Although individual efforts were needed and expected of leaders to meet the demands of their specific units, Folkman et al. (2019) emphasized the need

for collaboration among leaders of multiple disciplines in healthcare. Cleary et al. (2018) agreed, encouraging leadership that relied on networking and relationship with others.

Other benefits of organizational training programs included improved engagement and retention of leaders (Lerman & Jameson, 2018). Research findings by Book et al. (2019) indicated that leaders satisfied in their job roles, likewise, had followers with increased engagement and retention. Ozair (2019) noted similar results, further urging organizations to develop and maintain dedicated leaders. Meng et al. (2017) explicitly claimed that improved communication was a result of leadership development. This specific enhancement of communication skills was believed to improve the engagement and retention of employees (Meng et al., 2017).

Challenges. As noted by Söderhjelm et al. (2018), LD has become an increasingly crucial organizational function, yet Pitichat et al. (2018) discussed that such development remains a significant challenge in organizations today (Pitichat et al., 2018). Overall, Kjellström et al. (2020) acknowledged that LD is a complex and poorly understood process within modern organizations. Further, firms are often concerned about the ability of their current leaders, recognizing the need for improved practices due to inadequate leadership abilities (Pitichat et al., 2018). Megheirkouni and Mejheirkouni (2020) acknowledged the delivery system of LD as another challenge, as many organizations are outsourcing these educational opportunities to decrease costs. Similarly, the focus was recently placed on short-term development as opposed to a long-term perspective (Megheirkouni & Mejheirkouni, 2020), which could be detrimental to the organization and a disservice to the leader.

Cost. Due to the recognized need to improve LD efforts, the majority of training budgets among businesses across the globe is utilized for these activities (Ardichvili et al., 2016). More

specifically, the global LD industry is worth \$366 billion, with organizations in the U.S. alone spending \$166 billion annually on these efforts (Westfall, 2020). Small organizations lack the necessary funds to adequately educate their leaders, forcing firms to provide cheap LD opportunities and sometimes rely on individual leaders to develop themselves through personal time and resources (Megheirkouni & Mejheirkouni, 2020). Kirchner (2018) claimed that only an average of eighteen percent of participants felt confident and prepared to lead their teams after engaging in these activities, even among those that attended the more costly programs. Phillips et al. (2018) acknowledged that 75 percent of all nurse managers anticipated leaving their position by the year 2020, suggesting an onslaught of vacant middle management positions. Turnover to fill such vacant roles is rising (Belasen & Belasen, 2016), requiring costs of up to 150% of a manager's salary to fully develop and prepare the new leader (Xian et al., 2020).

Outcomes. Firms are often dissatisfied with the outcomes of LD initiatives despite the substantial investment made toward them (Ardichvili et al., 2016). Johnson, Putter, et al. (2018) claimed that some leaders were even worse than they were before engaging in LD. More specifically, LD activities are often mismatched to leaders' needs and expectations, resulting in adverse outcomes of these sessions (Kjellström et al., 2020). Swensen et al. (2016) discussed that, within healthcare, leadership development is far behind other industries, potentially lagging up to ten years, compared to other sectors. According to research by Boak and Crabbe (2019), many leaders expressed that the most effective LD opportunities were unplanned and happened naturally through on-the-job experiences, further suggesting the need to re-envision current LD practices.

Limited Training. Despite its presumed importance, individuals filling leadership roles, particularly in the healthcare sector, often lack the necessary training and experience (Spehar et

al., 2012). Such limitations result in an emphasized need to adequately transition healthcare providers into competent leaders through the LD process (Whaley & Gillis, 2018). Training within the area of pharmacy was also lacking, as most leadership education opportunities within leadership development programs occurred strictly through elective courses (Feller et al., 2016). This lack of LD, combined with a significant amount of expected turnover among pharmacy leaders, led to a concern that there might be a looming leadership crisis within the pharmacy profession (White, 2005). Regardless of the field of medicine, leadership training is in its “infancy,” often occurring in a disorganized manner, and needs to be addressed (Bharwani et al., 2017, p. 211).

Gender Disparities. Gender disparities were another challenge, with females receiving fewer development opportunities than their male counterparts, particularly among certain professions (Golbeck, 2017). During the year 2017, approximately 94 percent of the Fortune 500 CEOs were male (Pew Research Center, 2018). Similar results were found among political and educational sectors, including board members, with the number of male leaders significantly outweighing females (Pew Research Center, 2018). Interestingly, research by Withisuphakorn and Jiraporn (2017) found that female leaders were approximately two years younger than their male counterparts, despite the presumed obstacles they would need to overcome to obtain such a position. Pew Research Center (2018) noted that university presidents had the highest female representation at 30 percent. Due to the gender differences associated with leadership approaches, Selzer et al. (2017) urged the widespread adoption of female-only LD opportunities, as their research findings suggested improved outcomes when developmental programs focused on gender-specific needs.

Generational Considerations. There are currently four generations in the workplace (Knapp et al., 2020; Lewis & Wescott, 2017; Milligan, 2016). Fry (2020) noted that the oldest generation is the baby boomers, born between 1946 and 1994. Next born was generation X (Gen-Xers), during the years between 1965 and 1980 (Fry, 2020). Millennials, also known as Generation Y (Gen Y), were born between 1981 and 1996 (Fry, 2020) and had exceeded baby boomers in size (Dimock, 2019). Finally, Generation Z (Gen Z) is just beginning to emerge into the workforce as the youngest generation (Knapp et al., 2020). Each generation possesses different values and beliefs that they view as important (Abate, 2018). As noted by Hassan et al. (2019), individuals from generation Y are known for their ability to make quick decisions and innovate, focus on work-life balance, emphasize ethical behaviors, and have an intense pursuit of new opportunities and career advancement. This generation is anticipated to comprise 75 percent of all leaders by 2025 (Hassan et al., 2019). Fishman (2016) stated that millennials expect to move into managerial positions quicker compared to other generations, so individuals in this generation might benefit from earlier engagement with LD processes. Similarly, due to the large percentage of baby boomers expected to retire and cause a significant need for new leaders, Yeager and Callahan (2016) urged that LD initiatives should specifically target millennials to prepare these up-in-coming leaders.

Generational issues regarding leadership were considered and evaluated, as multiple generations are typically in the workplace at any given time (Boyle et al., 2018). Freeman et al. (2018) asserted that effective leaders are aware of and embrace the differing views, cultures, and attitudes associated with diverse age groups within the workplace. As noted by Riddell (2017), each generation develops its shared cultural expectations based on these differences, resulting in unique ideas of leadership characteristics and behaviors. Regardless of one's generational age,

Liu et al. (2020) postulated that LD is an ongoing process occurring over one's entire lifespan, ranging from early childhood through the retirement years. Beginning in infancy through adolescents, issues regarding caregiver attachment, play, chores and responsibilities, family and peer interactions, and role models all affect an individual's development of leadership skills (Liu et al., 2020). Once in the workforce, both first-hand experiences and formal activities help develop leaders further (Hezlett, 2016). It is worthwhile to note that younger adults tend to take more significant risks compared to older adults due to various stages of brain development, which directly impact how different age groups approach leadership (Riddell, 2017).

Leadership

Ayeleke et al. (2019) alleged that management and leadership are two separate concepts, although the differences are narrowing. Thus, both terms were utilized interchangeably (Ayeleke et al., 2019). The broad concept warranted investigation, as Freeman et al. (2018) considered leadership to be both a privilege and a responsibility. Shek and Leung (2016) noted that managers were accountable for their own decisions and outcomes, as well as those of their subordinates, which demonstrated the responsibility of leadership. Functions within the workplace frequently require the coordination of efforts of numerous individuals and units, which emphasizes the need for effective leadership (Cabanillas et al., 2018).

Middle Management. As positioned in organizational hierarchies, Kempster and Gregory (2017) explained that middle managers have vertical communication with their executive leaders and downward reporting responsibilities with their subordinates. Middle managers fulfill a crucial role by bridging the gap between executive leaders and front-line staff (Engle et al., 2017). These leaders are poised to serve as intermediaries between these higher and lower ranks since they interact more frequently with front-line workers than those in senior

leadership (Hartviksen et al., 2018). Being positioned in the middle of these two groups, though, middle managers often felt a sense of ambiguity and insecurity in their organizational position (Kempster & Gregory, 2017). These insecurities have led to frustrations and biased decisions, resulting in demotivated staff and adverse organizational outcomes (Mckenzie & Varney, 2018).

Significance of the Position. Gutberg and Berta (2017) ascertained that the contribution of middle managers in various sectors had been poorly examined, although these managers are uniquely poised to influence the organization. Alhaqbani et al. (2016) discussed one such contribution, asserting that, while senior leaders play a pivotal role in the continuous improvement (CI) process, middle managers are also essential in carrying out CI initiatives. Conversely, the implementation of CI projects was often delayed or failed when middle managers were prevented from participating in such activities (Alhaqbani et al., 2016). Within healthcare, middle managers directly impacted CI when focusing on overall patient safety (Gutberg & Berta, 2017). Kuraoka (2018) clarified this assertion and hypothesized that middle managers within the nursing profession are vital to the success of the healthcare institution due to their direct influence on quality patient care.

When considering quality care, Birken et al. (2018) claimed that middle managers in healthcare are instrumental in encouraging the use of and in implementing evidence-based practice (EBP) among their staff. Mackey and Bassendowski (2017) expressed that EBP is utilized by physicians to make diagnoses and decisions based on scientific research as opposed to haphazard choices, resulting in physicians making comparable choices for patients with similar illnesses. Barends et al. (2017) added that such practice is based on multiple, quality research studies, ensuring the most favorable outcome possible. Likewise, by implementing EBP within the nursing profession, allowing the research to guide patient care resulted in more holistic

decision-making processes (Mackey & Bassendowski, 2017). Through the incorporation of EBP, Melnyk et al. (2015) noted that patient quality, safety, and outcomes were improved, as well as the engagement of healthcare providers. When middle managers were committed to EBP, they tended to be supported by senior leaders and were more likely to enforce such practices among their subordinates (Birken et al., 2018). Interestingly, despite EBP being widely adopted within healthcare, its adoption within healthcare managerial roles is still in its infancy, with room for significant growth (Barends et al., 2017).

Promotion to Middle Management in Healthcare. Donner et al. (2016) deemed that healthcare providers are frequently promoted from clinically-based positions to formal leadership roles without any prior leadership experience or training. Instead of being promoted to those positions based on managerial merit, it is common for healthcare providers to assume leadership positions due to one's willingness to serve in that capacity (Donner et al., 2016). As reported by Frasier (2019), the process for identifying and recruiting replacement middle managers is haphazard and lacks the necessary planning for successful leadership. Therefore, coercion has, at times, served as a recruitment strategy, with some providers accepting the role of middle management due to fear caused by such pressure tactics from their superiors (Spehar et al., 2012). In other instances, providers are frequently promoted to leadership positions due to their excellence in clinical skills, despite not having the non-clinical abilities necessary for successful leadership, such as communication, conflict resolution, and team development (Gregory et al., 2017).

Leadership Theories. Saleh et al. (2018) claimed that leadership approaches directly impact the satisfaction and retention of employees. The quality of care and organizational costs within healthcare are also believed to influence employee satisfaction and retention and are

directly related to the leadership methods that are employed (Saleh et al., 2018). Leadership had been heavily studied since the 1990s, with research often focused on determining the best approach (Ford & Harding, 2011). Theories specifically valuable for leadership development were identified in the literature and explored in this section. Those theories are authentic, ethical, leader-member exchange, servant, self-leadership, and transformational (Megheirkouni & Megheirkouni, 2020).

Authentic Leadership. Authentic leadership (AL) was built on the concept of authenticity, or one's ability to know and remain true to themselves (Gardner et al., 2005). To be successful, Avolio and Gardner (2005) acknowledged that this form of leadership requires leaders and followers to both behave authentically, as they strive to create genuine relationships with each other. It is, therefore, a relational form of leadership focused on the strengths of individuals, as well as trust and honesty (Raso, 2019). As highlighted by Gardner et al. (2005), self-awareness and positive behaviors are significant outcomes of this leadership approach. Studies suggested that AL results in improved work-life balance and job satisfaction among followers (Braun & Peus, 2018), possibly due to its roots in positive psychology (Raso, 2019). Research findings by Frasier (2019) indicate that self-evaluation, which often accompanies this leadership style, is a beneficial process related to this theory.

Despite the positive aspects of AL, Gardiner (2017) cautioned that one's authentic behaviors might not necessarily be ethical. While this leadership theory was initially intended to improve moral actions within the workplace, the focus changed toward improving organizational functioning, which does not always align with ethical thoughts and behaviors (Gardiner, 2017). Ford and Harding (2011), therefore, claimed that it was impossible to be fully authentic. Instead, they asserted that authentic behaviors could be changed based on individual conditions and

settings, which might be contradictory and, seemingly, inauthentic (Ford & Harding, 2011). To fully develop this style, leaders needed to be authentic in their personal and professional lives (Frasier, 2019).

Ethical Leadership. Ethical leadership was formalized by Brown et al. (2005) based on a dramatic increase in ethical scandals. According to Jambawo (2018), ethical leadership is necessary within the healthcare industry. More specifically, Jambawo (2018) argued that ethical behaviors should be the foundation of all leadership methods and actions. In this model, leaders are not only required to behave morally as a manager but their actions outside of their professional roles need to be moral as well (Treviño et al., 2000). Managers using this leadership style strive to treat their employees as fairly and ethically as possible (Brown et al., 2005). Therefore, Wang et al. (2018) claimed that ethical leadership occurs through a trickle-down effect. If an executive leader employed ethical leadership, their direct reports were more apt to lead and behave in a similar manner (Wang et al., 2018), suggesting this leadership style is best developed through mentorship processes.

Leader-Member Exchange Theory. Leader-member exchange (LMX) theory was developed in the 1970s (Dansereau, 1972). Since then, Graen and Uhl-Bien (1995) acknowledged that this theory underwent changes and began focusing on the relationships between leaders and followers. The relationship between, and emphasis on, leaders and followers differentiated this theory from other leadership styles, as most approaches focused solely on the leader (Graen & Uhl-Bien, 1995). In this form of leadership, the positive relationship between leaders and subordinates encourages employees to stay within the organization, resulting in decreased turnover (Zhang, Fan, et al., 2019). Hogg et al. (2005) argued that LMX is too narrowly focused. According to their argument, leadership does not strictly exist within dyadic

groups, but instead, groups are considered within the greater social context of the entire organization (Hogg et al., 2005).

Servant. Greenleaf theorized that both leaders and followers should be servants, forming the basis of his theory of servant leadership (1970). Servant leadership focuses on serving others as opposed to serving one's self, and, naturally, the leader claims to be a servant over a leader (Greenleaf, 1970). Thus, Sousa and van Dierendonck (2017) identified humility as a significant aspect of this leadership style. Research suggested that humility among leaders was positively correlated with increased job engagement, motivation, self-efficacy, team performance, and firm performance (Mao et al., 2019). Yang et al. (2019) expressed that humility led to emotional exhaustion of the leader, resulting in adverse impacts on the team. Interestingly, study findings by Lu et al. (2019) suggested that employees of servant leaders were more apt to feel emotionally safe within their workplace due to the emphasis on the acceptance that was associated with this leadership model. One notable difference between authentic and servant leadership theories, as discussed by Ling et al. (2017), was the focus of leadership. Specifically, authentic leaders focus on self-development, while servant leaders are more concerned about the development of and service to other people (Ling et al., 2017).

Self-Leadership. Leadership often focuses on the effectiveness of a manager within a group or social setting, with little attention centering on the leader (Manz, 1986). According to Luthans and Davis (1979), a leader's ability to manage a team is hampered by their ability to lead themselves. In a doctoral dissertation, Davis (1978) surmised that when the continuous management of others was constantly interfering with the leader's ability to accomplish their necessary tasks, the result was poor self-control, which might have ultimately impeded outcomes. This premise formed the basis of self-leadership, asserting that the most effective

managers were skilled at managing their own actions to successfully manage the behaviors of others (Luthans & Davis, 1979). Manz (1986) discussed the traditional controls placed by institutions on its employees, expecting behaviors to occur in a specific manner to achieve the specified organizational goal. Once an individual understands themselves and their abilities, they influence their actions and achievements without the need for stringent external controls. Thus, through self-leadership, control is shifted to the individual employee based on their motivational factors, such as independent values and beliefs (Manz, 1986).

Transformational. Another leadership theory is transformational, which served as a dominant leadership method over the past decades in education administration (Berkovich, 2016), business, and management (Fenwick et al., 2019). This theory focuses on a leader's ability to inspire others to accomplish the same goal, creating close alignment as a unified team (Fenwick et al., 2019). Transformational leadership also emphasizes the collective team, downplaying individual interests (Rebelo et al., 2018). As discussed by Aarons et al. (2017), this type of leader strives to inspire and motivate the inner beliefs of their followers. Through the ability to recognize one's weaknesses and errors, self-awareness is a critical aspect of this leadership style, particularly when differentiating between leadership and management (Aarons et al., 2017). Rebelo et al. (2018) wrote of the connection between transformational leadership and psychological capital. Employing the constructs of PsyCap, a stronger team should emerge, allowing improved team cohesion (Rebelo et al., 2018). Of important note, transformational leadership is also frequently employed within successful leadership development activities (Aldulaimi, 2018).

Psychological Capital

Psychological capital (PsyCap) is considered one of the essential forms of business capital, such as economic, human, and social (Pitichat et al., 2018). Youssef-Morgan and Luthans (2015) acknowledged that PsyCap, due to its focus on positive psychology, is thought to improve employee wellbeing, and is, therefore, a crucial organizational consideration. PsyCap further refers to the mental and emotional capacity that one had regarding four separate constructs (Nolzen, 2018). Youssef-Morgan and Luthans (2015) placed those four constructs into the acronym HERO, standing for hope, efficacy, resiliency, and optimism. This collective psychological approach of positivity was developed, measured, and utilized to improve workplace performance (Nolzen, 2018).

Self-Efficacy. Bandura (1977) defined self-efficacy as one's belief in their abilities to complete a task, which likewise affected their motivation to attempt and follow through with said tasks. Such self-efficacy required the organization and persistent efforts of an individual's "cognitive, social, and behavioral subskills" to accomplish a specified goal or outcome (p. 391). Schneider and Preckel (2017) recognized that self-efficacy was positively correlated with achievement. More specifically, Talsma et al. (2019) considered self-efficacy to be one of the most critical factors of performance success. This assertion was made due to the direct impact of self-efficacy on one's actions, thoughts, feelings, and motivations (Gangloff & Mazilescu, 2017).

Conversely, Talsma et al. (2019) cautioned placing too much emphasis on self-efficacy, acknowledging that one's belief in their abilities did not always match actual performance. Some individuals tended to underestimate their capability to attain the desired outcome, while others overestimated their ability (Talsma et al., 2019). Dassa and Nichols (2019) noted that those with a lack of confidence might not have performed as well as they could have, based on their

diminished self-efficacy (Dassa & Nichols, 2019). Those who were overconfident in their skills underestimated the effort necessary to accomplish a goal and sometimes failed to accomplish tasks or reach goals (Zhang et al., 2016). Thus, an accurate reflection of one's self-efficacy is necessary to attain optimal results (Dassa & Nichols, 2019).

Hope. Snyder (1995) considered hope to be an essential coping strategy. Similar to self-efficacy, hope is believed to be a motivating factor toward accomplishing a goal (Snyder, 2002). Further, Snyder (2002) asserted that hope is a way of thinking that draws on emotions, although it is a separate construct and not a feeling itself. As noted by Zhou et al. (2016), hope and self-efficacy are both fundamental constructs within positive psychology. Due to the strong correlation between hope and self-efficacy, Zhou et al. (2016) hypothesized that those two constructs are sometimes considered to be the same. Rand (2018) argued that the two constructs were separate, with hope focused more on one's level of determination, as opposed to self-efficacy's focus on one's belief.

Optimism. Optimism is the belief that future results will be positive (Schiavon et al., 2017). Carver et al. (2010) theorized that the higher the level of optimism, the more equipped an individual is to handle adversity. This construct differs from hope, as Rand (2018) noted that hope emphasizes the beliefs of one's self, as opposed to the future. With a future focus, optimism was shown to improve personal and entrepreneurial success (Adomako et al., 2016). Hope and optimism are frequently used interchangeably, yet scholars agree that those constructs are different and should be discussed separately (Fowler et al., 2017; Rand, 2018). When used together, though, both constructs protect individuals from developing adverse psychological responses and disorders (Kelberer et al., 2018).

Resilience. Resilience is the act of learning and growing from past traumas and failures (Harolds, 2019a). When applied to the workplace, King et al. (2016) ascertained that resilience allows organizations and leaders to learn from adversity and make better choices in similar future situations, resulting in improved outcomes. Specific to healthcare, workers require resilience due to the adverse experiences that are frequently encountered (Brennan, 2017). Such strength was identified as a critical factor for organizational success (King et al., 2016). As a construct related to individuals, resilience allows people to adapt to adverse events and maintain positivity (Shrivastava & Desousa, 2016). This response, as noted by Shrivastava and Desousa (2016), protects individuals from developing adverse psychological disorders, including job-related burnout and reduced wellbeing.

Burnout

Burnout is a syndrome generally caused by various stressors at work (Lacy & Chan, 2020) and develops as a cumulative process over time (Fred et al., 2018). The syndrome encompasses physical and emotional exhaustion and is most prevalent among those in the helping professions (Ortega et al., 2018). Sarma (2018) noted that burnout is a recognizable syndrome, complete with a medical ICD-10 code. Burnout is classified by the three dimensions of overwhelming exhaustion, cynicism, and a personal sense of decreased effectiveness and accomplishment within the workplace (Maslach & Leiter, 2016; Salminen et al., 2017). The prevalence of its occurrence is significantly high, suggesting the need to understand the precipitating factors and how burnout develops (Salminen et al., 2017). Due to its adverse organizational outcomes, Scanlan and Still (2019) urged institutions to monitor for and strive to prevent the development of this syndrome (Scanlan & Still, 2019). While many believed that

burnout is an individual problem to overcome, Shanafelt and Noseworthy (2017) posited that the occurrence among healthcare clinicians is a system-wide issue that must be addressed.

Stages. Maslach and Leiter (2016) suggested that burnout occurs in three sequential stages. The phases begin with the individual experiencing severe exhaustion, followed by feelings of inadequacy and failure (Maslach & Leiter, 2016). Additionally, other scholars discussed the act of depersonalizing one's work as another stage of burnout, following severe exhaustion (Bernotaite & Malinauskiene, 2017; Buck et al., 2019; Singh et al., 2017). Once burnout syndrome develops, Koh et al. (2020) explained that recovery also occurs in stages. Those stages are "struggling, changing mindsets, adapting, and finally resilience" (Koh et al., 2020, p. 113).

Prevalence. As discussed by Willard-Grace et al. (2019), burnout among healthcare providers is "alarmingly high." (p. 36). To begin the discussion, Willard-Grace et al. (2019) claimed that burnout was more prevalent among physicians than any of the other healthcare professions. One study suggested that only 23 percent of physicians experienced burnout (Yoon et al., 2017). This finding was atypical, as the majority of research reflected a rate of approximately 50 percent of U.S. physicians (Jager et al., 2017; Restauri et al., 2017; Shanafelt & Noseworthy, 2017). Some studies reflected the rate of physicians experiencing burnout to be as high as 60 to 80 percent (Lacy & Chan, 2020; Rotenstein et al., 2020; Willard-Grace et al., 2019). Thus, Lacy and Chan (2020) and Dzau et al. (2018) asserted that such rates among physicians have reached a crisis level and getting worse. This concern is evident when compared to those rates among the general U.S. working population, which has remained unchanged for several years, averaging approximately 28 percent (Fred et al., 2018).

A wide discrepancy regarding the burnout levels of pharmacists was noted in the literature (Jones et al., 2017; Protano et al., 2019). According to Jones et al. (2017), only 11 percent of pharmacists experienced symptoms of this syndrome. These pharmacists were from Italy, which appeared to have lower rates of burnout than pharmacists in the U.S. Research findings by El-ibiary et al. (2017) revealed that approximately 40 percent of pharmacy personnel in the U.S. developed the syndrome. Another study by Protano et al. (2019) revealed prevalence rates on the far end of the spectrum, with as high as 61 percent of pharmacists experiencing burnout. This was a small study, which may reflect outlier data (Protano et al., 2019); further exploration is warranted.

McHugh et al. (2011) acknowledged a discrepancy in rates of nursing burnout, with those in clinical positions having increased incidences compared to nurses working in non-clinical settings. Research findings from multiple studies yielded similar results, with approximately one-third of all nurses surveyed admitting to experiencing burnout (Molina-Praena et al., 2018; Reith, 2018). Rates of burnout as high as 70 percent among this profession were reported (Bridgeman et al., 2018). Related to nurses are the nursing aides, which Molero Jurado et al. (2018) hypothesized were especially vulnerable. With only 26 to 50 percent reported rates of burnout among nursing aides (Molero Jurado et al., 2018), those healthcare workers appeared to have the lowest occurrence compared to other disciplines. Refer to Table 1 for a comparison of burnout rates among the various healthcare disciplines identified throughout the literature.

Table 1*Burnout Rates Among Healthcare*

Discipline	Rate	Source
Nursing Aides	26% – 50%	(Molero Jurado et al., 2018)
Nurses	31% – 80%	Bridgeman et al. (2018); Molina-Praena et al. (2018); Rotenstein et al. (2020)
Pharmacists	11% – 61%	Jones et al. (2017); Protano et al. (2019)
Physicians	23% – 60%	Lacy and Chan (2020); Willard-Grace et al. (2019); Yoon et al. (2017)

Causes. Numerous contributing factors cause burnout syndrome, the first being long work hours and taxing on-call schedules (Molero Jurado et al., 2018). Research by Naeem et al. (2019) supported this assertion, indicating that long shifts and inflexible hours were the most prevalent causes of burnout among post-graduate physician trainees. Battie et al. (2017) acknowledged that extended hours were often required of healthcare providers due to staffing shortages and the necessity of around-the-clock coverage. Such long hours resulted in decreased work-life balance and diminished overall job satisfaction (Hsu et al., 2019). Those providers were also required to take on-call hours, in addition to their already-taxed schedule, causing further exhaustion (McClelland et al., 2019).

Khansa and Janis (2019) posited that many providers developed burnout after recognizing that the idea of a healthcare position did not align with the realities of the job requirements. This realization led to frustration, increased stress, and symptoms of burnout (Khansa & Janis, 2019). In a study by Dyrbye et al. (2018), career and specialty choice regret was a common complaint among resident physicians. Extended work hours and heavy workloads often contributed to career regret among healthcare professionals (Tian et al., 2019). Providers were frequently required to engage in administrative and bureaucratic tasks outside of the

typically anticipated and desired responsibilities (Manzano-Garcia & Ayala, 2017). Birkeli et al. (2020) claimed that such tasks were perceived as burdens and were significant contributors that led many physicians to regret their jobs and seek employment elsewhere.

Catastrophes and Crises. Burnout occurred most prevalently among those working in prolonged, repeated exposure to stressful conditions (Boutou et al., 2020). Healthcare providers that frequently work in emergency situations, such as in emergency departments, are more likely to develop burnout (Boutou et al., 2020) than those working in relaxed environments. Rates of short-term compassion fatigue followed by long-term burnout are likewise expected to increase during times of catastrophes and crises due to the prolonged exposure to intense stress and emotional exhaustion (Chung & Davies, 2016). In a study following hurricanes Harvey and Maria, research by Powell et al. (2019) revealed that healthcare providers that cared for disaster victims were more apt to develop burnout, with symptoms lasting into the recovery phases of the disaster. Mattei et al. (2017) studied healthcare providers following a catastrophic earthquake in L'Aquila in 2009. This exposure to intense psychological distress among the healthcare workers that tended to those earthquake victims had long-term consequences, and many of them felt the effects of burnout as long as six years following the disaster (Mattei et al., 2017).

The novel coronavirus disease (COVID-19) began in December 2019 (Labrague, 2020). Over the following months, the virus turned into a pandemic, spreading to 223 countries and territories by April 2021 (World Health Organization, 2021). During the same timeframe, the World Health Organization (2021) reported the diagnosis of over 137 million cases and nearly three million deaths. Certain geographic regions were identified as hotspots, resulting in healthcare systems being overrun (Miles, 2020) and requiring extended work hours and extreme emotional exhaustion of the healthcare providers (Talaee et al., 2020). Miguel-Puga et al. (2020)

suggested that emotional exhaustion combined with depersonalization among first responders during the coronavirus crises led to severe burnout and even post-traumatic stress disorder. The COVID-19 pandemic, thus, was identified as a significant cause of burnout among workers in the healthcare industry (Labrague & De Los Santos, 2020). The situation was too recent for a comprehensive exploration, suggesting the need for additional research (Matsuo et al., 2020).

Risk Factors. Khansa and Janis (2019) acknowledged several risk factors for physicians developing burnout, the first being those with a heightened sense of responsibility and guilt. Physicians with poor childhood relationships with their fathers were more apt to develop burnout (Khansa & Janis, 2019). In the nursing profession, gender, marital status, and the presence of children were believed to increase one's likelihood of developing the syndrome. Specifically, males were more apt to experience burnout symptoms than females. This assertion was contrary to study findings involving physicians, as Hewitt et al.'s (2019) research suggested female doctors were more likely to develop the syndrome than males. Age also appeared to be a contributing factor, as Molero Jurado et al. (2018) deemed that younger employees were more likely to have symptoms of burnout versus older counterparts, possibly due to the lack of the development of coping strategies that often comes with time.

Dangers. Several dangers were associated with burnout, including the devastating concerns of depression and suicide (Kuhn & Flanagan, 2017). Stehman and Testo (2019) discussed the high prevalence of alcohol use and drug abuse among physicians with burnout as an attempted mechanism to cope with depression. These adverse coping mechanisms often led to suicide, as approximately 400 physicians committed suicide annually, with these deaths believed to be directly related to burnout (Stehman & Testo, 2019). As noted by Card (2018), physicians currently practicing and those still in training have the highest risk of burnout-related suicide

among all other healthcare professionals. Harolds (2019b) identified two treatment methods for those with burnout. Cognitive-behavioral therapy may help those with emotional exhaustion, while counseling might be beneficial for those with depression (Harolds, 2019b) to prevent the development of additional dangers.

Healthcare workers that experience burnout tend to provide sub-optimal patient care (Kim et al., 2018), suggesting another danger of this syndrome. The degree of burnout generally signifies the overall impact of quality care, with more severe burnout symptoms resulting in more significant declines in quality (Salyers et al., 2016). Reports of decreased quality care include increased errors despite adequate knowledge, reduced empathy toward patients, and yelling at them (Kim et al., 2018; Loerbroks et al., 2017). Increased hospital-acquired infections were also noted among providers with burnout due to poor performance, which resulted in increased fatality rates (Tawfik et al., 2017). In a recent study by Tawfik et al. (2017), approximately 75 percent of all physicians that had inadvertently caused a significant medical error admitted to being burned out.

Symptoms. Healthcare providers that developed burnout syndrome are more likely to experience physical and emotional disturbances (Makkai, 2018). Such difficulties include “anxiety, depression, sleeping disorders, memory loss, and neck pain” (Makkai, 2018, p. 2). Marchand et al. (2018) purported that absenteeism is another sign, possibly due to the associated depression. According to a Canadian study, 80 percent of employers reported mental health concerns, such as depression, as the primary cause of short and long-term disabilities and workplace absences (Marchand et al., 2018). While career choice regret often causes burnout, as discussed previously in the Causes section, Dyrbye et al. (2020) also asserted that burnout often leads to career choice regret. This statement suggests that regret is another symptom of burnout

and potentially demonstrates a transverse relationship (Dyrbye et al., 2020). Grace (2018) concurred, claiming that signs of burnout among pre-medical students resulted in them losing interest in the field and subsequently selecting a different career before ever entering the healthcare workforce. Withdrawal was a final emotional disturbance related to burnout and was defined by Goldberg et al. (2020) as personal detachment from the workplace. Such withdrawal results in decreased performance and can lead to social withdrawal (Sunjaya et al., 2020).

Turnover

Ravangard et al. (2019) acknowledged that workplace turnover is a significant issue that organizations have faced for a considerable time. As noted by Zito et al. (2018), turnover intention is defined as an employee's intent to leave their workplace and seek employment elsewhere. Zhang, Wu, et al. (2019) added that turnover intention is based on the employee's plan to leave the organization during a specified time. Turnover, then, referred to the number of employees who left the organization or changed positions within the same institution (Skagert et al., 2011). This occurrence might be the result of controlled and anticipated factors such as a lack of desire to stay in the current position or the availability of a new job opportunity (Santoso et al., 2018). Conversely, Santoso et al. (2018) concluded that turnover could be involuntary, as occurs with dismissal or termination of the employee by their employer. Since "human resources are the most valuable assets of every organization" (Ravangard et al., 2019, p. 166), and since turnover has adverse effects on these resources (Hassan et al., 2019), then a comprehensive understanding of the concept and prevention of its occurrence is essential (Abate, 2018).

Burnout Syndrome. Turnover rates within organizations were positively correlated with the development of burnout syndrome; as burnout increased, so did turnover (Scanlan & Still, 2019). More specifically, Lu and Gursay (2016) theorized that burnout is one of the most

significant predictors, compared to all the other factors that contribute to turnover intention. In a study by Hamidi et al. (2018), approximately half of all physicians that experienced the syndrome left their position within the following two years. Montañez (2019) discussed similar results within the general workforce, stating that approximately 50 percent of all turnover was attributable to burnout. These high percentages led Kraft (2018) to claim that burnout is at a crisis level, yielding vast turnover rates.

Person-Environment Fit. Person-environment fit refers to the compatibility between an employee and their work environment, which could be the job, organization, group, or supervisor (Andela & van der Doef, 2019). At times, new employees realize that their abilities and job demands are misaligned, resulting in the employee feeling unsatisfied; this is referred to as person-job misfit (Chi et al., 2019). Other times, new workers determine an incompatibility between themselves and the organization, resulting in a person-organization mismatch (Kilroy et al., 2017). Andela and van der Doef (2019) asserted that person-group fit is also referred to as a person-team fit, and considers the compatibility between an employee and their team members. Finally, the similarities or differences between the employee and supervisor determine the level of person-supervisor fit (Astakhova, 2016). When any of these fits are misaligned, the employee becomes at increased risk of turnover (Andela & van der Doef, 2019). Interestingly, while similarities between employees and supervisors generally result in a positive person-supervisor fit, employees with the Machiavellian personality type are at the highest risk of turnover when paired with Machiavellian leaders (Belschak et al., 2018). Ravangard et al. (2019) asserted that tight administrative controls are another cause of a person-supervisor mismatch. The issue of control has become more prominent since the 1990s, as employees were expecting more autonomy, resulting in lesser organizational and supervisory controls (Langfred & Rockmann,

2016). When any form of misalignment occurs, the person-environment fit is considered low, and turnover intention increases (Klundert et al., 2018).

Incivility. Workplace incivility refers to the deviant behaviors of employees toward others, often from supervisors toward subordinates, with the intent to cause harm (Huang & Lin, 2019). Within healthcare, incivility is also known to occur from patients toward caregivers (Bar-David, 2018). Fida et al. (2018) acknowledged that uncivil behaviors are subtle and occur through low-intensity behaviors, such as rude comments and insensitive actions. As cited by Mackey et al. (2019), nearly 98 percent of employees from all sectors and regions have experienced some form of workplace incivility, making this a global issue. Employees that were victims of workplace incivility were known to experience fear, sadness, distress, decreased work ethic and quality, and increased turnover intention (Huang & Lin, 2019). Mackey et al. (2019) recommended that uncivil actions should be addressed as they arise before the adverse outcomes of decreased job satisfaction and turnover ensue.

Bullying. Bullying is defined as repeated, inappropriate aggression with the intent to harm, control, or degrade another person (Livne & Goussinsky, 2017). Unlike workplace incivility, bullying is often targeted toward peers, as opposed to coming from someone at a higher hierarchical level and focused toward a subordinate (Huang & Lin, 2019). Kim et al. (2019) acknowledged that bullying caused psychological distress within the workplace and subsequently resulted in employees seeking employment elsewhere. Incidentally, such distress and turnover occurs not only among those being bullied but also among those witnessing the adverse events (Kim et al., 2019). Bullying is a significant concern within healthcare, as Bambi et al. (2019) reported worldwide rates of bullying among the nursing profession to be as high as 87 percent. Nurses were known to “eat their young” as an initiation by established nurses toward

newer nurses to determine the new nurse's ability to survive in the profession (Zhang et al., 2018, p. 2). Gillespie et al. (2017) acknowledged that such bullying through initiations has occurred for the past 30 years and is a serious issue that should be stopped.

Violence. Workplace violence is another cause of turnover (Zhao et al., 2018) and is defined as physical or verbal abuse, real or threatened, that occurs toward employees while on duty (Sharma, 2019). Many workers that were victims of such violence endured not only physical trauma but experienced psychological, social, and financial trauma as well (Hoyle et al., 2018). The perpetrators come from persons of authority to those in lateral positions in the organization, such as co-workers (Cheung et al., 2018). Within healthcare, patients and family members also engaged in violent behaviors toward healthcare workers, suggesting another perpetrator of workplace violence (Boafo, 2016). In a nationwide survey by Vorderwülbecke et al. (2015), 91 percent of physicians acknowledged experiencing at least one form of the following types of workplace violence from patients: verbal insults; threats; physical violence of varying degrees; sexual harassment; sexual abuse; damage to property or theft; libel or slander; threats with an object or weapon; physical abuse with an object or weapon; and stalking.

Liu et al. (2019) considered such violence among healthcare workers to be a global concern, referring to it as “a key occupational hazard” (p. 927). The World Health Organization (WHO) claimed that up to 38 percent of all healthcare workers had experienced workplace violence at least once during their career (2020). Interestingly, nurses were believed to endure the highest incidents of violence (Sharma, 2019), despite being considered the most ethical, honest, and trustworthy profession (Reinhart, 2020). Within healthcare, violence typically occurred from patients toward providers, resulting in physical trauma, decreased patient care, and increased organizational costs (Samuels et al., 2018). Hoyle et al. (2018) asserted that

various campaigns were implemented to prevent such violence, although the success of those initiatives was poor.

Job Satisfaction. Zito et al. (2018) defined job satisfaction as the degree that an employee likes their job, considering it as positive or not. Jackson et al. (2018) surmised that physicians with decreased job satisfaction are more prone to turnover. Various other professionals within the healthcare sector with low satisfaction are also considered likely to turnover (Aloisio et al., 2018; Carvajal & Popovici, 2018; Halter et al., 2017), resulting in some providers retiring earlier than anticipated (Jackson et al., 2018). Interestingly, when managers have high job satisfaction, their subordinates are also more likely to have high satisfaction, simultaneously minimizing the turnover intention of both the manager and their subordinates (Basol & Demirkaya, 2017). Al-Muallem and Al-Surimi (2019) claimed that turnover among pharmacists is high compared to other healthcare disciplines and is primarily due to low job satisfaction. Pharmacists working in chain pharmacies tend to have lower rates of satisfaction than those working in non-chain pharmacies, and those working under higher stress with heavy workloads have decreased satisfaction compared to their counterparts with less stress (Al-Muallem & Al-Surimi, 2019).

Retirement. Retirement is another form of turnover, as it is an identified reason that individuals withdraw from the workplace (Rangel, 2018). Topa et al. (2018) defined early retirement as exiting the workforce after a long duration of employment, occurring in the middle or late years within one's career but before the designated retirement age. Such early retirement is common among registered nurses (Hewko et al., 2019). There is also a significant population of baby boomers working within healthcare that are anticipated to retire in the coming years within the traditional retirement age (Johnson, 2020; Labrague, 2020). Study findings revealed

that the primary reason for turnover intention among baby boomer nurses is retirement (Johnson, 2020). Silver et al. (2016) expressed that, during the last four decades, physicians have chosen to work past retirement years at a disproportionate rate compared to other professions. This situation becomes problematic when healthcare institutions generally fail to employ succession planning to proactively address pending retirements (Silver et al., 2016), resulting in unfilled positions.

Hazardous Working Conditions. Arnoux-Nicolas et al. (2016) highlighted that unfavorable working conditions, as perceived by the employee, directly correlate with turnover intentions. Employees working in these conditions, either physically or psychosocially dangerous, were more likely to engage in workplace turnover than employees in less dangerous environments (Arnoux-Nicolas et al., 2016). Nurses are considered especially vulnerable to working among various hazards (Talaee et al., 2020), suggesting their exposure to poor working environments. Nurses are more prone to endure such conditions during pandemic outbreaks and require closer monitoring (Talaee et al., 2020). Lu et al. (2017) acknowledged that poor working conditions affect physicians as well, with 52 percent of all physicians surveyed planning to leave their jobs due to such adverse conditions.

Generational Considerations. Lu and Gursoy (2016) stressed that generational differences between turnover among the various generations exists and should be examined. Retirement among baby boomers is a significant consideration regarding turnover, as approximately 10,000 boomers are retiring daily (Landau, 2017). Experts anticipated that all baby boomers will be of retirement age by the year 2030 (America Counts, 2019), eluding to a significant amount of pending turnover in the coming years. Hassan et al. (2019) theorized that generation Y employees have a higher propensity to turnover within three years compared to

other generations, mostly due to the pursuit of better opportunities. In a study of nurses including baby boomers, generation X (Gen-Xers), and millennials, Leiter et al. (2010) found that Gen-Xers within the nursing profession are more apt to engage in turnover than baby boomers, primarily related to incivility received from their supervisors. Boyer et al. (2020) agreed that Gen-Xers have a high propensity toward turnover but claim that the reason is due to decreased workplace loyalty compared to other generations, as well as higher rates of person-environment mismatch.

Impact. Turnover has numerous adverse organizational effects, including interruptions in services and increased costs (Willard-Grace et al., 2019). Nursing is one of the largest professional bodies of human resources, so a shortage or turnover in that field can lead to significant impacts (Goodare, 2017). A massive exodus of healthcare workers would be problematic, particularly considering the current nursing shortage (Marc et al., 2019). As discussed by Goodare (2017), this shortage is believed to grow to nine million vacancies by the year 2030. Within healthcare, Hayward et al. (2016) claimed that such service disruption is reflected in decreased patient care. Patients that receive suboptimal care are likely to be dissatisfied (Hayward et al., 2016).

Turnover is also costly to the healthcare organization through the expenses required to recruit and train new personnel (Willard-Grace et al., 2019). According to Cabral et al. (2019), a high turnover rate among nurse leaders within the U.S. exists. Rondeau and Wagar (2016) claimed that turnover within this discipline is most likely to occur among newly hired staff and recent graduates. Turnover is also a problem worldwide in various sectors of the nursing profession (Labrague, 2020). Specific to nurse managers, Labrague (2020) expects 60 percent of

all nurse managers to leave their positions by 2025, demonstrating a significant departure that could cause strain among the remaining workforce.

Hamidi et al. (2018) acknowledged that the cost of turnover is one adverse organizational outcome related to the turnover of its employees. Research findings by Friedman and Neutze (2020) revealed a nearly 60 percent of turnover exists among medical assistants. This turnover results in organizational costs of \$14,200 per medical assistant, accounting for approximately 40 percent of their annual salary (Friedman & Neutze, 2020). Rondeau and Wagar (2016) expressed that one of the largest line items within a hospital budget is the salaries of nursing staff. Budgeting becomes problematic when considering turnover, as the cost to replace nurses is approximately \$64,000 per nurse (Richardson, 2019), with the average U.S. nursing salary being \$73,300 (U.S. Bureau, 2020).

Theories

Theories provided a research framework that are useful in applying “real world problems” (Wacker, 1998, p. 361). Specific to qualitative research, Reeves et al. (2008) posited that theories provide a perspective for researchers to examine situations. Moreover, theories help to explain why individuals behave the way that they do (Reeves et al., 2008). Four theories were identified and deemed relevant for the present study. Those theories were behaviorism, social cognitive theory, expectancy theory of motivation, and conservation of resources theory, and are discussed in detail.

Behaviorism. John B. Watson was often credited for founding the theory of behaviorism in 1913, although Malone (2014) asserted that it might have been Edward Vandike during earlier years. Regardless, Watson was a strong advocate for the theory and devoted much of his professional work as a scientist toward it (Malone, 2014). In this theory, behaviorism was the

attempt at scientifically studying humans and their behaviors, much like the way that animals were studied (Watson, 1930). Specifically, Watson (1930) theorized that behaviorism described “the behavior of the human being” (p. 2) and should occur strictly through observation (Moore, 2011). Due to this firm focus on observing an individual’s behaviors, Watson believed there should be no attempt to control an individual’s responses or actions (Moore, 2011). The present study drew on Watson’s (1930) view of behaviorism by examining middle manager behaviors.

In 1945, B. F. Skinner introduced his theory regarding behaviorism (Schneider & Morris, 1987), although Rutherford (2000) claimed that Skinner’s work in this field began as early as 1934. Unlike Watson, Skinner believed the purpose of science was to predict and control, and he applied those beliefs to the study of human behaviors (Delprato & Midgley, 1992). In his theory, Skinner believed that behavior was genetic, so he focused on environmental factors, situational cues, behavior, and consequences (Bandura, 1986). Rutherford (2000) referred to Skinner’s work as controversial but also referred to him as one of the most popular psychologists throughout the entire history of psychology. In the present study, no attempt to control the manager’s behaviors or environment occurred, so Skinner’s philosophy, as described by Delprato and Midgley (1992), was not employed.

Social Cognitive Theory. Bandura’s primary emphasis on his social cognitive theory was that of self-efficacy (1977), which created a natural association between his theory and the present study. Self-efficacy was the belief that an individual would be able to accomplish what they set out to do (Caldwell & Hayes, 2016). As discussed by Caldwell and Hayes (2016), such efficacy was considered to be a crucial element of a leader’s success. The present study drew heavily on this theory by examining the concept of self-efficacy (Bandura, 1977) and how it partially affected burnout and turnover. Bandura (1986) expressed that social cognitive theory

helped describe human nature and causality, further demonstrating the connection between the theory and the current study.

Expectancy Theory of Motivation. Vroom's (1995) expectancy theory focused on the motivation of people and emphasized the concepts of expectancy and motivation. Expectancy is a factor in every choice that is made involving any element of risk and is the belief that “a particular act will be followed by a particular outcome” (p. 20). Considering one’s expected outcomes, Van Eerde and Thierry (1996) discussed the popularity and interest of this model specifically related to the processes of training and turnover. Aldulaimi (2018) suggested that this theory directly impacts a prospective leader’s future abilities. Research findings suggested that most non-leaders enrolled in an LD program that also possessed a high level of expectancy believed they would become leaders in the future and subsequently applied for leadership positions (Aldulaimi, 2018). Based on an employee’s anticipated job success, Lin (2019) hypothesized that expectancy also aligns with turnover intention. Study findings implied that those with a high level of expectancy believed they would succeed in their current professional position and were less likely to turnover than employees with a low level of expectancy (Lin, 2019).

Conservation of Resources Theory. As noted by Hobfoll (1989), the Conservation of Resources (COR) theory has become the most popularly cited perspective among literature within the field of organizational behavior. This motivational theory focuses on available resources by protecting the existing resources and attempting to gain additional resources (Hobfoll, 1989). Due to the protection of resources that were naturally associated with this theory, Braun and Peus (2018) declared that the improved job satisfaction of authentic leadership was an expected extension of COR. Increased work demands often resulted in diminished

resources at home, further suggesting that the heightened wellbeing of authentic leadership conserved resources and close alignment with this theory (Braun & Nieberle, 2017). Zhang, Fan, et al. (2019) considered employee turnover as lost resources, which suggested a fitting correlation between turnover and COR.

Potential Themes and Perceptions

Potential themes for the present study were determined based on findings from the literature review. The first theme was related to LD. Within the healthcare disciplines, LD as a leadership strategy was grossly understood and underutilized (Bharwani et al., 2017; Busari et al., 2018; Kjellström et al., 2020; Swensen et al., 2016). As currently implemented, questions existed about the effectiveness of LD initiatives (Johnson, Putter, et al., 2018; Kjellström et al., 2020). This issue was especially concerning, given the high costs associated with development activities and efforts (Ardichvili et al., 2016; Westfall, 2020). Within the umbrella of LD, a variety of methodologies existed (Athanasopoulou & Dopson, 2018; Jackson et al., 2018; Kratzke, 2018; Thomas, 2018), although a combination of multiple modalities appeared to be preferred (Griffith et al., 2019; Kim et al., 2017).

The next theme pertained to middle management. This position had been poorly examined (Gutberg & Berta, 2017) but was believed to be influential within healthcare (Alhaqbani et al., 2016; Birken et al., 2012; Gutberg & Berta, 2017; Kuraoka, 2018). Researchers agreed that healthcare providers were frequently promoted to this position without possessing the necessary skills, expertise, and experience to be successful in their new role (Donner et al., 2016; Feller et al., 2016; Frasier, 2019; Gregory et al., 2017). This deficiency suggested the need for adequate LD opportunities for new middle managers (Whaley & Gillis, 2018). A variety of leadership styles were identified and could be implemented by leaders as

they managed subordinates, although each theory had its benefits and drawbacks (Fenwick et al., 2019; Jambawo, 2018; Lu et al., 2019; Raso, 2019).

Psychological Capital was another theme identified in the literature. PsyCap was essential to business (Pitichat et al., 2018) and comprised the constructs of hope, self-efficacy, resilience, and optimism (Nolzen, 2018; Youssef-Morgan & Luthans, 2015). Each of the constructs determined one's ability to be successful within the workplace (Adomako et al., 2016; Bandura, 1977; Carver et al., 2010; Zhou et al., 2016) and subsequently helped drive organizational success (Adomako et al., 2016; King et al., 2016). Kelberer et al. (2018) noted that some constructs, when combined, produced more significant effects than when employed independently. When approached positively, each construct is related to the psychological wellbeing of employees and the overall health of the organization (Nolzen, 2018; Youssef-Morgan & Luthans, 2015).

The fourth theme identified by reviewing the literature was related to burnout. This syndrome was prevalent within healthcare (Lacy & Chan, 2020; Protano et al., 2019; Rotenstein et al., 2020; Willard-Grace et al., 2019), although it also occurred among the general workforce (Montañez, 2019). Within healthcare, a range of eleven (Protano et al., 2019) to 80 percent (Rotenstein et al., 2020) of professionals was believed to have experienced this syndrome. Burnout was classified by various adverse symptoms (Dyrbye et al., 2020; Makkai, 2018; Marchand et al., 2018). When left unresolved, these symptoms led to dangerous situations, such as drug use (Stehman & Testo, 2019), depression, and suicide (Card, 2018; Harolds, 2019b; Kuhn & Flanagan, 2017; Stehman & Testo, 2019).

Turnover was the final theme identified in the literature. Turnover was an adverse organizational issue (Ravangard et al., 2019) that required additional exploration (Abate, 2018).

The impact of this occurrence was significant, resulting in increased organizational costs (Friedman & Neutze, 2020; Hamidi et al., 2018; Richardson, 2019; Willard-Grace et al., 2019). Such costs were related to the interruption in services (Hayward et al., 2016) and the expenses required to recruit, replace, and train new personnel (Willard-Grace et al., 2019). Turnover occurred as a result of numerous instances, through both planned and unplanned reasons (Andela & van der Doef, 2019; Huang & Lin, 2019; Kim et al., 2019; Scanlan & Still, 2019). Increased turnover among healthcare was especially concerning due to the existing (Goodare, 2017; Marc et al., 2019) and anticipated personnel shortages (Goodare, 2017).

Summary of the Literature Review

The literature review was performed to provide a comprehensive exploration of the various concepts associated with the current research study. This information served as the foundation of the study and supported the investigation. First, leadership development was explored. Numerous terms were identified but were found to be utilized interchangeably throughout the literature. Within the topic of LD, multiple techniques were used to develop existing, new, and future leaders. These techniques could be employed individually or through a combination of methods. The intention was to improve leadership capabilities, which should ultimately improve overall organizational outcomes. Competencies, benefits, and challenges were examined to provide a more comprehensive exploration of LD. While multiple benefits were readily available, the existing challenges produced concerns that organizations should consider when planning LD initiatives, taking steps to ensure the development process is as beneficial as possible. Various principles of leadership were also discussed to highlight theories that are commonly utilized by leaders today, particularly within LD.

Psychological capital is an essential consideration among organizations, particularly among human resources (Pitichat et al., 2018; Ravangard et al., 2019). Specifically, this form of capital was deemed equivalent to other forms of business capital (Pitichat et al., 2018). PsyCap focuses on positive psychology and is believed to improve the wellbeing of employees (Youssef-Morgan & Luthans, 2015). The four constructs of hope, self-efficacy, resilience, and optimism were discussed in detail. An exploration of how each construct impacts overall organizations was also considered.

Next, the concepts of burnout and turnover were examined. Both of the concepts were independent, but there was a positive correlation between the two: burnout often led to turnover (Scanlan & Still, 2019). Burnout syndrome frequently occurs within healthcare professionals (Ortega et al., 2018). The development of this syndrome often results in increased organizational costs and decreased quality care among patients. When left unresolved, burnout leads to turnover, which is also a costly occurrence for healthcare institutions. Additional causes of turnover include adverse and potentially harmful situations in the workplace, retirement, and the occurrence of catastrophic events and crises, such as the COVID-19 pandemic.

Four theories were identified that related to the present study. Those theories were behaviorism, social cognitive theory, expectancy theory of motivation, and conservation of resources theory. The current research drew on the principles of Watson's behaviorism, as human behavior was observed during the study with no intention of manipulating the environment or the outcome. Bandura's social cognitive theory focused heavily on self-efficacy, which was an integral aspect of the current study. The expectancy theory of motivation examined one's expectations and beliefs that they were capable of achieving goals. Specific to the present investigation, expectancy impacted a prospective leader's belief that they would be a successful

leader (Aldulaimi, 2018), which made this theory a fitting consideration. Finally, COR examined the current and existing resources as leaders strived to maintain resources as needed. This focus aligned closely with turnover and the attempts to diminish its occurrence.

The literature review concluded with the identification of common themes and perceptions. Content that was frequently found within the literature was identified and became the themes of the literature review. Notably, the themes revolved around the primary concepts of the present study and included LD, PsyCap, middle management, burnout, and turnover. Those themes served as guiding points for the present research and were revisited upon the conclusion of the study. Research findings added to the body of knowledge regarding these primary themes.

Transition and Summary of Section 1

This section explored the foundation of the study. The combination of gaps in LD, particularly the limited leadership education for new middle managers and the need to minimize burnout and turnover intention, demonstrated the necessity for further examination. Based on those needs, a qualitative, single-case study was created to scrutinize this phenomenon. Specifically, the investigator determined the impact that LD and PsyCap had on new middle managers within healthcare and the overall influence on burnout and turnover intention. In Section 2, the writing includes a more detailed examination of the study. Aspects such as the researcher's role, participant information, data collection and analysis, and reliability and validity are discussed.

Section 2: The Project

Qualitative research is a useful means to investigate business problems. One adverse business outcome requiring consideration is burnout and turnover among healthcare leaders. Exploring the concepts of leadership development (LD) and psychological capital (PsyCap) improved the understanding of middle managers' experiences. This increased knowledge could result in organizational changes to enhance LD activities and decrease burnout and turnover intention. Such research occurred through a single-case qualitative project. Section 2 focuses on this project. This section begins by revisiting the purpose statement. The researcher's role, participant information, research method and design, population sampling, data collection and analysis, and reliability and validity are also discussed.

Purpose Statement

The purpose of this qualitative, single-case study was to explore the impact that leadership development and psychological capital had on the burnout and turnover intention of new middle managers. The research added to the existing body of knowledge by exploring concepts that were poorly understood, specifically the driving factors of LD and psychological aspects of leaders that affected the adverse outcomes of burnout and subsequent turnover intention. The problem was explored through an in-depth case study, bounded by time and place. Participants sought were new middle managers from a large healthcare organization in the Midwest region of the U.S., with data collected from February to March 2021. Leadership development was defined as educational activities that leaders engaged in to improve their managerial skills and abilities. For the present study, such development occurred via programs required by the organization. Some participants sought additional LD through optional training offered by the employer and by reading leading books. PsyCap was defined as a combination of

the four psychological constructs of self-efficacy, optimism, hope, and resilience. Finally, burnout was considered a negative emotional response to one's current job, which often resulted in turnover or the employee's desire to leave their current position or organization. Individually, those concepts were essential considerations within businesses, but the central phenomenon under investigation in this research was how LD and PsyCap influenced a leader's burnout and turnover intention.

Role of the Researcher

The author served as the sole researcher for this study. Thus, the researcher was exclusively responsible for all functions of the investigation. First, the researcher contacted participants through the help of the organization's Senior Vice President Chief Nursing Officer. The researcher provided a recruitment email to this leader, who then distributed the correspondence to all middle managers. Potential participants responded directly to the investigator. Once individuals expressed interest, the researcher and participants arranged an interview time, reviewed the consent form, and conducted the interviews.

Interviews were held virtually using the videoconferencing platform, Webex. Participants were requested to join the Webex meeting with their microphone turned on but their visual cameras disabled. This allowed the researcher to hear the participants but not visually see them during the interviews, which helped protect the subjects' identities. The investigator enabled her video camera so that she was visible to participants via Webex. The researcher simultaneously recorded the interviews through WebEx and the Microsoft digital Voice Recorder program, creating a backup recording in case one or the recordings failed. Audio files recorded through Microsoft's Voice Recorder were transcribed through NVivo transcription, which was housed on

the researcher's password-protected computer. After transcriptions were finalized and reviewed, both recordings were deleted to protect the participants' identities.

Once data collection occurred, the investigator analyzed the findings. With qualitative research, data are examined to determine repeating patterns or themes (Bloomberg & Volpe, 2019; Morgan, 2018). O'Kane et al. (2019) expressed that data analysis is an essential aspect of qualitative research, though it is quite cumbersome. Numerous qualitative software programs exist to aid the research process, including data analysis (O'Kane et al., 2019; Woods et al., 2016). The NVivo software was selected to store and analyze the study data and identify the emerging themes. After completing a thorough analysis, the researcher published the findings.

Participants

Participants were identified with the help of the organization's Senior Vice President Chief Nursing Officer. The researcher provided a recruitment email to this leader, who then distributed the information to each of the potential participants. A copy of the consent form was attached to this recruitment email. Anyone filling the role of a middle manager at the designated facility in a large healthcare organization that met all inclusion criteria was eligible to participate. Eligibility was open to middle managers with the job titles of supervisor, manager, or director, from all healthcare disciplines at this facility, as long as the managers were age 25 years and older. Middle managers were defined as those who had supervisory responsibilities above and below them on the organization's hierarchy, meaning they reported to someone above them and had supervisory oversight of at least one front-line worker. Interested participants responded by email to the investigator's initial inquiry. The researcher then clarified any questions the participant might have had about the study or the consent form. Participants were ensured that their participation was voluntary and that they could unenroll from the study at any time. During

that phase of the dialogue, a working relationship between the researcher and participants emerged.

As a nurse, the investigator was a mandated reporter. Though unlikely, the researcher was required to report any responses that indicated child abuse, child neglect, elder abuse, or intent to harm self or others that might have been disclosed in the interview. Additionally, there was a possibility that participants could have experienced distress, been upset by, or felt uncomfortable by the topics covered in the interview. Both of those could have been considered risks of participation. However, no participants disclosed any reportable information, and no one appeared visibly disturbed or bothered by the interview questions. Otherwise, the present study posed only a minimal risk to the participants regarding the slight chance that their identity was exposed. The researcher made every effort to ensure that did not happen, consistent with the ethical principles of research, and no data breach occurred.

The interviews were recorded and transcribed, and no identifying information was collected during the interviews. The researcher discussed this procedure with all potential participants during the initial conversations and the consent process. Additionally, the researcher notified the participants when the recordings were about to begin, obtaining explicit permission for this process immediately before the recordings started. Interview recordings were deleted within 24 hours of the transcript being finalized and verified as accurate. Such deletions served as another means of protecting the subjects' identities. Finally, participants were informed that the study was scrutinized and approved by the university's and hospital's institutional review boards (IRB) and received expressed approval from the Senior Vice President Chief Nursing Officer of the healthcare organization from which they were employed. All collected data were to be retained for a minimum of three years.

Research Method and Design

Creswell (2014) stressed that investigators should consider the various research approaches before conducting a study. Basias and Pollalis (2018) further urged that selecting the most appropriate approach is essential to ensure a successful outcome. For this reason, much consideration occurred to determine the most suitable method for the present study. The following is a discussion of the chosen tactic, which was a qualitative, holistic, single-case study. A thorough discussion of this research focus is included, as well as the rationale for why this was the best choice for the research.

Discussion of Method

A qualitative approach was selected for this investigation. Hoe and Hoare (2012) ascertained that qualitative inquiry is most appropriate when the researcher seeks to understand and bring meaning to human experiences. This research approach is widely employed and accepted in various aspects of business, even those areas that traditionally focused on numerical, quantitative data (Cassell et al., 2018). The current investigation aimed to examine participant experiences, which aligned with this principle of qualitative research. No attempts were made to measure, test hypotheses, or determine relationships, so a quantitative method would not have been appropriate (Hoe & Hoare, 2012).

Data collection in qualitative research occurs through a variety of methods. One way is through the use of interviews. This might have included one-on-one sessions or group discussions via focus groups (King & Brooks, 2018). Other data collection processes for qualitative inquiries include reflective participant journaling (Lutz & Paretti, 2019), observation, and reviewing documents and artifacts (Harrison et al., 2017). While a single modality is sometimes implemented (Moser & Korstjens, 2018), qualitative investigators frequently rely on

a variety of data collection techniques (Harrison et al., 2017). One-on-one interviews were utilized as the primary source of data collection for the present study. Additionally, the researcher conducted observations and reviewed other anecdotal data, such as a listing of class offerings available to middle managers since January 2018.

Bansal et al. (2018) expressed that the analysis of qualitative data transpires by identifying repeating patterns that emerge throughout an investigation. Such data are then related to the specified research question (King & Brooks, 2018). Those patterns are reported as themes, which are used to create models and theories (Morgan, 2018). Analyzing the experiences of healthcare middle managers through a qualitative inquiry, as with this research, produced themes about how one's engagement in LD impacted the development of burnout and turnover intention. Concurrently, identifying themes regarding managers' responses to the various factors of PsyCap, particularly during LD and daily managerial activities, helped organizations understand those roles of burnout and turnover intention. The results of this research should lead to improvements in existing LD programs, and should improve the PsyCap levels of PsyCap of existing and future managers, as based on the identified data themes.

Discussion of Design

Cruz and Tantia (2017) acknowledged that there are multiple designs of qualitative inquiry. Case study is one such form that has gained popularity (Sclafani, 2017) and was chosen for this study. Yin (2018) described three guiding principles when selecting this design. These principles are: the researcher seeks answers to "how" or "why" questions, the researcher would make no effort to control participant behaviors, and the investigation would focus on a recent case as opposed to strictly examining a historical event (Yin, 2018). Thus, this research would usually involve a current or ongoing situation (Creswell & Poth, 2018). As asserted by Crowe et

al. (2011), case studies are particularly useful when an in-depth exploration of an issue, event, or phenomenon is required. Researchers should also identify a case of interest to provide insight into a specified problem (Crowe et al., 2011). In the current study, the case was middle managers in healthcare, and the problem undergoing exploration was ineffective LD and diminished wellbeing.

Harrison et al. (2017) claimed that business and healthcare are two sectors that utilize this type of research design. Gummesson (2017) concurred, expressly recommending the use of case studies when exploring the complexities of business and management. Findings based on such investigations have resulted in improved solutions to organizational challenges and better decision-making (Gummesson, 2017). While useful within healthcare, Crowe et al. (2011) argued that case studies had not been utilized as frequently in this industry compared to the business sector. Case studies have been shown to improve healthcare quality, though, and were considered an appropriate choice (Baker, 2011). The present study encompassed both industries, making it a suitable approach.

As discussed by Crowe et al. (2011) and consistent with qualitative research, case studies occur within the participant's natural setting as opposed to a lab or other unnatural location. This research took place in a setting that was comfortable for the middle managers that were enrolled. Interviews occurred remotely, allowing participants to select any environment of their choice, as long as they had access to a device that connected to the Internet and supported video conferencing via Webex. The chosen location was usually the managers' office, although there were some exceptions. This type of research was also bound by place and time (Zwaan et al., 2018). The investigation was limited to the identified study site and time-bound by a data collection period from February 2021 to March 2021.

There are two identified approaches to case studies: single- and multiple-case. Yin (2018) ascertained that a single-case study focuses on a sole unit or case classified by a department, organization, or geographic region. Yin (2018) further explained that there are five categories to select for a single-case design, which are “critical, unusual, common, revelatory, or longitudinal” (p. 49). Concerning the present investigation, the exploration was a common occurrence. Thus, the category for the research was considered common. The aim of such a case study, according to Yin (2018), is to examine happenings that are frequently encountered, providing insight into experiences that could result in improved understanding of a phenomenon or to foster future improvements. Runeson and Höst (2009) ascertained that case studies are further classified as holistic or embedded. Holistic studies employ a single unit of analysis, while embedded studies utilize multiple components of analysis (Runeson & Höst, 2009). The current investigation aligned with the holistic classification of case studies and was the selected design. This research focused on a single unit of examination, making the holistic approach most suitable.

Contrary to single-case, multiple-case allows for two or more cases to be examined independently and then compared for similarities and differences (Runeson & Höst, 2009). Within or across cases were also considered. Heale and Twycross (2018) defined a within case as conducting more than one study within the same site and described an across case as individual studies from multiple locations. According to Yin (2018), data findings from multiple-case studies were sometimes considered more compelling than single-cases. Conversely, Hoorani et al. (2019) argued that the ability to replicate the study is more important than if the design was a single- or multiple-case. Thus, single- and multiple-cases were determined to have equal merit (Hoorani et al., 2019). Yin (2018) claimed that multiple cases often require time and financial

resources beyond the research capabilities of doctoral students and those conducting independent research. Thus, a single-case study was most fitting for the present investigation, as a sole researcher conducted the study without the aid of external funding or other assistance.

Summary of Research Method and Design

Qualitative research is a useful method for inquiry within business and healthcare. Thus, the approach was fitting for the present study. Multiple designs aligned with qualitative research, including case studies. This design was appropriate for the present study as it allowed for a thorough investigation of a business problem. A holistic approach was selected over embedded since a single unit of analysis was implemented. Finally, a single-case was determined to be more appropriate in this study than a multiple-case and was the chosen design. Thus, a qualitative, holistic, single-case study was employed for the investigation.

Population and Sampling

As noted by Banerjee and Chaudhury (2010), a researcher should identify specific characteristics of the study population at the outset of any investigation. A sample of the population should then become the focus of the research study. Following these guidelines, the content in this section is a discussion of the required demographics for the study population. An exploration of the intended sampling method is provided. The related inclusion and exclusion criteria are also discussed.

Discussion of Population

The specific population for this investigation comprised several factors, the first of which was vocation. The population was middle managers working within the healthcare industry, including patient care and ancillary areas. Next, the investigation focused on middle managers that were employed in the Midwest region of the United States. The specified organization had

clinics and facilities spanning multiple Midwest states. The final factors of this study's population were age and gender. Based on the target demographic of middle managers in healthcare, the minimum age was 25 years. This requirement was appropriate as the average age for first-time managers was 30 years (Kruse, 2020). Males and females both worked within healthcare, so the study population included both genders. Refer to Table 2.

Table 2

Population Demographics

Demographic	Requirements
Age	25 years or older
Geographic Location	Midwest region of the U.S.
Gender	Any
Industry	Healthcare
Employment	Currently employed by the designated Healthcare organization
Vocation	Middle managers of any discipline

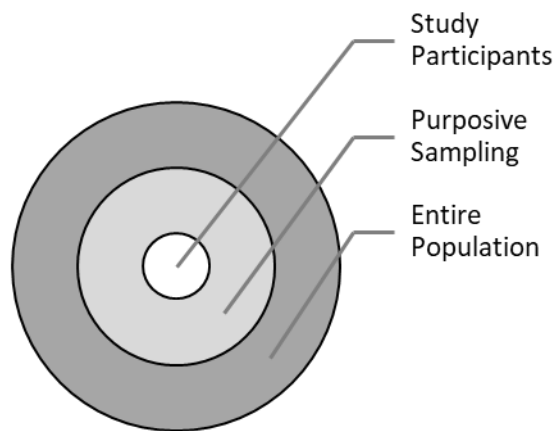
Discussion of Sampling

Setia (2016) acknowledged that the entire population is needed to be studied to examine a phenomenon as thoroughly as possible. This process is unrealistic, so sampling is used to study a smaller portion to represent the broader population (Etikan et al., 2016). Samples are either random, suggesting an equal chance of being selected, as occurred with probability selections, or non-probabilistic; the latter is determined by choice, availability, and accessibility to participants (Setia, 2016). Qualitative researchers, as noted by Ishak and Abu Bakar (2014), generally utilize non-probability sampling methods. As a form of qualitative research, this sampling method was common among case studies (Ishak & Abu Bakar, 2014) and was implemented for the present investigation.

Etikan et al. (2016) defined purposive sampling as a selection process of participants that are knowledgeable about the subject matter under investigation, able to articulate their experiences regarding the topic, and willing to participate. This approach is beneficial when the investigator seeks to “identify particular types of cases for in-depth investigation” (Ishak & Abu Bakar, 2014, p. 32), such as the case with the present study. Thus, sampling for this research occurred through a purposive process. All employees that met the criteria listed in Table 2 were invited to participate and comprised the purposive sample. Volunteers from this sampling that were willing to articulate their experiences related to the investigation were considered for participation in the study. Refer to Figure 2.

Figure 2

Study Sampling

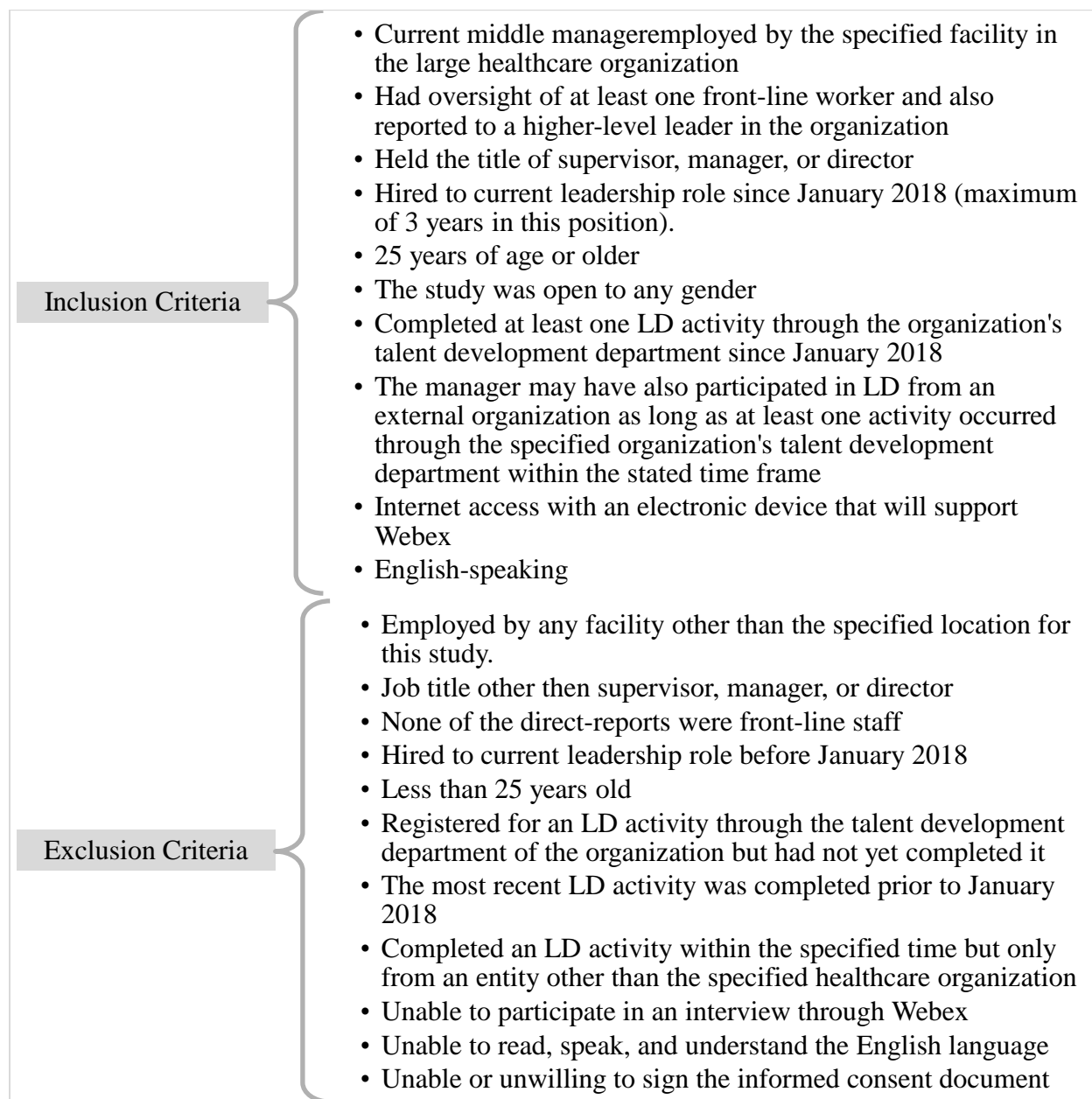


Farrugia (2019) explained that participant enrollment through this sampling often occurs through a rolling, cyclical process. The researcher evaluates data as it is collected, continuing until data saturation is reached (Farrugia, 2019). Thus, the sample size for qualitative studies is determined by data saturation (Moser & Korstjens, 2018). Saturation in qualitative explorations is generally reached at approximately 12 participants, although this number varies based on the study (Boddy, 2016). For this research, the investigator planned to enroll 25 to 35 participants.

Based on Boddy's (2016) assertion, this presumably would have been an adequate number to produce data saturation. If saturation was not obtained after interviewing these participants, then additional subjects would have been enrolled as needed until saturation was achieved. Similarly, study enrollment and data collection would end if saturation was obtained before interviewing the projected 25 participants. For this study, saturation was reached after interviewing 19 participants, so data collection ended at that time.

The researcher established numerous criteria for participants to engage in the study. Participants must have been middle managers employed by a designated facility of a large healthcare organization in the Midwest region of the United States. Working in this capacity, those individuals were to report to a higher-leveled employee and had at least one front-line worker reporting to them. Individuals that lacked formal managerial responsibilities for at least one front-line worker were to be excluded. Most middle managers working within this organization were to hold the job title of supervisor, manager, or director, so individuals with those titles were appropriate. Those with other titles might not have filled the necessary role and would have been excluded. The middle managers were at least 25 years old, with anyone aged 24 years or under deemed ineligible. No exclusions existed about gender, as middle managers of any gender were permitted. Participation was not limited to any specific area but was, rather, open to all healthcare disciplines, both clinical and ancillary. Participants were hired to their current leadership role in January 2018 or more recently, in an attempt to capture data from new managers. Similarly, subjects must have completed at least one LD activity through the organization's talent development department within the past three years, from January 2018 forward. Any individuals that were hired to their current role in December 2017 or earlier were not be included in the study. Those that completed LD within three years from another

institution, but had not completed a course through the designated organization within that time frame, would have been excluded. It was acceptable for managers to have participated in LD activities from other entities, as long as at least one program was completed through the designated organization within the specified time period. Middle managers enrolled in training through the organization's talent development department but had not yet completed the activity were not eligible to participate. Similarly, those that completed their most recent LD activity before January 2018 were not eligible. Since virtual interviews occurred, participants were required to have access to the Internet, an electronic device, and the ability to connect with the researcher via Webex. Populations without this access were ineligible to participate. Interviews were conducted in English, so participants must have been fluent in this language. Finally, a signed consent form was required, so individuals that were unable or unwilling to sign this document were excluded (Refer to Figure 3).

Figure 3*Inclusion and Exclusion Criteria*

Notably, all interested participants met all of the inclusion criteria and were enrolled in the study; none were deemed ineligible due to the targeted solicitation from the purposive sample.

The inclusion and exclusion criteria were purposefully selected. As a single-case study, the large healthcare organization of the Midwest region of the United States comprised the case

being examined. The specific problem under investigation for this research pertained to middle managers in healthcare, so selecting both elements was essential. The study was not focused on a single healthcare discipline, so it was unnecessary to limit participants based on a healthcare focus. Burnout had shown to begin at age 20 (Marchand et al., 2018), so requiring a minimum age of 25 years yielded a group of individuals that were all capable of experiencing burnout. Limiting the period for being hired into a leadership position and engaging in LD activities within three years captured data from newer middle managers. Each of these characteristics supported the overall purpose of this investigation.

Summary of Population and Sampling

This section examined the study population. To fully explore a problem, an investigation should have included the entire community of healthcare middle managers. Since this was not realistic, the use of sampling was required. For this research, selecting a non-random sample through a purposive process was most fitting. Once volunteers from the purposive sampling were identified, inclusion and exclusion criteria were reviewed to determine study participants. Twenty-five to 35 was the anticipated number of participants, but the final number of respondents was 19, based on data saturation.

Data Collection

Researchers must consider data collection methods during the planning stages of an investigation. This section discusses the instruments and techniques utilized to collect data for the present study. A research guide was developed to assist in this process and was examined. The procedure for organizing and storing research findings was also explored, utilizing the software program NVivo. Finally, protecting the participants' identities through safe data-handling practices is discussed.

Instruments

Xu and Storr (2012) claimed that a misconception of qualitative research was that it was a modified version of a quantitative approach. However, a notable difference between the two methods is the role of the researcher through data collection (Xu & Storr, 2012). When a qualitative researcher engages in an interview or gathers information through observation, as noted by Pezalla et al. (2012), they utilize themselves as the primary data-collection instrument. Thus, Rivera (2018) considered qualitative researchers as human tools. This process is related to the participatory role that qualitative investigators play, particularly when compared to the detached position of quantitative researchers (Clark & Vealé, 2018).

Knowing that the investigator would serve as a human tool, a guide was created to aid the semi-structured interviews. Refer to Appendix A for the complete Research Guide. At the beginning of each one-on-one interview, the investigator read the introductory statement to each participant, verbatim, as listed in the Research Guide. Then, the researcher engaged in a semi-structured interview. Included in the guide were brief introductory statements that introduced the primary topics of the interview questions. Definitions of critical terms were also included to provide clarity and consistency surrounding the concepts. Some essential guidelines were included to remind participants not to share any information that could have divulged their identity or the identity of those with which they work. Notes were listed in bold font enclosed by brackets, giving guidance to the researcher throughout the interview. All statements were read verbatim by the investigator as the interviews progressed. As the structured questions were asked and answered, the researcher posed follow-up questions and provided comments as needed to clarify and probe further into the responses. Examples of such promptings were, “that is really interesting, tell me more about that” or “I would like to understand that better. What do you

mean by that?” The researcher also summarized or paraphrased the participant’s responses at the end of each question series, ensuring that the investigator understood the message that the subject intended to communicate. Upon the conclusion of each interview, the researcher then read the closing statement to the participants, once again, verbatim.

The first question in the Research Guide was non-threatening. It was intended to place the participants at ease, as suggested by Mcgrath et al. (2019). This initial question also helped establish the participant as a middle manager. Additionally, it helped ensure alignment with the target population listed in the problem statement and overarching research question for this study. This interview question was: will you please tell me about your current managerial position, including your job title (supervisor, manager, or director only), length of time in this role, general responsibilities, and number of front-line staff that report to you?

The next series of questions were related to the participants’ leadership experiences and development. The specific problem statement for the present study asserted that portions of LD among middle managers in healthcare were ineffective (Ardichvili et al., 2016; Larsson et al., 2020; Turner et al., 2018) and poorly understood (Hopkins & Meyer, 2019; Jeyaraman et al., 2018). The following questions related to RQ1a and demonstrated aspects of weakness and provided the opportunity to gain data about existing LD activities. Those questions were: tell me about any management or leadership experiences you had before accepting this current position; tell me about any formal management education that you received before accepting this current position, such as classes offered through a college; and describe your experience with leadership development, including the types of classes, time frame, and duration. The researcher then followed up by asking: what were the most beneficial aspects; what were the least beneficial

aspects; and what deficiencies did you identify? The final question in this series was: how has the content that you learned through leadership development helped you lead your team?

Next, the interview focused on burnout and turnover among this participant group of leaders. The problem statement specifically addressed the high burnout and turnover rate of middle managers in healthcare (Larsson et al., 2020; Phillips et al., 2018). The study examined how LD was used to prevent burnout and turnover from occurring and aligned with RQ1. To address this question, the researcher first established the presence of burnout symptoms and turnover intention among the group of participants by asking the following: will you please tell me about any burnout symptoms you have experienced since assuming your current position? Follow-up questions that were asked were: what was the duration of time from accepting your position until you first realized you were experiencing burnout; how long have you been experiencing burnout; and tell me about any coping mechanisms you use to help combat these symptoms. Then, the researcher repeated these same questions related to turnover intention instead of burnout. Those questions were: tell me about any recent considerations you have had about leaving your current position or the health system; what was the duration of time from accepting your position until you first started considering leaving; and how long have you been contemplating this change in employment? Once this information was established, then the researcher explored the topic further by asking: how have the principles that you learned through leadership development helped you prevent or combat burnout; and how have the principles that you learned through leadership development helped you prevent or combat the desire to leave your position or the health system?

The next set of questions examined PsyCap, exploring those constructs concerning LD, burnout, and turnover intention. As noted in the problem statement for this study, increased

stress negatively impacted the psychological wellbeing of employees (Youssef-Morgan & Luthans, 2015). Positive responses to the four PsyCap constructs of self-efficacy, hope, optimism, and resilience, were shown to counteract burnout overall and subsequently improved wellbeing. However, additional research is needed as, according to Adil et al. (2018), limited evidence existed to support this claim. The following questions were intended to examine the impact of PsyCap on burnout and turnover intention, which directly impacted employee wellbeing. Those questions specifically aligned with RQ1b. The line of questioning began with self-efficacy, and then the same questions were repeated to examine hope, optimism, and resilience. The questions specific to self-efficacy were: reflecting on your leadership, tell me if you would consider your level of self-efficacy to be low or high, and specify why you would you rate it that way; how has self-efficacy impacted your ability to apply the principles learned during leadership development to your routine job functions; how has self-efficacy impacted your development of burnout; and how has self-efficacy impacted your level of desire to leave your position or workplace? Refer to Appendix A for the same questions asked about the other three constructs of PsyCap.

The next series of questions addressed RQ1c to examine how the concepts of LD and PsyCap worked together to impact burnout and turnover intention. The first four questions focused on burnout, and then they were repeated to examine turnover intention. The questions pertaining to self-efficacy were: how has your level of self-efficacy combined with your leadership development experiences to impact burnout; how has your level of hope combined with your leadership development experiences to impact burnout; and how has your level of self-efficacy combined with your leadership development experiences to impact your desire to leave

your position? Refer to Appendix A for the line of questions regarding the other three PsyCap constructs.

The researcher then asked one final question. This question provided a clear end to the interview and explored related aspects that the researcher might not have considered. The last question for the interview was: is there anything you would like to add or that you think I should know about the concepts we have discussed today? Following this question, the researcher stopped the recording and thanked the participants for their engagement in this investigation. The interviews concluded at that time, ending the subject's participation in the study.

Data Collection Techniques

The investigator collected data via multiple methods: semi-structured interviews, observation, and reviewing supplemental documentation. DeJonckheere and Vaughn (2019) acknowledged that semi-structured interviews are common in qualitative research. In this type of interview, the researcher fosters dialogue with the participant utilizing a “flexible interview protocol” (p. 1) and probing for greater understanding and clarification through follow-up questions and comments (DeJonckheere & Vaughn, 2019). Using a research guide, an investigator poses interview questions to each participant in the same manner, but follow-up dialogue to the responses differ between participants (Brown & Danaher, 2019). For the present study, such semi-structured interviews were the primary source of data collection. As noted in the Discussion of Sampling section above, 25 to 35 interviews were intended, although data collection ceased after the 19th interview since data saturation was reached at that time. Interviews transpired remotely through Webex at a time conducive to both the participant's and the researcher's schedules. Due to the nature of remote meetings, interviews were conducted at

the participant's location of choice, as long as they had access to the Internet and a device that supported Webex. The researcher was in a private office during the Webex meetings.

Morgan et al. (2017) claimed that multiple data collection forms in qualitative research, including case studies, allows for a more thorough exploration of the phenomenon. Moser and Korstjens (2018) identified observation as a popular form of data collection in qualitative inquiries. Observational data are beneficial as it enables the investigator to immerse themselves in the research environment (Moser & Korstjens, 2018). Thus, in addition to the one-on-one interviews, the researcher also collected data through observation. The investigator was enrolled in LD activities offered through the organization's talent development department, observing courses designed for middle managers, with the intent to augment the data collected via semi-structured interviews. The role in the LD activities was strictly that of an observer to identify the content and structure of development provided and to determine participant engagement if the activities were interactive. Finally, the investigator reviewed supplementary documents, such as a listing of course offerings that were available to those managers.

Data Organization Techniques

The researcher methodically organized all collected data. Data were cataloged through NVivo, an online software program. NVivo helped qualitative researchers analyze data and allowed the data to be stored and organized in a single location (NVivo, 2020). This program was downloaded to the researcher's password-protected personal computer. In addition to data storage, transcription occurred through the NVivo program. Each participant was assigned a research number based on the date order of the interviews. The numbering system began with one and increased in chronological order through 19. Transcripts were clearly labeled according

to the participant number. The format of all transcripts was the same, allowing for improved organization and uniformity.

Summary of Data Collection

This section explored data collection tools for the present study. As is common in qualitative studies, the investigator was considered the primary research tool. Semi-structured interviews occurred between the researcher and each participant, using the investigator as a research instrument. A guide was developed and included in Appendix A. This tool assisted the investigator during the interviews, ensuring that the same information was communicated and the interviews were conducted consistently among all participants. Due to the semi-structured nature of the interviews, the follow-up questions varied among the participants. The investigator also gathered observational data by observing LD classes held through the organization's talent development department during the data collection period and reviewed listings of course offerings. The researcher utilized NVivo to organize and store all data, which was housed on the investigator's password-protected computer. Due diligence was implemented to maintain participant privacy.

Data Analysis

Graneheim et al. (2017) asserted that data analysis originated with quantitative research. Through the growth of qualitative methodologies, the analysis process began to move from a number-counting approach to one that required more description and interpretation (Graneheim et al., 2017). This shift was necessary as the traditional numbers-based analysis failed to scrutinize emotions, behaviors, beliefs, and experiences (Wong, 2008). Thus, since qualitative studies often focus on these latter aspects, Raskind et al. (2019) claimed that data analysis is perhaps the most crucial part of this form of research. Ganapathy (2016) argued that analysis is a

challenging process that has received less attention in qualitative research than quantitative studies. As noted by Raskind et al. (2019), a significant reason for this challenge is the lack of consistency in the process, as qualitative data may be analyzed in a variety of ways. Yin (2018) specified that another significant reason for the challenge is the lack of understanding in the process, asserting that research often stalls in that stage as a result. The analysis process for the present study was examined prior to engaging in data collection to prevent this from occurring.

Coding Process

The first step in the data analysis process is coding. Belotto (2018) noted that coding allows the researcher to interpret data in new ways. As discussed by Saldana (2016), coding begins by the researcher assigning a word or short phrase of the data to capture its essence. This is a necessary step as qualitative data often produces large amounts of text, which need to be methodically analyzed (Wong, 2008). Unfortunately, Stead and Elliott (2019) suggested that the process of coding in qualitative investigations is often under-scrutinized. The coding process for this present study began with one-on-one interviews. Each interview was conducted and recorded through Webex. The Microsoft digital Voice Recorder program was also used to record the sessions. Those recordings were then transcribed and stored in NVivo, where an inductive coding approach ensued. Qualitative business inquiries often rely on inductive coding, suggesting its appropriateness with the present study (Pearse, 2019). Azungah (2018) explained that inductive data analysis is based solely on participant experiences instead of the researcher's preconceived ideas or frameworks, preventing the researcher's biases from influencing the coding and analysis process. Using this method, the researcher examined the interview transcripts, line-by-line, and assigned codes to the various comments provided in the transcriptions (Azungah, 2018). NVivo helps streamline this process and is widely adopted by

qualitative researchers (Castleberry & Nolen, 2018). Thus, for the present study, the NVivo program was employed for data coding and analysis, in addition to its data storage and organization functions that were previously discussed.

The investigator also utilized data collection methods other than interviews. One method was observing LD activities to identify content that was provided to middle managers. Another data collection format was reviewing documentation about the LD activities, such as a course listing of offerings provided to participants. Included in those documents was other supplemental content, such as course formats and objectives. The same coding process used for interviews is also used for other forms of data collected through qualitative inquiries (Graue, 2016). More specifically, the same codes assigned to interview transcripts also apply to supplementary data (Bowen, 2017). The investigator's observational LD notes and supplemental documents that were obtained were placed in NVivo and coded in the same manner as the interviews.

Once the data are organized into codes, Castleberry and Nolen (2018) claimed that data themes are then identified. More specifically, Elliott (2018) expressed that coding is a method of thoroughly dissecting the data before putting it back together into useable themes. For this investigation, the themes were determined by frequently identified codes that addressed the specified research questions (Azungah, 2018). In this data analysis process, coding and theme identification occurred cyclically, with the researcher reviewing the findings throughout the data collection period. This process continued until data saturation was determined after the 19th participant. According to Linneberg and Korsgaard (2019), qualitative data analysis and the subsequent identification of themes do not come easily but require deliberate efforts. Once themes are determined, the qualitative researcher reports findings in the form of a story that is understandable and allows for conclusions to be made and verified (Linneberg & Korsgaard,

2019). Following this guideline, thematic findings for this research were written in the form of a story and published.

Summary of Data Analysis

Analyzing data was a challenging (Ganapathy, 2016) but essential process of qualitative research. The investigator for this study utilized an inductive approach for qualitative analysis through the aid of NVivo. All data were stored and transcribed in this software program. The researcher then coded the data through a line-by-line approach. Such coding occurred for each interview transcript, as well as data obtained through observation and supplemental documents. Anecdotal findings obtained through observing LD activities were used to supplement themes that emerged through data coding and analysis. Common findings were identified from the codes that specifically related to the research questions, which then created the research themes. Approximately 25 to 35 interviews were anticipated, although the total number of interviews was 19 and based on data saturation. The investigator reported data themes as findings in a published dissertation in the form of a story.

Reliability and Validity

Rose and Johnson (2020) referred to reliability and validity as trustworthiness regarding qualitative methods and data findings. Noble and Smith (2015) further expressed that reliability and validity help produce the integrity necessary for a sound research project. Achieving such quality within these investigations is an ongoing concern and requires close attention (Cypress, 2017). These two concepts are explored in further detail in this section of the writing. Measures taken to promote reliability and validity in the present investigation are also discussed.

Reliability

Yin (2018) explained reliability as a process used to prevent errors and biases. Specifically, if a researcher were to repeat a study, the findings would be considered reliable if they were similar to those found in the initial investigation (Yin, 2018). In qualitative research, Creswell and Poth (2018) referred to such reliability as the data's dependability. As an essential consideration, Cypress (2017) argued that qualitative researchers should not approach reliability as a quantitative investigator would. Reliability in quantitative investigations occurs in a more structured and rigid manner than is used in qualitative studies (Cypress, 2017).

Although a rigid approach may not be necessary, Spiers et al. (2018) asserted that reliability in qualitative investigations relies on consistency among all participants. Using the Research Guide listed in Appendix A was one method of producing reliability for the present study. Reading through this document verbatim to each participant enabled the researcher to conduct interviews consistently with each participant. Creswell (2014) noted that reliability is also achieved by reviewing transcriptions. For the present research, NVivo automatically transcribed all recorded interviews. Then, the researcher checked each transcript with the original recording and manually corrected any errors. This process helped ensure accuracy and reliability.

Validity

Spiers et al. (2018) described validity in qualitative studies as the accuracy of the data findings. Triangulation is a crucial aspect of qualitative research that results in such validity (Fusch et al., 2018). As noted by Creswell and Poth (2018), triangulation requires the use of multiple data collection sources. Using this method allows the investigator to piece various findings together, creating a more comprehensive understanding of the phenomenon (Creswell & Poth, 2018). Bowen (2017) agreed, explicitly suggesting that document analysis, when combined

with other data collection methods, is an integral component of qualitative research to help foster triangulation. Keeping with these principles, multiple forms of data collection were utilized for the present study. Specifically, the researcher conducting one-on-one interviews, observed LD activities, and reviewed supplementary documents. Each of these data types was analyzed, coded, and themed, which fostered triangulation

Member-checking was a second method of ensuring validity. As noted by Candela (2019), this process helps establish the trustworthiness of qualitative research. Specifically, Varpio et al. (2017) defined member-checking as a way of validating an informant's responses, making sure that the communicated message was captured and understood as intended. As one means of member-checking, the researcher could have requested that the participants reviewed the interview transcripts to ensure accuracy (Iivari, 2018). While this might have helped establish validity, subjects have been known to change their responses after seeing the conversation written down, even though the transcripts accurately reflected what was said (Birt et al., 2016). Some participants even found this process intrusive since their participation in the study had already concluded (Thomas, 2017). Knowing this, the researcher elected to engage in member-checking at the time of interviews, as suggested by Birt et al. (2016). Upon conclusion of each question series, the investigator summarized the participant's responses, ensuring that the researcher appropriately understood what the subject was attempting to communicate.

Connell et al. (2018) expressed the significance of content and face validity. In qualitative research, data saturation is used to ensure content validity. Saturation is defined by the point in data collection when no new data themes are identified, but instead, the data becomes redundant (Braun & Clarke, 2019). For the present study, saturation supported content validity. Saunders et al. (2018) claimed that saturation determines when data collection should

cease for qualitative studies, which occurred with this investigation. Twenty-five to 35 participants were expected, although the final number was 19 and was determined by saturation. According to Fusch and Ness (2015), this is a crucial step, as the failure to reach data saturation results in the inability to ensure content validity.

Face validity is another essential concept in qualitative studies. As noted by Connell et al. (2018), this form of validity ensures that the study measures what is intended. Engel et al. (2020) further explained that this form of validity focuses on the relevance and appropriateness of the investigation tool. For this present exploration, interview questions were written based on the research questions. More specifically, each interview question aligned directly with the overarching research question or sub-questions. This close adherence between the interview and research questions helped ensure that the data reflected the content that the study intended to explore. Additionally, multiple research experts reviewed the interview questions prior to data collection to ensure they were appropriate and relevant to the study.

Summary of Reliability and Validity

Reliability and validity are essential aspects of qualitative research. Correspondingly, the investigator developed the present study to ensure strong adherence to those concepts. The researcher implemented two reliability measures. First, the investigator sought saturation during the data collection process. Such saturation was necessary to confirm the reliability of the study. Second, after interview recordings were transcribed, the researcher double-checked each transcript, making corrections as needed to produce accurate records. The researcher also implemented two measures to create construct and face validity. For construct validity, the investigator read the Research Guide to each participant verbatim, resulting in consistent data collection and further ensuring reliability. Second, multiple sources of data were examined,

which promoted triangulation. Regarding face validity, the interview questions were written with close adherence to the study's research question and sub-questions, and were reviewed by research experts to ensure relevance to the study.

Transition and Summary of Section 2

This section considered the details of the research project. The purpose statement included in Section 1 was revisited to enhance the clarity and consistency of the writing. The role of the researcher was discussed, identifying the investigator as a primary means of data collection. Study participants were also identified. Using an inductive sampling approach with specified inclusion and exclusion criteria enabled the researcher to identify the study participants. While the anticipated number was approximately 25 to 35 participants, the actual number of 19 subjects was determined by data saturation. A qualitative, single-case study was conducted. The investigation was bound by place, focusing on middle managers employed by a specified facility within the large healthcare organization, and was bound by the data collection time of February 2021 to March 2021. The primary data collection method occurred through private one-on-one remote interviews via Webex. A research guide was created and used to assist with each interview. A discussion regarding how the interview questions aligned with the research questions was provided. The investigator also collected data by observing leadership activities offered to middle managers and by reviewing supplemental documents. NVivo was used to store all collected data and to assist with transcription, coding, and theming. Methods to ensure reliability and validity were also addressed in this section. Seeking saturation, ensuring accuracy with interview transcriptions, following the Research Guide with each interview, and ensuring that all interview questions aligned with the overarching research questions also helped ensure that such quality was met.

Next, Section 3 discusses the findings of the study. The general findings obtained during the investigation and a thorough analysis of the data are explored. Section 3 also examines how the data applies to professional practice. This portion of the examination includes recommendations for action and further study. Finally, the section concludes with overall reflections of the research process.

Section 3: Application to Professional Practice and Implications for Change

This investigation examined leadership development (LD) and psychological capital (PsyCap) and the subsequent impact on burnout and turnover intention. The associated problem statement identified that managers had decreased wellbeing, as demonstrated in high burnout and turnover. This problem was especially concerning among new middle managers within the healthcare industry, as findings from an extensive literature review supported this concern. Thus, a research study was conducted using a flexible design, examining the impact of leadership development (LD) and psychological capital (PsyCap) on burnout and turnover among those leaders. Institutions can utilize the information found in this study to improve the adverse responses of burnout and turnover. This section includes an overview of the research, anticipated themes, presentation of the findings, applications to professional practice, recommendations, and reflections.

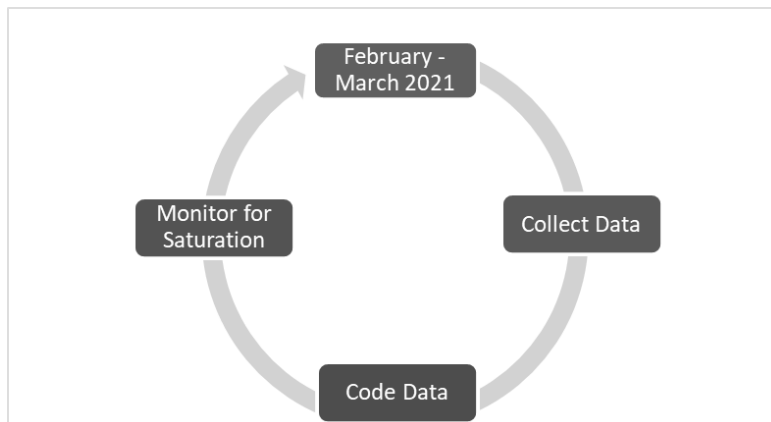
Overview of the Study

A flexible research design was conducted to determine the impact of LD and PsyCap on burnout and turnover. Specifically, the researcher engaged in a single-case study focused on middle managers employed by a specified hospital in the Mid-West region of the U.S. This hospital was a single institution that belonged to a larger health system. The entire system spanned multiple states within the same geographic area. Prior research suggested that new middle managers had fewer LD opportunities (Hartviksen et al., 2018) and experienced higher rates of stress (Armenta-Hernández et al., 2018) than their more senior counterparts, suggesting the need to focus on this target population.

A recruitment email was distributed to leaders that met the inclusion criteria, and a subsequent reminder email was sent approximately one week later. In total, 68 middle managers

were invited to participate, and 19 leaders expressed interest. These willing participants responded to the researcher, who then verified that the individuals met all inclusion and exclusion criteria. Purposive sampling had allowed for a targeted solicitation, so each of the interested participants did, indeed, meet the required criteria. The investigator also reviewed the consent form with each potential respondent and answered questions about the study before beginning the interviews. Once the managers felt comfortable participating, they signed the consent form and officially enrolled in the study. All volunteer respondents agreed to sign the consent and stayed enrolled until their participation was fulfilled; no one was disqualified from participating or opted to leave the study early.

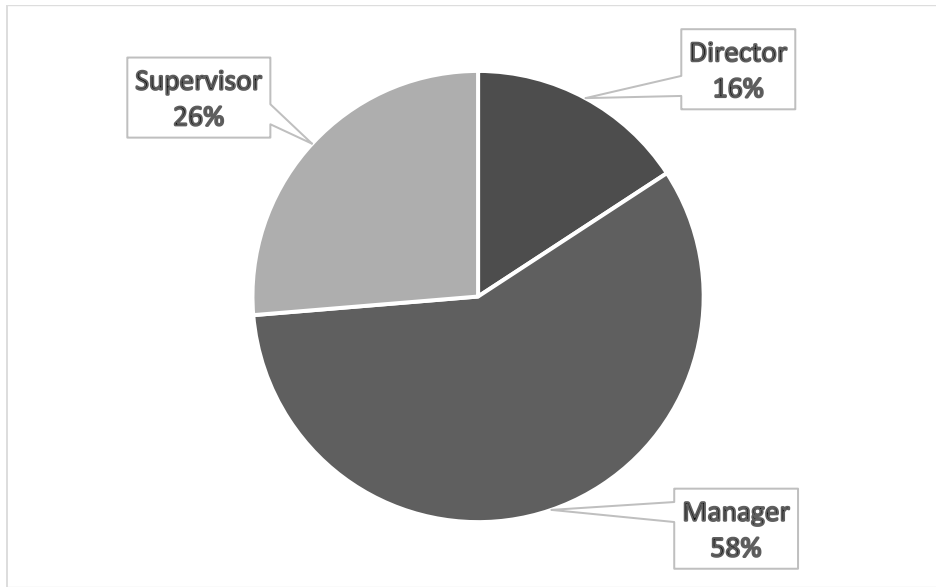
Consistent with a case study design, this investigation was time-bound (Yin, 2018), with data collection occurring from February through March 2021. The researcher utilized three different data collection methodologies. Those methods included conducting participant interviews, attending LD activities, and reviewing supplementary materials provided by the institution. Twenty-five to 35 subjects were anticipated, although the protocol stated that the final number would be determined by saturation and could have been lower than 25 or higher than 35. The researcher determined that data saturation was reached after the 19th interview and ceased data collection at that time. As demonstrated in Figure 4, the investigator gathered and coded data in a cyclical process while monitoring for saturation.

Figure 4*Data Collection Cycle*

Middle managers filled the roles of supervisor (5/19, 26%), director (3/19, 16%), and manager (11/19, 58%). Refer to Table 3 and Figure 5.

Table 3*Participant Information*

Alias Name	Position	Interview Length	Alias Name (cont.)	Position	Interview Length
P1	Manager	51:25	P11	Director	52:01
P2	Manager	46:55	P12	Supervisor	61:57
P3	Manager	55:07	P13	Manager	59:00
P4	Manager	51:27	P14	Supervisor	42:10
P5	Manager	58:39	P15	Manager	41:03
P6	Manager	50:47	P16	Supervisor	62:27
P7	Director	38:43	P17	Manager	44:18
P8	Manager	44:43	P18	Supervisor	38:44
P9	Supervisor	44:06	P19	Manager	81:15
P10	Director	36:36			

Figure 5*Job Titles of Participants*

Interviews were anticipated to last approximately an hour. As demonstrated in Table 3, actual interview times ranged from 36:36 minutes to 81:15 minutes, with an average length of 50:42 minutes. During the data collection period, the investigator had also observed six virtual LD activities. No live classes were held due to restrictions of the COVID-19 pandemic. Thus, the researcher's observations of the LD activities occurred through online learning modules, WebEx videos, and reading various items of content. See Table 4.

Table 4*LD Activities Attended by the Researcher*

Alias Name	General Content	Learning Format	Anecdotal Notes
LD1	Leadership attributes	Brief video	The video was the only requirement
LD2	Hiring	Virtual learning with three parts	<ul style="list-style-type: none"> • Part 1: Video • Part 2: Video-based mock interview. Middle managers responded virtually to questions about the mock applicant. • Part 3: Leaders input information about the mock applicant into the electronic hiring tool.
LD3	Coaching models	Read content	This content was addressed in a live class before the COVID-19 pandemic. During the pandemic, the content was discussed with their mentor or direct leader.
LD4	Leadership styles	Read content	Specific questions were provided at the end of the reading, which were discussed with the middle-manager's direct leader.
LD5	Resiliency	Virtual learning	<ul style="list-style-type: none"> • 10 question pre-test • Online-learning module with voice-over slides and interactive slides • 10 question post-test
LD6	Vision and purpose	Virtual learning with three parts	<ul style="list-style-type: none"> • Part One: Interactive learning module with a 10 question pre-test and 10 question post-test • Parts Two and Three were on hold due to COVID-19

During the data collection period, the researcher also received and reviewed two supplementary materials from the study site, including information about the LD activities

available to new middle managers from January 2018 to the present. Some additional content was also included, such as class types and objectives, as highlighted in Table 5.

Table 5

LD Supplementary Documents

Alias Name	Type of Courses	Anecdotal Notes
LDList1	Introductory	<ul style="list-style-type: none"> • Contained a list of required leadership classes and available resources • At the time of this study, these courses were held virtually due to COVID-19 • Included a list of resources and tools available to leaders • Included course formats of some of the activities
LDList2	Advanced	<ul style="list-style-type: none"> • Contained a list of more advanced classes generally taken after the introductory courses • These courses were usually offered live once a month for 12 months. At the time of data collection, there was a waiting list for these courses. • Included course objectives

Anticipated Themes

Five potential themes were identified after reviewing the existing literature. The first anticipated theme revolved around leadership development. Within healthcare, LD had been poorly understood and utilized (Bharwani et al., 2017; Busari et al., 2018; Kjellström et al., 2020; Swensen et al., 2016). Thus, experts questioned the effectiveness of existing LD programs (Johnson, Putter, et al., 2018; Kjellström et al., 2020). Since these activities were costly endeavors, the issue was especially concerning (Ardichvili et al., 2016; Westfall, 2020). In the present study, participants were expected to voice concerns with the LD activities that they had taken. Findings were then believed to determine specific aspects of LD that might have been ineffective and needed improvement.

The second anticipated theme pertained to middle management. These leaders were believed to hold influential positions within the healthcare industry (Alhaqbani et al., 2016; Birken et al., 2012; Gutberg & Berta, 2017; Kuraoka, 2018). Aspects of this position within healthcare, though, had been poorly examined (Gutberg & Berta, 2017). Individuals in healthcare traditionally advanced to leadership positions without possessing the essential skills and education to be successful in their advanced positions (Donner et al., 2016; Feller et al., 2016; Frasier, 2019; Gregory et al., 2017). In the present study, this anticipated theme was expected to correspond with ineffective LD, as Whaley and Gillis (2018) claimed that adequate training opportunities were essential for these new middle managers (Whaley & Gillis, 2018).

Psychological Capital was a third anticipated theme. Findings in the literature review acknowledged that PsyCap was essential to business (Pitichat et al., 2018) and helped to drive the success of organizations (Adomako et al., 2016; King et al., 2016). PsyCap was comprised of four constructs, which are self-efficacy, hope, optimism, and resiliency (Nolzen, 2018; Youssef-Morgan & Luthans, 2015). Each of the constructs determined one's ability to be successful within the workplace (Adomako et al., 2016; Carver et al., 2010; Snyder, 2002; Zhou et al., 2016). While positive outcomes may occur when individuals have positive levels in any of these constructs, they produced much more significant results when the four were combined (Kelberer et al., 2018). Additionally, the combined PsyCap elements helped to improve the wellbeing of individuals and organizations (Nolzen, 2018; Youssef-Morgan & Luthans, 2015).

The fourth anticipated theme identified through the literature was related to burnout. This adverse response was a common occurrence within the healthcare industry (Lacy & Chan, 2020; Protano et al., 2019; Rotenstein et al., 2020; Willard-Grace et al., 2019), yet research suggested that burnout occurred primarily among the general workforce (Montañez, 2019). Limited

evidence existed to determine its prevalence among middle managers. Up to 80 percent of healthcare professionals were believed to have experienced burnout (Rotenstein et al., 2020) with various negative symptoms associated with this syndrome (Dyrbye et al., 2020; Makkai, 2018; Marchand et al., 2018). Dangerous situations have occurred as a result of unresolved burnout, such as substance abuse (Stehman & Testo, 2019), depression, and suicide (Card, 2018; Harolds, 2019b; Kuhn & Flanagan, 2017; Stehman & Testo, 2019).

The final anticipated theme for this study was related to turnover. Due to its adverse implications, turnover was a negative occurrence among organizations (Ravangard et al., 2019) that warranted further examination (Abate, 2018). Increased organizational costs were associated with the turnover of employees (Friedman & Neutze, 2020; Hamidi et al., 2018; Richardson, 2019; Willard-Grace et al., 2019), with costs related to interrupted services (Hayward et al., 2016) and recruitment, hiring, and training of new personnel (Willard-Grace et al., 2019). Multiple rationales for turnover were identified, including planned and unplanned reasons (Andela & van der Doef, 2019; Huang & Lin, 2019; Kim et al., 2019; Scanlan & Still, 2019). Specifically, turnover was concerning within healthcare due to the existing (Goodare, 2017; Marc et al., 2019) and anticipated (Goodare, 2017) personnel shortages.

Presentation of the Findings

Analysis occurred upon the conclusion of data collection. Through this data analysis process, five themes were identified: burnout, turnover, leadership development, PsyCap, and LD combined with PsyCap. Each of these themes were listed in Table 6 and discussed in this section.

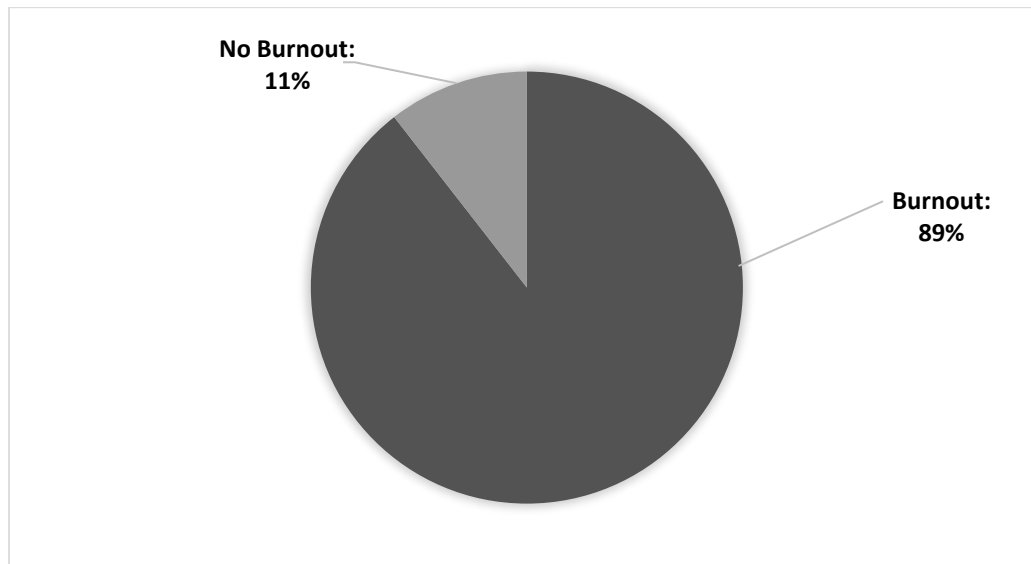
Table 6*Study Themes Identified Through This Research*

Theme Number	Study Themes
Theme One	Burnout
Theme Two	Turnover
Theme Three	Leadership Development
Theme Four	Psychological Capital
Theme Five	Leadership Development combined with Psychological Capital

The data were displayed graphically throughout this section to more clearly reflect the findings. Data were examined related to the research question and each sub-question. Results were also related to the existing literature and the conceptual framework, as demonstrated in Figure 1 of Section 1.

Theme One: Burnout

Data suggested that burnout among middle managers in healthcare was an issue that should be addressed. P2 noted, “There isn’t anyone who hasn’t experienced some of that ... I don’t think that there was any way to not be burned out,” and P4 stated, “burnout is a huge issue.” Recognizing its significance, P1 said, “I think it’s something we probably don’t talk enough about.” Of all the study subjects, 89% (17/19) identified having burnout at some point since beginning their current role (Refer to Figure 6).

Figure 6*Prevalence of Burnout Among Healthcare*

Further questions were posed to the 89% of managers that acknowledged they had experienced burnout. Some participants stated it had improved. P10 said, “its gotten better.” For some, such as P19, the burnout had even “resolved.”

Figure 7*Incidence of Current Burnout*

Some acknowledged having burnout off and on, saying that it “goes up and down depending on the circumstances” (P4). Forty-two percent (8/19) of participants, though, recognized they were currently experiencing burnout. P16 stated, “I’m kind of dealing with that right now.” Additionally, some acknowledged that burnout comes and goes depending on various circumstances. This was noted by comments such as, “it comes in waves” (P2), “I would say it was more situationally” (P15), “it just goes off and on, just depending on how stressful the week is,” and “it’s not something that’s constant” (P18). COVID-19 was a specific situation that contributed to burnout, with P10, P16, and P18 acknowledging burnout surrounding this pandemic. For those that said their burnout had resolved, symptoms had lasted up to six months (P7). However, some with ongoing burnout experienced it for an extended time. One leader entered their current role with burnout from their previous position, and they were still experiencing its effects. Thus, even though P8 had only been in this current position for six months, they had been experiencing burnout for approximately three years.

Subtheme One: Causes. Three primary causes of burnout were identified throughout the data collection process (See Table 7).

Table 7

Frequently Cited Causes of Burnout

Causes of Burnout	Number of Participants Mentioning this Cause	Total Number of Times this Cause was Mentioned
Constant Connection	9 (47%)	31
Difficulty with Work-Life Balance	7 (37%)	13
Heavy Workload	14 (74%)	39

Some overlap was noticed among each of these causes, yet they were identified as three distinct factors and were examined separately. Participants also frequently cited multiple causes of

burnout simultaneously. The first prevalent cause of burnout among interviewees was a heavy workload. As demonstrated in Table 7, this was the most prevalently cited cause. One respondent discussed the vast amount of work that needed to be completed.

There's a lot of things that have to be done in a short amount of time. And so some weeks there's just not enough time. ... The more that I kept piling on and recognizing what needed to happen, I think added to that work or burnout. ... There's a lot going on that needs my attention in multiple areas. And I don't know if I can give it all, all the time.

(P12)

Another interviewee acknowledged the heavy workload and voiced concern regarding the pressure that this placed on new leaders. The participant even urged further emphasis to be placed on this topic to lessen the workload and prevent burnout. Notably, this leader had only been in their position for two months.

I've seen so many new managers try to take on too much and overwhelm themselves. And there, they could really be great leaders. But they do burn out so quick that they aren't given, really, the opportunity or time to grow and develop. So much is put on them. So I wish that organizations would put a little bit less on those mid-level managers [because] mid-level managers carry a large burden. So that's all I would say, that I think this study and learning and growing can really be beneficial to tell us what we can do differently to save the managers from burnout. (P3)

The COVID-19 pandemic was a contributing factor to this heavy workload. P2 acknowledged, "being a new leader in the time of COVID definitely had its challenges." Further, "When COVID kind of started picking up, my volume of work really kind of skyrocketed" (P10).

Referring to the novel coronavirus, P15 noted, "During that time, I was spread very thin, I felt."

Changes were a constant occurrence during the pandemic. As described by P8, “I would say the biggest thing for burnout for me would just be things always changing and so, of course, that creates more work.” Regardless of the reason, the heavy workload appeared to be expected and encouraged. As said by P14, “I think our society in general, it’s almost like you get like a badge of honor for overworking yourself and ... overstressing yourself.”

The second most common cause of burnout noted was the leaders’ sense of constant connection with their staff and was repeatedly expressed. This connection occurred through frequent communication, being on-call, and working during off-hours. Refer to Table 8.

Table 8

Forms of Constant Connection

Form of Connection	Number of Participants Stating this Concern
Constant communication	10
Frequently on-call	4
Working off-hours	11

“As a new nurse manager, you feel obligated to be available at all times, every moment of every day” (P5). Leaders felt they were connected to work, even while they were at home.

I end up working 50 to 60 hours a week. And honestly, some of that is not on the clock.

It’s at home. You know, five minutes here, 10 minutes there, answering a question. And so it feels like you’re always on. (P12)

Constant availability also occurred through being on-call. As expressed by P5,

being on call pretty much 24/7, 365 days is the biggest burnout. ... I answer phone calls in the middle of the night. I wake up to emails that I receive at ... three, four a.m., and I take call every chance all day.

As a new leader, one interviewee quickly recognized that this constant connection had caused adverse effects, even regretting their decision to make themselves so readily available to staff.

I offered everyone the ability to text or get a hold of me. And I even used to [say], I'm very easygoing ... you're not bothering me. And quickly, I learned, just with the amount of co-workers we have here, that I had overextended myself. ... That quickly created some burnout for not only me but my family as well. (P6)

P10 stated, "I was working 12-hour days almost every day during the week and then working on weekends. So that definitely contributed to burnout."

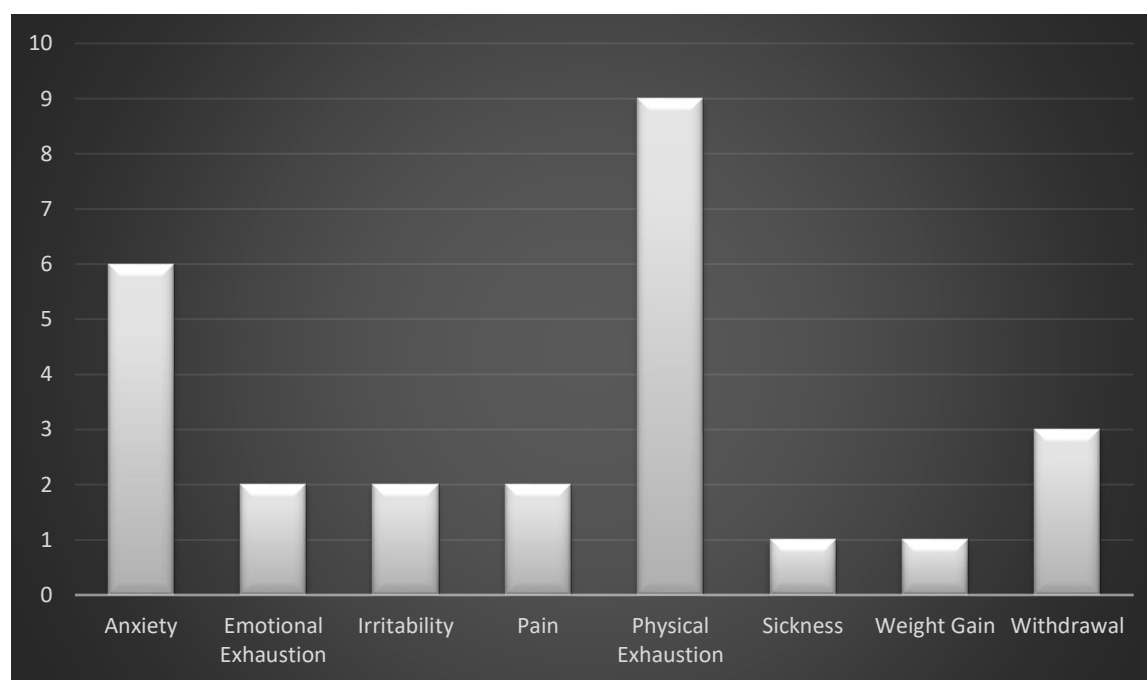
The third cause of burnout that participants frequently mentioned was the struggle to create a work-life balance. As said by P4, "I think the biggest area of burnout or the biggest stressor is work-life balance." P7 further admitted that the struggle to create such balance was "emotionally distressing [when trying to] complete everything that is put on my plate and still maintain a work-life balance with home and children and work." Some specifically acknowledged the struggles of working as a middle manager with young children and teenagers at home (P2; P15; P16). P6 also noted that learning this balance was a challenge for new leaders, saying, "I think it's a huge struggle to learn work-life balance jumping into the manager role." This concern was not just an issue for those hired to their role within the past few months. P19 had been employed in their current position for nearly three years and claimed, "I think it takes time to really learn that work-life balance, which is something that I still am working on. I am improving but probably have not mastered it." Conversely, evidence suggested that such pressure

of making work a priority over home was normal and perhaps even expected. “I think if you’re truly in the role for the right reason and really trying to support your team ... in all the way that your role entails, then you somewhat sacrifice your home life to your work life” (P4).

Subtheme Two: Symptoms. Study subjects acknowledged having physical and psychological signs of burnout. Refer to Figure 8 for a complete list of symptoms.

Figure 8

Symptoms of Burnout



These symptoms began as early as one week after starting their position (P13). The most frequently stated physical symptom was exhaustion. Three examples were “I would say tiredness, just overall fatigue” (P18), “I do sometimes feel more physically drained and just tired and run down” (P9), and “I just didn’t have that energy, just so exhausted” (P6). Specifically related to the heavy workload and attempting to find a work-life balance, P10 acknowledged:

being more tired just from, I would wake up super early in the morning before my kids got up and work on things and then take a break to get them ready for school and then go back to it. So, it was just, yeah, it was a lot of, most of my waking hours were working.

Pain, particularly headaches, was another physical symptom of burnout and was identified by P4 and P18. In addition to the headaches, P4 also experienced muscle aches due to burnout. One study subject experienced sickness more often due to burnout (P4), and another had gained weight (P8).

Psychological symptoms of burnout were also noted. Anxiety was the most commonly stated psychological response to burnout, followed by irritability, emotional exhaustion, and withdrawal. Sometimes, the anxiety was so troublesome that participants wanted an escape. “I think the biggest one has just been anxiety. ... that has made me feel like I want to run away” (P17). Keeping up with the workload was a specific cause of the anxiety.

I did struggle with some anxiety. Always feeling like, you know, there was still so much by the end of the day, by the time ... to go home that I didn't complete, just always feeling like there was a long list waiting for me every day. I definitely struggled with some anxiety on being able to keep up with the workload. (P19)

P12 also acknowledged having an adverse psychological response to the burnout they had experienced, stating, “you just kind of feel this dread.” One study subject complained that the anxiety interfered with sleep, which could have also contributed to exhaustion.

Sometimes I wake up in the middle of the night thinking about it. I mean, as far as burnout goes, that's, that's how I burnout by not being able to shut it off whenever I walk out the door and go home. (P13)

Anxiety felt by a leader was also compounded by the feelings of their staff. When staff experienced emotional disturbances, the leader's emotional distress also increased.

I have a little bit of anxiety. ... I'm close to our co-workers, and I ... hate for them to feel that. And a lot of them are having anxiety and depression and stuff, especially with ... the COVID situation. ... So I take that on sometimes. (P16)

As mentioned, subjects acknowledged having difficulty with irritability and emotional exhaustion as well as other psychological symptoms. P18 spoke of being irritable with patients, while P9 acknowledged having a "shorter fuse." Like other subjects, P14 identified that emotional exhaustion was a symptom of their burnout, saying, "this position and any management position, I think, is just emotionally taxing." Even those that do not routinely struggle with emotions found themselves having difficulty working through their thoughts and feelings. "I'm not even a very emotional person, but [burnout] was very, very challenging to navigate" (P15).

Withdrawal was the final psychological form of burnout noted among participants. When asked about symptoms of burnout, P2 stated, "at times withdrawal, just a little bit of ... okay, I need to just go to my office," while P13 would "just stop and back away, back away from the computer, put my cell phone away and not deal with any work things." Hospital coverage suffered due to this withdrawal, as another participant stated, "I used to pick up a lot of extra ... shifts and now I don't pick up any extra ... shifts (P12). This withdrawal was not limited to the workplace but also spread to the home. P5 acknowledged "the lack of wanting to communicate with my family throughout the day" because of the burnout they were experiencing. A more significant, potentially concerning sign of family withdrawal was also identified.

I wasn't depressed but definitely quiet when I would go home to be with my family and my ... kids. I didn't really have the gumption to ask them about their day or to participate in many outings. I really just wanted to be that vegetable on the couch and ... not be a mom. I just wanted to be alone. (P6)

Subtheme Three: Coping Mechanisms. While many subjects identified being burned out, they also discussed the coping mechanisms to help them through this burnout. Some coping mechanisms were healthy, while others were not. The most commonly stated healthy coping strategies were engaging in relationships with family and peers, setting boundaries, and exercising. P4 and P19 specifically acknowledged that spending time with their loved ones was helpful. Family time required intentional focus and effort, though.

When you walk in your door of your house, [you must] focus and be intentionally present. Often, my mind will drift to something that happened or a difficult conversation, or did I say that right or did I say this right? But trying to just push those thoughts aside intentionally and focus on what your kids are saying in front of you and focus on family time. It has to be intentional because if it isn't ... I tend to drift away. (P6)

Relating with leaders and peers was also helpful. P11 spoke with their "direct leaders to voice frustrations or concerns, to help regain guidance for the path that we were on, or to help allow me to seek clarity so that I understood that path." P4 followed a similar tactic, "[using] my director a lot to really fall back on to work through different things." Peers also seemed to help middle managers navigate burnout. P8 would utilize "other managers ... to kind of vent with them and talk through different issues that we are both experiencing," and P18 found that "venting with friends or other co-workers and then ... putting work aside" was beneficial. These

collaborations aligned with training provided to the middle managers from the organization, as LD4 highlighted the importance of collaborating with others.

Setting boundaries was a second healthy coping mechanism that was frequently mentioned. Creating lists of things to accomplish was one way to set such boundaries. “I’ll leave myself notes at the desk that I need to focus on ... first thing” (P16). Letting staff know when mid-level managers would be available was another way of setting boundaries. Examples were “really setting aside time ... when I’m here, I’m here. When I’m not, I can’t be here all the time” (P15), and

I will let my charge nurses know that I will be unavailable from eleven to three. Please do not contact me unless it is an emergency. After three o’clock, I will be available again to answer scheduling, staffing, questions, stuff like that. (P5)

Exercise was the final healthy outlet that was common among many subjects. Physical activity with family (P1), walking (P13), and canoeing (P19) were some of the physical exercises that were discussed.

Unhealthy coping mechanisms surrounded food, beverages, and inactivity. P12 said, Eating food for a while was a big coping mechanism. Not cooking at home, constantly just getting meals. When you have all that time pressure, it’s like, you know, I don’t have time to grocery shop or do this because I need that time to relax or I need that time to do this. So then you end up eating out a lot, or you order [delivery].

Unhealthy eating habits were a concern in other aspects as well, as P1 acknowledged, “I would not be above some binge eating,” while P12 admitted that they would “sit on the couch and watch Netflix and eat ... Girl Scout cookies.” Regarding unhealthy beverages, the consumption of caffeine (P10) and alcoholic drinks were identified as potential concerns.

Alcohol was a coping mechanism, not only because it relaxes you ... but also knowing that if I have a drink, I can't be called back into work. I know ... that's not necessarily the best way of doing that. But, you know, [you've] got to do what [you've] got to do.

(P12)

P9 also acknowledged that they would “drink a couple of glasses of wine” to cope with the stress of burnout.

Subtheme Four: Impact of Leadership Development. Participants acknowledged that little education was provided during LD regarding burnout and how to cope with or overcome this syndrome. When asked about leadership development regarding burnout, P6 responded, “I wouldn't say that there's been a ton [of training]. In fact, most of it has not been formal education about it.” Others had similar replies (P5; P7; P8). This claim was also supported through the list of LD course offerings, as no apparent content regarding burnout was listed (LDList1; LDList2). Participants identified that most of the content regarding burnout was discussed during the one-on-one meetings with their leaders, particularly discussing work-life balance, and was acknowledged as helpful by P1, P2, P4, and P6. Others felt they had to learn this information on their own. As noted by P8, “I think that's just kind of all on me, I guess, to figure out.” Thus, participants suggested they relied on their experiences to learn how to handle burnout. “I think the things that I have learned is [to] just identify it in myself early. I don't feel that was taught to me from a class. I feel like that was taught to me by just experiencing it” (P11). Other subjects sought out LD opportunities to learn how to address burnout. P15 read a book that discussed setting boundaries to help create and preserve a work-life balance. Another attended an optional LD activity through the organization, which heavily addressed burnout, claiming this activity to be helpful and “highly recommended” (P9). Simply having the increased

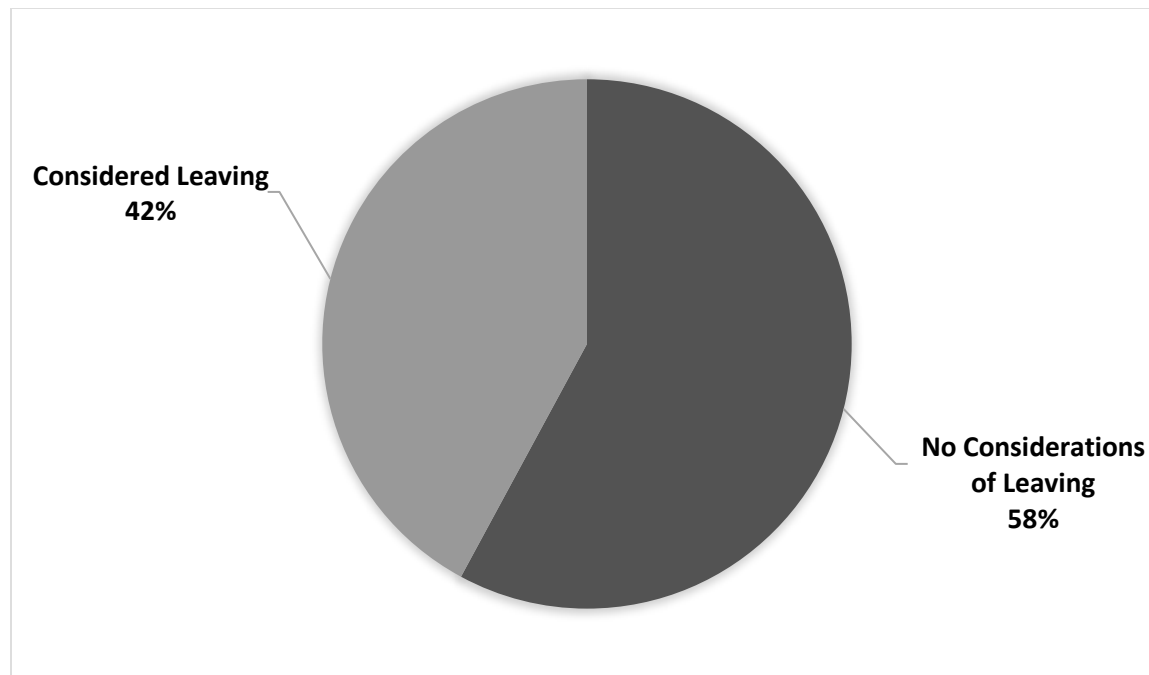
knowledge that came through the LD activities did help prevent burnout in some respondents. P12 noted that, while no content directly applied to burnout, learning information allowed them to be knowledgeable enough to answer the various questions of their team. Having this ready knowledge prevented burnout because it saved them from interrupting their busy schedule to spend the time necessary to discover the answers (P12).

Theme Two: Turnover Intention

The second theme identified within the study data were related to turnover intention. The incidence of turnover found within this investigation was high, as demonstrated in Figure 9.

Figure 9

Turnover Intention



However, the majority (11/19, 58%) of respondents expressed having no desire to leave their position or the health system since assuming their current role. The primary reason for wanting to stay was the desire to do positive things and to support their team and organization. This

desire was expressed by 64% (7/11) of the leaders that had not considered leaving. “As long as I feel like I could be a benefit and help improve this department and this organization, that’s my desire to stay” (P3). P4 had previous considerations of leaving, but

I think the reason why I stay or why I have reconsidered that is probably my co-workers, you know, my people, if you will. And I’m reminded that I come back so that I can take care of them so that their day is better. (P4)

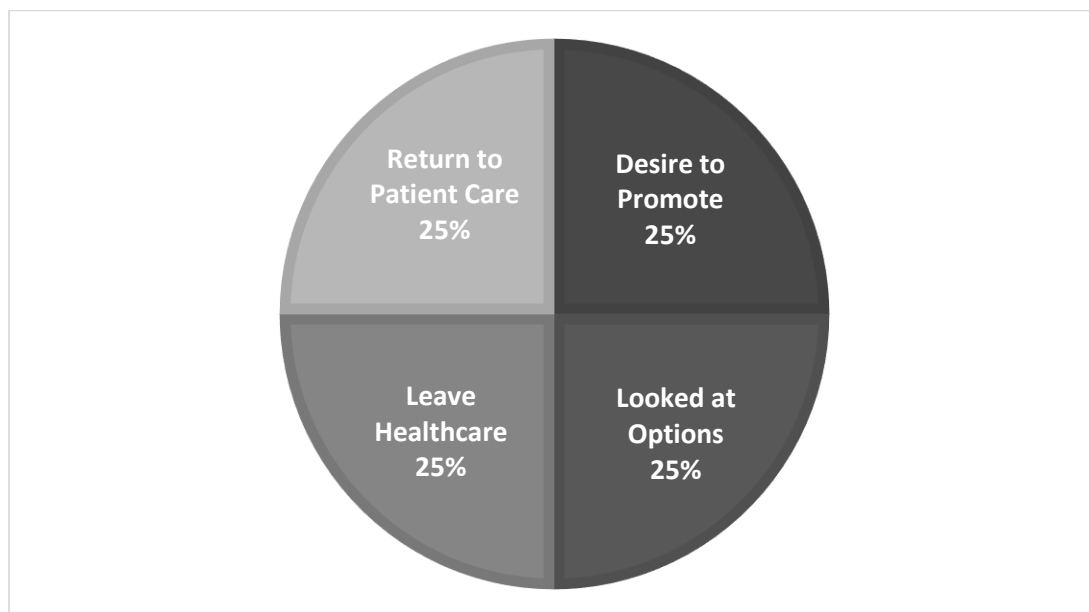
Although the majority of subjects denied any current plans to resign, 42% (8/19) of all the participants considered leaving their position or the healthcare system since assuming their current role. See Figure 9. Contrary to the data collected, P4 said, “I think that anyone would be lying to you to say they hadn’t thought about leaving.” P6 spoke similarly, saying, “I think it always crosses your mind.” Turnover intention appeared to be high surrounding the COVID-19 pandemic, with several participants acknowledging that is when they had the highest considerations of leaving (P1; P4; P6).

Some comments were unclear about the participant’s thoughts about turnover. For example, P2 denied any turnover intention, yet, an underlying desire to leave was potentially identified. “I haven’t really had any [turnover] considerations. I mean, there’s times where I’m like, okay, maybe I should just be at home” (P2). Also, P12 acknowledged, “as long as my burnout stays under control, I’m happy.” At the time of the interview, P12 admitted feeling burned out, suggesting that the desire for turnover could soon follow if their burnout increased. P17 was another respondent marked as having no turnover intention but said, “I have never actually gotten to the point to go and look for other jobs.” Finally, P8 stated, “I probably thought about that a couple of months ago, but that kind of comes and goes.” These comments implied that participants might have considered turnover more than they admitted.

Four responses were provided about participants' desires to leave, with an equal number of replies offered for each of the responses. See Figure 10.

Figure 10

Considerations About Turnover



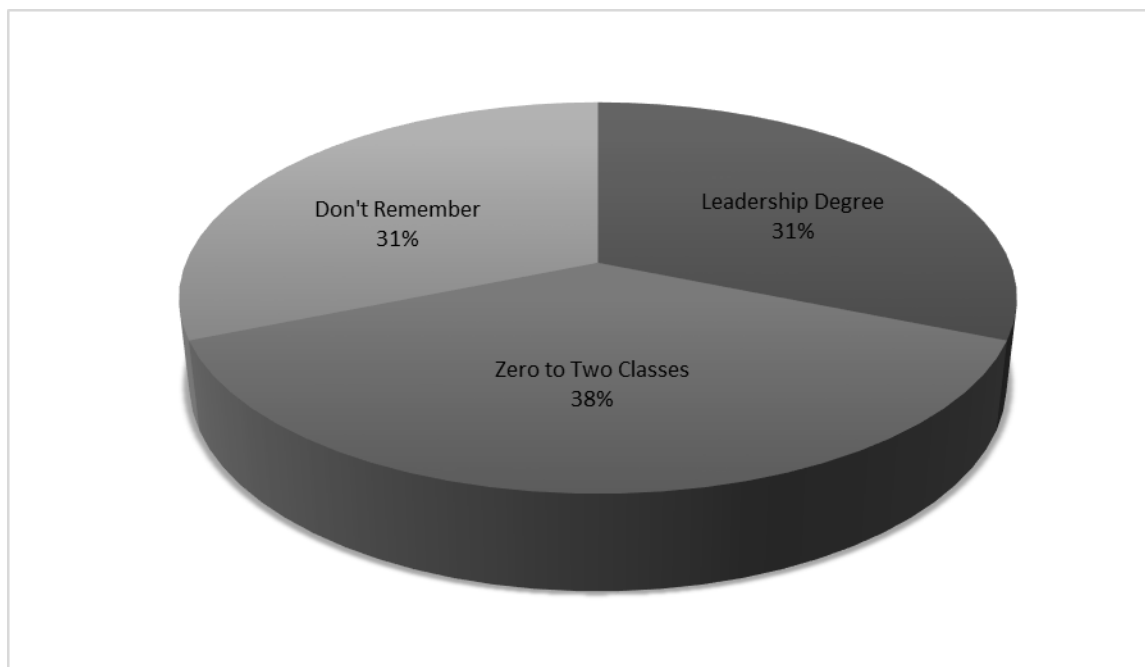
The first reason for turnover was positive, suggesting the desire to promote to a higher level of leadership within the organization (P1; P16). Two of the participants considered leaving the healthcare industry, with responses of “I have thought about leaving nursing” (P16) and “I have considered getting out of the medical field altogether” (P4). Some respondents appeared to be serious about leaving, going as far as looking at current job openings outside the organization. P7 admitted, “I had looked at outside organizations for something different than what I am currently doing.” Finally, some respondents desired to leave management and return to patient care. “I did look at other positions ... within healthcare, but not in management (P7). Similarly, P19 said they had “no considerations of leaving the health system, but I was considering going back to the bedside. ... Just to be able to get that family time back and for my health, to reduce that stress.”

Participants acknowledged that the content discussed during LD was helpful in preventing turnover. Primarily, the most useful content was about the faith-based aspects and focusing on the mission. “I think really focusing on the mission and being called to the position of why we’re here and the importance of our role within the ministry ... is very helpful and keeps you grounded” (P2). P3 and P16 also discussed that learning about their purpose and mission, respectively, contributed to them staying in their roles. Contrary to this finding, though, one respondent acknowledged that the emphasis on faith-based classes was unnecessary.

While I do not denigrate or think that those [faith-based] aspects are not important as far as what we do, I think that a lot of those things ultimately speak to who we are as individuals and why we’ve chosen to seek employment [here] and to seek the leadership position with [this organization]. Those are ultimately deeply ingrained in us as individuals. (P1)

Theme Three: Leadership Development

The third theme identified for the present study was leadership development. An important consideration was the educational and experiential background that study participants possessed before starting employment in their current positions. Study subjects had various leadership backgrounds. Some respondents held managerial titles for ten years or more before accepting their current jobs (P3; P7). Others never held a supervisor, manager, or director title before engaging in their current roles (P2; P5; P15). P12 and P19 were both managers before starting their roles but in industries outside of healthcare. Thus, five (21%) subjects had no prior leadership experience within healthcare before accepting their current positions as working middle managers. Participants also had a wide variety of formal educational backgrounds regarding management, as demonstrated in Figure 11.

Figure 11*Formal Leadership Education*

These backgrounds ranged from no collegiate classes about management or leadership (P9; P16; P19) to having a bachelor- or master-level degree in a leadership field (P3; P4; P10; P12; P17).

The leadership degrees were in various backgrounds, including areas outside of healthcare. Interview responses supported the idea that middle managers lacked leadership experience. P1 said, “I think that a lot of nursing leaders are in their position because they worked hard and were high performers ... in their own specialty area, but ultimately at their core, they are still nurses. ... and lack some of that business acumen.” When discussing specific aspects of their LD, P6 said, “I enjoyed learning about the interview process. ... as a bedside nurse, you’re not trained, of course, on that stuff.”

During the interviews, participants spoke of the LD activities they had taken through their workplace since assuming their current positions. This leadership development was in addition to the collegiate-level courses shown in Figure 11. Leaders were generally enrolled in a series of

nine LD courses (LDList1) and a year-long class that met monthly (LDList2). Some participants had taken numerous classes through the organization. For example, P6 and P14 both acknowledged taking approximately 10 classes. Conversely, others engaged in much less LD. P7 acknowledged having only “attended two to three [classes]... a fairly small number of education,” and P10 and P13 had not taken any LD classes during their current roles, despite at least one of them being employed in their role for several months. Although they lacked this current education, they still met the inclusion criteria as they had both completed LD from the talent development department since January 2018 (P10; P13).

Subtheme One: Positive Aspects. Positive aspects of LD offered to new middle managers were identified. When asked about the benefits of the leadership development they had received, P12 stated, “I feel like I am adequately prepared for what I think the job entails.” Subjects had been able to apply the content they learned through the LD activities to various aspects of their roles, as suggested by the statements “they’ve all somewhat been beneficial to my role, and I can see how I’ve utilized them” (P2), and

I feel that there has always been something to gain from it. May not be directly [related] to the next task you’re doing, but there’s, there was always something that you could pull from to better serve as a leader. (P11)

Communication. Communication with various individuals was identified as a specific content area of beneficial LD training to the new leaders (Refer to Table 9).

Table 9*Leadership Development Findings*

Positive Aspects	Areas for Improvement
Communication	Limited opportunities
One-on-one meetings	Content repetitious and not customizable

Such communication included handling complicated interactions with team members, patients, and family members. P6 said, “There are a lot of leadership classes, content, related around [communication], and that’s helpful.” Through LD, leaders were taught to utilize a specific communication model to approach concerns and end conversations with optimism (LD3).

Another LD class addressed conflict directly related to the challenges of implementing change (LD6). Specifically, leaders were taught that their teams would view change either as a conflict or an opportunity, based on how the leader themselves viewed and approached the change (LD6). A guide was available to help “diffuse conflict ... and tackle stressful situations” (LDList). Fifty-seven percent (11/19) of the participants claimed this content to be helpful to their leadership development. “There [were] some very helpful classes in regards to how to approach difficult conversations, how to manage through difficult situations with co-workers and with patients and their families” (P1). P14 also said, “its just helped to give me the confidence ... to help ... resolve a conflict between staff members or staff and families.” Sometimes issues were not resolvable, so learning how to address those situations [was] also helpful. Knowing “how to handle those difficult conversations of, maybe even terminating a co-worker” (P6) was beneficial. Content about interacting with applicants was also valuable, such as learning which questions to ask and avoid during interviews (P12). The interview process is formative for both the applicant and leader, so appropriate communication was deemed essential (LD2).

Another beneficial aspect related to communication was accountability. One required course for new leaders focused on this content (LDList1) and was viewed positively by study participants. Additionally, accountability was identified as an essential attribute among organizational leaders (LD1). P7 applied this content to self and others, acknowledging “how to hold others accountable, how to be accountable for yourself” was beneficial (P7). The manner in which a leader holds others accountable placed heavy emphasis on communication.

I think the accountability ... class was really good just because it puts the ball back in my, my turf, knowing that I have the ability to make or break somebody in their position sometimes, by the way that I communicate with someone. (P16)

Communication was also a necessity to build relationships with their team. “The biggest thing that I learned when I took this specific role was. ... to build relationships. ... I really value that” (P17). Ultimately, building relationships through communication impacted patient care. “I have a strong relationship with the physicians that we work with. So creating clear communication between the nursing roles and the physician roles, making sure we have a good multidisciplinary team approach towards caring for the patient” was essential (P6).

Examining real-life examples was the final aspect of communication that was helpful to study participants. “I think the most beneficial in those classes is hearing examples of other real-world conversations or situations. ... The real-world things that you know are going to happen at some point, but ... aren’t necessarily in a book” (P4). These examples did not have to come from senior-level leaders or those with more experience to be helpful. As noted by P13, “I think hearing, hearing from other managers, their situations and how they dealt with it” was helpful. Specific to communication, “I think the most beneficial in those classes is hearing examples of

other real-world conversations or situations that other managers have gone through because every day is kind of different in this position” (P4).

One-on-one Meetings. One-on-one meetings with direct leaders were frequently identified as a highly beneficial aspect of leadership development. At times, these meetings were even more valuable than the formal LD activities. “I would say the most helpful thing to me ... was meeting with my director one-on-one (P2). P5 responded similarly, “the classes [themselves] were beneficial, but the one-on-one time with the director ... [was] the most beneficial in regards to situations and instances that I may need guidance.” Study respondents also acknowledged that speaking with experts was helpful. “I personally feel that a lot of my growth [was] reaching out to those [subject] matter experts to seek understanding ... versus a scheduled or set class to attend” (P12). Experts were sometimes in the form of knowledgeable peers. “Fellowship with other managers [were] the most beneficial in regards to situations and instances that I may need guidance with” (P5).

Subtheme Two: Areas to Improve. Although positive aspects of LD were mentioned, a significant number of adverse responses were also provided. Some expressed that the LD programs served as a starting point but did not provide enough information for leaders to be successful. “I don’t know that the content is really what builds the foundation. It gives you those ideas. The basic points. But I think that the day-to-day grind ... gives you that [learning]” (P4). P18 agreed, saying, “To be honest, the classes have not been very helpful. The most helpful thing has really just kind of been on-the-job training from peers that I’ve been able to go to and get assistance from.” Some respondents claimed that they learned more during their previous experiences (P13) or formal collegiate classes (P4) rather than their required LD training.

Limited Opportunities. Numerous participants suggested that they were thrown into leadership positions without receiving formal LD, even referring to their experiences as “hit the ground running” (P4; P19). P15 expounded, stating that their experience was

trial by fire probably. ... I hit the ground running. No orientation, no nothing. That’s probably been the most challenging piece of it. ... There were not a lot of opportunities.

It was very much a kind of learn on your own. (P15)

Others voiced frustration about their ability to perform their jobs due to this limited development. Two participants, in particular, shared similar concerns. After stepping into their new position, one felt like they were to “go make it happen” (P13), while another felt expected to “just be able to make it happen, but with no resources. ... and unrealistic expectations” (P17). Similarly, some expressed frustration by the lack of clear expectations of being a leader. “I think that those are the things that I find myself with the greatest amount of frustration with ... being held to an expectation that I honestly don’t always feel as though I fully understand” (P1).

Sometimes training was provided, but the timing was ineffective. “By the time I took the class, especially ... the interviewing class, I had already interviewed and hired [multiple] staff” (P5). This was not an isolated event, as another participant shared a similar experience. “A lot of the information that was provided, especially in the beginning, you had already done that, so you kind of felt like they were doing things backward a bit” (P19). This issue could be due to various circumstances. One interviewee acknowledged, “if I’m being honest, I’m running behind on those. So I still have some to do” (P14), while another’s training was delayed due to being on a waiting list to attend LD classes (P15). Additionally, some courses were postponed due to COVID-19. As stated by P18, “I have taken a few classes since covid has calmed down a little bit. But it was over six months after starting my position.”

Another frequently cited comment among interviewees was that essential aspects of content were missing from the leadership development training. Instead, many courses focused on elements that were viewed as time-wasters (P12).

A lot of those classes are, and I hate to say it, but fluff. ... Those classes would be awesome if it was more tailored to those specific [aspects] that we're expected to know versus just some of that fluff of knowing people's personality types. (P6)

P1 agreed, suggesting that learning how to hold a huddle and roll out information did not provide the type of LD necessary to be an effective leader. Similarly, many participants noted a lack of business-related content, acknowledging that as a notable deficiency within the LD program. Specifically, finance and budgeting were mentioned most frequently as a leadership area where they felt weak and needed additional training.

Classes on the financial aspects of being a nursing leader would be beneficial in continued education, on how our dollars are spent, and ultimately where we are looking to make improvements for our good, for our co-workers, and for patients. I think that those are the things that I find myself with the greatest amount of frustration. ... I can't stress that enough of the need or the benefits of increased or improved training in that aspect for the business acumen portion. (P1)

Other respondents agreed, claiming that budgeting and payroll were "major deficiencies" (P15) in their LD process.

Becoming a new leader, really, what would have been beneficial for me is having classes on how to work all the financial pieces and all the programs that we use because it kind of gets thrown at you and you just kind of learn as you go kind of thing, on how to get the data that you need. ... Having a little bit more time or, maybe if there was a class offered

for that financial piece to really understand that because that's a huge part of what we do, that's our responsibility, and I could have definitely used a little bit more support in that area. (P19)

Some felt the need to seek out development to learn how to effectively lead their teams, as there was a gap of information provided with the organization's LD programs. As stated by P15, "I was missing a lot of gaps." One study subject acknowledged that attending LD activities was not enough to develop a leader thoroughly. Instead, it was something that "you take upon yourself to become a better leader" (P16). Yet another interviewee said that they learned the most through "reading and just things that I can get my hands on" (P15).

Repetition and Lack of Customization. Another common concern identified during the interviews was repetitious and non-customizable LD content. Some of the repetition occurred when leaders had already learned the information through on-the-job training. "You ... felt like you could have been doing other things than going to the class and hearing content that you'd already figured out on your own or had already been doing" (P19). Frustrated by sitting through content they had previously learned, P5 stated, "I wish that it could have been a little bit more personalized, or I could have opted out or tested out of that course because that was a four-hour thing that I wasn't necessarily needing." In that instance, the ability to test-out would have customized the learning for that leader. P4 also spoke of customization, saying

courses were taught by individuals that weren't necessarily linked to the actual position.

So I think it would be beneficial if we had other managers teaching a class or helping you through the day or, you know, shadowing if you will.

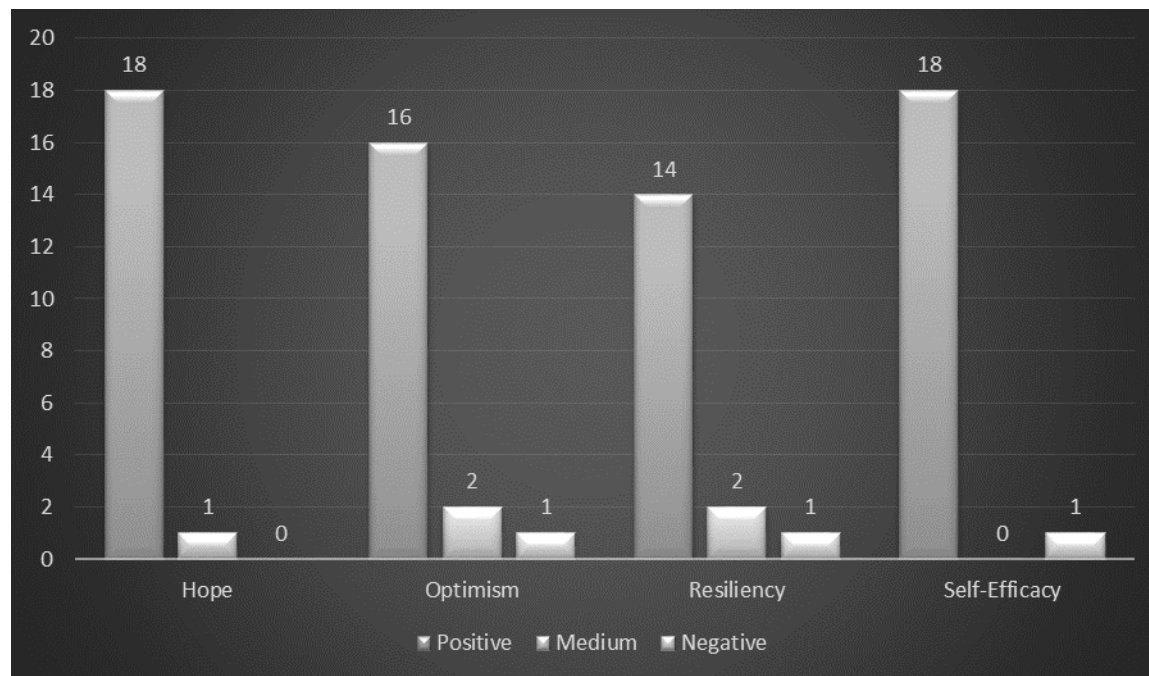
Taking that approach would have also tailored content to the specific job role instead of teaching the same information in the same way to all new leaders, regardless of their discipline or focus area.

Theme Four: Psychological Capital

The fourth theme identified during this study was psychological capital (PsyCap). Participants rated their levels of the four individual aspects of PsyCap, rating them as high or low. In keeping with the literature, responses of “high” were reflected as positive (Park et al., 2016), and responses of “low” were reflected as negative (Howard, 2017). As demonstrated in Figure 12, 74% (14/19) to 95% (18/19) of respondents rated themselves as having positive levels of the elements of PsyCap: hope, optimism, resiliency, and self-efficacy.

Figure 12

Ratings of PsyCap Constructs



There were three instances where middle managers provided negative ratings: optimism (P9), resiliency (P5), and self-efficacy (P14). Some respondents requested a medium rating in the

areas of hope (P17), optimism (P1; P2), and resiliency (P9; P12), so that category was added for those participants. Interviewees were also asked to specify how each of the PsyCap elements impacted their development of burnout and turnover intention. As a whole, responses suggested that PsyCap helped prevent burnout and turnover. Refer to Figures 13 and 14.

Figure 13

Impact of Psycap on Burnout

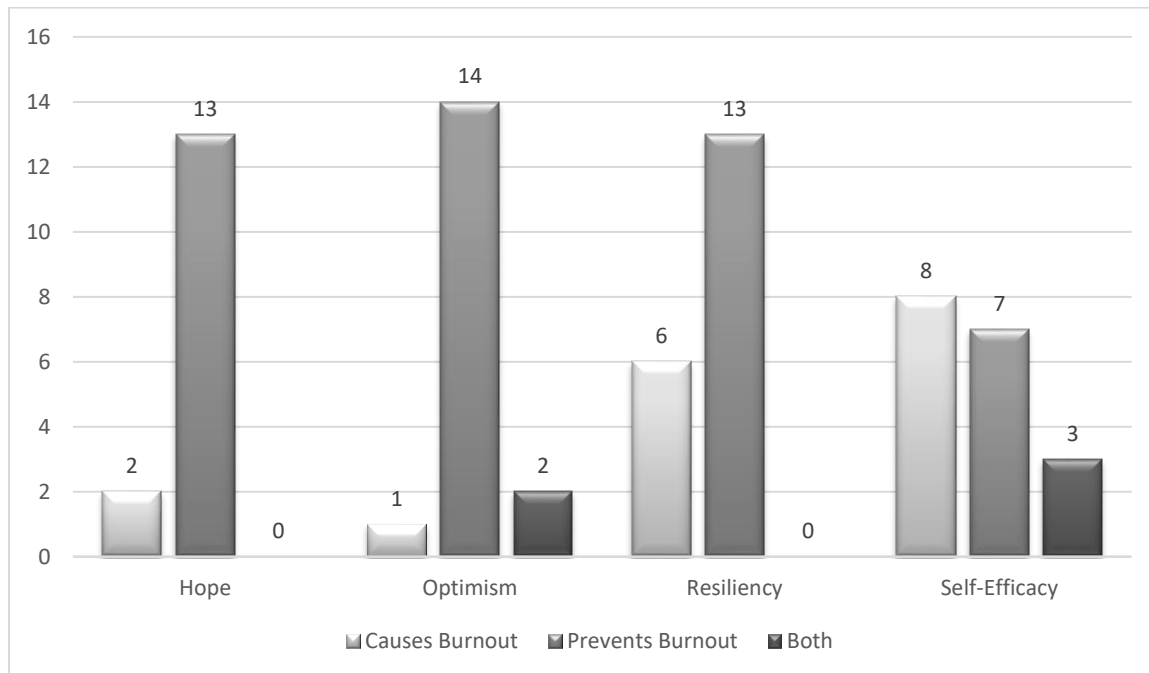
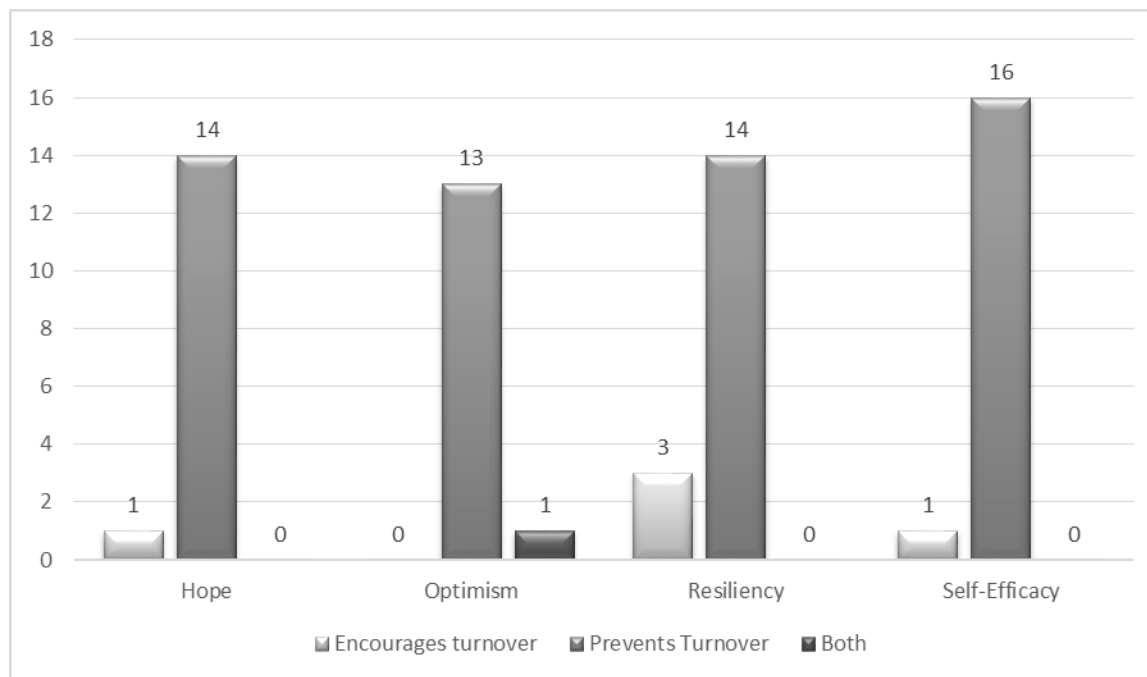


Figure 14*Impact of PsyCap on Turnover*

As noted in these figures, less than 19 responses were reflected for some of the categories. Not all of the responses were applicable to the categories listed. Some participants provided responses such as “unsure” (P1), whereas other responses did not directly address the questions posed.

Subtheme One: Hope and Optimism. Hope and optimism were separate constructs of PsyCap. However, due to their similarities, data findings for those responses were reflected together in this section. Regarding leadership attributes, two participants specifically spoke of the necessity of optimism. P6 and P18 expressed that optimism is essential within leadership, and P18 further noted that optimism “is a requirement of leadership.” Hope and optimism were both credited in helping two participants persist through recent burnout. “When I had the highest level of burnout over the summer, I think hope is the only thing that kept it alive” (P4), and “hope and optimism had a lot to do with getting me through that [burnout]” (P2). Most responses related to

these constructs were focused on expectations for the future, whether related to the self-initiated behaviors of hope or the positive beliefs of optimism. Hope helped P18 by “allowing me to hope that the future is going to get better and that the trials that we’re currently experiencing will be something that we can conquer and not have in the future.” Similarly, optimism was beneficial for P5, “I think it’s decreased [burnout] by all means, because there’s so much to look forward to in our future, and it is overwhelming at times.” Having a positive future also helped another respondent overcome burnout.

I think we all have the period of just feeling down in the dumps, and it’s impossible not to. But when you’re ready to get out of those down in the dumps, it really is, you have to lean on your optimism by just focusing on all the good things that are around you. (P6)

Looking forward to a positive future was also essential in preventing the desire to turnover. With a medium level of hope, P17 stated, “I feel like if I didn’t have hope, then the burnout would definitely get to the point that I would be looking for another job.” The same was said of optimism and a positive outlook.

I think if I didn’t have optimism, then I probably wouldn’t be having this conversation with you today. ... Believing that there is something positive to come out of the grind that we’ve done in the last year and a half, looking for the positive [helps] to bring yourself in the next day. (P4)

Hope and optimism were specifically beneficial in overcoming the burnout associated with the pandemic. As said by P15, optimism “has helped improve any feelings [of burnout], because I, I recognize some things are very situational, especially through this last year, and out of our control.” Recognizing that burnout does arise at times, one respondent claimed that optimism helps individuals overcome this adverse response.

Without hope, I don't know that we could continue to walk through trial after trial because we have hope knowing that it is going to be behind us in the rearview mirror soon. ... Lately, I feel like we've all walked through quite a valley. But [it helps] just having that ability to get to the other side, knowing that there's hope, that this is just a season. (P6)

Although responses regarding hope and optimism were positive, there were instances where these two constructs encouraged burnout and turnover. P9 rated themselves as having negative optimism. This negative rating allowed the freedom to leave their position, acknowledging that "there's a back-up plan if I need something to fall back on" (P9). Hope also encouraged another respondent to move away from their position. However, the rationale was positive as they sought promotion within the organization. "Hope is absolutely there ... for an additional, a greater calling and greater opportunity for other positions" (P1).

Subtheme Two: Self-Efficacy. Contrary to hope and optimism, self-efficacy was suggested to have a less-positive impact on burnout, followed by resiliency. Refer to Figure 13. The high expectations that participants felt due to positive levels of self-efficacy appeared to cause burnout at high rates.

I think because I do have very high expectations, that it ... probably leads to higher burnout. Just because, if I set those expectations so high and I'm not meeting [them], like I said, I'm hard on myself to achieve goals, I will go [to] whatever length [is necessary] and work as long as I need to get them done. (P4)

Other respondents spoke similarly. "I push myself a little bit harder than I probably should at times" (P10), while P19 admitted to "invest ... wholly in everything that I do," which resulted in burnout for both participants. Another leader agreed, saying, "it affects the burnout just because

... if you have a belief that you're able to do things ... sometimes you might take on a little bit more" (P2). Taking on these additional tasks added to the workload and resulted in burnout (P2).

Some participants believed that self-efficacy both created and prevented burnout, especially related to goals. When they failed to meet goals or expectations, then burnout was more likely to occur, but when they successfully completed their goals, then burnout was lessened or prevented (P7). Others discussed the positive impact that self-efficacy had on their burnout due to the belief in their abilities. "I feel like I can perform to the standards" (P17), resulting in decreased burnout. Interestingly P14 rated themselves as having a negative level of self-efficacy. Still, this element of PsyCap worked to prevent burnout for them because "it allows you to not be so hard on yourself" (P14).

Contrary to burnout, self-efficacy was the construct with the greatest impact on preventing leaders from leaving their positions or workplaces. Refer to Figure 14. The one instance of desire to turnover related to self-efficacy was P1, who had the desire to promote to a higher position within the same organization. Otherwise, the sense of accomplishment associated with self-efficacy appeared to be the driving factor that prevented turnover intention. Two participants spoke of the achievements of their units. "It has helped me to stay because I like to complete things that I've started and I am committed to the health care facility and to my co-workers and to things that I have accepted to take on" (P18), and "just always wanting to achieve those goals, you know, and being invested in my department and wanting us to succeed" (P19), created a desire for those leaders to stay. Self-efficacy also prevented P4 from leaving due to the desire to succeed and not fail. Relatedly, P2 felt that self-efficacy provided the ability to move forward with "fearless leadership."

Subtheme Three: Resiliency. As mentioned in the self-efficacy subtheme discussion, and as demonstrated in Figure 13, resiliency was the second-highest causative factor for burnout in this study regarding the PsyCap elements. One reason for this was the drive to work through obstacles.

Resiliency ... contributes to burnout just because you're trying to push through and work harder, trying to keep with what you're doing and make it through. So I think people push themselves harder through some of those obstacles, and that definitely leads to burnout.

(P10)

Another interviewee also spoke of the personal toll required to work through challenges and the associated burnout.

I'm resilient, and I can keep going through the storms and kind of sacrifice, really, a lot of myself to get my team through those situations and where we need to be at the end. ...

When I [got] through those, that's when I did feel that burnout. (P19)

Another respondent was not currently experiencing burnout but believed resiliency had the most significant potential of causing it. Resiliency required individuals to work hard to move past barriers, which could sometimes be detrimental.

That is a potential area that I feel that having that high resiliency and not taking that, you know, stopping where you meet resistance can cause a lot of or require a lot of additional work that can or could potentially lead to burnout. (P11)

This PsyCap construct was determined to be an essential leadership attribute, as noted in LD1 and LD5. Two leaders acknowledged this, saying, "I think your leadership style has to be resilient" (P4), and "you have to be resilient to survive leadership and healthcare right now" (P8). The need for resiliency was applicable whether individuals were experiencing burn out or

not. “Being resilient, you just keep going whether you want to or not, or keep going, whether you’re burned out or not, and just keep working through the problem to get to the end of it and find a solution” (P18).

Resiliency was also a significant contributor to keeping subjects in their current positions and preventing turnover. This was evidenced by P8, saying, “I think that resiliency has really been a large piece of why I have stayed versus leaving.” Interestingly, P5 rated themselves as negative in this construct, but it still prevented their turnover. “You get these small wins ... and this is encouraging ... it just takes time, and you’ll get there” (P5). Resiliency also helped to provide the motivation necessary to reach goals, thus preventing turnover.

I feel like I’m eager enough that my resiliency kind of helps me continue to drive toward goals. ...having that high resiliency kind of also gives me that higher motivation or ability to see that I am still making that impact or findings ways to accomplish my vision or goal, with being able to adapt and work through some of those situations. (P11)

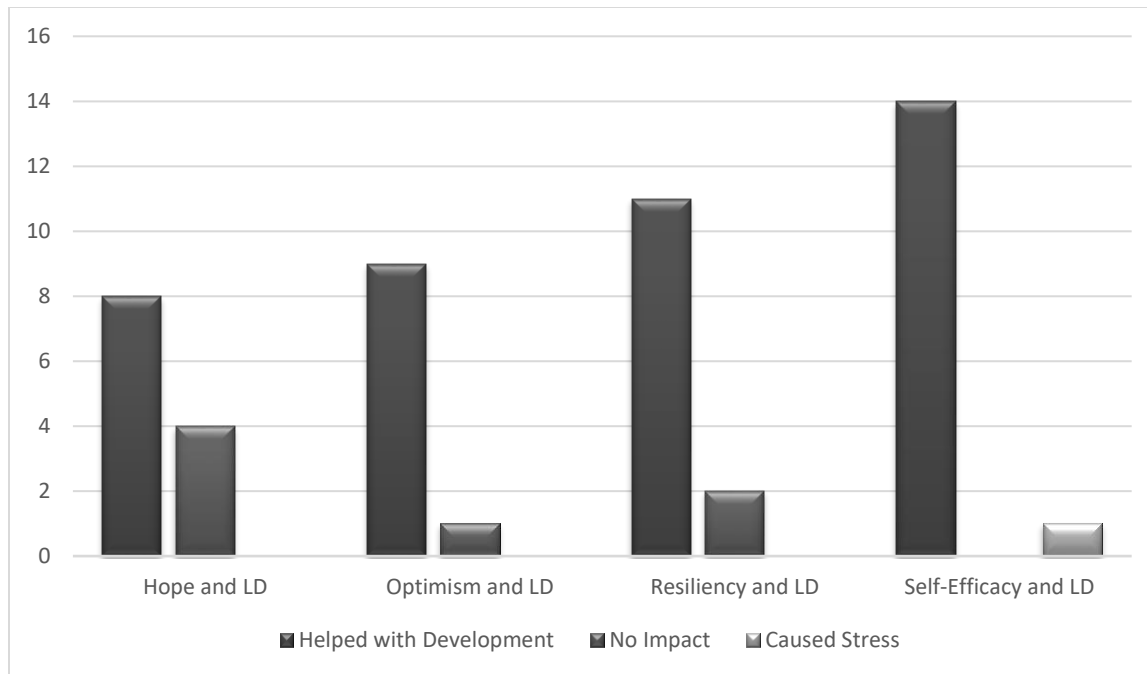
Positive resiliency encouraged turnover intention for two participants related to their desire to advance. Referring to promotions, P1 said that “you have to go through some difficult situations and [there] are always going to be those difficult times that you’ll have to power through. I think that helps to set you up for success in the future.” P1 further acknowledged that these past successes created the desire for future success in a higher-level position. P16 agreed, saying that resiliency had “definitely made me stronger in this position, and I feel like that’s what’s got the fire under me to move up. ... It’s time to move on. I’ve got this ... urgency, I guess, to get into that [higher] position.”

Theme Five: Leadership Development Combined with Psychological Capital

All four of the PsyCap constructs helped participants implement content from their LD training (See Figure 15).

Figure 15

Using PsyCap to Implement LD



Participants determined that self-efficacy was the most helpful element when applying the content learned to their leadership functions. Several interviewees acknowledged that goals were a contributing factor to this combined approach. Through LD activities, leaders learned about the goals and expectations for their positions. That, combined with positive self-efficacy, enabled those subjects to work hard to achieve their goals (P2; P4; P5; P8; P15; P16). Conversely, P18 suggested that positive self-efficacy resulted in additional stress related to LD, as the additional effort that was required to meet those goals was emotionally taxing. The positive aspects of hope and optimism were helpful when considering LD. P8 stated, “if you have hope and you’re positive, then you’re able to really take those developmental ... aspects of

what you've learned and apply them." Another respondent felt that hope enabled them to replicate what was learned in the classroom to their leadership. "I feel like, if you have hope and you really take in the things that you hear at these meetings, it's a lot easier to replicate in your role (P17). Yet another participant spoke of the optimistic attitude that was essential with LD. P6 acknowledged that LD could sometimes feel overwhelming, but optimism allowed them to change their perspective, view the classes positively, and implement the teachings. Finally, resiliency was helpful in implementing LD. Particularly, P2 spoke of the adaptability that occurred through resiliency and LD, saying that the information they learned may not be applicable now but will be during future challenges. If challenges arose when using the LD principles, P7 stated that resiliency allowed them to continue trying until they were successful. Four participants stated that there was no correlation between the combined factors of LD and hope (P11), LD and optimism (P14), and LD and resiliency (P12; P19).

Subtheme One: Burnout. Findings suggested that there may be a compounding effect of LD and PsyCap on preventing burnout and turnover. As shown in Figure 16, the most notable impact of combining LD and PsyCap on preventing burnout occurred with the constructs of resiliency and self-efficacy.

Figure 16

The Combined Impact of LD and Psycap on Burnout

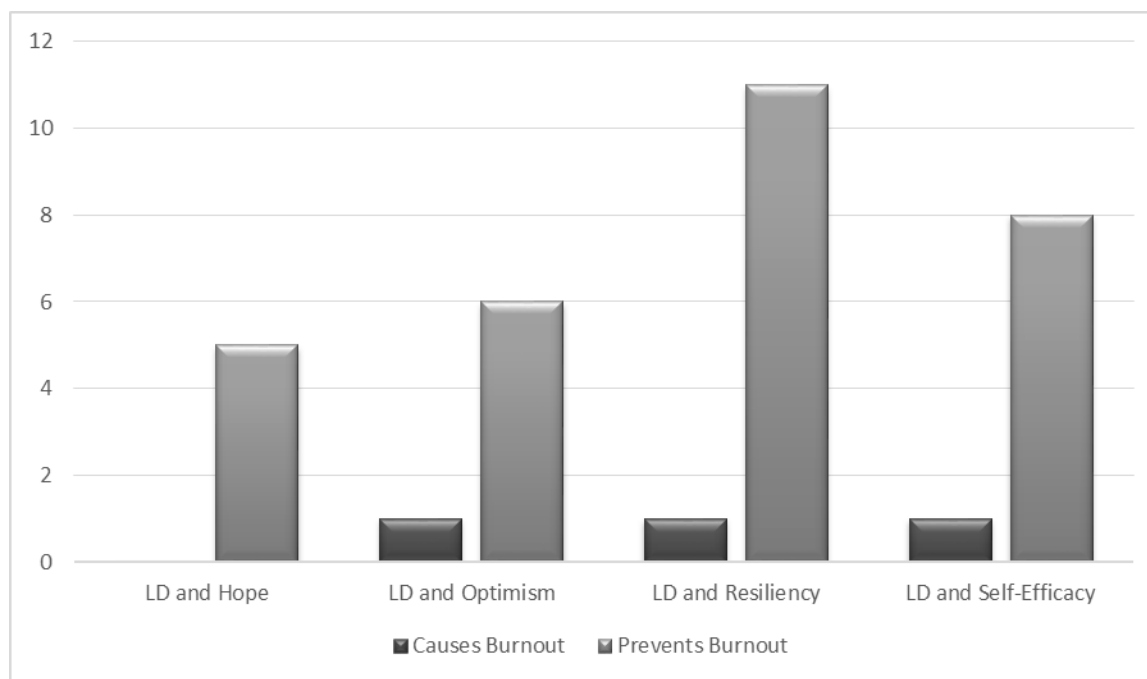


Figure 13 reflected that resiliency by itself prevented burnout in 68% of the participants, while self-efficacy prevented burnout in 39% of the respondents. However, Figure 16 showed that, when LD was combined with those PsyCap elements, burnout prevention improved to 100% (5/5) with resiliency and 86% (6/7) with self-efficacy. Two respondents spoke similarly of how LD and resiliency worked together to decrease burnout. The one-on-one coaching sessions allowed P2 and P3 to know where and how to prioritize. Those participants then focused on the specified priorities to overcome the obstacles they were facing (P2; P3). Another participant reflected on recent challenges and considered how the combination of LD and self-efficacy helped them successfully conquer those challenges.

I feel like if I didn't have all the issues that we've had since I started, I wouldn't have a good enough tool belt to combat what's to come in the future. ... And I feel like our

leadership development has ... been a great resource to us as leaders to not only have the tools moving forward but to have stuff to look back on and to go back to. (P17)

P8 shared this sentiment, acknowledging that LD prepared them to face obstacles, and their positive resiliency allowed them to overcome problems. The LD principles of resiliency were not just limited to leaders. Instead, "I am able to spread this a little bit more throughout, with my co-workers, and discuss it more openly to help them become resilient as well ... from what I've learned" (P16). One individual felt that the combination of LD and resiliency caused burnout, saying, "LD training ... does teach you to try to ... be resilient and kind of stick with things and not give up ... so I think that would contribute to a higher burnout" (P10). Of important note, that same participant also stated that resiliency by itself, without the addition of LD, caused burnout (P10). Thus, it was unclear how the addition of LD with this PsyCap construct affected the development of burnout for this individual, as opposed to resiliency by itself.

Leadership development combined with and self-efficacy was helpful in preventing burnout, especially related to the one-on-one meetings. P2 acknowledged that the one-on-one's were "very helpful" in discussing work-life balance, which helped them create boundaries and prevent burnout. Others noted that self-efficacy made them want to achieve the goals discussed within the LD training. Thus, this desire to achieve decreased their burnout (P11; P15; P16; P17). One individual suggested that LD and self-efficacy combined caused burnout due to the insecurities that they felt. "I think there [are] some insecurities there that maybe I'm not where I'm supposed to be, or I'm not always making the right choices" (P14). Incidentally, this participant had rated themselves as negative in self-efficacy yet stated that construct alone decreased burnout because it allowed them not to be as hard on themselves (P14). Thus, the different response with the addition of LD was noteworthy.

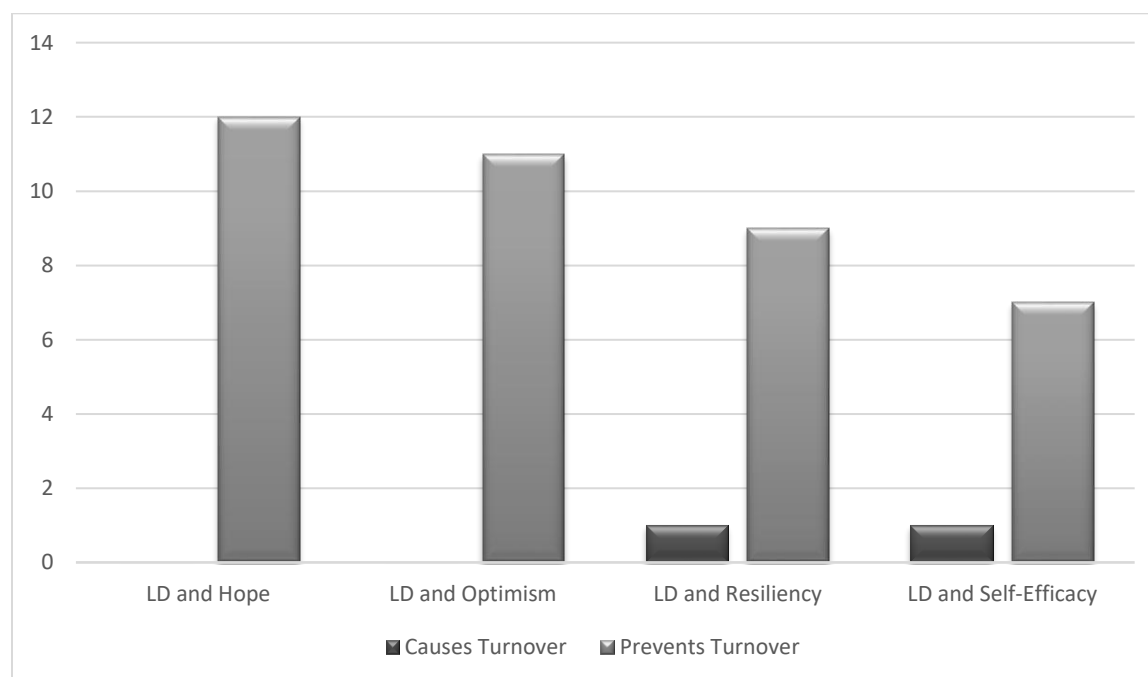
The combination of LD and hope also resulted in a decreased prevention of burnout.

Figure 13 reflected an 87% prevention of hope alone, but Figure 16 demonstrated that 100% of the respondents claimed that the combination of LD and hope prevented burnout. P14 stated that their hope grew by attending the LD activities, providing further hope that they will continue to develop in their leadership. Similarly, P8 stated that LD taught them how to function at a higher level. When LD was combined with positive levels of hope, P8 wanted to apply the newly gained knowledge and keep working toward a positive future.

Subtheme Two: Turnover Intention. The most significant differences between the prevention of turnover intention with the PsyCap constructs by themselves and the addition of LD were related to the constructs of hope and optimism. Figure 14 demonstrated an 87% and 82% prevention of hope and optimism, respectively, while Figure 17 showed a 100% prevention of turnover intention when LD combined with those PsyCap elements.

Figure 17

The Combined Impact of LD and Psycap on Turnover



One example of this came from P12, saying, “as I continue to learn ... I’m hopeful that things will fall into line and that, you know, instead of taking one step forward, two steps back, we might take two steps forward and only one step back” (P12). This was supported by participants who combined LD with hope. Some wanted to stay in their positions to see their units and organization improve (P7; P11; P15). Another acknowledged that knowing other leaders were successful by implementing the LD teachings gave them hope to experience similar success, making them want to stay and achieve those goals. P14 was hopeful that they would be as effective as other leaders by implementing the LD teachings. Thus, P14 wanted to stay in their position.

The combination of LD and optimism also had a positive impact on turnover. P2 spoke of the honor of being in their leadership position. This honor allowed them to view LD differently than if they did not feel that honor and subsequently implement the training to the best of their ability. Others spoke of being optimistic about meeting the goals that were set and discussed through LD activities, which encouraged them to want to stay and be a part of reaching those goals and seeing the positive future that would come as a result (P3; P11; P14). Still, others expressed positivity about the LD sessions. “I really enjoy those leadership classes and ... find real joy in hearing different stories of the presenters ... so that adds to my positivity with the whole leadership program” (P16). Similarly, P17 said,

I feel like positivity is key, so it’s impacted me to stay. I also think the things that we’ve learned in leadership development, such as ... our history ... gives you such a great perspective on why we do what we do.

Saturation and Triangulation

Saturation and triangulation were emphasized throughout this study. Braun and Clarke (2019) stressed the need for saturation in qualitative research, which would occur when the data became redundant. The anticipated number of participants for this study was 25 to 35, although the final number was to be determined by saturation. After the sixteenth interview of this study, the researcher felt that saturation had been reached. To be sure, the researcher conducted three additional interviews. After the third extra interview, the investigator confirmed that no new themes or meanings had been identified, and the data were determined to be redundant. Thus, data collection ceased after the 19th interview. Boddy (2016) and Guest et al. (2020) stated that, while every study varied, saturation often occurred by 12 participants. Fusch and Ness (2015) concurred that 12 interviews typically yielded saturation for most studies. However, 12 interviews often created code saturation, but 16 to 24 participants were usually required to obtain meaning saturation (Fusch & Ness, 2015). The researcher noted redundancies in both codes and meaning after the 19th interview for this study, which aligned with Fusch and Ness's (2015) recommendation. Thus, the researcher was confident in the determination of saturation for this study.

Creswell and Poth (2018) discussed the importance of triangulation, stating this occurred when multiple data sources were utilized to create codes or themes. This process was necessary to increase confidence that findings were correct (Stake, 2010) and validated (Creswell & Poth, 2018). Bowen (2017) noted that triangulation further occurred through the use of multiple data collection methods. Triangulation was utilized with this study by incorporating three data collection methods: participant interviews, attending LD activities and reviewing supplemental materials. Member checking also occurred throughout the interviews to ensure that the responses

were accurately conveyed and understood, which was another triangulation method (Stake, 2010). After completing each question series, the investigator provided a summary of the participant's responses and provided the opportunity for clarification, correction, or the addition of thoughts as needed. The interview did not continue until the participants voiced satisfaction with the information that was portrayed. Many respondents made statements such as, "I think that is an accurate representation" (P7) or "that's correct" (P11). Occasionally, a participant chose to add content to their initial response, such as occurred with P13. No respondents corrected the information provided during the member-checking sections. Interviews were also temporarily recorded. Each recording was listened to at least twice while the investigator created and corrected written transcripts of the interviews. In addition, the investigator read the transcripts numerous times throughout the data analysis phase to fully understand the content being portrayed. As intended, the participant interviews were the primary means of data collection. However, the content found within the LD activities and supplemental materials supported the participants' comments. At least one reference from all respondents, LD activities, and supplementary documents was included in the Presentation of Findings, demonstrating how the multiple data formats reinforced and validated the findings. Due to the combination of various data collection methods, member checking, and repeated document analysis, the findings were determined accurate and valid.

Relationship to the Conceptual Framework

The themes of burnout and turnover were closely related to the conceptual framework demonstrated in Figure 1 of Section 1. As noted in that framework, the entire research study pointed to the concepts of burnout and turnover intention. The foundation of this study would have been flawed without the presence of burnout or turnover, and the findings might not have

resulted in the creation of new knowledge. The leadership development and psychological capital themes were also directly related to the conceptual framework. Both of these concepts were examined to determine their impact on burnout and turnover intention. As noted in Figure 1, LD and PsyCap were listed separately, demonstrating that their effects on burnout and turnover were examined individually. However, those concepts were also enclosed in a larger box, suggesting that their combined effect was also investigated.

Relationship to Research Questions

A total of four research questions were considered with this investigation: one central question and three sub-questions. In this section, each of the identified study themes was related to those research questions. First, Themes One, Two, and Three regarding burnout, turnover intention, and leadership development directly corresponded to RQ1a. This subquestion was: how does engagement with LD impact burnout and turnover intention? Findings suggested that LD might not have effectively met new middle managers' needs, as potential areas for improvement were identified and represented in Table 9. Additionally, many new managers experienced burnout and turnover, with rates up to 89 % and 42%, respectively. Refer to Figure 6 and Figure 9. Thus, in response to RQ1a, a potential adverse impact was identified among LD and burnout and turnover, although additional research is needed to support this claim.

The next sub-question was RQ1b: how does PsyCap impact burnout and turnover intention? Theme Four directly related to this sub-question. Respondents noted that all four elements of PsyCap had a positive impact on burnout, although there were some exceptions. Self-efficacy, followed by resiliency, negatively impacted burnout more than any of the other PsyCap constructs. All PsyCap elements had an overall positive impact on turnover. In some instances, PsyCap encouraged turnover, but this could be viewed as positive as it seemed to

motivate leaders to promote to higher positions within the organization. Thus, in response to this sub-question, PsyCap appeared to have a positive impact on burnout and turnover, potentially decreasing or preventing the incidence of both. Yet, two of the individual constructs appeared to impact burnout negatively: self-efficacy and resiliency. Additional research is warranted.

The final sub-question was RQ1c: How do LD and PsyCap work together to impact burnout and turnover intention? This sub-question addressed a unique element of this research, as there was no evidence that this combination of factors had been studied previously. Results of Theme Five demonstrated a potentially positive impact on burnout and turnover when LD and PsyCap were combined. This was noted in fewer burnout incidents than when the PsyCap elements were considered without LD, as demonstrated in Figure 13, Figure 14, Figure 16, and Figure 17. Since there was no existing literature to compare these findings to, further research is necessary. However, it appeared that the combined elements of LD and PsyCap positively impacted burnout and turnover.

Each of these sub-questions worked together to answer the primary question for this research study: How does the use of LD and PsyCap affect new middle manager burnout and turnover intention in healthcare? It was believed that LD and PsyCap impact burnout and turnover in positive and negative manners. Effective LD may positively influence middle managers to decrease burnout and turnover intention, whereas ineffective LD may have the opposite response. However, the elements of PsyCap had an overall positive effect on burnout and turnover, suggesting that selecting individuals with positive levels of hope and optimism, in particular, may help decrease the risk of burnout. The participants acknowledging the most burnout were those with positive levels of self-efficacy. This specific finding was contrary to the literature, so additional investigations are needed. Finally, RQ1 can be addressed by considering

the combined impact of LD and PysCap. Findings for this study implied that these combined elements might have a more significant impact than either of the components alone. Ultimately, though, LD and PsyCap appeared to positively impact burnout and turnover.

Relationship to Previous Studies and Anticipated Themes

Findings from this study were similar to those within the literature and the anticipated themes. Kraft (2018) claimed that burnout among healthcare was at a crisis level. The current study supported this claim, with 42% of participants currently experiencing burnout and another 32% acknowledging that burnout comes and goes (See Figure 7). According to Johnson et al. (2019), burnout within healthcare was closely associated with heavy workloads. Findings within the present study concurred. As demonstrated in Table 7, the most predominant cause of burnout identified among middle managers in this study was a heavy workload. Symptoms of burnout identified within the literature and this study were also similar. Molero Jurado et al. (2018) and McClelland et al. (2019) purported that the leading cause of burnout among providers was extended working hours and frequent on-call time. This study's findings concurred that constant connection to the workplace was a significant cause of burnout, as this was the second-most prevalent cause among participants. As mentioned in Table 8, continuous communication with peers and staff and working during off-hours were the most commonly cited culprits of participants experiencing constant connection with their workplaces. Frequent on-call time was present in this study, but not as predominantly as listed in the literature.

The strong evidence of burnout found within the data was concerning, as burnout was also associated with various adverse responses in the literature (Card, 2018; Harolds, 2019b; Kuhn & Flanagan, 2017; Stehman & Testo, 2019). Additionally, Zhang, Wu, et al. (2019) noted that unresolved burnout leads to turnover intention. With nearly half (42%) of the participants

currently experiencing burnout and another third (32%) claiming burnout off and on, as demonstrated in Figure 6, burnout was a significant issue that must be addressed. Otherwise, if Zhang, Wu, et al.'s (2019) assertion is accurate, then the existing turnover intention among study participants could worsen or lead to actual turnover.

Kuhn and Flanagan (2017) and Stehman and Testo (2019) noted the most severe symptoms of burnout were suicide and drug abuse, respectively. No respondents for the present study acknowledged suicidal ideation or drug abuse. However, alcohol and caffeine were two substances utilized to combat burnout symptoms among participants. Consistent with the literature, respondents acknowledged having withdrawal from the workplace and emotional disturbances. Anxiety, emotional exhaustion, and irritability were other psychological symptoms of burnout identified within this study. Exhaustion was noted as the first phase of burnout within the literature (Maslach & Leiter, 2016) and was the most frequently cited symptom for participants of this present study.

Another anticipated theme was turnover intention. Turnover was closely related to burnout, as it often occurred as a result of unresolved burnout (Zhang, Wu, et al., 2019). Further, turnover was a significant problem in healthcare (Wei et al., 2019), with particularly high rates noted among middle managers (Phillips et al., 2018). Based on the literature, high rates of turnover were anticipated in this study. Findings suggested that 42% of the middle managers expressed the desire to leave, although it was believed to be possibly higher based on certain comments that were provided.

Two other anticipated themes were identified: leadership development and middle managers. A large amount of literature was noted, claiming that leaders in healthcare were promoted from front-line workers to management positions with little-to-no managerial

background (Donner et al., 2016; Feller et al., 2016; Frasier, 2019; Gregory et al., 2017). This finding was supported by the present research, though the data to support this claim was limited. Twenty-one percent of respondents lacked any leadership experience within healthcare prior to assuming their role. Additionally, two respondents spoke of the promotion of healthcare providers to leadership due to their ability to perform clinically (P1; P6). Thus, due to the limited amount of content regarding the promotion of middle managers, this information was discussed in Theme Three, Leadership Development, instead of being addressed in its own theme. The literature suggested that LD was underutilized and understood (Bharwani et al., 2017; Busari et al., 2018; Kjellström et al., 2020) and might be ineffective (Johnson, Putter, et al., 2018; Kjellström et al., 2020). Unsuccessful LD could be especially troubling, considering that new middle managers had limited leadership experience before engaging in their current roles. The researcher anticipated that the findings of this investigation supported this assertion found within the literature. After analyzing the data, it was evident there were aspects of the current LD programs that should be improved, potentially implying that the LD was ineffective.

Data regarding the impact of psychological capital on burnout and turnover intention were related to existing studies and anticipated themes. However, differences were also observed. Park et al. (2016) claimed that PsyCap was an antidote to burnout, but Adil et al. (2018) stated there was not enough evidence to support that claim. While findings from this investigation demonstrated that PsyCap helped prevent burnout, there was also a contrary finding. High rates of burnout were associated with participants regarding the self-efficacy construct (See Figure 13). The resiliency construct was also associated with evidence of burnout. Thus, the findings of this investigation supports the need for additional research.

The final theme for this research was not directly supported by the literature, as it had not been previously examined. This theme was the combination of LD and PsyCap. Pitichat et al. (2018) claimed that the incorporation of positive PsyCap aided in the learning of LD. While this study did not examine participants' abilities to learn LD, it did investigate their ability to implement the LD teachings with the incorporation of PsyCap. Findings suggested that this combination resulted in the improved implementation of LD (Refer to Figure 15). Additionally, middle managers of this study acknowledged that the lowest rates of burnout and turnover occurred when LD and positive PsyCap were utilized together (See Figure 16 and Figure 17). Thus, this theme added to the body of knowledge by examining these elements in a unique way. Additional research is needed to validate the results further.

Summary of the Findings

Five anticipated themes were identified through the literature review and the findings of this study. Based on this research, the themes were burnout, turnover, leadership development, psychological capital, and the combination of LD and PsyCap. These were similar to the anticipated themes, although the most notable difference was the addition of the theme combining LD and PsyCap, as this element was not identified in the existing literature. Findings suggested that new middle managers in healthcare were experiencing high rates of burnout. Similarly, these same leaders were determined to have high rates of turnover intention. Based on the participants' comments, additional respondents may have had thoughts of leaving that they did not directly admit, suggesting that the potential turnover intention could be even higher. Findings also suggested that, while there were positive aspects of LD, other elements needed to improve to become more effective. All four of the PsyCap constructs were shown to prevent burnout and turnover, although, in this study, self-efficacy caused the highest rate of burnout.

There was evidence suggesting that, when combined with effective LD, burnout and turnover intention were improved. Evidence of saturation and triangulation were also discussed, demonstrating the validity of the data. Finally, an examination regarding how the study findings related to the conceptual framework, research questions, and existing literature were provided.

Applications to Professional Practice

After conducting and analyzing the data, the researcher identified several aspects of this study that directly applied to professional practice. Before engaging in the study, the investigator determined several gaps in the existing literature that required attention, and the data findings from this examination helped address those issues. Thus, the findings should be applied to improve general business practice. Those specific aspects were related to the data themes of burnout, turnover, LD, and PsyCap. Each application to practice is addressed in this section.

The first application was burnout and turnover. Study findings suggested that a significant number of middle managers were experiencing burnout and turnover intention. This finding was troubling, considering the high financial costs (Belasen & Belasen, 2016; Phillips et al., 2018) and decreased quality (Skagert et al., 2011) associated with turnover. Steffens et al. (2018) noted that unresolved burnout leads to turnover intention, so it is essential to stop burnout before employees start contemplating turnover. Preferably, though, organizations should work to prevent burnout from starting among their leaders. Administrators should educate their managers on the signs of burnout and provide help for those experiencing it. As noted in the literature, unresolved burnout can result in drug use (Stehman & Testo, 2019) and depression, which could even lead to suicide (Card, 2018; Harolds, 2019b; Kuhn & Flanagan, 2017). Fortunately, no participants in this study admitted to drug abuse, depression, or suicidal ideation. Regardless of the severity of the burnout symptoms, the issue applies to professional practice as staff wellbeing

directly relates to the wellbeing of organizations (Kowalski & Loretto, 2017). Thus, administrators should educate staff about the dangers of unresolved burnout and provide help for those experiencing this syndrome.

The second application to professional practice was ineffective leadership development. As demonstrated in the literature, LD did not meet leaders' needs, particularly within the healthcare industry (Freeman et al., 2018). Although beneficial aspects of the leadership development process were identified, this study's findings also highlighted specific, ineffective elements. Participants of this research claimed that their experience with LD included "fluff" (P6) and lacked the content necessary to prepare them to complete their jobs successfully (P1; P12; P15; P19). Additionally, study subjects acknowledged frustration due to repetitious content (P19) that lacked customization to their specific roles (P4; P5). Thus, these findings apply to professional practice by identifying particular areas lacking in the current LD programs. The expertise of middle managers in the healthcare field appeared to be limited. Over one-third of the respondents had a maximum of two formal leadership courses (Figure 11), and 26% lacked any prior healthcare leadership experience (P2; P5; P12; P15; P19). These findings revealed a potentially higher need to provide quality leadership development. Westfall (2020) discussed that Americans are spending approximately \$166 billion each year toward these activities. Based on the data findings regarding areas where LD should be improved, the author agreed with Jeyaraman et al.'s (2018) assertion that the return on investment is questionable. LD could become more beneficial by continuing to include aspects determined as helpful by middle managers and adding missing content that is deemed essential for job success. Improving leadership development, then, could result in an increased return on investment regarding these

efforts. This application is especially vital for healthcare, as Swensen et al. (2016) acknowledged that LD in this industry has significantly lagged behind other industries.

Next, PsyCap was a theme that applied to professional practice. Youssef-Morgan and Luthans (2015) stated that psychological capital was an essential element of successful organizations. Nolzen (2018) agreed, implying that the inclusion of PsyCap resulted in improved workplace performance. While this study did not examine organizational performance and outcomes, it did explore how PsyCap impacted burnout and turnover, which subsequently influenced wellbeing. Thus, organizations should emphasize PsyCap among their managers, as doing so would improve corporate wellness through decreased burnout and turnover.

Recommendations for Action

Recommendations for action were determined based on the study's findings and applications to professional practice. Such suggestions were about burnout, particularly considering the global coronavirus pandemic. Other ideas included the addition of succession planning and ways to improve current LD activities. Implementing these recommendations would be beneficial in applying the content learned from this study to improve business functions. A discussion of each of these recommendations is provided in this section.

The first recommendation is to decrease the prevalence of burnout among organizations. Administrators should educate their middle managers about burnout. Specifically, they should instruct their leaders about ways to prevent burnout and to emphasize work-life balance. Additionally, senior leaders should diligently watch for the occurrence of burnout in their staff. When this occurs, methods should be in place to help diminish the associated symptoms. This is especially necessary during the time of the COVID-19 crisis, as Ruiz-Fernández et al. (2020) suggested that burnout is particularly prevalent during this pandemic. Organizations should offer

additional help and support to their middle managers during times of crisis, such as COVID-19. Screening for depression, substance abuse, and suicidal thoughts should be conducted among the workforce, with resources available to assist employees when they identify burnout symptoms. Perhaps this implementation could occur through an employee wellness program.

The second recommendation for action was about turnover, as such intention was noted in the present study. Notably, not every case of turnover was a desire to leave the organization. Sometimes, the motivation to turnover was positive, as occurred when managers desired to promote to higher levels. Administrators should openly engage in conversations and develop these managers that have the potential to promote. Succession planning was identified as rare within the healthcare industry (Phillips et al., 2018). Still, succession planning was determined to be helpful when previous leadership experience and education were more limited (Whitney-Dumais & Hyrkäs, 2019), such as occurs in healthcare (Donner et al., 2016). Thus, placing more emphasis on succession planning could develop inexperienced leaders more fully than without incorporating such planning and could help prepare leaders to hold higher leadership positions in the future. Likewise, succession planning would help prepare for turnover for any reason, whether related to burnout or not. Such planning would be useful in preparing clinicians to move into the middle-manager role when vacancies come available.

For the third recommendation, the researcher urges administrators to review their LD programs' content, ensuring that the most appropriate information is presented to new leaders. Time-wasters should be minimized or omitted and replaced with teaching that directly applies to a leader's job role and functions. Middle managers who have been in their positions for various lengths should be invited to participate in this review. Gaining their feedback on aspects of valuable content that they received during LD, as well as information that was helpful, would

allow organizations to determine which content to keep, omit, modify, or add. Additionally, tailoring LD to specific job functions could foster a more meaningful experience. Participants recommended shadowing other managers in similar positions and having such individuals teach some of the LD class content. Participants also suggested that additional opportunities to network with other managers that share a similar job focus would be beneficial. Implementing these aspects of LD would allow for a more customized LD experience. Creating more engaging virtual opportunities would diminish the perception of fluff within the training. Finally, since one-on-one meetings were identified as one of the more beneficial aspects of leadership development, then implementing mentorships or coaching opportunities are encouraged, with frequent and routine sessions deemed essential.

The final recommendation for action is about improving the psychological capital of middle managers. As suggested in this study, leaders that rated themselves positively in the PsyCap elements appeared to have improved wellbeing, reflected in decreased burnout and turnover. Thus, hiring managers should consider recruiting and retaining individuals that have positive self-efficacy, hope, optimism, and resiliency. Additionally, training is necessary to increase the PsyCap levels of current leaders. A screening tool should be utilized to determine the levels of the individual PsyCap constructs of middle managers, offering targeted training opportunities to improve any negative elements of PsyCap that are identified.

Recommendations for Further Study

The research question and subquestions were addressed for this study, but the responses to the questions posed additional queries that warranted further investigation. First, findings for RQ1a appeared to suggest that LD did not meet the needs of new middle managers. This finding was primarily determined by content that was not addressed within the existing LD programs but

was instead replaced with non-essential content. However, positive elements of the LD program were also identified, suggesting that portions of the LD were adequate. Thus, additional research focusing on mid-level managers would help determine the overall impact of LD on these leaders. Examining this consideration among managers of other industries would also help identify if this issue is more prevalent in specific sectors compared to others. Subsequently, it appeared that the ineffective development caused increased burnout and turnover among this target population. A closer examination could potentially draw more clear conclusions. Perhaps a mixed-methods approach would be beneficial, using a quantitative scale about burnout to strengthen these findings.

A second consideration for additional research pertains to PsyCap. The literature suggested that PsyCap was an antidote to burnout (Park et al., 2016). This study's findings aligned with Park et al.'s (2016) assertion, but discrepancies were also noted related to individual PsyCap constructs. This inconsistency was especially prevalent with self-efficacy and resiliency. Additionally, Adil et al. (2018) noted that not enough research existed to determine the correlation between PsyCap and burnout. Thus, additional research is needed. Particularly, the investigator suggests that future studies examine these elements independent of each other to understand PsyCap more comprehensively.

Third, the current study suggested that effective leadership development and positive elements of PsyCap had a compounding effect on burnout and turnover. The study's findings indicated that burnout and turnover intention rates appeared to decrease more than when those elements were considered independently. However, this was the first identified research to combine these elements, so more investigation is necessary to support this claim. Such research should occur through a replication study, preferably from hospitals of different geographic areas.

Hopefully, through replication, a more broad representation of the healthcare disciplines would occur, as it appeared that nursing was the primary discipline that volunteered to participate in the current study. The results of this proposed research would strengthen and further validate the present study if similar findings are identified during these replications.

The final recommendation for future research pertained to the COVID-19 pandemic, especially related to burnout and turnover. Since this study took place during the crisis, the rates of burnout and turnover, as reported by respondents, could have been higher than if the study happened outside of the pandemic. Thus, the investigator suggests that replication studies be conducted soon and span several years. Evaluating the differences in the findings could provide a unique perspective and a more thorough exploration. Additionally, a separate examination regarding the direct impact of COVID-19 on burnout and turnover among middle managers in healthcare should occur.

Reflections

Upon conclusion of the investigation, the researcher reflected on various aspects of the study process. Notably, factors of personal and professional growth were identified. Additionally, the researcher reflected on the biblical applications of the study's findings. Each of these reflections is discussed in this section of the writing. The review begins with the researcher's growth, both personally and professionally. Then, considerations of the findings through a biblical worldview are addressed.

Personal and Professional Growth

Conducting this research study fostered personal and professional growth for the investigator in several ways. The first aspect was about the knowledge gained throughout the entire process. This dissertation was an in-depth exploration of a problem. Spending time in the

literature provided enhanced knowledge and understanding of the concepts and existing issues related to LD, PsyCap, burnout, and turnover. This information helped the researcher better understand these concerns within businesses. Further, these findings and new knowledge are applicable to any current or future business endeavors that the investigator may engage.

The second aspect of growth was related to technology. The entire dissertation process was conducted virtually, including the literature review, data collection, coding, and analysis phases. Through this electronic study, the investigator learned about and implemented new programs and overcame challenges associated with each one. In the technology era, it is vital to stay abreast of current technological changes and implementations (Schwarz, 2018; van Laar et al., 2017). This investigation allowed an awareness of and familiarity with new technical possibilities that the researcher did not previously know. Specifically, the investigator had little to no experience with Mendeley, NVivo, WebEx, and the Microsoft digital Voice Recorder programs before engaging in this project but gained much expertise throughout the process.

Another aspect of growth for the researcher was learning more about the research process. This was the first research study the investigator had conducted, so the amount of learning was vast. While the investigator had written numerous literature reviews for various academic purposes, this was undoubtedly the most comprehensive. Additionally, this was the first time to engage in all other aspects of a completed study, such as identifying a problem and associated research questions, conducting the study, analyzing the data, and writing the results. Reliance on Christ was essential throughout the process from start to finish due to the unknowns and uncertainties that came with engaging in this new endeavor, which caused an increased faith in God.

A fourth aspect of growth for the researcher was understanding that the questions posed for a research study are an essential element. As the primary driving factor of the study, the investigator frequently reviewed the questions to ensure that the findings remained focused. It would have been easy to concentrate on other aspects of the data and analyze factors that did not address the specified questions. Similarly, the researcher recognized the importance of writing relevant interview questions. If those inquiries were flawed or failed to correlate with the stated research questions, the entire investigation could have been negatively affected and perhaps wasted.

Finally, the investigator understood why research studies were often conducted with a team of people and through grant funding. The amount of work for a single individual was enormous, requiring substantial time and energy expenditures. Sharing the responsibilities and finances with others would have been helpful. Specifically, through this study, the researcher understood Yin's (2018) assertion that a multiple-case study often requires time and financial resources beyond a doctoral student's abilities. A sole researcher conducting a single-case study created numerous challenges, so attempting to compound the investigation through a multi-site approach would have been even more burdensome.

Biblical Perspective

After analyzing the data, each theme was correlated with biblical principles. This provided a Christian worldview that ensured a more comprehensive evaluation. Theme One was leadership development, which was addressed in various ways throughout the Bible. The writers of scripture instructed Christians to build each other up. Romans 15:2 said, "we should help others do what is right and build them up" (New Living Translation). First Thessalonians 5:11a also suggests that administrators should "encourage one another and build each other up." From

a business perspective, the emphasis on building others up demonstrates the importance of adequately developing individuals to become successful leaders. Some new middle managers from this study were not adequately prepared to conduct all the necessary functions of their jobs. Other participants felt that they were on their own to learn the job, sometimes even under unrealistic expectations. Thus, Christian business owners must build up their staff by adequately training and preparing them for the roles that they are expected to fulfill. Of important note, though, the burden of LD does not fall solely on the organization. The Bible also teaches, “do not merely listen to the word. ... Do what it says” (James 1:22, New International Version) and “more than that, blessed are those who hear ... and obey” (Luke 11:28, New King James Version). These verses were necessary to include, as one study respondent talked about not implementing the training received regarding burnout. “I know all of these things, but in reality, I don’t actually use them” (P14). While administrators should provide all the necessary information to carry out their jobs successfully, new leaders, likewise, should actively engage in the LD training and purposefully incorporate the teachings into their professional roles. Doing so will align leadership development with biblical teaching.

Theme Two from this study was about burnout. Christian leaders should consider this concept from a biblical perspective. Jesus said, “Come to me, all you who are weary and burdened, and I will give you rest” (Matthew 11:28, New International Version). This instruction is essential for those experiencing burnout. Some participants followed this biblical principle, saying that prayer (P4; P15) and faith (P17) were instrumental in helping them overcome burnout symptoms. Christian business leaders should encourage their teams to behave similarly. “Give all your worries and cares to God, for he cares about you” (1 Peter 5:7, New Living Translation) and “will take care of you” (Psalm 55:22b).

The Bible also speaks of turnover, which was the third theme identified in this study. As noted in Colossians 3:23, individuals are instructed to “work willingly at whatever you do, as though you were working for the Lord rather than for people.” Some participants viewed their job as a way to fulfill their purpose (P4; P8) or calling (P1; P2). Writers of scripture also spoke of the plan that God has for one’s life. “For I know the plans I have for you, declares the LORD, plans to prosper you and not to harm you, plans to give you hope and a future” (Jeremiah 29:11, New International Version). In business, leaders must recognize that work is part of God’s plan and calling (Keller & Alsdorf, 2012), as God explicitly instructs man to work (Genesis 1:28-30; 2:8-15). Keller and Alsdorf (2012) claimed that Christian leaders should understand the purpose of one’s life and how they can influence their organization. Further, van Duzer (2010) stated that work has significant meaning and fulfills a divine purpose. Remaining focused on this consideration may prevent turnover, even in the presence of burnout. Thus, administrators should emphasize the middle managers’ purpose of fulfilling their job roles.

The fourth and fifth themes discussed psychological capital, which encompassed the constructs of hope, optimism, resiliency, and self-efficacy. Hope and optimism both revolve around positive futures, and the Bible frequently speaks about such positivity. Romans 12:12 is one of the many examples of hope in the Bible and says, “Rejoice in hope, be patient in tribulation, be constant in prayer” (English Standard Version). This scripture reference encourages middle managers to seek God at all times, even during burnout and when considering turnover. Through this fervent prayer, God may reveal his will and help leaders work through their issues and concerns. Joshua 1:9 addressed resiliency, saying, “be strong and courageous. Do not be frightened, and do not be dismayed, for the LORD your God is with you wherever you go.” Middle managers should be encouraged as they work through challenges. “Blessed is the

man who remains steadfast under trial, for when he has stood the test he will receive the crown of life, which God has promised to those who love him” (James 1:12). The final aspect of PsyCap was self-efficacy, which is also addressed in the Bible, particularly regarding accomplishing goals. The writer of Proverbs said, “Many are the plans in a person’s heart, but it is the Lord’s purpose that prevails” (19:21). Thus, leaders should have self-efficacy, but they must seek God to ensure they accomplish the goals that he desires.

Summary and Study Conclusions

The researcher conducted a flexible study using a single-case study design. Data collection occurred through three methods, and triangulation resulted, as data from the various methods supported each other and created validated findings. Five themes were identified: burnout, turnover, LD, PsyCap, and the combination of PsyCap and LD. Each theme was supported by the data, with at least one reference included from all participants, LD observational notes, and supplemental documents. Findings were then related to the literature, conceptual framework, and research questions. Psychological capital appeared to decrease burnout and turnover. However, individuals that reported possessing high levels of self-efficacy and resiliency appeared to have greater incidents of burnout and turnover, particularly when compared to positive levels of hope and optimism. This was an unexpected and potentially significant finding of this study. Although there were positive aspects of LD, areas for improvement were noted, suggesting that portions of the training were ineffective. Burnout and turnover intention rates were high among participants. This finding indicated that inadequate leadership development might have led to these elevated rates of burnout and turnover. Combining LD and positive levels of PsyCap, though, appeared to impact burnout and turnover, with a lower occurrence of both. Additional research is needed to support this claim, especially

since this was a new area of study. Other suggestions for future research included a mixed-methods approach to add quantitative data, perhaps in the form of a burnout scale. This combination of flexible and rigid designs could add clarity to the data findings. Additionally, further study is needed to examine the separate constructs of PsyCap, as that is a weak element within the literature. Such research is especially warranted since those with positive self-efficacy appeared to have high incidents of burnout, followed by those with positive resiliency.

Reflections were provided about the study, including areas of personal and professional growth for the researcher. The investigator realized growth in the areas of gained knowledge regarding the topics that were studied. The use of technology within research provided opportunities for familiarity with new programs and possibilities. A thorough understanding of the research process and the importance of developing proper research and interview questions, and the benefit of utilizing multiple investigators and grant funding for research studies was learned. Finally, the themes were considered from a Christian worldview to provide a more comprehensive exploration of the data. Burnout, turnover, LD, and the four elements of PsyCap were all discussed based on biblical principles.

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Appendix A: Research Guide

Introductory Statement

Thank you for volunteering to participate in this study. This investigation examines how leadership development and psychological capital impacts a leader's burnout and desire to leave their leadership position. Because you are a new middle manager, we are looking to understand your experiences and perspectives. Your participation will occur through an interview that will last approximately one hour. The interview will begin after we review the consent form. Before we discuss this form, do you have any questions that I can answer?

[Allow the potential subject the opportunity to ask questions.]

Since there are no further questions at this time, we will review the consent form. Please ask any questions that come up as I go over this form. If you agree to everything that is included in the form, you feel that I adequately answered your questions, and you still want to participate in the study, then you will sign the consent form. Doing so will officially enroll you as a participant. I will open the consent form now and share my screen so that we can review it together.

[Open the consent form document in Webex and share the screen.]

- Review the consent form with the potential subject.
- Address any questions that are asked by the subject.
- Offer the participant the opportunity to sign the form if desired.

Then:

- If the participant decides not to sign the consent form, do not proceed. The participant may either refrain from study participation or schedule another meeting, allowing them additional time to determine if they want to participate or not.

- If the participant signs the consent form, the participant should be instructed to return the signed consent form to the Investigator.
- If the participant signs the consent form, then continue reading the Research Guide.]

Since you have voluntarily agreed to participate and signed the informed consent form, then we will begin transitioning to the interview. Will you confirm that you are in a location free from interruptions and where you feel comfortable to answer my questions without the concern of your responses being overheard by others?

- [If the answer is “no” then offer the participant to move to a different location and then allow the interview to continue.
- If the answer is “yes” then continue reading through the Research Guide.]

As mentioned, this interview will be recorded through Webex and the Microsoft digital Voice Recorder program. To protect your privacy, please make sure that your video camera is turned off during the entire interview as the recording should not include an image of you. Please keep your microphone turned on so that I can hear you. You should be able to see and hear me at all times as my audio video capabilities will remain enabled throughout the interview.

[Allow the participant the time to disable their video camera if it is on.]

As we prepare to begin the interview, there are two guidelines to review. First, please do not reference any other leaders, co-workers, or patients by name with any of your responses. Second, if I ask a question that you do not want to answer, let me know and we will move to the next one. You may also choose to end the interview at any time. Since this is a voluntary study, there will be no penalty for early withdrawal. Do you have any questions before we begin?

[Answer any questions.].

Since there are no further questions, you have signed the consent form, and we have discussed the necessary guidelines, do I have your permission to record the interview?

- [If the answer is “no” then stop here.
- If the answer is “yes” then continue reading.]

I will start the recording and begin the interview now.

[Begin recording in Webex and Microsoft digital Voice Recorder.]

Main Interview Questions

These first few questions will help me understand your leadership experiences, past and present, and involvement with leadership development.

- First, will you please tell me about your current managerial position, including your job title (supervisor, manager, or director only), length of time in this role, general responsibilities, and number of front-line staff that report to you. Please respond to this question in generalities and do not say anything that could disclose your identity. For example, do not mention the name of the department or unit that you work in.
- Tell me about any management or leadership experiences you had before accepting this current position. Again, do not say anything in your response that could potentially disclose your identity.
- Tell me about any formal management education that you received before accepting this current position, such as classes offered through a college.
- Describe your experience with leadership development since beginning your current position. To clarify, leadership development is defined as educational activities that leaders engage in to improve their managerial skills and abilities. Make sure to discuss the types of classes, time frame, and duration.

- What were the most beneficial aspects?
- What were the least beneficial aspects?
- What deficiencies did you identify?
- How has the content that you learned through leadership development helped you lead your team?

I want to give you the opportunity to clarify anything that I may have misunderstood for this series of questions. I will provide a brief summary of what I think you said. Please feel free to clarify or correct any of these statements.

[Provide a brief summary of the participant's responses. Allow the participant to respond.]

Are you ready to move to the next set of questions?

[Continue when the participant is ready.]

The next series of questions will focus on burnout and turnover intention. To clarify, burnout is an adverse effect that employees experience due to ongoing work pressures and stress, and turnover intention is one's desire to leave their position or workplace.

- Will you please tell me about any burnout symptoms you have experienced since assuming your current position?

[If none, skip to the next question.]

- What was the duration of time from accepting your position until you first realized you were experiencing burnout?
- How long have you been experiencing burnout?
- Tell me any coping mechanisms you use to help combat these symptoms.
- Tell me about any recent considerations you have had about leaving your current position or the health system?

- [If none, skip to the next question.]
 - What was the duration of time from accepting your position until you first started considering leaving?
 - How long have you been contemplating this change in employment?
- How have the principles that you learned through leadership development helped you prevent or combat burnout?
- How have the principles that you learned through leadership development helped you prevent or combat the desire to leave your position or the health system?

I want to give you the opportunity to clarify anything that I may have misunderstood for this series of questions. I will provide a brief summary of what I think you said. Please feel free to clarify or correct any of these statements.

[Provide a brief summary of the participant's responses. Allow the participant to respond.]

Are you ready to move to the next set of questions?

[Continue when the participant is ready.]

The next series of questions are about Psychological Capital, or wellbeing, which includes self-efficacy, hope, optimism, and resiliency. For clarity, I will define each of these constructs. I will also define these concepts again, later in the interview.

- Self-efficacy is one's expectation in their ability to perform a specific behavior and achieve the desired result.
- Hope emphasizes one's self-initiated behaviors regarding their future success.
- Similarly, but different, optimism emphasizes one's positive belief about their current and future success.

- Finally, resiliency refers to one's ability to handle adversity and succeed after overcoming obstacles.

I will ask the same three questions for each of those constructs.

- The first questions will focus on self-efficacy. As a reminder, self-efficacy is one's expectation in their ability to perform a specific behavior and achieve the desired result.
 - Reflecting on your leadership, tell me if you would consider your level of self-efficacy to be low or high, and specify why you would rate it that way.
 - How has self-efficacy impacted your ability to apply the principles learned during leadership development to your routine job functions?
 - How has self-efficacy impacted your development of burnout?
 - How has self-efficacy impacted your level of desire to leave your position or workplace?
- I will now repeat these questions based on hope. As a reminder, hope emphasizes one's self-initiated behaviors regarding their future success.
 - Reflecting on your leadership, tell me if you would consider your level of hope to be low or high and specify why you would rate it that way.
 - How has hope impacted your ability to apply the principles learned during leadership development to your routine job functions?
 - How has hope impacted your development of burnout?
 - How has hope impacted your level of desire to leave your position or workplace?
- I will now repeat these questions based on optimism. As a reminder, optimism emphasizes one's positive belief about their current and future success.

- Reflecting on your leadership, tell me if you would consider your level of optimism to be low or high, and specify why you would rate it that way.
- How has optimism impacted your ability to apply the principles learned during leadership development to your routine job functions?
- How has optimism impacted your development of burnout?
- How has optimism impacted your level of desire to leave your position or workplace?
- I will now repeat these questions based on resiliency. As a reminder, resiliency refers to one's ability to handle adversity and succeed after overcoming obstacles.
 - Reflecting on your leadership, tell me if you would consider your level of resiliency to be low or high, and specify why you would rate it that way.
 - How has resiliency impacted your ability to apply the principles learned during leadership development to your routine job functions?
 - How has resiliency impacted your development of burnout?
 - How has resiliency impacted your level of desire to leave your position or workplace?

I want to give you the opportunity to clarify anything that I may have misunderstood for this series of questions. I will provide a brief summary of what I think you said. Please feel free to clarify or correct any of these statements.

[Provide a brief summary of the participant's responses. Allow the participant to respond.]

Are you ready to move to the next set of questions?

[Continue when the participant is ready.]

The next series of questions will combine each of the concepts that we have talked about today. Earlier in the interview, you provided ratings for self-efficacy, hope, optimism, and resiliency in relation to your leadership. You rated each of those as either low or high. I will ask the following set of questions based on the ratings that you provided. The first questions will focus on burnout, and then we will examine turnover.

- How has your [low/high] level of self-efficacy combined with your leadership development experiences to impact burnout?
- How has your [low/high] level of hope combined with your leadership development experiences to impact burnout?
- How has your [low/high] level of optimism combined with your leadership development experiences to impact burnout?
- How has your [low/high] level of resiliency combined with your leadership development experiences to impact burnout?

I will repeat these questions, this time related to your desire or intention to leave your position.

Again, I will use the ratings, low or high, that you mentioned earlier in the interview.

- How has your [low/high] level of self-efficacy combined with your leadership development experiences to impact your desire to leave your position?
- How has your [low/high] level of hope combined with your leadership development experiences to impact your desire to leave your position?
- How has your [low/high] level of optimism combined with your leadership development experiences to impact your desire to leave your position?
- How has your [low/high] resiliency combined with your leadership development experiences to impact your desire to leave your position?

Once again, I want to give you the opportunity to clarify anything that I may have misunderstood for this series of questions. I will provide a brief summary of what I think you said. Please feel free to clarify or correct any of these statements.

[Provide a brief summary of the participant's responses. Allow the participant to respond.]

Are you ready to move to the final question?

[Continue when the participant is ready.]

This final question will allow you the opportunity to provide any additional insight that you feel is important.

- Is there anything you would like to add or that you think I should know about the concepts we have discussed today?

Closing Statement

This concludes the interview and your participation in the study. I appreciate your time and contributions to this research and will stop the recording now. You are free to disconnect from the Webex.

[Stop recording in Webex and Microsoft Voice Recorder.]

[End Webex.]